

Horsing Around: Gestalt Equine Psychotherapy as Humanistic Play Therapy

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Abstract

This article explores how the key concepts within Gestalt Equine Psychotherapy (GEP) and Humanistic Play Therapy (HPT) can be compatible modalities for working with children. The connections between GEP and HPT can be seen in their philosophical framework of viewing the self as an embodied, relational process, and the belief in the importance of play and experimentation within the therapeutic encounter. Both approaches emphasize the importance of the therapeutic relationship and trust that the child is able to self-direct his or her own growth and learning. Both GEP and HPT can draw from neuroscience research to provide evidence of the importance of authenticity, congruence, and coherence within both the therapist and the child in building the therapeutic relationship. Through the use of a case example, this article will demonstrate how HPT and GEP can become an integrated approach in supporting the developmental process of the client.

Keywords

Gestalt, equine assisted therapy, play therapy, humanistic, GEP

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The Development of Equine Therapy

Equine therapy is an umbrella term that has been used to cover a host of different types of programs that involve the participation of horses for human benefit (Trotter, 2012). There are four categories within this: Mental Health, Education, Organizational, and Therapeutic Riding. Within these categories lies a milieu of approaches, theories, and practices; some of these are quite distinct from each other, but many of them have shared histories, aims, and blurred boundaries (Hallberg, 2008). Furthermore, there is confusion within the literature in terms of definitions and a general misunderstanding of what equine therapy or equine assisted therapy is (Mandrell, 2006).

Therapeutic Horsemanship Versus Equine Therapy

Therapeutic horsemanship encompasses the disciplines of hippotherapy and therapeutic riding for those with cognitive, emotional, or physical disabilities (Professional Association of Therapeutic Horsemanship International, 2013). Hippotherapy is the inclusion of the use of horses by physical or occupational therapists and utilizes the movement of the horse for the benefit of the patient (Trotter, 2012). Therapeutic riding involves teaching individuals with cognitive, emotional, or physical disabilities the skills of horseback riding and is regulated in the United States through the Professional Association of Therapeutic Horsemanship International. There is a growing body of research to support the claims that therapeutic riding is beneficial for the special needs population, and particularly for clients diagnosed with autism and attention deficit disorder/attention deficit hyperactivity disorder (Cuypers, De Ridder, & Strandheim, 2011; Gabriels et al., 2012; Ward, Whalon, Rusnak, Wendell, & Paschall, 2013).

The inclusion of horses as part of the therapeutic encounter is a relatively new development in the field of counseling and psychotherapy. There are differing approaches, belief systems, methods, and acronyms that describe and define what, how, and why this is a valuable process for different populations (Hallberg, 2008). Equine facilitated psychotherapy (EFP), equine assisted psychotherapy (EAP), equine assisted learning (EAL), and equine assisted education (EAE) have all been used, sometimes interchangeably, to refer to this process. There are, of course, distinctions between all of these approaches but ultimately they are all based on the fundamental belief that healing, learning, and personal growth and development can be brought about through interacting with horses (Trotter, 2012). While EFP and EAP are used within the mental health setting, EAL and EAE are used within organizational and educational arenas.

EAP is based on the training model from the Equine Assisted Growth and Learning Association and involves a licensed mental health professional working alongside a certified equine specialist conducting group sessions (Hallberg, 2008). All activities are conducted on the ground with no riding or mounted work with the horses. The format for this model views the horses as a tool in the therapy process and activities are presented and set up for the clients to engage in an experiential learning encounter. The experience is then discussed among the participants and new awareness is elicited from the process. In contrast, EFP views the horse as a cofacilitator in the therapeutic encounter and emphasizes the innate wisdom of the horse and the power of an authentic other bearing witness (Rector, 2005). Sessions may include both a licensed mental health professional and an equine specialist, but the therapist can also be dually credentialed as the equine professional. The role of the therapist is to interpret what they are witnessing during this process to support the client in reaching a new awareness.

Research into EFP and EAP is beginning to gain momentum, although empirical evidence is still scarce. Shambo, Seely, and Vonderfecht (2010) conducted research on EFP with participants with either posttraumatic stress disorder or borderline personality disorder that indicated a favorable response to treatment. However, despite being a quantitative study, their sample size consisted of only six women. The sample of mixed diagnoses was also not taken into account. Other research in the field consists of small-scale case studies, for example, working with trauma (Coleman, 2012) and anxiety and depression (Schneider, 2012).

Gestalt Equine Psychotherapy

Gestalt equine psychotherapy (GEP) is a creative synthesis of Gestalt therapy and EFP, and is conducted with individual clients, couples, families, or groups with the therapist being dually credentialed as mental health and equine professional¹ (Smith, 2010). Sessions may be conducted with one or more horses and may include work on the ground with horses as well as mounted work.

GEP focuses on a phenomenological, noninterpretative, experiential process as it unfolds in the here and now, and believes that the primary source of healing occurs in the relationships between the client, horse, and therapist (Kirby, 2010). At its core, is the concept of I-Thou relating (Buber, 1958), which emphasizes interconnectedness and dialogue, and is characterized by authentic meeting and the cocreation of a supportive and healing relationship, without losing a sense of self (Hycner, 1990). Additionally, this subjective person-to-person approach refers to a meeting of mutual respect where there is acceptance of the other as they are without wanting them to be different,

and it is through differentiation with acceptance where healing and change can occur (Philipsson, 2001).

Through the use of a case example, this article examines the key concepts within GEP and humanistic play therapy (HPT) and argues that they are compatible modalities for working with children.

What Is Humanistic Play Therapy?

HPT originated from the work of Virginia Axline in the 1940s and is a client-centered approach to therapy adapted for children and adolescents (Bratton & Ray, 2002). HPT focuses on building a secure relationship between the therapist and client in order to empower them to express himself or herself authentically in each moment, thus honoring their phenomenal world. Viewing the supportive relationship as the key for growth and healing, the client “utilizes play to make contact with the therapist in a way that is safe for the child” (Bratton & Ray, 2002, p. 370). Underpinning HPT are key concepts of (a) the importance of the therapist-client relationship; (b) the belief in a client’s innate potential for self-directed growth, regardless of age; and (c) that the concept of Self is a continuous process (Bratton & Ray, 2002; Waas & Kleckler, 2012). Utilizing art, sand tray, drama, storytelling, games, and other experiential activities, the client is encouraged to express and make meaning of their internal emotions (Landreth, 1991; Oaklander, 1988). This translates into a nondirective, relational, phenomenological exploration of the client’s embodied way of being in the world.

The capacity to play at any stage of life maximizes our ability to learn new things. Play helps us work through problem areas in our lives that we may otherwise avoid because they are too painful. It enlivens our journey and teaches us to transform states of personal disorder into creative order. Play infuses self-discovery with lightness, and it lends an element of excitement and adventure—even pleasure—to what can be a painful, serious path. (McCormick & McCormick, 1997, p. 147)

HPT believes that “learning and playing are inextricably linked from the earliest stages of life” (Youell, 2008, p. 122) through mother and baby bonding in the form of smiles, tickles, and baby talk. Neuroscience research now supports the theory that this type of interaction between mother and child helps develop the social brain connections in the infant (Gerhardt, 2004). Youell (2008) notes that playfulness occurs within relationships, and while it is possible to be playful alone, we have to have experienced it first with another being. The capacity to play is such an important developmental stage

that observations of inhibitions in play can be used as a diagnostic tool when assessing children's emotional, psychological, and cognitive development (Oaklander, 1988). Youell (2008) posits that children who have not been introduced to playful interactions and shared humor will struggle making connections with people in later life and are more likely to approach new situations with higher levels of anxiety.

Brown (2008) distinguishes between different types of play: body, object, rough and tumble, spectator, ritual, and imaginative play; all providing specific stimulus to the brain to enhance neural development in children. In HPT, the therapist is able to utilize all of these different types of play within the therapy process in order to support the developmental process. Imagination and fantasy naturally form the basis of many types of play in children, from dueling pirates to finger painting or princess tea party to super hero rescues, the more embodied the process, the more enlivened the play (Tervo, 2011).

Connections Between GEP and HPT

Self as Relational Embodied Process

Gestalt therapy is influenced by existential and humanistic psychology and views the self as a continuous process-driven concept that incorporates the sociocultural context from which it emerges (Philippson, 2001). This holistic understanding of self has at its foundations a phenomenological, intersubjective, relational perspective. The emphasis in the therapeutic encounter differs from some talking therapies in the inclusion of body process and awareness as an expression of the self in process (Totton, 2003).

This view of the self as a continuous process also incorporates the humanistic, existential approach to self in the idea of integration and experiencing of oneself (Hoffman, Stewart, Warren, & Meek, 2009). This intersubjective and phenomenological concept of self means that "the self encompasses both variable process and enduring features. It varies, making itself afresh in response to new encounters . . . and yet also manifests background qualities of stability, cohesion, and continuity" (Mackewn, 2002, p. 79). This integration provides an illusion of predictability within the ongoing process and experiencing of ourselves. Philippson (2009) suggests that it is through the maintenance and expression of a predictable sense of our self that alleviates the existential anxiety of that continuous process. Gendlin (in Hoffman et al., 2009) refers to "one's *felt sense* of oneself . . . [as a] preverbal and presymbolic experience recognized within one's body" (p. 153, original italics). This felt sense refers to the embodiment of our lived experience and the process by which we do that and points to a more intuitive, implicit knowledge of ourselves.

Within this framework, HPT and GEP can be visualized as different branches of the same tree, sharing the same philosophical roots. They both stem from a phenomenological, noninterpretative, experiential process that unfolds in the here-and-now. Combined with the development of a more grounded sense of self in relation through an embodied therapeutic relationship, a child's capacity for self-actualization can emerge (Bratton & Ray, 2002). The healing relationship focus shifts for GEP to that between the client, horse, and therapist (Lac & Walton, 2012). HPT and GEP also share the concept of I–Thou relating (Buber, 1958), which emphasizes interconnectedness and dialogue and is characterized by authentic meeting and the cocreation of a supportive and healing relationship (Robinson, 2011).

Experiments in GEP as Play in HPT

Creativity and psychotherapy are interconnected at a fundamental level: transformation, metamorphosis, change. . . . Creative therapy is an encounter, a growth process, a problem-solving event, a special form of learning, and an exploration of the full range of our aspirations for metamorphosis and ascendance. (Zinker, 1978, p. 5)

Within GEP, experiments are presented as ways for clients to try something new. Experiments can be seen as the embodied creative play process in HPT. Every interaction, every moment of connection, is part of the play process that supports the child's psychological development (Oaklander, 1988). In both GEP and HPT, this calls for the therapist to work phenomenologically in the here-and-now and respond authentically and creatively to what emerges in the between (Yalom, 2001). The play needs to be crafted around the emerging figure in the present moment and reflect the child's autonomy. Allowing the child to play at their own pace is vital; close attention needs to be paid to the child's responses in their breath, their energy, and their movement in order to allow for integration of new experiences arising from the play process (Zinker, 1978).

The essence of any experiment in GEP is to provide clients with a new awareness of how they interact in relationships with those around them. Similarly in HPT, playing provides the child with a way of working through their emotions and acts as the medium through which they interact with the therapist, who is then able to gain an understanding of the child's experience (Robinson, 2011). The therapeutic space allows the child to test out new ways of being in relationship, to try things out, and feel new feelings. Experiments offer clients choices and allow clients to actively and clearly take responsibility and ownership for the choices they make, which can then be translated into their real world life outside of the therapy space (Parlett, 2003). Similarly in HPT, when a child chooses to play with something or in a certain way, it allows the child to feel the

impact of making a choice that is respected by the other person (Robinson, 2011). It is through playing that the child can explore and understand their internal world in a more meaningful way (Bratton & Ray, 2002). In GEP the horse offers the child a living, breathing “other” as a medium for expressing themselves as they project their thoughts and feelings onto them. West (1996) suggests that children who may not have the confidence to articulate themselves in the first person will find it less overwhelming to speak through a puppet or a toy. With GEP the horse becomes that puppet or toy, with the added advantage of them being a responsive, sentient being that can provide immediate relational feedback to the child which can validate the child’s experience.

Authenticity, Congruence, and Psychophysiological Coherence in Play

The attitude of experimenting calls for being open to the unknown and finding what is offered in the present moment and in the field as it exists at the time of the experiment. Improvising, as in jazz or improv theatre, is pure experimenting. In other fields of activity it is to “fly by the seat of one’s pants”, or to “make it up as you go along”. No experiment can ever be planned fully in advance, and readiness to improvise, with the artist working live and the situation “taking over” brings living in the NOW to a high point. (Parlett, 2003, p. 60)

Yalom (2001) advocates that the therapist be transparent in their uncertainty or in their dilemmas in terms of competing considerations or choice points within the session. This allows for the client to relate to the therapist as an authentic presence and opens the door for them to take more responsibility and to choose the direction that they want to proceed with. This view is advocated by Synergetic Play Therapy, an approach which is informed by neuroscience research on nervous system regulation as well as having an existential, humanistic, and Gestalt philosophical base (Dion & Gray, 2014). This model asserts that the therapist’s authentic expression allows the child to explore and expand their emotional tolerance. Furthermore, the “therapist’s ability to regulate and model regulation of his or her own nervous system and emotional states is the foundation for the clients to learn how to manage their own” (Dion & Gray, 2014, p. 59). This is supported by Cozolino (2006) who explains that emotional resonance has been found in neuroscientific research to be associated with the child’s ability to better regulate his or her own emotions and increase their capacity to discuss and describe their internal experiences to others.

The HeartMath Institute conducts various studies related to heart rate variability (HRV). These are heart rhythm patterns that correlate to emotional states and can be measured as electromagnetic pulses. McCraty, Bradley, and Tomasino (2005) state that the “heart generates the body’s most powerful and

extensive electromagnetic field” (p. 16), almost 60 times greater than that produced by the brain. Initial studies showed that

negative emotions, such as anger or frustration are associated with an erratic, disordered, *incoherent* pattern in the heart’s rhythms. In contrast, positive emotions, such as love or appreciation, are associated with a smooth, ordered, *coherent* pattern. . . . More specifically, we have demonstrated that sustained positive emotions appear to give rise to a distinct mode of functioning, which we call *psychophysiological coherence*. (McCraty et al., 2005, p. 16)

Additionally, the research also found evidence that the heart’s electromagnetic field is capable of transmitting information between people, allowing people to synchronize heart rhythms from up to 5 feet apart. This further supports the importance of therapist authenticity and congruence and Dion and Gray’s (2014) assertion of the “coregulation of challenging internal states” (p. 56).

Horses live in a state of congruence and authentic expression at all times, thereby providing clients with immediate authentic feedback in any interaction (Lac & Walton, 2012). Following on from the HRV research in humans, the HeartMath Institute also conducted research on horse–human relationships (Gerkhe, 2010) and found that horses’ ability to remain coherent to their own emotional states allows them to increase the capacity for human beings to regulate their emotions and achieve psychophysiological coherence in themselves. Gerkhe (2010) states,

In cases where the horse is relaxed and the human is exhibiting stress, it is possible that the horse’s calming feeling may be transferred to help the person relax, [and that] the calmness or autonomic state of the horses has a greater influence on the human rather than the other way around. (p. 23)

Within the context of GEP as HPT, as the child plays with the horse, their HRV becomes more coherent thus allowing them to experience an embodied shift in their sense of self in relation to the horse.

The Stretching Song

Hands up high, to the sky
Way down low, touch my toes
Stretch out wide, side to side,
Arms in a muddle,
Give myself a cuddle!
(Lac, n.d.)

Mary was a 5-year-old client who was referred to me through an outpatient eating disorders clinic. She had started to refuse to eat anything other than mashed potato. Food that was previously appealing to her had become repugnant. Her mother reported that this had also coincided with Mary suffering from severe separation anxiety and she would panic if she were not within sight of her. In our first session, Mary was solemn and quiet in her demeanor. Her breathing seemed shallow and her energy felt fretful as she spent most of the session wringing her hands together. Mary told me that everything else she “ate-ed” made her tummy feel sick and she did not want to be sick because that would mean she could not “look after Mommy.” Dietary allergens had been ruled out by various specialists so they had been referred to therapy. Office-based therapies had not worked; however, since Mary was such an animal lover, her parents felt that she might respond to equine assisted therapy.

Through the assessment process, it became apparent that Mary was reacting to an earlier trauma of witnessing her mother’s sudden hospitalization from acute appendicitis. She had taken responsibility for her mother’s health and felt that she needed to be by her side at all times to protect her. Due to her panic attacks and separation anxiety, her nervous system was being overwhelmed by the production of cortisol, a stress hormone that affects her digestive system (Gerhardt, 2004; Gershon, 1999), causing her psychosomatic food reactions.

From an HPT perspective, it was important to honor her experiences and support her to find a way to self-regulate. Traditional talk therapists and her parents had tried to rationalize away her fears and reassure her that mommy was healthy and that there was no need to panic. Mary’s existential experience told her otherwise. From a GEP perspective, it was important to allow her to experience her bodily sensations without them overwhelming her.

From her first session Mary had picked Spirit, a small grey pony mare, to work with. She very quickly became attached to Spirit, grooming her, feeding her, and taking care of her. GEP provides an additional benefit of being held outdoors where the whole environment can become part of the play therapy process. With a creative attitude and the imagination of childhood, anything could become a toy, game, or part of the story (see Figure 1). Mary initiated games of follow the leader or finger painting on the horse (see Figure 2) and sometimes would ask to sit under a tree to share an apple and tell Spirit stories; all stories centered on the theme of being lost and found. In return, Spirit was very gentle with Mary, and walked with her around the paddock side-by-side or stood quietly under the tree. As with HPT, with each game or story told, the therapist’s role is to acknowledge the child’s experience and the emotions that surface, while allowing them to make meaning from that



Figure 1. Playing after finger painting.

experience for themselves. As Mary's sense of self developed in relation to Spirit and me, she became more trusting of her own ability to self-regulate and began to initiate more daring play, including asking to ride.

"Miss Veronica, please can we sing that stretching song?" said Mary as she clambered up onto the mounting block in the riding arena. To bring Mary's attention back into her body, I had introduced the stretching song as a prelude to any mounted activity with the horses. The rhyme incorporates a full range of body movements and deep breaths that act as a fun warm up, engaging Mary to become aware of her physical sense of self, as well as acting as a metaphor for growth potential (i.e., how learning anything new is about stretching themselves).

One of Mary's favorite games was to sit bareback on Spirit and finger paint her by stretching forward, backwards, and down to every part of the horse that she could reach (see Figure 3). This game developed into incorporating the challenge of turning around to sit on Spirit backwards and



Figure 2. Playing dress up with Spirit.

stretching toward her tail. Mary experimented with lying down on her back to “sunbathe” on the pony, as well as lying “tummy down” to hug her friend. This was an adaptation of the stretching song into a game that incorporated her full body awareness as she began to self-regulate her feelings of anxiety when experiencing anything new. During her play, Mary often commented on how good Spirit was by looking after her and not letting her fall, with each of these observations solidifying her growing confidence that the world around her was a safe place.

Over the course of 20 sessions, Mary was noticeably less tense in her body and had started eating a wider range of foods. She no longer had panic attacks when separated from her mother, although she still experienced a low level of anxiety. While we began with her mother being within sight of her during sessions, now she was tolerant of being dropped off and picked up. The breathing and stretching games had been incorporated into her everyday life by her own choosing; the stretching song was part of her morning routine that she taught the whole family to sing. By engaging Mary through sight, sound,



Figure 3. Hugging and breathing.

smell, taste, and feel in the games we played and stories told, she was more able to let go of the anxiety of looking after her mother, and rediscovered her playfulness.

Conclusion

This article has examined the key concepts within GEP and HPT and argued that they are compatible modalities for working with children. The connections between GEP and HPT can be found in their philosophical framework of viewing the Self as an embodied, relational process, and the belief in the importance of play and experimentation not just within the therapeutic

encounter but also as a developmental opportunity. Both approaches place the quality of the therapeutic relationship at the center of the healing process and trust that the child is able to self-direct their own growth and learning through a phenomenological and embodied experience of playing. Both GEP and HPT can draw from neuroscience research to provide evidence of the importance of authenticity, congruence, and coherence within both the therapist and the child in building the therapeutic relationship. As illustrated in the case example, HPT can be integrated into the GEP approach, thus providing a supportive developmental environment for the child.

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Note

1. The author completed her training with the Gestalt Equine Institute of the Rockies and upholds the standards and codes of ethics of that institute. She is also a registered therapeutic riding instructor through PATH International and adheres to their strict codes of practice.

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