Equine-Facilitated Body and Emotion-Oriented Psychotherapy Designed for Adolescents and Adults Not Responding to Mainstream Treatment: A Structured Program

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Equine-facilitated body and emotion-oriented psychotherapy (EBEP) is a new manual-based treatment for patients with mental disorders who have participated in conventional psychotherapy in the past without a positive treatment outcome. The horse’s high sensitivity and responsiveness to human body language is used as an aid for the patient to improve awareness of his or her emotions, bodily responses, and communication. During the program, the therapist helps the patient not only to be more aware of emotions, cognitions, bodily sensations, and behavior when interacting with the horse, but also to verbalize his or her experiences. Gradually, the patient demonstrates more consistent behavior; improves nonverbal and verbal communication skills, becomes more self-confident and assertive with increased problem-solving skills, and functions better with fewer mentally distressing symptoms. In this paper, we describe the content and the different therapeutic steps of the program and have discussed further steps needed to establish EBEP as an alternative therapy for patients not responding to or accepting traditional psychotherapy.

Keywords: equine-facilitated psychotherapy, equine-facilitated body- and emotion-oriented psychotherapy, attachment, nonverbal behavior, parental substance abuse

Most psychotherapeutic interventions are based on verbal behavior and therefore require the patient to have adequate cognitive capacity to verbalize emotions and sensory perceptions. This also requires that the patient be motivated or have the ability to build a trusting relationship with the therapist. Some patients do not fulfill all these criteria. Conversation-based therapies may also present challenges or fall short when dealing with persons whose relational development is impaired, in addition to having linguistic constraints (Binder, Holgersen, & Nielsen, 2008). Furthermore, about 30–35% of patients who are offered evidence-based psychotherapies do not improve (Newham & Page, 2010).

To understand and treat complex psychological vulnerabilities and psychopathology, it is crucial to take an integrative approach. Research suggests that an increased number of psychologists are practicing integrative psychotherapy in which they combine concepts and counseling interventions from more than one theoretical psychotherapy approach (Beard & Bjorgvinsson, 2013; Georgakopoulou, 2013; Harris, Kelley, Campbell, & Hammond, 2014; Heitler, 2014; Shahar, 2012; Shahar, 2013; Capone, Boccardo, Piazza, Chiappedi, & Balottin, 2010; Ford, 2013; Forfylow, 2011; Coletta, 2010; Chandler, Portie-Bethke, Minton, Fernando, & O’Callaghan, 2010).
For some patients, animal-based therapy may be effective. Animals are often attachment objects for children, and touch, proximity, and body–mind interactions with animals have been found to contribute to stress reduction and trauma recovery. Positive physical and psychological results from adults interacting with animals have been reported, as well (Yorke, Adams, & Coady, 2008; Yorke, 2010; Born, 2010; Beetz et al., 2011; Berget, Ekeberg, & Braastad, 2008; Cangelosi & Sorrell, 2010; Ewing, MacDonald, Taylor, & Bowers, 2007). Animals used to facilitate treatment response are mostly those who are highly emotionally sensitive and communicative, for example, dogs. However, among animals, horses may offer some unique therapeutic benefits.

One important factor that distinguishes horses from other emotionally sensitive animals is the possibility to ride them, and all the emotional and bodily feedback processes involved in riding. In addition, their size makes them experienced as potentially frightening for some patients. Although randomized controlled trials are lacking, several noncontrolled studies of the use of horses in the treatment of subjects with mental health problems have been published, indicating therapeutic benefits. Benefits attributed to horse-facilitated therapy include reduction in anger and aggression (Yorke, 2010; Klontz, Bivens, Leinart, & Klontz, 2007), improved mood (Meinersmann, Bradberry, & Roberts, 2008), and reduced depression (Masini, 2010). Psychotherapy with the aid of horses may be particularly effective with unresponsive and nonverbal adolescents (McCormick, 1997). Adolescents have reported that the horse allowed them to feel secure, and after they had developed a relationship with the horse, they became more involved with staff and peers. A simple task like grooming a horse can facilitate patients feeling secure in talking about their problems (Yorke et al., 2008). The long-term effects may be increased self-esteem, self-image, self-control, trust, enhanced social interaction, improved communication and learning, and better quality of life (Bachi, Terkel, & Teichman, 2012; Bass, Duchowny, & Llabre, 2009; Ewing et al., 2007).

Equine-facilitated body- and emotion-oriented psychotherapy (EBEP) is a new therapeutic approach for individuals with mental disorders who have participated in conventional psychotherapy in the past without a positive treatment outcome. EBEP integrates aspects of various techniques to address patients’ psychological issues. First, we describe some qualities of horses which make them particularly valuable as facilitators in psychotherapy. Second, we present the EBEP manual, and last, we discuss some of its therapeutic ingredients with reference to the treatment of adults who as children lived with substance-misusing parents.

**Horses**

Horses are preyed upon in their natural environment and their survival requires that they are extremely sensitive to the environment. They have developed an ability to assess the intentions and emotional states of their herds, other animals, and predators (Mandrell, 2006; Vidrine, Owen-Smith, & Faulkner, 2002). Horses have strong social bonds and being part of a herd is based on a cooperative form of living, with each horse having an important role in the herd. The herd has a leader, usually an older mare that portrays a calm, fair, wise and confident leadership.

Horses have a unique ability to mirror human body language (Rothe, Vega, Torres, Soler, & Pazos, 2005). They reflect the internal state of those around them. Being in captivity, they have transferred this skill to their relationships with human beings (Mandrell, 2006; Vidrine et al., 2002). The horse’s sensitivity and reaction to a person’s emotions are independent of whether that person is aware of his or her own emotions or not (Roberts, Bradberry, & Williams, 2004). Whether an individual working with the horse is with or without awareness of portraying aggression, the horse may display aggression by pinning its ears backward, turning its head toward the person, or just walking away. When a person appears nervous, the horse may also exhibit nervous behavior by displaying a tense body, keeping its head high, and appearing restless. Furthermore, if a person is passive, tired or irresolute, the horse can appear tired or fall asleep. The state of mind of the horse can rub off on the patient in the same way. To get the horse’s cooperation the person has to model behaviors to which the horse will respond positively. The horse will respond positively to calm, fair, and confident leadership. One EBEP patient said,
I’m not quite sure if she (the horse) is bothered or not, if she is uninspired or something. So I tried to stay close, so really, so I slackened my pace a little, to adapt to her, it’s completely automatic . . . I felt that I had to give her space to move, so I’m not in her way, that’s what I’ve always done, adapt to other people.

The way the horse mirrors the patient’s internal state and body language can represent the reactions people close to the patient may have. Reflecting on and working with changing unhealthy behaviors with the horse can help patients increase insight and develop more appropriate behaviors in their relationships with other people. Thus, engaging in a close and personal encounter with a horse provides unique opportunities to explore and address issues that are not possible in regular therapy or with other animals. Activities such as handling, grooming, and riding do not only require technical skills. Just as important is the ability to interact with the horse on a behavioral level to obtain collaboration and control. This may challenge the patient’s habitual interpersonal behavioral style and force the patient to adjust his or her own behavior and try out new ways of interaction.

The EBEP Program

The program is guided by treatment plans and diagnoses, and is facilitated by a mental health worker with a formal psychotherapeutic qualification. EBEP involves a triangular relationship between the horse, patient and therapist. This includes providing a comfortable secure environment and establishing a warm, caring therapeutic culture.

To ensure that the objective of the therapy is relevant, the patient undergoes clinical and semistructured psychiatric interviews to achieve a clear diagnostic understanding and develop the patient’s individualized treatment plan.

It is of vital importance for the patient to develop healthy relationships with family, peers and colleagues and to consolidate a positive and realistic social and self-identity. Suitable goals in the treatment plan can be to improve communication with others, as well as improve attention-regulation skills. Metagoals in the treatment plan can be to enhance the ability to attach to others, increase the patient’s self-esteem, self-worth, and assertiveness, and reduce anxiety, anger, and depression. We use these objectives as guidelines to arrive at concrete activities in the EBEP program and activities in the patient’s daily life. One example from the EBEP program can be to work on being assertive while leading the horse. The patient’s agenda is to plan where to go, and then go from one place to the next, while at the same time focusing on body posture and way of breathing. The patient has to focus on achieving congruence between thoughts and feelings and nonverbal communication. An example from activities from the patient’s daily life can be to say “no” to tasks at the workplace the patient does not want to perform, but usually does because of problems with assertiveness.

Encounters With the Horse in EBEP

Based on clinical experience, the patient will usually undergo 10 EBEP sessions; however, this depends on the patient’s needs. EBEP activities include grooming, handling, and riding the horse. The progression and which activities are used in these lessons depend on the patient and the patient’s treatment plan. All of the EBEP sessions begin with talking with the patient about how he or she is feeling that day. The patient is then prepared for the day’s activities and for the issues we are working with. In the first three sessions, the patient is mainly grooming and handling the horse to become familiar with the horse, which may help the patient to overcome some of the fear he or she may have.

We then fetch the horse from the stable or out in the field and the patient puts on the halter and walks with the horse into the riding arena. In the riding arena all the sessions begin with grooming the horse. The purpose of this activity is for the patient and horse to get to know each other and to increase the patient’s attachment to the horse, and to increase the horse’s attachment to the patient. The patient usually works with the same horse in all sessions.

During all the activities the patient is encouraged to practice being aware of his or her and the horse’s body language, and his or her own breathing, body symptoms, and emotions. The patient is also encouraged to reflect verbally on these experiences. A further important aspect is that the patient is urged to be sensitive and assertive when working with the horse. The sensitivity and assertiveness is in the body language (posture, breathing, attitude, and presence); the patient can also use his or her voice.
When working from the ground, the patient is encouraged to have minimal physical contact when telling the horse to move or lift its hooves. In this way, the horse will be more sensitive, attentive, and present in the situation to communicate with the patient. Subsequently, the patient can learn to be more sensitive in his or her way of communicating and be as assertive as the situation demands. The same sensitivity/assertiveness is used for activities on horseback. When riding the horse the patient is encouraged to use body language. The patient’s body language when sitting on the horse may be for example, looking the way the patient wants the horse to go, or the patient can move his or her own neck and body in the required direction. The therapist teaches the patient to recognize his or her breathing patterns and to decrease breathing when tense, while trying to calm the situation. Early in treatment the patient is taught progressive relaxation skills, including deep breathing and muscle relaxation, which is usually done on horseback. The patient learns how to use relaxation techniques during sessions and learns how deep breathing affects heart rate and other common physiological responses that they experience when they’re anxious. In addition, the patient receives a CD to practice relaxation at home. An example of the association between psychological target, task performed, and goals to strive for is shown in the appendix. In addition to the clinical goals listed in the appendix, all the activities aim to enhance emotional and bodily awareness and to improve regulation of breathing and muscular tension. A further goal is to improve the patient’s self-soothing skills and attention-regulation skills.

After finishing the activities and bringing the horse back to the stable/field, we spend up to 30 min to reflect on the session and the patient is encouraged to transfer the new knowledge back to his or her life through activities from the treatment plan or similar activities.

After five sessions of EBEP, the patient and the therapist make a reevaluation of the treatment plan. If necessary the treatment targets will be changed.

The Role and Competence of the EBEP Therapist

The therapist must have acquired specific knowledge of how horses communicate. Knowledge about horses helps to shed light on their behavior, and also add integrity to the therapy. The therapist tries to uncover and encourage the patient’s expression of feelings, values and personal attitudes and helps patients to develop abilities to understand themselves, the horse, and people in their daily lives. During the session, the therapist takes note of the behavior and personality of both horse and patient, and acts as a model for how to interact with the horse. This is crucial because the therapist sets the tone for how the patient treats and regards the horse. It is a goal of the EBEP therapist to aid the patient in achieving core state and then naming it when it comes to light. Similar to emotion-focused therapy (Greenberg, 2014), by pausing the patient in session and calling attention to how he or she is experiencing the moment, the therapist encourages the patient to become increasingly aware of him or herself—relationally, affectively, somatically, and cognitively. Once this begins to happen consistently, it is additionally important to identify relationships and experiences outside of therapy that can also enable the patient to achieve this.

At the beginning of therapy, the therapist takes a more active role by helping to structure the horse–patient activities and interpreting the meaning of horse sounds and movements. The ability of the therapist to explain the behavior of the horse to the patient is very important in enabling the patient to learn about how his or her own behavior affects others. Interpreting the behavior of the horse and how it might affect the behavior or feelings of the patient is also vital. Usually after a few sessions, the patient has progressed in therapy and the therapist takes on a more passive role and stays in the background observing the relationship and encourages the patient to verbalize his or her existential experience with the horse.

Working With Difficulties in Cooperation in EBEP

Resistance is based on personal automatic ways of reacting in which patients both reveal and keep hidden aspects of themselves from the therapist or another person. Resistance is also a reflection of the developmental level of the patient and a signal that the patient is dealing with a very important issue (LaFarge, 2012). Resistance behaviors occur mostly during therapy, in
interaction with the therapist and the horse. Examples of resistance during EBEP can be an unwillingness to pursue activities with the horse, avoiding the consideration of identified themes, canceling or rescheduling appointments, forgetting to complete homework assignments, etc.

When the patient is showing resistance during EBEP, it may indicate that the therapist and the patient might not be on the same page, and it may come from poor timing. During EBEP, the treatment plan and the goals the patient is working with are reevaluated and changed if necessary. Reevaluating and changing the treatment plan may foster motivation. During therapy the therapist strives not to give explanations before the patient is ready to accept them and not to confront the patient too soon or move too fast. When the patient resists, it is important to slow the pace, change the activity with the horse, maybe to an activity that is easier to accomplish, or change the team the patient is working with, and then when he or she is ready, we can use the initial activity/team. Taking small steps is often a central part of effective therapy, including EBEP.

**Which Patients Are Particularly Suitable for EBEP?**

The main target group for EBEP is patients who have participated in conventional psychotherapy in the past without effect or patients who need and want treatment, but do not consider conversation-based psychotherapy to be acceptable. Our clinical experience, supported by reports from noncontrolled studies, suggests that EBEP may be of particular value for patients who are interested in participating in psychotherapy with the aid of a horse, and/or patients with attachment or nonverbal communication problems.

Adolescents or adults of substance-abusing parents comprise a group of patients who may particularly benefit from EBEP. In a study with abuse victims, the participants reported that working with the horse in a nonthreatening way and experiencing the horse responding to their commands provided them with the ultimate sense of validation of power and control. The experience of power also reflected the notion of being clear in their communication, and being clear resulted in being heard. They also found that interactions with the horse involved physical, kinesthetic and visual experiences. Doing things hands-on helped them to practice new communication skills that subsequently enabled them to make the necessary changes to their lives as victims (Meinersmann et al., 2008). In the following, we will use adults exposed to parental substance misuse when they grew up as an illustration of EBEP.

**Adults Exposed to Parental Substance Misuse During Their Upbringing**

Children exposed to parental substance misuse often live in an environment characterized by deviant parental role models, inadequate parenting, and disturbed parent–child relationships (Sher, 1997; Barnard & McKeganey, 2004). Research suggests that many of these children develop less secure attachment styles (Fonagy & Target, 2005; Draper, 2009). When the psychological mechanism of attachment is distorted or dysfunctional through parental neglect, inconsistent behavior, or even abuse, severe personality pathology may arise in addition to the development of an insecure attachment pattern (Fonagy & Target, 2005). Insecure patterns of attachment may mean that children develop unstable internal working models which affect later relationships (Fonagy, Gergely, & Target, 2007). Some of these children have also been found to have cognitive deficits (van Baar & de Graaff, 1994; McNichol & Tash, 2001). The child’s cognitive and language development may be negatively affected when parents are preoccupied with their own matters and the parents may find it difficult to focus on the needs of their children (van Baar & de Graaff, 1994; Niedenthal, Brauer, Robin, & Innes-Ker, 2002). In one study of teachers’ experiences with pupils exposed to parental substance misuse, the teachers reported that some of the children had problems with motivation, concentration and showed, in general, little interest in learning. Many of the children were reportedly aggressive and behaving anxiously or impulsively, or were withdrawn and lacking in confidence. One of the major concerns the teachers had was that the children were portraying emotional problems and showed an inability to express their emotions. The teachers were also concerned about some of these children’s language skills (Hogan, 1997). Another study suggested that children’s verbal development was
delayed; this may be related to lack of stimulation from their home environments, but there were delays also in nonverbal development (McNichol & Tash, 2001). This can lead to children having an increased risk of academic delays, learning disabilities, and difficulties concerning their own nonverbal communication and understanding other people’s nonverbal behavior.

These children often live with dynamics of denial, distortion, confusion, and secrecy. This dynamic can make all the family members operate in relation to the substance use and make the needs of the drug habit the main focus. The incongruent communication these children often are exposed to can be a way of hiding what really is going on in the family, and the children may find it difficult to trust their own perceptions and judgments (Barnard & Barlow, 2003). These children may acquire low confidence in both parents and a general suspicion toward others. This can lead to difficulties in forming meaningful relationships in which they can disclose their experiences, and as a consequence, they may not experience the benefits of social support (Kearns-Bodkin & Leonard, 2008) and experience lowered levels of relationship trust and satisfaction (Sher, 1997). In addition, these children have often learned to adapt to others’ needs and expectations and may have an inability to focus on themselves, which means that they satisfy their own desires and needs to a lesser extent. As a result, such children/adults might act unassertively and their adaptive behavior and communication can make it difficult for other people to resonate with them. Children raised in substance-misusing families may also carry the problematic effects of their early family environment into their adult romantic relationships (Kearns-Bodkin & Leonard, 2008). The characteristics of this group may be shared with other populations with childhood trauma.

**Therapeutic Mechanisms of EBEP**

The foundation for the therapeutic exploration in EBEP is to work hands-on with the patient’s day-to-day issues and to bring attention to the patient’s here-and-now experience of interacting with the horse. The aim is to learn to focus on the actual sensation, muscular tension, and breathing. Paying attention to the sensation provides training in coming into the present, clears the mind of ruminations, and helps regulate breathing and muscular tension (Greenberg & Elliott, 2002). Through treatment, relational dynamics develop between the patient and the horse. These dynamics can help the patient develop awareness of their patterns of emotion, body language, and communication skills. It can also bring awareness to the way these patterns are expressed and affect the patient’s relationships. If they are problematic for the patient, they are addressed. Typically, the barriers to a better relationship in therapy are a microcosm of the barriers to better relationships with people outside of therapy. The EBEP activities can motivate patients to develop attachment behavior and skills that require both verbal and nonverbal communication. Subsequently, this may improve their communication and attachment with other people. EBEP can also improve the patient’s ability to perceive, describe, and express emotions and their associated bodily sensory expressions. One patient has described her experience as follows:

Ten sessions of horse therapy is better than a hundred sessions of regular psychotherapy because you get to see it in practice. It’s not so easy to realize it when you just talk about it in therapy, about setting limits and that you’ve got body language and being clear and stuff like that. You understand in your head, but not with your feelings. But with the horse you see that, kind of get feedback. . . . I thought I was clearer than I was. I really thought so.

Parents with addictions often have an impaired ability for interaction and affect regulation with regard to the child. This can lead to developing dissonance between thoughts, feelings, and behaviors in those who grow up in such homes. The use of horses in psychotherapy can be helpful to increase their affective awareness and affect regulation. Being exposed to the horse’s direct communication may help the patients to be confident in perceiving the reality of situations.

**Attachment**

Attachment has been defined as a persistent emotional tie between a child and a caregiver and it has a primary evolutionary function (Fonagy et al., 2007; Liotti, 2011). Secure attachment will depend on whether as infants our own mental states were adequately understood by our caregivers (Fonagy & Target, 2006). Fonagy describes this as a representational system
that enables people to understand, interpret, and predict the behavior of others, as well as their own behavior. Since the attachment system is flexible, it does not only adapt to supportive conditions, but also to a negative environment (Fonagy et al., 2007; Liotti, 2011; Erskine, 2011). The family has a major influence on the child’s future socialization abilities and the major benefit of attachment is the opportunity to develop social intelligence.

Many people growing up with parental substance misuse who have difficulty in attaching to others may be more receptive to animals. People with generalized insecure attachment are four times more attached to their pets than to their caregivers (Kurdek, 2009). For patients with an insecure attachment style who have low trust in others, gaining an alliance with the horse may be less threatening, less complicated, and less charged by human expectations than participating in regular psychotherapy, in which building a good relationship with the therapist is essential for a positive treatment outcome (Byrd, Patterson, & Turchik, 2010). The therapeutic relationship in EBEP contains features of an attachment relationship and the horse is often seen by patients as a secure basis for exploration. Research has also suggested that working with horses can improve attachment behavior (Chardonnens, 2009). Horses can provide warm, nonmanipulative, nonjudgmental companionship as well as essential comfort, and may offer an unconditional support system to individuals with psychological issues (Yorke et al., 2008). In this context, the behavior patients present in therapy is seen as meaningful and its exploration can contribute to the deconstruction and reappraisal of internal working models of self and others.

Nonverbal Communication

Researchers are increasingly considering the importance of nonverbal communication in psychotherapy. How something is expressed carries more significance and weight than what is actually said. The primary caregiver’s adequate nonverbal emotional response to the baby’s cues, expressed through sounds, gestures, and movements enables the child’s secure attachment. When this nonverbal relationship is successful it enables a child to feel secure enough to develop fully, and it also affects how the child will communicate, interact and form relationships throughout life. Subsequently, reasonable ability to attach to other humans relies partly on the person’s ability to identify cues to others’ emotions, including facial expression, tone of voice, and body posture (Niedenthal et al., 2002). However, just as important is the person’s ability to perceive his or her own internal sensory signals accurately, identify the emotional valence, and express emotions appropriately (Fonagy et al., 2007; Fonagy, 2012).

In Daniel Stern’s work derived from studies of infant–mother communication, the author suggested that much psychological change results from the nonverbal rather than the verbal communication used in psychotherapy. Because the relationship in therapy involves a patient–therapist resonance with a mirroring of each other’s nonverbal movements, Stern underlined that there must be a mutual recognition that this resonance is important and that a deeper understanding than mere verbal, intellectual, and logical exchange is an essential component of the work (Stern, 2004). David Wallin also emphasized the importance of working with the unspoken between the patient and the therapist and that the therapist should model a good attachment figure. It is through the relation between the patient and the therapist that the patient’s problematic patterns of relating to others become evident, enabling the patient to resolve them by embarking upon new and healthier forms of interaction with others (Wallin, 2007). Stern used the term “present moment” as the experience of the subjective now, emphasized that the present moment was of vital importance, and that much would result from emphasizing and working with such moments (Stern, 2004).

Riding or handling the horse requires consistency between the use of aids (such as reins, etc.), the physical signals, and what the patient is thinking. Patients cannot merely make use of verbal communication, which necessitates a clarification and awareness of their own body language (Mandrell, 2006; McCormick, 1997). Working with the horse can, in a unique way, build up the patient’s bodily identity, develop nonverbal dialogue, and correct early preverbal experiences.

In regular therapy, facilitation of emotional work that also involves the bodily experience and the creation of new meaning are becoming
increasingly recognized (Binder & Hjeltnes, 2013; Wallin, 2007; Greenberg, 2014; Greenberg, Korman, & Paivio, 2002). Being exposed to parental substance misuse can negatively affect the child’s understanding of nonverbal cues because of the parent’s inability to be mentally and emotionally present in his or her child’s nonverbal development. In EBEP, the patient is encouraged to learn about the horse’s instinctive, natural, and nonverbal cues. Learning those cues can help enhance the patient’s understanding of his or her own and other people’s nonverbal behavior. Like people, horses respond to others on the basis of how they communicate. To work with horses, patients have to behave in ways consistent with their feelings and thoughts, otherwise they will lose the horse’s attention and cooperation. In their nonverbal communications with humans, horses will respond to subtle nonverbal cues and they will immediately react to body language, giving potent feedback to individuals about how they are presenting themselves (Trotter, 2007). When working with a horse, patients are encouraged to pay attention to their existential experience in their relations with the horse. The patient is active in performing activities involving physical and emotional experiences, and is helped to create experiences in therapy that can be transferred into real-life experiences. An example would be to stop a loose horse by using body language, with the patient’s feet standing firmly apart on the ground, keeping the body straight facing the horse, and with the eyes looking straight at the horse. Being strong in one’s attitude and body language may lead to the feeling of being strong and powerful. For patients with problems in being assertive, this may help them in everyday situations with human beings.

Positive Emotions

Experiencing positive emotions increases our drive for exploration and discovery, and provides a basis for positive social interaction. The experience of positive emotions also makes us more tolerant, expansive, and creative. The more positive our emotional experiences are, the more open we become to new ideas and new experiences (Kok & Fredrickson, 2010).

The challenging experience with horses sets the stage for patients to make strides in their recovery and have fun at the same time. Having fun can increase the capacity to cope with apprehension about new experiences. The joy of being with a horse may stimulate the patient’s desire to participate in activities and working with an animal can increase one’s range of social interactions (Rothe et al., 2005). In addition we strive to help patients to recognize feelings of mastery when working with the horse, and after a while, they often become aware of and appreciate such feelings, thus contributing to their enjoyment of the therapy. The therapy is outdoors and the patient is working with a big lively horse, and in addition there are sights and smells that are uncommon for the patient, representing a clear break with traditional therapy. These differences can stimulate the patient to remain involved during therapy. In studies describing psychotherapy with the aid of horses, almost all patients reported the therapy to be enjoyable and evaluated the treatment as better than previous therapy (Bizub, Joy, & Davidson, 2003; Schultz, Remick-Barlow, & Robbins, 2007; Trotter, 2007; Ewing et al., 2007).

Psychologists that integrate exercise in therapy and sport psychologists agree that making changes in behavior has a profound influence on health, functioning, and performance. The literature in this field supports the role that exercise can promote positive mental health. Research suggests positive correlation between exercise and self esteem, self efficacy, psychological well-being, and cognitive functioning, and a negative correlation between exercise and stress, anxiety, and depression (Wipfli, Landers, Nagoshi, & Ringenbach, 2011). In EBEP, patients perform physical exercise through brushing the horse, picking the hooves, walking with the horse, and riding the horse. Positive effects from the movement of the horse can be seen in motor coordination, muscle tone, postural alignment, stiffness/flexibility, and strength (Muñoz-Lasa et al., 2011), which also contributes to better mental health.

The Use of Touch in EBEP

Research has demonstrated that tactile stimulation is extremely important for the development and maintenance of physiological and psychological regulation in infants, chil-
For patients who were exposed to childhood parental substance misuse and who portray difficulties in this area, touch (through cuddling, grooming, handling, and riding) plays an important part in establishing a relation with a horse. In EBEP the patient is in close contact with the horse, working from the ground and on horseback. Usually all the riding is done without a saddle. Patients exposed to childhood parental substance misuse are more often subjected to sexual abuse than children growing up in homes without substance abuse (Lindgaard, 2005), and many victims of sexual abuse often report pain and somatiform dissociation (Haugstad et al., 2006). Sitting astride a horse is a very powerful way to enhance awareness of your own body and the one beneath you. EBEP provides a unique opportunity to experience touch and rhythm through close physical contact with a warm, moving, living being.

Staunton suggested that touch can effectively be used with physically and/or sexually abused people. Sexually abused people may have trouble with physical closeness, touching, and intimacy. Physical contact with victims of sexual abuse can, in many instances, offer powerful treatment intervention (Staunton, 2002). However, the intentional use of touch by the therapist is a controversial and sensitive issue in psychotherapy. EBEP provides opportunities to work with touch and physical contact without the ethical aspect present in traditional therapy.

Physical contact can facilitate a deepening of the patient’s affective experience and provide a connection to the trauma experiences that might otherwise be difficult to achieve (Staunton, 2002). This can provide a unifying bodily experience to replace the disjointed and fragmented experience of the body. In addition, touching the horses or being touched by horses may not be as threatening as being touched by a human; it might, therefore, feel safer, so that the patient can be motivated to work with touch. A patient with a dissociative disorder described a situation when working with touch like this:

The interviewer: Do you think it’s unpleasant the idea of cuddling him?

The patient: I did to start with. But it makes you relax a bit, it does with me, at least when he gets so calm and relaxed like he does.

The interviewer: But what did you think was unpleasant about the idea of cuddling him?

The patient: Maybe being real close. I don’t know it is dangerous, just kind of unsafe.

Many patients exposed to parental substance misuse who have experienced childhood sexual abuse have encountered confusing, frightening, painful, and sometimes life-threatening experiences. To survive such emotionally overwhelming and physically over-stimulating experiences, some of these people may use denial and dissociation as primary psychological coping strategies. These patients may experience disconnectedness from experiences in their daily life and can sometimes disconnect themselves from the private and other parts of their bodies. Patients can experience the horse touching their bodies and genitals (during riding), which may help them achieve a more natural relationship with their own bodies. In addition, the demanding presence of the horse may help patients with dissociative disorders stay more present during therapy. The patient with the dissociative disorder also said,

When I stand like that it’s sort of, then I’ve partly switched off. I just think about nothing. Then she (the therapist) says something, and then it’s like I bounce back again. It’s almost scary.

The interviewer: But aren’t you with the horse either?

The patient: Yes, just with the horse. It’s a bit scary, but it’s a bit nice too.

Comments

Considering the increasing interest in horse-facilitated psychotherapy as an alternative psychotherapeutic approach to those who do not respond to or want traditional psychotherapy, the provision of a manual such as the present EBEP is an important step forward. However, much remains to be done before EBEP can be considered to be an established psychotherapy. Research is needed to gain insight into the patients’ and the therapists’ experiences of the therapy, to further improve its content and procedures. It is important to capture the experiences of the therapy process, but also to gain more knowledge about
the patients’ experience of which components of EBEP are perceived to be effective and which seem not to be working. There is a need for subsequent dismantling studies to determine which of the components/ingredients in EBEP are responsible for the effect or outcome (Høglend et al., 2006). But not least there is a lack of evidence of efficacy from randomized controlled trials comparing EBEP with conversation-based psychotherapy and other treatment strategies. Such studies may also indicate which patients will benefit most from EBEP.

References


Yorke, J. (2010). The significance of human-animal relationships as modulators of trauma effects in
Appendix

Equine-Facilitated Body and Emotion-Oriented Psychotherapy (EBEP) Program

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<tr>
<th>Psychological target</th>
<th>Task instruction</th>
<th>Clinical goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working with assertiveness and communication.</td>
<td>Move the horse back, forward and to the side without touching the horse.</td>
<td>Improve assertiveness and communication through body language.</td>
</tr>
<tr>
<td>Working with anxiety and fear.</td>
<td>Clean the hooves.</td>
<td>Reduction of anxiety and avoidance.</td>
</tr>
<tr>
<td>Working with touch, body contact and attachment.</td>
<td>Touch the horse with fingertips, hands, arms, face and body from the ground or horseback.</td>
<td>Improve attachment and to be comfortable with touch.</td>
</tr>
</tbody>
</table>

Note. In all the activities with the horse, the patients are instructed to place the emphasis on breathing, muscular tension and emotions throughout the exercise. In addition to the clinical goals in this table, all the activities aim to enhance emotional and bodily awareness and to improve regulation of breathing and muscular tension. A further goal is to improve the patient’s self-soothing skills and attention-regulation skills.

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