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Accept a Helping Hoof? Openness to Equine-Assisted Mental Health as an Emerging Alternative Therapy: A Descriptive Study among College Students

Wyntre Robinson

Abstract: Equine-assisted mental health (EAMH) therapies utilize horses in therapy for a variety of emotional and psychological issues. One of the limitations of EAMH is the lack of interest among participants, but no literature is available to explore this. The purpose of this study was to measure awareness of and openness to EAMH interventions in college students in order to identify characteristics that correlate with openness to EAMH. Sixty-nine participants completed the Openness to Equine-Assisted Mental Health Inventory which measures openness to EAMH and openness to other alternative therapies, loss of faith in traditional therapies, the Big Five personality trait of openness to experience, conservative and liberal attitudes, risk-taking tendencies, interest in outdoor activities, and interest in horses. Gender differences in openness to EAMH were also analyzed. The only statistically significant relationship to openness to EAMH was a positive correlation with openness to alternative therapies. Openness to EAMH increases as openness to other alternative therapies increases.

Horses and their unique contributions to mental health therapy are gaining recognition. A need exists for alternative therapies, particularly for children, adolescents, and those described as at-risk (Ewing, MacDonald, Taylor, & Bowers, 2007). The distinctive characteristics of horses set them apart as especially useful with children and adolescents, for whom other forms of therapy are often inadequate (Schultz, Remick-Barlow, & Robbins, 2007). The following literature review establishes the need for alternative therapies and outlines different types of equine-assisted mental health (EAMH) therapies. An overview of the theoretical foundations of EAMH therapies will be presented as well as the range of their therapeutic value.

Need for Alternative Therapies

Children and adolescents, particularly those considered at-risk, are a challenging group to reach and often require alternative therapies. The term at-risk is used to describe children who experience a wide variety of problems that may include abuse, mood disorders,

learning disabilities, and inconsistent parenting (Bowers & MacDonald, 2001). These young people are less likely to respond to traditional therapy in an office setting and often view adults with mistrust and apprehension (Ewing et al., 2007). Adolescents are often not as verbal about their feelings and are sensitive to the stigma of being different, inhibiting the effectiveness of participation in traditional talk therapy (Glazer, Clark, & Stein, 2004). Tetreault (2006) asserts that one method alone is not enough to address the issues many youth face. The mental health of children and adolescents is of utmost importance for the future, as pointed out by Trotter (2006).

Types of Equine-Assisted Mental Health Interventions

EAMH includes several therapy models. The models are alike in many ways, but each has a unique emphasis. The following are three main therapy approaches utilizing horses in therapy.

Equine-assisted psychotherapy: Equine-assisted psychotherapy (EAP) utilizes a horse as a part of the therapeutic team, typically focusing on ground work with the horse in a group setting (Shultz, 2005). Ground work consists of all interactions with horses while not mounted. EAP works on the premise that horses are intimidating and frustrating, which brings issues to the surface that can then be addressed. EAP is goal-directed and provided by a licensed therapist in partnership with a trained horse handler (Macauley & Guitierrez, 2004). Objectives include working through unfinished business, relieving psychological distress, living more fully in the present, and changing destructive patterns of behavior (Klontz, Bivens, Leinart, & Klontz, 2007).

Equine-facilitated psychotherapy: Equine-facilitated psychotherapy (EFP) is similar to EAP but has a different focus (Shultz, 2005). EFP utilizes riding and is built upon the assumption that working with a horse results in feelings of security because of the structured environment and relationship with the animal, resulting in therapeutic benefit. EFP is not only about riding; participants learn about and care for the horses while they are working with them. Like EAP, EFP is a hands-on approach aiming to foster a sense of order, understanding of boundaries, focus, and trust (Ewing et al., 2007).

Hippotherapy: The name hippotherapy describes the broad use of horses in any type of therapy. However, it is focused on physical concerns, not on emotional or psychological issues so it is not included as a mental health therapy (Glazer et al., 2004). Vidrine, Owen-Smith, & Faulkner (2002) define hippotherapy as referring to physical, occupational, or speech therapy. Hippotherapy is conducted while mounted and utilizes the movement of the horse to address somatic disabilities (Macauley & Guitierrez, 2004). A horse's stride is especially beneficial because it closely mimics normal human movement and improves balance and gait (Yorke, Adams, & Coady., 2008). Hippotherapy is done in a group, sometimes like a horseback riding lesson.

Theoretical Foundations of Equine-Assisted Mental Health Therapies

Equine therapies fall under three major therapy models: animal therapy, experiential therapy, and play therapy. By incorporating an animal in the therapeutic process, EAMH therapies are a form of animal-assisted therapy. EAMH therapy is classified as experiential because it is based on metaphors and direct experience to facilitate change (Klontz et al., 2007). As an interactive model, EAMH therapies also have many of the benefits of play therapy (Schultz, et. al., 2007).

Yorke et al. (2007) point out that equine-human bonds have many of the same aspects as the bond between therapist and client, such as unconditional positive regard, trust, intimacy, and consistency of the relationship — all fundamental to the client-centered therapy of Carl Rogers. EAMH therapy models are related to Gestalt therapy because of the shared emphasis on body language, the chief means of communication with horses, as well as role-playing (Schultz et al., 2007). Burgon (2003) pointed out that horses are relevant to Maslow's hierarchy of needs because they contribute to the fulfillment of belongingness and love needs, as well as esteem needs. Horses also play a prominent role in Jung's symbolic theory and archetypes.

Therapeutic Value

Projection and transference: Horses offer opportunities for projection and transference that can be explored without interference from interpersonal factors common with a traditional therapist (Klontz et al., 2007). This allows horses to act as natural catalysts and metaphors that allow issues to surface and then be addressed. As such, horses facilitate the resolution of unfinished business, described by Klontz et al. as interfering, unexpressed feelings linked to past experiences. In a study by Bowers and MacDonald (2001), participants were purposefully paired with horses based on shared characteristics in order to facilitate an understanding and exploration of feelings and issues.

Metaphoric meaning: Working with horses provides many opportunities for metaphoric meaning that can be generalized to other situations. Examples include Bizub, Joy, and Davidson's (2003) report of one rider's opinion that overcoming fear opened up a horizon of hope — an inspiration that she could also make strides in recovery from severe psychiatric disability. Parents of grieving children in Glazer et al.'s (2004) study said that their children were more trusting and open in relating with them after trusting and being open with the horses.

Immediacy responses: Horses offer immediacy responses by giving prompt, unbiased feedback in an easily recognizable way (Vidrine et al., 2002). Horses are sensitive and quickly pick up on physical and emotional messages, and then they mirror the ambiance. Schultz et al. (2007) states that individuals are better able to understand previously unrecognized behavior when it is reflected back to them. Immediacy responses of horses also encourage congruence between feelings and behaviors.

Secure relationship: Horses are patient, cooperative, and receptive to people and they

offer unconditional positive regard; they also offer an unprejudiced, unbiased opportunity for a relationship and do not judge or have expectations (Vidrine et al., 2002). Case studies (e.g. Burgon, 2003; Bizub et al., 2003) report that people sense unconditional positive regard and readily respond with trust. Sharing with a horse confidant is safe; participants are often comfortable whispering their secret thoughts to their horse (Burgon, 2003). An animal is often less intimidating than a person, especially for an abuse victim. A positive relationship between client and therapist is a strong predictor of the success of therapy. Horses offer a unique approach to the therapeutic relationship.

Physical interaction: Horses offer the benefit of body-to-body touch through riding and grooming. Working with horses requires learning to read and give subtle body cues, increasing awareness of body language (Bowers & MacDonald, 2001). Conscientiousness is necessary for safety around horses. Frewin and Gardiner (2005) posit that even clients feigning indifference are required to become involved by being more attentive. Bizub et al. (2003) observed that riding is a strenuous enough activity to be beneficial but not overtaxing.

Modeling: With their large size and prey animal instinct, horses are ideal for modeling respectful, firm, and consistent boundary setting (Frewin & Gardiner, 2005). According to Bowers and MacDonald (2001), victims of abuse can relate to a horse's fear and benefit from being able to direct a large animal's actions as the participant regains a sense of power and control over their lives. According to Deaton (2005), the size and power of horses gives a pertinent physiological impact to prison inmates. Horses must be respected and violence will not produce desired results – inmates had to forsake the behaviors that brought many of them into prison and instead rely on communication when working with horses.

Stimulating atmosphere: Horses supply a recreational aspect to therapy that helps children enjoy and even take pride in their therapy according to Macauley and Gutierrez (2004). A pleasant activity is usually easier to do. Being active outdoors will most likely be more pleasant to a child than an office setting. Macauley and Gutierrez postulate that the child's attention is on interacting with the horse instead of focused entirely on therapeutic tasks, thus allowing therapy to be more efficient, avoid monotony, and ultimately lessen resistance. Working with horses is also normalizing for individuals with psychiatric disabilities because horses are accepted and appreciated by the general public (Bizub et al., 2003).

Interactive outdoor setting: According to Schultz et al. (2007), the outdoor setting stimulates the senses and is conducive to physical awareness. Simply being around animals and outside in nature is described as beneficial by many people (Burgon, 2003). Being around horses offers an activity for riders to socialize with people who have common interests (Yorke et al., 2008). The group approach is common and recognized as beneficial.

Limitations of Equine-Assisted Mental Health Interventions

Health problems such as asthma and allergies may prevent some people from being near horses (Vidrine et al., 2002). Horses are not always readily accessible, and they are costly. Another limitation to EAMH therapy is that not everyone is interested in working with horses. Participants may decline to participate in an EAMH therapy or drop out because of disinterest (Bowers & MacDonald, 2001).

Current research on EAMH interventions has identified lack of interest as a major limitation to EAMH therapy (e.g. Bowers & MacDonald, 2001). This problem may keep prospective participants from trying EAMH therapy or remaining in an EAMH program. It may also limit their engagement and consequently decrease therapeutic gain. However, there is no literature available that explores this limitation. Identifying individuals who are likely to be open to equine-assisted therapies will enable equine-assisted therapists to target a receptive group that is more likely to be interested in and engaged in the therapy, resulting in enhanced therapeutic value for these participants. The purpose of this study was to measure awareness of and openness to EAMH interventions in college students in order to identify characteristics that correlate with openness to EAMH.

Definition of Terms

Nine terms or concepts are operationally defined and guided this study. All will be assessed by the Openness to Equine-Assisted Mental Health Inventory (OEAMHI) by responses listed on a Likert scale.

1. EAMH is defined as mental health therapy utilizing interaction with horses for therapeutic benefit and includes several models, namely EAP and EFP.

2. Openness to EAMH therapies is operationally defined as the claimed willingness to participate in an EAMH therapy if psychotherapy was needed or the claimed readiness to recommend an EAMH to a friend or family member in need of psychotherapy. It will be assessed by responses to items such as the following statement: I would be interested in trying an EAMH therapy if I needed psychotherapy or counseling.

3. Openness to other alternative therapies will be operationally defined as the claimed willingness to try psychotherapies differing from the traditional talk therapy model. It will be assessed by responses to items such as the following statement: Having different alternative therapies to choose from helps people find a therapy that is both enjoyable and beneficial to them.

4. Loss of faith in traditional talk therapy is operationally defined as the disbelief in its effectiveness. It will be assessed by responses to items such as the following statement: The typical office setting is not ideal for psychotherapy and counseling for many people, especially children.

5. Openness to experience is defined as the Big-Five personality trait describing the characteristics of being open to new experiences, unconventional, and creative (Gosling,

Rentfrow, & Swann, 2003). It will be assessed by responses to items such as the following statement: I am open to new experiences.

6. Risk-taking tendencies are defined as the reported level of risk-taking (Blaise & Weber, 2006). It will be assessed by responses to items such as the following statement: I would like to try things like sky diving or bungee jumping.

7. Conservative attitudes are operationally defined as the valuing of traditional and conventional approaches. Liberal attitudes are operationally defined as the valuing of new, progressive and tolerant approaches. They will be assessed by responses to items such as the following statement: I value flexibility and tolerance more than tradition.

8. Interest in outdoor activities is defined as the enjoyment of the outdoors and a variety of outdoor activities like camping and hiking. It will be assessed by responses to items such as the following statement: I am happiest outdoors.

9. Interest in horses is operationally defined as the enjoyment of activities involving horses, including riding, grooming, and any interaction with horses. It will be assessed by responses to items such as the following statement: I enjoy being around horses and working with them.

Hypotheses

Null hypotheses. Three null hypotheses were tested in this study.

1. There is no relationship between openness to other alternative therapies and openness to EAMH.
2. There is no relationship between loss of faith in traditional talk therapy and openness to EAMH.
3. There is no relationship between the Big-Five personality trait of openness to experience and openness to EAMH.

Alternative Hypotheses

Three alternative hypotheses were addressed in this study.

1. There is a relationship between openness to other alternative therapies and openness to EAMH.
2. There is a relationship between loss of faith in traditional talk therapy and openness to EAMH.
3. There is a relationship between the Big Five personality trait of openness to experience and openness to EAMH.

Research Questions

Six research questions were addressed in this study.

1. Is there a relationship between conservative or liberal attitudes and to openness to EAMH?
2. Is there a relationship between risk-taking tendencies and EAMH?

3. Is there a relationship between interest in outdoor activities and openness to EAMH?
4. Is there a relationship between interest in horses and openness to EAMH?
5. Is there a relationship between previous or current pet ownership and openness to EAMH?
6. Are there gender differences in openness to EAMH?

Method

Participants

A sample of convenience was drawn ($n = 69$) from undergraduate students at a private Christian university. There were 21 male participants and 47 female participants, and one participant did not indicate his or her gender. Participants were treated in accordance with the Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2002).

Materials

The OEAMHI was used to measure openness to EAMH, openness to other alternative therapies, loss of faith in traditional talk therapy, conservative versus liberal attitudes, interest in outdoor activities, and interest in horses. The OEAMHI is an original assessment tool created by the author for use in this study. These variables were measured by original assessments that lack research to support them as valid or reliable. The Big Five personality trait of openness to experience was measured by a variation of the brief Big-Five personality assessment described by Gosling et al. (2003). This brief assessment has been shown to be a reasonable proxy to the widely accepted Big-Five personality scale. Risk-taking tendencies were measured by a modified version of the Domain Specific Risk-Taking Scale (DOSPERT) which has been established as valid and reliable (Blaise & Weber, 2006). Data was based upon self-report from participants through Likert scales.

A short pre-survey asked participants if they have ever heard of EAMH or its most common therapies. Participants were then asked to indicate what they thought EAMH therapies were. The actual survey, OEAMHI, contained a brief definition and description of EAMH to familiarize participants with the therapy. (See appendix.)

Design and Procedure

The design of this study was non-experimental — it was correlational and descriptive. With the professors' permission, participants were asked to contribute by completing surveys during class time. This sample came from two sections of a required lower-division fitness class. There was no incentive or compensation for participants.

The participants were given a paper-clipped packet containing the informed consent forms, pre-survey, and OEAMHI, respectively. The informed consent form was read

aloud to them, and they were asked to indicate with their signature if they agreed to it. The informed consent forms were then collected while the participants filled out the pre-survey and OEAMHI. Lastly, the pre-survey and OEAMHI were collected. This was the standard procedure, although for two or three participants the informed consent forms were not collected before the survey was completed.

Data Analysis

All survey data were scored and coded before being entered into SPSS 15.0 for analysis (see Appendix for scoring key). An alpha level of .05 was used for all statistical tests. Each of the following hypotheses was tested in their null form using Pearson's product-moment correlation.

1. There is a relationship between openness to other alternative therapies and openness to EAMH.
2. There is a relationship between loss of faith in traditional talk therapy and openness to EAMH.
3. There is a relationship between the Big Five personality trait of openness to experience and openness to EAMH.

The following research questions were analyzed using Pearson's product-moment correlation, with the exception of gender differences in openness to EAMH which was analyzed using independent-samples *t*-tests.

1. Is there a relationship between conservative or liberal attitudes and to openness to EAMH?
2. Is there a relationship between risk-taking tendencies and openness to EAMH?
3. Is there a relationship between interest in outdoor activities and openness to EAMH?
4. Is there a relationship between interest in horses and openness to EAMH?
5. Is there a relationship between previous or current pet ownership and openness to EAMH?
6. Are there gender differences in openness to EAMH?

Results

The sample consisted of 21 male participants and 47 female participants ($n = 69$). On the pre-survey 16% of the participants indicated that they had heard of EAMH therapies before and 30% were able to correctly identify EAMH therapies as a type of therapy using horses, see Figure 1.

Hypothesis 1

Correlational analysis of Hypothesis 1, there is a relationship between openness to EAMH and openness to other alternative therapies, revealed a statistically significant

positive correlation, $r = .324$, $r^2 = .105$, $p = .007$ ($n = 67$). As openness to alternative therapies increases openness to EAMH also tends to increase. Approximately 11% of openness to EAMH is explained by openness to other alternative therapies.

Hypothesis 2

Correlational analysis of the relationship between openness to EAMH and loss of faith in traditional talk therapy showed a slight positive correlation, $r = .128$, $p = .302$ (ns). Openness to EAMH slightly increased with loss of faith in traditional talk therapy but this was a very weak relationship and not statistically significant, see Table 1.

Hypothesis 3

Correlational analysis of the relationship between openness to EAMH and the Big Five personality trait of openness to experience showed a very slight positive correlation, $r = .12$, $p = .409$ (ns). Higher scores of openness to experiences correlated slightly with openness to EAMH but this was a very weak relationship and not statistically significant, see Table 1.

Research Question 1

Correlational analysis of the relationship between openness to EAMH and conservative versus liberal attitudes showed no correlation, $r = .000$, $p = 1.000$. There was no relationship between openness to EAMH and liberal versus conservative attitudes (see Table 1).

Research Question 2

Correlational analysis of the relationship between risk-taking tendencies and openness to EAMH showed a slight positive correlation, $r = .126$, $p = .312$ (ns). Openness to EAMH increased slightly as risk-taking tendencies increased, but this was a weak relationship and not statistically significant (see Table 1).

Research Question 3

Correlational analysis of the relationship between interest in outdoor activities and openness to EAMH showed a slight positive correlation, $r = .142$, $p = .258$ (ns). Interest in outdoor activities increased slightly as openness to EAMH increased, but this relationship was weak and not statistically significant (see Table 1).

Research Question 4

Correlational analysis of the relationship between openness to EAMH and interest in horses showed a positive relationship. This correlation, $r = .216$, $r^2 = .047$, $p = .079$ (ns) ($n = 67$), was strong but not statistically significant. As interest in horses increases openness to EAMH also tends to increase, although this relationship was not quite

strong enough to be statistically significant.

Research Question 5

Correlational analysis of the relationship between pet ownership and openness to EAMH showed a very slight negative correlation, $r = .042$, $p = .738$ (ns). Pet ownership correlated very weakly with lower openness to EAMH, but this relationship was not statistically significant (see Table 1).

Research Question 6

For the research question about gender differences in openness to EAMH, independent samples t-tests showed that there are gender differences that are close to being statistically significant, $t(66) = -1.95$, $p = .056$ (ns). Mean openness to EAMH scores were M men = 21.05, $SD = 10.61$, M women = 26.47, $SD = 10.48$. There are gender differences in openness to EAMH, as women tend to be more open to EAMH than men, but this trend was not quite strong enough to be statistically significant.

Other Interesting Findings

Several statistically significant trends emerged from the correlational analysis of the data. Openness to alternative therapies was positively correlated with openness to experience and interest in outdoor activities, $r = .378$, $r^2 = .143$, $p = .001$, and $r = .274$, $r^2 = .075$, $p = .023$, respectively. As openness to experience and interest in outdoor activities increase, openness to alternative therapies also increases. Approximately 14% and 8% of openness to alternative therapies is explained by openness to experience and interest in outdoor activities, respectively. Risk-taking tendencies were correlated with interest in outdoor activities, $r = .294$, $r^2 = .086$, $p = .025$. Risk-taking tendencies increase as interest in outdoor activities increase. Approximately 9% of interest in outdoor activities can be explained by higher risk-taking tendencies.

Summary

The only statistically significant result regarding to openness to EAMH was the positive correlation between openness to alternative therapies and openness to EAMH. Openness to EAMH increases as openness to other alternative therapies increases. Interest in horses was also positively correlated to openness to EAMH, as openness to EAMH increases as interest in horses increases, but this relationship was not strong enough to be statistically significant. Women tend to be more open to EAMH than men; however, this was not a strong enough trend to be statistically significant. There were no significant correlations between openness to EAMH and loss of faith in traditional therapies, openness to experience, conservative versus liberal attitudes, risk-taking tendencies, interest in outdoor activities, or pet ownership.

Discussion

The purpose of this study was to measure awareness of and openness to EAMH interventions in college students in an attempt to identify characteristics that correlate with openness to EAMH. Descriptive findings from the pre-survey showed that 16% of participants had heard of EAMH before, and 30% were able to correctly define it as therapy using horses. This suggests that limited but present awareness of EAMH exists. The results from the OEAMHI showed that the more a person is open to alternative therapies, the more likely they are to be open to EAMH. Results also showed that the more a person is interested in horses the more likely they are to be open to EAMH, but this was a weak relationship. None of the other variables of the hypotheses and research questions, loss of faith in traditional therapies, openness to experience, conservative versus liberal attitudes, risk-taking tendencies, interest in outdoor activities, or pet ownership, were shown to have anything to do with openness to EAMH. Women tended to be more open to EAMH than men did, although this was not a strong or significant trend.

The variables chosen to be analyzed for correlation with openness to EAMH had face value for the possibility of a relationship with openness to EAMH. However, it was expected that there would be few, if any, significant correlations with openness to EAMH considering that there is no research that suggests these variables are related to openness to EAMH. Not finding very many correlations with openness to EAMH may also indicate that there is not a particular profile of individuals who are more open to EAMH. The limitations of this study may also have impeded finding statistically significant results.

There were several limitations of this study. A main limitation was the lack of research to guide the choice of variables that might correlate with openness to EAMH. A second major limitation was time constraints, as this study had to be designed and completed within two months, which prevented the collection of an optimal sample size and required narrowing the scope of variables studied. Time constraints also necessitated a brief assessment tool, which may not have been detailed enough to collect accurate data for each variable. The assessment tool was also an original inventory, and although parts of the inventory were based on valid and reliable instruments, it was not established as valid or reliable as a whole.

Other limitations regarding the sample include the use of a sample of convenience and not a random sample. The sample was also drawn from a private Christian university which may have been an interfering subject variable. The sample may also have characteristics unique to college students and not generalizable to the general population. Lastly, because the surveys were taken during class time some students may have rushed through them in order to leave class early or finish other activities. Ultimately, this study was not a comprehensive or exhaustive treatment of openness to EAMH.

The one statistically significant finding of this study, that people who are more open to alternative therapies tend to be more open to EAMH, could help EAMH therapists

target people who are open to alternative therapies and are more likely to be open to EAMH, mobilizing benefit from EAMH. This study is noteworthy because there is no other research in this area.

This study also contributes to the EAMH field by providing a description of how aware people are of EAMH. This can help guide efforts to increase public awareness of EAMH. As more research is done regarding EAMH, the psychological community will become more aware of EAMH as an emerging field. Finally, increased awareness will inspire new research on EAMH. This study plays a part in that role by exploring aspects of EAMH.

Future research should explore more in depth the correlation between openness to EAMH and openness to other alternative therapies, as well as interest in horses. Studies could also re-examine the variable from this study but be designed without the limitations of this study, including avoiding time constraints and sample weaknesses. Other variables should also be included for further study. Relationships to consider include the relationships between openness to EAMH and socioeconomic status, religious affiliation, and ethnicity. Future research could take a different angle and analyze the demographic characteristics and traits of people who are currently participating in and benefiting from EAMH. This approach could perhaps yield more applicable variables to study.

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Author's Note

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Table 1
Correlations of Openness to Equine-Assisted Mental Health Therapies

Variable	Openness to Equine-Assisted Mental Health			
	r	p	n	r ²
Openness to Alternative Therapies*	.324	.007	67	.105
Loss of Faith in Traditional Therapies	.128	.302	67	.016
Openness to Experience	.102	.409	67	.010
Conservative/Liberal Attitudes	.000	1.000	66	.000
Risk-Taking Tendencies	.126	.312	66	.016
Interest in Outdoor Activities	.140	.258	67	.020
Interest in Horses	.216	.079	67	.047
Pet Ownership	-.042	.738	66	.002

*Indicates statistical significance at alpha = .05.

Figure 1
Bar Graph of Definitions of Equine-Assisted Mental Health

