Perceptions of parents about equine therapy for children with intellectual disabilities

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Abstract

The purpose of this study was to examine the perceptions of parents of children with intellectual disabilities regarding the effect of equine therapy on them. Various techniques are used to help individuals with intellectual disabilities to overcome their psychological hurdles. This study focuses on equine therapy namely therapeutic riding, as a medium of positively influencing the psychological well-being of people with intellectual disability. The subjects were twelve parents of children with intellectual disability who were currently enrolled in a therapeutic riding programme. The study adopted a qualitative approach employing purposive sampling. Data collection was done through administering semi-structured interviews consisting of general demographic information as well as open-ended questions. The interviews were either telephonic or face to face and the data were analysed independently using the immersion and crystallization technique. The following themes emerged from the interviews conducted: motives, physical development; expectations; self-esteem and confidence, and social engagement. The current study found that respondents perceived that equine therapy was beneficial and brought about positive changes in their children. This implies that the therapy has utility value and could be explored as an alternative therapy to traditional methods. Judging from the findings of the study and the positive results reported in the literature, therapeutic riding may provide a refreshing alternative to the traditional room-controlled therapy.

Key words: Equine therapy, intellectual disabilities, well-being, psychological, self-esteem, confidence, social engagement.

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Introduction

The first documented use of animals in therapy to improve the attitude of mental patients dates back to 1792 (Macauley, 2006). Animals have been used as companion animals that provide camaraderie and emotional support, as assistance animals that provide direct physical-functional support and as therapy animals that aid with the habilitation-rehabilitation in physical, occupational, speech-language and recreation therapy (Macauley, 2006).

Various techniques have been used to help individuals with intellectual disabilities overcome their psychological hurdles. Several studies have shown
positive results in the treatment of psychological and physical symptoms in various populations when animals have been used as part of the therapy milieu (Trotter et al., 2008; Klonz, Bivens, Leinart & Klonz, 2007; Schultz, Remick-Barlow & Robbins, 2007; Snider et al., 2007; Liptak, 2005; Rothe et al., 2005; Bowers & MacDonald, 2001). Horses, which have been mainly a part of the physical therapy field have recently begun to play increasing roles in the field of mental health. Mankind has been in relationship with horses for reasons such as mode of transportation, companion or workmate for centuries (Frewin & Gardiner, 2005).

There are many terms that are used to describe the roles that horses play in physical or psychological therapies. Among these terms are equine therapy, hippotherapy, equine facilitated psychotherapy and equine assisted psychotherapy (Rothe et al. 2005). The horse is regarded as a symbol of human spirit and freedom (Jones, 1983). The sense of freedom, trust and pleasure that one experiences while riding appear impossible to duplicate with other therapeutic treatments (Gasalberti, 2006). Early research focused on the physical benefits of therapeutic riding with the horse being regarded as an extension of physiotherapy and occupational therapy. It was then witnessed that the benefits children experienced superceeded the physical benefits of the horse’s movement and this was attributed to the relationship between the horse and child (Mayberry, 1976). This can be further explained by theories of psychomotoricity which report that improvements in psychomotor development have positive impacts on mental harmony (Spink, 1993).

The current study focuses on equine therapy namely therapeutic riding, a form of psycho educational riding, as a medium of positively influencing the psychological well-being of people with intellectual disability. Equine therapy has a strong emphasis on psychological goals, and employs a team approach. Members of the team include; riding instructor, special education personnel, therapeutic recreation specialist or psychologists (Britton, 1991).

Therapeutic riding

Therapeutic riding is a specialized form of psychotherapy that includes the use of a horse as part of the therapeutic team (Schultz et al., 2007). It is a human-animal interaction that falls in the broad category of animal-assisted therapies (AAT) (Frewin & Gardiner, 2005). It has been directed to different groups of individuals such as violent offenders, people seeking personal growth and children with intellectual disabilities. The therapy is a goal-directed intervention in which the horse meets specific criteria as an integral part of a treatment process which is “delivered by a health/human service professional with specialized expertise within the scope of practice of his/her profession” (Kruger & Serpell, 2006). There is evidence that therapies such as animal-assisted
psychotherapy in which animals such as dogs, cats and birds have been used have yielded success in patients with psychological problems (Gasalberti, 2006; Macauley, 2006). It is a short-term collaborative effort between a therapist and horse professional to generate positive engagement with children utilizing an experiential-and animal-based treatment modality (Schultz et al., 2007).

Mental health therapy with horses is thought to help patients in ways that are sometimes more superior to passive therapy formats (Trotter et al., 2008). Kersten and Thomas (2004) are of the opinion that individuals become stronger in communication, problem solving, self-confidence, conflict resolution and relationships. They found that interacting with horses resulted in motivating patients to attend, participate and cooperate in therapy sessions. Activities that individuals participate in during this therapy include arranging activities with horses which require individuals to develop and apply skills such as verbal and non-verbal communication, assertiveness, creative thinking, problem solving, leadership, responsibility, teamwork, relationships and confidence (Ianuzzi & Rowan, 1991). Kersten and Thomas (as cited in Schultz et al., 2007) comment that therapeutic riding is designed to address self-esteem and personal confidence, communication and interpersonal effectiveness, trust, boundaries and limit setting, and group cohesion.

During the therapy session the child is provided the opportunity to test and improve his/her motor coordination and cognitive abilities using exploring behaviours such as fine discrimination and visual examination (Rothe et al. 2005). The activities with the horse that are included in therapeutic riding include handling, grooming, riding, driving and vaulting (Vidrine, Owen-Smith & Faulkner, 2002; Haylock & Cantril, 2006). These activities make the child acutely aware of how the horse will react in certain situations. For example the mere act of getting a horse to lift its hoof for inspection depends on whether the horse is willing to do so. If the child learns what stimuli or action the horse responds to, the child will succeed in his/her endeavour to get the horse to lift its hoof. This will instill confidence in the child and encourage the child to attempt other activities with the horse. Because of its large size and powerful demeanour, horses elicit fear and command respect. As a result safety around them requires one to be attentive. The difference in size provides a social opportunity for children to overcome fear (Frewin & Gardiner, 2005). By overcoming their fear children are able to develop a relationship that promotes confidence, social skills and problem-solving skills. Furthermore, the child’s self-esteem is increased through the accomplishment of successfully interacting with the horse.

Therapeutic riding was introduced more than two centuries ago when German physicians advised horseback riding to reduce attacks of hypochondria and hysteria related to mental illness (Riede, 1988). The therapy also makes use of outdoor settings which creates an awareness of one’s physical being and
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stimulates the senses (Schultz et al., 2007). It is carried out away from the stifling and formal constraints of the therapist’s office and provides that child with a degree of freedom. In many instances the child also feels less intimidated. Children undergoing this therapy begin to understand themselves in relation to other things in their environment. The atmosphere is more conducive to the therapy and the child has a wider variety of objects than those typically found in a therapy room to interact with (Rothe et al., 2005). They also begin to understand the concept of safety and are able to see how they fit in the world. All and Loving (1999:50) posit that the introduction of animals into an individual’s environment humanizes the provision of health and rehabilitation services and provides the opportunity for “high touch” intervention to be contrasted with the “high tech” world. By balancing the high tech environment with touching, the child’s locus of control can move from external to internal.

Mutual trust and respect are salient factors through which horses and humans engage in a productive relationship (Frewin & Gardiner, 2005; Vidrine et al., 2002). Hart (2000:94) posits that the horse offers an experience “with a totally unique physical experience while in a joyous social environment”. Chandler (2005) and Levinson (2004) found that interacting and controlling such a large and powerful animal empowered patients, and increased their self-esteem and self-confidence. Therapeutic riding draws on the power of horse-motivation which gives the individual the chance to focus from disability to ability (Rothe et al., 2005). The horse-child relationship develops a bond which helps the child to unite unconditionally with another human being and provides the opportunity for direct and immediate feedback in reaction to the child’s action (Barker, 1999). Horses have many characteristics similar to humans in their behavioural responses and social structures (Schultz et al., 2007). Horses are not judgemental, do not have expectations or prejudices, do not bother about one’s looks, are not influenced by one’s status in life, do not have ego issues and are not concerned about whether one has friends or not (Frewin & Gardiner, 2005; Vidrine et al., 2002). This provides a mirror for the child to gain unbiased and accurate feedback from the horse in a unique and non-threatening environment (Klonz et al., 2007; Rothe et al., 2005). Horses respond immediately without assumption or criticism (Frewin & Gardiner, 2005) to the non-verbal behaviour of the child interacting with them. Working with horses thus encourages and supports the identification and expression of feelings in relation to the activities with horses planned by the therapist. Horses are able to stimulate a range of emotions and behaviours in humans and provide a variety of opportunities for projection and transference (Klonz et al., 2007).
Problem statement

Children with special health care needs, especially those with intellectual disabilities are often subjected to traditional therapies such as physical, speech, occupational, and respiratory therapy which have beneficial results (Gasalberti, 2006). There are, however, less familiar therapies available that are overlooked by health professionals and unknown to many individuals outside the health profession. This type of therapy involves a certain degree of risk taking which affords children the opportunity to test and improve their ability to control themselves and their surroundings (Trotter et al., 2008). On the positive side the absence of confounding interpersonal factors which are normally present in more traditional therapies result in more objective conclusions (Klonz et al., 2007).

Rothe et al. (2005) suggest that children are more accustomed than adults to experiential work and tend to identify themselves with animals. In such situations, children’s needs, wants and behaviours are projected through horses. Through bonding with the horse the child is able to develop qualities such as mutual trust, respect, affection, empathy, unconditional acceptance, confidence, personal success, responsibility, assertiveness, communication skills and self control.

Despite unequivocal research attention and positive empirical findings, animal intervention strategies are currently still struggling to demonstrate their efficacy and validity (Kruger & Serpell, 2006). The current study intends to add to the knowledge base on alternative therapies and contribute towards the debate regarding alternative therapies and, in this specific case, the efficacy of equine therapy. The purpose of this study, therefore, was to examine the perceptions of parents concerning the effect of equine therapy on their children with intellectual disabilities.

Methodology

A qualitative approach was adopted for the present study. The qualitative research was based on a method of data generation which is flexible and sensitive to the social context in which it is produced (Mason, 1996). As such, there was interaction between the researcher and the phenomenon that was being studied (Creswell, 1994) and the findings are not as a result of statistical procedures or quantification methods.

Sampling

Purposive sampling was employed for the current study in which it was assumed that the subjects chosen for the study would be those who will contribute the most valuable information in discovering, understanding and offering insight of
the phenomenon being studied (Merriam, 1998). The subjects were twelve parents of children with intellectual disabilities enrolled at two Equine Therapy centres in Johannesburg, South Africa, for a period of 18 at least months and more. This was to ensure that the subjects had experienced a sufficient number of sessions in order for the data to be valid. The ages of the children whose parents were interviewed ranged from seven years to thirteen years. All children attended the equine therapy centre for between 3 and 5 years. Eight children were autistic, three suffered from epilepsy and one child had severe brain damage as a result of an accident. Participants were recruited at the therapy centre at which their child was enrolled. A recruitment letter briefly explaining the purpose of the study and expectations of participation was given to each prospective participant. The letter also stated that participation in the study was voluntary and that all information regarding the participants and their responses would remain anonymous and confidential. Informed consent was obtained prior to their participation.

Data collection

The method of data collection was semi-structured interviews consisting of general demographic information as well as open-ended questions. A pre-determined set of standard questions was prepared to guide the interview. The questionnaire guide was examined independently by one centre director and two academics to ensure that they were unambiguous and would elicit the information required. In addition to seeking demographic and background information on the participants, the interview questions were structured to elicit participants’ perceptions of the effectiveness of equine therapy. Participants were encouraged to be as open as possible in their responses and focus on both positive and negative outcomes. They were also informed they were free to decline to answer any question they did not feel comfortable with. In some instances probing questions were asked to assist participants gain a better understanding of the question and obtain more detailed answers. Interviews were conducted in the following ways: face-to-face at the therapy centre (n = 4) and telephonically (n = 8). In all instances, permission was obtained to transcribe participants’ responses during the interview.

Data analysis

Both researchers analysed the data independently using the immersion and crystallization technique (Crabtree & Miller, 1999). This technique involved organising the data by examining the responses in relation to each question thoroughly and then crystallizing the most important aspects (Jaschinski & De Villiers, 2008). Texts were examined for significant recurring themes that were raised by the participants. Responses were categorized into different groups based on the interview question. Emerging from the groups of responses were
five themes. The validity of the identified themes was tested by two academics and the director of one equine centre who conducted the interviews. Consensus regarding the identified themes was reached. The findings of the study were compared with the literature to identify similarities and differences.

**Results and Discussion**

Emerging from the interviews conducted were the following themes: *motives, physical development; expectations; self-esteem and confidence, and social engagement*. In the context of this study the themes are defined as follows: *motives* means the reasons parents provided for seeking alternative therapy; *physical development* connotes an individual’s ability to control his/her muscles in such a way that his/her movements are coordinated; *expectations* is a strong belief that the therapy will result in an improvement in the child; *self-esteem* refers to feelings of fulfilment, achievement and success resulting from one being able to experience oneself as being able to do things of which one can be proud of; *confidence* means the ability of the child’s awareness of being able to do something on his/her own; and *social engagement* refers to the relationships that the child is able to forge with family, friends and other members of society.

In general all the participants indicated that they were satisfied with the effect that the therapy had on their children. None of the parents had negative comments regarding the therapy and in all instances they were willing to recommend the therapy to parents of children with intellectual disabilities who wished to explore alternative means of treatment for their children. The following excerpts illustrate this point: “...is an amazing therapy, “...will recommend the therapy anytime”

**Motives**

Parents provided different reasons for their choice of alternate therapy. One parent said that she found the equine therapy sessions to be more interesting as opposed to classroom/room-based therapy. Another parent said that his child enjoyed the outdoors and equine therapy was a convenient alternative therapy. A few of the parents acted on the recommendation of friends who had children with intellectual disabilities to try equine therapy. One parent commented that his child could not cope in “mainstream” activities and it was suggested to him to join a ‘school’ for ‘special’ children. An interesting revelation was from a parent whose child’s physiotherapist recommended that she take her child for equine therapy sessions. Some of the excerpts regarding the motives for turning to equine therapy included: “heard it was good”, “he enjoys the outdoors”
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Physical development

Most of the parents indicated that equine therapy improved the physical development of their children. This is aptly encapsulated in the following excerpts:

“Built his core strength and ability to do complex tasks”
“Improved muscle tone”
“Increased body awareness”

These findings are consistent with previous research findings. For example, Zugich, Klontz and Leinart (2002) argued that horses elicit a range of behaviours in humans, which provide a catalyst for personal awareness and growth. Mallon (1992) found that therapy has been effective in motor skills development.

Williams (2004) suggests that by caring for the horse, the child translates this action to caring for himself/herself. Sterba et al. (2002) reported that horse riding improves posture and muscle tone and contributes towards improving head and trunk postural control. The Federation of Riding for the Disabled International (2004) reported that individuals who attended equine therapy sessions have shown clinical improvement in physical, psychomotor and psychological parameters as well as improvements in communication, social skills, self-esteem and self discipline.

Expectations

Participants reportedly had ‘high’ expectations from the therapy sessions. In some instances although parents had a realistic idea about their child’s condition, they still harboured the hope that the therapy sessions would ‘perform miracles’ on their child. Although their ‘high’ expectations were not met, all the participants expressed satisfaction with the results of the therapy. One parent advised that parents should go to the sessions with an open mind and not expect miracles. This is encapsulated in the following excerpts:

“Yes – but I would caution parents not to go in with high expectations and expect miracles”
“The therapy has many dimensions – works in different ways for different people”

There were mixed responses regarding the participants’ expectations of behavioral changes in their children. These ranged from very little change to moderate levels of change. This is evident in the following excerpts:
“Is able to express himself during the riding sessions. Once out of the session there is very little changes to his behaviour”
“No apparent changes in behavioural patterns”
“Very tired after therapy sessions”
“Happier and more relaxed”
“Follows instructions”

Self-esteem and confidence

All parents responded that the therapy boosted their child’s self-esteem and confidence. This finding is consistent with the literature (e.g. MacDonald & Cappo, 2003; Gatty, 2001; Beckman, 1992) which reported increases in both self-esteem and global self-worth. Bates (2002) argues that through being able to influence another being (in this instance a horse) the child’s self-esteem is boosted. This is encapsulated in the following statements:

“Developed in my child a sense of ‘I can do something’ attitude. Instilled pride in my child”

Schultz et al. (2007) posit that when children are able to make connections with the horse and are able to influence the actions of the horse with their body language and voice, they move from a position of powerlessness to achieving feelings of success. This was also found to be true in the current study. The following excerpts capture the pride of achievement of their children described by parents:

“You can sense the feeling of accomplishment in him”
“Is very eager with horses around him”
“Self-esteem has improved. Confident with things that he is familiar with”

With regard to the confidence levels of the child during therapy sessions all parents responded that their child was more confident after they started equine therapy. An apt excerpt to illustrate this point is:

“Oozes confidence in my child ...”
“Awareness and confidence in his ability within the equine environment is remarkable when one take into consideration his intellectual disability”

This finding agrees with Macauley and Gutirrez (2004) who reported that parents in their study perceived that there was improvement in their children’s motivation and self-concept after therapy with a horse as opposed to the traditional therapy that their children participated in. Levison (2004) also found that confidence and self-esteem resulted from the accomplishment of a competently handled horse oriented task. In addition, Iannuzzi and Rowan
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(1991) posit that equine therapy helps the child to develop and apply certain skills that involve creative thinking and problem-solving which if successful increases the confidence of the child. Cumella and Simpson (2007) comment that mastering horsemanship enhances a child’s confidence in his/her ability to tackle new projects. This is in support of previous findings that therapeutic riding provides rare opportunities for success which ultimately leads to improved self-esteem and increased self-concept in children with special needs (Rufus, 2001).

Social engagement

There were varied responses with regard to changes in the social interaction of children through equine therapy. This is evident in the following excerpts:

“Still finds it difficult to develop a relationship with others despite being there for many years”
“Little changes were noticed”
“Not many changes. He has always been friendly”
“Trusts his instructor”
“Made him more engaging and helped him escape his shyness”
“Improved my child’s expressiveness, interaction, openness and tolerance”
“Avoids arguments and confrontations”

Rosenbaum (2003) found that the fun element in riding on a horse increased the social participation of the child and contributed to the child being more engaging. In agreement Bass, Duchowny and Llabre (2009) commented that riding a horse provided the child a rewarding stimulus that accounted for higher levels of social engagement. According to Sams, Fortney and Willenbring (2006) in their study on the effects of occupational therapy by incorporating animals versus standard occupational therapy techniques found that children engaged in significantly greater use of language and social interaction during the animal occupational therapy relative to the standard occupational therapy. Rothe et al. (2005) suggested that during the informal interaction with the horse, the child uses exploring behaviours to examine the horse’s responses and behaviours as social beings, creating a situation which allows the child to project his/her wants and behaviours. Iannuzzi and Rowan (1991) also found equine therapy to be beneficial in improving social relationships.

Limitations and implications for further research

Although the findings of the study provide in-depth examples of both perceived benefits and drawbacks regarding therapeutic riding, limiting factors were the small sample size, the geographic location and lack of diversity among the participants. As such, generalizations cannot be made from the findings of the study. There was a reliance on data from parents who entered this domain of
therapy with high expectations. As such, it may be possible that the benefits portrayed by them may be greater than actually occurred. It is anticipated that the data presented would stimulate further interest and inform further research in this area.

Conclusion

The current study found that respondents perceived that equine therapy was beneficial and brought about positive changes in their children. This implies that the therapy is useful and could be explored as an alternative therapy as opposed to traditional treatment. Judging from the findings of the study and positive results reported in the literature therapeutic riding provides a refreshing alternative to the traditional room-controlled therapy in the rehabilitation of children with intellectual disability.

References


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