A healing triangle

Clients learn much about themselves through interactions in equine-assisted therapy

BY NANCY JARRELL, MA, LPC, EAP

Equine-assisted psychotherapy is an experiential modality involving a metaphorical process using a horse or horses as conduits for emotional growth and healing. Horses have been on the earth for about 50 million years, and in many ways have contributed to the unfolding of history. As stated in the book Horse: How the Horse Has Shaped Civilizations, “For thousands of years horses have provided sustenance, status, companionship, and the ability to establish and expand empires.” In my work with clients with behavioral health issues including addictions, I have witnessed horses providing the missing link for clients stuck in their disease and resulting thinking distortions.

Typically, I work in groups with no more than eight individuals at a time. My groups comprise clients struggling with dual diagnoses involving some combination of chemical dependency, trauma history, depression, eating disorders, sexual abuse, obsessive-compulsive disorder, and more. I begin groups with brief introductions, asking participants to share their first name, their titles (for example, “I am an alcoholic”), their feelings at the time, and if they have any horse experience. The last check-in question is of the least significance. Out of 1,000 or so people with whom I have facilitated equine-assisted therapy, I can recall only two whom I considered to be truly horse-experienced; this has nothing to do with the process.

No skills are required for an individual to receive substantial benefits from equine-assisted psychotherapy. This experiential therapy can be provided for anyone—whether a person likes horses or not, has never touched a horse, or is deathly afraid of the animal. The only thing that would preclude someone from attendance in one of my groups would be a severe allergy to horses, dust or hay.

How it works

I am never sure what will unfold in the therapy process. I decide in the moment if I will use one horse, more, go into the arena, stay near a stall, set up a challenge, or utilize a specific exercise with a horse. In retrospect, I really don’t decide at all. The process unfolds itself, silently dictated by the horse, the client and my response to whatever the client is bringing...
to the session.

Many obvious factors make the equine sessions different from talk therapy in a room, but what is key is not only the presence of one or more horses, but that the therapist knows how to look to the horse for information. As an equine therapist, I see my role as paying close attention to what the horse is doing, what the client is doing and saying, and what the interaction is between them. I am aware that my own transference and intuition are also an important factor in the magic of equine therapy.

My agenda is never that clients learn something about a horse, but that they learn something about themselves. In fact, at the end of group, if clients try to process what they learned about horses, I will redirect them. I tend to gauge the success of the interventions by whether a client talks about the horse or him/herself. I rarely accommodate questions about horses, confronting instead the need to ask questions about horse behavior and how the client might be using questioning as a form of deflection or avoidance.

Equine-assisted therapy is a brief therapy. The facilitator must glean information quickly from a client's statement and interaction with the horse. This is then fed back to the client, helping to identify a lifetime pattern that has resulted in dysfunction. One small interaction can tell a client's whole story of how he/she has behaved in the world and what emotional responses and behaviors have been used as coping mechanisms. Once an issue is identified, the facilitator can then support the client in practicing an intervention for change. This entire piece is circular in motion and may take only five minutes.

These are the four components of effective, brief and powerful equine-assisted therapy:

1. The client connects to a presenting issue.
2. The facilitator helps the client explore where the thoughts and feelings originated.
3. The facilitator supports the client in identifying the metaphor.
4. The facilitator implements an intervention for behavioral change.

Case example

Here is an example of what this might look like (all names are fictitious):

Jane was hesitant to approach the horse. Her body posture was rigid and her step timid. (It is critical that the therapist pay attention to the body language of the client and the horse, as this provides a wealth of information.) As she approached our gelding, Reddy, he immediately moved in closer and nuzzled with her. She then lifted her hand to touch him and became tearful. I gently asked her what she was...
feeling, and she expressed sadness. I asked if she could tell me what the tears were saying, if her tears could speak. (I frequently focus on feelings as my way into a client’s internal world, as most clients with addiction are very comfortable intellectualizing and sharing their thoughts but are challenged in sharing feelings.)

As Jane continued to touch the horse and he responded with affection, she identified that she no longer engaged in physical touch with anyone in her life. She had stopped giving and receiving hugs and physically withdrew from others if anyone tried to reach out to her. As her body curled over from the spine and her tears progressed to full-body shaking, her high level of emotional pain was obvious. She then shared that her mother, who had been ill for several years with Parkinson’s disease, was dying. In spite of feeling much pain and loving her mother, she could not bring herself to take her mother’s hand, kiss her, hug her or hold her.

The horse continued to move close, forcing a physical interaction. I asked when she first learned that physical touch was dangerous. She quickly recounted a childhood experience in which she was very ill and was quarantined, unable to have contact with her siblings, friends or family members for 10 days. I perceived that the loneliness and fear she had felt at the young age of 7 was still profound. When her mother became ill, Jane unconsciously took on the belief that it would not be OK to be close to her and played out treating her mother in the same way she was treated during her own illness.

Steps for effective facilitation of equine-assisted therapy

1. Ask the client for feelings, not thoughts.
2. Brief therapy—go deep, pull out, seek solutions.
3. Relate presenting issue back to childhood.
4. Never assume a patient has horse experience.
5. Never single out a client as knowing more or less due to self-report.
6. Remember that horsemanship has nothing to do with the session.
7. Never tell or remind a client to ask for help.
8. Keep it simple; allow silence.
9. Connect, explore and intervene.

As Jane processed this, her lifelong history was identified, involving loss of friends, a marriage and multiple relationships due to her withdrawing both physically and emotionally. Her presenting issue for therapy was alcoholism and depression. She quickly gained insight into how she had exacerbated her depression by setting up distance in relationships, although physical and emotional closeness was what she had longed for since age 7. She also became clear about the resulting loneliness and how she used this as a reason to drink. Her belief was, “If I get close to people, I will...

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hurt them. I could make them ill.” Her distortion lay not only in these thoughts but also in the belief that she held this kind of power.

Once this thinking distortion was recognized, along with the lifelong patterns and behavior that were in direct conflict with her genuine longing for relationships, we were able to implement an intervention for change. The intervention actually had already begun by the horse moving into her and imposing the physical connection. We continued for a minute as I invited Jane to allow herself to run her hands all over the horse’s barrel and neck. I asked her to risk the touch, allowing herself to get dirty and have horse hair on her clothing. I asked her to take in the smells and to breathe in and out with her movements. A big smile emerged rather quickly as she developed connection with the horse.

This whole process took place in less than 10 minutes. Jane walked away from the group surprised about the connection she made, stating, “I hadn’t thought about my childhood illness in years.” She described loneliness as a trigger for her drinking, and then group members provided her with feedback on how to intervene on the loneliness before choosing a drink. Although the work focused on a triangular relationship among Jane, myself as facilitator, and the horse, the entire group gained and shared insight, growing in their understanding of pain, addiction and healthy choices.

Several factors play into the success of these sessions. As a facilitator, I take a psychodynamic and solution-oriented approach—a combination that works well for me. I never have a full history of a client before my sessions, because I believe I work better off-the-cuff from a more genuine place that allows me to access my intuition. I often see what I describe as an image or snapshot while I am looking at a horse and client, and although I may not know the meaning, I will comment on it and almost always will get what I call a “hit.”

Gestalt theory also comes into play when clients are invited to explore where blocked energy can show up in the body. As is stated in the book *Theory and Practice of Group Counseling*, “Gestalt leaders pay special attention to where energy is located, how it is used, and how

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it can be blocked." Observing a client's gestures and body postures and asking a group member to focus on body sensations can enhance the equine experience.

The horse is an essential factor. Had Reddy not moved into this client and put himself in position so that touch could not be avoided, we likely would not have discovered the key issue. The way I facilitate equine-assisted therapy is to look to the horse, observe the horse-client interaction, and then follow my gut and take risks with describing and exploring what I see. I continue to marvel at how a horse can behave in a certain way that results in the presentation of a crucial issue for a client. It is as though the horse already knows the history.

Reddy did not act that way with the next client. I see this over and over. The horses do not behave in the same way with each client, and so I have concluded first that the horse instinctively knows what a client needs, and second that the issue will not present itself if the client is not ready. I often tell my clients that the horse is merely providing them with information and if he is doing so, then they are ready to receive it.

Informed by neuroscience
I have begun to formulate a theory on how and why this fascinating interaction occurs. Neuroscience and neurochemistry provide insight into how the horse and human connection might work. Consider the work of Cardwell C. Nuckols, PhD, who writes and lectures about how humans communicate through "mirror" neurons. At a 2006 neuroscience conference he described mirror neurons as a "hard-wired system in the brain that is designed to allow us to perceive the mental state of another."

We frequently talk about horses having the ability to mirror back to us whatever feelings or dynamics are present. Nuckols further defines mirror neurons as existing in the right and left hemispheres of the brain and states that they bridge the perceptual part of the brain with the motor part. Nuckols has said, "When visual, auditory, sensory input is perceived by another, it is as if they're seeing and feeling what you are feeling." This might be a fundamental explanation for the powerful exchange that occurs in the equine therapy session among horse, client and facilitator.

I believe that the horse/human alliance and resulting accuracy of identified issues stem from the fact that a horse's brain is made up mostly of the limbic system. This part of the brain dictates emotionality; consequently, horses are emotional creatures. Through horses' innate ability to pick up on emotion and read intent within others, they are able to mirror for a client the feelings and history that need to be addressed.

In short, I also see the equine-assisted psychotherapy process as an integrative experience for both the client and the facilitator. The process integrates left- and right-brain functioning as the left brain engages us in logical, linear, language-based processing looking for cause/effect relationships, and the right brain is in charge of eye contact, facial expressions, tone of voice, gestures, postures, intensity, timing and stress response. Both the right brain and left brain duties combine in a dramatic experience in the equine session, as the facilitator remains focused and the client and now.

The horse/client/facilitator relationship presents a beautiful therapeutic modality that reveals the intelligence, skill, strength, grace and beauty of this healing triangle.

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References