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Article in *Anthrozoos A Multidisciplinary Journal of The Interactions of People & Animals* · January 2003

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Case studies of a group of adult users of a mental health team receiving riding therapy

Hannah Burgon

ABSTRACT

The purpose of this study was to examine the psychotherapeutic effect of riding therapy (RT) on a group of adult users of a social services mental health team in South Devon. The benefit of Animal Assisted Therapy (AAT) and pet ownership on health and well being is well documented. However, whilst research has been conducted into the benefits of hippo therapy (the employment of horse riding as a physiotherapeutic aid) little has been undertaken on the psychotherapeutic benefits of riding therapy. This case study sought to explore whether the participants benefited in terms of confidence, increased self-esteem and social/interaction skills. A further objective was whether these benefits, if identified, were transferable into other areas of the riders' lives. The study was conducted utilizing a case study, participant observational methodology following the progress of 6 women with various mental health problems receiving RT on a weekly basis. The sessions comprised of learning to look after the horses and carrying out stable management tasks in addition to the riding, the chief instructor aware that an important factor of the RT was building up a relationship and trust with the horses on the ground.

Methods employed to record the sessions, apart from participant observation, included interviews and questionnaires. The prime objective of the study was for the riders' experience of the therapy to be expressed in their own words.

It was found that the participants benefited in areas ranging from increased confidence and self-concept, and that the therapy aided social stimulation and led to transferable skills being acquired.

Keywords: Animal-assisted therapy, equine-facilitated psychotherapy, hippotherapy, horses, riding therapy.

INTRODUCTION

Studies on the links between pet ownership and lower blood pressure rates, together with higher survival rates of heart patients receiving AAT have provided empirical evidence of the therapeutic benefits of animals, (Friedmann, Katcher et al, 1983; Friedmann et al, 1980). Psychologists Levison, (Serpell 2000) and Carson, Butcher and Coleman (1988) found animals were powerful facilitators in psychotherapy with both disturbed children and adults. Edney suggests that children from families with pets have increased social competency due to the responsibility involved in caring for them. She also reported a reduction in violence and anti-social behaviour when animals were introduced in a programme in a young offender's institution (Edney cited in All, Loving and Crane 1999). AAT has been reported to be effective at initiating social stimulation, that is, "providing opportunities for people to engage in social interaction and to initiate social behaviours" (Bernstein, Freidmann and Malaspina 2000).

The field of riding, or equine-facilitated, therapy has less empirically- based research to support it partly due to the inherent difficulties involved in clinically measuring

psychological outcomes. Riding therapy, nevertheless, has a long history and offers unlimited potential as a holistic therapeutic medium for a range of both physical and psychological conditions. This can be illustrated by the success of Riding for the Disabled, which was established in Britain following the success of Liz Hartel at the 1952 Olympics. a rider who had returned to riding for rehabilitation having contacted polio. Research conducted by All, [Loving and Crane \(1999\)](#), Bertoti (1988), Heipertz (1977) Henrickson (1971) Kunzle, Steinlin and Yasikoff (1994) supports this. These authors proving that the unique movement of the horse is ideally suited to improving posture and trunk control with both children and adults with cerebral palsy, and various other physical disabilities.

In the USA where Equine Assisted Psychotherapy (EAP) is being pioneered, initial reports of the benefits for people with a range of mental health problems, emotional and behavioural difficulties and projects working with inner-city youth justice programmes have been positive, (McCormick and McCormick 1997; Rector 1994; Cushings and Williams, 1995).

The objective of this case study was to explore some of these aspects by seeking the opinions of the 6 riders involved and giving their voices to their experiences.

METHODS

Sample

The sample group consisted of a group of 6 adults registered with a social services mental health team in Devon receiving RT on a weekly basis. For the sake of confidentiality abbreviations are employed and they are referred to as 'the riders'. The group had been running for approx 2 months prior to the study, which began in November 2000. The researcher followed the group's progress once a week for a 6-month period. The riders were all female, Caucasian and aged between 30 and 40. Their 'conditions' ranged from depression, schizophrenia and psychotic illness. Some had suffered nervous breakdowns. L had suffered a stroke 10 years previously, which had left her paralyzed on the left side of her body.

The sessions were held at a Riding for the Disabled Association (RDA) stables and instructed by qualified RDA instructors, a physiotherapist and assisted by volunteers. The horses employed had been selected for their temperaments, sizes, ages and other various attributes. They ranged from a large, weight-bearing shire x to smaller native ponies and cobs.

Data and Methods

Due to the nature of the study, it being a small group, it was necessary to employ a qualitative case study approach. A prime objective of the study was to allow the voices of the service users to be heard and so a number of techniques were employed to encourage this. A participant observational approach was considered appropriate in this case involving the researcher working alongside the instructors and volunteers at the stables to build up a relationship with the riders. This method "encourages researchers to immerse themselves in the day-to-day activities of the people who they are attempting to understand", (May 1993).

Ethics approval was gained from Exeter University and informed consent to the study by the riders. This was achieved by firstly asking the riders individually, then in a group setting by the instructor (without the researcher present) and finally, formally in writing where the process and objectives of the study was explained in detail.

Other techniques employed were questionnaires, including a pilot questionnaire of students at the Fortune Centre of Riding Therapy in the New Forest, and semi-structured interviews.

The nature of the study, being a small-scale, participant observational case study, limits it to offering a description, or account, of the process. The researcher has attempted to achieve this by striving to capture, "its unique features", (Gomm, Hammersley and Foster 2000).

The data analysis is therefore presented utilising the voices of the riders, a phenomenological approach arguing that, "we can only understand human behaviour from the view-point of the people involved", (Payne 1997).

Due to this approach, in addition to time, space and resource constraints, it was not originally planned to include interviews with the instructors and volunteers apart from the chief instructor. However, during the course of the study it emerged that the whole team was a fundamental aspect of the therapy's success and a selection of interviews were therefore incorporated into the research. This involved the original hypothesis, that the horse was the main factor in the therapeutic process, being analysed, as it emerged that it was a combination between horse, teacher, group dynamics and environment that made the therapy a success.

Description of the case study

The riders arrived each Thursday morning by taxi paid for by social services. One rider, L, acquired her own specially adapted transport and eventually drove herself. For the first month of attending the sessions the riders were all arriving nearer to 10.30 when the actual riding session begins, but all began to organize the transport to arrive at 9.30 so they had more time with the horses. Two riders, V and S who at first used to wait outside the yard's gate smoking until the horses were ready to ride, were soon regularly in the barn grooming and helping out before the researcher arrived. Although the riders were matched with particular horses at the start of the project by the instructors according to past experience, temperament of the horse, and size and weight, factors which all have to be taken into consideration, they all became attached or drawn to particular horses for different reasons. This was taken into account as the RT sessions evolved and exploited to encourage greater self awareness, and to aid learning experiences.

A typical day would include preparing the horses for riding by grooming, tacking up and general stable duties such as mucking out the stables. During this period volunteers and instructors were on hand to offer instruction and assistance in an unthreatening and encouraging manner. It was within these sessions that much informal therapeutic intervention occurred with the instructors encouraging the riders to interact with the horses, and to consider how their actions and behaviour influenced the horses and vice versa. Other sessions included group discussions on various horse related topics to encourage social interaction skills in an informal environment. The mounted sessions could take place either in the covered arena or, as favoured by the riders as they became more skilled and confident, hacking in the local lanes. These sessions began by teaching basic riding skills leading to more advanced exercises dictated by the pace of the individual rider.

RESULTS

Case Reports

Over the course of the 6 month study the researcher followed the progress of the riders in terms of their riding and stable management skills, social interaction and confidence building, the physical benefits they may have acquired and transferable skills to other areas of their lives.

Each rider was interviewed individually and given questionnaires as well as the semi-structured interviewing that took place whilst working alongside them each session.

Their individual experiences are recorded as follows.

L

L had suffered a stroke that had left her paralyzed down the left side of the body in her early twenties. This had led to her becoming depressed, attempting suicide and losing self-confidence. She had been unable to secure employment and had no outside interests until her community care worker (CCA) had suggested riding therapy to her. L was initially reluctant due to fear as she had never ridden previously and was conscious that her disability would be a factor. Nevertheless she agreed to join the group and very quickly spoke of the enjoyment and benefit she received from the therapy.

One morning the researcher was assisting L, who was mucking out a stable one handed. L explained how it was a brilliant way to exercise as she could see the point to it. The fact that she could feel the improvement in her muscle strength since starting riding gave her added impetus. Previously she had given up on doing the exercises given to her by her physiotherapist as, "I couldn't be bothered, couldn't get motivated or see the point".

"I can see the reason now and enjoy being with the horses so make myself do it".

L also spoke of her difficulty in attending every week. At first she said she attended because it was suggested by her key worker and she was, "feeling really low and it was something to do".

She said that she had been very isolated with no networks, job or outside interests and no confidence.

On one occasion she explained that, "today I really didn't feel like coming, felt horrible and tired this morning, but then when I got here Muffin put his ears forward and nuzzled me, made me feel better".

The sense of achievement was a factor in L managing to motivate herself to return, "I felt terrified at first, but felt a sense of achievement after the first session, it was a challenge to overcome the fear".

The case notes recorded by the researcher each session show L progress as follows;

16/11/2000

L has side-walkers, appears quite nervous, not willing to attempt to ride independently.

7/12/2000

L managed to drive herself to the stables in her new, adapted, car despite only having it a few days and this being the first time out on her own. She said she was really nervous about undertaking the journey but had missed the sessions so much the previous few weeks because of no transport that she just had to make herself do it.

18/1/2001

After not having attended since before Christmas, notice huge improvement in all riders' abilities and confidence. L trotting independently bareback!

One of the questions asked in the interviews was in the form of a scaling question asking the riders whether they had noticed any change in the following areas since joining the group. This was undertaken halfway through the study. The categories were; physical changes, confidence/social skills and emotional/psychological.

L described her confidence at 5 on a scale of 1-10 compared to 1 when she started the riding therapy.

She provides an example of how an increase in self-confidence and esteem can result in positive life changes being achieved. When L started with the group she explained

that her confidence was at rock bottom due to her stroke and the discrimination she had faced due to the disability this had caused. She had previously tried a course but it had been too difficult and, "knocked my confidence and then I got isolated and took an overdose".

She said that previous friends had dropped her following her stroke and a receptionist job that she had applied for had stated she was, "unemployable" due to her disability. However after a few months with the group she enquired about volunteering at the stables. As there was a vacancy for admin duties she was offered the position and began working there once a week.

L added, "My one friend said that my confidence has grown loads and I've come out of myself more".

Summing up the experience of the riding therapy she said,

"It has given me the confidence to try new things because now I am trying out a new challenge that I never thought I could do".

S

S had a long history of depression that had resulted in her being unable to undertake normal independent living skills such as shopping or socializing.

Despite S having the most regular attendance of the group she nevertheless spoke of her considerable difficulties in attending due to, "getting it together in the morning".

This was due to a combination of psychological and physical problems and the medication she was taking. She explained she had suffered a nervous breakdown and depression, together with low self-esteem, and experienced difficulties sleeping. This left her tearful, achy and lethargic. However she said that;

"Thursday is the best day of the week as I have always wanted to ride but never had the money or opportunity before".

Explaining that previous to the riding therapy she had had enormous difficulty in doing day to day activities such as shopping, S described that, "going into local shops, I would be all shaky, stutter and feel I had to explain myself".

S would wait for her son to come home from school to go to the shops as he acted, "like my little shield". However now she says that she has the confidence to go into shops and even café's, which she could never go into by herself previously, even to meet a friend, "there was no café I would go into by myself".

Wearing her riding clothes helps her achieve these things as she says that,

"after going riding I feel confident enough to go into shops all dirty and in my riding clothes as I feel myself like that".

S talked of how the group has, "made me feel more confident in both riding and meeting new people".

She elaborated to explain how learning a new skill had increased her confidence;

"you are taught everything about the horse here not just sitting on it which has increased my confidence generally. I can ask a question now without feeling stupid".

"Ming is the horse that has helped to build my confidence. I enjoy Ming because he's quite difficult so when he does do something (right) it's a real feeling of achievement"

"When I get to the stables and see Ming it makes me happy, I stop worrying about anything else, I forget about everything else, the whole experience lifts me. I just concentrate on the horses/riding and nothing else".

The physical activity involved with working with horses appears to be a factor in motivation, S saying that, "mucking out makes you feel good afterwards because you've built up a sweat

In the scaling question S rated her confidence at 9 as compared to 2 at the beginning.

She also gave the same rating to the psychological/emotional benefits she felt she had gained from the riding therapy.

SH

SH joined the group with a history of depression, overdose attempts and hospitalization. She also experienced psychotic episodes. Because SH had ridden previously and owned her own horse in the past she was very keen to ride and be around horses again. She explained her motivation for joining the group as being, "Feeling of being able to do something that I used to do, after so many years". SH talks of the, "thrilling feeling of getting over the fear" and how when jumping at a later date, it made her, "feel free". She added that she felt that the horses could tell how people feel and what mood they were in and would respond accordingly; "If I was depressed he (the horse) would just plod and let me get on with it. If I was in a better mood, he would be more racy"

Getting motivated to attend the sessions was sometimes difficult, and SH spoke of the anti-psychotic medication she was prescribed making her "feel drowsy and like a zombie".

However, she says that;

"When I have felt really depressed I have really had to force myself get to the [RT group], but when I have got there it has blown it all away. It is something to look forward to; every day was the same before. I was wishing the days away - wanting it to be over".

SH adds;

"My concentration is better now, having to listen to instructions and be aware of what the horse is doing and thinking - you have to be in the moment".

Another element that was important to SH was the atmosphere at the stables and the attitudes of the staff and volunteers. She explains this as;

"[the] staff are straightforward, you know where you are with them, they're not 'slimy' nice".

However, she says that, "if I had to choose one [people or animals] it would be animals. They're not judgmental".

In the scaling question SH rated her confidence at 8, on a scale of 1-10, in comparison to 5 at the start of the study.

J

J did not want to discuss her mental health problems, which was respected and the researcher did not pursue. However, she did divulge that she found group situations and social interaction difficult. Her actions supported this by, initially, being unwilling to join in the group at coffee breaks and on the yard, preferring to stand a distance away. She could not manage to use the taxi that brought S each week, which meant she was reliant on her CCA for transport.

However by the end of the study J had begun to socialize with the other riders in the group and was managing to share the taxi and attend weekly.

Case notes read;

29/3/2001

J arrived late with CCA due to difficulty in getting motivated. Still cannot manage to share taxi with S but says she enjoys it when actually gets to the stables. Wouldn't initiate conversation at first, head down, looking at floor, avoiding eye contact.

During coffee break stood away from group in corner, avoiding being near people.

However when riding her posture much more upright, she appeared more confident,

started to initiate conversation and even laughed at one point when her horse nearly broke into trot. Asking questions on how to do rising trot and said she would really like to have a go at grooming Jim (her horse) next week.

3/5/2001

J now attended for 3 sessions in a row and managing to share taxis with S this week and the previous session. Where previously she lacked the confidence to ask questions, waiting for me or the instructors to approach her, this week she asked me to assist her in grooming Jim and afterwards commented that she had really enjoyed this activity as, "You can get closer to the horse when you groom them".

Her explanation for her motivation to keep attending despite her difficulties were both her love of horses, despite her fear of them, and the challenge this posed for her.

J explained that she had actually approached her CCA about whether she could go riding as she had the, "feeling that I have an 'inner' horse".

When asked to expand on this she explained that she often experienced, "Many dreams of horses, and galloping uncontrollably on a white horse".

J went on to add that it was important for her to try something that was a challenge because,

"I have a problem with commitment, I am trying to use the riding to keep coming and stick at something. I feel better after I've ridden, that I've actually done it".

She added that, "They (the horses) love you unconditionally, they are dependable and sensitive".

J had been drawn towards a nervous horse, Fern, who had previously been badly treated. She said this was because she had felt "a connection" with this horse.

Interestingly the instructor at the stables mentioned, "If Fern had been a person she would have been just like J".

Rector, on her riding therapy programme in the USA encourages clients to choose their own horses, as she believes that this can be an important part of the therapeutic process. She notes that patients are "consistently drawn towards horses whose characteristics resemble their own personal treatment issues and diagnosis", (Rector, 1994). She goes on to add that because horses don't judge feelings and emotions, thought or behaviour but do react to them in a straightforward manner, they offer a honest and non-judgmental reflection back to the individual of their own behaviour and, therefore, their feelings. This is a fundamental part of the therapeutic process, as the programme director believes that, "often emotionally disturbed people have no idea of how it is they really feel" (Rector 1994).

V

V was another rider who did not wish to discuss her mental health problems in depth, however she did speak of her depression and how she had problems with group situations and social skills. She could not accept praise and appeared to have low self-esteem. Her actions supported this, the case notes reading;

16/11/2000

S and V standing outside yard having cigarette. Not joining in group.

23/11/2000

V, K, S all withdrawn, un-communicative, at first.

As the case study progresses the case notes read;

30/11/2000

V, withdrawn at first, wouldn't join others on yard, stayed outside gate. By end [of riding] initiating conversation. However wouldn't accept that she had tacked up

Bertie independently when I commented how well she had done, insisting that because a volunteer had been nearby and given her some verbal assistance that she hadn't really done it herself.

7/12/2000

V and S already arrived at stables and grooming their horses before researcher arrived! V, especially, more outgoing, confident, initiating conversation.

8/3/2001

V, riding dramatically improved, managing rising trot and much more in control, appeared much more confident both on and off the horse. Both her and S very pleased with themselves, breathless but beaming with the sense of achievement.

V talked of her problems of being overweight and of finding the motivation to exercise difficult.

However one week she explained that riding Ming instead of her usual horse gave her motivation to improve and she had enjoyed the exercise.

"I enjoyed riding Ming because he's more stubborn and it's a challenge. Also you have to really use your legs and it makes you feel good afterwards".

K

K was a diagnosed schizophrenic, which she spoke about quite openly. She explained she sometimes experienced hallucinations. Due to the medication she was prescribed she suffered from shaking and explained it sometimes made her "walk funny" and get very tired. At first she found it difficult to concentrate in a group riding situation but could manage with one to one instruction. As K had ridden prior to her illness she quickly regained her riding skills but explained that she suffered from a lack of confidence.

23/11/2000

V, K, S at first all withdrawn, un-communicative.

30/11/2000

K very unresponsive, withdrawn on yard. Finds it difficult to ask for assistance when stuck.

7/12/2000

K pleased to be trying a different horse and said had been looking forward to coming all week. Had problems tacking up due to her shaking but at end of riding session, managed to untack successfully.

18/1/2001

Instructor gave K a younger, more difficult horse to ride this week. K pleased with this and looked very proud to have been considered competent enough to ride this horse

8/3/2001

K explained the reason that she had missed the previous few sessions was because her back had been bad and her physiotherapist had advised her not to attend. However she said, " I couldn't stay away from riding any longer, I was really missing it". She went on to add that she had missed the rest of the group as well.

15/3/2001

Group very well gelled, asking each other how they are, pleased to see each other. L, K and S arranging to socialize outside of the sessions.

K freely asking questions during a session on different feeds.

When asked for her feedback on the sessions, K replied, "it helps your confidence to

try something new and succeed", and also how, "its nice to get out and have some fresh air-it makes you feel better".

DISCUSSION AND SUMMARY

It has emerged over the course of the research that the strongest element of the riding therapy has been the increase in confidence felt by the riders. This has been brought about by a combination of factors. Firstly, the medium of the horse as the motivating factor has encouraged the riders to attempt, and stick at, a new experience. Secondly, the environment has been instrumental, being perceived as safe and non-judgemental, an important factor for the riders. Lastly, the opportunity to acquire a new skill and see and feel a visible improvement in their ability has led to transference of the confidence gained into other social situations

Whilst the group studied did not include the psychotherapeutic aspect of the therapy in the curriculum in a structured manner, the staff being qualified riding instructors as opposed to psychotherapists, it has been shown by riding programmes in America how this can be an additional valuable aspect of riding therapy, and contribute to a growth in self-awareness (Bertoti 1988; Rector 1994; McCormick and McCormick, 1997)

A number of psychological theories are relevant to riding therapy, including those of Maslow (1970) and his hierarchy of needs table, and Seligman's learned helplessness theory (Seligman 1975).

Maslow believed that people need to have certain 'needs' met before full potential or 'self-actualisation' can be reached. Two of these needs especially relevant to the case study are, 'Belonginess and Love Needs' - to affiliate with others, be accepted and belong in your society or culture and 'Esteem Needs' - to achieve, be competent and gain approval and recognition. The case study illustrates this with many of the riders explaining that the fact that horses relate in a non-judgemental way and that the environment was a reflection of this was an important part of the experience for them. Obviously the sense of achievement gained from learning to ride, control a horse and how to relate to it as well as mastering new, physically demanding, stable management skills, meet the 'Esteem Needs'.

The motivation to change is a fundamental part of any therapeutic process. It has been suggested that "motivation is a concept which has been used by both psychologists and educationalists to explain differences among learners into the amount of effort they put into learning" (Entwistle 1985). Many people who face discrimination, such as the person suffering mental illness, become unmotivated and frustrated because they have become disillusioned at not being able to fulfill the 'normal' behaviour required of them by society, (Carson, Butcher and Coleman, 1988; Wilson and Kneisel, 1992).

Seligman's theory of 'learned helplessness' is relevant in this instance, where the individual becomes depressed and unmotivated when they learn that their actions do not generally produce any useful results, (Seligman 1975). Having a lack of control and power over one's life as do people who face discrimination and lack of opportunity, can therefore lead to 'learned helplessness'. Riding therapy can be a useful tool to employ to address this, Barber stating that, "The response should be environmental enrichment, by giving people experience of situations in which they are in control and achieve successful results", (Barber cited in Payne 1997).

Jung, a former disciple of Freud, believed in the importance of animal symbolism in dreams. He suggested that there are universal symbols and patterns, (the collective consciousness). Certain animals are included in these, including the horse, which are stored genetically within the nervous system and hold the key to the individual's fulfilment. According to Jung the psyche contains many of these unconscious archetypes, which need to be explored and brought into the conscious in order to reach self-actualization, (Jaffe 1980). Wilson (1984) refers to this as biophilia, the innate link between humans and animals. The psychologist Levison takes this theory further, proposing that because animals have played such an important role in humankind's evolution they are integral to our psychological well-being (Serpell 2000).

Perhaps aspects of these theories were what J was experiencing in her dreams of galloping wild horses.

The case study illustrated that riding therapy can be an effective therapeutic medium to employ for people with mental health problems. Whilst the research had huge limitations in terms of size, absence of control group and the difficulties inherent in measuring psychological outcomes, the fact that the riders themselves perceived their confidence to have increased so dramatically can be argued to be evidence enough of its success. That this rise in confidence had led to transferable skills, such as L undertaking volunteer work and S being able to go into shops alone, makes it a valuable tool for social workers and mental health practitioners to employ.

It is suggested that riding therapy can be suitable as an intervention for a far wider selection of social work service users than the case study group alone. A case study of the effectiveness of riding therapy on reducing disciplinary reports within the adult judicial system being provided by Cushing and Williams (1995).

Youth offending is an area in which riding therapy could be employed to great effect as it is with young people that horses also appear to serve as an effective motivational medium, as Rector (1994) and Nelson (1987) observe. Their programmes, in addition, provide examples of the preventative aspect of the therapy in its ability to increase self-awareness, self-esteem and confidence and responsibility in young people.

A large draw back to riding therapy is the considerable cost involved in running a riding therapy establishment. However these do not appear as huge if they are weighed against the costs involved in incarcerating a young offender in prison or institutional care. Similarly, the 'revolving door' syndrome of people with mental illness being constantly re-admitted into psychiatric care has proved to be ineffective for large numbers of people. Riding therapy provides an alternative to this scenario by utilising the non-judgmental and mirroring capacity of the horse as therapist to reach into the psyche of the traumatized, alienated, individual and offer them a way back into society.

ACKNOWLEDGEMENTS

I am grateful to the riders and staff of the riding therapy sessions for allowing me to conduct this study and giving up their time. Also thanks to my tutors at Exeter University, Andy Taylor and Deirdre Ford, for their advice and encouragement. Last but not least, I would like to thank Helen Cottington for introducing me to the group and initiating the project in the first place.

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