Equine-assisted psychotherapy (EAP) is an approach in which horses are an integral part of the therapeutic process. This article provides an overview of EAP, including a brief historical perspective, key definitions, and review of pertinent literature. Benefits of the approach are presented, from the standpoint of field observations, client self-reports, and formal research articles. Rather than offer a comprehensive literature review, this article is intended to help non-EAP practitioners become more familiar with the approach.

**ABSTRACT**

Equine-assisted psychotherapy (EAP) is an approach in which horses are an integral part of the therapeutic process. This article provides an overview of EAP, including a brief historical perspective, key definitions, and review of pertinent literature. Benefits of the approach are presented, from the standpoint of field observations, client self-reports, and formal research articles. Rather than offer a comprehensive literature review, this article is intended to help non-EAP practitioners become more familiar with the approach.

**BACKGROUND**

Since 1969, the North American Riding for the Handicapped Association (NARHA; 2010b) has provided equine-assisted activity and therapy (EAAT) programs in the United States and Canada through its network of nearly 800 member centers. Although NARHA initially focused on individuals with physical disabilities (e.g., muscular dystrophy, cerebral palsy, brain injuries, amputations), they have more recently expanded their scope. One of NARHA’s component sections, the Equine Facilitated Mental Health Association, founded in 1996, provides equine-facilitated psychotherapy for people with psychological issues and mental health needs, including anxiety, depression, and autism (NARHA, 2010a).

A second organization, the Equine-Assisted Growth and Learning As-
association (EAGALA) was officially founded in July 1999 in response to a growing recognition that horses can be “a powerful and effective approach to helping people, whether child, adolescent or adult...in the mental health arenas” (EAGALA Inc., 2004, p. 7). While NARHA endorses the therapeutic value of horseback riding, in the EAGALA approach, all activities take place on the ground. Both organizations stress the need for a licensed mental health professional and an equine specialist (although NARHA allows for a dually credentialed single provider). The terms equine-facilitated therapy (EFT) and equine-assisted psychotherapy (EAP) are both found in the literature; the former is more typical of NARHA terminology while the latter is used by EAGALA members. For the sake of simplicity, the term EAP will be used throughout this article.

FORMAT
EAP is an experiential approach. Participants learn about themselves through their reactions to another living creature, the horse. Horses are deemed uniquely suited for the task because of their size, power, and apparent sensitivity to human beings (EAGALA Inc., 2004). In individual therapy, the basic format consists of experiential activities involving the horse followed by discussions with the therapist about what the client experienced. For example, the client and therapist may simply talk as one or both groom the horse—a simple task that can serve as an “ice breaker” with less verbal clients, allowing them to safely talk about their problems. In some cases, the horse serves as a safe object for projection of uncomfortable feelings. Thus, a client may say, “He [the horse] is in a bad mood today. He
probably had a bad day, with other horses picking on him” or “He looks tired...bet that he didn’t get a good sleep last night.” These types of comments, of course, open effective lines of communication.

As the equine-person connection deepens, additional opportunities arise to process interpersonal concerns such as self-concept, respect, boundaries, assertiveness, and trust. When EAP involves more than one person, as in couples, family, or group psychotherapy, participants interact not only with the horse but also with each other. Through activities that require cooperation, creative thinking, communication, and problem-solving skills, clients often realize the need to think “outside the box” and find new ways of relating to each other. Experiences are discussed in groups following the activity.

Basic EAP activities are outlined in various publications (Kersten & Thomas, 2000, 2004): getting the horse to go through a maze or over an obstacle, or simply observing the herd and noticing the interaction among the various horses. Although this basic format (experiential activity followed by processing) typically remains the same, the approach allows the clinician and the equine professional much flexibility in modifying the exercises or creating new ones depending on the treatment goals.

**BENEFITS**

The benefits of EAP in the treatment of a variety of clinical groups have been reported over the past several years, mostly in the form of observations from the field and client statements. Lancia (2008) wrote a compelling article on the treatment of war veterans in which he discussed the power of the metaphors horses can evoke. He asserted that “EAP requires immediate solutions to problems at hand, which, when practiced on a regular basis nurtures an ability to adapt and the development of problem solving skills” (p. 12). On the basis of observations and client reports, Lancia (2008) listed several distinct benefits of EAP: the induced sense of well-being from being in nature, the stimulation of fear (from powerful memories of being back on the frontline), feelings of acceptance by the community of fellow group members, an increased awareness of feelings of grief, the present orientation required to being with horses (which is much different from the more common detachment and numbing strategies familiar to many veterans), the connection with feelings of grief, and a broadening effect on tunnel vision.

Tyler (1994) discussed the use of horses and varied horseback riding experiences in the treatment of emotional problems in clients, especially adolescents. Using her own observations and conversations with several equine therapy practitioners, she suggested the approach is particularly effective with clients who are inaccessible by more conventional therapeutic modes or who have issues with acting out, overcontrol, or childhood trauma. McCormick and McCormick (1997) also reported on adolescent themes and issues and provided multiple observations on the healing power of the horse with clients at their treatment facility. They shared their observations of initially unresponsive, nonverbal adolescents who became involved with peers and staff only after they had developed a relationship with a horse. The youth commonly reported that being around a horse allowed them to feel safe.

Benefits of EAP have also been reported in the field of alcohol and drug treatment. Moore, Wagner, and Jeffrey (2009) reported on a pilot program at a residential treatment center for substance abuse that was expanded to include all clients as a result of the positive changes observed in the original participants. The staff concluded that important goals had been met, as set forth in the initial program: connecting and embracing feelings, a safe environment where clients could practice coping and problem-solving skills, increased insight, understanding of how
On the day of the appointment, Pam’s parents and younger sister came into the barn and indicated that Pam refused to get out of the van. Taking the therapy horse with me, I walked toward the van in the parking lot to find Pam curled up in the back seat, looking down at the floor, with a baseball cap covering half of her face. My initial greeting into the open window received neither a verbal response nor eye contact. Without any prompting on my part, the horse pushed his head through the window, grabbed Pam’s cap with his mouth, and pulled his head back toward me, cap in mouth. When Pam looked up to take the cap back, the horse pulled away farther. I informed Pam that because the horse had no shoes it was painful for him to stand on the gravel and invited her to come with us back to the barn. She did, and that set the stage for a positive therapeutic experience. Later on during her therapy, Pam made sure to mention that she had only initially participated in treatment because of her instant connection to the horse—a good example of how a horse can open up avenues for reaching less-than-willing participants.

Another example is that of Jenny (pseudonym), who had enrolled in a women’s therapy group after ongoing difficulty connecting with her feelings during her traditional psychotherapy sessions. When she attempted the task of lunging the horse (getting a horse in a lunge line to go around her while she remained in the center), the horse would not move. Even though other clients had already successfully lunged the horse, the harder Jenny tried, the more the horse resisted. This went on until she exclaimed, her voice filled with frustration, that “he treats me just like my [teenage] daughter does!” At this point, several things happened. First, Jenny started to sob, sharing her helplessness and sadness in a way she had not done in her talk therapy sessions. Then, we processed the exercise, and other group members shared their experiences and offered support. Jenny was gently told that her voice and her posture were not congruent with the task she was trying to accomplish; she asked for help, and another group member modeled for her. Over the course of the next several sessions, Jenny asked to try this particular exercise again, continuing to work with her energy and voice. Her success at getting the horse to go around her matched her reports of feeling more empowered when approaching her daughter. Jenny’s process provides yet another example of the benefits of EAP reported elsewhere: an increase in awareness; an opportunity to connect with feelings at a deeper level; the power of the safe, supportive environment provided by the group; and the opportunity to try new behaviors.

Numerous reports support the power of the EAP approach, including self-reports from clients attesting to the benefits received. After a recent workshop offered by myself and a colleague, survivors of sexual abuse offered the following comments: “felt empowered,” “felt connected to my feelings,” “learned to take risks,” “learned to trust others,” “felt safe,” and “was able to open up.”

**KEY POINTS**

1. Equine-assisted psychotherapy (EAP) is an experiential approach in which activities with horses are an integral part of the process.
2. The EAP approach can be used therapeutically with individuals, groups, or families, and in team building with a variety of organizations.
3. In individual work, clients learn about themselves through their interactions with another living creature, the horse; in EAP sessions with more than one person, the individual interacts with the horse as well as with other group members.
4. The learning happens not only during the experiential work but in the processing that follows.

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**Research**

Although promising, field observations and client self-reports are no substitute for thorough research methods; yet, research in the field has been limited, a difficulty often mentioned by EAP critics and acknowledged by practitioners. To fill this gap in what is still a new field, several research articles have been published over the past few years, and more are available in the form of unpublished doctoral dissertations and master’s theses.

Ewing, MacDonald, Taylor, and Bowers (2007) evaluated the effects of a 9-week equine-facilitated program on 36 youths with severe emotional disorders (unspecified) who attended an alternative day school for middle
and high school-age students. Their method included control groups and the use of instruments for measuring self-esteem, empathy, locus of control, depression, and loneliness. Although they found no statistically significant differences using the self-report measures, the researchers found positive changes after analysis of qualitative data (case studies of interviews and observations by teachers and program staff). Some of the improvements noted included improved self-care, a more positive attitude, increased openness, and improved social skills.

Schultz, Remick-Barlow, and Robbins (2007) found improvement in Global Assessment of Functioning (GAF) scale scores as well as a statistically significant correlation between the percentage of improvement in the GAF scores and the number of EAP sessions in a population of children ages 4 to 16 who had experienced intrafamily violence. The study tested the efficacy of EAP in a cross-sectional group of 63 children referred to a psychotherapist for various childhood behavioral and mental health issues (including attention-deficit/hyperactivity disorder, post-traumatic stress and mood disorders, and others) during an 18-month period. The authors noted sampling problems with their study and suggested avenues for further research. Positive results were also reported by Klontz, Bivens, Leinart, and Klontz (2007) in an open clinical trial measuring the effectiveness of EAP. Using various measures before and after the intervention, they found reductions in psychological distress and enhancements in psychological well-being. The improvements were present at a 6-month follow-up study.

IMPLICATIONS AND CONCLUSION

EAP is an approach that can be used with individuals, families, or groups; with adults, children, and adolescents; and for a variety of problems or diagnoses. Being a relatively young field, ample opportunities exist for answering important questions, such as: What does EAP offer that less costly, less time-consuming therapeutic modalities do not? When would EAP be a valuable adjunct to other modalities? When and for what types of clients is it indicated? When is it not? The literature indicates that these crucial questions are beginning to be addressed. Additional answers should be forthcoming as more research funding is available.

In the meantime, the significant benefits reported to date suggest that EAP has an important place among treatment modalities. Knowledge of EAP can guide those in clinical settings when making referral recommendations. As a group, nurses are in a unique position to benefit from this knowledge. They could make referrals for individual EAP sessions to children or adolescents who appear to be experiencing excessive shyness, grief or loss, or trauma. Referrals for EAP group therapy could be considered when the clinical picture consists of behavioral problems, while EAP family therapy would be appropriate when family conflict is apparent. A female patient with depression or experiencing difficulties setting effective boundaries could benefit from the camaraderie and experiential work in EAP groups or workshops, while a patient who has declined traditional psychotherapy might be interested in working with horses, in participating in a more experiential approach, or being in an outdoor setting as opposed to an office. Of course, the approach is contraindicated if the individual has had negative experiences with horses, expresses fear of large animals, or has animal-related allergies.

The possibilities are many, both for individuals willing to try a new approach and for practitioners interested in facilitating change while continuing to advance what is still a relatively new field. Additional information can be found at http://www.narha.org and http://eagala.org.

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