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**Canada**

**THE THERAPEUTIC VALUE OF THE EQUINE-HUMAN RELATIONSHIP IN  
RECOVERY FROM TRAUMA: A QUALITATIVE ANALYSIS**

by  
**Janet Yorke**  
Bachelor of Arts, Wilfrid Laurier University, 1997

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**THESIS**  
Submitted to the Faculty of Social Work  
in partial fulfillment of the requirements for  
Masters of Social Work  
Wilfrid Laurier University  
2003

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## ABSTRACT

The purpose of this research was to explore the nature of equine-human bonding and its therapeutic value in recovery from trauma. The study sample consisted of six participants who identified that their pre-existing relationships with horses were therapeutic in recovering from various types of trauma (i.e. car accidents, horse-related accidents, work accidents and health trauma). Using a phenomenological perspective and an emotionalist lense, through the use of semi-structured interviews and video-tapes of horse-rider interaction, the study sought to describe the nature of the equine human bond and how it is useful in trauma recovery.

The research results show that equine-human bonds, like other kinds of human-animal relationships, appear to mirror some of the fundamental elements significant to therapeutic alliances between professionals and clients. Four themes that constitute aspects of the equine-human relationship emerged from the data analysis: the intimacy or nurturing bond, the identity bond, the partnership bond and the utility bond. Themes pertinent to the therapeutic value of the equine-human bond included feelings, behaviours and touch/physical closeness relevant to healing. Themes related to understanding the trauma experience and other factors related to recovery also emerged. The results underline the significance of riders' bonds with their horses to trauma recovery. A discussion of the implications for both social work and veterinary medicine is presented along with recommendations for future research.

## Dedication

This paper is dedicated to my husband Michael for all of his love and support. This project could not have been completed without him;  
my daughter Risha for her patience and understanding;  
the riders and their horses who participated, generously sharing their time and the intimate details of their relationships with me;  
and  
to Bold Sagittarius, 'Buddy' for inspiring me to do this work and being there for me when I most needed him.

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# CHAPTER 1

## INTRODUCTION

The concept of human-animal bonding has significant implications for the quality of life many individuals experience in mainstream western society today. The elderly, disabled and acutely and chronically ill have all benefited from relationships with animals (Wilson & Turner, 1998). Working dogs for the blind, hippotherapy (physiotherapy on horse back) for the developmentally and physically challenged, as well as visiting animal programs in nursing homes, are a few examples of how the therapeutic use of animals has made positive differences in people's lives.

The human animal bond is the outcome of a process of attachment humans experience with their animals (Beck & Katcher, 1983; Milani, 1995). The bond is the consequence of the attachment. The attachment occurs over time as a consequence of proximity and the subtle, complex interaction that occurs between human and animal (Lagoni, Butler & Hetts 1994; Manning, 1983). Bonding and attachment with animals has been a useful means of reaching humans experiencing loss, alienation, illness, or developmental and/or physical challenges (Bieber, 1983; Smith, 1983). The purpose of this research is to explore the therapeutic value of the equine human bond for riders who have experienced traumatic accidents or illness.

The phenomenon of equine-human bonding and attachment has not been explored as extensively as the relationship between humans and other kinds of companion animals. Bonding and attachment issues for human and horse, particularly with regard to recovery from physical and/or emotional trauma, is a relatively new area of research.

In order to understand the nature of equine-human relationships it is important to consider the nature of the relationship between human beings and animals as species, historically (Savishinsky, 1983). Many small animal companions are predators. Humans are predators. Horses are prey. The relationship with humankind, for horses, therefore, has required development of a significant degree of trust despite the fact that horses have been domesticated. Domestication of animals was purposeful to humankind's dominance over nature, an outgrowth of Judeo-Christian beliefs that have evolved over the centuries (Rollin, 1983). It is an extension of the kinds of 'power over' relationships that grew out of colonialism and imperialism that created the hierarchical western society we live in today (Doyle & Paludi, 1995). The domestication of horses has offered practical considerations with respect to food, transportation, and recreational activities, down through the centuries. Horses, however, have had other important roles. In part, horses appear to be making a significant transition from the large food animal industry to having exclusive companion animal status in western society (Rollin, 1983).

Among the Crow First Nations of Southwestern Montana, the horse has occupied a central role for hundreds of years. Horses have become synonymous with wealth, social status and a spiritual connection with the gods. To this day, the horse serves a primary role in the subsistence of that culture and its members. Oneness with the horse signifies stature and strength. Although many of their counterparts, specifically the Sioux and Comanche, utilized the horse as a source of food throughout the 19<sup>th</sup> century, the Crow Nation forbade this practice. The horse was valued as a brother, with a soul, that served its companion in war and peace, with courage and affection. The independence, self-confidence and skill derived from the relationship with this powerful animal made

the Crow Nation a substantial threat to white expansionism in North America during the 19<sup>th</sup> century (Lawrence, 1985). The horse has assisted this First Nation to deal with adversity in its transition through colonialism and to adapt to new circumstances. There is no better example of how animals, specifically horses, can contribute to quality of life and health of a person or community, in the face of such adversity.

Both psychotherapeutic and human-animal bond research suggests that human-animal relationships are conducive to healing. Psychotherapy has established that a good helping relationship (characterized commonly by warmth, empathy, trust, acceptance and collaboration) is the most powerful predictive factor for client outcome (Horvath & Symonds, 1991; Orlinsky & Howard, 1986). Human-animal bond research has demonstrated the contributions that companion animals make to health and well-being of their owners (Lagoni, Butler & Hetts, 1994; Katcher, 1980; Katcher, Friedmann, Beck & Lynch, 1983). Although the therapeutic nature of equine-human relationships has not been explored extensively, horses are used in hippotherapy because they are ascribed qualities of patience, cooperation and receptiveness to people. Based on the reasoning for hippotherapy and the research from psychotherapy and pet therapy research, this study explores the therapeutic value of the equine-human relationship in recovery from trauma.

This thesis is divided into five chapters. Following this introductory chapter, chapter two represents a brief review of the literature relevant to bonding and attachment theory, therapeutic alliances, human animal bond, animal assisted therapy, and equine-human relationships, as well as trauma and the role of relationship factors in recovery. Chapter three discusses the methodology including sample selection, the study sample,

procedures and analysis. Chapter four presents results, with a focus on the major categories, specifically 'Trauma and Recovery', 'Therapeutic Value of the Equine-Human Bond' and 'The Nature of the Equine-Human Bond'. Chapter five details the discussion and conclusions, including limitations of the study and the implications for future research, implications for social workers and allied practitioners as well as veterinarians.

## CHAPTER 2

### LITERATURE REVIEW

#### *Bond and Attachment Theory*

Numerous studies underscore the benefits of bonding and attachment (Berk, 1997; Wilson & Turner, 1998). Bonding and attachment theories have been applied to the study of children as well as animals (Berk, 1997). Nurturing, touch and communication appear to be essential to the development of healthy emotional relationships with others (Berk 1997; Wilson & Turner, 1998). The theoretical base that defines and explains bonded relationships, and the importance these have for human beings stems from the research of John Bowlby and his theory of attachment.

Bowlby's theory focuses on the significance of consistent infant-caregiver relationships to healthy growth. Although much of Bowlby's work was based on a child's early relationship experiences, there is recognition that attachment behaviour occurs throughout the life cycle. Bowlby contends that effective attachment experiences can provide feelings of security and safety. Childhood experiences that are deficient in this regard can have residual affects in adulthood. Feelings of insecurity, difficulty trusting or maintaining relationships and unfulfilled needs might result from inconsistent or neglectful ties with primary caregivers.

Humans of any age who are ill, fearful, tired or overcome may rely heavily on a specific attachment. "West and Sheldon-Keller (1994) suggest that adult attachment relationships are characterized by five criteria: "proximity seeking, secure base effect, separation protest, anticipated permanence of the relationship, and reciprocity

(p.101)”(Stalker, 2001, p.113). Both natural and therapeutic relationships offer healing opportunities throughout the life cycle. Therapeutic relationships can provide a “corrective emotional experience” that helps people to feel/think better about themselves, others, and life in general. Although the emphasis in Bowlby’s approach to therapy was to help overcome earlier inadequate attachment experiences, it also allows for the therapeutic relationship to be healing of other traumatic experiences (Stalker, 1995). The concepts of attachment and bond in relationships are closely linked. Bond refers to the connection or intense interaction experienced in relationships where there is a secure attachment. Separation anxiety is evident in animals and human companions (Bowlby, 1960; Melson, 1990) when apart from their attachment object.

---

Attachment between humans and animals has generated a wealth of research in human animal bond. Some research has explored the links between mother-infant bonding in primates, to humans, in an effort to understand if there are critical time periods within which bonding occurs (Maestriperi, 2001). “Estep and Hetts (1992) postulated that an attachment forms when an individual acts to maintain proximity to the attachment object and shows signs of separation distress at involuntary separation” (Lagoni, Butler & Hetts, 1994, p.7). Research suggests some similarities in how bonding occurs, in human-to-human and human-to-animal relationships. Similar to human attachment, it has been noted that human-animal attachment “...is based on affectionate companionship, equal family member status, mutual physical activities and dominance and submissiveness factors” (Miller and Lago, cited in Lagoni, Butler & Hetts, 1994, p.7). Both human and human-animal bond literature appears to suggest that bonded

relationships are conducive to helping. Equine-human relationships have not been extensively explored, in this regard.

### ***Therapeutic Alliance***

Successful 'therapeutic alliances' are pivotal to change in those seeking help (Horvath & Symonds, 1991; Orlinsky & Howard, 1986). Much of the literature implies that the techniques and theoretical perspective of the helper are secondary to the nature and significance of the connection between the therapist and the individual seeking their assistance. "The therapeutic or helping alliance has been proposed as a common, pantheoretical factor that could account for positive therapy outcome regardless of treatment approach" (Bachelor, 1995, p.323).

"The therapeutic alliance is defined generally as the ability of the worker and client to work together in a collaborative relationship characterized by mutual liking, trust, respect and commitment to the work of counselling" (Coady, 2002, p.118).

Alliances are identified as therapeutic when they offer safety, freedom of choice, empowerment and self-efficacy (Bandura, 1989) to the individual seeking help. The literature suggests that a therapeutic alliance incorporates qualities of compatibility, safety, and predictability (Weinberger, 1993).

Historically the emphasis in counselling has been on the helper's approach and ability in determining if the helping relationship is to be successful. 'Client-centered' approaches emphasize the importance of the helper's role in successful outcomes, focusing on therapist-offered empathy, genuineness, honesty and non-possessive warmth (Rogers, 1958; Carkhuff, 1993). Carl Rogers laid the groundwork for client-centered approaches, asserting that the worker was responsible for making the therapeutic

relationship effective, by providing an approach that was warm, genuine and empathic. Therapeutic alliance theory builds on the client-centered approach but stresses the bilateral nature of and mutual influence in the helping relationship.

There must be a 'connection' that is significant in a successful alliance.

"Treatment always involves a personal relationship between a healer and a sufferer" (Weinberger, 1993, p.45). Helpers must encourage a client's sense of well being and hope (Frank, 1982), offer insights into the client's issues, be nurturing (Bachelor, 1995) and encourage the development of mastery (Weinberger, 1993). Hope is required to facilitate risk and self-exploration. How the 'sufferer' approaches the relationship may also determine a successful outcome. Research identifies the importance of willingness, motivation and positive expectations on the part of the individual seeking help (Frank, 1983; Hoogaard, 1994; Weinberger, 1993). How the therapist and client feel about each other as well as their approach to the task at hand (development of a contract and goals for therapy) influences how successful the outcome of the interaction will be (Hougaard, 1994). The characteristics of effective therapeutic alliances are fluid, and must change and evolve over time, if the relationship is to continue to be successful ( Bachelor, 1995). Negative feelings from covert resistance to overt hostility are not uncommon in helping endeavors (Binder & Strupp, 1997). Acknowledging and working through resistance and hostility develops a sense of safety, intimacy and trust. If these issues are avoided, the relationship does not develop (and does not become as therapeutic).

The quality of the therapeutic relationship is the most important determinant of success in helping and this lends support to Frank's (1961) contention that factors that are "common' to different counseling approaches are more important than factors that are



“specific” (e.g. theory and technique) to each. Other factors identified by Frank include a healing setting, a rationale to explain the “sufferer’s” problems, and a set of rituals or procedures.

Frank’s common factors theory draws attention to the parallels among all approaches to healing, from psychotherapy, to informal helping, to so called “religio-magical” healing in traditional cultures. This theory acknowledges that non-traditional approaches to healing have much in common with psychotherapy and can be just as effective. “This view is reinforced by research findings that indicate that informal, nonprofessional helpers “are sometimes able to be [as] helpful as practicing clinicians” (Lambert et al., 1986, p.202) and that having a close, emotionally supportive, confiding relationship is associated with psychological health across many different life-stress situations (Wills, 1985)” (Coady, 1993, p.297). This theory and research allows for alternative approaches to healing and provides a framework for understanding the potential therapeutic value of human animal bonds.

### ***Human Animal Bond***

Garrity and Stallones (1998) conclude, in their review of the literature and research in the role animals play in human health, that there are some parallels to the benefits derived from human to human support; however, the nature of the benefit depends on the conditions or context of the relationship. Animals appear to provide buffers between humans and challenging or even threatening life changes. The specific conditions and contexts in which animals are of benefit continue to be investigated (Wilson & Turner, 1998). A growing interest has developed in the nature of human-animal relationships, the impact of the loss of these relationships (Adams, Bonnet &

Meek, 2000), as well as the significance of these relationships for quality of life and health (Garrity & Stallones, 1998; Wilson & Turner, 1998).

The human-animal bond has proven difficult to define and much of the literature discusses the aspects of bonding and attachment without providing a singular definition. In the 1970s three veterinarians and a psychiatrist formed the “Delta Society”, an organization dedicated to the investigation of the human animal relationship that described as the ‘human-animal bond’. “In the last 10 to 15 years, the term “human-animal bond” has become a popular way of referring to the types of attachments and relationships that exist between people and their pets”(Lagoni, Butler & Hetts, 1994, p. 5). The Journal of the American Association of Human-Animal Bond Veterinarians (2001) states, “the human-animal bond is a mutually beneficial and dynamic relationship between people and other animals that is influenced by behaviours that are essential to the health and well being of both.” (p. 8).

Bonding is identified as a circumstance relative to:

- a) The intensity, proximity and need fulfillment (for humans) the animal provides,
- b) The length of time the human-animal bond exists (from puppy, kitten, foal),
- c) The amount of interaction that occurs (e.g., small companion animals sleep commonly and live with humans, horses often live apart from “their” humans), and
- d) What other relationships the bond with the animal represents (e.g., a reminder of other significant relationships) (Brackenridge & Shoemaker, 1996).

Research indicates that the human-animal bond incorporates the emotional, physical and psychological interaction between people and their animals, in the context of their environment (JAAHAVB, 2001). Relationships are influenced by the

individuals' perception of animals derived through the media, folklore as well as a societal and historical interaction with animals. How humans interact with their companion animals is represented along a continuum, from anthropomorphism to chattel (Milani, 1995). Anthropomorphism occurs when people "...give nonhumans or objects humanlike characteristics and traits" (Lagoni, Butler & Hetts, 1994, p. 11). Conversely, animals are considered chattel when they are viewed as objects or commodities, useful for their value as food, a contribution to one's livelihood or as an investment. Humans see animals as companions that provide reciprocity or status. Animals are useful in research, as guide dogs and in policing (Adams, 2002; Podberscek & Serpell, 2000). Bonding can occur intensely, or in a limited fashion, depending on the nature of the relationship and the individual human and animal involved.

A number of "keys to attachment" are implicated in the strength and significance of human-animal relationships. Owners are more likely to experience a strong attachment to an animal when they rescue animals from harm or death, utilize animals as supports through difficult times in their lives, or have human-animal relationships that span from childhood to adulthood. Animals that represent "symbolic links" to memories or significant other humans, substantial investments of time, money or effort for medical care, also have substantial meaning for their owners (Lagoni, Butler & Hetts, 1994). There is some evidence that suggests there is a "linkage of felt regard for people and for animals" (Paul, 2000), associating empathy for people with a similar empathy for animals. All of these factors are relevant to the determination of the existence and extent of equine-human bond.

Dresser (2000) describes the rituals that humans impose on animals (inclusion in weddings, bar mitzvahs or funerals) and postulates that these behaviours give humans the opportunity to get back in touch with nature, express sentiment, develop societal identity, be playful and creative as well as adhere to tradition. She concludes "...the data reveals that the human construct of reality is not limited only to things human, and that we include animals in celebrations as an act of love for our earthly companions. These actions illustrate how meaningful animals are to us as a bridge to both the natural and supernatural worlds" (p.105).

### ***Animal Assisted Therapy***

Pet therapy research has confirmed the importance animals can have in assisting humans to change and heal. To what extent is the relationship between animals and humans healing? The research has demonstrated the contribution companion animals can make to the health and well-being of their owners. Human-animal relationship specialists contend that human-companion animal alliances contribute to human health in many ways. Being with an animal can impact positively on depression levels ( Odendaal, 2000) as well as blood pressure levels (Friedmann, Katcher, Lynch & Thomas, 1980) and the physical contact contributes to healing and recovery from trauma (Katcher, Friedmann, Beck & Lynch, 1983; Lagoni, Butler & Hetts, 1994).

Friedmann (1980) identified the role pet ownership played in survival rates of coronary patients. "Upon examination of the survival rates of these patients 1 year after hospitalization, it was reported that 28% of non-pet owners died whereas only 6% of pet owners died" (Jorgenson, 1997, p.249). Others have found that there are long-term contributions pet ownership makes to human health and quality of life (Serpell, 1990), as

well as prophylactic qualities impacting on physician utilization in the elderly ( Seigel, 1990). Animals are making a difference in human health benefits. Friedmann (1980) suggests that animals provide an unconditional, available opportunity for contact and affection that is undemanding.

### ***Equine-Human Relationships***

Riding and horse ownership has traditionally been accessible primarily to those individuals in a specific socio-economic bracket, given the cost of upkeep and equipment. It was viewed as a symbol of status and power in many societies (Savishinsky, 1983). Riding and the use of the horse therapeutically are on the rise in Canada. There are approximately 800,000 Canadians who are “visible” horse owners, 110,000 of these are identified as members of horse-related groups or associations, 75,000 of whom are adult. It is estimated that there are an additional 1.3 million “invisible” riders, i.e. non-owners, 600,000 of whom are adults (Evans, 1998). The demographic profile of riders identifies them as “baby boomers”, primarily women who are well educated and computer literate. Many horse owners live in households with other riders, live on the same property as the horses they ride or own and also have small animal companions (Evans, 1998).

The advent of hippotherapy and the in-depth research performed regarding its effectiveness, has formalized the role of the horse in the therapeutic arena (Strauss, 1991). Therapeutic riding programs have increased in North America from 4 to 550 since the 1960s, with approximately 3,200 therapeutic riding practitioners registered for that purpose (Evans, 1998; Strauss 1991). Research continues to underline the contribution therapeutic riding programs make to quality of life and increased mobility among disabled participants (Garrity & Stallones, 1998).

Research findings, as well as the sheer number of horses being used in therapy, suggest that practitioners see the value of these animals for therapeutic purposes (Delta Society, 1999). The use of horses as a medium for other kinds of therapy, i.e. with the mentally ill, learning disabled and socially marginalized (McCowan, 1987) as well as for recreational activity, has increased the exposure of the general public to the equine population.

Audrey Wipper (2000) concludes in her sociological study of competitive working relationships between horses and humans, “horses read people” (p.60). Wipper identifies the need for a “partnership” between riders and their horses and indicates there are many different kinds of relationships between horse and human. Looking more closely at the ways horses and riders understand and communicate with each other is useful to exploring what keeps them connected and how that connection contributes to the healing process.

Little is known, or theorized, about the intimacy many ‘bonded’ horse owners and riders attempt to describe when asked about how these relationships are special from other human-animal relationships. Researchers note that horse owners appear to bond differently to these animals as compared to their other small animal companions (Jones, 1983). The ‘feminization’ of equine-human relationships related to the myths that prevail about women and horses (Pierson, 2000) could account for the under-reporting of the benefits of equine-human relationships. With the rapid increase in ownership and riding of horses it is important that this phenomena be investigated.

Brackenridge and Shoemaker (1996) discuss the nature of the equine human relationship as different from the connection many humans have with small animals.

They underline the significance of horses as an activity for their owners/riders as well as being a medium for social activities with like-minded individuals. They theorize that small and large animal owners can and often do fulfill developmental needs through their ownership and care of these animals.

Other researchers identify human-animal relationships as pathological at times. Bonded horse owners/riders can be labeled pathologically as “collectors” or “rescuers” (Lagoni, Butler & Hetts, 1994) if they have more than one horse and exhibit behaviour described as anthropomorphic. The rider/owner might be viewed as dependent or obsessive if they express excess passion or attachment or ascribe feelings to their horse. Although there is some evidence that individuals suffering from mental health problems can display symptoms through management of their companion animals, equine-human relationships generally do not fall into this category. Anthropomorphism has been challenged as “anthropocentric”, meaning that researchers and scientists often dismiss characteristics of animals that are similar to human behaviour for fear of assigning too much meaning or significance to it (Wipper, 2000, p.67). Anthropomorphism must not be used to deny the sensitivity and responsiveness riders identify in their horses. Riders do not describe their horses or assign attributes to them akin to human attributes but rather identify the qualities and attributes of human-animal communication that contribute to their understanding of their animal companions (Wipper, 2000).

Brown (1985), in her discussion of gender, age and personality effects on relationships with dogs and horses, contends that equine-human interaction provokes different feelings, thoughts and behaviours than small animal-human interaction. In her discussion of gender issues, she theorizes that size and power could be contributing

factors. Large animals can provoke harsher responses from humans than small animals might. She also theorizes "...owner behavior may vary in terms of quality and quantity of interaction" (Brown 1984, p. 19). Brown appears to identify that some equine-human relationships are based on dominance and submission with hostility or physical abuse being the hallmark of the human's response to the horse. In other cases, she identifies the subtle and gentle nature of the interaction, clearly differentiating these relationships from those formerly described. She has observed and detailed behaviours that typify human horse interactions and provides the reader with a better understanding of some of the behavioural characteristics of equine-human relationships. Brown does indicate that she identified a gender difference in how men and women interacted with their horses although she did not conclude that one approach was necessarily superior to the other. Men appeared overall to be more physical and harsher than were women.

The phenomenon of equine-human bonding and attachment is different in some substantial ways (Brackenridge & Shoemaker, 1996, Jones, 1983; Lawrence, 1985; McCormick, 1997; McCowan, 1987; Rollin, 1983; Strauss, 1991) from the relationships between humans and other animals. Horses are one of the few companion animals that humans can ride. Establishing rapport with a horse requires close physical contact and an understanding of what both animal and rider are communicating to each other through use of a kind of 'physical sign language' (Edgette, 1996). The horse's well-being relies on the human's consistent approach to care and feeding, underlining the dependent nature of the relationship. There is an intimacy that develops between horse and rider/owner through grooming and long or daily periods of time riding (touch and proximity).

"Compatibility as well as mutual respect, trust, confidence and close communication are



all essential. Developing these qualities takes time: the strength of the partnership is often related to the length of time the horse and rider have been together” (Wipper, 2000, p.67). These are important factors to consider in an exploration of the meaningfulness and healing capacities in equine-human relationships.

Therapeutic riding literature identifies the attributes of horses that contribute to their usefulness in helping and healing. Horses are currently used as therapeutic tools in hippotherapy because they are ascribed qualities of cooperation, patience, willingness, receptiveness and being people-oriented (Strauss, 1991, p. 31). Hippotherapy is a form of horse and rider interaction that is designed to assist participants in need of therapy and/or those experiencing neurological problems, by using the movement of the animal and the balance/coordination required to provide a kind of physiotherapy. Many of the therapeutic riding programs have broadened their base to include individuals who suffer from a variety of social, physical, developmental and chronic medical challenges. Equine-human relationships offer a combined opportunity for “contact comfort” (Baun, Bergstrom, Langston & Thoma, 1983; Friedmann, Katcher, Lynch & Thomas, 1980) as well as physical therapy “...to improve a patient’s posture, balance, mobility and function” (Jorgenson, 1997, p. 250).

### ***Trauma and the Role of Relationship Factors in Recovery***

Relationship factors have particular significance when it comes to trauma recovery. Herman (1997) emphasizes that trauma recovery cannot occur outside the context of a relationship, and in particular cannot occur in social isolation. The very nature of disability or recovery from severe injury can be isolating. Therapeutic interventions can often be concentrated around the acute phase of recovery with access to

long-term supports being contingent on the individual's social and socio-economic context (Milliken & Northcott, 1996). Long-term use of physiotherapists, psychotherapy and/or other allied professionals can be costly, and require access to transportation.

The impact of trauma and the need for relevant assessment and support services is a subject of ever increasing research. Recognition of the need for effective and timely intervention, in particular related to post traumatic stress disorder, has been the consequence of much of the research. Trauma literature (Regehr, 1999; Regehr, Hill & Glancy, 2000) looks at the role of 'schema' development as predictors of trauma reactions. "They provide a base on which individuals determine their expectations and beliefs about their own ability to manage any crisis situation and about the capacity of others to assist them" (Regehr, Hill & Glancy, 2000, p.334). An individual's relational capacity hinges on the elements of safety and trust, self-esteem and self-efficacy as well as power and control. "Each of these elements potentially includes factors that can either exhibit or enhance recovery from trauma" (Regehr, Hill & Glancy, 2000, p. 334). Trauma recovery often requires a close personal connection that is consistent and intense, based on trust, incorporated in a context of safety (Herman, 1997; Regehr, Hill & Glancy, 2000).

## CHAPTER 3

### METHODOLOGY

#### *Paradigm*

Given the lack of research that has been done in the area of equine-human bonding and attachment, a qualitative, phenomenological and emotionalist approach was chosen. Phenomenology is a methodology that is macro in nature, allowing the researcher to view the issue in a broad context, exploring with the intention to understand the lived experiences of the participants (Holstein & Gubrium, 1994). By exploring the question through both phenomenological and emotionalist lenses, the researcher hoped to discover what is unique to equine-human relationships based on the participants' perceptions. Observation in a natural setting was important to understanding the nature of equine-human bonded relationships. The rituals and interactions that occur between horse and rider needed to be explored visually and verbally. The goal was to observe and understand the participant's experience without disrupting it (Denzin & Lincoln, 1994). The hope was to derive meaning from the use of this inductive process. The quality of the connection these individuals have with their animals could only be discovered through an empathetic research stance that looks through their eyes at their individual journey to recovery.

The researcher needed to have a detail-oriented approach that could only occur through intimacy with the subject matter and familiarity with each participant's particular experience. "The orienting skepticism prompts qualitative researchers to scrutinize at close range, to place themselves in direct contact with, or in immediate proximity to, the

lived world of those being studied” (Gubrium & Holstein, 1997, p. 11). The process of day-to-day interaction between rider and horse inherently holds meaning about what qualities characterize that intimacy and how this might be experienced. Subjectivity from a researcher and participant perspective was required. Bonding and attachment can be delineated into observable characteristics and ‘measured’ in a quantitative way, however, this research hoped to expand an understanding of bonding by observing and developing an abstract or conceptual grasp of the process.

Participants often use ‘thick’, rich and descriptive language related to their interpretation of the experience. Inherent in that ‘language’ are clues to the feelings their experiences produce. The researcher saw empowerment of the participants, through the mutuality of dialogue and development of trust, as key to the successful completion of this study. Informants needed to be allowed to speak for themselves, using their language (Strauss & Corbin, 1990). By understanding experiences, feelings and meanings the researcher had a better opportunity to interpret the significance, if any, of the equine-human bond.

By employing an emotionalist paradigm the researcher explored the narrative of the individual’s interviews, related to their trauma experiences, to discover the depth and range of feelings that occurred for them. Emotionalism is a process of exploring depth in emotion and has grown out of the field of existential sociology. “The goal is for researchers and their readers to virtually feel experiential truths ...” (Gubrium & Holstein, 1997). Trauma can result in a spectrum of physical, emotional and psychological consequence (Figley, 1995). Understanding how the consequence of trauma resonates in the interactive process of riding and caring for a horse can only be

explored by grasping the deep meaning participants ascribe to their relationships with their horses.

The researcher needed to include, in her exploration, an ecological understanding of the equine-human bond. An ecological perspective looks at the relationship between complex levels of relationships and systems that impact an individual (Berk, 1997). This implies that the researcher needed to consider the many interactions, networks and associations that impact on the individual's relationship with their horse. The relationship between horse and rider is 'nested' in a variety of other relationships within family, community and culture. The research needed to take into account the impact these relationships have on the participant. Some of the riders were single, others in partnerships, still others active participants in the broader 'horse' community. What contributions these aspects of participants' lives had on their relationship with their horse was explored as part of the design of the research methodology.

The researcher's role as a participant is assumed in the course of this research. The role of skeptical observer is assumed in pursuit of the research's meaning. The inherent risk of going "native" is not an issue as the researcher is already intimately familiar with the experiences being sought out and is declaring that (Gubrium & Holstein, 1997).

### ***Sample Selection***

Sampling was purposive, addressing the need to focus on participants who offer the best opportunity to understand the experience of equine-human bonding and its healing capacity with regard to trauma. Participants were selected on the basis of their identifying that a pre-existing relationship with a horse had been therapeutic in terms of

their recovery from a trauma. Individuals who began riding after their trauma experience were not included. It was felt that individuals who have had limited relationships with horses may not feel or be able to articulate the connection between the bonded relationship and their recovery. Adeptness (skilled riders, able to work at an intermediate level) at riding allows the individual to focus on more substantive aspects of the relationship with the horse and its connection to their recovery.

The researcher did not include participants under the age of eighteen. Individuals who are younger than eighteen may not developmentally be mature enough to understand the implications their equine-human bond has on their recovery.

Participants were sought through the researcher's personal contacts, as well as through various key informants and gatekeepers in the equine industry. Equine veterinary practices, therapeutic riding schools and some coaches throughout southern Ontario were informally advised of the study and asked to refer possible candidates for participation. Three of the participants were sought out through personal contacts, one came through a reference from another participant, one through a therapeutic riding school, and one was solicited through media articles detailing the nature and purpose of the research. A number of other candidates responded but were not chosen to participate. Some of the respondents did not experience trauma considered 'severe' and others had not maintained a long-term relationship with a horse. An attempt was made to include both males and females in the study sample (see results for a description of the study participants, page 30).

## **PROCEDURES**

### ***Initial Telephone Screening***

An initial, brief telephone conversation between the researcher and those who had expressed potential interest in taking part in the study gave potential participants basic information about the study (see Appendix III for telephone script, page 86). This telephone call was made by individuals responding to information that they have received from others about the study, or was initiated by the researcher if a third party had been given permission by an individual to give his or her phone number to the researcher. This telephone contact determined if respondents met the basic criteria for the study and if they were willing to be mailed an initial questionnaire and further information about the study. It was explained that everyone who completed and returned the questionnaire (see below) would receive a follow-up phone call to inform them if they were invited to take part in the study. They were informed that only a small number of participants would be chosen for the study and that there was no obligation to accept an invitation should they receive one. Approximately 20 inquiries by phone and mail were made regarding participation in the research. Individuals who had not experienced definitive trauma or had not ridden prior to as well as following the trauma, were not engaged to participate in the study. All prospective participants were informed that the study met ethics approval with both Wilfrid Laurier University and the University of Guelph Ethics Committees.

### ***Initial Mail-out: Information Letter and Questionnaire***

Following the initial telephone screening, an introductory letter (see Appendix I), an informed consent statement (see Appendix II) and a short questionnaire (see Appendix

IV) were sent to respondents who fit the basic criteria for the study and who expressed an interest in participating in the study. The informed consent statement provided an overview of the various phases of the study (mailed questionnaire, selection of a small number of participants from among those who return the questionnaire, a first interview that includes videotaping of the participant while riding, and a second audio-taped interview that explores participants' views of how their relationships with horses have been helpful in dealing with trauma), as well as ethical considerations and their right to cease participating at any point in the study. It culminated with asking the respondent if they wished to be considered for inclusion in the remainder of the study.

The questionnaire (see Appendix IV) gathered basic demographic information, information about respondents' riding experience, information about the trauma that they experienced, and their initial thoughts about how the relationship with their horse had been helpful in their recovery from the trauma. All respondents who returned questionnaires and informed consent statements that verified their willingness to be considered for the rest of the study were contacted by telephone. Those not selected for the study were thanked for their interest and told that only a small number of individuals could be selected. Those selected for the study were asked if they had any questions or concerns about the information that was sent to them about the study and if they were willing to take part. For those interested in proceeding, the timing and place for the initial interview was discussed. The researcher and the participant collaboratively chose the time and location for the initial interview. Although the location was often determined by the horse's location, the determination was made with the respondents' comfort, confidentiality and safety in mind.



### ***First Interview: Background Information and Videotaping of Rider/Horse Interaction***

The topic of discussion is sensitive subject matter for the participants of this study. Each rider lived with a unique set of physical and mental challenges as a consequence of their trauma experience. Introducing the horse to the camera required sensitivity and an understanding of equine behaviour. Horses are flight animals, fearful of new and unfamiliar objects in their surroundings. Inappropriate or quick gestures by the researcher could result in injury to self as well as horse and rider.

Initial meetings with riders were held in the barn where their horse was kept. Five out of six riders kept their horses at home, one was boarded at a stable. At the initial meeting, the informed consent statement was reviewed and participants were asked to sign to indicate their willingness to proceed with the first interview. The first part of this interview involved a discussion of the questionnaire that was completed and returned, as well as a brief (1/2 – 1 hour) interview (see Appendix V) to further explore participants' relationships with their horses. The researcher kept a journal of her impressions, questions and comments for discussion in the second interview and for analysis.

In the second part of the first interview the researcher videotaped each of the interviewees for approximately 30 to 60 minutes interacting with their horse on site (grooming and riding). Through the videotape of horse and rider interacting, the researcher hoped to capture elements of the horse-rider relationship, communication, and behaviour that would reinforce the self-perception they expressed on audiotape regarding their relationship with their horse. During this videotaping, the researcher would also engage the participant in conversation about elements of the human-equine relationship. Questions related to the semi-structured questionnaire were introduced during video

taping with the hope of observing habitual behaviour and interactions between horse and rider. This helped the researcher develop rapport with the participant and engaged them sufficiently, so that these habitual behaviours might become more evident on film. This videotaped data was reviewed in the second interview.

### ***Second Interview***

A second audio-taped semi-structured interview (1-2 hours) included an in-depth discussion of how the human-horse relationship had impacted on the participant's recovery from trauma (see Appendix VI), as well as a review of selected parts of the videotape of horse-rider interaction. The purpose of the review of the videotape was to provide the researcher and participant an opportunity to identify behaviours that represent the participant's 'meaning' when describing the equine human bond or interaction. It was imperative that a venue be identified for each interviewee that was conducive to safety and comfort and that allowed an interactive process to occur. If individuals chose to meet in their home then every effort was made to accommodate them. Privacy and anonymity were essential parts of the interview process. All audio-taped interviews were held in the participants' homes. Emphasis was placed on the need of the interviewee.

### ***Mail and Telephone Follow-Up***

A summary of the researcher's analyses of the overall results was shared by phone or in person, with each of the participants. Each participant's reactions to the analyses were recorded, as well as any suggestions for change or additions. Every effort was made to verify each individual's experience as reflected in the interview. The feedback from all participants was positive. The riders agreed with the results and identified with the bond themes.

## ***Interviews with Significant Others***

Due to the fact that two brain-injured participants' ability to articulate their thoughts was somewhat compromised, additional interviews were conducted with the mothers of these participants, who lived with them and assisted where required, with their riding. Interviews with these parents helped to clarify points the riders made and provided some context for their interviews. The interviews were transcribed and the results of the coding served to triangulate with the results of the brain-injured participants.

## **ANALYSIS**

Transcribed interviews were analyzed using the processes identified by Strauss and Corbin (1990). Memos describing the researcher's impressions and observations were made after each interview and after review of each transcript and video-tape. All transcripts were initially free coded manually, with memos written manually on the page, as they occurred to the researcher. Free coding and open codes based on 'in vivo' comments (quotes from the transcripts) and the researcher's understanding of the participants' message, were assigned. Re-reading and reviewing the transcripts and first level codes on NUD\*ST (qualitative software) resulted in recoding and clustering into categories and subcategories. Categories were reorganized and transcripts were re-coded again, in relationship to the themes that emerged, as the researcher identified repetitive patterns throughout the coding process. Diagrams of the themes and display trees of the codes were developed and revised to identify the axial relationship between the categories, codes and themes (Denzin, 1994; Straus & Corbin, 1990).

Video-tapes were used following the techniques prescribed by Albrecht (1985), Collier & Collier, (1986), Rosenstein (2002) and Spires (2000), and were viewed by the

participants during the second interview. Rosenstein stresses the importance of video-taping “as a tool for observation “and “a mechanism for giving feedback” (p. 1). She stresses the significance of identifying context for an observation through the use of film. “Only film or video can record the realism of time and motion or the psychological reality or varieties of interpersonal relations” (Collier & Collier, 1986, p.144).

Albrecht (1985) stresses the importance of repeated viewing of video-taped material to enhance meaning of the event observed by the researcher. Much of what occurs between horse and rider is unspoken. Riders and the researcher had the opportunity to view the behaviour and interaction together, identifying voice inflexions when the rider talks to the horse, subtle movements and body language that contributes to the interaction between horse and rider. Video-tapes were also employed to stimulate discussion in the second interview and to establish triangulation of the characteristics identified in the transcripts between horse and rider. The researcher used video-tapes to compare audio taped comments with observed behaviour (Spires, 2000). Participants were queried about what they were thinking or feeling when researcher and participant viewed the video-tapes. Some of the video taped dialogue was transcribed.

Trustworthiness in qualitative research includes the elements of credibility, dependability and confirmability (Lincoln & Guba, 1985). Triangulation was used to establish credibility through the use of ‘significant other’ interviews for brain injured participants, as well as video-taping of horse rider interactions to support coding in transcripts (Spires, 2000). The use of one researcher for coding and revision, as well as “overlapping methods” (Denzin, 1994, p. 513) that included audio and video-taping established dependability. Memos and notes kept throughout the analysis and

development of codes, categories and themes, along with use of other researchers for feedback and the use of quotations to illustrate the themes, were the processes used to establish confirmability. Transcripts were reviewed with colleagues (masters and doctoral students) and committee members from both Wilfrid Laurier University and the Ontario Veterinary College at the University of Guelph. The categories and themes were discussed with participants, and feedback was incorporated into the research through field notes of those interviews.

## CHAPTER 4

### RESULTS

#### *Participants*

Interviews and video-tapes of horse-rider interaction for the six participants were completed over a six month period, from June to December 2002. This coincided in southern Ontario with the summer and autumn months so participants would be able to ride and could be taped riding outside if possible. Some riders did not have access to an arena so riding in the winter months would not be possible without trailering the horse to unfamiliar surroundings. All six of the participants were video-taped riding the horse they identified as being significant to them, additionally, two of the six rode other mounts they were training. All of the participants had been riding since childhood. All but one owned the horse with which they had a relationship. All of the riders were in recovery from their trauma for at least 8 months before they returned to riding. Traumas for the six participants occurred between 10 months and 11 years prior to the research interviews.

All participants continue to ride, some more consistently than others. Some of the riders needed assistance and were dependant on family or partners to provide transportation or assistance mounting and grooming the horse. Five out of six participants kept their horses at home. This required riders to live in rural settings that provided proximity to a barn, as well as indoor and/or outdoor riding arenas, paddock space for horses to graze in throughout the day and in some cases, trails through wooded areas. Having horses at home also requires daily grooming, "mucking" or cleaning of

bedding in stalls, feeding and watering once or twice a day, as well as blanketing of horses, if required, in the winter. Horses kept at home require trailering to shows, events or lessons off the property.

Three of the six participants rode more than one horse regularly before their accident and after. These riders were involved in coaching and training of young horses and riders before the trauma experience. This meant that they were responsible for riding many horses in a day or week. All participants identified one horse as significant to them in terms of bonding and attachment. This was often a horse that they owned but was in one circumstance a horse that lived on the property, but belonged to friend. Four of the riders returned to and continue to ride the high performance animals they rode and/or competed prior to their trauma experience. This required some adaptation for both horse and rider.

The first two participants interviewed, a 31-year-old female and a 32-year-old male, were injured in horse related accidents. They were both international level competitors, skilled and experienced, who had ridden for most of their lives. They had substantial relationships with a number of horses but each identified a bonded relationship with one horse. Both riders have returned to riding on their competitive mounts.

The 31-year-old female rider was living in an urban setting, boarding her horses and riding, coaching and training horses for a living. She was injured in a field while training a horse that fell and rolled on her. She spent six months in a rehabilitation hospital. The horse was sold and she returned to riding her long time mount approximately seven months after her accident. The audio and video taping of the rider

took place within three months of her return to riding (10 months since her accident). She was paraplegic after the accident, had surgery and has returned to limited walking, with canes and leg braces. She has returned to employment in the equine industry, teaching and training as well as competing, and rides at the international level.

The 32-year-old male rider was competing at the international level on the horse with which he has a relationship. He was injured in a paddock outside the riding stable in which he was employed. He sustained severe head injuries, a compressed fracture to the right of his skull, and was in a coma for 39 days. He developed seizures and has a brain injury. He was in a rehabilitation hospital for 9 months learning to walk, talk, and function independently again. He continues to take medication for his seizures and has returned to full-time employment in the animal industry. He also continues to compete as well as teach in a limited way, running a stable at his home, where he rides. He lives with his mother. He has been in recovery for 7 years.

The next two participants interviewed were injured in severe car accidents. Both of them have sustained permanent injuries as a result. The first participant was an 18-year-old western 'trick rider' and competitor. She was involved in a head on collision on the highway, with a moose, as a passenger in her boyfriend's car. She has ridden for most of her life and had a significant relationship with the horse with which she competed before the trauma experience. She spent six months in the hospital following her accident. She sustained a brain injury as well as considerable loss of the use of one arm and one leg. She returned to some limited therapeutic riding while in hospital. She is unemployed, lives and rides at home, and is assisted by her mother. She returned to and continues to ride her competitive mount. She has been in recovery for five years.



The other car accident victim is a 41-year-old artist and teacher. She has ridden most of her life and had a significant relationship with a horse she rode for pleasure and competed, before her trauma experience. She was in a vehicle with her family that overturned on a slippery road. She injured the C3-C4 disc of her spine and was quadriplegic until she had surgery early in her recovery. She was hospitalized in a rehabilitation hospital for 8 months. She returned to riding on a therapeutic mount and currently rides her bonded mount. She rides with a collar and has a compromised ability to use her arms and one leg. She has returned to competing and rides at the international level. She is unemployed, lives, and rides at home and is assisted by her mother. She has been in recovery for 10 years.

The fifth participant suffered multiple traumas, physiological and emotional. She is a 51-year-old nurse who, while completing a graduate degree in nursing, lived in an abusive relationship, experienced a back injury at work and later, lost her stepdaughter at the age of 26 to HIV/AIDS. She was hospitalized twice for back surgery, while both parents were experiencing health crises (cancer and surgery) and her mare lost a foal. She rode competitively and judged riding as well. She has limited ability to ride now although she keeps two horses at home. She cares for and has contact daily with her horses. She has returned to work part-time. She has been in recovery for 11 years.

The last participant was a 43-year old male who suffers from a chronic immune deficiency illness, HIV/AIDS. He has been HIV positive for 14 years and is asymptomatic. He returned to the country from a large urban center when he was diagnosed and immersed himself in riding, having stopped competing after graduating in

equine management. He continues to ride his roommate's horse, riding at home. He is not competing. He is employed full time.

### ***Overview of Results***

Interviews and video-tapes with participants provided the researcher with an opportunity to hear about and see the nature of each horse and rider relationship. Three broad categories of results arose from the analysis based on the focus of the research question: (a) the trauma experience and recovery; (b) the therapeutic value of the equine-human relationship in the riders' recovery from trauma; and (c) the characteristics of the equine-human relationship (see figures 1 and 2 for overview of results).

Each horse-rider combination adapted to the changes resulting from the rider's trauma in their own unique way. Riders were definitive about which horse they felt connected to and the attributes that connected them to that specific horse. Matching the rider with a particular horse appeared to be important to whether the connection or riding contributed to recovery. Riders expressed that this was about the bond. They were not comfortable being led around on a therapeutic mount. Many of the horses ridden by participants were complex and difficult animals that certainly would not be useful in therapeutic riding contexts ("Its funny, he's very trying on me, and I hated him for the first two years"). A number of these horses were used at a very high level in sport (international competition, three day horse trials, dressage, trick riding, roping and reining), so they were finely tuned athletes in their own right. This made them fast at times unpredictable, requiring dexterity and quick responses from their riders prior to the accidents. Some of the horses inevitably ended up working in an aspect of their sport that the riders admitted was not to the horse's liking, before the rider's trauma. Despite that,

the riders' mounts appeared to adapt to the changing expectations. In a number of cases it was these horses that riders chose to return to ride on, sometimes as their first mount, despite warnings and cautions from coaches, physicians and family members alike. Two of the riders returned to the horses they had competed internationally, as their first mount. One of the riders returned to ride a horse that had been in a field for eight years.

### **'THE TRAUMA EXPERIENCE AND RECOVERY'**

The category 'trauma experience and recovery' focused on the feelings that riders expressed about the impact this event had on their lives. Trauma experiences interrupted participants' lives and relationships with their mounts in some significant ways. Riders described the process they endured under the second level sub-category 'feelings and responses'. This included feelings and responses related to two third level categories, 'environment' and 'self'. The 'environments' that had an impact on riders in their trauma recovery and figured prominently in the results were the barn, home (including rural experience), and hospital. The 'self' category included the impact on riding, impact on lifestyle as well as the feelings and responses of the participants to the actual trauma event itself.

#### ***Environment***

Riders discussed the significant environments that enveloped their relationship with their horses, family and trauma recovery. The barn was often described as a "nest" or safe place that provides the context for healing. Participants used terms like "comfort zone" or "... that is what I get at the barn with my horses" when comparing the experience of a rehab hospital to the support provided "in the barn". The barn appeared to be a context that enveloped the connection between horse and rider. One participant

talked about her lengthy relationship with horses, from childhood until now, and how as a teenager she would go to her horse's stall and cry until she fell asleep, for comfort.

Another participant described the sound of horses eating contently while sitting in the barn as a contributing factor to her recovery. She described the barn as the place where you were "putting those horses to bed" and the satisfaction she derived from knowing that "everybody's tucked in". The barn offered normalcy, sanity and the rewards of proximity as well as the altruistic experience of caring for the animal ("...just listen to them munch on hay and I feel like I'm in heaven"). The barn and its rituals also offered a sense of competency and challenges the riders identified as absent in other parts of their recovery and life. For five out of six of the riders, their barn was at home.

Home was often identified as significant as it offered the support of partners and family, including comfort and familiarity. Participants associated recovery with significant others, i.e. parents, partners or those individuals who participated in their recovery. They indicated that small or other large animals, as well as the interaction with their horse were associated with home as well. In particular, mothers became caretakers of severely challenged riders and were sometimes called upon to perform a lot of the husbandry tasks associated with riding. In these cases it was apparent that the equine-human relationship could reach beyond the rider to the family member. Some family members were interviewed in a limited way with a focus on the rider, so it is difficult to determine how significant the connection is with the horse they care for.

The rural experience of both barn and home was identified as important to why and how the equine human relationship was a contributor to recovery. Riders talked about sharing long walks or 'hacks' with bonded equine partners prior to the trauma event,

bareback riding prior to their accidents, sharing social times with family and friends in both the barn and out in the countryside (“...it was almost like going on an adventure....we would find these incredible hills and trails through the bush...”). These experiences appeared to draw riders back to the rural setting, the barn and their equine relationships for comfort, confidence and camaraderie. The urban experience was something that riders associated with the hospital, being away from their horses or complicating access to their equine partners.

“To me it would mean the actual visual or physical contact. Uh, I alluded to having a certain, or enjoying this lifestyle, living out in the country, which is part of having horses, uh, I mean sure you can live in the city, and board your horses out, but uh, no, I need the whole hands-on thing, you know. And when I had horses at home, my own horses and stuff, I actually went to the barn and did the actual mucking out, and turning out, and feeding....being out in the country, being at one with nature, there’s a whole warmth to it, and its very healing, positive warmth you know.”

The barn was often compared to the hospital experience. The environment of hospital was described alternately as supportive, positive and encouraging or unhelpful and painful. Riders described their hospital experiences as challenging, leaving them feeling incapacitated with a loss of independence and control.

“...having one person eye you, saying good or bad, do this, do that, I’m going to assess this or assess that versus going in the barn and being beside a quiet loving animal, eye to eye...”

One participant had her partner bring the horses (including the one who injured her) to the hospital parking lot in the trailer so she could go down in her wheel chair and visit them. Another rider talked about the hospital experience being hostile as she was dropped during early recovery and left to sit for long periods of time not able to care for her self. The most poignant comment was made by a rider who indicated that the entire

hospital experience, including physiotherapy, medical intervention, and so forth, was almost as helpful as being with her horse at the barn.

“And it was like, nobody in the hospital, and everyone that dealt with me, was ever negative, ever. So it was a total, positive, happy place. And then it really was hard to leave that, but that is what I get at the barn with the horses.”

### ***Self***

Riders also discussed the impact the trauma and recovery process had on their concept of ‘self’. They talked about the impact on their riding and their lifestyle, as well as the impact of the trauma event itself. Riders discussed the impact the trauma had on their contact with their horse, career, living arrangements and mobility. The extent of the injuries from the trauma experience, the pain and difficulty they encountered as well as the supports riders have access to in recovery, were all part of their responses.

The trauma experience had an enormous impact on the participants’ ability to ride. For most riders, the trauma prevented them from riding immediately after the trauma experience. They talked about early recovery including visits to the barn in a wheelchair, on crutches or “just being led around”. The way they interacted with their horse changed significantly as well. Riders talked about their physical injuries changing the way they were able to communicate non-verbally with their horse, giving ‘aids’ (commands) clearly and concisely. As a consequence of their physical limitations, riders were forced to share grooming activities with significant others or in the early stages give them up all together. For those riders who experienced brain injury, recovery required learning how to walk and talk again. Riding began after that. For those riders who experienced physical injury, riding involved coming to terms with the lack of control they had over their bodies and the amount of trust in their horse and themselves that was

required to continue to ride. The riders identified a number of challenges such as the change in their ability, a change in focus and fear, in particular the fear of injury, as impacting on their return to riding.

Lifestyle, and sometimes living arrangements, changed as a consequence of the trauma experience. Mobility played a significant role for some riders in early recovery. A number of the riders were discouraged by caregivers from riding again. Mobility issues hampered access to the barn, their horse or the supervision required to ride in the early days of recovery. Careers in the equine industry changed or were lost as rider's stamina, ability and chronic injuries interfered. Rider's careers in other capacities were lost or impeded significantly by the trauma experience. For all of the riders, the focus of their endeavors shifted profoundly after their traumas. The riders spoke about the importance riding acquired in their lives after the trauma event.

The trauma event itself had implications for how the riders utilized their equine partnership. Riders talked about life before the trauma event and their feelings about the change in ability and focus as a consequence of the injury ("where I had so much before the accident, it was all taken away from me...it was so depressing being in the hospital....probably one of the worst things was losing my independence"). Two of the riders were injured in horse related incidents. They appeared to approach their recovery with the same self-determination and perseverance that they used in their approach to riding. Riding was therapeutically valuable in that way.

"...when I was in the hospital they wanted me to get out and live my life in a wheelchair, and I just hated being in a wheelchair, because it was so painful, every time I went over a bump, I would just get so much pain in my neck. And, I uh, never did get one, I was determined to walk. Even if I was at risk of falls and had trouble walking, I would rather do that than be in a wheelchair. My doctor was against it, but she respected

my wishes....I got in the carriage and was surprised at how well the ponies responded to such little strength.”

One brain-injured rider was unable to return to her previous employment. She utilized her riding as her rehabilitation in recovery. She talked about riding in spite of the warnings, the potential for injury.

“Well, well like after my accident I just was going to walk (the horse) and the doctor says to me....you can walk your horse but you can never trot, you never canter the rest of your life. The rest of my life? Like I’m crying and, oh my goodness, so disappointing and stuff, and then like I had the seizures too, on top of it all, too, like I’m so disappointed, but then like I’m on medication....and then like its been two years now and oh like I’m walking, trotting and loping and stuff. And like Dad and I were cantering, like really fast and stuff and I love to do that now.”

## **‘THE THERAPEUTIC VALUE OF THE EQUINE HUMAN BOND’**

The category ‘therapeutic value of the equine-human bond’ focused on aspects of the horse-human relationship the riders identified as contributing to their healing and recovery. Sub-categories included proximity (closeness and touch), behaviour and feelings relevant to healing and recovery. In this category and sub-categories the themes describing the different kinds of bonding experiences riders had, began to emerge.

### ***Feelings relevant to healing and recovery***

There were a number of subtle interrelated dynamics that appeared to contribute to the significance of the participants’ relationship to their horses. Participants talked about attraction to a specific horse (“he was the cutest horse I’d ever seen”), the length of their relationship (“we’ve know each other for over 20 years”), shared history facing difficult circumstances (competition, early training, rescue from risky circumstances for the animal or rider) and the horse’s specific characteristics (e.g. touchy and oral, compliant, responsive) when describing what was contributing to their relationship with



the animal. This sub-category included second level sub-categories related to riders' 'need fulfillment' and feelings about the 'role of animals' in the process of recovery.

Riders discussed the needs that riding fulfilled for them and it was here that the bond themes began to emerge ("But my bond with the horse has totally changed since the accident"). The sub-category 'needs fulfillment' included 'coping with change' and 'the role of intimacy and nurturing'. 'Coping with change' included the 'change in focus' and 'change in ability' that resulted from the trauma. Change enveloped the risks riding presented, given the riders' compromised physiological circumstances. Trust and self-efficacy (describing riding as "therapeutic" or "peaceful") figured prominently in the riders' approach to change. Riders discussed the challenges this presented and how the horse was helpful ("I think I get along better with him now because of it"). They also described the role of animals in general in their recovery, often comparing that to the role of other resources or supports to which they had access. Animals in general were described as therapeutic, specifically horses as they differed from other animals.

Riders talked about the significance of their small animal bonds but were careful in some cases to qualify the distinction between those relationships and their equine partners ("you can't sit on your dog and go for a four hour trail ride in the mountains"). In some cases they spoke fondly of other horses, therapeutic riding mounts, second horses they owned, but were clear to distinguish between those horses and the ones they felt most connected to. They did acknowledge the general importance of riding, spending time around the horses, even in early convalescence in a wheel chair, to their recovery ("I couldn't feed (my horse)...I couldn't actually hold something in my hand and hold it up for him to take...they put some pears on the arm of my wheelchair...").

“...he seems to know that I’m disabled, he seems to know how I am disabled, and he seems to know what I mean without me saying a word to him, both on and off the horse. And it’s not something I have with any other horse because I don’t know them well enough...he can be strong. I mean a strong rider gets on him, he starts fighting with them, and he will take off on them...you fight with him, you lose....she (mother) knew I didn’t have the strength to do anything if he decided to take off. So she was very concerned and she should have been....I was never afraid to get on him...I know how he reacts, I know him, he knows me. It was, I can’t explain it.....”

### ***Proximity relevant to healing and recovery***

This sub-category looks at the relationship between closeness, touch, contact “on the ground” and “in the saddle” and its relationship to recovery. Proximity often denotes the degree of safety the rider might feel (“like it was, to me it’s a safe zone, I just want to be there”). Touch was a significant issue for riders related to proximity. Touch came up in the research in a variety of ways, specifically related to one of the bond themes that emerged.

“But I think only, the only comparison you can say riding a horse, and the working relationship, without a lot of verbal commands, there’s not a lot of verbal in riding, I think the only comparison is probably when people make love.....because it’s the same connection. You’re so close and it’s intimate, and momentarily intimate, but there’s not a lot of talking....its like when you’re so close with somebody you can move with them. Like probably, I would think, like when people get to swim with dolphins, and whales, like I’ve always wanted to do that too....it’s a non-verbal, very close body connection...”

Many of the riders talked about the importance of touch to their recovery, both on the ground and in the saddle. They also identified it as significant to the amount of intimacy they had developed with their equine partner. Touch is the non-verbal language that riders use to communicate with their horses. It is also inherent in the husbandry that surrounds the care of the horse (“I mean, there’s the physical contact, which is therapeutic”). Proximity has a relationship with intimacy but does not necessarily have to include intimacy to be therapeutic. Proximity, closeness and touch can occur by virtue of

the interaction with the horse (touch included in grooming; touch included in sitting on a horse), that the rider may not describe as intimate, but may describe as safe and trusting. The rider places trust in the horse not to harm them, when standing close to them or riding them.

### ***Behaviours relevant to healing and recovery***

The equine-human relationship includes 'task related' behaviours and 'relationship related' behaviours. 'Task related' behaviour refers to actions, rituals or activities the rider identifies as relevant to recovery. This sub-category explores the utility of the relationship and the role of the horse in competing (partnership) as well as the physical ability of the rider. Riding involves many habitual and ritualistic tasks that include grooming, use of equipment and training the horse to behave in a particular way. These behaviours and tasks were described as familiar, comforting and indicative of competence in the rider. The 'relationship related' behaviours' includes aspects of communication and the relationship that the rider identifies as significant to recovery.

"It's not just good enough to ride. I think the emotional part...that helped me...was in the barn, playing with (my horse). You know, grooming him, playing with him, talking to him....because...with a horse, you're not alone. When you're dribbling a basketball, I don't think you and the basketball have this little thing happening....he's always responding to what I do, whether it's the grooming aspect I'm doing to him, or talking to him, he's always talking back.... I could realize how much I missed that."

### **'NATURE OF THE EQUINE-HUMAN BOND'**

The last category is 'the nature of the equine human bond'. This category includes the sub-categories 'influences and contributions to', as well as 'description of' the bond.

### ***Influences and contributions***

The sub-category 'influences and contributions' included 'rider contributions', 'horse contributions' and again, environment. 'Riders' contributions' focused on husbandry, history of riding, and behaviours related to the trauma. Husbandry includes all of the tasks that are involved with the ongoing care of horses. It can involve direct or indirect contact with the horse. It includes picking out feet, pulling manes, trimming and brushing tails and forelocks, or mucking stalls, filling water buckets, preparing feed and throwing down hay.

"Quality time for me. And I'm not sure I can describe how or what, I can talk about instances that make me know it is important in my life. Uh, there's nothing that makes me smile or makes me feel better than to go out in the barn at dusk, and put those horses to bed, and I can go and pull up a chair, and just listen to them munch on hay, and I feel like I'm in heaven."

History of riding included the riders' perspective on horse ownership, competing, competency, coaching and teaching. 'Behaviours related to the trauma' included goals, risks and the physical ability of the riders. Riders talked about the changes the trauma event elicited in these areas of the equine-human relationship.

'Horse contributions' clustered around responses from the equine partner that were considered compliant or difficult, and characteristics that were identified as significant to the participants, such as touch and safety. Riders talked about their horses as kind, gentle, responsive, intuitive, understanding, patient, playful, powerful, challenging, frustrating and frightening at times. Other horse related topics that figured prominently in the coding were 'bond related' codes such as power and control, trust, non-verbal communication, and the horse's behaviour towards non-bonded riders. The power balance in relationships shifted after the trauma experience for most riders. Re-

negotiating the relationship required an ongoing dialogue about who would lead and who would follow. Riders needed to learn to trust their mounts to keep them safe. Touch plays a significant role in the non-verbal communication that goes on between horse and rider. Establishment of 'aids' or signals was part of how the relationships between horse and rider became closer and mutually compatible.

The matching of horse to rider figured prominently in horse contribution. Some riders appeared challenged by a difficult or complex horse, others relied on compliance and cooperation. Riders described the characteristics of their horses that contributed to the relationship (gentleness, sensitivity, responsiveness and safety). The ability to trust their mount was significant. The adaptation of the horse to the rider's impediment was also a key factor in the relationship.

Environment is identified in this category as the importance of the context for the therapeutic development of the equine-human bond. The environment includes the significance the barn and rural setting had to the equine-human bond as well as the role of home and family. Participants talked about the way interaction in the barn with both horse and other riders contributed to their bond with their equine partner. Riders described it as relaxing, interactive and a place where they confided in their mount ("...there's so much more that is unspoken, that is communication between us."). Home and family were identified as integral pieces in the riders' access to their mounts as well as the riders' initiation into the horse world.

### ***Description of the bond***

The sub-category 'description of the bond' included four themes. Two of the themes (intimacy/nurturing and identity) appeared emotional or personal in focus. The

two other themes (partnership and utility) seemed to be more focused on task. The themes that emerged as aspects of the equine-human bond appeared as primary themes, one presenting as greater than all others with each rider, at the time of the interviews. Some of the themes appeared to include the others, for example, all riders appeared to have some element of the utility bond or the partnership bond with their horses. Not all riders had the identity bond as prominent and even fewer appeared to have the intimacy/nurturing bond as a dominant feature. Some of the bond themes appeared to be predominant earlier in the recovery process (identity and utility themes) than those that emerged later (partnership and intimacy/nurturing themes). The bond themes run through the major categories, incorporating and including many traits that are of therapeutic value to the rider. The four themes are discussed below.

#### **“The Intimacy/Nurturing Bond”**

The researcher’s inquiries were sometimes met with tears or silence when participants were asked to describe the nature of the connection. The connection appeared to incorporate different qualities for different people. The intensity of the connection also seemed to be more emotional for some participants than others. For some participants, the nature of their relationship with their horse was similar to a close human partnership. They described the level of body communication using terminology like “...I think the only comparison is probably when people make love” .

Other participants talked about this level of communication being about touch and proximity. “I can’t begin to describe it. It’s both on and off the horse. He’s telling me things by his body language and I’m telling him things by my body language”. The non-verbal interaction and communication appears to incorporate touch, proximity,

responsiveness, releasing control, trust, vulnerability as well as knowledge, respect and honesty. Participants describe the connection as “...a non-verbal very close body connection”. This appears to be bond at its most intense and intimate level for the participants.

The focus of “intimacy or nurturing bond” was emotional and personal, with an emphasis on the feelings about the horse. This aspect of the relationship appeared to be the most all encompassing, describing the horse communication between horse and rider as something that transcends riding. Riders with this theme as dominant appeared to be the most anthropomorphic (“we both want to be close”); they used ‘parentese’ when they spoke to their equine partners and often put into words what they thought or felt the horse was trying to communicate.

These relationships appeared very reciprocal, interactive and responsive. The horses in these relationships appeared to be very ‘touchy and oral’, or chose to nuzzle, lick, touch and interact frequently, in a physical way, with their riders.

“I can remember standing with my arms around (my horse), and crying on her shoulder, literally tears running down onto her fur, and it was like her saying ‘its okay, you can tell me your story, you know, I won’t tell anybody else there were tears in your eyes. Uh, and you just kinda get it out, you’re able to do that and sometimes they just seem so accepting of it.”

These horses and riders indicated they felt safe in close proximity to each other, indicated through the rider’s comments and the horse’s behaviour. In many respects the relationship was as horse-focused as it was rider-focused. Participants expressed their connection as “...you might not see it. I think it’s something I feel” in response to the researcher’s inquiries as they viewed the video-tape. These riders also talked about the significance of human-horse relationships compared to human-human relationships,

making the point that “they don’t try and analyze you” or “...it has a lot to do with his innocence, he’s completely pure, who he is. There is no ‘second guessing’ what he is thinking”, when explaining how horses, as opposed to humans, were chosen as supports in recovery. The focus here appeared to be on both horse and rider.

### **“The Identity Bond”**

This aspect of the bond was about the rider’s self-perception, its relationship to riding and relationships with horses. The focus was emotional or personal, with the emphasis on feelings about self as opposed to feelings about the horse. Riding appeared to be what the participant’s life was about and it defined who they were. Their careers or life’s work had centered on riding, care of horses and/or competing. The trauma experience appeared to rob them of aspects of self. Their use of riding in recovery was about regaining pieces of themselves, who they were, in its totality, before their trauma experience. They would ponder, “What am I going to do for the rest of my life?” or talk about riding as a tool to “get back on my feet again”. These riders lamented that without riding “I’d have no means of finding myself again”. They returned to riding in spite of their disability and talked about “the difficulty of trying to achieve something”.

This aspect of the bond or relationship appeared to be a little more ‘rider focused’ than ‘horse focused’ as compared to the intimacy/nurturing bond. This bond appeared to be a little less intense in terms of proximity and touch than the other bond themes. This aspect of the bond emerged as more prevalent in the male participants than the female participants. Many of the participants however, displayed this kind of bonding behaviour in combination with some or all of the other themes described. Additionally, this aspect of the bond appeared to be more prevalent earlier in a rider’s recovery than later.



### **“The Partnership Bond”**

The third theme appeared to be workman-like, task focused with the emphasis on the egalitarianism of the relationship, including the mutual respect and effort the partners exhibited. It seemed to emphasize that riding requires teamwork and communication (use of ‘language’ as well as non-verbal conversation that goes on between horse and rider). It described the symmetry, moving as one and working together that evolves from proximity, length of relationship and clarity that comes with the knowledge of each other, both physical and cerebral (“...and when you can feel a horse raise its eyebrows in attention, you know there is a connection there”).

Some riders focused their efforts on developing this partnership or teamwork ability or redeveloping it in the face of the challenges left from their trauma experience. Their language focused on the description of behaviours/responses related to the partnership and what they meant. The emphasis in this aspect of the relationship appeared to be on the togetherness, the oneness, like a skating pair. The bond appeared focused more on behaviour, less on emotion. This theme appeared to be part of the ‘working’ phase of recovery, incorporating perseverance, determination, and ignoring the risks of riding and fear of injury that could accompany the effort to recapture a particular level of ability. Riders would talk about their equine partner in ways that would indicate the egalitarian nature of their role, such as “He’s a horse, he’s not a pet” or “I feel very honoured”. These riders also distinguished between riding and interacting in a bonded relationship with a horse. “It’s not just good enough to ride” or “with a horse you are never alone”. The focus here appeared to be equally on horse and rider.

### **“The Utility Bond”**

The last aspect of the bond appeared to be the most basic of all. This theme drew together a cluster of topics related to the functionality of the horse and the relationship. Some participants described horses as useful and riding as enjoyable, providing goals that give the rider something to work towards. These riders associated the act of riding and the interaction with the horse as a challenge, like their recovery. Recovery becomes something that is surmountable, motivating and something to declare victory over. Horses are the means to the end. They are the comrades-in-arms, allies and partners in the fight. The goal is recovery. Horses support, assist and help these riders in their fight. The horses assist the rider to ‘beat this thing’.

This is the most fundamental of all themes that emerged from the analysis. It is a bond that is more rider than horse focused. It was more apparent in early recovery than late recovery. The participants describe riding as a task that allows them to start “thinking about something different”, “get away from the ugly stuff” or find it useful in “getting a new frame of mind”.

## CHAPTER 5

### DISCUSSION AND CONCLUSIONS

The purpose of this study was to explore equine-human bonding and attachment as it relates to healing from trauma experiences, physical and/or psychological, for a small sample of individual riders. Using a qualitative perspective, conducting interviews through phenomenological and emotionalist lenses, the study hoped to learn how individuals' relationships with their horses facilitated recovery from experiences of trauma. The major finding of importance in this study is the therapeutic value of the equine-human bond and its significance to recovery from trauma. Emergence of the bond themes indicates that equine-human relationships are multi-dimensional, and have the capacity to provide physiological and emotional/psychological support to riders, across the trajectory of their recovery. Horses can be sensitive and responsive partners who can empower riders in their struggle to meet the challenges of recovery from trauma, remaining able to work at the rider's pace.

Jorgenson (1997) reminds us, "in an age of technology it is easy to forget the importance of unconditional love, the value of touch, the energy derived from an act of unselfish kindness and the security of companionship – all of which enhance and improve our quality of life and health" (p. 249). The bond themes described in the research have many parallels to descriptions of the therapeutic alliance in psychotherapy and they attest to why and how the equine-human bond is significant. The "intimacy or nurturing bond" places an emphasis on emotional qualities that bind the human to the horse. Research on relationship factors in psychotherapy supports the importance of this type of emotional connection to client improvement (Rogers, 1958; Orlinsky & Howard, 1986; Hougaard,

1994; Weinberger, 1993). The “identity bond” reinforces the sense of self that riders draw from their immersion in the horse world. Self-perception figures prominently in the work of Frank (1982) in that clients in therapy need to feel hope to experience an “emotionally corrective experience”. The “partnership bond” demonstrates many of the qualities of a therapeutic relationship essential to successful outcomes – motivation to change, risking in the relationship and mutuality ( Hougaard, 1994; Frank, 1982; Orlinsky & Howard, 1986; Weinberger, 1993; Wipper, 2000). The “utility bond” identifies the essence of what is required in a therapeutic endeavor – the concept that the task is relevant to the goals of the client (Weinberger, 1993).

The therapeutic value of human-animal relationships cannot be disputed (Allen, 2002). Although most of the existing research has focused on small companion animals, this study suggests equine-human relationships may have at least as powerful a therapeutic impact. Bond types described in small animal literature (Milani, 1995) parallel the equine-human bond themes that emerged in this study in some general ways. Small animal bonds are described as themes on a continuum of anthromorphism to chattel. These bond types are described as anthropomorphic, fulfilling need dependencies; providing actualizing relationships; and offering object-oriented interactions, chattel-like relationships or utilitarian/exploitive relationships. Anthropomorphic and need dependency relationships are emotional in nature, are similar to human-human relationships for pet owners and parallel the ‘intimacy/nurturing’ equine-human bond that emerged in the analysis. Actualizing relationships depict owners who appreciate the animal for its specific qualities, are described as reciprocal and egalitarian. They resembled the ‘partnership bond’ as described by Wipper (2000)

and that emerged in this study. Object oriented relationships are fleeting and superficial, serving as “ornaments” or status symbols for the owner. This relationship resonates with the ‘identity bond’ in that animals represent self-image or status value. Chattel and utilitarian or exploitive bonds paralleled the ‘utility bond’ in some respects, in that riders described relationships with some non-bonded mounts that were useful (therapeutic riding horses) at times in their recovery or when their bonded equine relationship was only physiologically helpful, early in their recovery (Adams, 2002; Milani, 1995).

The dynamics of the equine-human bond parallel the bonded working relationship described in the human therapeutic alliance and trauma recovery literature, in a number of concrete ways. Matching of horse to rider depends on personal preference and the individual attributes and personalities of human and animal (Brackenridge & Shoemaker, 1996; Hausberger & Muller, 2001). Development of bonded relationships between horses and people takes time, require compatibility and mutual regard (Wipper, 2000). Bonded relationships provide intimacy, hope and responsiveness to the ‘sufferer’ (Frank, 1982).

The significance of safe relationships and safe touch, especially for trauma survivors (Dryden & Fitch, 2000; Herman, 1997), cannot be overstated and plays a relevant role in the establishment of bond and therapeutic alliance. Participants talked about the important gain in physical strength, agility and coordination the horses provided in their recovery. The equine-human bond facilitates the process of change many of these riders experience. Safe relationships provide a structured context that assists the rider to set goals, promotes self-determination and identify limits. Riding provides concrete feedback about what the rider has the capacity to do. Riding became a metaphor for riders’ acceptance of their physical limits.

Finally the notion of 'relational capacity' in trauma literature (Herman, 1997; Regehr, Hill & Glancy, 2000) relates to Hougaard's (1994) concept of working capacity, an element that is essential to 'partnership' in equine-human working relationships. Relational capacity is based on the 'schemas' individuals develop regarding their ability to cope with crisis. "Relational capacity affects an individual's ability to elicit and sustain supportive relationships with others in the aftermath of crisis. Relational capacity is viewed as emanating from early attachment experiences which become incorporated into perception of self and others" (Regehr, Hill, & Glancy, 2000, p.334).

Wipper's (2000) work on "The Partnership: The Horse-Rider Relationship in Eventing" and her identification of the "partnership" bond proves essential to understanding the significance of the equine-human bond to recovery. She concludes that "anthropocentric" attitudes might prevent researchers and practitioners from identifying the importance of equine-human bonded relationships and from acknowledging the significance they have in riders' lives. She reiterates the conclusion of Arluke & Saunders (1996) "in that the rigid line separating human and nonhuman interaction should be relaxed ... we could learn more about an important aspect of people's lives – their relationship with domestic animals" (Wipper, 2000, p.67). This study's findings provided strong evidence for this. Participants emphasized the importance of their equine partner's trustworthy behaviour to their ability to utilize the relationship in recovery. Horses need to be compliant, safe, responsive and adaptive to the changes in the rider for this to occur. Psychotherapy research reinforces the significance of these factors in therapeutic alliances and underlines the importance of many of these same qualities to positive client outcomes (Frank, 1982; Hougaard, 1994).

Therapeutic alliance literature identifies the importance of creating safety and acceptance and promoting choice (Orlinsky & Howard, 1986; Weinberger, 1993). Rogers (1958) identifies the therapeutic alliance as a safe haven. He identified the attributes that are significant as unconditional positive regard, accurate empathy and genuineness. He indicates they are only relevant if the 'client' perceives them in the relationship. Riders identified these dynamics as significant to attachment and bonding with their equine partner, as well as relevant to their recovery trajectory. Riders identified their equine partners as safe, sensitive, responsive and compliant with regard to the various interactions they share, both in the saddle and on the ground. Riders expressed the importance of predictability to their experience of trust and risk in the relationship, in recovery. Predictability is essential to development of self-efficacy in recovery.

Riding, by its very nature, promotes self-efficacy. Research has established the significance of self-efficacy and expectation, to recovery (Weinberger, 1993). Riders have control over what and how they pursue various goals, cope with particular challenges and take particular risks, given the context of the bond. Riding, when in recovery from trauma, often requires facing new challenges. There are changes in the rider's ability and competency, as well as an expectation of horse responses or behaviour that could cause fear or injury. Successfully overcoming these problems through change, adaptation and communication between both horse and rider can increase confidence and "...strengthen self-perceptions of efficacy" (Weinberger, 1993, p.51). Many of these riders were elite athletes and they approached their recovery the same way they approached competition.

Participants distinguished between feelings and task-oriented dynamics in their discussions with the researcher. These characteristics emerged through the bond themes identified in the study. The attributes of the relationship identified by riders in the bond themes paralleled those identified in the psychotherapy literature (Hougaard, 1994; Weinberger, 1993) that describe good therapeutic alliances. The comparison reinforces that bonded equine-human relationships are multi-dimensional. They parallel the way researchers have described human-human therapeutic relationships.

Hougaard (1994) describes the components of a therapeutic alliance as having both personal and collaborative qualities (Figure 3). The model provides a dynamic way of viewing the therapeutic alliance, identifying client, therapist and common contributions to the alliance. Although we cannot equate the human to the animal, it is evident in the results of this study that equine partners were able to make many of the contributions identified as significant to successful outcomes in therapeutic alliances as described by Hougaard's theoretical model. Riders refer to many of these qualities in their description of the bond with their equine partners. In this study, the horse parallels the role of the healer, helper or teacher that Hougaard describes in his model.

Hougaard describes the personal relationship components common to both therapist and patient as mutual liking, understanding, and agreement on degree of intimacy and directness. Horse-human relationships incorporate these common values as part of the relationship building process, and the intimacy/nurturing bond develops based on these qualities. Personal qualities identified in the "client" or in the case of this research, the rider, include confidence, friendliness, compliance and receptiveness of empathy. Therapist qualities identified as personal are authenticity, warmth and



acceptance, unconditionality and empathy. Although it is difficult to identify empathy in a horse, many riders commented on their horse's ability to adapt to their physical changes as a result of the trauma. The remaining qualities are evident in the transcripts and comments that riders made describing their horses. These qualities were often named by participants as descriptive attributes important to their bond with their horse ("your never alone with a horse"; "healing warmth"; "it's a very close physical interaction"; "they don't analyze you"). Additionally, riders identified the importance of mutuality and consensus (Hougaard, 1994) as well as caring and 'emotional bonding' to their recovery ("we both want to be close to each other").

Elements of the collaborative nature of therapeutic alliances Hougaard describes, from the "patient's" perspective, that are also identified in the study are engagement, working capacity, positive expectations, motivation as well as actual goals and tasks. Common collaborative contributions to therapeutic alliances are agreement on goals and tasks. Partnership bonds require collaboration in this regard if the demands of skill development and competing are to be met. Contributions to the collaborative relationship, from the "therapist" perspective, in Hoogaard's model are identified as expertness, engagement, and efforts to strengthen patient expectations. Engagement is a term used in riding to signify the degree of communication and successful interaction between a horse and rider. Hougaard describes it as the therapist being "alert and engaged in the interaction" (1994, p.72). Without engagement of both parties, in riding or in therapy, a successful outcome is impossible. The trained horse becomes the 'expert' or skilled partner, providing direction and teaching the rider the best way to elicit specific responses in their interaction. The fact that the rider can achieve movements or elicit

responses as expected, given their compromised physiological abilities, strengthens their resolve and expectations to continue the struggle in recovery. As one rider put it, “my will is greater”.

Hougaard's (1994) model also emphasizes the importance of positive expectations on the “patient's” behalf. This factor figures prominently in the riders' ability to be motivated. One participant talked about the rehabilitation hospital insisting she move to an apartment in a large urban center, and confine herself to a wheelchair. She was being encouraged to be independent and had been told that she would not be able to safely walk again. She chose to move home and live with her family and horse. Despite the fact that she was injured in her attempts to walk, she did succeed and no longer uses her wheelchair. She demonstrated working capacity, motivation and positive expectations. “The patient's motivation implies a willingness to work in an active and purposeful way on the therapeutic tasks” (Hougaard, 1994, p.74).

Working capacity or the participant's “...ability to perform the required therapeutic tasks” (Hougaard, 1994, p.74) figures prominently in the decision to use a bonded relationship with an animal. Tasks in riding and interaction with an equine partner are familiar and to a greater or lesser degree, depending on the stage of recovery, achievable. Working capacity in riding requires many of the characteristics Hougaard assigns to the therapeutic alliance – “working together in a joint effort” and the rider's ability to “self reflect on thoughts, feelings and behaviours”(1994, p. 73). This concept resonates with the ‘partnership’ bond.

Weinberger (1993) offers a model of common factors that are important to success in all types of therapy. His theory arises out of a review of the work done by a

number of researchers (Grencavage & Norcross, 1990; Frank, 1982; Strupp & Hadley, 1979). He identifies common factors identified as critical to successful therapy outcomes in the REMA model. The REMA model includes not only relationship factors, but also factors of *exposure, mastery and attribution*.

Riders in this study chose their own route to recovery and persisted with their efforts to ride, ensconced in a perceived safe and predictable relationship, they described a process that parallels the self-efficacy, exposure, and 'corrective emotional experience' sequence outlined by Weinberger. "Research (see Bandura 1982, 1986, 1989) has revealed that a person's judgments concerning his or her self-efficacy determine whether he or she will initiate a behaviour, how much effort he or she will expend on it, and how long he or she will persist at it in the face of obstacles or aversive experiences."

(Weinberger, 1993, p.51). Self-determination, empowerment and motivation encourage riders to persevere in their efforts to improve their ability and recover. The consequence is exposure. Repeated exposure to the fearful or difficult experience, Weinberger contends, assists the client in recognizing the goal can be reached. Reaching the goal denotes mastery. Mastery provides a corrective emotional experience. Weinberger suggests that "change will last only if the patient attributes improvement to himself or herself" (1993, p. 53) Attribution is significant to mastery. The riders in this study attributed their change and improvement to their own efforts, in the context of their equine-human relationships. This appeared to be an important factor in why they chose riding as a means of recovery. Riding is a solitary endeavor that allows the rider to work at their own pace, take risks when they choose, related to their plan for recovery.

Riders talked about their need to change the non-verbal language they used to communicate with the horse after their trauma experience. Re-negotiating the relationship between horse and rider requires consensus, and the establishment of mutual effort and tasks. Both Bordin and Hougaard identified this negotiation process as significant to successful therapeutic alliances. Bordin contends that altruism and mutuality (Bachelor, 1995) in working alliances are hallmarked by a process of negotiation in the early stage and mutuality in the later stage. This is reflective of the non-verbal negotiation process that goes on between horse and rider. This process changes and re-negotiation occurs with the impact of trauma.

Although there is usually a negotiation phase in all therapeutic relationships, sometimes there is not a good match and the relationship fails to develop. Strauss (1991) indicates that initially it is important to gain an understanding of the nature or 'personality' of an appropriate horse and endeavour to interact with it cooperatively, however, it is also important to realize that not all horses are suitable to therapeutic work. This is an important distinction to consider in a study of the therapeutic nature of horses related to recovery from an accident or trauma as the personality of both horse and rider can impact on the nature of the interaction.

Another therapeutic element in equine-human relationships that is not addressed in the therapeutic alliance literature is that of touch. Riders can access significant amounts of touch in therapeutic alliances with equine partners. It is safe, and altruistic for both horse and rider. Touch is inherent in the horse-rider relationship and the results of this research have reinforced its significance to the human animal bond. Researchers (Miller & Stanley-Hermanns, 2002) identify the importance that touching, petting and

proximity play in the healing qualities of human-animal relationships. In riding, the degree and complex relationship of touch to bond is noted. Research in nursing (Jorgenson, 1997), massage therapy (Fitch & Dryden, 2000) and other areas of human healthcare expound the virtues of therapeutic touch to trauma recovery. Touch is a sensitive topic in human psychotherapy and in particular with clients suffering trauma related to touch (sexual abuse, incest, domestic violence). Riding and grooming a bonded equine partner offers the opportunity for 'safe' touch.

Research supports the fact that riding can mimic other kinds of therapeutic interventions riders had experienced earlier in their recovery from the trauma (Strauss, 1991). One study participant identified riding as the only kind of physiological exercise that could improve her upper body function and prevent muscle atrophy there. She participated in a longitudinal study with other spinal cord injured women designed to measure atrophy of muscles and bone density loss. Follow-up over a five year period indicated that compared to women in the rider's particular age bracket, there was little substantial loss in bone density and muscle compared to other research participants with similar disabilities (Craven, 2003). This research appears to indicate that riding can contribute physiologically to protection from bone fracture resulting from chronic disability. Other participants noted that riding helped them with coordination, gross and fine motor skill repair, as well as balance and coordination.

Overall, the trajectory of recovery for participants in this study appeared to parallel the development of a new way of interacting for horse and rider – both involved a process of change. Riders reported the sensitivity their horses had to their physical impediments as crucial to the development of that new trajectory in their relationship.

Acceptance of the changes that permanently result from car accidents or other severe injuries appeared to be difficult for these riders. Change theory (Prochaska & DeClemente, 1986) emphasizes the importance of the therapist working with the stage of change the client is in. Riding and interacting with an equine partner on the ground offers an opportunity for exposure to fearful events and circumstances, allowing the rider to confront their challenges. Orlinsky and Howard (cited in Weinberger, 1993) note the importance of these experiences to “long-lasting therapeutic changes”.

Hougaard’s notion of working capacity relates in part to the concept of relational capacity discussed in trauma recovery literature. The issue of relational capacity is significant and also apparent in the results of this study. Researchers identify the importance of the individual’s capacity to establish relationships with others as significant to recovery (Herman, 1997; Regher & Marziali, 1999; Regehr, Hill & Glancy, 2000). For many trauma survivors, people represent frightening experiences. For some such people, relational capacity may be better with animals, which might better provide nurturing and safe interactions. Riders appeared willing to work and take risks in the context of a safe relationship with their equine partners.

The equine human bond was a pivotal relationship for the riders in this study in their recovery from trauma. The participants in the research were clear about the significance of these relationships in their lives. Trauma interrupted their day-to-day world in a dramatic way. It is hoped that this research provides some insight into how riders found these relationships useful in recovery. Social workers, veterinarians and allied health professionals need to acknowledge and understand the significance of these relationships if they are to assist riders in substantial ways, along the road to recovery.

The equine-human bond can encourage motivation, intervene with depression, help riders set reasonable limits and goals as well as provide comfort, and a constructive change in focus.

Recovery from trauma requires that riders make substantial changes in their life circumstances. As the research presented here illustrates, riders became permanently disabled, and lost employment and related financial supports as well as mobility. They identified the challenges faced through their change in ability. Conversely therein, equine partners provided consistency and familiarity, comfort and rewards. They utilized their relationship and interaction as a recovery support. These relationships also offer touch and caring that provides the rider with a sense of purpose in recovery. Riders expressed the importance of both the physical and emotional benefits they garnered from returning to riding.

## **LIMITATIONS OF THE STUDY**

This was an exploratory study on the equine-human bond and its role in trauma recovery. The aim was to describe the nature of the equine-human bond and how it may be therapeutic. As a phenomenological study, the focus was on exploring each participant's lived experience of a relationship with a horse and how this impacted on recovery from trauma.

The study of bond between humans and large animals requires more complex and labour-intensive study than was warranted or available within the confines of this research. The use of one researcher certainly offered consistency in coding and methodology; however, the sheer volume of work required for an in-depth exploration of the bond is beyond the capacity of this study. The use of additional researchers and multiple coders

would strengthen trustworthiness and confirmability. Accessing participants for this research can be complicated and expensive. Using riders in a small geographic area offered continued accessibility to the riders for the researcher, but it runs the risk of breaches in confidentiality. The cost of traveling farther to engage riders was prohibitive in this study. Broader solicitation of participants can bring breadth and diversity to the research.

The role of the video was to capture the interaction and offer the rider a reflective experience in the interviews. More in-depth analysis of the videotapes could provide greater insight into the significance and relevance of the bond themes.

## **IMPLICATIONS FOR FUTURE RESEARCH**

Touch between horse and rider is identified in this study as significant to participant recovery. Much more can be explored in the area of touch and proximity and its impact on both horse and rider. Horse and rider communicate through a system of touch. The patterns of touch and the degree and amount of touch is an area that needs to be explored more fully if we are to understand the significance it plays in recovery for both horse and human. The non-verbal language that is developed is subtle and sophisticated. Dr. Hilary Clayton, a researcher at the College of Veterinary Medicine, Michigan State University, is currently exploring 'rider effects' on the horse rider interaction (Chadderdon, 2000). Observation of different riders and their effect on a specific horse could provide important insights into the subtleties of touch and how the partners contribute and respond accordingly.

This study can offer insight into equine-human relationships as a new creative medium for social work practitioners, family physicians, veterinarians and pet therapists



to assist their clients or patients in a speedy recovery. The notion of matching horse to rider arose peripherally in this study. Different riders identified different qualities in horses that they found conducive to successful therapeutic engagement and interaction (Hausberger & Muller, 2002). Wipperfurth (2000) identifies the significance of successful matching of horse to rider to the “partnership” bond. Thus, future research could focus on the issue of matching horse and rider for optimal relationship development. This could prove useful in pairing horses and riders in therapeutic riding programs, nurturing successful competitive relationships in equine sports, and facilitating good working equine-human relationships (e.g. mounted police units, guide animals, care farms). Research needs to look closer at the combination of qualities in both horse and rider that offer the ‘best fit’.

In this study gender issues appeared to emerge related to the way bond themes reflect in the coding. Men and women in general can be socialized to express emotion differently. Men in this study were less likely to use language that would identify them as experiencing the intimacy/nurturing bond, although some of the behaviours (use of “parentese”, talking to horses as we would talk to babies or small children, for instance) observed in the video might indicate otherwise. More work comparing the differences and similarities in how men and women bond with their horses might be helpful for practitioners working with riders in recovery from trauma.

The fact that most riders had barns or their horses at home offers another area of interest and exploration. Boarded horses might bond differently with riders given the role of grooms, barn help or caretakers who assume much of the husbandry and day to day contact that appears to be significant to bonded riders. Five out of six participants in this

study kept their horses at home. The single participant who boarded her horse expressed concern, throughout the study, about her equine partner's welfare. Additionally, boarding presents issues of accessibility and transportation for riders in trauma recovery. Conversely, boarding offers an opportunity for socialization that might not be available in other places for disabled riders. Researchers need to explore the implications of boarding for riders in trauma recovery to determine costs and benefits for riders, that are associated with living in urban versus rural settings.

The study of bonding behaviour in riders and horses who have experienced simultaneous trauma, either together (traffic accidents when towing a trailer, falls/accidents while competing that result in injury/trauma for horse and/or rider) or apart (riders experiencing cancer, horses experiencing illness), could have implications for rate of success and speed in recovery for both riders and their equine partners. Future inquiries need to investigate the complexities of recovery when there is mutual trauma for horse and rider, working to understand the implications of separation, interaction and bond throughout the acute and long term phases of recovery.

Finding ways to understand the impact on the horse, relevant to trauma experiences for both horse and rider, is a future consideration for research in this area. Little has been researched in the area of trauma recovery for equine partners, related to equine-human bond. The human-animal bond could have implications for the recovery of equine partners who experience accidents, surgeries and acute or chronic health problems. Understanding the attachment and bond from the horse's perspective might prove difficult; however, researchers could begin by assessing the degree to which

separation anxiety or stress levels (from human and animal companions) impact on trauma recovery for horses.

Video research offers a rich and diverse way of understanding the 'lived experience'. Videos made in this study could be used to garner feedback from coaches, animal behaviouralists and others in the veterinary and equine communities. More effort needs to be made to use video research in the study of the equine-human bond. Extended use of video that does not involve the researcher could garner interesting and important interactions that occur day-to-day in the barn.

Emerging themes offer an opportunity to develop scales for riders to self identify which element of the bond themes is most significant to their recovery and when. This study would also provide an opportunity for the development of assessment tools that could assist coaches and trainers in identifying elements of bonded equine-human relationships significant to competing as well as matching of riders to horses. Identifying bond themes in equine-human relationships might allow practitioners in social work, rehabilitation management or veterinary practice to determine strategically what kind of approaches, techniques, skills and characteristics of a horse might be useful throughout the recovery trajectory and when.

## **IMPLICATIONS FOR SOCIAL WORKERS AND ALLIED HEALTH**

### **PROFESSIONALS**

Equine-human relationships can be therapeutic for trauma survivors. Animal assisted activities and therapy offer social workers an opportunity to utilize an existing support, which fits with social work's person-in-environment perspective and its use of natural supports and resources. The presence of companion animals has a supportive

impact on life transitions and trauma recovery qualifies as such (Howie, 1995).

Understanding how a rider is bonded with their horse offers social workers and allied health professionals the opportunity to utilize the equine human bond more purposefully in the rider's recovery. Unlike other supports or interactions that are a part of the trauma sufferer's recovery, riding is about ability, not disability. The benefit of utilizing the equine human bond lies therein.

Although this study explored the benefits of riding to trauma recovery for experienced riders, it has implications for therapeutic riding programs in general, and the use of riding with individuals where a relationship with an animal might be specifically warranted. Riding offers the opportunity for safe touch, tactile interaction and provides a metaphor for coping with other relationships in the trauma survivor's life.

Strength based approaches (Saleebey, 1997) emphasize the need for social workers to empower their clients, utilizing their strengths and resilience. Equine-human bonds offer riders the opportunity to focus on ability as opposed to focusing on the 'damage model' so often emphasized in trauma recovery. "Trauma and abuse, illness and struggle may be injurious but they may also be sources of challenge and opportunity" (Saleebey, 1997, p.13). Social workers and allied health professionals can utilize the equine-human bond as a means of collaboration with their clients, providing support and feedback around the identified challenges that riding presents to the rider. These circumstances often mimic or reflect other life challenges that face trauma victims in recovery.

There are a number of implications that arise from this study for allied health professionals working with riders in recovery. One participant shared that an interaction

in her early recovery with a physiotherapist was significant to her choice of riding and working with her horse as part of her treatment. The physiotherapist indicated that working with athletes who have had trauma experiences was helpful as these patients saw recovery in the context of their athletic routine and discipline. One participant had a physiotherapist comment on how well the riding replicated her work with the rider in therapy and worked with the coach to determine and assess when the rider was ready to end physiotherapy and ride alone.

Other participants identified one or two interactions with social workers, psychologists or medical specialists where riding was either not acknowledged as central to their life or recovery decisions, or dismissed as dangerous, prohibited or impossible to resume. These participants went on to ride despite the advice of these professionals. They did abort further contact with these healthcare professionals, relationships with whom could have proven beneficial, in addition to their return to riding.

Change with trauma victims is sudden and in the case of injury, often painful. Riders' injuries often have a marked impact on their ability to "talk" non-verbally with their equine partner. Horse responses are honest and deliberate. Riders can learn much about the real limits and challenges life offers simply through the physical interaction they experience with their horse. Rider inability to recognize apparent problems can create barriers to recovery (Prochaska & DeClementi, 1986). For riders, denial about issues related to necessary change may be addressed more suitably through a human animal relationship than more traditional forms of therapy. Change may seem more palatable when presented in the context of riding. One rider in this study acknowledged that her relationship with her equine partner helped her to understand the physical and

vocational limitations the trauma experience had caused for her. Her limitations in riding assisted her to accept her need for supportive services and devices (physiotherapy, leg braces, canes). A recent return to full-time employment in the equine industry helped her realize she was not ready or equipped for that amount of work at this time.

This study raises the possibility that equine-human relationships might prove useful in helping people who are not long-term riders, deal with common problems like anxiety, depression or low self-esteem. The use of therapeutic riding programs for those individuals struggling with mental illness is on the rise. Recent research has emphasized the significance animals play in assisting troubled youth and correctional inmates in making positive changes in their lives. Although this suggests that social workers and other helping professionals should consider the therapeutic use of horses, it should be acknowledged that riding is not for everyone. Horses are imposing and at times difficult animals to contend with. Some clients might find the physical requirements demanding or have health problems (asthma, allergies) that prevent them from interacting with animals. Also, horses are not easily accessible in some urban settings. Many communities, however, have access to therapeutic riding schools. These programs offer a wealth of support, recreation, social opportunities and interactive experiences for individuals isolated as a consequence of trauma experiences. Thus, social workers might consider offering equine relationships to clients as a therapeutic adjunct or supportive follow-up to therapy.

## **VETERINARIANS**

The role of veterinarians promoting the therapeutic use of the human-animal bond cannot be overstated. Veterinarians perform an important function related to wellness

and crisis intervention. Equine veterinary medicine is uniquely positioned, as family medicine is, to establish long-term interactive relationships with both partners in the equine human relationship. They are privy to what might put a particular animal at risk of lameness and other maladies. As a consequence, they are forewarned about the implications of sharing serious medical concerns with intensely bonded horse owners. They must engage the cooperation of their “patient” and assistance as well as trust of the client (rider), to perform successfully (Lagoni, Butler & Hetts, 1994). Good communication skills are required. An understanding of how the relationship is meaningful to the partners is essential.

‘Horse people’ usually spend an inordinate amount of time with their animals and often have an in-depth understanding of their foibles and idiosyncrasies (Wipper, 2000). Horses are sensitive creatures possessing excellent memories and an inherent ability to learn (McCall, 1990). Riding can mean different things for different people. An intuitive veterinary practitioner can assist riders by providing positive interactive experiences with their horse, for wellness purposes, that are conducive to long term relationships. Developing rapport with horses and their owners will serve veterinarians well at a time of crisis intervention.

Recent shifts in veterinary medicine to a human-animal bond focus demands that veterinary interns have an awareness of the role that animals play in people’s lives (Catanzaro, 2001; Milani, 1997). Communication skills are essential to developing rapport and identifying the ‘keys to attachment’ (Lagoni, Butler & Hetts, 1994) between riders and their horses. The equine-human bond has been identified as significant to veterinary interventions that require euthanasia (Brackenridge & Shoemaker, 1996).

Grief and loss of companion animals can be exacerbated by a number of factors (Adams, Bonnet & Meeks, 2000). Recognizing the nature of the particular bond can provide the veterinary practitioner with some insight regarding interventions and support of both horse and rider.

Veterinarians need to recognize the value that social workers can add to their practice. Riders may encounter a number of concerns related to their trauma experience with which social workers can be helpful. Anxiety and fear were identified as prohibitive issues for most participants in this study. Working effectively with anxiety in adult riders can contribute to the speed of recovery and return the rider to the saddle sooner (Edgette, 1996; Yorke, 1999). Recognizing the particular bond themes identified in this study might assist both veterinarians and allied health professions such as social workers, in understanding rider motives for extending the life of a geriatric horse, the utility of the relationship. In extreme circumstances, this could have implications for animal welfare if the bonded relationship causes the rider to deny serious health problems or in old equine partners, interferes with the horse's quality of life.



## Appendix I

Jan Yorke, Researcher  
University of Guelph  
Wilfrid Laurier University  
Waterloo, Ontario  
N2L 3C5

Research Information Letter:  
Study of the Equine-Human Bond and it's Relationship  
To a Rider/Owner's Experience of Accidents or Trauma

Dear Sir/Madam:

Thank you for your interest in the research study on riders who have found that a relationship with a horse has been helpful in recovery from an accident or trauma. It is our hope that this study will offer some new insights into the possible therapeutic value of the equine-human bond.

We would like to take this opportunity to tell you more about the study and the questionnaires we are distributing at this time. As a result of completing and returning the enclosed informed consent statement and questionnaire, you may be chosen to participate in follow-up interviews. Unfortunately, because only 5 to 8 participants will be chosen for the study, it may not be possible to invite all individuals who express interest to participate in the interviews.

Enclosed please find an Informed Consent Statement. This statement provides basic information about the intent and the various steps in the study. Also, please find enclosed a brief questionnaire. You are under no obligation to fill out and return these forms. As explained at the end of the Informed Consent Statement, your options for participating in the study include: (a) completing and returning the questionnaire, but declining to be considered for further involvement in the study, or (b) completing and returning the questionnaire and agreeing to be considered for further involvement in the study.

We feel it is important at this point to share some pertinent information related to how the study is conducted and by whom. The research is a collaborative venture between Wilfrid Laurier University and the Ontario Veterinary College, University of Guelph. Jan Yorke, who is a graduate social work student at Wilfrid Laurier University, will conduct the research. The study researcher will do her utmost to answer any questions you might have about the research or the attached information (Jan Yorke, Phone: 705-737-4043; e-mail: janyorke@rogers.com). The Canadian Equestrian Federation, Ontario Equestrian Federation and the Ontario Horse Trials Association have also been informed about the research. If you have any questions regarding the study you are welcome to contact the research co-advisors, Dr. Nick Coady, Faculty of Social Work, Wilfrid Laurier University (519-884-0710, ext. 2666) or Dr. Cindy Adams, University of Guelph, (519-824-4120, ext. 4747).

This research has been reviewed and approved by Wilfrid Laurier University and the University of Guelph's respective Research Ethics Boards. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 2468.

Again, your participation is voluntary. If you are interested in taking part in any aspect of this study, please read and sign the attached Informed Consent Statement and return it with your questionnaire in the stamped, self-addressed envelope (enclosed). Thank you for your consideration.

Yours sincerely

Janet Yorke  
MSW Student/Researcher

## Appendix II

### WILFRID LAURIER UNIVERSITY AND UNIVERSITY OF GUELPH INFORMED CONSENT STATEMENT

#### *The Equine-Human Bond and Recovery from Trauma*

Janet Yorke, MSW student; Dr. Nick Coady and Dr. Cindy Adams, Co-Advisors

You are invited to participate in a research study. The purpose of this study is to evaluate the nature of the equine-human bond as a therapeutic relationship for riders who have experienced a trauma. The researcher is a part time graduate student in the Faculty of Social Work at WLU, working collaboratively with the Ontario Veterinary College, University of Guelph.

#### INFORMATION

The first part of this study involves mailing out questionnaires and informed consent statements to people who meet the basic criteria for inclusion in the study and who express a willingness to participate. The questionnaire (attached) is intended to gather basic demographic information, information about respondents' riding experience, information about the trauma that they experienced, and their initial thoughts about how the relationship with their horse has been helpful in their recovery from the trauma. All individuals who return questionnaires and informed consent statements that verify their willingness to be considered for the rest of the study will be contacted by telephone. Unfortunately, resource constraints will not permit the researcher to include all interested individuals in the second half of the study. Five to eight individuals who complete the questionnaires will be asked to participate in the audio and video taped interviews.

When contacted by telephone, individuals selected for the study will be asked if they have any questions or concerns about the information that was sent to them about the study and if they are willing to take part. For those interested in proceeding, the timing and place for the initial interview will be discussed

At the initial meeting, the informed consent statement will be reviewed. The first part of this interview will involve a discussion of the questionnaire that was completed and returned, as well as a brief (30 to 60 minute) interview to further explore participants' relationships with their horses. In the second part of the first interview the researcher will videotape each of the interviewees for approximately 30 to 60 minutes interacting with their horse on site (grooming and riding). Through the videotape of horse and rider interacting, the researcher hopes to capture elements of horse-rider relationship, communication, and behaviour. During this videotaping, the researcher may also engage the participant in conversation about elements of the human-equine relationship. This videotaped data will be used to facilitate the second interview.

A second audiotaped semi-structured interview (1-2 hours) will include an in-depth discussion of how the human-horse relationship has impacted on the participant's recovery from trauma, as well as a review of the videotape of horse-rider interaction. The purpose of the review of the videotape is to provide the researcher and participant an opportunity to identify behaviours and interactions that represent the human-equine bond.

In conducting both interviews, the researcher will make efforts to choose a location that is conducive to the safety and comfort of the participant. If individuals choose to meet in their home then every effort will be made to accommodate them (although the setting for the first interview

may be determined by the location of the horse). Privacy and anonymity are essential parts of the interview process. Where possible, the researcher will arrange a neutral location within proximity of the individual's home. Emphasis will be placed on the needs of the 'interviewee'.

Following initial analyses of the interviews, the interviewees will be asked to review and provide feedback on the researcher's interpretation of the data. A summary of the analysis will be mailed to interviewees and a follow-up phone call will solicit feedback.

### **RISKS**

Discussion of trauma can prove difficult for some participants. Every effort will be made to minimize discomfort or risk of upset as a consequence of the in-depth interview. The researcher will prepare each participant for the discussion by stating this and providing access to information regarding counselling should the participant request it (local crisis and distress phone numbers will be provided to participants).

### **BENEFITS**

The researcher hopes to gain an understanding of how the human equine bond has or continues to contribute to an individual's recovery from trauma or injury. It is hoped that riders and other trauma survivors, as well as healthcare and veterinary practitioners might benefit from understanding the role equine-human relationships can play in recovery from injury or trauma. Little research has been conducted in this area.

### **CONFIDENTIALITY**

Only the principle researcher will meet with and be able to identify participants. All audiotapes, videotapes, and transcripts will be labeled with codes so that participants cannot be identified. All identifying information, along with videotapes, audiotapes, and transcripts, will be stored in a locked, secure cabinet and will be destroyed after the research is completed. A summary of the research results will be provided to the participants upon completion of the study. The research results will be published as a graduate thesis and subsequent publications may ensue. No identifying information about participants will be disclosed in any publication. The researcher, Janet Yorke, the research advisors Dr. Nick Coady and Dr. Cindy Adams as well as the transcriber are the only individuals who will have access to the raw data.

### **CONTACT**

If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study) you may contact the researcher, Janet Yorke, at 705-737-4043, and/or her research co-advisors Dr. Nick Coady at Wilfrid Laurier University, 519-884-0710, ext.2666, or Dr. Cindy Adams, University of Guelph, 519-824-4120, ext. 4747. This project has been reviewed and approved by the Wilfrid Laurier University and University of Guelph's respective Research Ethics Boards. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 2468.

**PARTICIPATION**

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed your data will be returned to you or destroyed. You have the right to omit any question(s)/procedure(s) you choose.

**CONSENT**

I have read and understand the above information. I consent to the information in my questionnaire being included in the study.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Investigator's signature \_\_\_\_\_ Date \_\_\_\_\_

I consent to the researcher considering me for the interviews in the study and for her to contact me by phone.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Investigator's signature \_\_\_\_\_ Date \_\_\_\_\_

(To be completed at the first interview):

I consent to take part in the first interview that includes a brief semi-structured interview and videotaping of myself and my horse interacting together. I have received a copy of this form.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Investigator's signature \_\_\_\_\_ Date \_\_\_\_\_

(To be completed at the second interview):

I consent to take part in the second audiotaped interview that will focus on how my relationship with my horse has impacted on my recovery from trauma. I have received a copy of this form.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Investigator's signature \_\_\_\_\_ Date \_\_\_\_\_

I would like to receive a summary of the study's final results

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Appendix III

### Information to be included in an initial telephone screening

Introduce yourself and explain your affiliation with Laurier and Guelph. *My name is Janet Yorke and I am a graduate student in social work, at Wilfrid Laurier University, and a researcher for a collaborative venture between Laurier and the University of Guelph.*

State the purpose of your research. *The purpose of my research is to explore how the equine human relationship may facilitate recovery from trauma. The general criteria for being considered eligible for the study are that an individual has had a relationship with a horse prior to experiencing a trauma (either a trauma that happened with a horse, such as an accident in traffic with a horse in tow or a riding accident; or a personal trauma, such as a life-threatening illness or incident or a bereavement experience), and that they have found this relationship to be helpful in facilitating their recovery from the trauma. Only 5 to 8 participants will be chosen to participate in the study interviews.*

Explain how long the survey/interview will take. *The research involves completion of a mailed questionnaire and, for individuals who express interest and are chosen, two meetings with the researcher. The mailed questionnaire should take 15 – 30 minutes to complete. If you are interested in and chosen for the interviews, each interview should take 1-2 hours. The first meeting is to collect information about the rider and the trauma incident and to conduct a videotape of the horse and rider. The second meeting will involve an in-depth interview that will be audiotaped and will focus on how the horse-human relationship has facilitated recovery from a trauma.*

Describe the research's benefits and any risks to the participants. *The purpose of the research is to help riders, their families and healthcare/veterinary practitioners to understand how the relationship between horse and rider affects recovery from trauma. It is hoped that this information might benefit helping professionals, therapeutic riding programs and riders in understanding the role human- animal bond plays in recovery.*

Explain how their responses will be kept confidential. *All inquires, telephone contacts, questionnaires and interviews will be confidential. The information collected will be coded to maintain anonymity in transcription and summary. Only the researcher will know the identity of participants. Only my research advisors, Dr. Nick Coady (WLU) and Dr. Cindy Adams (University of Guelph), myself, and the transcriber will have access to the raw data.*

Describe who has access to the data, where they will be kept, and what will happen to the data when the project is complete. *The codes, audio and videotapes will be kept in a locked, secure cabinet. The audio and videotapes will be destroyed upon completion of the study.*

State that participation is voluntary, and that if people agree to participate they have the right to refuse to answer any questions and they can end the conversation at any time. *Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed, your data will be returned to you or destroyed.*

Mention that the survey has been approved by the University Research Ethics Board, and tell people they can contact the Chair of the REB if they have any questions about the ethics of the project. *If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study) you may contact the researcher, Janet Yorke, at 705-737-4043, and/or Dr. Nick Coady at Wilfrid Laurier University, 519- 884-0710, ext. 2666 or Dr. Cindy Adams, University of Guelph, 519-824-4120, ext. 4747. This project has been reviewed and approved by both the WLU and University of Guelph respective Research Ethics Boards. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 2468.*

If applicable, indicate how and when feedback will be provided. *Participants will be contacted by the researcher to check the accuracy of her understanding before results are finalized. A summary of the study results will be provided to those who wish to have it.*

Invite the individual to participate in the research project. *I would like to invite you to participate in the initial stage of this study, which involves the completion of a mailed questionnaire and an informed consent statement that explains and asks if you would like to be considered for the subsequent stages of this research (five to eight audiotaped and videotaped interviews). If you are agreeable, these forms would be mailed to you as soon as possible (if respondent agrees, his/her mailing address will be recorded and they will be thanked for their time).*

## Appendix IV

### Mailed Questionnaire

Please complete the following questions in the space provided. The questions are designed to gain a beginning understanding of who you are, how your equine relationship(s) has developed or changed over time, the type of trauma that you experienced, and the impact your relationship with a horse has had on your recovery from this trauma. The questionnaire offers some space at the end to provide any additional information you feel might contribute to understanding your relationship with the equine world. We welcome any feedback you have. Thank you for taking the time to respond.

1. What or who encouraged you to respond to this survey?

2. What kind of relationship do you have with a horse(s)?

Rider: \_\_\_\_\_  
Trainer: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Other: \_\_\_\_\_

3. How much time would you say you spend with your horse(s)?

daily contact: \_\_\_\_\_

weekly contact: \_\_\_\_\_

monthly contact: \_\_\_\_\_

For how long, on each occasion:

More than one hour? \_\_\_\_\_

Less than one hour? \_\_\_\_\_

How much time have you spent in the following activities:

Having a lesson \_\_\_\_\_ (how often, how long on each occasion, for how many months/years)

Trail riding \_\_\_\_\_ (how often, how long on each occasion, for how many months/years)

Schooling \_\_\_\_\_ (how often, how long on each occasion, for how many months/years)

Grooming \_\_\_\_\_ (how much, describe your grooming routine)

4. Do you ride for pleasure, do you compete, or both?

If you compete, how often do you compete in a year (on average, in 2001 for instance)? Do you travel out of the country to compete?

5. As explained in an earlier conversation with the researcher, the focus of this study is on how a relationship with a horse has facilitated individuals' recovery from a trauma (e.g., accident with a horse, experience of serious illness, crisis, or loss). Please describe briefly the trauma that you have identified as a focus for this study if you are chosen to participate.

Did this trauma require you to take a break from riding?

If so, how long did it take you to return to riding after this trauma?

Describe briefly how your relationship with a horse/riding had an impact on your recovery from this trauma.



## Demographic Information

Name: \_\_\_\_\_

Address: (street) \_\_\_\_\_  
(town) \_\_\_\_\_ (province) \_\_\_\_\_  
(postal code) \_\_\_\_\_

Age: \_\_\_\_\_

Male/Female: \_\_\_\_\_

Occupation: \_\_\_\_\_

Education: \_\_\_\_\_

Cultural/Ethnic Identity (if any): \_\_\_\_\_

Birthplace: \_\_\_\_\_

### Horses you regularly ride:

Name of horse: \_\_\_\_\_ mare/gelding/stallion \_\_\_\_\_

Owner: \_\_\_\_\_

Do you lease the horse? \_\_\_\_\_ for how long \_\_\_\_\_

Age of horse: \_\_\_\_\_ how long have you owned/ridden/trained the horse? \_\_\_\_\_

Breed of the horse: \_\_\_\_\_

Name of horse: \_\_\_\_\_ mare/gelding/stallion \_\_\_\_\_

Owner: \_\_\_\_\_

Do you lease the horse? \_\_\_\_\_ for how long \_\_\_\_\_

Age of horse: \_\_\_\_\_ how long have you owned/ridden/trained the horse? \_\_\_\_\_

Breed of the horse: \_\_\_\_\_

Name of horse: \_\_\_\_\_ mare/gelding/stallion \_\_\_\_\_

Owner: \_\_\_\_\_

Do you lease the horse? \_\_\_\_\_ for how long \_\_\_\_\_

Age of horse: \_\_\_\_\_ how long have you owned/ridden/trained the horse? \_\_\_\_\_

Breed of the horse: \_\_\_\_\_

### Where do you ride your horse(s)?

at home: \_\_\_\_\_ board the horse \_\_\_\_\_ at the barn I lease from \_\_\_\_\_

do you use an arena? \_\_\_\_\_ do you trail ride? \_\_\_\_\_

do you ride on your own or in a lesson? \_\_\_\_\_

do you have a coach? \_\_\_\_\_

coach's name: \_\_\_\_\_ phone number: \_\_\_\_\_

**Additional Information you would like to add:** Please feel free to add any information you feel is relevant to the project understanding your relationship with your horse and its impact on your recovery from a trauma.

## Appendix V

### First Interview Guide

#### Introduction

As explained previously, the focus of our meeting today is twofold. First, I will ask you some questions to gather some background information about your experience with horses. Then, I would like to videotape you and the horse that you ride interacting. In our second interview we will review this videotape and our discussion will focus more on the trauma that you experienced and how your relationship with the horse that you ride has been helpful with regard to recovery from the trauma.

Do you have any questions or concerns about today's interview?

(Participant will be asked to sign the informed consent statement re. proceeding with this interview.)

#### Background Information

1. From what age did you begin to ride/train/own horses? Please describe how your interest in riding began (e.g., mom took me for lessons, grew up on a farm, parents were riders).

2. Please describe the nature of your current activities with horses.

(prompt) How are you in regular contact with them?

(prompt) Do you ride for pleasure? Do you compete?

(prompt) What does 'contact' mean to you? (Spending time looking at them? Enjoying their company? Feeding? Grooming? Riding? Training? Farm management?)

3. What is the reason that you ride?

(prompt) How is riding meaningful in your life?

(prompt) How does your significant other(s), family or friends deal with the time you spend riding/with your horse?

4. How would you describe your connection with the horse that you ride?  
(‘Connected’ is a term used to describe a relationship where there appears to be some familiarity between the horse and the person that results in effective communication, clear understanding of mutual expectations from the signals given, responsiveness, attachment and/or body language).  
  
(prompt) Describe your relationship and interaction with your horse?  
  
(prompt) Is the horse helpful to you in coping with your day-to-day life? How?  
  
(prompt) Describe how you and your horse interact in a ‘connected’ way.  
  
(prompt) What are some of the things an observer might see that would indicate you are ‘connected’ to your horse?
5. What behaviours and characteristics does your/a horse have that you like?  
How do any of those particular behaviours and/or characteristics impact on you?
6. Do you ride other horses? If so, what happens when you ride a horse you are not connected with?  
  
(prompt) What are the things an observer might see that would indicate you are not ‘connected’ with a particular horse you interact with (ride, groom)?
7. Has riding ever been a challenging or difficult activity for you?  
  
(prompt) Have you ever experienced anxiety or fear when you ride?  
  
(prompt) Has the fear ever stopped you from riding on one or more occasions?  
  
(prompt) What kinds of circumstances would prevent you from riding at any given time?  
  
(prompt) Has your horse or your riding ever created difficulty for you in your day-to-day life? How?
8. Is there anything else you would like to add about your experience in riding or about your relationships with horses?

Now I would like to take some time to videotape you and the horse that you ride in interaction . . . .

## Appendix VI

### Second Interview Guide

#### Introduction

As mentioned previously, the focus of this second interview is twofold. First, I would like to hear your story of how your relationship with the horse you ride has been helpful to you in recovering from the trauma that you have identified. This will involve asking you to talk about the trauma itself, as well as about how your relationship with the horse has been helpful. Second, we will review parts of the videotape that was taken of you interacting with the horse that you ride and then discuss the relationship you have with the horse further.

Do you have any questions or concerns about today's interview?

(Participant will be asked to sign the informed consent statement re. proceeding with this interview.)

#### Trauma Experience

1. Can you tell me about the trauma that you experienced.

(prompt) How long ago did it happen?

(prompt) Where did it happen?

(prompt) When did it happen in relationship to your riding career?

(prompt) Can you elaborate on what happened?

(prompt) What was the original impact on you?

(prompt) How did you cope with this initially.... Over time?

(prompt) Did you see your horse while you were recovering?

(prompt) How did the accident or trauma experience impact on your riding and your relationship with your horse?

If there was an interruption in riding due to the trauma:

(prompt) How long was it before you were able to ride again?

(prompt) What prompted you to return to riding? How long did it take you to return?

## Recovery

1. How has your relationship with your horse/riding had an impact on your recovery?
  - (prompt) What aspects of your relationship with the horse were helpful?
  - (prompt) What attributes of the horse had a positive impact on your recovery?
  - (prompt) In what ways was this helpful (emotional, physical...)?
  - (prompt) How did your relationship with horse impact your recovery differently over time (what was most important initially, later)?
  - (prompt) How and when did you recognize the therapeutic impact of your relationship with the horse?
  - (prompt) Is your relationship with the horse any different now compared to before your trauma (if so, how)?
  
2. How would you compare the impact that your relationship with the horse had on your recovery with regard to other factors (e.g., physiotherapy, talk therapy, relationships with important others)?
  - (prompt) What was similar....different?
  
3. What would you say to those who might doubt the potentially therapeutic nature of human-horse relationships?

## Video Review

(selected parts of the video will be reviewed as or before these questions are asked).

1. What do you see when you watch yourself with your horse?
  - (prompt) How would you describe your interactions.
  - (prompt) How would you describe your feelings during the interaction... the horse's feelings?

(prompt) What behaviours of yours and the horse are indicative of the nature of your relationship?

(prompt) Please comment on any behaviours/actions/responses from you or your horse that are meaningful for you.

2. Does watching yourself with your horse give you any other thoughts about the therapeutic value your relationship with the horse has had on your recovery?

## Appendix VII

### Researching the Importance of the Human-Horse Relationship in Recovery from Trauma Experiences

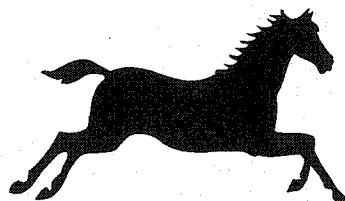
There is mounting research that suggests companion animals make a direct contribution to human health and well-being and that relationships with companion animals can be therapeutic. It can be argued that elements of a horse-human relationship may be unique, compared to human relationships with other companion animals (e.g., cats, dogs). We want to examine how the horse-human relationship may be therapeutic, particularly with regard to recovery from traumatic experiences.

A research study is underway that will attempt to look at the relationship between horses and humans in an effort to determine the role of this 'connection' in our recovery from trauma experiences. We would like to interview individuals who have been riders prior to the experience of a trauma (serious accident, illness, crisis) and who then found that their relationship with a horse facilitated their recovery from the trauma.

If you feel that your experience could contribute to the understanding of the role of the equine-human bond in human recovery from trauma, then we would like to hear from you.

Interested individuals who meet the criteria for the study will be asked to complete a mailed questionnaire. A small number of those who respond to the questionnaire will be asked to participate in two follow-up interviews, the first of which will include a videotape of them interacting with their horse. All participants will be given full information about the study and will receive a summary of the results.

If you are interested in participating in this study, for further information please contact Janet Yorke at 705-737-4043 or [janyorke@rogers.com](mailto:janyorke@rogers.com) . All inquiries and participation in the study will be confidential.





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**Figure 1:** Diagram – Therapeutic Value of the Equine-Human Bond.

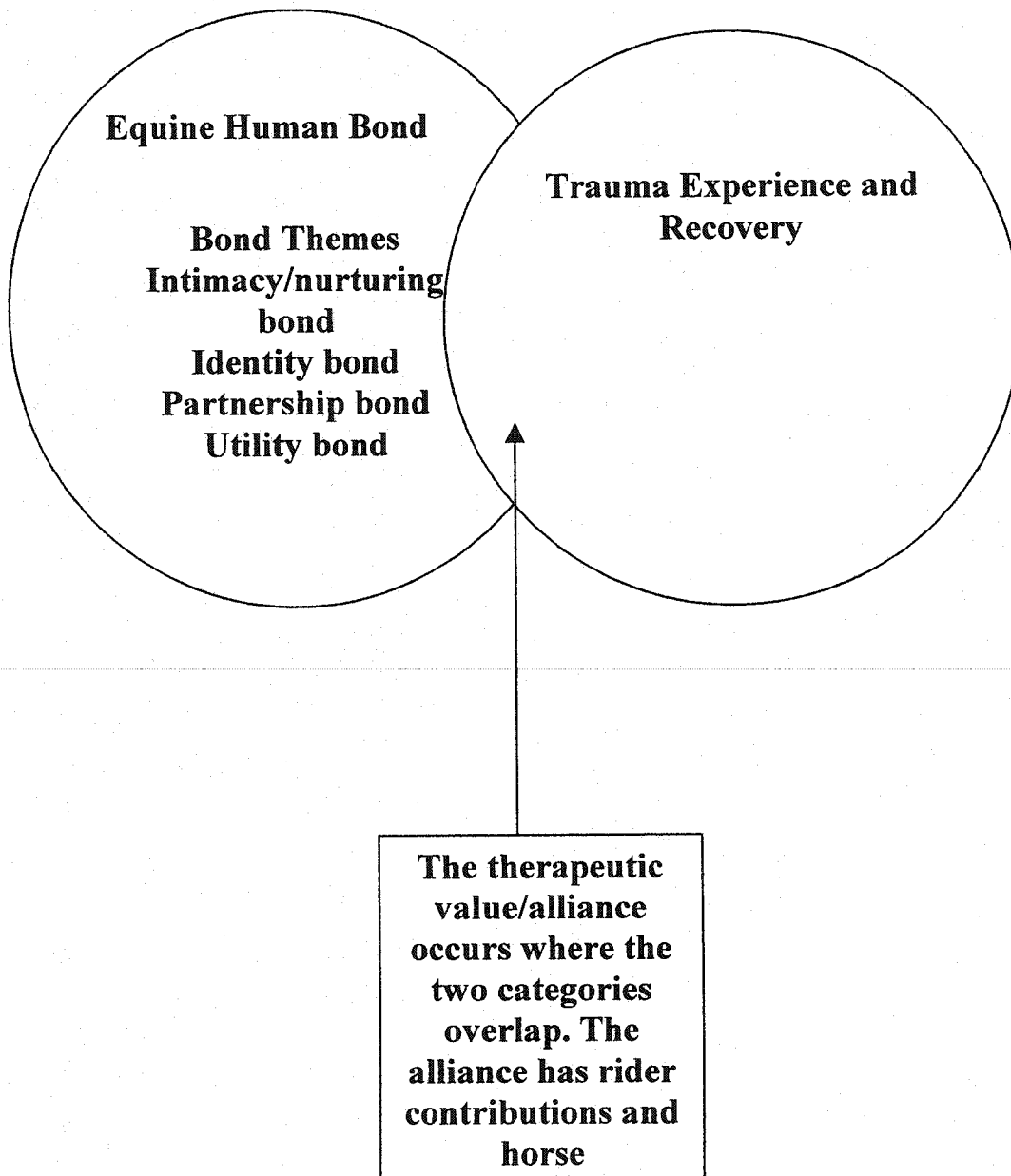
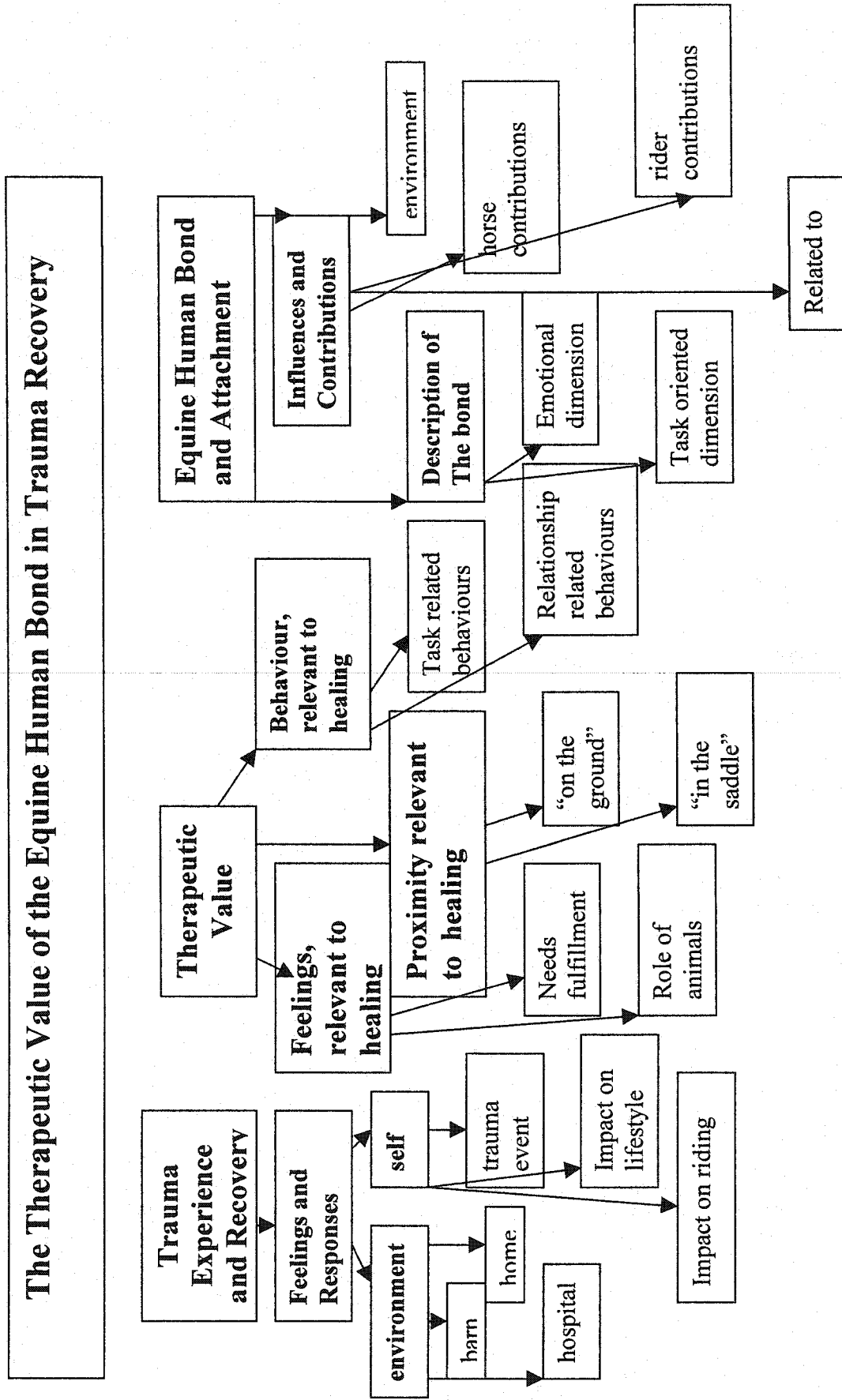
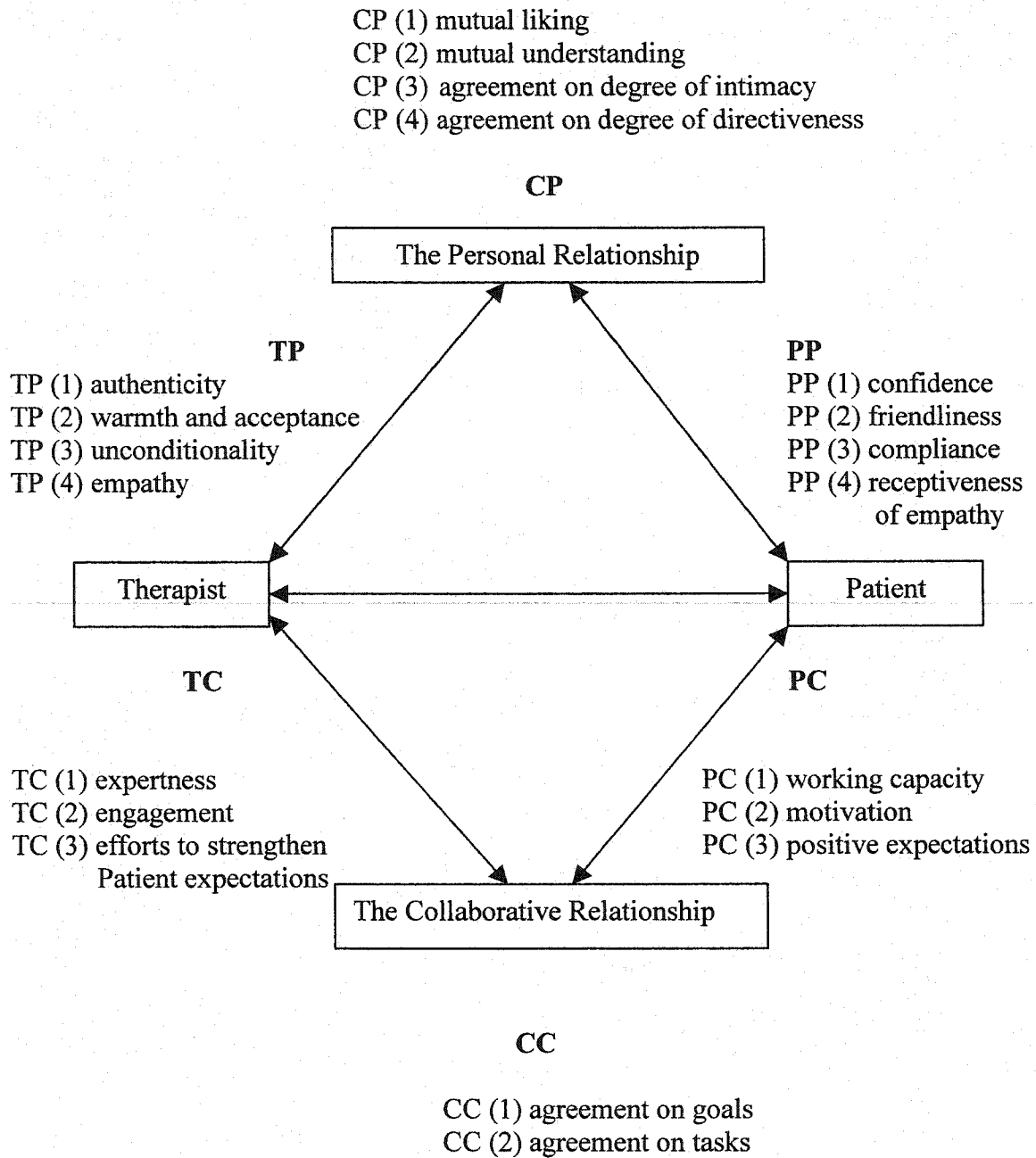


Figure 2: Display Tree, Overview..



**Figure 3:** Components of the Therapeutic Alliance (Hougaard 1994).



Components of the Therapeutic Alliance. CP: common contributions to the personal relationship. TP: Therapist contributions to the personal relationship. PP: Patient contributions to the personal relationship. TC: Therapist contributions to the collaborative relationship. PC: Patient contributions to the collaborative relationship. CC: Common contributions to the collaborative relationship.

**Figure 4:** Axial Relationship Between Bond Themes and Categories.

