Perceived holistic benefits of equine-assisted therapy among mothers of children with a disability: a pilot study

Melody Escobar

To cite this article: Melody Escobar (2019): Perceived holistic benefits of equine-assisted therapy among mothers of children with a disability: a pilot study, Journal of Spirituality in Mental Health, DOI: 10.1080/19349637.2019.1621689

To link to this article: https://doi.org/10.1080/19349637.2019.1621689

Published online: 13 Jun 2019.

Submit your article to this journal

Article views: 109

View related articles

View Crossmark data
Perceived holistic benefits of equine-assisted therapy among mothers of children with a disability: a pilot study

Melody Escobar
Christian Spirituality, Oblate School of Theology, San Antonio, Texas, USA

ABSTRACT
This paper presents the first phenomenological qualitative descriptive study exploring the connection between spirituality and equine therapy. Results highlight experiences of 17 mothers with children with disabilities who participated in a 12-week session from January to May 2018 at a Texas equine center. Themes included mothers’ perceptions of spirituality as a supporting force, disability and social isolation affecting child and mother, and equine therapy as a holistic intervention. This pilot study followed Max van Manen’s methodological structure of human science inquiry. Findings demonstrated the challenges of caring for children with disabilities and the potential adverse impact to caregivers’ health.

KEYWORDS
Mental health; equine therapy; mothers; children with disabilities; holistic intervention; well-being; family support

Introduction
In the United States, about one in six (15%) of children ages 3 to 17 have one or more developmental disabilities ranging from physical, learning, language, or behavioral areas (Centers for Disease Control and Prevention, n.d.). Equine-assisted therapy has evolved alongside animal-assisted therapy in the last three decades as a supplemental therapeutic intervention for both young people and adults, offering unique experiences and positive benefits to participants’ physical, emotional, mental, and spiritual well-being. Horses are utilized alongside professionals and the therapy is known as equine-assisted psychotherapy (EAP), equine-assisted therapy (EAT), equine-assisted learning (EAL), equine-assisted activities (EAA), amongst others (Burgon, 2014). Horseback riding has been viewed as a means of improving the health and well-being of persons with disabilities since the fourth century. Hippocrates, Greek physician, wrote about horseback riding as exercise and promoting health benefits, and Greek and Roman soldiers were placed on their horses to aid in their recovery. Hippotherapy, horseback riding as a therapeutic intervention to improve a person’s coordination, balance, and strength, is associated with Hippocrates’ name (Burgon, 2014). Tsiompanou and Marketos (“Hippocrates: timeless still,” 2013) note that Hippocrates’ interest in each person’s particular characteristics
distinguishes his medicine significantly from modern medicine and that his therapies involved diet, exercise, and other lifestyle patterns.

Comparable to this holistic approach, current research indicates that there is a positive relationship between religion and spirituality and both mental and physical health, and identifies religion as serving as a psychological and social resource for coping with stress such as family caregiving (Koenig, 2011, pp. 14–18). Religion and spirituality are also associated with inherent protection against diseases and overall better quality of life (Mishra, Togneri, Tripathi, & Trikamji, 2017). Meeting the spiritual needs of patients is seen as a fundamental part of providing holistic care which is generally defined as addressing the needs of the whole person, including the connection between the person’s physical, mental, emotional and spiritual well-being, as well as social interactions (Dyson, Cobb, & Forman, 1997). Spirituality is seen as boosting patients’ health (Berg, 2012; Hadzic, 2011). For instance, mothers’ religious attitudes have been shown to contribute favorably to the adoption of coping strategies for stress due to caregiving for their child who is ill (Ranjbar & Sadeghi, 2018). Practitioners are encouraged to familiarize themselves with spiritual practices and to integrate the spiritual dimension in therapeutic methods resulting in positive effects to the client in the therapeutic context (Schreurs, 2002), and are called to be partners with their patients, nurturing their own spiritual well-being as they care for the spiritual well-being of their patients (Epperly, 2000). Psychologists argue that spirituality is a central domain of human nature that demands attention within psychology and the best scientific methodology (Miller & Thoresen, 2004).

For the purpose of this study, the researcher set out to examine the indirect benefits of equine-assisted therapy (referred to as EAT hereafter), and particularly the connection between spirituality and EAT as perceived by mothers who were present during their child’s therapy. EAT is implemented by using a horse, riding instructor, and side walker. The rider participates in recreational exercises such as reaching and catching, identifying parts of the horse, controlling the reins, and voicing the horse’s name and basic commands instructing the horse to go or stop. This therapy is offered to children and adults who have physical and intellectual challenges, as well as other disorders such as Autism Spectrum Disorder (ASD). The purpose of the intervention is to provide therapy through the teaching of riding and horsemanship skills. Research on the effects of EAT support improvements in gross motor function such as walking, running, posture, and aspects of social skills in adults and children with varying disabilities including ASD (Anderson & Meints, 2016; Borgi et al., 2016; Harris & Williams, 2017; Hauge et al., 2014; Jang et al., 2015; Lentini & Knox, 2015; Muñoz-Lasa et al., 2011; McDaniel & Wood, 2017; Rigby & Grandjean, 2016; Stergiou et al., 2017; Trzmiel, Purandare, Michalak, Zasadzka, & Pawlaczuk, 2019). Riding a horse moves the body in a manner similar to a human gait, so riders
often show improvement in flexibility, balance, and muscle strength. EAT has also been shown to effect problem-solving skills, analysis of activities, and communication and reflection skills (Murphy, Wilson, & Greenberg, 2017). Research also indicates that therapeutic horse riding improves cognition, mood arousal, and ambulation in children with dyspraxia (Hession et al., 2014), and as benefiting at-risk youth with mental health problems (Burgon, 2014; Hoagwood, Acri, Morrissey, & Peth-Pierce, 2017).

In relation to mental health specifically, studies reveal that parents recognize EAT as having a positive effect toward their child’s emotional well-being, improved self-regulatory ability, social interaction, and psychosocial needs (Tan & Simmonds, 2018). In addition, there exists substantial anecdotal research indicating that EAT for people with disabilities has a positive impact on aspects of mental health such as motivation, relationship building, and self-esteem. However, researchers caution that the positive impact of EAT may be related to general wellbeing rather than psychotherapy by itself (Schneider & Harley, 2016). While review of current literature regarding the psychological benefits of EAT found that it is a promising intervention in terms of child/adolescent social and behavioral issues, and possibly adult affective disorders (Kendall et al., 2015), there is minimal empirical evidence available on the efficacy of EAT on psychological outcomes.

Moreover, systematic review of EAT for children with cerebral palsy (CP) shows reduction in asymmetrical activity of the hip adductor muscles, and improvement in postural control (Benda, Mcgibbon, & Grant, 2003). More research is needed to determine if EAT provides a significant benefit to children with spastic CP (Tseng, Chen, & Tam, 2013) and conclusively determine positive effects on gross motor function (Whalen & Case-Smith, 2012).

While researchers point to EAT as a viable treatment strategy as part of a multimodal therapy for children and adults with various disabilities, further research of the benefits of EAT compared to traditional treatment modalities is warranted. Studies note the need for establishing the validity of benefit claims through means other than anecdotal and testimonial evidence (Thompson, Iacobucci, & Varney, 2012) and advocate for expounding more rigorous, large-scale randomized clinical trials (Wang et al., 2015; Ratcliffe & Sanekane, 2009) and research of the long-term clinical effectiveness (Oh et al., 2018). Researchers highlight the necessity to carry out well-designed empirical studies with different EAT client groups to gain more insight into this growing intervention (Burgon, Gammage, & Hebden, 2018). For example, in systematic mapping reviews of current knowledge of EAT for people with autism, there was broad support of the perspective that EAT can benefit children and adolescents with autism; conversely, investigations focused on standardization, appropriateness, and efficacy are strongly advocated (McDaniel & Wood, 2017). As researchers indicate, while certain benefit claims appear plausible, that is not equivalent to evidenced-based practice (Thompson, Iacobucci, &
Varney, 2012). Though they also raise the point that determining whether children with or without disabilities should take part in EAT based solely on scientific support of its benefits may unnecessarily limit the range of activities for these children (Thompson, Iacobucci, & Varney, 2012).

Likewise, researchers cite parents’ perceptions of physical and psychosocial benefits realized by participants from the relationship developed with the horse, instructors, and children (Lemke, Rothwell, Newcomb, & Swoboda, 2014). Primarily, the relationship formed with the horse contributes to increased self-awareness, confidence, patience, and self-esteem. Scientific research continues to reveal information about equine sentience and their abilities of perception, cognition, memory, and emotions such as pain and fear. They “are able to perceive, respond to, and learn from the impressions they receive from minimal sensory stimuli” and are often used as a therapeutic tool for people with behavioral and mental health issues (Path International, 2018). Through a two-year ethnographic study, Hannah Burgon (2014, p. 16) reports an in-depth account of the experience of at-risk youth who learned compassion, respect, and sensitivity from EAT and became more integrated into their community. Burgon (pp. 16–17) supports that the deep connection with horses, over and above other non-human animals, is due to the long history and modern civilization being based on relationship with them over millennia.

Scholarly works confirm the therapeutic power of communing with fellow sentient beings to heal psychic and social afflictions. Psychotherapists McCormick and McCormick (1997, p. 191) suggest that horse therapy has helped create a bridge between earthly, “mundane” activity and the mystical and an avenue for spiritual development. Horses help awaken human beings to their connection with the Source of their being, bringing them closer to their own spiritual identity (McCormick & McCormick, 2004, p. 14). Therapeutic work with horses expands awareness of creation and intimacy with it revealing the divine presence in both and how separated human beings have become from created life as teachers of wisdom. The authors recognize horses as providing valuable instruction on how to do everything with pure intention and in the spirit of love, trust, and confidence (McCormick & McCormick, 1997, p. 197). Furthermore, the scenarios acted out with the horse are shown to magnify one’s inner struggles (McCormick and McCormick, 1997, p. 202).

Practitioners commonly reflect on a sense of shared vulnerability among children with special needs and horses, who both exhibit highly sensitive and reactive behaviors. Despite their size, the horse is vulnerable due to being a herbivore that has had to develop highly honed communication skills within its herd to survive (Burgon, 2014, p. 25). They are aware of their surroundings at all times and possess a range of vision of more than 350 degrees, with approximately 65 degrees being binocular vision and the remaining 285 degrees being monocular vision. Each ear can also rotate up
to 180 degrees providing 360-degree hearing. Hence, horses demonstrate a unique ability to “give accurate and unbiased feedback, mirroring both the physical and emotional states of the participant during exercises, providing clients with an opportunity to raise their awareness and to practice congruence between their feelings and behaviors” (Burgon, p. 26).

Scientists, environmentalists, theologians, and writers from various spiritual traditions acknowledge the positive effects of performing activities in outdoor settings as a way to reconnect with the natural world and contribute to health and well-being, reawaken attention, foster wonder and creativity to enrich one’s spirit and life, encourage shared experience, and promote ecological ethics (Anderson, 2009; Chase, 2011; Louv, 2016; Spencer, 2013; Witt, 2013). Burgon (2014) raises the idea that in addition to interacting with horses, EAT performed in nature can support mind-body work and that nature can act as a bridge between people and fulfill a person’s basic need to connect with the natural environment (p. 179). Studies support the healing effects of nature therapy such as those conducted in forests, urban green space, and with plants indicating benefits to a person’s physiology and stress hormone cortisol level. Research suggests that these types of therapies will continue to play an increasingly important role in preventive medicine in the future (Beil, 2018; Berger, 2009; Hart, 2016; Shaffer, 2017; Sifferlin, 2016; Song, Ikei, & Miyazaki, 2016; Stigsdotter et al., 2018; Swank, Shin, Cabrita, Cheung, & Rivers, 2015). Studies also confirm the complex relationship between nature-based recreation and spirituality and submit that participating in outdoor recreation may lead to outcomes of spiritual experiences, spiritual well-being, and spiritual coping (Heintzman, 2010).

Another important consideration is studies that continue to show caregiver burden and the negative impact on the health and well-being of mothers of children with disabilities who most often serve in this role in addition to their roles as wife and mother (Heller, Hsieh, & Rowitz, 1997; Kring, Greenberg, & Seltzer, 2010; Stewart, Ritchie, McGrath, Thompson, & Bruce, 1994). The focus on mothers is also pursuant to established research showing that seven in 10 caregivers of children with special needs are female, with mothers most often serving as primary caregiver (National Alliance for Caregiving, 2018). Mothers were identified as being significantly more stressed, more involved, and as having higher levels of stress and coping related to caregiving (Tehee, Honan, & Hevey, 2009). Research supports the need for interventions for women to reduce family caregiver burden associated with their historical caregiving role to provide long-term care needs of chronically ill elders and children (Bull, 2001).

In respect to investigating spirituality, researchers state that it is both an important and challenging task naming issues such as the lack of agreement on definitions of religion and spirituality, failure of study participants to accurately report their religious and spiritual beliefs, lack of funding for such
studies, and limits of scientific methods to study the subject (Koenig, 407; McGrath, 1999). These challenges are supported by the 2018 Pew Research Center survey which found that 24% of Americans identify themselves as spiritual but not religious. This includes about two-thirds of “Religion Resisters,” a much larger share than among any other typology group. Theologian Peter Feldmeier (2015, p. 9) agrees that many Americans today say they are “spiritual but not religious” meaning they believe themselves spiritually attuned to God or transcendental principle in the universe, but are not members of a religious organization. While committed to certain spiritual practices derived from a specific religious tradition, others are not members of that religion. And, others who say they do not engage in spiritual practices do not consider themselves atheist. Scholars and religious leaders recognize that the “spiritual but not religious” also represent those who reflect “a principled intellectual stance against religious dogma or institutional dysfunction.” Feldmeier (2015, p. 9) acknowledges that the phrase is vague and is used often by people without really thinking about what it means. He suggests that spirituality designates something essential about being human and how humans make sense of themselves in relation to things transcendental. For the purpose of this particular inquiry and discussion, Feldmeier’s (2016, p. 20) definition is used as a framework: “All adherents of religions, Christians or not, have a sense of transcendence or a sense of intimacy that drives how they try to live their lives, their piety, and their virtues and values.”

Koenig (2011, p. 221) helped develop the Duke University Religion Index (DUREL), a commonly used scale for studying the relationship between religion and spirituality and health outcomes. The DUREL measures the three major dimensions of religiousness including organizational, nonorganizational, and religious commitment/intrinsic religiosity. The overall scale has high test-retest reliability (intraclass correlation = 0.91), high internal consistence (Cronbach’s alpha’s = 0.78–0.91), high convergent validity with other measures of religiosity (r’s = 0.71–0.86), and the factor structure of the DUREL has now been demonstrated and confirmed in separate samples by other independent investigative teams. It has been used in over 100 published studies conducted throughout the world and is available in 10 languages (Koenig & Büssing, 2010).

Finally, the study of spirituality is invested in everything that gives meaning to human growth and flourishing and is therefore interdisciplinary intersecting with sociology, psychology, philosophy, theology, social sciences, and health care among other fields. Scholars hold that all spiritualities involve some practices aimed at bringing about an inner transformation and are often practiced communally (Carey, 2018).

Phenomenological research examining experiences of a particular group of individuals in a certain place or institutional context has been sought to help
improve psychological health, self-development, personal growth plans, experimental clinical designs, and approaches to therapeutic healing (van Manen, 2017). Phenomenological studies have purposely used van Manen’s methodologies as a framework to gain new understandings of the human experience of illness and disabilities (Bergman, Graff, Eriksdotter, Fugl-Meyer, & Schuster, 2016; Corby, Taggart, & Cousins, 2015; Robertson-Malt, 1999), and to explore the lifeworld of parents and mothers in particular, who care for their children with special needs (An, 2013; Elford, 2015; Gaal et al., 2010; Hall, 2005; Hoogsteen & Woodgate, 2013; Jessup, Smyth, Abernethy, Shields, & Douglas, 2018; Posavad, 2009; Rodriguez, 2009; Wilkinson & McAndrew, 2008). van Manen (1997, p. 12) says the word that most aptly characterizes phenomenology is “thoughtfulness.” He draws from Martin Heidegger, who describes thoughtfulness as “a minding, a heeding, a caring attunement (Heidegger, 1962) – a heedful, mindful wondering about the project of life, of living, of what it means to live a life.” van Manen approaches human science research not in terms of a linear method, rather, as open and cyclical. van Manen (p. 31) states that a phenomenological description is always one interpretation: “… no single interpretation of human experience will ever exhaust the possibility of yet another complementary, or even potentially richer or deeper description.” Reflecting on essential themes (p. 32), he suggests that it is a thoughtful, reflective grasping of what it is that renders a particular experience its special significance enabling the researcher to gather meanings about phenomena not typically recognized as one moves in the lifeworld. Borrowing again from Heidegger, van Manen (p. 33) says it is “to let that which shows itself be seen from itself in the very way in which it shows itself from itself.” It also requires balancing the research context by considering parts and whole (p. 33): “At several points it is necessary to step back and look at the total, at the contextual givens and how each of the parts needs to contribute toward the total.” Further, van Manen (p. 87–88) discusses that the aim of descriptions is “to transform lived experience into a textual expression of its essence – in such a way that the effect of the text is at once a reflexive re-living and a reflective appropriation of something meaningful.”

The subject of spirituality has not yet been explored in relation to EAT. The objective of this study was to explore the connection between spirituality and EAT as perceived by mothers of children with a disability who participated in EAT. A phenomenological qualitative exploratory pilot design was chosen following Max van Manen’s methodical structure of human science research (van Manen, 1997) to explore the perceived connection between spirituality and EAT among mothers of children with a disability who were present while their child participated in weekly EAT sessions over 12 weeks from mid-January to May 2018. This research approach was selected specifically to address the distinctions of everyday experience of these caregivers and to show a more complete picture of their lifeworld.
Materials and methods

Triple H Equitherapy Center in Pipe Creek, Texas was selected for this study because of its EAT program national accreditation through the Professional Association of Therapeutic Horsemanship International (PATH Intl.) and noteworthy reputation in the greater San Antonio area. Because of the center’s participant privacy policy, initial contact for recruitment of mothers for this study (subsequently referred to in this report as mothers, participants, and respondents) was conducted by the center’s director of volunteers and community relations by focusing on mothers present during all once-per-week sessions of the 12-week formal EAT program. Twenty participants agreed to have their names and contact information shared with the researcher. Of the 20 mothers recruited, 17 participated in the study. (Two mothers were unable to complete the study: one due to the hospitalization of her child, and the other due to her child’s behavioral issues precluding participation in the full therapy program. In addition, a third mother was in the process of moving residences and not on site for her child’s therapy sessions.)

No exclusions were made based on age, race, culture, or socio-economic background, and none of the subjects included children or persons with a disability. Represented were mothers of children with varying diagnoses such as autism, Fragile X syndrome, depression, intellectual development disorder, Down syndrome, Jacobsen syndrome, cerebral palsy, and ADHD who sought out EAT for their children to aide in their overall therapy treatments. Three quarters of the participants’ children who took part in the therapy were 11 years or older, and most had attended sessions at Triple H for at least two years. Based on subject demographics, the typical study participant could be described as a Non-Hispanic White Christian college-educated working mother over 40 years old presently living with her spouse or partner. Within the group of 17 mothers who participated in the study, a total of 24 children were represented as receiving EAT during the 12-week session. (See Table 1 for fuller description of participant demographic characteristics.)

The study consisted of a mixed-method data collection using three assessment instruments. A demographics questionnaire was completed by all participants to record self-reported characteristics of the study cohort. Categories and items used in the demographics questionnaire were intended for participant description only and not for empirical inference. In addition, the Duke University Religion Index (DUREL) (Koenig, 2011) was administered to all participants. This tool assessed three major dimensions of religiousness (organizational, nonorganizational, and religious commitment/intrinsic religiosity) using a 5-point continuum (Likert, 1932). Analyses of the data consisted of frequency count tabulations. Due to the small sample size, cross-tab analyses were not conducted. Finally, a semi-structured interview questionnaire was
<table>
<thead>
<tr>
<th>Demographic Responses</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age Category</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 30 years old</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td>31 to 40 years old</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>41– 55 years old</td>
<td>11</td>
<td>65%</td>
</tr>
<tr>
<td>Over 55 years old</td>
<td>3</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Racial Category</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>White – Hispanic</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Hispanic Non-White</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>White – Non-Hispanic</td>
<td>13</td>
<td>76%</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Highest Education Completed</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School or less</td>
<td>5</td>
<td>29%</td>
</tr>
<tr>
<td>College Degree</td>
<td>8</td>
<td>47%</td>
</tr>
<tr>
<td>Graduate/Professional (e.g., MA, MBA, PhD, MD, JD)</td>
<td>4</td>
<td>24%</td>
</tr>
<tr>
<td><strong>Religious Preference</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christian Protestant</td>
<td>6</td>
<td>35%</td>
</tr>
<tr>
<td>Jewish</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>5</td>
<td>29%</td>
</tr>
<tr>
<td>Muslim</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>18%</td>
</tr>
<tr>
<td>No Religious Preference</td>
<td>3</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Domestic Situation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently live with spouse or partner</td>
<td>14</td>
<td>82%</td>
</tr>
<tr>
<td>Currently live with other relative</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Live alone with children</td>
<td>3</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Employment Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed full-time</td>
<td>11</td>
<td>65%</td>
</tr>
<tr>
<td>Not employed</td>
<td>3</td>
<td>18%</td>
</tr>
<tr>
<td>Employed part-time</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>Retired</td>
<td>1</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Number of Dependent Children living with participant</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>1– 2</td>
<td>12</td>
<td>71%</td>
</tr>
<tr>
<td>3– 4</td>
<td>5</td>
<td>29%</td>
</tr>
<tr>
<td>5 or more</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Age of child participating in Equine Therapy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 5 years old</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>5– 10</td>
<td>6</td>
<td>25%</td>
</tr>
<tr>
<td>11– 15</td>
<td>6</td>
<td>25%</td>
</tr>
<tr>
<td>More than 16 years old</td>
<td>12</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Child participating in Equine Therapy your biological son/daughter</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>20</td>
<td>83%</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Years child participated in Equine Therapy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year or less</td>
<td>3</td>
<td>18%</td>
</tr>
<tr>
<td>2– 5</td>
<td>8</td>
<td>47%</td>
</tr>
<tr>
<td>6– 10</td>
<td>3</td>
<td>18%</td>
</tr>
<tr>
<td>10 or more</td>
<td>3</td>
<td>18%</td>
</tr>
<tr>
<td><strong>How heard about Triple H Equine Therapy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Therapist/Physician</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>Friend/Family</td>
<td>6</td>
<td>35%</td>
</tr>
<tr>
<td>Independent Research</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>41%</td>
</tr>
</tbody>
</table>
used to probe views, experiences, beliefs, and/or motivations of the mothers. (See Appendix for a listing of interview questions used.) The interviews, lasting approximately an hour each, were conducted over a period of 12 weeks in locations convenient to participant schedules and circumstance. Nine interviews were conducted in public establishments including Dairy Queen®, Chick-fil-A®, Starbucks®, and others. Eight interviews took place in the mothers’ home. Before the interviews commenced, each mother was provided information about the purpose of the study and signed a consent form. Each mother then completed a demographics questionnaire and the DUREL followed by the semi-structured interview. Interview questions focused on the phenomenon under investigation beginning with the introductory questions of what brought the mother to Triple H, what she hoped to achieve, how she would describe her experience with horse therapy, and any experiences that stood out to her. No auditory or video recording devices were used. For confidentiality purposes, both the mother and her child were assigned a pseudonym for reporting and discussion. Extensive notes were taken during each interview and quotes from participants were carefully recorded in addition to observations of the setting and any notable occurrences, reactions and/or behaviors exhibited by the participant. Next, the data were collected and thematic analysis completed following van Manen’s phenomenological approach of “practicing a thoughtful attentiveness” (2017, p. 221). The text from interviews and observations was used as sources of meaning. Thematic analysis of the data involved “the process of recovering structures of meanings that are embodied and dramatized in human experience represented in a text” (p. 319). The method used to isolate and uncover thematic aspects of the phenomenon in the text comprised reading the interview transcripts multiple times, and highlighting statements or phrases that appeared particularly essential or revealing about the phenomenon being described. The frequency of specific phrases used across interviews was also noted. A holistic reading approach was subsequently applied asking the question: “What sententious phrase may capture the fundamental meaning or main significance of the text as a whole?” (van Manen, 1997, p. 93). This process was followed to determine primary themes. The researcher expressed the meaning by formulating a phrase and description with the aim of transforming lived experience into “a textual expression of its essence – in such a way that the effect of the text is at once a reflexive re-living and a reflective appropriation of something meaningful” (van Manen, 1997, pp. 87–88).
Results

Study results consisted of quantitative data from the Duke University Religion Index (DUREL) and phenomenological contextual analysis and theme derivation from participant interviews. Results from the DUREL indicated that 82% of study participants spent time in private religious activities at least once a week, with more than half engaged in such activities at least daily. Less than 60% cited participation in organized religious meetings or church services. In addition, 76% of participants stated that their religious beliefs are behind their approach to life, and 83% tried hard to carry their religion into all dealings in life. (For full results from the DUREL, see Table 2.)

Contextual analysis of the one-on-one interviews revealed three dominant principal themes: mothers’ perceptions of spirituality as a supporting force in EAT, social isolation and disability, and EAT as a holistic intervention that affected the mother, child, and extended family. A quotation from one of the mothers that best encapsulated the theme is used below to categorize the phenomenon or experience being described.

Mothers’ perceptions of spirituality as a supporting force in EAT

The first major theme considered is mothers’ perceptions of spirituality as a supporting force in EAT.

*Triple H is a peaceful place.* All respondents described the therapy center as offering a “calming, relaxing atmosphere,” referring to it as a communal place that was “welcoming and open and where no one is judged.” Respondents also cited the nourishing benefits of being in nature and described it using various terms such as “peaceful,” “serenity,” “sanctuary,” sense of “connection,” and “being a part of something bigger”:

Triple H is a peaceful place and a place we look forward to going to all week. When we’re in the car on the way over, we enjoy the change of scenery, sing, talk, or just veg out together without any fussing. (Tammy)

I like to read a book, sit out there, listen to the crickets, the birds, be around the horses, the smell of the horses … It’s so peaceful. I’d love to ride a horse myself! (Dawn)

I go to the benches under the trees by the corral and that is my time. It’s like a sanctuary. I relax, praise God, pray, read the Bible, and cry. (Maria)

I like spending time in the barn, brushing the horses while Kelsey rides … It’s peaceful and a respite period for me. (Donna)

Being in nature is relaxing and it’s fun for Christopher. It also helps him feel connected and a part of something bigger than himself. (April)

*I am his hands, his feet, his voice.* As primary caregivers, mothers described spending over eight hours daily coordinating therapies, schooling, and medical needs for their child in addition to holding a part-time or full-time job. Sara, whose daughter Jessica has Down syndrome, laughed as she conceded,
During the interviews, mothers commented that it was difficult to separate their identity from their child’s. Tammy acknowledged, “The life I lead makes it hard to focus on myself. All the focus is typically on the boys … I guess you could say I’m the typical ‘super mom.’” Others spoke directly about their Christian faith and church as sources of support for their family using phrases like, “God is with me and sends people to help me” or “Jesus is everything to me.”

Lauren is not a mistake. She is God’s masterpiece. He has used her to help me understand him better … how to have a grateful heart, how to trust, to understand what it means to be made in his image, and what perfect means. He’s helping me see people differently, you know, how to redefine strength and the perfect image … I don’t find it anywhere on earth. I find it in him. (Teresa)

Zachary has to wait for us to get him out of bed. He has to wait for us to feed him. If he’s thirsty, he has to wait for us to bring him a drink of water. I am his hands, his feet, his voice. God has chosen me to take care of this child … (Erin)
Social isolation and disability

The second principal theme that emerged was social isolation and disability, with respondents discussing the burdens of caregiving, describing it as “tough,” “tiring,” and “isolating.” Maria, mother of a teenage boy with autism, said, “We live in a different world. People don’t understand that I have to devote every second of my life to my son.” Sara commented,

I’m not as much fun as I used to be only because I think I don’t have time for myself. Everything is a much bigger deal, more important than before and it makes it hard to be carefree because stuff matters … I wish my daughter could have known me when I was more fun.

There’s a stigma associated with disability. Fourteen respondents spoke about the stigma of having a disability and of being a mother of a child with a disability:

When we go in public, a lot of people stare. It’s heartbreaking. Not that Zachary notices. Everybody to him is wonderful. He’s a big social butterfly … At the ranch, the kids can just be themselves. (Erin)

I like how the community [at Triple H] is not overly effusive, kind but all business. They recognize everyone is different. They don’t discriminate. (Sara)

I see how others look at my child in public places. You tend to feel guilt or shame. We shouldn’t but we do. You don’t get that there [at Triple H]. (Tammy)

It’s frustrating trying to access services. A prominent secondary theme that emerged within this category was the mothers’ frustration encountered when they tried to access vital services for their child. Comments were made by a majority of respondents about the time and emotional strain involved in coordinating social services, filling out forms “over and over,” and the lack of availability due to “so many waiting lists.”

Mothers also spoke about “getting weighed down by the negative,” particularly in the public school system where “the emphasis is always on what went wrong and not what went well.” They spoke of getting used to hearing “no” a lot when it came to including their children in certain activities and conveyed the “gut-wrenching” and anxiety-provoking feelings associated with the annual ARD (Admission, Review, and Dismissal) meetings to determine eligibility for special education, portrayed as “a bureaucratic exercise of paperwork and not necessarily to help the kids.” Several mothers shared that they had no other choice but to homeschool their children during the most challenging years of adolescence. Mothers also described “the importance of getting educated early about your child’s diagnosis,” “learning how to navigate the system and services,” and getting connected to “family-friendly” organizations focused on children with special needs. Sara urged, “Talk to people early on so you’re not in the dark. You’ll only feel lost the less you know. So many times I’ve thought if only I had known this three years
ago where might Jessica be today?” Mothers also articulated their fears about what lay ahead for their child:

One thing I don’t want to face is that someday we’re [my husband and I] won’t be here to take care of Nic and who’s going to care for him? It’s a rough world out there [tears form] and the reality is that our son [with Fragile X syndrome] will never be able to function on his own. (Dawn)

**EAT as a holistic intervention with positive effects for mother, child, and extended family**

The final principal theme that emerged was EAT as a holistic intervention with positive, healing effects for the child, with more than the majority of mothers describing EAT as an intervention that had positive and healing benefits that extended beyond the child to other family members present. It’s something that the whole family can enjoy. Mothers commented on the following:

It’s something we can enjoy as a family, sort of like our weekend out of town. (Tracy)
All the other therapies Ethan receives are at home. It’s great to leave behind your life, dishes, homework, errands, dinner, anything … you’re just away. (Linda)
It’s helped at home by making it a more cooperative environment. My kids seem more willing to accept guidance after having participated in the therapy, and it’s helped my daughter be more open with her feelings … I especially like the sense of adventure and exploration that it inspires that these kids need. (Robin)
My teenage daughter, who deals with anxiety and depression, realized she has to be calm with the horse and that the horse is in tune to her emotions. It’s helped her relax and be more present. This has helped the whole family dynamic. (Robin)
We enjoy the beautiful drive. It’s a nice feeling going out there and knowing that this is going to be a good day and that out there everyone is going to be ok … It’s like a mini-therapy for me and my husband where we can hold hands, walk together, and actually have a conversation. (Tammy)

The bond is beyond words. Mothers also described a distinct bond between the horse and child and how that had led to positive interactions with others and feelings of acceptance.

Berry [horse] absorbs my son’s energy, whether he’s mellow or wound-up. Ryan loves her and is calmer after riding. This experience has helped me take limitations off of Ryan … I’m realizing that maybe he can do more things and doesn’t need to be kept in a bubble. (Susan)
Whenever Ethan is having a hard day, his horse somehow knows just what he needs to cheer him up. He’ll come up to Ethan and nuzzle him under his arm and just tickle him. (Linda)
The bond is beyond words. There’s definitely a spiritual connection. You can share with a horse and they listen to you. You can see their ears turn back and they’re listening to every word you say with no judgment, no interruption, no interjection. (Rachel)
It doesn’t feel like therapy. The majority of mothers observed that there is a significant difference between EAT and other therapies saying, “It feels like a fun activity they’re just doing,” reporting the following benefits:

The horse took away our daughter’s disability of not being able to walk and made it an ability. It has given her courage and confidence. (Teresa)
It’s a great core work out for Ryan and has helped with his vocalization. (Angela)
He’s more relaxed. He’s listening better in school and doing really well. (Maria)
Ethan has built up strength and can walk upstairs now, sits up straight … we’ve seen the benefits cross over to other areas like trying skiing and backpacking. We always encourage him that he can do this! (Linda)

The more you talk to people, the more you realize you’re not alone. Finally, throughout the discussions, participants spoke of a sense of solidarity among the community of families who regularly attended EAT.

Seeing other people and interacting with their kids makes you realize we’re all in the same boat. We’re not alone. Those people have survived and I will too. (Monica)

Discussion

The objective of this study was to explore the connection between spirituality and EAT as perceived by mothers of children with a disability who participated in EAT. While no effort was made to skew study participation by demographic category, the homogeneity of the sample of mothers is noteworthy – predominantly Non-Hispanic White Christian college-educated working mothers over 40 years old presently living with her spouse or partner. These socioeconomic characteristics are especially inconsistent with the greater San Antonio area population, which based on U.S. Census Bureau statistics 2018, is 63% Hispanic and approximately 25% college educated. Regarding religious preference, the general proportions of the sample were in line with the broader U.S. population. (The Pew Research Center Religious Landscape Study reported that 70% of Americans identified as Christian, with 46% classified as Protestant, 20% Catholic, and 4% other.)

It’s inconclusive whether the study sample’s skewed socioeconomic demographics are attributed to small sample size statistics or whether issues such as the remote location of the EAT center, cost, awareness, language or cultural barriers, or other explanatory factors exist. Future studies including participants from various geographically dispersed EAT centers should be considered to increase sample size and better assess the potential role of participant demographics, or factors specific to individual EAT centers (such as hospitality, amenities, proximity).

This introductory proof of concept pilot study was intended to demonstrate a method for exploring the connection of spirituality and EAT. More
robust empirical methods would offer informative data in follow-on studies. Current limitations of the study include its small sample size and use of a single EAT center, hampering generalizability of study findings. Additionally, the reliance on one principal researcher for contextual interpretation and interview analysis introduces the risk of bias, which could be mitigated through multiple independent raters to ensure uniform interpretation and contextual analysis. Finally, to more effectively assess the connection between spirituality and EAT, use of a control group consisting of mothers of children with a disability that participate in other (non-EAT) therapeutic modalities should be considered. This approach, coupled with an empirical analytic method, would more effectively assess a potential link between spirituality and EAT. Other aspects that should be considered include the unique characteristics of the equine therapy center and program such as geographic location, professional expertise and lived experience of the staff and volunteers, the center’s mission incorporating the founders’ spirituality and faith tradition, and funding.

Data gathered using the Duke University Religion Index indicated that participants could be regarded as highly spiritual with more than 80% participating in private religious activities including prayer, meditation, or Bible study at least once a week. Interestingly, however, less than 60% participated in organized religious meetings or church services. That might be due to perceived or real concerns about accommodations for children with disabilities in religious meetings or church services, and is a potential topic of further study. More than 75% of mothers indicated that their religious beliefs were what really formed their whole approach to life. It follows then that the mothers interviewed in this study would intertwine spirituality into their narrative discussion about their experience with EAT. It is noteworthy that as of early 2010, 79% of quantitative studies that examined relationships between religion and spirituality found that those who were more religious and spiritual realized greater happiness, satisfaction with life, or had an overall sense that life is good (Koenig, 2011, p. 15).

Inconsistencies were observed among respondents who indicated that they were not religious or spiritual, with respondents using expressions that fall within the definition of “spiritual” when describing their experience with EAT such as feeling “a sense of peace,” “tranquility,” “connected to something greater than myself,” and “an awareness of the one Source.” That supported the notion that a person could be spiritual without being religious or conscious of their spirituality (Feldmeier, 2015). Another consideration is that respondents applied generic terms to describe their feelings without intending to invoke a spiritual connotation.

Findings from the interview response contextual analyses suggest that the challenges of living with a child with special needs impact the entire family and may adversely affect the health and well-being of the caregiver. The
mothers interviewed demonstrated utmost devotion to their children, dedicating the majority of their time and resources to obtain medical care and services to ensure a better quality of life for their children.

This research raises awareness about the lived experience of primary caregivers and furthers understanding of what is required, and the impact of caregiving on mothers and the family. It reveals the mothers’ perceived efficacy of EAT for child, caregiver, and other family members present. The results also reveal perceptions of spirituality as a supporting force in EAT, in addition to the prominent theme of social isolation and disability. These findings raise broader considerations of the affective, gendered, symbolic and political economic factors that have shaped the experiences of the mothers and their children in this space. This inquiry calls for further research, advocacy, and involvement from community, church, and government agencies to advance the availability of interventions focused on inclusivity and the holistic needs of the family. Specifically, these results provide important insights for health practitioners, counselors, and clergy who are assisting families with children who have a disability.

Unanticipated positive outcomes of the study were benefits to the mothers who participated. That came through the process of conveying their story and personal challenges of their journey, the opportunity to share their emotions in a personal exchange, and expressing their satisfaction to be a part of this “much needed research” as one mother remarked.

This qualitative study presents a distinct, in-depth exploration of the experiences that are occurring in this particular social environment and provides a valuable framework for follow-on studies. Further research is required in the form of larger studies that include participants from varied socioeconomic and educational backgrounds, cultural and ethnic origins, and therapy sites in different geographic locations to validate findings. This will facilitate deeper analysis into the connection between spirituality and EAT and possible health outcomes. The use of both quantitative and qualitative methods to evaluate the experience of EAT for mothers and children, control groups, and pre- and post-testing with long-term follow-up is essential to future studies. Differences between mothers and other primary caregivers, such as fathers, concerning their experience with EAT would be an important inclusion in successive research. Engaging children with disabilities in research could potentially have a meaningful impact in their lives and would allow for firsthand insights of their experiences to more fully understand this social phenomenon involving EAT. This would also help increase public awareness of current needs and further the development of services directly benefitting children with differing abilities. Exploring alternative approaches and strategies such as use of additional ethnographic and observation methods when surveying children with severe communication disabilities and cognitive impairments is vital to future research.
One of the strongest areas of the research is that concerning social isolation, particularly the implicit or explicit societal stigma that is directed against persons with special needs and that attaches itself, by association, with family members, mothers in particular. This stigma, and resulting isolation, are compounded by structural factors, including time and energy invested by these mothers to care for their children and the lack of respite support services and adequate funding. Thus, this indicates a significant need for investigations of the efficacy of various social services programs intended to assist persons with disabilities and their caregivers, and current laws and policies that impede the child’s successful integration and adjustment in his/her home, school, and community.

Mothers surveyed perceived EAT as having a positive, healing effect on the child that extends to the mother and other family members present. There was consistency in the reported challenges facing caregivers and families of children with disabilities including social isolation, coordination of multiple therapy providers, burdensome bureaucracy in education and social services systems, lack of respite support services and funding, and concerns of what the future holds for their child’s independent living. Mothers also appear to fulfill the role of primary caregiver and her health and well-being are at risk of diminishing without outside support. Follow-up studies are needed to better understand the experience of the mother as caregiver and strenuous routines of daily living as well as effective intervention strategies that benefit members of the extended family. Fuller research exploring the impact that religion has had upon mothers and how it has or has not contributed support as a coping mechanism in facing the realities of caring for a child with varying abilities would provide another important interpretative framework.

To conclude, the favorable outcome of this study supports perceptions of the efficacy of EAT reported in previous studies (Borgi et al., 2016; Burgon, 2014; Hart, 2016; Heintzman, 2010; Lemke et al., 2014; McDaniel & Wood, 2017; Murphy et al., 2017; Stigsdotter et al., 2018; Tan & Simmonds, 2018, among others) as it relates to the potential health and well-being of children with varying disabilities including improvements in gross motor function, emotional well-being, social interaction with human and non-human sentient beings, and communication and problem-solving skills, to name a few. The findings lend further support to the continuation of programs using EAT as a complementary therapeutic intervention in the child’s overall treatment plan. This original research also offers new insights into prospective indirect health benefits extended to mothers and other family members present during the EAT session by providing them with the opportunity for a possible respite period, spiritual connection, and holistic, social support activity in a nurturing outdoor setting.
Acknowledgments

There was no research funding for this study, and no restrictions have been imposed on free access to, or publication of, the research data.

The researcher offers great appreciation to the mothers involved in the study for their time, loving example of caregiving, and personal stories, and to Kathy and Kent Harbaugh, founders of Triple H Equitherapy Center, for their lifework and for granting access to their facility. Special thanks also goes to Keisha Laughy, Director of Volunteers and Community Relations, and all of the center’s committed staff and volunteers who made this research possible and who have selflessly created an inclusive, welcoming community for the most vulnerable.

Disclosure statement

No potential conflict of interest was reported by the author.

References


---

**Appendix. Semi-structured Interview Questions**

(1) What initially brought you and your child to Triple H? What do you hope to achieve?
(2) How would you describe your experience with horse therapy that your child receives?
(3) Are there any experiences that stand out for you? Please describe.
(4) How would you describe your child’s experience with horse therapy? (How old is your child, boy or girl, more than one child?)

(5) Are there any experiences that have stood out for your child? Please describe.

(6) What effects have you noticed for you before the session? How about effects after the session?

(7) What effects have you noticed for your child before the session? How about effects after the session?

(8) Has your experience with horse therapy affected other areas of your life? If so, how?

(9) Has your child’s experience with horse therapy affected other areas of his/her life? If so, how?

(10) Have you observed anything in particular between the horse and child in terms of a connection, relationship, communication, behaviors, emotions? How would you describe what you have seen? How about for you?

(11) Overall, how would you say that horse therapy differs for you from other therapies your child may receive? How does it differ for your child?

(12) As a mother of a child with a special need, and as the primary caregiver for that child, are there any other thoughts or experiences you would like to share …