The Perceived Benefits of Equine Assisted Therapy:

A Thematic Analysis Based on Small Scale Study Interviews of Equine Assisted
Psychotherapists and Counsellors

Aimi Tipton

A dissertation submitted to Auckland University of Technology in partial fulfilment of
the requirements for the qualification of Master of Psychotherapy.

2014

Department of Psychotherapy

School of Public Health and Psychosocial Studies

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed:

Aimi Tipton

Date:

Acknowledgments

I would firstly like to thank two lecturers who have helped me on this very long journey to become a psychotherapist: Dr. Keith Tudor (dissertation supervisor) and Dr. Stephen Appel (clinical supervisor).

Keith, thank you for all your guidance and support throughout this process. You have helped me keep the end in sight when I felt lost, angry, frustrated or anxious. I have learnt a lot from our time together, and that has been invaluable.

Steve, throughout my training you helped me discover my own style as a therapist and embrace my strengths, and challenge my weaknesses. You taught me to be myself and trust my instincts both in and outside the therapy space. I want to thank you for always believing in me and helping me see that in myself.

I would also like to thank Sara Hamilton, whose generosity and passion has been an inspiration. You have invited me into your home, your work and your stables, and offered me an experience for which I will always be thankful. I hope to continue to work with you in the future.

Finally, I would like to thank each of the participants who contributed to this research project. Without their kindness, honesty and willingness to share their stories this dissertation would not have been possible.

Dedication

It is my belief that for anything to be strong and successful there needs to be a solid foundation. In my case, this foundation is my family. There are six people in my family that have been an incredible influence and inspiration in my life. Each of these people has taught me that love, support and laughter is the key to success.

The first person in my family that I would like to acknowledge is my Dad, who has always taught me to dream big and fight for that dream no matter what. He has been the driving inspiration for my successes and has given me the motivation to get back up when knocked down by a bump in the road. Without his encouragement and insistent belief that I could achieve my dreams I would never have continued my studies and began my career as a psychotherapist.

The second person I would like to thank is my Mum. She has, without fail, put me and my sister first, no matter what. She has always been there for me whenever I have needed a helping hand or a push in the right direction. I would not have got so far in my studies or my life if Mum was not there by my side along the way. Mum's exceptional proof reading skills have been an asset that I could not have done without, and she always helped me go through every assignment, no matter what time of night. I could not have asked for a more supportive and loving mother.

Another person I would like to acknowledge as a resounding inspiration to all who have met him is my Grandad. This man has touched so many people in so many ways, the loss of him has left both a space that will never be filled and amazing and incredible memories that I will forever cherish. My Grandad is one of the most unbelievable people I have ever had the joy to love. He taught everyone that a life worth living is a life filled with love, joy and laughter. He was never shy to tell a joke, and always found time for fun and jest. Without fail this man gave everything for his family, his friends and those in need. I will always wish that he was around to see this to completion, but I know he will be forever there in memory and in spirit.

The next people who need to be acknowledged are my sister and my brother in law, Kelsie and Gavin. Gavin never fails to baffle me with his laid back, relaxed attitude no matter what the circumstances. He has this amazingly calm nature that just emanates from him and calms those around him. He is one of the most thoughtful people I know and is always willing to help me out whenever I need it. Kelsie has been more to me that a sister, she is my best friend. She has been there since the beginning and watched

me make mistakes and helped me through some devastating times. Even though she lives in my shadow, she has always encouraged me to grow.

The final person who has been a resounding inspiration to me is the love of my life, Daniel. You have seen me at my best and at my worst and throughout it all you have loved me unconditionally. You have been there when things have fallen apart and been there for my greatest successes and throughout all the changes, growth and struggle you never once gave up on me. This man has never failed to make me laugh, let me cry or motivate me when I need it most. His drive to always be better, always improve, but laugh and celebrate along the way has been a consistent surprise to me throughout the years. I couldn't have done this without you. Thank you! Xx

Thank you! We did it! Xx

Abstract

The focus of this research was to develop a thematic analysis based on therapists' perceptions of the benefits of Equine Assisted Therapy (EAT), to understand why this therapy is not used or accepted as a viable treatment option. Four interviews were conducted with two Equine Assisted Psychotherapists and two Equine Assisted Counsellors. From these interviews three main themes where identified; EAT Modality, Other Theory and Practice, and the New Zealand Context with Regards to EAT.

These three themes contribute to how the therapists perceive the benefits of EAT and allude to the potential limitations of this form of treatment. The first main theme, 'EAT Modality', spoke of the specific factors that this modality offers to provide clients with a different and powerful experience, such as the qualities of horses and the qualities of therapists. The second main theme 'Other Theory and Practice' offered theoretical concepts that contribute to the efficacy of this treatment method, such as unconditional positive regard and projection. This main theme also identified for which client diagnosis this form of therapy can be relevant. The third main theme 'New Zealand Context with Regards to EAT' identified the single limitation within this study; the therapist's safety in New Zealand.

Overall, the three main themes have identified what the therapists' believe are the benefits of EAT; the modality itself, the theory and practice used within the sessions, and the New Zealand context. It seems that EAT is hugely beneficial within New Zealand as it is an established horse country and much of the population is rural. EAT fits well into this society and offers an outdoor experience which provides a new and different way of working therapeutically. However, the therapists who work in this modality concluded that the therapist's safety is a substantial limitation. The participants noted they felt alone in their work and the support provided was restricted. The use of projection and unconditional positive regard appears to provide clients with an opportunity to place their unwanted and painful feelings onto another object (in this case, a horse) and work with them in a physical and emotional manner. The unconditional positive regard that the horse offers the client seems to give the client a space where they do not feel judged or reproached for their undesirable parts of self and feel accepted by the horse, no matter what. The EAT modality presents the client with an active, directive form of therapy, which is outdoors, and fun.

Introduction

Equine Assisted Therapy (EAT) is a form of short-term experiential therapy that uses interactions with horses to encourage emotional growth and learning. This means that clients "learn about themselves and others by participating in activities with the horses and then process the thoughts, beliefs, behaviours and patterns" (Equine Assisted Growth and Learning Association, 2006, p. 13). It is a collaborative modality in which a licensed therapist, or other mental health professional, and a horse professional work together with a client and the horses to develop and work towards therapeutic goals. This approach is based on the premise that clients have their own answers and that they have the ability to overcome their struggles and find healthier solutions when encouraged and given the opportunity (EAGALA, 2006).

The benefits of EAT and other equine assisted modalities has been a topic of interest of the recent literature (Smith-Osborne & Selby, 2012). However, there is little information that investigates the therapists' experience of this method and their perception of its limitations when working with clients.

The main principle of EAT is that the client uses the information they learn from their time working with the horses to internalise their newly developed skills onto their personal relationships with people. Clinical examples within the literature have described individuals who learn that changing their body language and physical manner encourages a more engaged response from the horse and, in turn, from people (Boyd Webb, 2006).

Smith-Osborne and Selby (2012) reported that the recent theoretical and empirical literature has suggested the following psychosocial effects of participating in equine assisted activities are "socialization and companionship, self-esteem, enhancement, improvement in personal space/boundary issues and other attachment-related problems, reduction in emotional blunting and incongruence" (p. 292). It is benefits such as these, which make the study of EAT an interesting form of treatment for a short-term therapeutic modality. Much of the research to date has primarily noted the positive impact this treatment option has for individuals of mental ill health. EAGALA (2006) identified that "EAP addresses a variety of mental health and human development needs, including behavioural issues, attention deficit disorder, substance abuse, eating disorders, abuse issues, depression, anxiety, relationship problems and communication needs" (p. 16). Yet, little has been identified so far in regard to any

potential disadvantages of this particular treatment and the perceptions of the therapist who use this treatment modality.

The structure of this study will be as follows:

Chapter One: This section is an overview of the current literature, the researcher's interest in this topic and a brief description of the EAT treatment model, EAGALA.

Chapter Two: Outlines the theoretical perspective and methodology used in this research project, with particular focus on thematic analysis.

Chapter Three: Is largely based on Braun and Clarke's (2006) six stages of data collection and analysis and how this was used within this project.

Chapter Four: Describes the outcomes and results developed from this study and creates potential meaning from the themes identified from the interview process.

Chapter Five: Works through the implications of this study in the New Zealand context and discusses potential limitations to the project. It also has a focus on the researcher's personal reflections regarding the research process.

Chapter One: Research Topic

My Interest in the Topic

As a child I was always interested in animals; I would always be drawn to caring and helping any animal that came in my direction. My childhood dream was to become a veterinarian and save animals from pain and suffering. As I grew older, I began to wonder if my attachment to animals was more about my inability to care for myself. I could tend to the animals needs because I was unable to tend to my own. It was at this point I became interested in caring for and supporting people, which is how I ended up in the field of psychotherapy. Equine Assisted Therapy (EAT), offers me the ability to bring both of my passions together, my love for animals and my love of caring for other.

My interest in this topic began when I attended an EAT open workshop and met a fellow psychotherapist, Sara Hamilton. Sara invited me to partake in a few EAT sessions as an EAT therapist and I fell in love with the freedom, openness and honesty that this form of therapy offers. Sara's generosity, both in allowing me into her home and into her work life, has given me the opportunity to develop my therapeutic instincts and strengthen my client work. The more I attended these sessions, the more I saw the benefit of this instinctual and active therapy. The clear benefits that were produced in the sessions, lead me to ponder why this therapy was not openly acknowledged or used in the wider community.

The more I read, the more the research highlighted the benefits of EAT, though I found little written about its limitations. I spoke to a number of people who work in different areas of mental health support, such as psychotherapists, counsellors, psychologists, community support workers, and other clinical workers from the local District Health Board. What I noticed was most people had little or no knowledge of what EAT was and what this therapy can do for clients and those who experience mental ill health. This sparked my interest in this form of therapy as all the literature I read reported the benefits of EAT for all types of clients. Moreover, despite the fact that New Zealand is viewed as promoting an outdoor lifestyle, it appears that EAT is not well known or widely used in New Zealand. Also, I was particularly interested in the limitations of this particular therapeutic modality as these seemed absent in the literature.

My interest in this modality has grown since experiencing this therapy; so much so that I am currently planning on participating in the EAGALA Stage One training programme that is being run later this year. The training will allow me to work as an Equine Assisted Psychotherapist and offer this modality to any and all of my clients. By offering this form of therapy to my clients, and the organisations I am affiliated with, such as Work and Income New Zealand, Child Youth and Family Services, Intensive Clinical Support Services and Marinoto Youth Services, I hope to do my part and educate the community about the possibilities that EAT can offer.

A Brief Literature Review

EAT is increasing in popularity in many countries around the world such as Australia, the United Kingdom and Canada, but most predominantly in the United States of America (Equine Assisted Growth and Learning Association, 2012). In New Zealand, EAT is still in its early years of development, as it was established around 15 years ago.

Much of the literature reviewed for this dissertation has been sourced from the United States of America, which is where EAT was originally developed and has its largest following. Where possible New Zealand research was prioritised, but due to its early stage of development, there were limited resources available.

It was felt that while much of the American literature offered insight into the history and development of EAT, and case examples of sessions, it was not specific to a New Zealand context. This literature was read and digested, but felt not significant to this small sized study.

It was also interesting to note that the majority of the research and literature, both in New Zealand and overseas, focused mainly on the benefits of this treatment modality. There was little found that describes serious deficits in this model, which in itself stimulated my curiosity.

The literature suggests that many people associate EAT with the well-known organisation 'Riding for the Disabled'. While EAT is a different working model, it does in fact have its origins from the organisation North American Riding for the Handicapped Association (NARHA) (Dorotik,2011). Dorotik (2011) suggested that "As early as 1969 … (NARHA) recognized the physically therapeutic impact of riding for those with physical disabilities" (p. 1); this then opened the gates to other benefits that horses can offer. A number of organisations began using horses during

their therapy sessions to great success. One such organisation EAGALA, established a training programme to encourage safe and effective work with horses and clients.

The articles sourced to date speak of the importance of animal companionship to humans in everyday life. Emmens (2007) suggested that "exposure to animal relationships in childhood provide rich learning experiences that contribute to the child's ongoing sense of self and connectedness to their environment" (p. 22). It is this concept that has developed the idea of EAT for the treatment of mental ill-heath (Smith-Osborne & Selby, 2010).

The most common treatment modality is known as the EAGALA model (developed by the Equine Assisted Growth and Learning Association) (Tetreault, 2006). However, there are other models of EAT used within the United States of America. Dorotik (2011) does caution against these other models, stating:

> smaller organizations quickly … offer certifications and workshops … Not recognized by NARHA, EAGALA, or any governing body, these young organizations added to what remains a contentious debate about the safety protocols needed to protect the uninformed clients from potential injury. (p. 1)

This is why the EAGALA model is a main focus of the past and present New Zealand research and is mentioned in almost all of the articles associated with this research. Therefore, it is important to outline and understand the EAGALA Model in terms of past research.

The EAGALA Model

The prominent model of EAT used in New Zealand has been developed by EAGALA. The EAGALA (2006) model holds the idea that horses are used rather than other animals because they are large and powerful, which often creates anxiety and fear. By using horses it offers a natural opportunity to face this fear and develop confidence when this fear is overcome. It is also thought that as a horse is a social animal, much like humans, they have a defined place in a hierarchy and prefer being with their peers. Each horse has his/her own individual personality and mood which suggests that what may work with one horse may not work with another. This could also be said for humans (EAGALA, 2006). It is also suggested that because horses require a lot of maintenance and effort to keep, they require the client to engage both physically, mentally and emotionally for the therapy to be successful.

This treatment model uses a team approach that usually consists of a qualified psychotherapist/counsellor, an equine specialist and horses (usually at least two). The

psychotherapist/counsellor focuses mainly on the client's behaviour and emotional well-being, while the equine specialist takes note of the horse's behaviour (Brenner, 2000). The EAGALA concept follows the assumption that due to horses being prey animals, and in order to survive, they tend to be highly attuned to their environment (Frewin & Gardiner, 2005). It is maintained that this level of attunement is able to be transferred to humans and is evident in the sessions with clients. It is suggested that horses have the ability to sense the client's emotions and respond to these emotions in a physical manner (Schultz, 2005). EAGALA (2006) stated, "EAP [Equine Assisted Psychotherapy] is about the horses doing the work of effecting change in people's lives – it is about the relationship between the horses and the clients, not the relationship between the facilitators and clients" (p. 15). It is the job of the equine specialist and the psychotherapist/counsellor to note these responses and reflect them to the client, which is then processed in-depth with the therapists (Blackmore, Monk & Nazari, 2008).

The EAT model is discussed in terms of being experiential, in so much that the client learns about him/herself and others by participating in activities with horses (Blackmore et al., 2008). The activities devised are created to attend to the client's treatment goals but still remain open to interpretation. According to Hutchinson (2009) it is what the client makes of the activity and as well as the horses' behaviour that tells the story of the client. It is suggested that EAT assists clients to uncover underlying thoughts and emotions in a matter of minutes, whereas traditional "office-based" therapy can take years (Blackmore et al., 2008).

In the EAGALA model the focus is on ground work, there is no incorporation of mounting or riding the horses. This was devised to create a more innate way of interacting with the horses and develop more safety for the client. Being on the ground with a horse, rather than sitting on their backs, creates a stronger sense of equality and allows the horses to engage with the clients in a more organic manner (EAGALA, 2006). By introducing this natural interaction it can encourage the horses to behave as they wish, rather than how they are taught. It allows the horses to respond to the client in a very instinctive manner which can be very evocative for the client. Below is an example of how naturally the horses interact with clients, and how powerful this can be for a client. The extract below is taken from interview two:

> *We went into a paddock, there was about six horses there, and I asked her to choose a*
> *horse to be with and she chose a horse and the horse was kind of looking over the fence*

not engaging with her particularly and she went up to it and it sort of turned away even more. She stood there kind of wanting, longing, sort of not touching him but I stood back a little bit and just watched for a wee while. She would go close to the horse and he would do more of that [participant turns body and shoulders away from researcher]. This went on for a while and I was standing back... I just went up to her and asked her how she was going and she "oh, you know, the horse doesn't want to engage with me, and whatever." And I said something like "oh, well how is that for you?" and... she said something like "oh, you know, I suppose it doesn't matter"... So I said to her, "what made you choose this horse over the other horses?" and she said "I thought this horse looked sad." So I looked at her and her eyes filled up, so I said to her "it looks like you're sad too" and she just started to cry, and so then she was able to cry for a while, and I just stood quietly with her. Then she said "oh!? I am sad... I'm not sure why, but I'm sad". When she began crying, do you know what that horse did? He turned around, from looking over the fence, and he walked up straight to her, while she bawled her eyes out, I was crying too, it was SO beautiful. So you know, the horses they are free, and I've always liked that, I think that is part of the EAGALA model that you learn, and I do it anyway, leave them free to do whatever they want and they feel the projection and they don't necessarily like it. You know, he didn't want to engage with her so he felt her incongruence, but when she was able to be congruently sad and get the projection off of him, he just wandered up." (Interview Two)

Within this model the equine specialist and the psychotherapist/counsellor will organise a predetermined activity which is based on the therapeutic goals developed by the client and the mental health professional. In some circumstances, when a client is referred by a particular organisational body, the therapeutic goals are predetermined before the therapist is referred the client/s. EAGALA (2006) has stated that the "activities are designed to be experiential, incorporate the horse as an active facilitator for change and create a parallel to the clients' lives" (p. 57). Often there are rules attached to the activities. These rules are to prevent the client from using the tools that they commonly use in their relationships, such as touch, bribery, and talking. These tools tend to be abused in their relationships and are often used to gain benefits from the other (EAGALA, 2006). In EAGALA, these rules where devised to deliberately force clients out of their comfort zone and discover new, healthy ways of interacting with others. These rules were created to encourage the clients to try new ways to get their needs met, without taking from the other (EAGALA, 2006).

EAT is based on non-verbal communication. Therefore, it is largely based on body language and non-verbal cues, so the focus is essentially on what the horses and

clients do during the session and how they engage and interact with each other. It is the facilitators' (mental health professional and the equine specialist) responsibility to note specific behaviours and reflect these to the client/s. EAGALA (2006) has developed a set of skills to enable effective observation within the sessions, these skills are known as SPUD'S.

SPUD'S is an acronym developed to remind the facilitators to work through the observation skills (Shifts, Patterns, Unique, Discrepancy and Self-awareness) within the session. Shifts have been described by EAGALA (2006) as "…any shifts that occur in behaviours, including actual physical placement of both horses and humans… shifts are especially important to note because they indicate change" (p. 60). In other words, a shift is a modification in behaviour with either the client or the horse which is different from previous experiences. An example of a shift is described in the vignette below.

> *So he [client] came in, and the leader of the herd was a female, we had two horses at the time … the female horse came up and she was the pack leader. She decided to lay down. So she lay down… I've never seen that horse, she's the leader, she's always watching out, chasing others, I'm the boss, I'm the big one here. It was just unbelievable.* (Interview Three)

It is vital that the "Shift" is noted but not judged or identified as positive or negative behaviour. The importance is placed on the shift itself, rather than the motive behind the shift.

Patterns are also essential to note when in the arena with a client. Patterns may be described as a repetitive behaviour that occurs a number of times in the session, or during each session. The patterns can indicate an unconscious meaning behind the behaviours, and when this is identified the client can make the link to a parallel situation in his/her life (EAGALA, 2006). An example of this may be that each time a client enters the area one particular horse begins to nuzzle the client on the neck, or the client struggles every session (even after attending equine sessions for years) to place a halter on the horses head.

The awareness skill described as "Unique" is about identifying moments in the session where something truly unusual occurs. By noting the unique behaviour it is thought to enact a parallel pattern between the arena and the client's life. Many equine therapists describe these situations as 'WOW!' moments and often lead to some

colourful and enriching metaphors which are relevant to the client's life. Below is an example of a 'WOW!' moment described by a therapist who was interviewed for this project.

> *we had the Sweet Louise group come up, an organisation for women who have got cancer again and its terminal… They have come out of remission and got cancer again and its terminal. We had these ladies come up and it was just the most awesome, unbelievable session I have ever been at. I bawled my eyes out, because the horses, we had about five horses there and each of the horses went up to one of the ladies, and lay their head where their cancer was!* (Interview Four)

The next skill which EAGALA (2006) designed to focus on during the sessions is "Discrepancies". This skill is about focusing on the client's verbal content and comparing this to the non-verbal cues. Often clients will inform their therapists that they feel happy and fine, but will then show through body language their anger and upset. This is what can be described as "Discrepancies". EAGALA (2006) suggested that horses tend not to

> … play these games with themselves, they tend to help clients work towards that self-honesty. Noting these discrepancies can help break through some defence mechanisms and bring to a conscious level what the client might really be hoping and desiring. (p. 61)

The final skill developed by EAGALA (2006) is Self-awareness, also known as "apostrophe S". This skill is what is essential in all forms of therapy; the therapist's awareness of his or her own thoughts, feelings and behaviours. The concept behind this skill is for the therapist to notice when his or her own emotions are influencing the therapy and the client's behaviour within the session. Below is an extract from Interview Two which offers an example of how a therapist's 'apostrophe S' can be a vital technique in EAT.

> *"…I was standing back just going "ohhh… this is actually really painful …" and just feeling, you know when you work like that you have to tune into your own counter-transference, what's going on, how you feel, etc. I was feeling the pain of her being rejected by this horse that she chose. So I just went up to her after a couple of minutes …I felt really upset and sad, so I didn't kind of, I felt like she was defending against knowing about the feeling. So I said to her, "what made you choose this horse over the other horses?" and she said "I thought this horse looked sad." So I looked at her and her eyes filled up, so I said to her "it looks like you're sad too" and she just*

started to cry, and so then she was able to cry for a while, and I just stood quietly with her."

Research Intentions

It is my intention to gain more insight and knowledge regarding EAT as a therapeutic treatment option. Much of the research that I have uncovered to date has mainly suggested the positive impact this treatment option has for individuals experiencing mental ill health. Little has been identified so far in regard to any potential disadvantages of this particular treatment. I am interested in discovering the impact of both positive and negative aspects of EAT and the perspectives of the therapists who use this form of therapy. This will be done using semi-structured interviews to gain an accurate sense of this modality. It was hypothesised that the research will identify factors which are limiting the use and availability of EAT as a commonly used treatment model in New Zealand. I am hopeful that this dissertation may increase the reputation and credibility of EAT as a treatment option and present this in a more accurate manner.

<h1 style="text-align:center">Chapter Two: Research Method</h1>

Theoretical Perspective and Methodology

      The methodology of this study is a qualitative approach. This form of research was chosen due to its naturalistic approach to the subject matter. Qualitative research involves the study of phenomena in its natural environment, with a focus on making sense and interpreting the outcomes (Hughes, 2006). Qualitative research is 'interpretive' in nature; in the sense that it is based on how the social world is understood, experienced and the meaning people bring to this experience (Hughes, 2006). It recognises the subjectivity of both the researcher and the participants, which brings to focus the first-hand experience of the subject matter. It is, therefore, worth noting that the data collected was subject to the researcher's and the participants' immediate experience at that moment in time.

      It may be safe to assume then, that the theoretical perspective of this study is an essentialist model. Braun and Clarke (2006) stated "Thematic analysis can be an essentialist or realist method, which reports experiences, meanings and the reality of the participants…" (p. 10). This research is largely based on semi-structured interviews as its main form of data collection. This form of data collection was specifically created to focus on the subjective experience and identify the meaning participants place on their experiences (Braun & Clarke, 2006). Therefore, the primary concern is to accurately represent the experiences and stories of the participants as comprehensively as possible.

      It is also important at this stage to include the concept of phenomenology. Phenomenology can be described as the study of structures of consciousness as experienced from a first-hand perspective (Smith, 2013). On a basic level, it is the study of phenomena, or the appearance of things, the way in which we experience those things and the meaning that we make of those experiences (Hycner, 1985). This suggests that different people experience the same phenomena in a different way, as we all come from a diverse background which influences how we perceive and experience that phenomena. Smith (2013) stated "phenomenology studies the structure of various types of experience ranging from perception, thought, memory, imagination, emotion, desire, and volition to bodily awareness, embodied action, and social activity, including linguistic activity" (p. 1). This discipline is similar to the interpretive approach as its emphasis is on the meaning that we give to our

experiences and a phenomena (Smith, 2013). This then suggests that the philosophy of phenomenology works with the researcher's subjectivity and his/her ability to interpret the phenomena and make meaning from others' experience (Hycner, 1985). The meaning created from this phenomena is produced by both the researcher and the participant with a focus on the "lived experience" (Smith, 2013). In terms of this study, the focus is on the therapists' perception of the benefits that EAT has as a modality and the meaning they make of their experience within the sessions.

The discipline of phenomenology fits well with this study both because it is interested in making meaning of the therapists' experience in the field of EAT and because it offers a number attributes to a study of this size. Hycner (1985) suggested that "doing this kind of phenomenological research … requires only a limited number of people be interviewed given the vast amount of data that emerges from even one interview" (p. 295). This implies that a small sample size can offer a large amount of information, as it is based on the quality of the data not the quantity of experience. Some may note that a small sample size, even one that offers detailed information, may not be generalised to a larger population. However, Hycner (1985) again suggested that a phenomenological study can illuminate an experience and "they can be … informative about human beings in general" (p. 295). These reasons are why the phenomenological approach is an integral part of this study, as it attempts to capture the human experience and make meaning from this.

Research Method

Thematic Analysis (TA) is an interpretive method that relies on in-depth investigation of literature pertinent to the research topic. Braun and Clarke (2006) suggested that "thematic analysis provides a flexible and useful research tool, which can potentially provide rich and detailed ... account of data" (p. 5).

This method was appropriate for this topic particularly as EAT is a fairly recent therapeutic modality in New Zealand and, as such, there are a limited number of scholarly articles that specifically target my research question. The method of TA provided the researcher with more room and creativity to develop and uncover the benefits of this method when used within mental health (Braun & Clarke, 2006). This method is also useful when working with limited data, as the depth of the analysis creates a more "concise, coherent, logical, non-repetitive and interesting" data outcome (Braun & Clarke, 2006, p. 23). As this particular study is based on only four interviews, TA seems to be the most appropriate fit.

Braun and Clarke (2006) identified a six-phase process to developing a valid TA. Each of these phases are designed to encourage the researcher to create a strong and robust study that "...is a recursive process, where you move back and forth as needed, throughout the phases" (Braun & Clarke, 2006, p. 16). This implies that the use of thematic analysis is a process that is developed slowly over time and will continually be re-evaluated along the way. The current study was largely based on Braun and Clarke's six-phase analysis process to develop a reliable research project.

Chapter Three: Thematic Analysis

Participant Selection and Interview Process

The process of data collection began first with identifying the sample population or participants. In this case, it was essential to go through the International Association for Registered Equine Assisted Therapists, EAGALA. From this website it was noted that the mental health professionals that held a current EAGALA registration had their contact details online. It became apparent that there was a fairly large number of mental health professionals working within New Zealand who were EAGALA registered, and therefore it became a necessity to reduce the number eligible for the study. It was decided that the researcher would only contact the mental health professionals in the wider Auckland area. This was to create a more manageable sample population and reduce research costs. Ethics approval (approval number 13/284) was required by AUTEC for the participant information sheet (Appendix A) and the consent form (Appendix B) sent to each of the participants, before any contact was made.

Each of the mental health professionals were contacted via email with a brief outline of the aims of the research and the criteria for participating, along with an invitation for those who showed interested to contact the researcher. The email sent to each of the mental health professionals listed on the EAGALA site mentioned three main participation criteria: that the participant either was now working or in the past had worked as an equine assisted therapist registered with EAGALA; and was a psychotherapist registered with PBANZ (the Psychotherapists Board of Aotearoa New Zealand); and was working in a New Zealand context as an equine assisted therapist.

As a result of this email, a number of enquiries were received from those extremely interested in the research and the benefit this could have on the acceptance and use of EAT in the community. Two female psychotherapists in the Auckland area who matched the inclusion criteria contacted the researcher and we began making plans for interview times. However, many of the other interested parties were counsellors or other mental health professionals, which did not fit the inclusion criteria. Initially the participation criteria confined participation to registered psychotherapists only. However, due to the small number of psychotherapists in the area, and the huge interest shown by other mental health professionals, it was decided that counsellors would also be included in the study. It was at this stage that an

amendment to the AUTEC ethics approval (approval number 13/284) had to be submitted and granted before the interviews could take place.

A second email was sent out to the six counsellors who had contacted the researcher with their initial interest. This email explained the amendment made to the research study and inquired into their current interest. Out of the six counsellors contacted the second time, only two responded. These two female counsellors now met the new inclusion criteria and could partake in this research project.

Each of the participants were asked to read the information sheet provided on the initial email and to ask any questions or raise any concerns about embarking on the interview process. Once this stage was completed and the psychotherapists/counsellors felt confident with the research project, they were required to complete the consent form provided on the initial email and either return this via email or post. Once the formalities were finalised an interview time was established and the process begun.

Adams (2010) suggested a number of key considerations were needed when conducting semi-structured interviews. These ideas were taken into account during this project; creating a comfortable and private space for the participants, the researcher must design and adhere to a safety protocol, and the researcher must adequately record the interview in an ethical manner and with minimal intrusion for the participant.

When the researcher made arrangements with the participants to meet for the interview, the participants were asked where they felt comfortable enough for the process to take place. Each of the participants decided that their own home was the most comfortable place for the interview. The researcher specifically asked the participants to find a quiet, private space where they felt relaxed and comfortable, to reduce the participant's anxiety around the interview process (Adams, 2010).

This lead the researcher to develop a safety protocol to ensure the safety of herself and the participants. This protocol involved the researcher informing her dissertation supervisor when and where the interviews were taking place, and how long she was expected to be at the interview process. Upon return, the researcher was to inform her supervisor that she was back from the interview (Adams, 2010). In terms of participant safety the researcher carried the contact details of a psychotherapist or counsellor who was happy to speak with the participants after the

interview if any distressing or overwhelming emotions were evoked through the retelling of their experiences. This was to ensure that the participants were not left with unwanted distressing feelings after the interview. Adams (2010) suggested "interviewing can be a positive experience for both researcher and participant, but it can also be challenging on… an emotional level" (p.21). The researcher also spoke to each of the therapists after the interview concluded and mentioned that if they needed any extra support they could contact their clinical supervisor or chat with the researcher herself.

Adams (2010) stated "for an interview to go well, good preparation is crucial… having prepared… technically and contextually" (p. 19). In terms of this study, the researcher had the participants contact details with her at all times before the interview, in case of delays or issues around finding the interview site. The researcher also had her recording device well charged and a back-up recording device in her handbag. It was essential for the researcher to carry pen and paper to make detailed notes throughout the interview and in the event that neither of the recordings worked the researcher could write down the answers to the interview questions.

The duration of the interviews were between 1 and 1.5 hours and were digitally audio recorded and then manually transcribed. This is to ensure that the information collected remained reliable and accurate. Each of the above tasks were undertaken by the researcher during the research process.

All interviews were conducted in the Auckland area; however, in one case a 'Skype' interview took place as the therapist was unable to make face to face contact with the researcher. This interview was conducted in a private space for both the participant and the researcher and was arranged ahead of time so the participant could arrange a suitable time and place in her own home.

During the interview, open ended questions were asked based on preconceived concepts that the primary researcher and the secondary researcher devised in response to the current literature and the research question. A copy of the research questions can be found in Appendix C. The interviews were then manually transcribed by the researcher and added into a coding program, ATLAS.ti. This created the data set used in the research design.

The researcher decided that the interview data and transcripts would be analysed using the thematic analysis model recommended by Braun and Clarke (2006) to

uncover the themes that are created through the therapist's experience of EAP. The six steps recommended by Braun and Clarke are as follows:

- **Phase 1:** Familiarising yourself with your data.
- **Phase 2:** Generation initial codes.
- **Phase 3:** Searching for themes.
- **Phase 4:** Reviewing themes.
- **Phase 5:** Defining and naming themes.
- **Phase 6:** Producing the report.

Phase 1: Familiarising yourself with your data.

Before embarking on the interview process, it was important for the researcher to get a thorough understanding of the EAT modality and any previous research developed on this topic, before embarking on the interview process. During this phase of the analysis, data relating to EAT and the treatment of mental ill health was collected. This was done through a search of the AUT online databases and catalogues such as, ProQuest, Directory of Open Access Journals, Spingerlink, psychINFO, psychBOOKS and psychARTICLES. The search terms "Equine Therapy", "Equine Assisted Therapy", "Equine Assisted Psychotherapy", "Equine Psychotherapy", "Equine Counselling", "Equine Assisted Counselling", "Animal Assisted Therapy", "Horse Therapy", "Hippotherapy", "Equine Assisted Learning", "Equine Facilitated Psychotherapy", "Equine Facilitated Therapy" and "EAGALA" have all be used to create a brief literature review of the current data.

In addition to using the AUT databases, contact was made with EAGALA to inquire into any available research on the topic of EAT. All such research was included in the literature review. Through the New Zealand EAGALA, connections had been made with a number of working Equine Assisted Therapists who offered work experience in the field of EAT to help my understanding of the benefits of EAT.

To help limit the data, exclusion criteria were developed. Literature published in a language other than English (that does not already have a translated version) were discounted, as well as any articles that did not focus solely on the modality of EAT.

In terms of becoming familiar with the data set, the researcher was involved in all aspects of the data set collation. The researcher conducted each of the interviews and manually transcribed these onto a Microsoft word document, which was then later added into the coding software, ATLAS.ti. The transcribing procedure was a lengthy process, as the recorded interviews were typed verbatim with a large focus on the

verbal and non-verbal cues present in the interviews. The transcribing began almost immediately after the interview concluded; this was to maintain the memory of the interview in the forefront of the researcher's mind when noting the non-verbal communications.

When transcribing the documents, the researcher did not use the participants' name or initials on any of the documents, and any information stated in the interviews that could identify the therapist was removed from the data set. This was to maintain confidentiality and anonymity. The researcher instead, used the letter 'R' to symbolise when the researcher spoke, and 'P1' to symbolise the first participant and 'P2' to symbolise the second participant and so on.

Once each of the interviews were transcribed, they were immediately saved into three password protected files. The first file was downloaded into the ATLAS.ti programme, the second was filed in a normal desktop file, and the final copy was saved into a Dropbox file. This was to ensure the safety of the files and that a backup copy was always available. The Dropbox file was chosen, as these files can be accessed from any computer with Dropbox installed and the correct password is administered. Only the researcher had the correct password.

Phase 2: Generation initial codes.

This phase involved searching through the data set created from the interview process and identifying any recurrent patterns that appeared interesting. These patterns are called 'codes'. Braun and Clarke (2006) suggested that "Codes identify a feature of the data...that can be assessed in a meaningful way..." (p. 18) in relation to the research topic. In other words, the process of coding is to organise the data into useful and meaningful groups. This process was done using the programme ATLAS.ti, which is a well-known software that allows the researcher to manually code the data set, develop her own understanding and meaning from these codes, and offers a simple method to manage these codes. The researcher read through each sentence of the interviews/data set and attached initial codes which were based on the initial 11 research questions (Appendix C).

The initial codes were named, Benefits of EAT, Limitations of EAT, Benefits of Outdoors, EAT Failures, EAT Success, Theoretical Orientation, Therapeutic Work, Client Assessment, Form of Therapy, NZ Context, and Understanding of EAT. This may be described as theory-driven coding, where the codes are directed by specific

questions that the researcher has in mind during this process (Braun & Clarke, 2006). The researcher used the ATLAS.ti program to colour coordinate the codes. Each of the initial codes had its own specific colour assigned to it. This then helped the researcher to identify which code the data was attributed to. Table 1 (p. 20) contains examples of how codes where attributed to the data set.

During this process, the researcher noticed that she was unable to code purely on a single piece of the data set. The researcher found that her memory of the interview and the context of the conversation would influence her coding. It seemed that the researcher would remember what the researcher was trying to portray, rather than what the data set was specifically stating. This may have influenced the outcome of the codes and therefore the themes.

It also became apparent during this phase of thematic analysis, that some of the data set could be attributed to more than one code. This was discussed by the researcher and her thesis supervisor, as the researcher did not want to confuse the data but also required an accurate representation of the data set. After much thought it was decided that the data set should be attached to more than one code if the researcher felt strongly enough that this could fit in both code clusters (see Table 2, p. 21). This was to offer a more valid and reliable data analysis.

Table 1: An example of how codes where attributed to the data set.

Data Set Extract:	Code Example:
Interview One: "So I probably ask myself about the degree of anxiety in the room and how much they can bare my gaze how much they can bear my interest and curiosity in them and how defended they are. I think this works really well with defended people. It works really well with super fragile people, the schizoid end of the spectrum. …… young."	Code 'Client Assessment': 'how much they can bear my gaze' How much they care bear my interest and curiosity How defended they are Works really well with defended people Works really well with super fragile people The schizoid end of the spectrum.
Interview One: They are also a mammal, so that have that ability to connect at a……..The limbic system of a mammal has the ability to connect in with another mammals limbic system, so they can regulate you and you can regulate them. And they are very much a herd animal, so they mimic or join the group and so even a group of two, a human and a horse will form a little group. The horse will either….. I don't know it depends….sometimes they will join you, but other times they make you join them. Whoever has the most attachment to the outcome or whoever has the most energy for something. It is really strange. But, the other idea is that they have an enormous gut, and the gut is the second brain of a human, and for a horse it is probably the first brain. And thousands of nerve endings that are all propriocepting and sensing are creating an awareness.	Code 'Therapeutic Work': Limbic system of a mammal has the ability to connect in with another mammals limbic system, so they can regulate you and you can regulate them. Herd animal, so they mimic or join the group Gut is the second brain of a human, and for a horse it is probably the first brain Thousands of nerve endings that are all propriocepting and sensing are creating an awareness.

Table 2: An example of how more than one code can be attributed to the same data.

Data	Codes attributed to Data
'Would work across all cultures'	• Benefits of EAT • NZ Context
'I get to see the di-ad working, not be part of the di-ad' 'cut across all the excessive talking and get them grounded in the here and now'	• Benefits of EAT • Understanding of EAT • Benefits of EAT • Client Assessment • Therapeutic Work

Phase 3: Searching for themes.

Phase three began when all the data sets collected were coded. Each of these codes were sorted into categories of similar meaning and then clustered together to create themes. This process was assisted through the use of the ATLAS.ti software and the efforts of both the researcher and thesis supervisor. ATLAS.ti allowed each of the codes and their respective data set to be printed and cut into small strips of data. The codes were initially organised into their assigned colour clusters. This meant that the researcher, with the support of the thesis supervisor, could work systematically through each code group. The ATLAS.ti programme also enabled us to identify which of the codes had been assigned to more than one code. An annotated example of this is shown below in Figure 1.

Figure One: Annotated example of multiple coded data.

Having this information meant that the researcher could remove the secondary code from the associated cluster so as not to double up, or confuse the data. Thus, in the example shown above, the coded data 'Psycho-dynamically informed' would be removed from the code 'Therapeutic Work', but would remain in the 'Theoretical Orientation' code.

Once this occurred, each of the coloured data strips were individually selected and then categorised into like-minded groups. These groups were then discussed between both researchers and given an initial theme name. This was done with each of the 694 data strips. Once an initial theme name was given to each cluster, they were placed into a small brown envelope with the initial theme name printed on the front. See Table 3 (p. 23) for a list of initial themes.

Table 3: Initial list of themes.

Initial Theme List
• MODALITIES
• EAT MODALITIES
• BEING USED AND ACCEPTED
• QUALITIES OF HORSES
• QUALITIES OF THERAPISTS
• DIAGNOSIS
• QUALITIES OF BEING OUTDOORS
• BENEFITS OF THE OUTDOOR EXPERIENCE
• CLIENT POPULATION
• QUALITIES OF CLIENTS
• TECHNIQUES
• WHAT HAPPENS IN THE SESSION
• ASSESSMENT PROCESS
• PERCEIVED LONG TERM BENEFITS
• THEORETICAL CONSTRUCTS
• PSYCHODYNAMIC CONCEPTS
• PROJECTION
• CULTURE OF NEW ZEALAND
• AWARENESS OF EAT IN NEW ZEALAND
• THERAPISTS SAFETY

It was important in this phase that all of the codes were placed within a theme, and that the process was allowed to remain flexible to develop enough themes so that all the codes were utilised. During this phase, the researcher noticed that she would find some codes easy to cluster and would enjoy the process; however, there was a time where the researcher became increasingly frustrated with the codes. Upon reflection, the researcher identified that her frustration was based on the interview context influencing her ability to categorise the codes as she would focus on the interviewees meaning rather than just the code.

Once the list was created and all data strips had been allocated to an envelope, both the researcher and thesis supervisor used a genogram hierarchy method to map out the connections and maintain accuracy of theme development (Braun & Clarke,

2006). Figure 2 (p. 23) depicts the genogram hierarchy which was initially developed from the initial code clusters.

Phase 4: Reviewing themes.

It was in this phase that each of the themes were scrutinized to determine whether it was supported by enough coded data. If the code was not reliably supported in its own theme, it was incorporated into another theme which best suited the code. When it came to the multiple coded data it was checked through by the researcher that each of these had been included into a theme. Once this was confirmed, the copies were discarded. This was to increase accuracy by limiting the possibility of the code appearing in different theme sets.

Once the themes had been reviewed and refined and seemed to form a coherent pattern, the second level of this phase was begun (Braun & Clarke, 2006). In the second section of this phase, the themes were then considered in relation to importance, and of interest to the research topic. It was at this stage that the researcher and the thesis supervisor decided to re-evaluate the initial theme genogram. It was identified that the hierarchy was not flowing as organically as the researcher or the thesis supervisor would like, and there was five levels of themes which seemed excessive. It was decided that the hierarchy should be reassessed to more accurately represent the themes and the findings. The researcher and thesis supervisor shuffled the themes around to create the final theme genogram shown below in Figure 3 (p. 24).
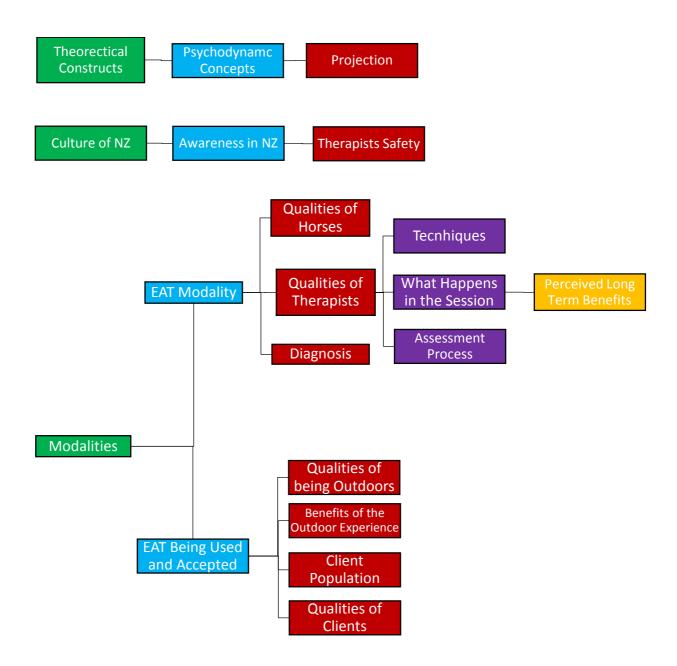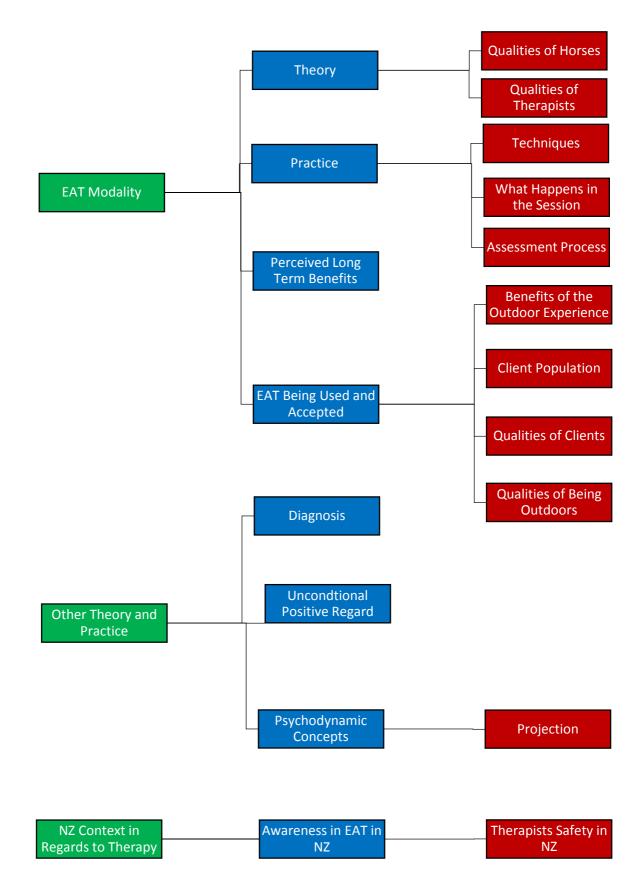
Figure Two: Initial code genogram.

Figure Three: Final theme genogram.

Phase 5: Defining and naming themes.

The defining and naming of themes helps to capture the essence of what each theme considers. It was important to use a name that encapsulated the meaning behind each theme, without incorporating "...too much, or to be too diverse and complex" (Braun & Clarke, 2006, p. 22). Once each of the themes was given a name, a brief description of what the theme captured was necessary to insure that only the data collated from the data set was used. A detailed description of what was included in each of the clusters can be found within Chapter Four: Findings.

As shown in Figure Three, there are three stages in the hierarchy: the green stage, the blue stage and the red stage. Each of the colours have been given a name to help understand the diagram. The green categories are to be known as 'Main Themes'. The blue categories are 'Sub-themes' and the red categories are 'Initial Themes'. The Main Themes are the three significant themes that have been made up of the Sub-themes and in some cases Initial Themes. The Main Themes are the three key concepts that have been identified as essential findings that may answer the research question.

Phase 6: Producing the report.

This final step was to develop the dissertation which conveys the validity and reliability of this research project by going "...beyond a description of the data, and make an argument in relation to... [my]... research question" (Braun & Clarke, 2006, p. 23). Therefore, this phase includes developing the findings (noted in Chapter Four: Findings) and establishing the relevance of these findings (noted in Chapter Five: Discussion). It was this phase that may have uncovered the meaning behind the therapist's experience of EAT.

This project identified three main themes: 'EAT Modality', 'Other Theory and Practice' and 'New Zealand Context in Regards to Therapy'. Each of these main themes had a number of sub-themes which linked to the associated main theme. The sub-themes 'Theory', 'Practice', 'Perceived Long Term Benefits' and 'EAT being used and Accepted' were linked to the main theme of 'EAT Modality'. The sub-themes 'Unconditional Positive Regard', 'Diagnosis' and 'Psychodynamic Concepts' were associated with the main theme 'Other Theory and Practice'. Finally, the sub-theme 'Awareness of EAT in NZ' was linked to the main theme 'New Zealand Context in Regards to Therapy'.
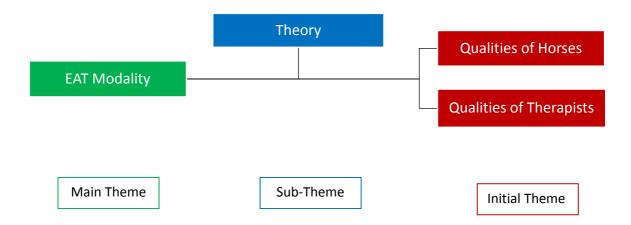
Main Theme One: Equine Assisted Therapy Modality

The first main theme that became apparent through this research was 'EAT Modality', which EAGALA (2006) described as "an experiential modality of mental health treatment…a powerful and effective therapeutic approach that has an incredible impact on individuals, youth, families and groups" (p. 16). While this statement could be attributed to a number of modalities, in the case of EAT there is one significant difference. This experiential treatment method incorporates horses to encourage emotional growth and learning. Clients learn about themselves and others by participating in activities with horses and then processing this with their equine therapist (EAGALA, 2006). It is, therefore, important to understand the concepts that make this modality so powerful.

Sub-theme: Theory

Within this main theme there were four sub-themes that were attributed to 'EAT Modality'. The first sub-theme has been described as 'Theory'; this sub-theme comprised two initial themes, 'Qualities of Horses' and 'Qualities of Therapists'. The sub-theme 'Theory' was made up of codes that described the therapists' theoretical understanding of how EAT actually works (refer Figure Four).

Figure Four: First section of Main Theme One: EAT Modality.

The theories in this theme consist of a biological perspective and an EAGALA theory.

> For example, a biological understanding was described as *"when a mother has a baby, she releases oxytocin, and that's a bonding thing between her and the baby. Horses release that too, so when they are connecting with humans, oxytocin is released and that's the bonding chemical that works"* (Interview Four).

> This code defines the therapist's perception of the biological connection behind

EAT and its effectiveness when working with people and horses. Another biological theory which was quoted a number of times by participants was the theory of The Triune Brain (Corona, Perrotta & Cozzarelli, 2011). The Triune Brain has been described by Corona et al, (2011) as

> the human brain… has inherited the structure and organisation of three fundamental types of reptiles, mammals… that nature has been able to connect with each other and establish a sort of communication between them… oldest reptilian brain… mammalian brain [limbic cortex] and the neocortex [logical mind]. (p. 51)

A code that identified this biological theory was

> *there are three levels of the mind, the logical mind, then there is the reptilian mind and then the limbic mind… the limbic system of a mammal has the ability to connect in with another mammals limbic system, so they can regulate you and you can regulate them.* (Interview One)

Again this code identifies the participant's opinion around the theory behind the benefit of EAT and how this modality has come to be so successful. The theory of the Triune Brain seems to be a common theoretical concept that is used to understand EAT modality. However, both of these theories are based on a biological connection between the horses and other mammals around them – in this case, humans. This gives insight to how EAT is able to establish such depth of connection and the ability to by-pass clients' defensive structures. Horses have the capacity to bond with clients on a physical level as well as on a psychological level; therefore it is not surprising that clients feel more comfortable and confident to interact with the horses on such an intimate level.

Within the sub-theme of 'Theory' there is also the code which describes the EAGALA model. This code explains the process of SPUD'S and how the therapist works when using this model.

> *They have things which they call SPUD'S. You're looking for SHIFTS in the horses, so a shift… might be when the horses are racing around… then suddenly they stop. The horses have shift. Try and look for what this is. P is for PATTERN, so if the horse is always racing around, that's a pattern. The U is something UNIQUE, so when the horse lay down, this was a unique thing that happened. The D is a DISPRECPANCY… So what they are saying is different to how they feel. So then there is S… what they call apostrophe S… is were as a therapist… you get… anxious.* (Interview Four)

Each of the participants mentioned the EAGALA model and its method of working with clients. It seems that this theory is used as a basis to describe how therapists work in the field and what strategies they produce.

Initial Theme: Qualities of Horses

Within the sub-theme 'Theory', the first initial theme of 'Qualities of Horses' was identified. This initial theme was based on the codes that identified specific attributes or qualities of the horses that made the EAT modality so effective. These attributes are based solely on the therapist's experience of the horses and what the horses offer or bring to the therapy. Many of these qualities relate to the instinctual manner in which the horses interact with those around them. These qualities seem to be essential to the EAT modality and how this modality has benefited all types of clients.

Each of the therapists interviewed for this project have identified the honesty that horses seem to hold. This attribute is extremely beneficial to clients as it offers

them a space where honesty is shown and held in a way they may have never experienced before. The code below is taken from Interview One, when discussing how EAT works with clients

> *Clients can try and control the impression they're giving, but the horse will be truthful and very, very honest.*

This suggests that often clients attempt to hide parts of themselves, particularly parts they are too shamed or guilty to reveal to their therapist, but in EAT the horses allow that honesty and openly share that with those involved. Horses are a herd animal, they seem to be deeply connected to the other animals around them. It seems that when in therapy with a human, the human becomes part of the herd. The horse connects with the client on a physical, biological and psychological level, and then mirrors the client's inner feelings and behaviours. There are a number of codes which seem to link this quality of the horse to this theory.

> *Horses just have an innate sense to mirror back what is happening for the client.* (Interview Four)

> *The horse mirrors the client and virtually imparts their internal knowledge to the client internally.* (Interview Two)

The honesty of the horses was not the only quality that was noted throughout the interviews. The other quality was the mindfulness of the horse; by this it is meant that the horses tend to interact very much in the moment. They interact and respond in a very instinctual manner. A statement from Interview Two puts this concept into words.

> *They move in and out and do exactly the right thing and the right time because they're tuned in on some level we cannot even understand.*

It is this quality of the horse that seems to interlink very strongly to the Triune Brain theory, which is all about a biological connection between the horse and other mammals within their environment. This can be linked back to the EAT modality as it is essential in this form of therapy for the horses to be allowed to interact and connect in a natural manner.

The quality of mindfulness in the horses can be shown by the below code.

They are such good co-therapists because they are very real, very present and very much in the moment. They just respond to what they sense in that moment. (Interview Two)

This code suggests that the horses respond to different clients in different ways because they would be sensing something different in that moment. It is then safe to assume that the quality of the horses is an essential part of the theoretical construct of the EAT modality.

Initial Theme: Qualities of the Therapists

The other initial theme that was established as part of the sub-theme 'Theory' was the 'Qualities of the Therapists'. In this initial theme there were a number of codes that described the therapists' attributes as essential to the EAT modality. The main characteristics that have been described by more than half of the participants are creativity and the ability to be instinctual in their work.
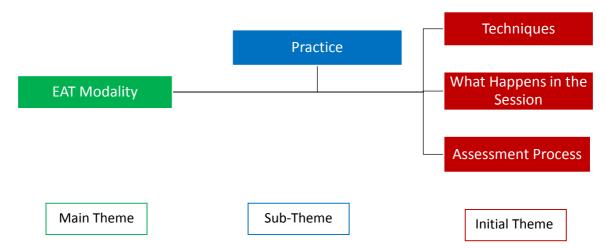
The therapists that were involved in this research project all seemed to have similar qualities, despite their differences in profession. Each of the therapists mentioned that to work in the EAT modality it was critical that the therapist has the ability to be creative, inventive and work with a lot of freedom. It seems that although the EAGALA model is a prominent training programme, the therapists put their own influence on the work. In other words, they put their own spin on the EAT modality. An example of this was presented in Interview One when the therapist stated *"I create interventions based on what I see"*. This suggests that the therapist works from a very creative stand point, which is also backed up by another therapist from Interview Three stating *"I work with 'gut feeling' and if I think [a technique] will work with that client I might try it"*. This leads very closely into the therapist's ability to work instinctually in the EAT modality.

To work intuitively in this way, takes an ability to sit with the discomfort and the anxiety that comes with the unknown. Each of the participants mentioned that although the EAGALA model has a strong basis in predetermined activities, the therapeutic work is largely based on the organic development of dynamics and issues that are brought from the client. The therapists interviewed suggested that working in the EAT modality was about *"Floating between something and openness, being able to work with what will emerge and where that will take you"* and that *"the therapist has to*

have quite a capacity to be in the unknown and deal with that anxiety."(Interview Two). It is these therapist qualities that have been identified as essential to the EAT modality.

It seems that the EAT modality is largely based on the quality of the horses and the quality of the therapist to be very instinctual, free and open to the unknown. The horses offer their natural response to the clients, while the therapist also has to have the ability to work from 'gut feeling' and instincts to go with what has been presented. This intuitive response from both the therapist and the horses seem to offer something unique to the EAT modality. This participant seems to agree when stating, "*The therapist is instinctual, which is a lot of EAT work. It is very instinctual and you are relying on your own primitive responses"* (Interview One). This may be the heart of what makes this modality so powerful and successful for clients.

Sub-theme: Practice

Within the main theme there were four sub-themes that were attributed to 'EAT Modality'. The second sub-theme has been described as 'Practice', this sub-theme was then made up of three initial themes, 'Techniques', 'What Happens in the Session' and 'Assessment Process' (refer Figure Five). The sub-theme 'Practice' was made up of codes that describe the key concepts behind the practical aspects of working within the EAT modality.

Figure Five: Second section of Main Theme One: EAT Modality.

Initial Theme: Techniques

There were a number of codes that were identified as being techniques that are used by the participants within their EAT sessions. These strategies are not specific to the EAT modality, but appear to be very much a part of this form of work. Each of the

participants described the following techniques as being essential to working in the EAT modality: reflection, metaphor, symbolism and interpretation.

Initial Theme: What Happens in the Session

This initial theme was very broad, it offered insights into what actually occurs in an EAT session. The codes that were collated into this theme were very practical descriptions of the therapy. One particular therapist noted that during the sessions *"the person has a range of horses to choose from, to work with. That is very important to notice who they choose and why they are choosing them and how they interpret that horse to be. How they perceive it to be"* (Interview Two). It suggests that the clients choose a horse to work with and then the therapists analyse and interpret the reasons behind the choice and what this means for their internal dynamics. The same participant noted that within EAT *"people [Clients] in equine work drop quite quickly into deep regressive places… revealing their inner world to you and what's going on rather than telling you which is second hand"* (Interview Two). This again identifies the inner working within the sessions and on general terms the benefits of the EAT modality.

Initial Theme: Assessment Process

This theme was designed to cluster the information that was gathered around how the therapists involved in this study decided that the EAT modality was an appropriate form of therapy for these clients. It lead to the question, 'what sort of clients would benefit from the EAT modality?' This initial theme gave some insight into this question. Two main aspects were identified as critical to the EAT modality assessment process; initial assessment in a traditional office therapy space, and client motivation.

Each of the therapists interviewed for this study mentioned that it was essential for the therapist and client to first meet in an office-based therapy space. One participant stated *"I spend some time with them [clients] in the [therapy] space before I went outside and did the therapy work and get a sense of them in that time"* (Interview Two). When this was explored more with the therapists, they mentioned checking whether the client was going to be safe in the paddock with horses and whether the therapist had any initial discomfort with the client. One therapist stated that if the client's presentation felt particularly intense and intrusive and the therapist felt claustrophobic, this was a sure sign that EAT would be a beneficial treatment option.
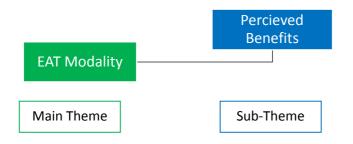
The second assessment aspect is client motivation. All four of the participants mentioned that for the EAT modality to be successful it required the client to be ready

to take a different step towards recovery. One therapist mentioned that the EAT modality necessitates clients *"who have faith in what can move emotionally, who can go with it, rather than resist it"* (Interview Two).

Sub-theme: Perceived Long Term Benefits

Within the main theme there were four sub-themes that were attributed to 'EAT Modality'. The third sub-theme has been described as 'Perceived Long Term Benefits'. This sub-theme had no initial themes attributed to its cluster (refer Figure Six). It was based on the long term outcomes that have been noted by the therapists that were interviewed for this study.

Figure Six: Third section of Main Theme One: EAT Modality.

Five main long term benefits were identified: people lose their fear of animals, it enlarges people's worlds, it can benefit the client and the owner of the horse, it gives the client something to connect with and hold on to and, it is something that the client has for the rest of his/her life. It appears that because this therapy is seen to be such a powerful experience that clients are in awe of their understanding developed through using the EAT modality.

Sub-Theme: EAT Being Used and Accepted

Within the main theme there were four sub-themes attributed to 'EAT Modality'. The fourth sub-theme has been described as 'EAT Being Used and Accepted' this sub-theme was then made up of four initial themes, 'Benefits of the Outdoor Experience', 'Client Population', 'Qualities of Clients' and 'Qualities of Being Outdoors' (refer Figure Seven).
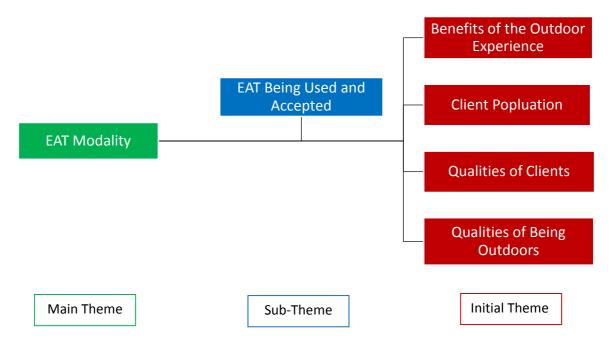
Figure Seven: Fourth section of Main Theme One: EAT Modality

It was noted by a participant that EAT Modality is *"slowly but surely getting accepted from government agencies. We have CYFS [Child Youth and Family Services] approval, the police, Youth Worker approval, quite a few other government agencies and the Department of Education"* (Interview Four). When asked how this acceptance was developed, it was stated, *"It's just slowly, but surely educating, having demonstration days where we show people, inviting everyone along, but the best way for people to get on board with it, is for them to experience if for themselves"* (Interview Four). It was this concept that led to the four initial themes.

Initial Theme: Benefits of the Outdoor Experience

It became apparent that within this initial theme there were obvious benefits stated by the participants. Many of the benefits were focused on how the experience of working therapeutically, both as a therapist and as a client, seemed unique. For the therapists, it was noted that the experience of the outdoors offered a sense of grounding, and kept them in touch with their feelings. One particular therapist stated, *"It keeps me out of my mind, because I can intellectualise and come up here [therapist points to her head] too much and it keeps me very much in tune, and in my body"* (Interview Two). This therapist also mentioned how the outdoors for her offers something different to the traditional office based therapy space *"working outside and in nature, and with the trees, and the air, and the elements, and the horses, it's really soothing for me"*

(Interview Two). It appears that the EAT modality offers benefits not only to clients, but also to therapists.

For the clients, it was suggested that the benefits of the outdoor experience were focused on offering a unique form of therapy that gives people a different treatment option as well as a therapeutic experience. One therapist suggested that *"clients are coming out to what they generally expect to be a [normal] counselling session, into something quite different and almost all of them just love being outside"* (Interview Four). This combination of therapy and being outside seems to offer the clients a more holistic treatment experience, and potentially *"the client feels more at ease"* (Interview Three).

Initial Theme: Client Population

This initial theme was based on the type of clients the EAT modality specifically benefited. The theme of 'Client Population' became interesting as there seemed to be little to no diagnosis, personality traits, age or physical restrictions that the EAT modality did not benefit. Below is a list of the client population that the participants identified as finding the EAT modality beneficial:

- Children (3years and over)
- Adolescents (13years and over)
- Adults (18 – 65years)
- Senior Citizens (65years and over)
- Groups (large and small)
- Individuals
- Couples
- Families
- Low Socio-economic Status
- Poverty
- Middle Class
- Upper Middle Class
- Cross Cultures/All Cultures
- People with Physical Disabilities
- People with Intellectual Disabilities
- People with Physical Illness
- People with Mental Illness

- Clients from Victim Support Services
- Clients from Child Youth and Family Services
- Clients from the Sweet Louise Group
- Clients from Residential Communities (Mental Health)

One therapist stated, *"EAT has worked for every client I have ever seen"* (Interview One).

Initial Theme: Qualities of Clients

This initial theme was based on the qualities the clients possessed who attempted the EAT modality. The theme of 'Qualities of Clients' identified both the characteristics of the clients who have worked in the EAT setting, and the internal dynamics and defences with which this modality has been used. Below is a list of client qualities that the participants identified:

- Clients who talk too much
- No boundaries or space value
- Highly defended people
- Super fragile people
- Difficult attachment issues
- Frantic or unpredictable
- Desperate
- Grief
- Low self esteem
- Trust issues

According to one participant, one of the main qualities of a client who found this modality successful was the willingness to bare pain. By this she stated:

> *You have to be unconsciously ready to go with the change … my perception of change is that it will create some kind of pain. You have to be willing to be in the pain and know that the pain will be a healing type of pain.* (Interview Two).

Initial Theme: Qualities of Being Outdoors

This initial theme was based on the qualities of being outdoors when working in this modality. This theme identified what it was about the outdoor experience that makes this form of treatment different to traditional office based therapy. It was

identified by each of the participants that something unique occurs when working therapeutically in an outdoor environment. It was suggested that the EAT modality encourages the clients and therapist to remain grounded and focused on the therapeutic work. The client works in an environment that offers an elemental, basic and primitive experience that was described as a "*back to the land type of therapy*" without the "*confinement of the face to face room*" (Interview One). It appeared that being out in the sun, nature and fresh air gives a different element to the therapy that cannot be offered with traditional office based therapy. Being outdoors seemed to open up something for the clients and allow more depth and movement within the therapy.
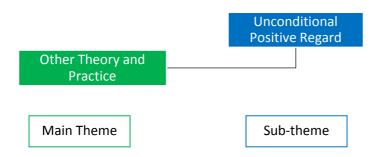
Main Theme Two: Other Theory and Practice

The second main theme that became apparent through this research was described as 'Other Theory and Practice'. This main theme was based on theory that sat outside the scope of the EAT modality or the EAGALA model. Two core theories, unconditional positive regard and psychodynamic concepts, were identified by each of the participants, despite their training background. It was also identified that the diagnosis of the clients could be attributed to this main theme, in terms of practice.

Sub-Theme: Unconditional Positive Regard

Within the main theme there were three sub-themes that were attributed to 'Other Theory and Practice'. The first sub-theme has been described as 'Unconditional Positive Regard' (see Figure Eight). This theory was stated by each and every participant as an integral part of the efficacy of EAT.

Figure Eight: First Section on Main Theme Two: Other Theory and Practice

The theory of unconditional positive regard was developed by Carl Rogers (Rogers, 1961). This concept can be described as the ability for a "parent, significant other … accepts and loves the person for what he or she is. Positive regard is not

withdrawn if the person does something wrong or makes a mistake" (McLeod, 2007, p. 1). The benefits of unconditional positive regard are that the client feels free to experiment and express his or herself without fear of judgement or disapproval (Rogers, 1961).

Tudor (2011) stated:

empathetic understanding of the client seems to be helpful and potent in two ways … it helps clients identify, clarify, and then symbolize or find words for the nuances of their own experiences … a client who feels herself or himself accurately understood and still accepted feels less alienated, less alone, and more related to another human being. (p. 40)
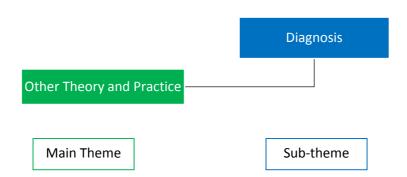
It appears that both the horses and therapists in EAT offer unconditional positive regard to the clients.

Each of the therapists who partook in this study identified the concept of unconditional positive regard as a major benefit to this form of therapy. The participants mentioned that the horse offers unconditional positive regard to the client and allows the clients to be themselves no matter what, and they will still be accepted and loved. This seems to allow clients the opportunity to open up to another living creature without the fear of judgement or disapproval. The therapists interviewed mentioned that clients seem to feel safer, faster, when working in the EAT model than in traditional office based therapy.

Sub-Theme: Diagnosis

Within the main theme there were three sub-themes that were attributed to 'Other Theory and Practice'. The second sub-theme has been described as 'Diagnosis' (see Figure Nine). It became apparent in the interviews, and within the coding process, that the diagnosis of the client seemed to have little or no effect on the success on the therapeutic outcomes. In fact, there were only two diagnoses that were pin-pointed to be too severe for which the EAT modality offered little support.

Figure Nine: Second section of Main Theme Two: Other Theory and Practice

The first diagnosis that was identified was Dissociative Identity Disorder, where a client presents with "two or more distinct identities or personality states … that recurrently take control of behaviour … each personality state may be experienced as if it has a distinct personal history, self-image, and identity, including a separate name" (American Psychiatric Association, 2000, p. 526). Due to the number of identities a client with this diagnosis brought to the EAT session, the therapist found working with this diagnosis too difficult and noted that the horses became too confused and were unable to connect with the client's primary personality.

> *We did have a multiple personality disorder [former name for Dissociative Identity Disorder] and the horse got quite confused. This lady had a judge, a lawyer, a curator of the NYC Museum, a school teacher, a child and another one. She kept shifting between them all, they were all coming out. We decided it wasn't doing any good. We had two horses in the arena and if horses could look perplexed, those horses would looked perplexed. They just didn't know what to do and looked at us as if to say 'WHAT?!?!?' … the horses were confused with who [which personality] to pick up.* (Interview Four)

For this therapist, it appeared that the EAT modality was not successful with this diagnosis.

Interestingly, another therapist who was interviewed also spoke of Dissociative Identity Disorder in terms of her work with clients. This participant noted that EAT worked in a very successful way with the clients issues. She noticed that the horse would connect with whichever personality appeared at the time, and was able to gain trust between herself, the client and the horse.

I took a DID [Dissociative Identity Disorder] client up there [EAT Facility] because I wanted to see what the horses did, because I didn't actually know who [which identity] would be going into the arena at the time. It didn't seem to matter one jot to the horses, not at all, the horses accepted that person for what that person presented. (Interview Three)

Eventually, the client developed the capacity of trust between each of the personalities and has gone on to live a full and enriched life.
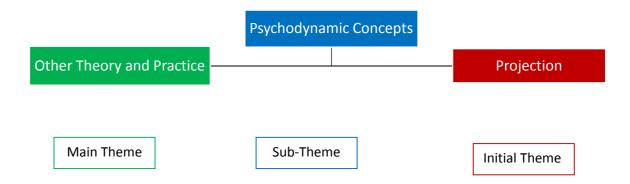
The second diagnosis that was described as unsuccessful in EAT was Psychopathy, which is also known as Antisocial Personality Disorder (American Psychiatric Association, 2000). One participant stated, *"I personally wouldn't want to work with … psychopathic personalities with the horses, because I couldn't predict what the horses would do … I wouldn't feel safe"* (Interview Two). The American Psychiatric Association (2000) described this diagnosis as "Individuals with Antisocial Personality Disorder frequently lack empathy and tend to be callous, cynical, and contemptuous of the feelings, rights, and sufferings of others" (p. 703). Due to the lack of empathy for others, and the disregard for others' feelings or suffering, it is possible that the horses would pick up on this and become harmful in the sessions.

It was also identified, in one interview, that Borderline Personality Disorder was a diagnosis that would not work well in the EAT setting. However, further on in the interview this participant reneged this statement with an example of how EAT worked with a client with the Borderline Personality Disorder diagnosis.

Sub-Theme: Psychodynamic Concepts

Within the main theme there were three sub-themes that were attributed to 'Other Theory and Practice'. The second sub-theme has been described as 'Psychodynamic Concepts' (see Figure Ten). This sub-theme was extremely unexpected for the researcher, as she hypothesised that there would be theoretical differences between the counsellors interviewed and the psychotherapists interviewed. However, this was not found. It seemed that the counsellors also worked with the psychodynamic theory of projection, as each of the participants mentioned projection numerous times within their interviews. This is the reasoning behind why 'Projection' became the next initial theme.

Figure Ten: Third section of Main Theme Two: Other Theory and Practice

Initial Theme: Projection

The concept of projection became so apparent in the interview, coding and thematic process, that it became one of the first themes to be created. Each therapist mentioned how the concept of projection works within EAT and how hugely powerful this can be for the clients.

Projection is an unconscious process that "may be seen as … a defence against anxiety. Difficult emotions or unacceptable parts of the personality may be located in a person or object external to the subject" (Samuels, Shorter & Plaut, 1986, p. 113).

> *"it is the unconscious at work, it [the clients unconscious] will decided what they are ready to work on, and it will project onto which ever horse they want to work with … they project these into the animals and they interpret their own behaviour from the animal as if it is part of the self.* (Interview Two)

It was suggested that due to the powerful symbolism that develops in EAT sessions, very strong projections occur which may not be experienced without the horses. When the projections are exposed, it is the therapist's job to help make sense of the projection and encourage the client to process through these. It appears that in EAT clients tend to project their unwanted, intolerable parts of themselves on to the horses, which the horses then mirror back to them. The therapist interprets this mirroring and helps the clients process their feelings.

Main Theme Three: New Zealand Context in Regards to EAT

The third, and final, main theme that became apparent through this research was described as 'New Zealand Context in Regards to EAT'. This main theme was based on how EAT currently sits in New Zealand society and the potential reasons behind this. It

was noted that only one reason was recognised as a contributing factor to the New Zealand context in regards to EAT, awareness. This became the sub-theme description, 'Awareness of EAT in New Zealand' (refer Figure Eleven). When this was explored more with the participants, it was identified that there seemed one aspect that contributes to the awareness of EAT in New Zealand, the safety of the therapists. This became the final initial theme, 'Therapist's Safety in New Zealand'.

Sub-Theme: Awareness of EAT in New Zealand

From both the researcher's own experience and from the experiences of the therapists interviewed, it became apparent that this form of therapy, while extremely powerful and successful with clients, remains hidden as a viable treatment option. When the participants were asked about the awareness of EAT in New Zealand, they all stated that it was growing and should continue to grow, but it was a very slow process. Half of the therapists interviewed are now working with the EAT modality with government organisations such as Child Youth and Family Services, Department of Education, Accident Compensation Corporation, Victim Support and the New Zealand Police. However, many people in the community are still unaware that EAT exists and is a viable treatment option.

During the interviews, one significant factor that seemed to be restricting the awareness of EAT in New Zealand was the 'Therapist's Safety in New Zealand'.

Figure Eleven: First section of Main Theme Three: New Zealand Context in Regards to EAT

Initial Theme: Therapist Safety in New Zealand.

EAT in "*New Zealand … it's so incredibly new, it's so fringe, it's difficult*" (Interview One). This participant went on to say that there needs to be more safety for the therapists in New Zealand because there "*isn't a well set up structure of support [for*

the therapists]" (Interview One). Participant One was not the only therapist to be interviewed that stated the limitations of safety for the therapist. It seems that due to the small number of EAT therapists that work in New Zealand, there is little support amongst each other, presumably because they are few and far between, nor is there a strong network of support from the registered body.

This initial theme was important as it seemed to offer a significant limitation to this form of therapy, and potentially, a reason behind why this form of treatment is not as widely used or recognised in New Zealand as in other countries.

Chapter Five: Discussion

What does this mean for EAT in NZ?

Equine Assisted Therapy (EAT) has been in New Zealand for a fairly short period of time, around 15 years. Within this time, EAT has been quietly increasing in awareness and acceptance within the mental health sphere. This has been largely due to the hard work and dedication of those therapists who both love the work, and who truly believe this is an amazing short-term treatment modality. Currently this treatment is not being tapped into and used at its full potential within New Zealand. Within the interviews conducted for this project, it was clear that there are some limitations to the use of this in the mental health community. These limitations where largely to do with the relative youth of EAT in New Zealand and the lack of knowledge around this modality as a treatment option.

Each of the therapists interviewed for this study mentioned the limited aspect of therapist safety when working in the EAT field. It appears that as there are small numbers of EAT therapists in New Zealand, there is little therapeutic and even legal support for the therapists. Many of the therapists interviewed mentioned that they feel very 'on their own' doing the work and often worry about their practice in a legal sense. It appears that the therapists are governed by an external body but have little ongoing support once the training has been completed. When reading through the EAGALA ethics process it became apparent that the focus was mainly on the client and the horses. There was little support for the therapists and their ethical safety. It may be prudent to have a support system established within the New Zealand EAGALA program for the ethical safety of the therapists. It seems there is little support for these therapists who love the work, and potentially risk their ethical safety to help others by using this modality.

From speaking with the therapists involved in the interviews, the EAGALA model fits well into the New Zealand culture. Each of the therapists stated that New Zealand is a horse country and they love the connection between the horse, the rider and the land. Even those who are city dwellers, and have been all their lives, seem to thoroughly enjoy this connection and this form of therapeutic work. The therapists associate this with the fun, excitement and love of being outdoors, and that this therapy seems less emotionally intrusive for clients than office-based therapy.

New Zealand is a bi-cultural society, and EAT seems to open up mental health treatment to all cultural backgrounds. Office-based therapy is often stigmatised as only available to the affluent or the middle-class (or higher) society; whereas, EAT seems to open the door for people of all socioeconomic status, all cultures, all religions and all diagnosis.

Limitations of the study

There are some limitations to this study; however, I hoped to manage or combat these to make this study as reliable as possible. Thematic analysis requires the researcher to code from a data set. This may mean that if there was more than one researcher coding the data, then there may be discrepancies in what data was coded and what code the data was assigned to. By limiting the number of researchers to a single person it was expected that this reduced the number of discrepancies and increased the validity of the study. This however brought in its own issues, as the single researcher who was responsible for the coding found that she would code the data differently dependent on external factors such as mood, energy levels or time restrictions.

Another limitation to the study is the small sample size, or small participant number. In this study only four EAGALA registered mental health professionals where chosen and interviewed, two registered psychotherapists and two counsellors. The small sample size has limited the study outcomes as it only offers four individuals' experiences and perceptions of EAT as a therapeutic model. It would have been interesting to expand the participant number and see if the perceptions and experiences of the therapists were similar. In hindsight it would have been more reliable and created a more valid study if the participant size was increased. By having a larger sample size it may in fact have narrowed the codes to a more consistent and meaningful theme set and offered a more specific outcome.

It was also noted that the participants who partook in the interview process were all female. No male EAT therapists where contacted through the EAGALA website, and therefore none responded to partake in this study. This was partially due to the geographical restrictions put in place to limit the number of participants to a manageable number, but in doing so it inhibited the study dramatically. By having no male EAGALA mental health professionals participating in the project, it has influenced the outcomes and left out a large perspective that would have benefited the

study. In future studies of this kind, it would be valuable to include both male and female participants, as it offers the experience of both genders.

By limiting the geographical location to the 'wider Auckland area' it created a number of issues that have restricted the outcomes of the project. By reducing the location to the Auckland area, it has only offered the experiences of the therapists who work within this area. While these therapists offered a huge amount of insight and honesty to the research it would be interesting to note if therapists from other areas in New Zealand would have similar perceptions and experiences when working as an EAT therapist. As stated above, by limiting the geographical area to the wider Auckland area, it also created a gender bias, which was unintentional, but severely restricted the data set.

Another limitation noted was that during two of the four interviews, the participants stated that they felt unprepared for the interview as they had no information about the specific questions asked in the interview. One particular participant mentioned that they felt they could have answered the questions in a more informed way if they had received the specific questions before the appointment. This raised an interesting dilemma for the researcher, would it have created a richer data set and more detailed account of the therapists experience when working in EAT modality if the participants had received the interview questions prior to the interview? By introducing the participants to the interview questions before the interview, it may have indeed created a richer response; however, the response may also have been very restricted to only answering the specific question. By offering them no information about the specific research questions, it may have created a more open and flowing dialogue to move where the participant and interviewer needed in the moment. Perhaps in future studies of this nature, this is something that could be changed in a future study to develop a more structured and detailed answer to the interview questions.

EAT is very new in the mental health treatment circle and, therefore, has some 'teething' problems which has influenced the data set and in turn the codes and themes. The theme that stood out as a potential limitation was that of the therapist's safety in New Zealand. This made me think that perhaps the study would have benefited from interviewing EAT therapists from a country where EAT is well known, well used and well established as a treatment modality. It may have been pertinent to have established a connection with EAT therapists in the United States of America, who also work under the EAGALA model and gain their insights into the perceived benefits of EAT as a

treatment modality. It appears that by eliminating those outside of New Zealand it may have caused a large gap in the data and created limitations that are present in New Zealand but not in the EAGALA model as a whole.

Reflections

I found the process of this thesis a very long and arduous journey. At times it became more of a chore and struggle than an exciting research project. It became particularly difficult when writing Chapter Four: Findings. It seemed to take me a number of weeks to get my head around the meaning of my three main themes, and what this meant in terms of my initial research question. From discussing my issues with my thesis supervisor, I identified that my previous experience of developing research studies was through my Bachelor degree in Psychology, where the focus is on hypothesis and whether your research proved or disproved your original research question and hypothesis. I found that my prior learning got in the way of my creative side and became more of a hindrance than a help. I became too focused on whether my three main themes answered my research questions, than what the themes meant in their own right. Once I received some guidance from my thesis supervisor the process became more enjoyable and I began to become more engaged and excited with the project and the outcomes.

Upon reflection of this process, I have enjoyed the majority of the research and the methodology I have chosen. I particularly relished the interview process, as I got to learn more about the modality I am interested in, and make a number of professional connections in the EAGALA community. I found it particularly interesting interviewing two counsellors, as this is a different modality to what I am accustomed too. I noticed that the counsellors spoke in a different way to the psychotherapists. The psychotherapists spoke from a much more theoretical basis and focused specifically on the dynamics that occur within sessions. While the counsellors, spoke about what occurred in the sessions and how it worked out for the client. It was great to have both perspectives as the counsellors provided detailed accounts of what happens for the clients, and the psychotherapists offered insight into the theory behind how this therapy works. It was an amazing experience hearing the number of amazing, powerful stories that each therapist offered to this research, and it has given me a new sense of passion towards training in this field myself. Each of the participants offered something unique and special to the process and I thank each of them for their generosity and time to help me in this process.

The method of thematic analysis has been both a massive learning curve for me, and a delight. I thoroughly enjoyed the coding process, particularly with the help of the ATLAS.ti programme, as this made the procedure more accurate, efficient and fun. The programme offered me a neat and effective method of collecting and identifying the specific codes, the data, and the themes with little effort on my part.

However, I believe my biggest disappointment with this research project was the lack of limitations regarding EAT that were identified. I was initially interested in the limitations of this modality, as many articles and research projects mainly speak of the benefits this form of treatment offers. In the beginning I believe I was suspicious that this therapy had minimal information on when this therapy would not work for a client. It seemed a little 'too good to be true'; however, the more I became involved and engaged in the research the more I began to wonder if this therapy really does work for the majority of clients. It seems to have no restrictions on age, physical ability, cultural perspective, diagnosis (other than antisocial personality disorder), dynamic issues, socio-economic status or number of clients participating (couples, groups, families, individuals). I am sure that it is by no means a miracle therapy, and I am sure it has a number of limitations which would affect the success of the treatment; however, they were not identified in this particular study. It would be interesting to read new research that is specifically designed to identify the limitations of this treatment modality.

Conclusion

Overall, this study offers three main concepts that have been recognised by those who work in this field as being the benefits of EAT. The three themes ascertain what makes this form of therapy such a unique and powerful option for those wishing to embark on a therapeutic journey. The EAT modality offers a directive, active outdoor experience that gives clients the opportunity to connect with themselves in a very safe and accepting environment. It fits well into the society of New Zealand which is a well-established horse country, in which much of the population lives in rural areas. The energetic activities, in-depth work and short-term therapy offers all who live or visit New Zealand an opportunity to work on issues or defences in an enjoyable, fun and comprehensive manner.

The horses provide unconditional positive regard towards each and every client, no matter what parts of themselves they project, what undesirable attributes they present and what issues or diagnosis they bring to the therapy. The horses grant them an opportunity to be themselves without fear or judgment or discrimination. The use of the

theory of projection, supplies the clients with the option to transfer the parts of themselves that they find difficult to hold onto the horses and work with them in a physical, emotional and psychological manner. By projecting their unwanted feelings, thoughts or behaviours onto the horse, they are able to take a step back and work on these dynamics without the fear of rejection and personal attack. It is these aspects of EAT that make it such a beneficial form of treatment for those wishing to create change in themselves.

However, this study did identify a significant limitation to this treatment modality. It was suggested that the therapists feel alone in their work, and that their professional safety is restricted. It was identified that the safety of the therapists was limited due to the relative youth of EAGALA in New Zealand and the small number of registered EAGALA professionals working in the EAT modality. EAGALA may also consider incorporating more support for the therapist's professional safety to encourage more therapists to train in this modality. It seems that the EAT therapist is a rare breed that hopefully will become more established in the New Zealand community.

Speaking from my experience of working in this field and through the process of this dissertation, this modality has amazing benefits for those wishing to seek support and create change in their life. It has benefited a huge number of clients and seems to work for all those who try it. It would be a shame if this therapy stays in the shadows and does not have the opportunity to provide the support and treatment of which this therapy is capable.

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Participant Information Sheet

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Date Information Sheet Produced:

September 2013

Project Title

Almost Straight From the Horse's Mouth: What are the Perceived Benefits of Equine Assisted Psychotherapy? A Small Scale Study Interviewing Equine Assisted Psychotherapists.

An Invitation

You are invited to take part in a research project exploring the perceived benefits of Equine Assisted Psychotherapy. The researcher's name is Aimi Tipton. Aimi is a psychotherapist undertaking this research study for her Master's dissertation. Your participation in this project is entirely voluntary, and, should you choose to participate you may also choose to withdraw your participation at any time during the process. You will not be identified in any writing up of the findings if you so wish.

What is the purpose of this research?

EAP is increasing in popularity in many countries around the world such as Australia, the United Kingdom and Canada, but most predominantly in the United States of America (Equine Assisted Growth and Learning Association, 2012). Currently in New Zealand, however, EAP is still in its early years of development. Little has been identified so far in regard to any potential disadvantages of this particular treatment. Aimi is interested in discovering the impact of both positive and negative aspects of EAP using structured interviews to gain an accurate sense of this modality.

How was I identified and why am I being invited to participate in this research?

You are being invited to participate in this research as you are a member of EAGALA. You are eligible for taking part in the study if you have:

a) Now or in the recent past worked as an Equine Assisted Psychotherapist registered with EAGALA.

b) Current Registration with the Psychotherapy Board of Aotearoa New Zealand.

c) Worked in a New Zealand context with clients as an Equine Assisted Psychotherapist.

What will happen in this research?

The study involves interviews with therapists that will take place in a location that you select – this could be your home, via Skype or another private venue where you will feel comfortable talking about your experience as an Equine Assisted Psychotherapist. These interviews will be digitally recorded. If you choose to take part, Aimi will meet with you for around 30 minutes

to get to know you, and to give you a chance to ask any further questions about the research. After this initial meeting, you will be asked to spend between 60 and 90 minutes being interviewed about your experiences of working with clients as a registered Equine Assisted Psychotherapist. You may choose to discontinue your participation at any time.

What are the discomforts and risks?

It is not expected that you will undergo any physical or emotional harm from participating in this study.

How will these discomforts and risks be alleviated?

If any issues arise where you feel unsafe or distressed, you will be advised to withdraw from the project and advised to speak with your professional supervisor or psychotherapist. The researcher is also an interim registered psychotherapist and is trained to manage distressing situations and emotions.

What are the benefits?

Participating in this research will provide you an opportunity to reflect on your experiences with clients and EAP as a treatment modality. This may contribute to a deeper understanding of your work as an Equine Assisted Psychotherapist and to a greater sense of clarity around how EAP could be beneficial in the future. The research will also benefit those who seek EAP as a treatment method, as it may provide a deeper awareness of what interventions ad approaches are experienced as being helpful. Aimi will also benefit from this research as it will add to her understanding of the use of EAP and it is expected that she will obtain a Master's degree at the completion of this project.

How will my privacy be protected?

Your digitally recorded interview will be transcribed only by Aimi. Your identity will be kept confidential by the use of a pseudonym and any potentially identifying information will be excluded from the final report and any verbal presentations of the material. However, given the small size of the pool of participants it may only be possible to offer limited confidentiality. Identifying demographics with participant identification numbers will be stored separately from the research data, as will signed consent forms. All material involved in the research will be secured in a locked filing cabinet and destroyed after six years.

What are the costs of participating in this research?

The only cost involved in you participating in this research is your time. As indicated earlier, if you choose to take part, this will involve an interview of up to 90 minutes. You may be also asked for a further interview, depending on the course the research takes. Aimi will meet you for the interview at a place of your choosing. Alternatively, interviews may be conducted by Skype video calling or an equivalent system if this is preferred.

What opportunity do I have to consider this invitation?

Aimi would find it helpful if you could let her know within a month whether or not you wish to participate.

How do I agree to participate in this research?

You will need to complete the consent form included with the Participant Information Sheet to participate in this research. Please return the completed form to the Project Supervisor, Dr Keith Tudor, AUT University, Private Bag 92006, Auckland 1142.

Will I receive feedback on the results of this research?

Aimi will post or e-mail you a copy of the summary of the research findings if you would like to receive this information.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Keith Tudor, keith.tudor@aut.ac.nz ph.(09) 921 9999 ext. 7221.

Whom do I contact for further information about this research?

Researcher Contact Details: *Aimi Tipton, 62 Gulf View Road, Murrays Bay, North Shore City, Auckland. 0630. Phone: 021 038 9223.*

Project Supervisor Contact Details: *Dr Keith Tudor, keith.tudor@aut.ac.nz ph. (09) 921 9999 ext. 7221.*

AUTEC Approval Number: 13/284   Date: 29/01/14

Consent Form

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Project title: **Almost Straight From the Horse's Mouth: What are the Perceived Benefits of Equine Assisted Psychotherapy? A Small Scale Study Interviewing Equine Assisted Psychotherapists.**

Project Supervisor: **Dr Keith Tudor**

Researcher: **Aimi Tipton**

○ I have read and understood the information provided about this research project in the Information Sheet dated September 2013.

○ I have had an opportunity to ask questions and to have them answered.

○ I understand that notes will be taken during the interviews and that they will also be audio-taped and transcribed.

○ I understand that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way.

○ If I withdraw, I understand that all relevant information given prior to data collection, including tapes and transcripts, or parts thereof, will be destroyed.

○ I agree to take part in this research.

○ I wish to receive a copy of the report from the research (*please tick one*): Yes○   No○

Participants Signature: ....…

Participants Name: ....…

Participants Contact Details (if appropriate):

....…..

....…..

....…..

....…..

Date: _____

Note: The Participant should retain a copy of this form.

AUTEC Approval Number: 13/284   Date: 29/01/14

Indicative Questions

Project title: **Almost Straight From the Horse's Mouth: What are the Perceived Benefits of Equine Assisted Psychotherapy? A Small Scale Study Interviewing Equine Assisted Psychotherapists.**

Project Supervisor: **Dr Keith Tudor**

Researcher: **Aimi Tipton**

The following are indicative of the types of questions/prompts that may be asked of participants during the interviews for this research.

1. What therapeutic work do you do?

2. What is your understanding of Equine Assisted Psychotherapy?

3. What do you see as the benefits of working outdoors?

4. How does Equine Assisted Psychotherapy work in a New Zealand context?

5. How do you assess the clients for Equine Assisted Psychotherapy?

6. What type of clients usually engage in Equine Assisted Psychotherapy?

7. What are the benefits of Equine Assisted Psychotherapy as you perceive them?

8. Tell me about a time when Equine Assisted Psychotherapy has worked with a client.

9. What are the perceived limitations of EAP?

10. Tell me about a time when Equine Assisted Psychotherapy has not worked with a client.

11. Can you tell me what was different between these two situations?