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Applying a Traditional Individual Psychotherapy Model to Equine-facilitated Psychotherapy (EFP): Theory and Method

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ABSTRACT

This article describes a unique, innovative, and effective method of psychotherapy using horses to aid in the therapeutic process (Equine-facilitated Psychotherapy or EFP). The remarkable elements of the horse – power, grace, vulnerability, and a willingness to bear another – combine to form a fertile stage for psychotherapeutic exploration. Therapeutic programs using horses to work with various psychiatric presentations in children and adolescents have begun to receive attention over the past 10 years. However, few EFP programs utilize the expertise of masters and doctoral-level psychologists, clinical social workers, or psychiatrists. In contrast, the psychological practice described in this article, written and practiced by a doctoral-level clinician, applies the breadth and depth of psychological theory and practice developed over the last century to a distinctly compelling milieu. The method relies not only on the therapeutic relationship with the clinician, but is also fueled by the client's compelling attachment to the therapeutic horse. As both of these relationships progress, the child's inner world and interpersonal style come to the forefront and the EFP theater allows the clinician to explore the client's intrapersonal and interpersonal worlds on preverbal, nonverbal and verbal levels of experience.

KEYWORDS

adolescents, children, equine-facilitated psychotherapy

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THE HORSE IS an animal of great power and grace; yet it is also one of inherent vulnerability. This animal, with training, will allow a rider on his back. These remarkable elements – power, grace, vulnerability, and a willingness to bear another – combine to form a fertile stage for psychotherapeutic exploration.

Though hippotherapy (which caters to clients with various forms of physical and cognitive disabilities) is perhaps the better known way that horses are used in a therapeutic setting, Equine-facilitated Psychotherapy (EFP) – a methodology which *uses horses as a therapeutic agent* – has developed steadily over the past 10 years.

Theory and method

Many EFP programs rely on the belief that simply *being around the horse*, grooming and working with the horse, has an inherently healing power. Thus, many individuals working with the children and adolescents taking part in these programs are more knowledgeable about the horses than the theory and practice of psychotherapy. (Though indeed, the vast majority of EFP practitioners have taken a few basic courses in psychology or have attended seminars that teach one EFP technique.)

However knowledgeable these practitioners may be, many of these programs have a profound effect on their clients. The strength of the programs where the practitioner is less studied and perhaps even less directly interested in psychotherapeutic exploration is that they promote self-esteem and a sense of responsibility and self-confidence through experiences with horses. These programs help the child or adolescent learn about how to care for another living being, and often through that experience, they learn how to better care for themselves. In addition, many programs work with children and adolescents in a group format and so are able to further focus on the development of peer relationships within a positive group atmosphere.

One typical website, Stone Fox Farm, defines the EFP program focus as ‘Reality, Gestalt, cognitive-behavioral and problem-solving therapy models; the sessions center on the “here and now” as opposed to past experiences’ (from www.stonefoxfarm.net). Program models can be effective in these said areas, but are limited often by the level of training in psychotherapy of the instructors.

Few programs in EFP utilize the expertise of masters and doctoral-level psychologists, clinical social workers, or psychiatrists. When an advanced-level clinician works in the EFP setting, the therapeutic work can move from a narrow use of cognitive-behavioral techniques, here-and-now therapies, and limited stages of personality development to a more complete psychotherapeutic experience and involvement. The horse can help enhance a client’s self-esteem through a sense of mastery as in the more limited programs first described, but here that can also act as a catalyst for the development of trust between client and therapist, and these accomplishments can be the foundation for the psychotherapeutic work rather than the goal of the method. But as described, this all too rarely happens. That is, the depth of theory and research developed over the last century is not being applied in most EFP programs, though this method could actually create a rich environment in which to employ the rigor of current psychodynamic and cognitive theory and practice.

Still, there are several psychiatric programs around the United States that do, indeed, use horses as a therapeutic vehicle and a multitude of methods employed in the venue. The following section describes one of these methods in a detailed description of the therapeutic hour using the horse as cotherapist based on this writer’s unique EFP practice at the Bear Spot Foundation. The second section discusses various levels of psychodynamic phenomenon the therapist might tap into during this work including

preverbal, nonverbal, and verbal processes. The last section summarizes and concludes the article.

Traditional therapy in an untraditional setting

When a client is referred for EFP at the Bear Spot Foundation¹ there will be some basic discussion over the phone with his or her caretaker(s) about his or her appropriateness for the program. Then a preliminary meeting will be scheduled for the child or adolescent with his or her primary caregiver. The meeting will take place at an office inside the barn. A general overview of the client's presenting problem, mental status, family relationships and related history will be covered. The clinician will then offer a general description of EFP. Any further questions the client may have to better understand the method are answered. It is imperative that the client and his or her caregivers appreciate that it is not merely a riding lesson. Thus, the client, whether aged 5 or 18, knows that he or she is embarking on a therapeutic process that is set within the context of a barn and working with a horse. The client and caregiver are then asked to review the conversation at home and decide if this is the client's preferred method of therapy. It is important that the client, particularly children over the age of 8 or 9 feel that they have made a *choice* to come for EFP, as with any therapy. It is often difficult to get a young person to make a conscious, free decision to enter into traditional therapy. However, here the barn and horse serve as a strong motivating force.

Once the client has decided to begin the therapeutic work, the actual session can take very different forms. The guiding principle is that the client controls the form. For example, the client can choose to begin in the therapist's office discussing his or her concerns away from the horses. However, the client may choose not to begin in the office and prefer to begin with the company of his or her psychotherapeutic partner – the horse.

Hence, often the session will begin with a walk to the horse's paddock (grazing area) or stall. The conversation will frequently begin on the walk to the horse and back to the barn, and continue as the client and clinician groom the horse together, although it is by no means lacking in its usefulness if sometimes these walks are made in silence. Similar to traditional psychodynamic therapies, the therapist might ask a few questions to create a sense of safety, assess the mood of the client, or simply wait until the client begins the conversation.

Then, if the client has chosen to ride, the horse will be saddled and bridled. The client wears a hard hat, riding boots, and any other needed riding gear. The client will then mount the horse and begin walking around the arena. The psychotherapist walks alongside him or her close to the shoulder of the horse. If a client has never ridden before, he or she might not want to ride at first or may want to mount the horse and remain at a standstill until his or her anxiety has receded. The clinician follows the wishes of the client offering gentle guidance related to riding techniques.

At each stage of the process, the client may express thoughts and feelings that require therapeutic input or that should be noted and returned to at a later moment in the therapy when the therapist can find a bridge between this experience and the struggles the client is wrestling with in other areas of his or her life. During the beginning warm-up or walk around the arena, the client will often continue to share or begin sharing the feelings and experiences he or she is struggling with. The clinician walks next to the horse with her back to the rider through much of this part of the session which, like traditional psychoanalytic work, can free the client to talk without the facial responses of the clinician impinging on the feelings and thoughts of the client. However, each client has

different needs for face-to-face contact with the clinician. The psychotherapist must assess when eye-to-eye contact with the client is apposite.

After this discussion, depending on the client's level of riding, the therapist will then give a short riding lesson. What happens between the horse and rider in the lesson will often serve as a potent metaphor for the internal struggles of the client. These connecting or 'corridor' metaphors, which often serve as a passage from the riding to the rider's internal world and further to his or her family and school life, are best discussed during or at the end of the ride prior to the client dismounting the horse when the experience of the ride is most accessible. Following the lesson and the related psychotherapeutic discussion, the client dismounts the horse and together with the clinician brings the horse out of the riding arena, removes the tack, grooms the horse, and brings the horse back to the stall or paddock. This might be a time for further discussion or simply time to spend with and attending to the horse. Finally, the client says goodbye and it is noted when the next session will be.

Psychodynamic work within the session

Meeting with a client in a barn setting gives them a unique stage to enact their internal dynamics. The inner world is expressed through the client's interaction with the horse, both through the work with the horse on the ground and during the riding. That is, the psychodynamic struggles expressed through behavioral problems a child is having in school and home are often expressed in the way he or she interacts with the horse. During the EFP session the therapist can guide these enactments therapeutically. The psychotherapeutic intervention can take many forms and work on many levels. Six aspects of the EFP experience conducive to psychotherapeutic work that will be described include:

1. The existential or 'actual' experience;
2. The unique experience of being in relationship with the horse;
3. The experience of the therapeutic relationship with the clinician;
4. Nonverbal experiences in relation to communication with the horse;
5. Preverbal/primitive experience such as contact comfort, touch and rhythm;
6. The therapeutic use of metaphor.

The existential experience

EFP is an existential action-oriented, experientially based psychotherapeutic method. That is, it uses the client's 'actual' experiences with the horse as the foundation for therapeutic exploration. One of the therapeutic goals of this approach is to bring attention to the 'here and now', and to develop the client's ability to be aware of his or her self as he or she engages in daily life. The horse offers a singular relational experience for the client, not least because of its extraordinary sentient abilities. When a rider attempts to communicate physically with a horse (i.e. through the use of sensory-motor skills), he gets immediate feedback as the horse expresses pleasure, anger, fear, or forgiveness. In turn, the rider's emotions are usually equally immediate in response to the horse. The therapy can examine the quality and idiosyncrasies of this communication and can compare it with the client's relationships with humans. Thus, the therapeutic experience is based on engaging in a process of awareness through the client's relationship with the horse and the clinician in the moment.

The work of the therapy is not solely based on the development of insight, but also utilizes unconscious learning processes, that is, the client's internal dynamics are affected

on a subsymbolic level through the body experience inherent in learning to ride. Change then occurs on a nonverbal or subsymbolic level (experience not translated into language or imaging or referential or language systems) through the experience of the riding and/or the relationship with the horse as well as a traditional symbolic level (symbolization via imaging, referential, and language systems towards the development of insight).

Harper (1995), a wilderness therapist, best describes the therapeutic process in action-oriented psychotherapies. He refers to his method not as a therapy but as a *practice*. He writes that the concept of therapy suggests illness and the need for treatment but instead, he prefers the term *practice* because it implies an ongoing process of learning, of discovering and exploring the self in relation to others and one's own environment. Practice demands an engagement in an experiential process; it is through practicing on both a subsymbolic and symbolic level that we employ new ways of interacting with others and being in the world.

For example, one adult client told me that she thinks of suicide constantly and yet keeps her depression hidden from her family and colleagues. Her two adult children do not have any knowledge that she is suffering from such a severe level of depression. Though her conscious choice is to hide her emotional state, she often feels annoyed that no one knows how she is feeling. However, she has a history of sexual and emotional abuse and explained that she does not trust anyone enough to share the reality of her internal sufferings. As she rode we talked about her talent for hiding from others. She had a severely narcissistic mother and hiding was a very effective coping tool as a child. I asked how her highly developed ability to stay hidden was expressed in her riding. She said that, in contrast, she couldn't hide while she rode because in order to be an effective rider she felt she had to be fully present with Jake (one of the therapeutic horses at the Bear Spot Foundation).

We then discussed how likewise Jake's nature doesn't let him hide from her; that his responses are immediate and clear. At the end of the session Jake wrapped his head around her. She had to acknowledge the fact that there too, in his affection, he was not faking anything. Thus, her interaction with Jake allowed her to experience a relationship that was not based on falsity. Further, unlike her relationship with humans, specifically her mother, where most affection is given for the self-gain of the other, with Jake she was able to experience the simple affection of another being without having to protect herself from being taken advantage of in some way.

Another example of how the internal world of the client can be affected through the actual experience with the horse without the need for language or interpretation is the feeling of sharing the body, almost, of the horse. This can be an enhancing and empowering experience for many children who often come to psychotherapy feeling insecure and insignificant as they are all too familiar (either consciously or unconsciously) with their own vulnerabilities. Most of a child's experience is looking up to the taller adult and so always being peered down onto. When a child is on top of a horse, sometimes for the first time in a child's life, he or she is looking down onto an adult. Further, he or she can experience the power of the body of the horse as the horse moves under him or her and so is given an enhanced sense of his or her own body and, thus, his or her sense of 'self'. And yet, the horse is also a vulnerable creature and so serves as an apt companion for a child overwhelmed by his or her own sense of vulnerability and imperfections.

The horse's apparent vulnerability stems from being a prey animal susceptible to the aggression of other mammals. In addition, the confirmation of the horse (his very thin legs attached to a rather imposing body) causes it to be at risk for many types of injury. Consequently, the child or adolescent can identify with the weaknesses of the horse as

he or she confronts comparable aspects of his or her emotional and physical world. Thus, the interaction between client and horse can serve as a therapeutic change agent through the *actual* body experience in conjunction with the emotional and psychological connection between human and horse. The following section describes the power of the attachment some clients develop with the horse and the subsequent therapeutic benefits this attachment engenders.

The unique experience of being in relationship with the horse

Relationships between people and animals can be very profound. Levinson (1969), one of the first clinicians to use animals as therapeutic agents, has written extensively about the therapeutic power of pets in therapy. He delineates the diverse roles animals have played in human history, citing examples that include Dobus legends of dogs as protectors, sacred dogs in ancient China, Nero's wife's favorite mules which were shod with gold, and the animals of the Talmud whose behavior illustrated certain moral principles. Levinson explains that the use of pets in child therapy

is founded not only on the premise that it is easier for a child to project his unacceptable feelings on a pet, but also on the pet's faculty for supplying some of a child's need for cuddling, companionship and unconditional acceptance. Added to the therapy setting, the pet supplies the child with an opportunity to feel 'the master of the situation' while in treatment. (p. 67)

Research has shown many other benefits to the human-animal bond. Davis (1987) found that a child's *self-concept* was developed and aided by his/her dog in the same way that it might be affected by the projected opinions of a 'best friend'. Mallon (1994a, 1994b), and Walsh and Mertin (1994) also found that relationships with animals can foster self-esteem. Children can experience social support from animals (Poresky & Hendrix, 1990), the unique safety of confidentiality (Mallon, 1994a), and acceptance (Siegel, 1993). Further, taking care of animals can help a child develop empathy and a sense of responsibility, autonomy, and awareness of his or her potential importance to another being. Ross (1992) writes that 'caring for animals can be the first step in developing the human ethic: a concern for other people that comes from the opportunity to love and be loved' (p. 517).

Correspondingly, the intensity of the client's attachment to the horse in EFP contributes powerfully to the effectiveness of the methodology. This is not simply the horse as a kind of fun fair ride, though if that, like a toy in a play therapy session, is what first entices the young rider, well and good. But as is well documented, transference feelings often make a new client feel that the therapist knows something that he or she doesn't, something that is crucial to their self-development.

The horse is a figure of grace, vulnerability, power, and compassionate patience. The young client, we have noted, often feels that it is this figure that knows something he or she wants to learn. In this sense, the horse becomes a kind of cotherapist. Hence, the strong emotions the client experiences for the horse can be among the chief motivating forces behind the therapeutic change. The client often comes to EFP with a sense of enthusiasm for the time he or she will spend with the horse and so gives him or her a certain vigor to endure the often painful nature of the therapeutic process. The client sometimes notices this, and makes that pleasure and gratitude for it the ground for further transformation. Thus, often a client will express his or her love for the horse they are working with. One client, aged 10, who was often scapegoated by her peers and struggled to develop long-lasting friendships, said that the horse she was working with was her best friend. This friendship served as the foundation for the enduring friendships she would develop as the therapy progressed.

Another example of the profound effect the client's affinity for the horse can foster was a 15-year-old female client who came to her first session with barely enough energy to walk. She came into the tack room and laid down on the storage bins. Prior to her EFP experience this adolescent spent most of her day in bed unable to go to school or find reason or energy to get up. (Note: Exhaustive medical tests were all negative.) However, when I brought Jake down the aisle way for her to meet, she was able to rise from her sleepy state and walk over to him with markedly different energy and was effusive in her expression of affection for him. Sometimes she would greet Jake by wrapping her arms around his neck and holding him for a minute or two. She would say she loved him and talk about how odd it was for her to feel that for a horse instead of a boyfriend. This client's love for Jake seemed to awaken her from her long slumber and served as the catalyst for her ongoing struggle for psychic and emotional health. Though she was unable to sustain this energy level for long, at the beginning of our work together each week she showed more and more physical strength and endurance. Often this energy would not be sustained at home, but gradually the energy she accessed with Jake began to generalize to other environments.

The client's therapeutic relationship with the clinician

Like many traditional psychotherapeutic methods, EFP often focuses on the dynamics of the client–clinician relationship. Because it is experientially based, EFP fosters a dynamic interchange between the client and the therapist. That is, *here-and-now* experiences with the horse may be explored and analyzed in a traditional psychotherapeutic context, alongside transference and countertransference phenomena. There has been voluminous material written about the importance of the rapport between therapist and client and the complicated nature of transference and countertransference. The scope of this section will not cover these important facets of the therapeutic relationship. However, there are additional aspects of the relationship between clinician and client that are unique to EFP that are covered in this section.

First, one must note that the intensity of the here-and-now aspect of the therapeutic relationship can be both the strength and weakness of the method. That is, the majority of psychodynamic theory and research has historically focused on the dynamics of the traditional therapeutic relationship, played out, as a rule, in the therapist's office. In the context of EFP, the most obvious departure from traditional psychotherapy is the fact that the therapist–client relationship takes shape both within and outside of the confines and safety of the office setting. Hence, the challenge for this unique methodology is to preserve the strength of traditional individual treatment while safely expanding the notion of the therapeutic office or meeting space.

Taking the process out of the office can be both challenging for the client and therapist, as well as serving as a robust catalyst for therapeutic change. In this dual role in EFP, the clinician is both instructor and psychotherapist and so is invested with a twinned quota of power and authority. It is, thus, of utmost importance in this methodology that the practitioner possesses and is able to make sound therapeutic judgments based on a clear understanding of his or her countertransference dynamics. For example, if a client expresses his or her anger and frustration by kicking or hurting the horse, the clinician must protect the horse, but also make sure not to allow his or her own anger with the client to prevent the use of this enactment towards therapeutic progress.

The clinician who acts on his or her frustration in the moment when the client is angrily kicking the horse might waste the moment by asking the child to dismount, or in extreme cases, the clinician might end the session or even terminate the relationship. However, there are a myriad of ways a clinician might, instead, respond therapeutically

in this situation. One clinician might find this moment fertile ground to work on the destructive patterns led by impulsivity this client might engage in with parents and or peers. The clinician could use this moment to show the client how the horse is reacting to his or her impulsive behavior, how that behavior only serves to frustrate both rider and horse, explore how this might happen in the client's human relationships, and then explore alternative and more successful means of communication. (A case example illustrating this process will be discussed in the following section.)

Another psychotherapist might focus on the need for the client to develop the ability to empathize and feel compassion. This clinician might bring into the client's awareness the separate world of the horse and guide the child to imagine the horse's physical and emotional reactions to being kicked, hit, or whipped. Still another therapist might focus on the extreme level of frustration and anger this child enacted. This therapist might attempt to explore the sources of the child's anger through forays into his or her subjective experience of powerlessness, self-hatred, or interpersonal stressors such as family or friends. Of course, there are many other possible therapeutic paths one might pursue given this emotionally replete moment.

In EFP, clinicians must also be careful to balance their role as instructors with their role as psychotherapists. The clinician might focus too much on the client's development as a rider and lose sight of the psychodynamic elements at play during the instructional period of the session. Further, if the clinician becomes either frustrated or eager with the way the client is progressing in his or her riding, then that clinician will have abandoned the therapeutic purpose of the meeting altogether.

Nonverbal experiences in relation to communication with the horse

Using nonverbal cues, the client learns to control and focus the energy of the horse as well as develop his or her capacity to successfully interpret the horse's nonverbal language. One of the most powerful features of EFP lies in the extraordinary sentient ability of the horse, that is, the horse is a highly sensitive and reactive animal which allows it to give clear, immediate, and uncomplicated feedback to the rider. Most communication with horses is carried out nonverbally. Because the horse's response is immediate, the rider must learn to be aware of how his or her body accomplishes that communication, and how to listen for and interpret the nonverbal cues the horse gives in response. The quality of the communication depends largely on the rider's ability to control and feel his or her own body and to understand the horse's response. Thus, the process of learning to ride can further the client's knowledge about how he or she communicates nonverbally and he or she will get immediate and clear feedback about the effectiveness of that communication from the horse. Hence, in the moment, the rider learns how to communicate effectively or how the way he or she expresses his or her emotions can go wrong. These experiences can be taken out into the world and applied to human interaction as the client develops his/her nonverbal awareness of self and other.

For example, a 9-year-old boy diagnosed with ADHD presented with a very impulsive style. Before he was able to ride, he needed to learn how to control his body. He was asked to copy and practice the style of movement of a turtle, a lion, and a sloth so that he could better control his hyperactive tendency while he rode. He learned quickly how to slow his body down and move like a turtle or allow himself to speed up and move like a lion. When he began to ride he was better able to control his body, however, he still became angry when the horse didn't understand his cues (he felt as if the horse wasn't listening to him) and he kicked the horse with anger. The horse immediately stopped moving, swished his tail in anger in return, and became rigid in his body. I explained to the boy that the horse was trying to listen to him but was confused with his cues. When

the boy kicked him out of anger, I pointed out that the horse became protective of himself and very angry as well. I showed him that the way the horse expressed his anger was by refusing to listen to him and shutting down. In order for the client to get the horse to do what he wanted (i.e. to walk forward), he needed to control his anger and learn what the nonverbal cues were to ask the horse to walk. I explained that as long as he continued to express his frustration in this impulsive way, he was going to fail at his goal. Finally, the client settled his body and began to ask the horse to move forward quietly. The horse listened and the client felt immediate success as he controlled his anger and his body and focused on more productive ways of communication. (I think one should note there that the full learning experience, whereby a more successful kind of communication immediately allowed the boy to move forward, was made possible by another wonderful quality horses have, namely their generosity of character and an ability to forgive quickly.)

After this client experienced his success, I described the pattern of negative communication he experienced with the horse when he wasn't able to control his anger and his body. We looked at how similar patterns occur with friends, teachers, and family members and he began to understand how anger can escalate to greater anger and more out-of-control and ineffective behavior.

Preverbal/primitive experiences and preoedipal focus

In addition to nonverbal communication, EFP also offers the client a preverbal experience (i.e. touch, contact comfort, and rhythm) which is otherwise difficult to reenact in the traditional office. These preverbal experiences are the foundation of a sense of self, and often when an adult or child is suffering from trauma or an extremely stressful situation, he or she will look for tactile and rhythmical comfort so as to keep from feeling further disorganized. Ogden (1989) claims that touch and rhythmicity, in fact, serve as the foundation for the development of object relations. He writes, 'Sensory contiguity of skin surface and rhythmicity are basic to the most fundamental set of infantile object relations: the experience of the infant being held, nursed and spoken to by the mother' (p. 128). As adults, Ogden explains, individuals will attempt to recreate both rhythmicity and a bounded sense of self when confronted with anxiety. That is, a person will return to preverbal comforts like holding a blanket and rocking their body when the integrity of the self is in jeopardy.

Tactile experiences, such as patting or brushing the horse, are comforting to many EFP clients. Notably the client is in control of how he or she will approach and touch the horse. They might stroke the horse gently, hold the horse around its neck, or let their fingers simply rest on the horse's silky coat. In contrast, a dog might initiate contact and offer more affection than the client wants. Sometimes that can be therapeutic as well, but in relation to the horse, the client most often initiates the contact and controls the form of it. For example, some children find comfort as they pat the horse. Some throw their arms around the horse's neck; others simply take time to feel the warmth of the horse's body through its soft fur. Sometimes a client will gently touch the horse's velvety nose or use their fingertips to feel the downy fur in its ears.

In addition, the client can experience the rhythms or cadences of the horse's gaits as he or she learns to ride. Often I will have music playing to accentuate this primal experience. Lawrence (1987) described this often overlooked aspect of the human-animal interaction experienced between human and horse. She explained that 'horse/human interactions, because of the physical as well as psychological unity that can be evoked by the sharing of the rhythm and motion of riding, have the potential for what may exemplify the closest fine-tuned intercommunication between two species' (p. 148). The

client joins the horse in its movement and so through rhythm and contact experiences may recapture and repair a deteriorating sense of self.

The 15-year-old client mentioned earlier, who was becoming more and more disorganized before she came to therapy and who was barely able to get out of bed through the day, seemed to find comfort and almost a source of life as she wrapped her arms around the horse's neck. It was as though the contact with the horse helped to contain her emotional world and so serve as a container for her otherwise increasingly fading sense of self.

In another example, a 13-year-old girl with mood disorder found the rhythm of the horse helpful in regaining her sense of control when she felt 'out of rhythm'. This child suffered from angry outbursts and long hours of depression. Not coincidentally, when she rode she had trouble getting the horse to move in an even rhythm. As she rode, I worked on helping her develop a flowing consistent cadence in each of the horse's gaits. What was helpful therapeutically for this client was the comparison of the horse's need to move in a constant balanced rhythm with her own need to find a steady internal rhythm for herself and its expression externally. We talked about how to slow down when she was feeling manic and out of control (and similarly how the horse felt out of control and anxious when he was moving too fast), and how she needed to move forward when she was feeling depressed (as the horse needs to do to keep his balance). The body experience the horse allowed through riding in a balanced constant rhythm helped this client in those moments outside of the barn when she lost emotional balance and control. She was able to close her eyes and imagine, and so feel, the horse's rhythm as her own when she felt herself either out of control or falling toward depression. This did not cure her of these manic or depressive states, but lessened the severity of them, that is, she was able to calm her body and her thoughts which helped prevent most of her manic outbursts from getting out of control.

Therapeutic use of metaphor and work at the oedipal level

The first four levels of work focus mainly on preoedipal or self-organization issues. However, verbal intervention plays a primary role in EFP (depending on the verbal development of the client) as it does in traditional psychotherapy. The conversation between client and therapist often includes discussions about the various stressors in the individual's life such as family and school. However, the metaphors engendered through the unique interactions with the horse often serve as powerful therapeutic change agents, that is, the metaphor serves as a corridor which connects the child's therapeutic world in EFP to his or her inner and outer worlds (i.e. with family, peers, or at school). Metaphor can be engendered out of the enacted experience of the moment or the use of the horse as it exists in the imagination of the child and therapist through story telling and problem solving.

For example, one client was referred to me for severe depression and suicidality. She had had a recent hospital admission prior to beginning her work with me. During the course of our therapy she was having difficulty deciding if she should go to an overnight camp for 5 weeks. She told me that she had never been to camp before, but that she knew this camp well. She explained that she had been away from her parents for weeks at a time, but only to visit family in another state. Following this conversation she rode Jake around the arena at a trot. Many horses find comfort moving next to the arena wall and feel insecure as they are asked to move away from it. Hence, it is sometimes difficult to move a horse away from the wall into a circle or even 5 meters in from the wall. Likewise, the wall gives Jake a sense of structure and a sense of security. In this session, Jake was hugging the wall, thus making it difficult for the rider to turn him away from

it. I asked the client to stop and we talked about what might pull Jake to the wall. She noted that he must find comfort there. Using the metaphor, I asked her if there was some sort of arena wall to which she, like Jake, wanted to stay close. I asked her if there was something about going away from her family for a month for camp that might make her feel fearful. I wondered if she both wanted to go away and wanted to stay home. (This client, it should be noted, spends a great deal of time at home because she is home schooled.) She understood the comparison immediately. She said that actually she was not afraid to leave her family and then after some silence she said, 'I know what my arena wall is. It is that I'm just starting to feel centered again. I'm just starting to feel like myself again and I'm afraid to go away from it, afraid to lose that feeling'.

In another example, a 9-year-old child with Obsessive Compulsive Disorder (OCD) was working hard using Exposure-Response-Cost techniques. One day the horse she was riding seemed a little nervous when she first mounted him so I held his bridle as she walked around the arena. I explained that the horses worry about things too, but we can calm them down through relaxation techniques, just like we were trying to control her fears with relaxation exercises. In addition, I pointed out that the horses will often hear something like an acorn hitting the roof of the indoor riding arena and think it is a prey animal about to attack them. When the horse makes this association they will 'spook' or startle, and sometimes react with overwhelming fear. However, in reality, what the horse was reacting to was not a predator but an acorn hitting the roof. The client could see the horse's faulty association, and she understood the need for the horse to learn that the sound was only an acorn. We then compared this to the wrong associations she was making about germs and the danger she feared they caused her.

In addition, metaphor can also be created from the horse the child creates in his or her imagination. For example, a client shared a recurring wish to simply 'go home' (meaning back to God – not to have a body, a form and all the troubles of this life on earth). She was teary when she explained these feelings and expressed a wish to have all of her burdens lifted from her. After first expressing an understanding of how difficult it was for her to bear so much sadness and her resulting fatigue and wish to 'go home', I offered that horses literally bear our weight, and possibly hold the weight of our sadness for us for a short time. She liked that thought a great deal. She could imagine the horse holding her, bearing her, and so felt almost physically lighter and less emotionally burdened as she imagined the horse with her in this way.

In another example, an adolescent client, who had a history of cutting and one suicidal attempt in early adolescence, was struggling with her ambivalence related to her need for more independence from her overly doting parents. Her response to their protective behavior (including strict curfews, rules about not riding in a car with someone who was not over 21, no cell-phone use, and limitations about who she could go out with, if they in fact gave her permission to go out at all) was to act out oppositionally like a trapped animal, both verbally and physically. Sometimes she would yell at them with great disrespect. Other times she would throw things around her room, or write provocative words or poems on her walls suggesting she might hurt herself.

However, as her parents, through family therapy, slowly began to give their almost 18-year-old daughter some of the independence she needed to test her own judgments, she was unable to act on her new found freedom. She said she felt afraid to go out on her own because she was fearful of making mistakes and having her parents say, 'I told you so'. This in turn created even further stress between her and her parents. We discussed the bind she was putting herself in and explored her dilemma through the use of Jake, the therapeutic horse, as a metaphor. I asked her to envisage Jake in a similar bind and to tell me what she imagined. After some careful thought she said it was like Jake trying

to leave the confinement and comfort of the barn, and when he reached the barn door he found there was a dangerous highway he had to cross to get to the sweet grass beyond. I asked her if there was a way to put a traffic light on the road to stop the traffic so that Jake could cross, that is, I wondered how she might slow the traffic down for him, and for herself, to make the crossing less treacherous.

At first she was unable to imagine a way to slow down the racing cars within her real-life predicament. However, she thought about it and came up with a plan that would help her to feel safer as she ventured into the world on her own. Her solution was to begin her foray into the world by first asking an older, caring, and trustworthy friend whose judgment she could trust to accompany her. In a way she would let that person act as a surrogate caretaker as she slowly began to trust her own decisions. Thus, this client, through the use of the imagined horse within, was able to clarify her dilemma and through that metaphor begin to solve it on her own. In addition, we also discussed the likelihood that she would naturally make some mistakes, and together planned to bring this up with her parents in family therapy.

EFP offers a rich setting for metaphor to be cultivated in a way that can bridge the internal and external worlds of the client. The internal world of the child is enacted through the riding, and so the riding provides a rich metaphoric frame which can serve as a means for insight about both the internal and external world of the client and how those two worlds are interwoven. Thus, the client's experiences with the horse – guided by the therapist and sculpted by the client through metaphor – serve to transform his or her inscape and relationships with family and friends.

Conclusion

This use of EFP is designed to combine traditional individual psychotherapy with the experiential milieu of horseback riding. The unique method described in this article relies not only on the therapeutic relationship with the clinician, but is also fueled by the client's compelling attachment to the therapeutic horse. From the beginning of the work, the child is given control over most of how the therapy will proceed and the speed at which his or her relationships with both horse and clinician develop. As both of these relationships progress, the child's inner world and interpersonal style come to the forefront and accordingly the EFP milieu serves as an existential theater for the child's psychodynamic world to be enacted. As presented, the EFP theater allows the clinician to explore the client's intrapersonal and interpersonal worlds on preverbal, nonverbal and verbal levels of experience.

However, the relationship between therapist and client is challenged in this setting to preserve the strength of traditional therapeutic relationship which is one that is usually marked by the safe container of therapist's office. That is, EFP is more likely to present circumstances in which there is an incursion of some incontrovertible aspect of the therapist's private life. The challenge in this venue is, of course, to use these incursions therapeutically to enhance the therapy. For example, Basen (1988) researched psychoanalysts who continued their practice throughout their pregnancies (thus opening up the container of the therapeutic office by bringing their personal reality to bear on the therapy) and concluded that 'when the impact was facilitating, the analyst's pregnancy was described as acting like a catalyst, eliciting deeper and more intense material' (p. 283). It has been my experience here too, that the incursions that have occurred in the barn setting have often been the beginning of a deeper exploration.

Though the incursions can be used in the therapy, the distinctive strength of this method relates rather to the client's relationship with the horse. The joy the child or

adolescent experiences in being with the horse can help him or her attend and participate fully in the therapy even when facing the most painful of therapeutic issues. Further, the horse is a potent object for the child to join with. The child can borrow the power and grace of the horse while he or she is riding and so experience his or her body and, thus, 'self' differently. At the same time, the child can join his or her experience of powerlessness and vulnerability with the vulnerable nature of the horse. Thus, because of the unique and disparate characteristics of the horse the child can find a friend in both his or her need for an enhanced sense of self and a companion in the lonely and painful experience of limitation and helplessness.

In sum, this method allows the clinician to guide the development of insight as well as affect the client's inner world through preverbal and nonverbal intervention. Thus, the agents of change are multifold as the client's intellectual facilities are combined with knowledge gained through subsymbolic, sensory or bodily experience toward the integration of several levels of transformation. Additionally, the method is metatheoretical in that it does not rely on a specific psychotherapeutic belief system. Instead, it defines a structure within which, and creates a stage on which, clinicians may apply their chosen theories.

Note

1. The EFP method described in this article is unique in all parts of the world and, thus, insurance does not yet cover this treatment in the United States. The Bear Spot Foundation is a nonprofit foundation created to allow this work to continue since the payment for the care of horses exceeds the amount of money one can earn practicing this form of psychotherapy. Further, it is the author's hope that the method is generalizable to almost anywhere in the world given enough monetary support and access to the right resources.

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