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Therapeutic Riding and Its Effect on Self-Esteem

Abstract

This paper documents the history of equine assisted therapy, therapeutic riding programs and the value of utilizing the equine as part of an alternative program for children and adults with disabilities. The researcher performed a qualitative study by working with two equine centers certified for therapeutic riding. The researcher was able to interact with and observe separate groups of children participating in equine assisted programs. The parents of these children were then interviewed regarding the changes in self-esteem of the children due to their participation in the program. Verbal interviews were obtained from the higher functioning participants. Positive results were reported from the majority of parents as well as participants however a larger study should be conducted to ensure validity of the study.

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This paper documents the history of equine assisted therapy, therapeutic riding programs and the value of utilizing the equine as part of an alternative program for children and adults with disabilities. The researcher performed a qualitative study by working with two equine centers certified for therapeutic riding. The researcher was able to interact with and observe separate groups of children participating in equine assisted programs. The parents of these children were then interviewed regarding the changes in self-esteem of the children due to their participation in the program. Verbal interviews were obtained from the higher functioning participants. Positive results were reported from the majority of parents as well as participants however a larger study should be conducted to ensure validity of the study.

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Therapeutic Riding and Its Effect on Self-Esteem

The research presented in this paper will document what equine assisted therapy is and the effect that it has on self-esteem in children with disabilities. This research is important as it introduces and explains an alternative type of therapy for children with special needs of various types and is an area with little documented research. There is an abundance of anecdotal evidence available.

The researcher interacted with and observed separate groups of children in the Horsemanship and Therapeutic Riding Classes at two local equestrian centers for six weeks at a time. The disabilities these children have ranged from severe Autism to Intellectual Disability to Emotional Disturbance and ADHD. All of these children had participated in equine assisted therapy previously so that the researcher was unable to observe the process from initial meeting forward.

The researcher administered parent interviews and informally verbally questioned children who were able to vocalize in regards to any changes in self-esteem they had seen since being involved in therapeutic riding.

There is a definite need for more research on this topic and more money to be made available for these types of programs in order to provide another option for parents and educators to choose from in assisting their children and students with disabilities.

This review will describe several different types of riding programs and their effectiveness for children and adults with developmental and acquired motor or cognitive disabilities and psychological and psychiatric impairments.

History of Equine Usage and Definition of Terms

Hippocrates was the first to describe the benefits of the horse for rehabilitation purposes, calling horseback riding a universal exercise. As far back as the ancient Greeks it was recognized that riding was more than a means of transportation, it was a way of improving the health and well-being of people with a disability (NARHA, 2000). In the time following Hippocrates, medical professionals in Germany, Austria, Italy and England used horses in the rehabilitation of people with disabilities. The term hippotherapy has its roots in Greek language and is translated as treatment with the help of the horse (Glasow, 2003).

In England during the early 1900's, it was acknowledged that riding for people with disabilities was a beneficial form of therapy. During this time, riding therapy for wounded soldiers was offered at Oxford Hospital during World War I. British physiotherapists were exploring the possibilities of riding for therapy for all types of disabilities by the 1950's. In 1969, the British Riding for Disabled Association (RDA) was founded with the enthusiastic support of the Royal Family (NARHA, 2000).

At the 1952 Helsinki Olympic Games, Liz Hartel brought attention to riding for people with disabilities when she won the silver medal for Dressage, despite being paralyzed in both legs from polio (Crawley & Cawley, 1994).

Riding for people with disabilities began as a form of recreation in the United States, but as it evolved, therapeutic riding became a means of motivation for educators to use for the purpose of encouraging self-esteem in youth with challenges. In 1969, The North American Riding for the Handicapped Association (NARHA) was

founded as an advisory body to the various "riding for people with disabilities" groups across the United States and its neighboring countries. The organization provides safety guidelines and training, certifies therapeutic riding instructors, accredits therapeutic riding centers according to its own high standards, disseminates information, and offers low-cost insurance to its member organizations (NAHRA, 1995).

Although therapeutic riding and hippotherapy are both used as forms of treatment for persons with disabilities, they are not synonymous. Hippotherapy is prescribed by a physician and utilizes equine movement as "part of a treatment strategy and is used by physical, occupational and speech therapists as part of an integrated treatment program to achieve functional outcomes" (American Hippotherapy Association, 2003). Therapeutic riding is generally a program of supervised recreational riding and a less restrictive environment than hippotherapy.

There are several types of programs to service individuals with disabilities around the world including hippotherapy, therapeutic riding, vaulting, dressage, and carriage driving. The American Hippotherapy Association defines hippotherapy as a physical, occupational or speech therapy treatment strategy utilizing equine movement. The client does not influence the horse; rather the horse's movement influences the rider. Classic hippotherapy uses only the motion of the horse's hind quarters and pelvis to elicit physical responses from the client. To receive the greatest benefit from this movement, riders may be placed on the horse forward, backward, prone and in other positions. Forms of hippotherapy are not taught solely by therapeutic riding instructors; rather they are mainly taught by specially trained medical professionals such as physical

and occupational therapists. Hippotherapy riding does not focus on teaching the client to ride the horse. It is specifically to improve independence in activities of daily living such as sitting, dressing, feeding and walking. In the session the horse is handled by another individual called the leader, who directs the tempo and movement of the horse at the lesson director's instruction, while the client strictly concentrates on the movement of the horse. While on the horse, the client has a side-walker to prevent falls and aid in emergency dismounts when necessary.

The first two therapeutic riding centers were founded in Denmark and Norway and now the range of centers has expanded to include Europe, Canada, South America, Asia, Australia, New Zealand and the United States (Debusse, Chandler & Gibb, 2005; Hammer, Nilsagard, Forsberg, Pepa, Skargren & Oberg, 2005). Today in the United States, people's use of horses can be classified into two main categories: equine-assisted activities (EAA) and equine-assisted therapy (EAT). Equine assisted activities are activities centered on the horse in which the purpose is to learn horse-related skills and improve quality of life. Equine assisted activity is a sub-type of animal assisted activities, which can be provided by anyone who receives specialized training and certification (Delta Society, 2002). Equine-assisted therapy is the integration of the horse into goal-directed treatment and is provided by a licensed therapist (Delta Society 2002).

Physical Benefits

Developmental riding and equine-facilitated mental health broadens the scope of therapeutic riding to include persons with handicaps which may not prevent them from

riding without a leader or side-walker, such as certain brain injuries, visual impairments, autism, mental retardation and various learning disabilities. The emphasis of this type of therapy is not limited to the physical motion of the horse and encourages emotional bonds between the horse and rider. Actual riding skills for equestrian disciplines such as dressage and vaulting are taught.

Dressage is a path and destination of competitive horse training, with competitions held at all levels from amateur to the Olympics. Its fundamental purpose is to develop, through standardized progressive training methods, a horse's natural athletic ability and willingness to perform, thereby maximizing its potential as a riding horse. At the peak of a dressage horse's gymnastic development, it can smoothly respond to a skilled rider's minimal aids by performing the requested movement while remaining relaxed and appearing effortless. Dressage is occasionally referred to as "Horse Ballet." Although the discipline has ancient roots, dressage was first recognized as an important equestrian pursuit in Europe during the Renaissance. The great European riding masters of that period developed a sequential training system that has changed little since then. Classical dressage is still considered the basis of modern dressage.

Vaulting is also taught through developmental riding and equine facilitated mental health. Vaulting is most often described as gymnastics and dance on horseback, and like these disciplines, it can be practiced as a non-competitive art or as a competitive sport. It is open to males and females. Therapeutic or Interactive Vaulting is used as an activity for children and adults who may have balance, attention, gross

motor skill, or social deficits. Interactive vaulting incorporates horsemanship activities, movements on, around and off the horse at the walk, trot or canter. Interactive vaulting offers educational, social, and movement opportunities for a varied population. (PALAESTRA 2006).

Horseback riding is believed to influence multiple systems including sensorimotor, (balance, touch, awareness of body position, eye movements, body movements), cognition, respiration, speech production, and behavioral, social and psychological domains. (Casady & Nichols-Larsen, 2004; Heine, 1997). The interactions between these systems cause changes in the systems themselves including improvements in balance, strength, endurance, perception, and other functional skills (Shumway-Cook & Woollacott, 1995). These changes can result directly from the responses to the movements on horseback and from experiences relating to and interacting with a horse.

The consistent, repetitive movement of the horse stimulates the sensory-motor system of the client, giving the nervous system a template to build its physical and cognitive responses. (Macauley, 2003). Sensory integration occurs when riding stimulates the tactile senses both through touch and environmental stimuli. The vestibular system is also stimulated by the movement of the horse, changes in direction and speed. The olfactory system responds to the many smells involved in a stable and ranch environment. Vision is used in the control of the horse. All of these senses work together and are integrated in the act of riding. In addition, proprioceptors (receptors

that give information from our muscles, tendons, ligaments and joints) are activated, resulting in improved proprioception.

Therapeutic riding is defined as a form of therapy using horses to help develop mobility, balance and coordination, improve muscle tone and strength as well as increasing concentration and improving learning skills. It also fosters a sense of independence, integration and achievement, helps develop self-confidence and motivation and gives children and adults with disabilities the opportunity to become elite athletes (Canadian Therapeutic Riding Association 2010).

Motor skills are enabled through therapeutic riding. Sequencing, patterning and motor planning help students organize their daily activities. Something as simple as holding a pencil requires a great deal of motor planning. Knowing what comes first in a sequence of events is an important part of most activities. These and other similar skills are taught on horseback through the use of obstacle courses, pole bending, drill team and many other games and activities. Improved eye-hand coordination skills often appear. Hand-eye coordination is necessary for skills such as writing. These skills are taught in tacking the horse as well as various activities and exercises (Fischbach, 1999). Visual/spatial perception improves with the use of therapeutic riding. This includes awareness of forms and space and understanding the relationships between forms in the environment.

Psychological Impact

Animal assisted therapy is seeing a significant growth in success. Defined by the Delta Society (Gammonely, 1996) this endeavor fosters the accomplishment of

psychosocial goals via the inherently therapeutic bond between humans and animals. Equine-facilitated learning and equine-facilitated psychotherapy are emerging as new terms to describe methods of using horses to assist people with psychological and psychiatric disorders. (American Hippotherapy Association, 2007; Canadian Therapeutic Riding Association, 2009; NARHA, 2009). As a person works with an animal he is buffered from stress and anxiety (Hart 2000.) and is provided with relief and relaxation (Chinner, 1991). In addition, the joy of working with an animal can stimulate the person's desire to participate in activities and can increase one's range of social interactions (Hart, 2000; Barker and Dawson, 1998) while creating an ever-growing base of care and acceptance. (Hart, 2000; Ruckert, 1987). The presence of an animal combats discrimination and has a normalizing effect bridging the gap between healthcare professionals, teachers and people with disabilities (Cole & Gawlinski, 1995).

Equine-assisted counseling utilizes horses to increase client's awareness of their own thoughts, words and actions. Through counseling, team building and equine activities, clients learn to recognize dysfunctional patterns of behavior and to define healthy relationships. This is made possible in part by the horse's innate ability to observe and respond to nonverbal cues. In the counseling process, the horses serve as living mirrors, reflecting client's emotional and behavioral states. The client will learn that if he wants the horse to change, he will have to change his behavior, thoughts and feelings. The horse is that sensitive. The horse is able to validate and reflect a person's feelings and experiences. This natural ability to mirror, reflect and respond to a person's emotions is a powerful vehicle for personal growth (Greenwald, 2000).

Behavior around and on a horse presents a symbolic representation of how each person approaches unfamiliar and perhaps challenging experiences in their daily lives. In forging a bond with a horse clients identify their negative behaviors and learn positive communication and problem solving skills to handle frustration, challenges and fears. The roles of the horse, patient, and therapist in equine assisted psychotherapy have been compared to the id, ego and superego. The rider's "fears of his own impulsiveness, that is to say repressed id elements, can be projected on the horse, whereby the sensitive horse can become tense or even bolt" (Scheidhacker, 1997, p.28). Horses react to patient's transference of emotions and act as a kind of screen onto which patients can project their feelings.

The therapist acts as the superego, limiting the horse and rider to safe behavior. According to Scheidhacker, it is the therapist's job (superego) to show the patient (ego) how to control the horse (id) without losing the horse's vitality. For many patients, the horse usually is experienced as lively and uncontrollable and there is an excessive fear of unpredictability. The intervention consists of ego strengthening until the patient can control the horse without loss of vitality.

There are different ways to have clients interact with and relate to the horse.

Tactile and touching: grooming or giving the horse a massage.

Interacting with a large animal empowers the client while increasing self-esteem. The rhythmic motion of grooming can be soothing for both horse and client.

Verbal: The way the client speaks to the horse can reveal how the individual relates to other people.

Riding and ground work: Leading the horse from the ground or in the saddle can provide insight into the client's sense of power or helplessness. Ground activities can also help clients formulate solutions to problems.

Why horses?

Since equine facilitated psychotherapy is a relatively new field, theoretical foundations of why and how it works are still in the early stages of formulation; however, Kohanov (2001) has discussed the concept of "resonancy." "Between man and the environment there is a rhythmic flow of energy waves." (Rogers, 1970) The following description of horses may help to explain the specific resonancy that often occurs between these animals and humans. Because of the emotional link typically built between a client and horse the approach has a profound effect on children especially those with Asperger's syndrome (Kennedy 2008).

Horses are unique in their responses to humans because they are prey animals, not predators, and their survival demands that they be extremely sensitive to the environment. Horses are able to "read" people in terms of their feelings and intentions, even when people try to hide those feelings from others or themselves. Horses respond to the internal state of the person, no matter how much the person tries to disguise it. McCormick (1997) describes this characteristic as horses being wonderful at

discerning people's moods and seeming to know what people really need. They ignore the outward form and respond to the person's inner substance.

Because horses are so sensitive to the internal thoughts of their riders, children working with them for therapy must own their own feelings and learn to deal with them. "When we see our own behavior reflected back to us, we gain consciousness, in essence, horses give us living feedback because they show us externally our inner processes" (McCormick 1997).

Children are taught to stop the horses simply by taking a deep breath and settling back in the saddle. Relaxation breathing is then encouraged as a stress-reduction technique in multiple settings. Children are often reluctant to utilize such a simple technique, but once they realize its great power in stopping the horse, they are much more willing. If the child is anxious or scared, the horse will feel the tension instead of the relaxation response the deep breath is intended to signify and will not stop (McCormick 1997).

Sometimes horse misbehavior is helpful too, example being when a child was asked to get his horse from the pasture and lead him to the barn for grooming. When the child attempted to get the horse, the horse became stubborn and reluctant to go the barn. The child became frustrated and was asked by the therapist if he thought perhaps this was how his mother felt when he doesn't do as she asks? These descriptions of horses' perception of and response to the environment clearly indicate that resonance occurs in the human-horse interaction and provides participants with powerful nonverbal feedback about real feelings (McCormick 1997).

Animal assisted therapy has been utilized for years and has been shown to improve outcomes for people with Autism spectrum disorders, illness, behavior problems, and poor emotional well-being. (Nimer and Lundahl, 2007). With this population relaxation exercises and self-awareness training on horseback commonly are used. Physical contact with such a large, warm animal and the experience of being carried greatly influence these patients, who ordinarily shun physical and emotional closeness. The skills they learn in an emotional relationship with a horse extend their human relationships in some cases, and they may find it easier to allow increased emotional closeness with friends and family (Gagriola, 1997; Strausfeld, 1997).

Horseback riding and related activities using horses are believed to help people develop motor skills, balance and muscle control; improve social, communication and self-help skills; and improve psychological constructs such as self-esteem and well-being. (Brock, 1989; Casady & Nichols-Larsen, 2004; Macauley & Guterriez, 2004). The unique experience of working with a large animal can assist children and adults work through fear, develop empathy, and cooperate with others and to develop self-confidence. (Frewin & Gardiner, 2005). Horses respond directly to human behaviors, giving participants immediate feedback. Success in horsemanship is reported to result in greater self-confidence, self-esteem, and increased social skills for children and adults (Frewin & Gardiner, 2005). Youngsters with emotional disabilities form special relationships with their horses which can boost self-esteem and lead to increased levels of patience and trust (David, 2007).

The results of such programs demonstrate that there are numerous benefits to horseback riding for people with psychiatric disabilities. Positive gains are made by the participants despite their initial fears. Follow-up discussion with participants indicates that the impact of the programs was significant in improving self-esteem and giving them a normalizing experience due to the non-judgmental support of the horse.

Self-Esteem

Riding programs have been known to build or augment self-confidence, self-esteem (De Pauw, 1986). Socialization is also aided through this type of riding program. It is shown that students with negative social skills have difficulty developing positive relationships which in time leads to poor self-esteem and negative behavior. Ultimately the effect of these programs is to improve quality of life. Self-esteem is the experience of being capable of meeting life's challenges and being and feeling worthy of happiness.

Self-esteem is the primary force that helps children resist involvement in maladaptive behaviors such as using drugs, engaging in damaging peer relationships and making other poor choices that can have life-long effects.

There are three factors that influence children's self-esteem.

1. Sense of purpose
2. Sense of accomplishment
3. Sense of support

A child who has developed a positive sense of self is more likely to have confidence to try new things, make social connections, resist peer pressure and be more able to effectively solve problems. These skills will assist children in avoiding stress, depression and substance abuse throughout life. A lack of self-esteem can lead to depression, eating disorders, increased vulnerability to drugs and alcohol abuse, sexual exploration and other compromising behaviors (Mansbacher 2010).

Both physical and psychosocial benefits have been documented or reported from the use of equine assisted therapy and hippotherapy. (Benda, McGibbon, Grant & Davis, 2003). Psychosocial benefits include improvement in self-concept (Beckman, 1992; Cawley, Cawley & Retter, 1986), locus of control (Carlson, 1983; Tucker, 1994), affect (Kluewer, 1987), and behavior (Emory, 1992). The studies by Beckman, Carlson, Tucker, Kluewer, and Emory focused specifically on participants with learning disabilities.

Children with learning disabilities appear to be at greater risk for experiencing negative emotional affect that, in turn, negatively affects their ability to participate in and respond to therapy (Yasutake & Bryan, 1995). A negative affect leads to decreased desire to participate, dysphoric mood, and increases in the brain's chemical for negative emotions which leads to feelings of fear and anger. Positive affect leads to increased desire to participate, euphoric mood, and changes in the brain's chemicals for positive mood leading to muscle relaxation and a sense of well-being.

Educational Impact

Building a good educational base for students with disabilities is very important and therapeutic riding may aid the student's ability to learn. Those with cognitive disabilities soak up the rich sensory stimuli associated with the riding experience and learn to focus and follow directions.

Reading is one area that therapeutic riding can aid. Remedial reading is a basic skill everyone needs. Before one can read, it is necessary to recognize the difference in shapes, sizes and colors. These can be taught more easily on horseback, as part of games and activities (Fischbach, 1999). Remedial math is also a base skill needed. Counting is learned by counting the horse's footsteps, objects around the arena, or even the horse's legs and ears. Number concepts are gained as the rider compares the number of legs on a horse to his own legs. Addition and subtraction are taught through games involving throwing numbered foam dice and adding or subtracting the numbers, with the concepts being taught through games, resistance to learning is decreased (Fischbach, 1999). Teachers report significant improvement in student's behavior and attitude during therapeutic riding lessons (Crawley & Cawley, 1994). Their sense of pride and accomplishment are obvious during the session. The student's motivation to ride provides incentive for positive behavior in the classroom.

Equine-Facilitated Psychotherapy/Learning (EFP/L) is an experiential method that uses a hands-on approach. It differs from other animal-assisted therapies in that the client must go to the animal and participate in the animal's environment. Horses have a special rehabilitating role due their stature alongside a child. They command respect, a frequent problem with at-risk children. The objective of EFP/L is to instill a sense of

order, create an understanding of boundaries, improve focus and instill trust. The program teaches cooperation and is used to elicit pro-social behaviors to be transferred to everyday life. The children participate in activities such as feeding, grooming, mucking stalls and riding.

The horse as a large animal, offers opportunities for affective changes in a person's experience and behavior. Verbal and nonverbal communication is essential between horses and human in order to cooperate during riding and other activities. Relationships between horse and human have been found to be a valuable tool to improve self-confidence, social competence and quality of life, as well as, developing empathy and coping ability.

Research on equine-facilitated therapy is fraught with problems. Although there is a significant amount of literature to support the use of equine therapy in the treatment and rehabilitation of physically challenged riders (Greenwold, 2000), minimal research exists in the field of equine facilitated mental health. The small number of horses available for use in therapeutic riding programs leads to small samples. Despite the sparse statistical support in the research, there is strong clinical evidence that this type of therapy reduces impulsivity, improves self-concept, and increases both the subjects' sense of responsibility and their ability to engage in emotional relationships (Brown, 1997; Gagriola, 1997; Pearson, 1997; Tucker, 1997). Results in each of these studies indicated clinical improvement in subjects through the use of equine facilitated therapy.

Methodology

Participants: A total of eight children ranging in age from 7 years to 13 years with documented disabilities as well as their parental figure(s) participated. They were selected based only on the fact that they were participating in the "horsemanship" and therapeutic riding programs and had disabilities other than or in addition to physical disabilities.

Setting: The observations, surveys and interviews were conducted at two equestrian centers located in the suburban Rochester, New York area.

Procedure: This was a qualitative study where observation was done at the equestrian centers over the duration of two six week long program sessions. Parent surveys were distributed at the end of each program with the participants informed that these would remain anonymous. Six of the surveys were returned in the stamped self-addressed envelopes (75%). Informal, spontaneous, verbal interviews were conducted with two of the children participating in the program and anecdotal notes were recorded.

How long has your child done therapeutic riding?	6yrs	4 1/2 yrs.	9 months	3 months	3yrs	3yrs
How/where did you learn about therapeutic riding?	Family member works at equestrian center	Newspaper ad	Prior involvement as volunteer at equestrian center	Referral from psychologist	Word of mouth from other student	Desperate last hope option-tried many other things that didn't work

My child is motivated to attend riding sessions 1-10 scale	10 Extremely	7 Above average	Initially 10 but now needs to be encouraged to attend	7 Above average	10 Extremely	10++ Extremely
My child looks forward to coming to riding	Yes	Yes, most days	Yes once we are on the way	Yes	Yes	Yes
My child's self-esteem and confidence have improved since participating in therapeutic riding 1-10 scale	10 Greatly	7 slightly	5 stayed the same	7 slightly	10 greatly	10 greatly
My child has formed a bond with a particular horse	Yes	Yes	Yes	Yes	Yes	yes
I would re-enroll my child in therapeutic riding	Yes	Yes	Yes	Yes	Yes	Yes
I have seen improvements in my child's self-esteem and confidence outside of therapeutic riding	Yes	Yes	No	Yes	Yes	Yes
Comments	Best hour of the week! Easier transitions to new adults, something to talk about with others	One of the few events that gives her a sense of accomplishment. Could be a combination of maturing too. Much more outgoing and willing to start conversations.	This riding is a bit too constrained as she needs to be more in control of the horse. She has tired of just being lead around yet safety concerns do not allow her to ride independently. She has been reluctant to come, but "misses" "her" horse.	Allows him to talk freely to "his" horse. He tells the horse things that he wouldn't normally open up and talk to an adult about.	He is much more at ease and a different child when on the horse and feels proud of himself. He is beginning to communicate his feelings of accomplishment with other participants at riding. He doesn't want to leave until he tells "his" horse "good job"	He has begun to make vocalizations when on the horse and his constant stimming is greatly minimized. Much more relaxed and smiley. His behavior has begun to carry over at home the day after his riding sessions.

Discussion

This section introduces the results gathered through the data analysis of the children participating in therapeutic riding programs. Several themes became prominent through this analysis. Major themes have been identified from similar responses from participants. The following will identify and review these themes.

Enjoyable

Participation in therapeutic riding is enjoyable. Five out of six parents surveyed reported that their child expressed positive feelings or a desire to spend more time at the program.

Communication

Therapeutic riding participants demonstrated increased communication skills. Five of the six parents reported better willingness and skill in the child's ability to vocalize and communicate after being involved in the program.

Self-Esteem

There are varying results in self-esteem levels as reported by parents of participants. All but one of the six parents stated that their child's self-esteem increased as a result of participating in therapeutic riding. The remaining one stated that their child remained at the same level of self-esteem as prior to riding.

Informal conversations with two of the program participant's yielded additional information regarding the positive affect that bonding with a particular horse had in the therapeutic riding program.

Participant #1 depicted interaction with her horse:

They make it more comfortable, too I think, having an animal to talk to. They don't tell; they like keep all your secrets...but they are there like if you want to hug them...he's just there for you. He doesn't care if you want to cry or if you get mad and stuff. They'll try to help you get over stuff. So and they're not like humans. They're really patient most of them. And it's sort of nice to have a different friend, 'cause you know they won't tell on you 'cause it feels like they care about you.

Participant #2 said:

I really think the best part is, is that horses do mirror you, If you're having a good day, like two Wednesdays ago I was having the best day...and then yesterday I was really defiant. I didn't want to do anything, so he (the horse) challenged me and he didn't want to do his left side. You know, so they mirror exactly how you're feeling. It's crazy sometimes, like even if you don't know exactly how you're

feeling, you can look at how your horse is acting and you'll be like, yep I guess that's how I am feeling right now. There are times when you think you're being like completely okay and like last year, I was, I remember this day specifically because I thought I was just trying to be normal and everybody was saying hey you're not normal. You're just being rude. And I was just like Oh. And like I didn't know. But whenever I get on Joe (my horse) and Joe was kind of twisting his head and stuff like that, and I was like, it was, yeah he is mirroring me and how I was acting. It's like they take in a lot from the person interacting with them. So like its pretty much how you are and how the horse will respond to you.

This researcher's study demonstrated the use of equine therapy as an intervention in children with disabilities and at risk children. Griffin, Lawrence and Gilbert (2001) noted that interventions designed to support successful development and avoid negative outcomes for children within these populations are increasingly focused on encouraging competence skills. Mastery and accomplishment lead to high self-esteem and self-efficacy (Rutter, 1987). The major theme highlighting the positive and supportive interactions with horses and people is the unconditional acceptance of the child. It is this sense of personal worth and acceptance that can lead to an increase on self-esteem and self-efficacy (Rutter, 1987).

The horse was identified as both a humanistic mirror and as a metaphor for real world experiences. The horse's ability to mirror, reflect and respond to a person's emotions is a powerful vehicle for personal growth. (Greenwald, 2000). This relationship with the horse proved an important factor in a participant's success.

There were limitations in this study mainly due to the differences in ages of the participants, level of disability and ability to verbalize responses. All of the data specifics were obtained from the parents of the participants. The researcher did obtain spontaneous verbal interviews with two of the older, higher functioning participants, but a more scientific study with a greater number of participants would have generated better data. Also, the parent survey could have been more specific in its questions regarding self-esteem. The researcher also could have used a standardized questionnaire format for questions regarding self-esteem to obtain more in-depth answers.

There is not a great deal of formal research in the area of self-esteem and equine therapy. There is an abundance of anecdotal and informal discussion to be found, but there needs to be more scientific study done. The findings in this study are qualitative and represent only the reflections of these particular participants and therefore it is not possible to assess the results through measures of reliability and validity.

Researcher bias is another possible problem in this study. The researcher was the instrument in the design of this study and therefore, the researcher's interest in

unique interventions and affiliations with equine centers may have unintentionally or indirectly impacted the data.

A possible limitation in this study and for future studies is the limited availability of therapeutic riding classes. There are a small number of equine centers participating in and certified for therapeutic riding and they are typically not within city limits, so access can be difficult for certain populations.

The horse is a critical component of this type of therapy and his workload and mental and physical health must be considered seriously and evaluated frequently. The incorporation of animals into any type of therapeutic program requires significant attention to the animals' daily schedule, capacity for work, fitness level and general well-being for the program to be of value for both humans and horses. An awareness of treatment goals, clinical expertise, horse knowledge and the dynamics of the horse/human relationship are all part of the decision making process of pairing a participant and horse.

This study was important because it demonstrates the benefits of therapeutic riding and shows an area of need of scientific research. Despite the limited empirical evidence into the cognitive and emotional benefits of animal assisted therapy programs, there is preliminary data that demonstrates potential benefits. The benefits of a qualitative design are its ability to be explorative and descriptive but reliability and validity are a concern. Heimlich (2001) reported that there are often changes in the direct and positive behaviors of participants in such programs; however, these do not measure the impact of the intervention. The continued development of equine

therapy/therapeutic riding will rely on sustained investigation and study. Rew (2000) calls for more investigations into the use of animals as adjuncts to traditional therapies, and for further exploration of the processes that create the beneficial effects for human-animal interactions.

In addition, it will be important to explore which populations of participants are best suited for therapeutic riding programs. Specific considerations include age, gender, ethnic background, economic background, cultural background, diagnostics, and duration of participation in the program. Furthermore, there are considerable variations in the type of settings, activities and animals used in these programs. Exploration of all these variables will be valuable for the future of this developing field.

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April 1, 2010

Dear Parent/Guardian,

I am a graduate student at St. John Fisher College and am working on my capstone project on animal assisted therapy and therapeutic riding. I am a special education teacher and also working towards a certification in literacy.

Horses have always been of great interest to me and I hope to be able work with horses and children in the future.

I am asking that you please fill out this brief survey for me to incorporate into my paper and return in in the postage-paid envelope by April 10th. All responses will be kept confidential. Your help is greatly appreciated!

Thank You,

Jill Hardy

Parent/Participant Survey Therapeutic Riding

- 1. How long has your child done therapeutic riding?**
- 2. How/where did learn about therapeutic riding?**
- 3. My child is motivated to attend riding sessions (circle)**
1 not at all 3 minimally 5 average 7 above average 10 extremely motivated
- 4. My child looks forward to coming to riding yes no**
- 5. My child's self-esteem and confidence have improved since participating in therapeutic riding (circle)**
1 not at all 3 minimally 5 stayed the same 7 slightly 10 greatly
- 6. My child has formed a bond with a particular horse. yes no**
- 7. I would re-enroll my child in therapeutic riding. yes no**
- 8. I have seen improvements in my child's self-esteem and confidence outside of therapeutic riding yes no**
Please explain

Any additional comments are welcomed! Please feel free to write on the back!

THANK YOU for taking the time to fill this out!