

**Physically Disabled Adolescents' Experience of
Therapeutic Riding. A Phenomenological Investigation**

by

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Abstract

This dissertation serves as a report of a qualitative exploration of the experience of adolescents with physical disabilities during therapeutic horse-riding. The aim of the study is to understand the impact of therapeutic riding on the lived world of the participants in this unique form of animal assisted therapy. In order to achieve the set goals, phenomenological psychological research is utilised. The perspective of the participants was explored through unstructured, in-depth interviews, which afforded the current researcher the opportunity to obtain rich descriptions of therapeutic riding as experienced by adolescents with physical disabilities.

Seven adolescents with a variety of physical disabilities, mostly affecting motor functioning, were selected to participate. Team analysis provided bias-control and inter-rater reliability ensured that no corruption of data occurred. The verbatim transcriptions of the audio-taped data were reviewed and the original narratives consulted to illustrate themes and provide proof for the interpretations.

An investigation of animal assisted therapy provided a theoretical basis for the study. The development of this form of intervention, research in the field, the different applications and the animals utilised were explored. Specific focus was placed on equine facilitated therapy, including therapeutic riding, hippotherapy and equine assisted psychotherapy.

Investigations of theoretical perspectives on adolescence as a life phase as well as physical disability as a phenomena, afforded an in-depth look at the expected development of adolescents and the developmental concerns of adolescents with physical disabilities. It also provided the current researcher with valuable insight into the concerns of people with physical disabilities, especially within the South African context.

Thematic conclusions illustrated that adolescents who participated in the current study experienced therapeutic riding as an enjoyable opportunity to

escape daily routine and experience positive emotions. Although some of them experienced difficulties pertaining to the horses and other factors, including the limitations placed on them by their physical disabilities, they had an overall positive therapeutic experience. Therapeutic riding offered them an opportunity to feel free, relaxed and energised and afforded them the prospect to escape from the confines set by their disabilities, while they were exercising and improving their physical deficits.

It can be deduced from their reports that the social component incorporated in the horse riding elicited positive emotions, because they were spending quality time with friends and family and belonged to a group that shared their experience. In this environment, perceived as socially safe, they were exposed to different social situations that gave them the chance to learn and apply new interpersonal skills.

The nature of therapeutic riding reduced initial fear in all of the participants, but by overcoming those fears and other challenges they were able to improve their skills and achieve personal growth. The therapeutic riding offered a motivational component that encouraged them, not only to improve their performance, but also to attain therapeutic and personal goals. By achieving goals that had seemed unattainable in the past, they experienced a sense of accomplishment and mastery and sensed improvement in their confidence levels and ultimately, also their self-esteem.

An important component of their experience included the bond that was formed with the animal in the therapy-team. The different experiences of the adolescents illuminated various aspects of the nature of their relationships with the horses that included perceptions of the horse as being reliable, capable of unconditional acceptance, deserving of friendship and love, and able to show trust and understanding. This bond awarded them a sense of attachment that was strengthened through touch.

Theoretical deductions that could be made by correlating the thematic conclusions with well established theory indicated that therapeutic riding could improve psychological well-being and facilitate self actualisation.

Opsomming

Hierdie skripsie dien as 'n verslag van 'n kwalitatiewe ondersoek na die ervaring van adolessente met fisiese gestremdhede tydens terapeutiese perdry. Die doel van die studie is om die impak van terapeutiese perdry op die lewenswêreld van die deelnemers aan hierdie unieke vorm van dier-gefasiliteerde terapie te begryp. Fenomenologiese psigologiese navorsing is geïmplementeer om hierdie vasgestelde doelwitte te bereik. Die perspektief van die deelnemers is deur middel van ongestruktureerde, in-diepte onderhoude geëksploreer, wat die geleentheid aan die huidige navorser gebied het om ryk beskrywings van terapeutiese perdry soos deur adolessente met fisiese gestremdhede ervaar, te verkry.

Sewe adolessente met 'n verskeidenheid fisiese gestremdhede, wat meestal motoriese funksie beïnvloed, is geselekteer om aan die studie deel te neem. Span analyse het sydigheidsbeheer verleen en inter-beoordelaar betroubaarheid het verseker dat korrupsie van die data nie voorkom nie. Die verbatim transkriberings van die oudioband opgeneemde data was hersien en die oorspronklike narratiewe was geraadpleeg om temas te illustreer en bewyse vir interpretasies te lewer.

'n Ondersoek van dier-gefasiliteerde terapie het die teoretiese basis van hierdie studie verskaf. Die ontwikkeling van hierdie vorm van intervensie, navorsing in die veld, verskillende toepassingsmoontlikhede, asook die diere wat gebruik word is beskou. Spesifieke fokus is geplaas op perd-gefasiliteerde terapie wat terapeutiese perdry, hippoterapie en perd-gefasiliteerde psigoterapie insluit.

Ondersoeke van verskillende teoretiese perspektiewe op adolessensie as 'n lewensfase, sowel as die fenomeen, fisiese gestremtheid, verleen indiepte beskouing van die verwagte ontwikkeling van adolessente asook die spesifieke ontwikkelings bemoeienisse van adolessente met fisiese gestremdhede. Die bied

ook aan die huidige navorsing die geleentheid om die probleme wat persone met fisiese gestremdhede in die gesig staar, veral binne die Suid Afrikaanse konteks, van nader te bekyk.

Tematiese gevolgtrekkings illustreer dat adolessente wat aan hierdie studie deelgeneem het terapeutiese perdry as genotvol ervaar en beskou as geleentheid om daaglikse roetine te ontvlug en positiewe emosies te ervaar. Alhoewel sommige van hulle probleme ervaar het wat op die perde en ander faktore betrekking het, onder andere die beperkings wat deur hulle gestremdhede op hulle geplaas word, het hulle 'n positiewe terapeutiese ervaring gehad. Terapeutiese perdry het aan hulle die geleentheid gebied om vry, vol energie en ontspanne te voel. Hulle word die vooruitsig gebied om die fisiese beperkinge wat deur hulle gestremdhede daargestel is te oorkom, terwyl hulle oefening kry en hulle fisiese probleme aanspreek.

Uit die verbale verslae van die deelnemers kan dit afgelei word die sosiale komponent van die perdry positiewe emosies ontlok het, omdat hulle kwaliteit tyd saam met vriende en familie bestee het en aan 'n groep behoort het wat hulle ervarings kon deel. In hierdie omgewing, wat hulle as sosiaal veilig ervaar het, is hulle aan verskillende sosiale situasies blootgestel wat hulle die geleentheid gebied het om nuwe interpersoonlike vaardighede te leer en toe te pas.

Die aard van terapeutiese perdry ontlok aanvanklik vrees by al die deelnemers, maar deur hierdie vrese te oorkom asook ander uitdagings wat aan hulle gestel is, kry hulle die geleentheid om hulle vaardighede te verbeter en persoonlike groei te ervaar. Die terapeutiese perdry bied motiveringskomponent wat hulle aangespoor het, nie slegs om hulle prestasie te verbeter nie, maar ook om terapeutiese en persoonlike doelwitte te bereik. Deur die bereiking van hierdie doelwitte, wat voorheen onmoontlik gelyk het, ervaar hulle 'n sin van vervulling en bemeestering asook 'n verhoging in selfvertroue en, eindelik ook self-agting.

'n Belangrike komponent van hulle ervaring sluit die band wat met die dier in die terapispan gevorm is in. Die verskillende ervarings van die adolessente verlig 'n verskeidenheid aspekte van die aard van hulle verhoudings met die perde wat die volgende insluit: Die perd is ervaar as betroubaar en in staat daartoe om onvoorwaardelike aanvaarding te betoon, waardig van vriendskap en liefde, en kan vertrouwe en begrip toon. Hierdie band verleen aan hulle 'n sin van gehegtheid wat deur aanraking versterk is.

Teoretiese gevolgtrekkings wat gemaak kon word deur die tematiese gevolgtrekkings met gevestigde teorie te korreleer dui daarop dat terapeutiese perdry psigologiese welstand kan bevorder en self-aktualisasie kan bewerkstellig.

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*Even birds and animals have much they can teach you;
Ask the creatures of the earth and sea for their wisdom.*

Job 12 vs. 7&8

CHAPTER 1

STATEMENT OF PROBLEM AND PURPOSE OF RESEARCH

1.1. *Problem Statement*

It is estimated that between 50 and 100 million adolescents throughout the world live with disabilities severe enough to influence their quality of life. Groce (2004) states that this group comprises the poorest and most marginalised youth in the world, as most of them live in less economically developed countries. They are excluded from educational, economic, social and cultural opportunities and policies or initiatives designed for either children or adults with disabilities; and their unique needs are often not met by programmes designed for able-bodied youth.

Adolescence, as a life stage, is marked by physical instability, emotional volatility and social turmoil, all part of the desperate search for a well-formed, unique identity. This is an active time for physical and psychological maturation (Sigelman & Rider, 2006). The adolescent faces challenges pertaining to a sense of belonging as well as acceptance, by both peers and significant others. This is a difficult task for the developing personality and could elicit strong feelings of isolation and solitude. The physical development in this stage is a source of discomfort, apprehension and anxiety, as it is distinguished by growth spurts and surges of hormonal activity. This evidently leads to the disruption of relationships,

and emotional instability, or what is commonly known as the storm and stress years (Gouws, Kruger & Burger, 2000). However, all teenagers do not fit this profile, as the biological changes, psychological characteristics of the person and changes in the social environment interact and influence how adolescence is experienced (Sigelman & Rider, 2006).

The adolescent with a physical disability experiences many of the same challenges and crises in his/her¹ life, although it may occur at a later age than expected from the physically normal population. However, these crises are exacerbated by factors relating to physical difficulties, and especially the associated social and cultural stigmas, prejudices and discrimination; leading to further isolation and seclusion (Groce, 2004).

Taking this information into account it is paramount that a form of intervention is identified that could improve the development, functioning and quality of life of these children and ensure their emotional and psychological well-being. It should be accessible to all, cost effective and target various modalities.

Traditionally, horse riding is seen as a purely recreational activity. However, the horse has been an integral part of human progress and prosperity for centuries. Horses have been used as a mode of transport, either by riding or driving; have been implemented as an agricultural tool; been a force to reckon with in many a battle; and been a loyal friend and companion for those more fortunate. For many of us there is a tangible, yet mystical connection between the

¹ Throughout this text the male pronoun will be used in order to facilitate reading.

spirit of the horse and the human psyche. This connection has driven the courageous to experiment with these huge, people-loving, highly intelligent beasts as therapeutic assistants in many disciplines.

Therapeutic riding is the collective term referring to different forms of therapy, where horseback riding is used as the main instrument or tool. In all forms of therapeutic riding the multidimensional movement of the horse is used to establish a foundation that leads to improved neurological functioning and sensory processing in humans. The therapy takes place in a controlled environment where graded sensory input can elicit appropriate adaptive responses from the client. This foundation can then be generalised to a wide range of daily activities (American Hippotherapy Association (AHA), 2006). Across the globe many forms of therapeutic riding exist, usually based on hippotherapeutic principles. Hippotherapy² is the term used to describe the purest of these forms, practised by qualified Physical therapists, Occupational therapists and Speech therapists. Therapeutic riding is practised by individuals trained as riding instructors and volunteers from all walks of life.

The benefits of therapeutic riding reach further than physical improvements in balance, posture, mobility and function. It may also affect psychological, cognitive, behavioural and communication modalities. As Papalia, Olds and Feldman (2006) suggest, a physical disability does not only affect the physical development of a person, but also the social, emotional, cognitive and psychological development. Therefore therapeutic riding, increasing physical and

² The term hippotherapy was derived from the Greek word "hippos", meaning horse.

cognitive functioning, but also alleviating emotional difficulties, facilitating social interaction and improving the overall psychological well-being of a client, seems to be the ideal form of therapy for an adolescent with a physical disability. This study will subsequently focus attention on the experience of a group of adolescents of therapeutic riding in order to study the influence of this unique form of therapy on their functioning. Without holding any preconceived ideas, thus using a phenomenological approach, the experience of adolescents with physical disabilities, who are currently taking or have in the past taken part in therapeutic riding, will be explored.

Limited literature is available on research in the emerging field of Equine Facilitated Therapy (EFT) and Equine Assisted Psychotherapy (EAP). According to Taylor (2001) this can be attributed to the tendency of therapists using this approach, to focus mainly on practice, instead of theory. Therapists interested in this technique, often draw from the research findings of a related field, i.e. animal assisted therapy (AAT). Using mainly dogs as assistants or facilitators, researchers have found that AAT promotes well-being and improves quality of life for people (Taylor, 2001).

AAT provides a solid theoretical foundation for EAP as it has many commonalities, including the structured use of an animal as facilitator in therapeutic sessions for the psychological, emotional and social benefit of a broad spectrum of clients. AAT is commonly used in a variety of settings, including hospitals, residences, the therapist's office and even the wild, for its'

unique benefits ranging from building self-esteem and alleviating physical distress to facilitating social interaction.

The reason for selecting a phenomenological approach to this study is illustrated in the notion put forward by Merleau-Ponty, that neither subjective nor objective human experience can be described in research, as only the individual can relate his own dialectic body-mind experience (as cited in Sadala & Adorno, 2002). Research excluding this experience will only lead to a better understanding of the subjective experience or interpretations of the researcher and not that of the participating individual's actual encounter.

The current researcher is particularly interested in the adolescents' experience of this form of intervention to enable a wider understanding of the impact it has on their *erlebniswelt*³. The use of a phenomenological study best encapsulates the experience of the participants as it allows the researcher to be open to that which is presented to him by the participants and not be selective of responses used in the study.

This exploration will possibly provide a basis for the understanding of this therapeutic modality and ease the implication and expansion of this seemingly ideal interventional method. Although the positive effects of therapeutic riding and hippotherapy have been established scientifically, no research could be found regarding the adolescent's experience of this therapeutic approach. The

³ The total experience of perception and interaction of an individual (see chapter 3).

following research question arises: How do adolescents with physical impairments experience therapeutic riding?

1.2. *Purpose of the research*

The aim of this research can be stated as an exploration of the experience of adolescents with physical disabilities during participation in a therapeutic riding program. Through the pursuit of this aim the current researcher intends to lend a voice to the previously unheard subjects, in order to afford them an opportunity to influence the outcomes of intervention and further research in this field. This could provide a complementary point of view to the research that exists on the subject, which will be free of the suppositions and assumptions held by researchers and practitioners alike.

For this reason no preconceived ideas will be held and therefore no hypothesis will be stated. The researcher expects certain themes to unfold from the responses given by the participants, which will lead to a rich description of their experiences during therapeutic riding.

1.3. *Definitions of terminology*

The current researcher deems it necessary to provide working definitions for consequential terms that will be used in this dissertation, in order to augment clarity:

1.3.1. *Animal Assisted Therapy*

Animal assisted therapy (AAT) is an umbrella term used to describe therapeutic activities that incorporate the use of a variety of animals as therapeutic agents (Chandler, 2005). The terms pet therapy (PT), pet psychotherapy (PPT), pet facilitated psychotherapy (PFP) and animal-facilitated psychotherapy (AFP) are all forms of AAT, reserved for use in psychotherapy (Odendaal, 2002). The definition of pet facilitated therapy (PFT) by Cass (1981) clearly illustrates the intentional meaning of AAT in this dissertation: “*The introduction of a pet animal into the immediate surroundings of an individual or a group as a medium for interaction and relationships, with the therapeutic purpose of eliciting physical, psychosocial and emotional interaction and responses that are remedial*” (Odendaal, 2002, p.59).

1.3.2. *Animal Assisted Activities*

Animal assisted activities (AAA) is the term used to describe a form of intervention where animals are utilised to attain social, motivational, educational or recreational goals. It is not necessarily overseen by a healthcare professional as there are no prominent clinical goals (The Delta Society, 2007).

1.3.3. *Equine Facilitated Therapy*

Equine facilitated therapy (EFT) is the term used to describe any form of therapeutic intervention, physical, mental, educational or social in nature, where a horse or horses are used as the main tool. It incorporates riding therapy,

hippotherapy and equine assisted psychotherapy (Benda, McGibbon & Grant, 2003).

1.3.4. Riding therapy

Riding therapy can be described as a form of EFT where the main benefit of the client is gained by being astride a horse, either actively or passively riding. The movement of the horse facilitates physical enhancement, but it has been found that the client also derives psychological, emotional and social benefit from this type of intervention (Wood, 1991).

1.3.5. Therapeutic riding

Therapeutic riding is simply defined as therapy on horseback. The type of activities utilised in this form of intervention can be adapted to suit the needs and therapeutic goals of different clients, usually presenting with disabilities. As the client progresses and becomes more actively involved in the riding, skills are improved which could lead to competitive riding. Although a qualified riding instructor, volunteers and assistants are involved in the actual therapy session, medical and mental health professionals are consulted to ensure the quality of the therapy (Beck, 2000; Britton, 1991).

1.3.6. Hippotherapy

Hippotherapy is “a term that refers to the use of the movement of the horse as a tool by Physical Therapists, Occupational Therapists and Speech-Language Pathologists to address impairments, functional limitations and disabilities in patients with neuromusculoskeletal dysfunction” (AHA, 2006, p.1).

1.3.7. Equine Assisted Psychotherapy

Equine assisted psychotherapy (EAP) is an interactive, experiential approach where a mental health professional together with the client utilises the client's interaction with horses to reflect and understand their behaviour and actions; and subsequently apply it to everyday life (Gallarneau, 2004). It may include mutually respectful activities such as grooming, handling, lunging, riding, driving and vaulting (North American Riding for the Handicapped Association (NARHA), 2004). Goal directed activities can also be set up in the arena and are often very insightful when working with groups, couples and families.

1.4. Structure of dissertation

Chapter one will provide an introduction of the main phenomena included in this dissertation, viz. phenomenology, adolescents with physical disabilities and the fields of animal assisted therapy and therapeutic riding.

The contents of chapter two will deal with the phenomenological perspective of the current research project. A condensed history of phenomenology, the major role players and their contributions will be discussed. Furthermore a description of phenomenological philosophy and its application to research will be examined and the subsequent criticism against this method will be investigated.

In the third chapter the development of adolescents with certain physical disabilities will be placed within the context of expected developmental

milestones and the developmental concerns commonly experienced will be discussed. Additionally the chapter will focus on the concept of disability, its definition, application and prevalence in the South African population.

The fourth chapter will introduce the therapeutic modality of Animal Assisted Therapy. Research and development in the field will be extracted from available literature. The benefits, applications, settings and the animals concerned in this form of therapy will be discussed, with specific focus placed on forms of therapy utilising equines, viz. therapeutic riding, hippotherapy, and EAP.

Information on the research design and methods employed is contained within the fifth chapter. It illustrates the adaptations applied to phenomenological method to ensure more effective psychological research. An overview of the selection criteria for participants in the study and the techniques employed to obtain the data will be given.

The results obtained by the current researcher will be discussed in the penultimate chapter. Analyses of the biographical particulars, therapeutic riding information and nature of disability of the participants, will afford a closer look at their differences and commonalities. An inclusion of the process of the thematic interpretation and categorising of the interviews will facilitate the understanding of the therapeutic experience of this group.

In the final chapter the results will be deliberated; conclusions reached will be discussed and their relationship to current theory and practice will be identified.

Various recommendations will be included in order to expand the value and utility of the current research project.

CHAPTER 2

PHENOMENOLOGY

2.1. *Introduction*

Research applies a stance of curiosity concerning the occurrence or causality of certain phenomena. Kerliner (Dane, 1990) describes research as the systematic, controlled, empirical and critical investigation of hypothetical propositions about the presumed relationships among natural phenomena. According to Giorgi (1985b), scientific research studying the phenomena of nature aims to establish, and build on, irrefutable facts. Within the natural sciences this is quite possible, but when applying the same procedures and mentality to human phenomena it has met with only partial success. A radical shift of perspective is necessary to do justice to research of human phenomena.

McPhail (1995) states that a group of philosophers whose theoretical beginnings can be traced to Hegel, object to the analogy made between the content of the natural sciences and the subject matter of the human world, human beings and their cultures. Although partial success has been achieved by applying positivistic scientific methods to research in the human sciences, the validity of employing the scientific model in studies of human beings and their world is questionable (McPhail, 1995). In an attempt to clarify a way of viewing human beings and their lives that would identify the essential uniqueness of the human world, and as a response to the faulty analogies perceived by these

philosophers, a movement of descriptive philosophy named **phenomenology** came into being.

Husserl, as stated in Sadala and Adorno (2002), sees phenomenology as the starting point of all science by returning to the lived world. A phenomenon is thus described and not explained. No causal relationships are derived; focus is rather placed on the entity itself. Phenomenological research is a means to investigate the experience lived. Knowledge of a topic is acquired and broadened through exploring the perspectives of subjects, and caution is taken by the researcher to be open and free of any judgment, conception or prior thought when describing a phenomenon. The essence of the phenomenon, as located within the context, can then be discovered. This introduces a mutable and relative character of truth opposing the stable, absolute truth derived through the Cartesian method⁴ (Sadala & Adorno, 2002).

2.2. *What is phenomenology?*

All actions, gestures, habits and objects have meanings attributed to them through consciousness. These meanings make discussions about the object and its essence possible. An analysis of the intentional experiences of consciousness provides information on how meaning is given to a phenomenon. This view of Husserl, considered the father of phenomenology, gives us a basic outline of the philosophy behind phenomenology (Sadala & Adorno, 2002). Merleau-Ponty further explores and develops Husserl's view in the 1960's. He sees it not only as

⁴ The Cartesian Method refers to the theories and discoveries of Descartes (Reber & Reber, 2001)

a rigorous science of the research of essences, but also as a philosophy that sees people in a world that already exists before any reflection (Sadala & Adorno, 2002). In the field of psychiatry, the psychiatrist and philosopher Jaspers explains that all psychological signs and symptoms can and should be viewed by temporarily living the mental life of the patient, through listening to the personal, subjective experience of that patient. No judgment is felled as to the normality of any phenomenon. The tools used by the clinician, according to Jaspers, are intuition and experience through empathy (Sadock & Sadock, 2003).

Reber and Reber (2001, p.533) offer the following definition on phenomenology:

“a philosophical doctrine that advocates that the scientific study of immediate experience be the basis of psychology [...] the focus is on events, occurrences, happenings, etc. as one experiences them, with a minimum of regard for the external, physical reality and for the so-called scientific biases of the natural sciences.”

The phenomenologist sees human beings as active, creative participants of life, rather than as a mirror passively reflecting life (Meyer, Muller & Maritz, 1967). This is the main reason why phenomenologists caution against the use of theoretical perspectives and methods such as measurements and experimenting in artificial circumstances (Plug, Meyer, Louw & Gouws, 1986). When typical scientific methods of research are used, a false reality may be created and

therefore the data may present a skewed picture of human behaviour, experience, nature or culture.

The purpose of empirical phenomenological research is to uncover underlying commonalities within the empirical variations of specific phenomena (Baker, Wuest & Stern, 1992). According to Maggs-Rapport (2000) abovementioned discoveries lead to acquiring deeper insights into human nature.

2.3. Condensed history and major role-players in the development of phenomenology

Phenomenology has a notoriously confusing historical development according to Wimpenny and Gass (2000); therefore the current researcher will attempt to give a broad overview of the main contributors to the field of phenomenology as stated in literature from different schools, including philosophy, psychiatry, psychology and social science.

Denzin and Lincoln (2003, p. 22) clearly outline the growing field of phenomenological perspectives by the following statement:

“A new generation of graduate students across the human disciplines encountered new interpretative theories (ethnomethodology, phenomenology, critical theory and feminism). They were drawn to qualitative research practices that would let them give a voice to society’s underclass”

2.3.1. *The philosophers*

2.3.1.1. Kierkegaard

Soren Kierkegaard (1813-1855) guides the philosophy in the direction of what came to be described as phenomenology, through his writings on existentialism. He seeks to understand each person as a unique individual. This sparked other philosophers “*to explore human existence and the unique, as well as common, problems in life*” (Becker, 1992, p.9).

2.3.1.2. Husserl

Edmund Husserl (1859-1938), strongly influenced by Kierkegaard, gives birth to the idea of phenomenology through his thoughts on (and later a method by which to study) human consciousness and experience (Becker, 1992). According to Husserl as cited in Gergen and Gergen (2000) consciousness constructs the world, as much as it perceives the world. According to Sadala and Adorno (2002, p.283) Husserl defines phenomenology as “*the descriptive science of the essences and actions of consciousness*”. According to Sadala and Adorno (2002), Husserl believes that knowledge has its origin in experience, for it is based on reality experienced by a subjective individual; and could therefore never be objective. He strongly criticises the positivism and its methodology, which is based on the natural science and developed phenomenological method to account for the difference in focus. Husserl proposes that the researcher describe a phenomenon instead of explaining it or searching for causal factors or relationships.

2.3.1.3. Heidegger

Becker (1992) states that Martin Heidegger (1889-1976) continues Husserl's method of exploring consciousness and knowledge from within an existentialist perspective, including an investigation of human nature and, especially, human existence. Heidegger's term 'dasein', referring to the context in which a person exists and experiences life, is considered his most important contribution to phenomenological research. He states that the separation of person and world is false, and doing so during research produces inauthentic information. A further development of the same principle by Heidegger, introduces the concept that a person is connected, not only to the world, but also to others. Relationships, social roles and all interpersonal situations define both knowledge and experience within the context of the lived world (Becker, 1992).

2.3.1.4. Merleau-Ponty

Maurice Merleau-Ponty (1908-1961) a phenomenological philosopher and psychologist, describes existential phenomenology in a way similar to Heidegger, focusing on man's existence. Merleau-Ponty attempts to view people in an existing world, which influences and interacts with the human being. By describing the relationship between the person and his body, he adds another perspective to the phenomenological psychology and thus opens new realms for research. With the term *body-subject* he refers to the interrelation of mind and body, how it influences a person at any given moment and the fact that it could never be excluded when describing experience (Becker, 1992). The body is the perceiving subject that renders a specific point of view to the experience, it is not

just an autonomous part of the human being –“*I do not have a body, but I am a body*” (Sadala & Adorno, 2002, p. 284). A human is thus simultaneously body and mind, and life is experienced simultaneously by body and mind. This dialectic relationship implies that neither the objective nor the subjective world can be described in research, but only the world as experienced by the subject (Baker et al., 1992).

The phenomenology of Heidegger and Merleau-Ponty differs from that of Husserl, according to Wimpenny and Gass (2000), mainly because of the exclusion of bracketing as a form of reduction. They believe that researchers are too much part of the world to be able to distance themselves from their own knowledge or perspective.

2.3.1.5. Van den Berg

J. H. van den Berg (1914-) advances Merleau-Ponty's understanding by adding another dimension to the body-mind unit, i.e. socio-cultural. He believes that by considering the historical, social and cultural context of a human being, the process of giving meaning to experiences becomes clear (Becker, 1992).

2.3.2. Social scientists

The sociologist Alfred Schutz (1899-1959) plays a major role in adapting phenomenological ideas to be applied to the study of society (Baker et al., 1992). According to Stake (1998), Schutz prescribes phenomenological tenets that provide the basis for ethnomethodological and constructionist theorising and empirical work. The core principle of Schutz's argument proposes that social

sciences should focus on life as experienced by the people experiencing it, and that attempts to replace this by a non-existing world constructed by scientific observers, should not be tolerated. By bracketing judgement and perspective, the observer can focus on the subjectively constructed reality of members of the *life world* - the experiential world which every person takes for granted.

2.3.3. *Psychologists and psychiatrists*

2.3.3.1. Brentano, Stumpf and Jaspers

In the field of psychology, Franz Brentano (1838-1917) is the first psychologist to consider the phenomenological approach as early as 1874. Carl Stumpf (1848-1936) secures the approach in 1883 and is soon followed by many psychologists in Europe, especially after 1920 (Baker et al., 1992; Meyer et al., 1967). The psychiatric phenomenologist Karl Jaspers (1883-1969) is considered to be the father of phenomenology as applied to the field of psychiatry (Baker et al., 1992; Wimpenny & Gass, 2000).

2.3.3.2. Amedeo Giorgi

Although important contributions have been made by scholars from several fields of interest, the current researcher has chosen to apply the method and methodology as described by Amedeo Giorgi (1931 -). His search for alternative ways of pursuing psychology as a human science has sparked an interest in phenomenological philosophy. This has led to the adaptation of phenomenological principles to enhance psychological research, commonly referred to as Empirical Phenomenology or Duquesne University

Phenomenology (Moustakas, 1994). His suggested analytical method calls for systematic readings of the transcript, first dwelling on the phenomenon, and then describing emergent psychological structures (Finlay, 2005).

2.4. *Phenomenology in the context of qualitative research*

Although phenomenology offers a unique point of view to research in general, it can be placed within the context of qualitative research. Denzin and Lincoln (2003) remark that qualitative research, as a set of practices, embraces interdisciplinary and transdisciplinary stances and methods to ensure sensitivity to the values and goals of researchers within any specific paradigm or approach, including phenomenology, amongst others. Qualitative research focuses on the socially constructed nature of reality, the situational constraints placed on inquiry as well as the intimate relationship between researcher and subject. The term **qualitative** implies that the focus of research moves away from examining experimentally or measuring in terms of quantity, amount, intensity or frequency. The emphasis is rather placed on the qualities of entities and on processes and meanings. Qualitative research is driven by a curiosity about *how* social experience is created and given meaning. This is in sharp contrast to the emphasis placed on causality among variables by quantitative research (Denzin & Lincoln, 2003).

2.4.1. Qualitative vs. Quantitative

The differing paradigms of qualitative and quantitative research as described by Denzin and Lincoln (2003) will consequently be discussed. Although both

traditions are strongly influenced by the positivistic and postpositivistic traditions in the physical and social sciences, they relate differently to the use of reality and its perception. The positivistic stance that there is a reality out there to be studied, captured and understood is applied in quantitative research by isolating causes and effects, operationalising theoretical relations, measuring and quantifying phenomena and allowing for the generalisation of findings. In qualitative inquiry less restrictive and rigorous methods and procedures are employed to study and understand phenomena. Quantitative and qualitative inquiry meet in the postpositivistic tradition, as it strives for similar goals as positivism, but relies on multiple methods of analysis to capture as much reality as possible. Many qualitative researchers using the postpositivistic stance will use statistical measures as in quantitative research, but the findings will be interpreted as local and not generalised as in the latter (Denzin & Lincoln, 2003).

Appearing to be the ideal meeting of two diverse fields, the postpositivistic tradition is still widely applied in research today. It has however elicited criticism, which has led to the establishment of a new research paradigm, i.e. postmodernism. According to Denzin and Lincoln (2003) the main concern of the postmodernists is that too many opinions are left unconsidered by the postpositivistic followers and thus too many voices are unheard. New, purely qualitative methods, such as verisimilitude, emotionality, personal responsibility, an ethic of caring, political praxis, multi-voiced texts and dialogues with subjects are employed to broaden the scope of understanding, moving in the opposite direction as the quantitative tradition.

Although the goal of quantitative research is to generalise its findings to a wider population, it is equally interested in the opinion of the individual. Unfortunately, through the more remote, empirical methods employed in quantitative study, some depth of the perspective of the subject is lost. It is however argued by Denzin and Lincoln (2003) that through detailed interviewing and observation the qualitative researcher ensures depth, but stands a greater risk of being subjective and unreliable. This is also true for the rich descriptions that qualitative research strives for and quantitative researchers guard against. It is assumed that these rich descriptions interrupt the process of developing generalisations. Through the methods of choice of qualitative research, viz. ethnographic prose, historical narratives, first person accounts, still photographs, life histories, biographical and autobiographical materials among others, it is more interested in and thus exposed to the constraints of the everyday social world. By directing attention to particular cases, abstracts are formed that relate directly to the true experience of participants. On the other hand quantitative inquiry seldom studies this lived experience, but rather uses mathematical models, statistical tables and graphs to base findings on probabilities after studying large numbers of randomly selected cases.

2.4.2. Phenomenology as a strategy of qualitative inquiry

Phenomenology could be seen as a strategy of qualitative inquiry, as it places a high importance on individual human experiences. Moustakas (1994) describes five forms of qualitative inquiry i.e.: Ethnography, Grounded Research Theory,

Hermeneutics, Empirical Phenomenology⁵ and Heuristics. These are found to be more faithful to the social world than quantitative methods. These research paradigms offer a more finely nuanced description and give a richer account of the complexities of human experience and action, for they are not influenced by the nomothetic⁶ methodologies of quantitative research (Denzin & Lincoln, 2000).

Common qualities of these strategies, according to Moustakas (1994) include:

- i) The value of qualitative designs and methodologies is recognised;
- ii) Focus is placed on the entire experience and not only on parts or objects;
- iii) The search for meaning and essence is not reduced to measurements and explanations;
- iv) Informal and formal interviews are used to obtain descriptions of experiences through first-person accounts;
- v) The data of experience is regarded as imperative in understanding human behaviour and as evidence for scientific investigations;
- vi) The personal commitment, involvement and interest of the researcher is reflected in the formulation of the questions and problems;
- vii) Experience and relationship is viewed as integrated and inseparable.

The main criticism elicited by qualitative research is that through striving to achieve depth, it is possible to become subjective and unreliable. As the researcher moves away from positivistic scientific methods that employ measuring instruments to substantiate findings, he needs to turn to alternatives

⁵ Moustakas (1994) uses the term Duquesne University Phenomenology as alternative, indicative of the pioneers of this method.

⁶ Nomothetic refers to the abstract, universal or general (Reber & Reber, 2001).

to ensure validity of the study. The ways in which validity in phenomenological psychological research can be ensured, will be discussed in detail later in this chapter.

2.5. *Methodology of phenomenological research*

Wilson (2002) explains that the term methodology refers to more than just the chosen methods used during a research study. Rather, it provides the philosophical foundation for those methods. In the case of phenomenology, this position is one of intersubjectively constructed meanings within the world the researcher chooses to explore. Although phenomenological philosophy prescribes the methodological approach to be used during research, the methods are copious. This entails that different methods can be applied to attain information in the chosen study as long as the methodological stance or perspective of the researcher is within the phenomenological realm.

2.5.1. The foci of phenomenology

The foci of phenomenology can be found within its central assumptions, according to McPhail (1995). To uncover the structures of experience, the phenomenology focuses on the 'lived experience' as constituted in consciousness as the unit of analysis. These units offer rich cognitive and affective descriptions that can only be attained from within the flow of natural life experiences. Inauthentic laboratory situations are subsequently discarded and the everyday world is under observation to attain the meanings that guide human action. Actions, another focus of phenomenology as described by McPhail

(1995), are seen as meaningful patterns, guided by the individual's values and motivations. When research focuses on isolated behaviour, outside of the context which gives it meaning, it is not spontaneous and cannot be considered phenomenological. However, not only formal reasoning, but also all forms and structures of consciousness can be included in phenomenological research as this is a focus of phenomenology. According to McPhail (1995) imagination, affect, remembrances and practical reasoning are all structures of consciousness that lend meaning to life and could bring forth a better understanding of the lived experience.

2.5.2. Core characteristics of phenomenological method

To ensure validity in phenomenological research, Giorgi (1985a) advises that the researcher draws on the expertise of Merleau-Ponty. Being a philosopher with a firm grasp on the psychology, he offers a relevant solution. Merleau-Ponty suggests that phenomenology is best understood, and subsequently applied in psychological research, in terms of phenomenological method. The following are the four core characteristics as described by Merleau-Ponty, cited in Giorgi (1985a):

2.5.2.1. Description

First and foremost the researcher should return to description. This excludes both reflection and explanation in the initial stages of research. These interpretive techniques are applied only after naive description has been completed.

2.5.2.2. Reduction

Secondly, focus is placed on reduction. It is stressed that the researcher's theoretical perspectives, especially prejudices, influence this process and should be strongly guarded against. The description of phenomena precisely as they present themselves is mandatory. Furthermore, when interpreting the meaning of phenomena, it is important that the researcher describes it as his own subjective interpretation and not necessarily as the true meaning or existence of the phenomenon. This attitude is referred to as reduction and is necessary for phenomenological analysis or description. Giorgi (1985a, p. 43) emphasises the importance of this attitude by the following statement: *"Reflecting modes of describing are too much in the service of an implicit or explicit posited goal, and non-reduced, natural descriptions tend to cover up the experienced moments and race on to the realness of the thing"*.

To avoid being contaminated by personal or theoretical paradigms, a technique called *bracketing* is used by most phenomenologists. Bracketing, according to Becker (1992), refers to the conscious process of setting aside previously acquired knowledge or suspending pre-understandings of the phenomenon. McCormick (2006) points out that, when operationalised, bracketing suggests that beliefs, propositions, likes, dislikes, etc. should not be treated as they present themselves, but rather as they profess to be. This enables the researcher to gain distance from them. The researcher thus aims to exclude that which is known or expected, to ensure that the understanding of the phenomenon is acquired through new insight gained by focusing on the

perspective of the participant/s. This technique is used to control bias in phenomenological research. By acknowledging and validating these possible influences, they are less likely to impose on the research results.

Merleau-Ponty cautions that although bracketing is the conscious exclusion of prior knowledge, it cannot ensure that all prejudices are recognised. Merleau-Ponty later excludes bracketing, because he considers researchers as 'beings-in-the-world' who could not possibly achieve such a state (Wimpenny & Gass; 2000).

2.5.2.3. The search for essences

The search for essences is described as the third important characteristic of this method. The researcher attempts to comprehend the structure or essence of lived experience through the accurate descriptions of pre-reflective relation. The process of free imaginative variation is applied to reductions, in order to fully comprehend the selected type of phenomena. This is not the end of analysis, but only a means to secure a true reflection of the actual experienced relationship, the essence.

2.5.2.4. Intentionality

Intentionality, or applying consciousness to something other than consciousness itself, is the final step in this process. The conscious reflection of the researcher's own attitude or position towards an object, and voluntarily taking in a specific stance in accord with that attitude or position, is known as intentionality of act. This is not equal to operative intentionality, which implies

those situations or events that can only be discovered because they are being lived; a meeting between life and world. Discovering and understanding operative intentionality requires description from within the reduction, whereas intentionality of act is a prerequisite for the finalisation of this process.

2.6. Method

According to Polkinghorne (1989, p.41) research methods are seen as “*plans used in the pursuit of knowledge*”. Researchers can ensure that valid knowledge is acquired by utilising these previously developed ‘plans’. The phenomenological ‘plans’ differ greatly from Cartesian methods and rely extensively on the experiences of participants, which must be clearly understood before any descriptions of natural objects are derived.

2.6.1. Position of the researcher

Before collecting data the position of the researcher needs to be clearly outlined as this is the most important aspect of phenomenological research (Baker et al., 1992).

- Giorgi (1985a) describes a position prior to reflexive thought called pre-reflexive thought as the starting point for the researcher.
- The researcher should guard against prejudice or bias and be open to live the experience as a *Gestalt* or in its wholeness (Sadala & Adorno, 2002).
- Bracketing of prior knowledge or theoretical perspectives should be consciously performed. According to Sadala and Adorno (2002) this places the phenomenon in *epoche*. Meyer et al. (1967) describes *epoche* as the part

of intentional constitution which does not imply that the researcher denies his own life experience, but rather that the researcher is not allowed to include these experiences in the description of the phenomenon. Predilection, prejudices and predispositions are curbed, therefore allowing new perspectives (Moustakas, 1994).

- A position of trust, rapport and authentic communication patterns must be established at the beginning of the study as this can have a great influence on the success of the inquiry. This is considered by Stake (1998) as crucial to the study.

2.6.2. Choice of method

McPhail (1995) remarks that phenomenology does not follow prescribed rules; instead researchers in this field are guided by a set of principles. Methods to be utilised are judged by their usefulness in improving understanding of humans within a particular area of inquiry, with particular attention to the process of constructing meaning.

According to Danaher and Broid (2005) the researcher's orientation to method will lead him to choose between the descriptive or interpretative phenomenological approaches. The latter, referred to as Hermeneutics, is often associated with Heidegger. It is mostly used to uncover the subjective essences of the lived world and relies heavily on the interpretation of the interpreter's own experiences, cultural and social circumstances and knowledge. The former is the

method of choice of Husserl and is seen as an essentialist orientation, delaying open interpretation till after the intuitive structuring of data.

The empirical phenomenological method in psychological research, as described by Giorgi, is operationalised by van Kaam in 1985 (Moustakas, 1994). The *van Kaam method* is further developed by Giorgi in order to derive a final general description. Giorgi eliminates the utilisation of multiple judges for comparative validity, but generally employs a similar series of steps (Polkinghorne, 1989). Empirical phenomenological research, together with Giorgi's adaptations, proves to be practical and provides clear directives, and can be successfully employed in the current research project to guide the researcher through the complexities of performing research under the auspices of phenomenology and psychology simultaneously.

2.6.3. Application of the chosen method

McPhail (1995) describes phenomenological research as attempts to describe the patterns of experience, woven into life's tapestry and to discover the threads of meaning that create these patterns. According to him, it is not only the purpose of phenomenological research, but can also be seen as the art thereof. Jasper (1994) includes any form of artistic impression ranging from photographs to diaries in the sources of these patterns, but maintains that an audio-taped interview offers the most spontaneous collection of a subject's lived experiences leading to rich descriptions. Other methods of choice as mentioned by Wilson (2002) include observation, narrative accounts and case studies, as these offer

rich pools of data. Considering the fact that the “*point of phenomenological research is to borrow other people’s experiences in order to understand the deeper meaning of it in the context of the whole of human experience*” (Baker et al., 1992, p. 1357), any source of data that fulfils this role can be utilised.

After giving broad, open-ended questions designed not to influence the subject in any way, descriptions about the subject, which are limited to that which can be perceived, are then obtained. No attempts are made to describe or explain the existence of the phenomenon. The description of collected data is done in four essential steps as outlined by Giorgi (1985b):

- Firstly a simple reading of the text is done in order to grasp the style and language of the statement and ultimately attain a general sense of the whole.
- Secondly the researcher focuses on the discrimination of meaning units within a psychological perspective, with specific emphasis placed on the phenomenon being researched. These meaning units that arise during the analysis “*are spontaneously perceived discriminations within the subject’s description arrived at when the researcher assumes a psychological attitude toward the concrete description*” (Giorgi, 1985b, p. 11). Maggs-Rapport (2000) believes that concealed meanings are embedded in the words of the narrative and the task of the researcher is to uncover these.
- Next, a transformation of the subject’s everyday expression into psychological language is done, emphasising the phenomenon under investigation. The processes used in transformation are mainly reflection and

imaginative variation. This step implies that the researcher directly expresses the psychological insight contained within the relevant meaning units.

- Finally, the transformed meaning units are synthesised into a consistent statement of the phenomenon under investigation. All transformed units of meaning are contained in the general description. A more descriptive essential general structure is derived from more than one subject, who leads to greater variation and a clearer view of what is essential.

2.6.4. *Validity*

An important aspect under consideration is that of validity of the results and the conclusions reached. Validity, according to Dane (1990, p.339) “*refers to the extent to which a claim or conclusion is based on sound logic*” In the case of qualitative research it is not important that another investigator discovers the exact same findings when repeating the study, but rather whether the findings are worth paying any attention to (Baker et al., 1992).

Jasper (1994) explains that there are several strategies to check for validity in phenomenological research. Research can be validated most effectively by participants through reviewing data, or their original narrative can be consulted to illustrate themes and provide proof for the interpretations. From the side of the researcher, team analysis provides bias-control and inter-rater reliability is used to ensure that no corruption of data occurs. Banonis, as quoted in Jasper (1994, p. 312), accurately concludes that phenomenology sets out to “*preserve the*

uniqueness of each lived experience of the phenomenon while permitting an understanding of the meaning of the phenomenon itself”.

Polkinghorne (1983; as cited in Danaher & Broid, 2005) explains that phenomenological research with children guarantees its own validity by using language that is:

- i) *vivid* and describes feelings of genuineness;
- ii) *accurate* in description, enabling believable accounts;
- iii) *rich* and offers depth to the extent of a sensual-aesthetic dimension;
- iv) *elegant*, offering an uncomplicated, economical essential description.

2.7. A critical review of phenomenology

Dane (1990, p.4) attempts to define research in its simplest form as “*a critical process for asking and attempting to answer questions about the world*”. During this critical process a general view of objectivity, distance and anonymity is adopted. Conducting the research from a phenomenological perspective implies that this view is compromised to a certain extent, for the aim of phenomenological research is to explore the subjective view of each participant. This subjectivity lends a unique flavour to phenomenological studies as it provides core data on human experience.

According to Giorgi (1985b), including the fields of phenomenology and psychology in a single research study does however pose a considerable number of problems. Because its roots lie in philosophy, phenomenological

thinking is intrinsically difficult. Thinking tends to evolve away from precisely that which phenomenology suggests we should focus on, i.e. the experience itself. Furthermore, phenomenology is an ever-changing and evolving field, with even the followers of phenomenology greatly differing in explaining the concepts within the field. Another problem faced while doing research in the phenomenological psychology is that not all aspects raised by the philosophical phenomenologists may be legitimate concerns applicable to this particular field (Giorgi, 1985b).

The relationship between phenomenology and psychological research presents many difficulties, which pose challenges for researchers following this school of thought. Giorgi (1985a) suggests that the researcher draw on the scientific principals of research to overcome these problems and create a more scientifically sound method of investigation. He suggests that “*both phenomenology and science must be bracketed in order to allow for the possibility of the more radical understandings to emerge*” (Giorgi, 1985a, p.25).

This can be applied in the field of psychological research by:

- returning to the phenomena themselves;
- selecting them for their relevance to psychology;
- obtaining descriptions;
- submitting them to imaginative variation;
- obtaining structures that may be typical or general rather than universal.

This is applied in a methodical, systematic and rigorous way in order to comply with the demands of scientific research (Giorgi, 1985a).

2.8. Motivation for use of phenomenology in the present study

Capturing the experience of participants in an uncommon, alternative therapeutic intervention, i.e. therapeutic riding, could offer valuable information to parents, teachers and therapists battling to find solutions to commonly experienced problems concerning the adolescent with a physical disability. The following principle described by Fischer (1985, p.151), might occur and lead to new insight into the general therapeutic use of animals, especially equines:

“by adopting a strictly descriptive approach, we can let the phenomena speak for themselves, and when we do we discover that whatever appears suggests in its very appearance something more which does not appear, which is concealed”

Thus, by studying the experiences of the participants in therapeutic riding, the researcher might learn more about the benefit of therapeutic intervention using animals. Even by studying the experiences of adolescents with physical disabilities, insight might be gained into the psyche of all adolescents.

Three diverse concepts are studied in an attempt to reveal their interrelation and each of these will benefit in the following way when a phenomenological approach is pursued:

1) Expansion of animal assisted therapy theory

Greene and Hill (2005, p.2) quote Jerome Kagan as commenting that, *“The person’s interpretation of experience is simultaneously the most significant product of an encounter and the spur to the next”*. This statement supports the

current researcher's position regarding Animal Assisted Therapy in general and Equine Facilitated Psychotherapy (EFP) in particular. Few studies have been done in the field of EFP and limited information is available on the participants' experiences of this specific type of encounter between human and equine. The current researcher thus attempts firstly to go back to the basics of the lived experience to gather data on the *significant product of the encounter* and, secondly, to determine the *spur* that will enable researchers and practitioners in the field of EFP to *move to the next*.

It has been suggested by Kohanov (2001) that therapeutic activities which incorporate horses benefit the participants on many levels, including physical, mental and emotional. Claims have also been made by Equine Assisted Growth and Learning Association (EAGALA, 2007), amongst others, that behavioural, social and spiritual levels should be added to this list. However, much of the research done in the field of AAT and EFP utilising scientific methods, have proved to be only partially successful and thus elicit reservations from the scientific community. Using the phenomenological approach, the current researcher has chosen to return to the lived experience of the participants in an attempt to provide rich descriptions of their personal perspective during one such activity, i.e. therapeutic riding. The participants' personal perspectives are expected to provide keystone information on the benefits of AAT and EFP as experienced by adolescents with physical disabilities. By using bracketing to exclude previously acquired information, personal beliefs or expected outcomes,

the researcher hopes to gather information which may lead to a better understanding of the benefits of AAT on the whole and EFP in particular.

II) Exploring the erlebniswelt of the adolescent

The term *lebenswelt* is, according to Finlay (2005), used to describe the world of objects as perceived by the person, as well as the self, body and relationships as experienced by the person. Moustakas (1994, p. 47) describes *erlebnis* as the “*stream of experience*”. The *Erlebniswelt* is thus the total experience of perception and interaction of an individual. Because of the adolescent’s active search for change and growth, he is placed in a unique *Erlebniswelt*, which is often richer and more varied than that experienced by persons in other phases of life. According to Papalia et al., (2006) the time between childhood and adulthood is marked by many new experiences, enabling the young person to organise his abilities, needs, interests and desires so they can be expressed in social context. This time is filled with complex meanings, which form the backdrop of all everyday actions and interactions. Sharing this varied world of experience with the researcher may allow for new insights into the world of the adolescent, the effect of physical disability as well as the role and benefits of AAT.

III) A phenomenological perspective of disability

McPhail (1995) argues that the foundational knowledge of special education lies within the positivistic tradition of the natural sciences. This implies that researchers have identified aspects of concern in special education and hypothesised about the impact and outcome of interventions. This has however

elicited criticism from philosophically orientated scholars, cautioning that it is not appropriate for advancing the field. McPhail (1995, p. 161) states: “*The explicit reduction of human life to attributes of the natural world has created a view of the individual with disabilities that is mechanistic and psychological in the narrow sense, rather than holistic and psychological in the broad sense of being culturally sensitive.*” This positivistic view leads to misunderstanding and misinterpretation of the *erlebniswelt* of persons with disabilities. Therefore, employing phenomenological perspective to gain knowledge of the experiences of adolescents with disabilities during AAT and EFP could prevent similar oversights and inaccuracies and assist in advancing the field.

2.9. Conclusion

In order to advance in the understanding of human-animal interaction (especially of adolescents with physical disabilities) the current researcher has chosen to employ empirical phenomenological methods. Although many scientists, philosophers and psychological researchers have contributed to the field of phenomenology, the works of Merleau-Ponty and Giorgi offer a sound basis for applying phenomenological method to the present study.

Phenomenology is described as a qualitative research method and form of qualitative inquiry which attempts to compensate for the inability of scientific positivistic methods to expose deeper human experiences. The *erlebniswelt* of adolescents is explored through interviews that offer rich, personal descriptions of each individual’s lived experience.

The subjective stance of curiosity employed by the phenomenological researcher, lends a unique flavour to phenomenological studies as it provides core data on human experience. In the present study, phenomenology offers a platform where the lived experience of adolescents with disabilities can be explored, and therefore attempts to ensure that new insights are gained and the knowledge base of human-animal interaction is both broadened and secured for future research.

CHAPTER 3

ADOLESCENTS WITH PHYSICAL DISABILITIES

3.1. *Introduction*

The interest of the current researcher is on adolescents' experience of therapeutic activities using horses, in order to attempt to find the *x-factor* that is noted by parents and therapists using these animal assistants. This *x-factor* has been observed by the current researcher on occasions where children participating in therapeutic riding for physical therapy, experience changes in their emotional state, behavioural patterns, social tendencies and overall well-being. This might indicate that, although focus is placed on the physical benefit of horse riding, simultaneous psychological benefit might occur, which could be described as the hidden *x-factor*.

Currently, in South-Africa, mostly only people with disabilities have access to equine facilitated therapy (EFT). The experience of the adolescent with a physical disability will therefore be used to better understand the general experience of adolescents during horse facilitated activities. The current researcher will be focusing on the experience of adolescence rather than the 'disability experience', a term used by Olkin (1999). A closer look at the experiences of individuals with disabilities will be taken, in order to lay a foundation for able-bodied individuals to understand the commonalties of having a disability.

The current researcher would like to emphasise that the focus on disabilities is not disregarded or intended to be discriminatory. As Ross and Deverell (2004, p.xiii) clearly describe:

“It is widely recognised that the labelling of any person by virtue of illness or disability could be potentially damaging, and could both evoke and exacerbate feelings of stigmatisation. It is also recognised that by simply labelling a handicapped or challenged individual as disabled, one automatically associates that individual with a wide range of negative stereotypes that surround ‘disability’. The use of labelling is, therefore, not intended to be discriminatory.”

Guidelines suggested by Olkin (1999) to be used during research with persons with disabilities provide a steady base for the current research project:

- disability should be categorised by function rather than diagnosis;
- people with disabilities are the best judges of functional needs;
- the voices of persons with disabilities should be given legitimacy and salience;
- the goal should not be to examine the way that persons with disabilities are different from ‘us’;
- the goal of the research should be to examine and improve policies and practices.

This chapter includes theoretical perspectives on development, with reference to the specific development of the adolescent, common responses to difficulties

experienced by the adolescent with a physical disability, as well as disabilities in the South-African context. The discussion of disabilities will include an exploration of the meaning of the term **disability**, a broad classification of disabilities and how each differs from normal or expected development. Focus will not be placed on specific disabilities, but rather on the similarities within the experiences of persons with different physical disabilities.

3.2. Clarification of terminology

The use of the term 'person/client/adolescent with a disability' is widely accepted and is the current preferred term. According to Olkin (1999) it clearly reflects the fact that the disability does not define the identity of the person and that it is but one aspect of that person. It also veers away from implying that the entire personhood is affected by the disability and thus becomes 'unable' or disabled. The obsolete term **handicapped** is currently used to describe the environmental inadequacies experienced by people with disabilities and is defined by the World Health Organization as "*a disadvantage for a given individual, resulting from an impairment or disability that limits or prevents the fulfilment of a role*" (Lewis, 2005, p.3).

Throughout this text the researcher will use the male pronoun. This is not intended to enunciate any one view or to exclude any others. It is merely the opinion of the current researcher that it facilitates the reading of the text.

3.2.1. Ability and disability

According to Reber and Reber (2001, p.1) the term ability refers to “*the qualities, power, competence, faculties, proficiencies, dexterities, talents, etc. that enable one to perform a particular feat at a specified time.*” A disability is the lack thereof, caused by trauma or disease, thus acquired, or in other cases congenital in nature and therefore present since conception. Olkin (1999), using the Americans with Disabilities Act of 1990, defines the term **person with a disability** as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of such an individual; a record of such an impairment; or being regarded as having such an impairment. This impairment refers to any disorder, condition, disfigurement or loss that affects any body system. Disabilities in children can be viewed from a developmental perspective, where it refers to the prolonged delay or absence of expected developmental milestones, which prevents the individual to fully participate in life activities (Olkin, 1999).

3.2.2. Disability and health

The International Classification for Functioning, Disability and Health (ICF) under the World Health Organisation (WHO) aids the comprehension of this umbrella term, as it provides a diagram (*figure 3.1*) that shows the interaction of the three dimensions affected by disability (Ross & Deverell, 2004).

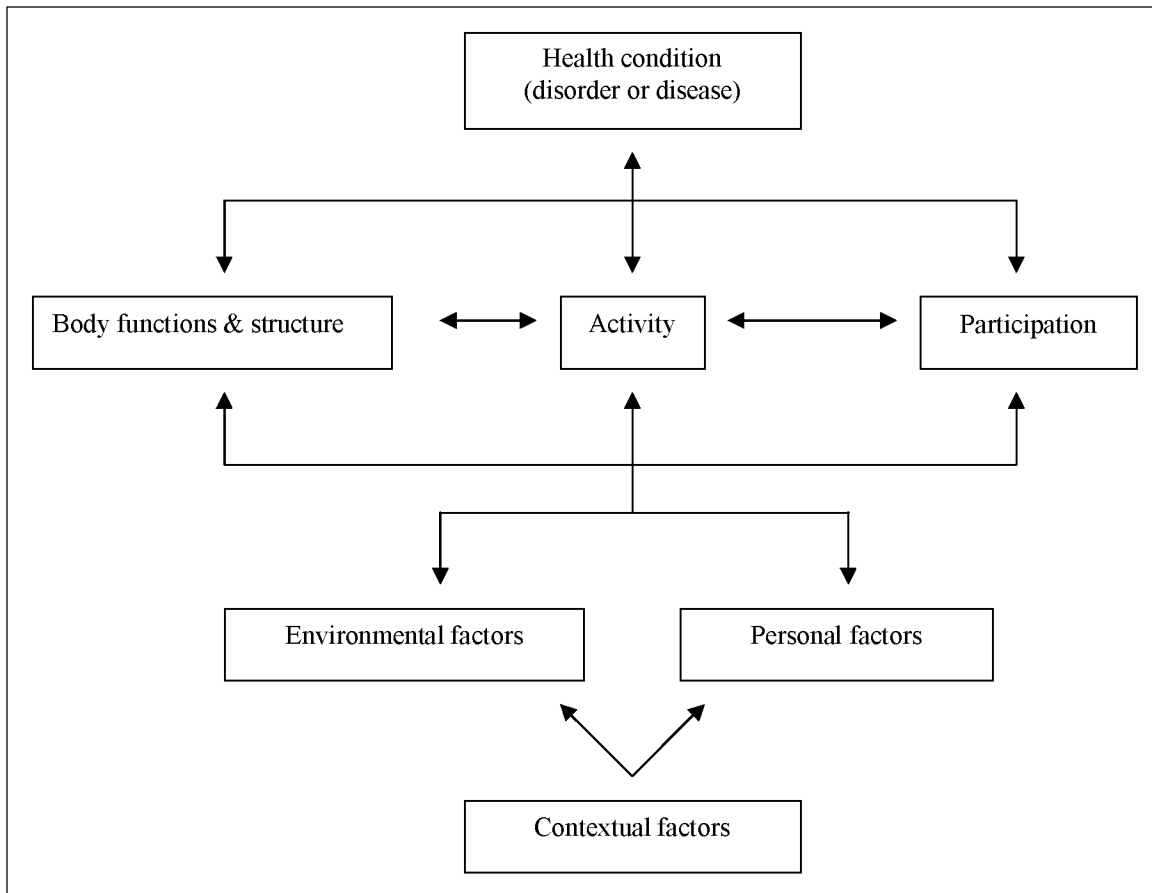


Figure 3.1

Interactions between the components affected by disability (WHO, 2002, p.9)

The ICF attempts to provide a standardised framework for the description of human functioning and disability within a health context. Health is placed on a continuum with the two poles consisting of non-problematic functional states on the one end and compromised states such as impairment, limitation or restriction on the other. Influence on functional states is divided into three dimensions, viz. bodily functions and body structure, the range of activities an individual performs and participation, involvement and access to opportunities in the society and the barriers preventing such participation (see figure 3.1).

The two main contextual factors are personal factors, such as age, race and coping skills and environmental factors ranging from the individual's immediate environment to the general environment. These provide opportunities for participation and have an impact on all three dimensions (Ross & Deverell, 2004).

3.2.3. *Adolescence*

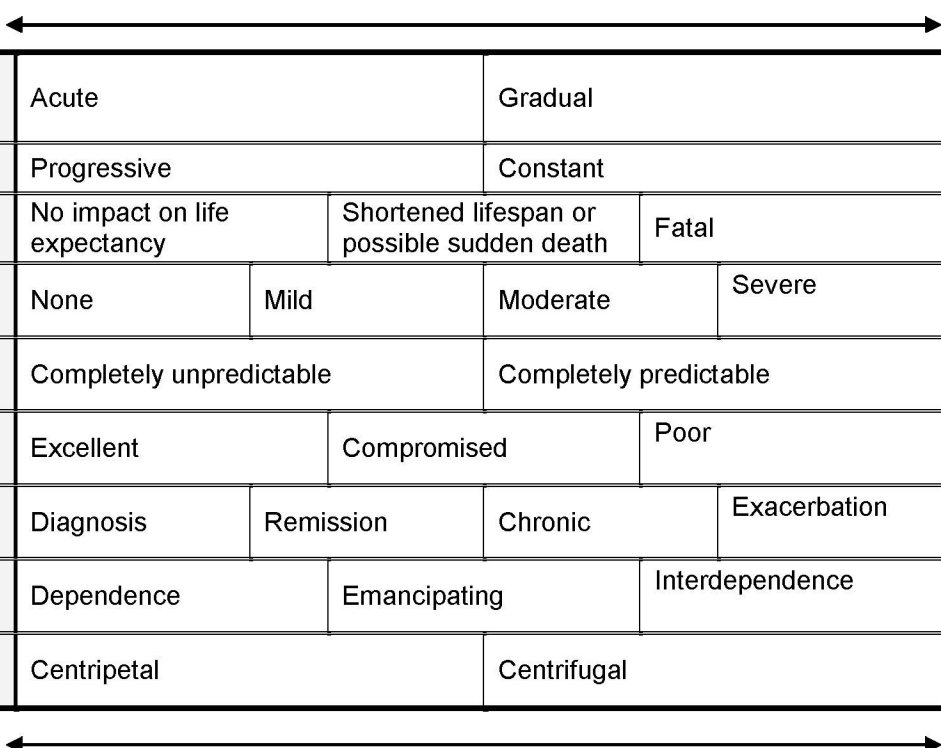
Although seemingly obvious, the term adolescence is not easily defined. Jensen (1985) suggests that three basic categories of definitions be used, viz. biological, psychological and sociological. **Biologically**, adolescence is marked at the beginning by the onset of puberty, or the ability to sexually reproduce, and at the end by physiological maturity (Reber & Reber, 2001). **Psychologically**, Jensen (2001, p. 12) defines adolescence as “*that period of life when certain developmental tasks or changes take place in the behaviour or the cognitive development (or both) of an individual*”. From a **sociological** perspective adolescence is seen as the period of transition from the “*interdependent state of childhood to the self-sufficient state of adulthood*” (Jensen, 2001, p. 13). Each of these definitions is constituted within a different scientific paradigm and thus has certain shortcomings, but together they provide a holistic picture of the adolescent (Sigelman & Rider, 2006). This holistic view should be kept in mind when the term *adolescence* is used in this text. However, for the aim of this study participants will be limited to those ranging from thirteen to eighteen years of age as a full assessment of their development be too time consuming.

3.3. *Classification of disabilities*

Different systems exist to categorise physical disabilities. Considering the wide range as well as differences in severity of impairments, the classification of disabilities is done with specific goals in mind. For statistical purposes it might be classified according to diagnosis (e.g. multiple sclerosis); for research the affected system (e.g. musculoskeletal) might be considered; onset (speed or age of onset) could be important for treatment purposes, or loss of function (e.g. quadriplegia) could be the main aspect considered when deciding on school or occupational placement. These factors should all be considered in context to assess the severity of the disability (Olkin, 1999).

3.3.1. The psychosocial model

Olkin (1999) cautions that if only one of the abovementioned factors is considered out of context or out of proportion, it influences the perception and management of the individual. For this purpose Olkin (1999) adapts a system, first designed by Rolland (1994), for classifying individual cases according to psychosocial dimensions (see *figure 3.2*).



Onset:	Acute		Gradual	
Course:	Progressive		Constant	
Outcome:	No impact on life expectancy		Shortened lifespan or possible sudden death	Fatal
Degree of incapacitation:	None	Mild	Moderate	Severe
Degree of uncertainty:	Completely unpredictable		Completely predictable	
Overall health:	Excellent		Compromised	Poor
Disability phase:	Diagnosis	Remission	Chronic	Exacerbation
Developmental phase:	Dependence		Emancipating	Interdependence
Family's life stage:	Centripetal		Centrifugal	

Figure 3.2 Psychosocial dimensions of disability (Olkin, 1999, p.16)

Most of these factors are on a continuum and are described here in a categorical manner highlighting key points. Multiple factors are taken into account, ranging from the nature of the onset and course to the expected outcome of the disability. The degree of incapacitation gives an idea of the influence it has on life activities, and the degree of uncertainty might give an indication of the psychological impact. The person's overall health does not pertain to the effect of the disability, but rather to the presence and absence of disease, for it is possible for one to have a severe disability, but be in excellent health. The disability and developmental phases impinge on one another, and are influenced by social factors such as the life stage in which the family functions. .

3.3.2. *The bio-psychosocial model*

The WHO published a trial version of the International Classification of Functioning, Disabilities and Health (ICF) in 1980. A marriage of the *medical model*, i.e. the causes and effects of a disability requiring intervention by professionals, and the *social model*, i.e. the socially-created problem attributed to an individual, led to the establishment of a new bio-psychosocial model of classifying disabilities. This tool was implemented to assist the ICD-10 or International Classification of Diseases and Health Related Problems in the classification and diagnosis of problems pertaining to functioning and disability associated with health conditions. Both systems offer users an internationally accepted etiological framework, as well as a common language to be used when diagnosing, treating and studying persons experiencing health problems. Although the two systems should be used to complement each other, a distinction is made in the simple rule that the ICD-10 focuses mainly on causes of death and the ICF classifies health (WHO, 2002).

The ICF identifies four constructs, schematically depicted in *figure 3.3*, that play a major role in functioning, disability and health. A further expansion of each of these constructs affords a closer look at the variety of functions, structures, domains and factors influenced (see *figure 3.3*). Biological focus is placed on the first two constructs and the third and fourth constructs place emphasis on the psychosocial dimension. These constructs as identified by WHO (2002) include:

- i) Construct 1, *Impairments of Body Functions*, indicates the extent or magnitude of impairment in physiological functions of the body systems,

- including psychological factors. As tabled below, aspects are identified, which could be classified as the type of the disability, i.e. a mental disability, a sensory impairment or a neuromuscoskeletal abnormality.
- ii) Construct 2, *Impairment of Body Structure*, pertains to the anatomical parts of the body such as organs, limbs and their components. The disability, as it pertains to the aspect or part of the body influenced by the impaired function, i.e. the nervous system, speech system or movement-related structure, are further classified.
 - iii) Construct 3, *Activity Limitations and Participation Restriction*, assesses difficulties in executing activities and involvement in life situations and further signifies the domains affected by the particular impairment, such as mobility, self-care or interpersonal relationships.
 - iv) Construct 4, *Environmental Factors*, evaluates physical, social and attitudinal influences on the person living with the disability and specifies the manner in which factors in the surroundings facilitate or impede upon the person, i.e. friends, transportation or employment services.

Impairment of Body Functions	Impairment of Body Structures	Activity & Participation Domains	Environmental Factors
Mental Functions	Structure of the Nervous System	Learning & Applying Knowledge	Products & Technology
Sensory Functions & Pain	Eye, Ear & Related Structures	General Tasks & Demands	Natural Environment & Human Made Changes to Environment
Voice & Speech Functions	Structures Involved in Voice & Speech	Communication	Support & Relationships
Functions of the Cardiovascular, Haematological, Immunological & Respiratory Systems	Structure of the Cardiovascular, Immunological & Respiratory Systems	Mobility	Attitudes
Functions of the Digestive, Metabolical & Endocrine Systems	Structure Related to the Digestive, Metabolism & Endocrine Systems	Self Care	Services, Systems & Policies
Genitourinary & Reproductive Functions	Structure Related to Genitourinary & Reproductive Systems	Domestic Life	Any Other Environmental Factors
Neuromusculoskeletal & Movement Related Functions	Structure Related to Movement	Interpersonal Interactions & Relationships	
Functions of the Skin and Related Structures	Skin & Related Structures	Major Life Areas	
Any Other Body Functions	Any Other Body Structures	Community, Social & Civic Life	
		Any Other Activity & Participation	

Figure 3.3

An expansion of the major constructs of the ICF
(WHO, 2002)

Primary and secondary qualifiers indicating the severity of the impairment further add to the expediency of this model. Qualifiers indicating the extent of the impairment should be added to the first construct; the extent of impairment as well as the nature of the change to the second construct; the extent of the participation restriction and extent of activity limitation to the third construct; and demonstrating whether an environmental factor is a barrier or a facilitator to the fourth construct. These qualifiers are ranked as none or mild to severe and can also be 'not specified' or 'not applicable'.

A diagnosis alone might offer the medical practitioner a well-outlined treatment path, but for the person with the disability or others involved, it serves as a label only. According to WHO (2002, p.4), this system of classification affords the user "*a consistent and internationally comparable manner*" to indicate the level of functioning of the person and thus also rich information pertaining to the level of services required, work potential, likelihood of social integration, etc. to be better able to plan and manage his care. It is also a tool to facilitate research and produce reliable and viable statistics.

3.4. *Disabilities in South-Africa*

Ari Seirlis, the national director of the Quad-pa association of South Africa (QASA, 2007) claim that people with disabilities are the biggest minority group in the country. He explicates that people with disabilities represent approximately ten percent of the inhabitants of this country. Every year 1500 new cases of

quadriplegia and paraplegia are reported, often due to motor vehicle accidents and criminal incidents (QASA, 2007).

Statistics South-Africa (S.S.A., 2005) performed a census in 2001 to provide data on demographic and socio-economic situations required to establish policies for the newly formed democracy. The criterion used by S.S.A. (2005) to identify individuals who qualified as a person with a disability, was: *“any serious disability that prevented them from engaging in full participation in life activities”*. The census showed that 5% of the total South African population or 2 255 982 persons have disabilities of various forms and severity. The population group most affected was African, and more females were counted than males. More of these people lived in the Free State than in other provinces. 27% of them fell in the age group above 80 years, but of importance for this study was that a total of 305 735 people between the ages of 10 and 19 were included.

The types of disabilities were divided, for the purpose of the census, into six groups, i.e. sight, hearing, communication, physical, intellectual and emotional disabilities. Although the largest number of adolescents had sensory impairments, i.e. sight and hearing disabilities, approximately 19% lived with physical disabilities.

Of greater importance for this study is the fact that already limited educational and employment opportunities, when compared to others, seem to dwindle amongst this group. Only a total of 18% of persons with disabilities were employed and 30% of them had no schooling.

However, it is important to realise the limitations of the abovementioned statistics, taking into account that only persons with a disability serious enough to restrict 'full participation in life activities' are included therein. A person with a disability that only limits participation or impedes involvement in activities deemed indispensable for optimal health, are excluded and thus not represented by this statistical analysis. The question arises whether this numerical representation is a true reflection of the status in South-Africa. According to the Integrated National Disability Strategy (INDS, 1996) it could be as great as twelve percent, raising the number to a total of 5 414 356 people.

QASA (2007) lobbies for the human rights its members and explains that the right to equality, equal employment opportunities and support received by government enjoys very little attention. A more comprehensive description or definition would allow for more inclusive policies, necessary adaptations to the environment and research vital for the improvement of all persons affected by a disability (INDS, 1996). This not only includes the people with the disabilities, but also those living with and caring for them.

3.5. *Historical perspective on development and disabilities*

Many theorists have contributed to our understanding of development. According to Lewis (2005) development of children with disabilities is studied in order to further understanding of the processes underlying typical development. Normal development is generally used as a reference point when studying the development of children with disabilities. However, studying the developmental

delays or abnormalities of children often provides important information about normal development. Clues about the sequence and prerequisites of milestones and developmental tasks as well as the interrelations between different systems can be derived from this population (Hodapp, 1998).

When considering the impact of a disability on normal development, two theorists should be highlighted, viz. Werner and Vygotsky. An overview of their main contributions according to Hodapp (1998) will be given, as this pre-history of development and disabilities influences later formal approaches.

3.5.1. Werner

Many of Heinz Werner's (1890 - 1964) ideas have become incorporated in modern developmental thought and are not always directly attributed to him. He greatly influenced developmental psychology and is described as the first Western psychologist to apply developmental perspectives to children with disabilities. His most important findings include the importance of distinguishing between developmental processes and content. The former refers to the psychological structures that underlie behaviour and the latter to the behaviours themselves. This leads to a better understanding of the phenomenon that some children with disabilities find it possible to perform better in specific tasks than normal developers.

3.5.2. Vygotsky

In a relatively short time Lev Semenovitch Vygotsky (1896 – 1934) influences the field of developmental psychology with his theories on development,

mediation and sociogenesis⁷. His teachings on developmental disabilities, its origin and intervention, are still widely used and acclaimed even today. Seen as a contextual developmentalist, he is mostly concerned with the interaction between children with disabilities and their environment.

According to Gouws et al. (2000) Vygotsky highlights the pivotal role of the mediators (parents, teachers, etc.) in the child's life. He sees them as conductors between the child's actual and possible development. The degree and quality of support, referred to as scaffolding, can be adjusted as the child becomes more independent.

3.6. *Adolescent development*

Robert Havighurst (1900 - 1991), an outspoken sociologist, strongly reacts to the known theorists of his time. He is the first person to introduce the idea of developmental tasks or "*skills, knowledge, functions, and attitudes that are needed by an individual in order to succeed at each stage in life*" (Dacey, Kenny & Margolis, 2004, p. 48). Havighurst identifies developmental tasks to be completed in adolescence, which are still widely accepted and applied today, i.e. (Dacey et al., 2004; Gouws et al., 2000):

- Acceptance and application of physique and a masculine or feminine sex role;
- The establishment of more mature relationships with peers of both sexes;
- Becoming emotionally independent;

⁷ Derived from the term sociogenenic, referring to the social origins of various behaviours (Reber & Reber, 2001).

- Moving towards economic independence through occupational selection and preparation;
- Preparation for marriage and family life;
- Building conscious value and ethical systems to guide socially responsible behaviour and intellectual development in order to achieve civic competence.

There are three major causes of change in human beings (Dacey et al., 2004). The *biological factor*, mostly influenced by genetic components, is quite prominent and abrupt. The *psychological factor* is seen as an internal state that sets the stage for maturation by more gradual changes in emotion and cognition. The *social factor* on the other hand is usually a very subtle, but constant influence on change. A vast number of environmental factors, from familial to global, play a role in the intrinsic developmental processes within the adolescent. Theorists choose to emphasise different factors or aspects of factors, which elicit longstanding debates. It is useful for the present study to consider all of these factors and explore the work of some of these authors to enable the application of a more useful, less exclusive bio-psychosocial model.

The chronological age that marks adolescence ranges between 12 and 19 years. The onset and completion of certain developmental tasks demarcates it, and the acquisition of psychological and even economic maturity brings an end to it (Gouws et al., 2000). It is difficult to outline many of the changes taking place in this stage of life, because only some of the physiological changes are visible to the human eye. Growing hair on one's chin or developing breasts can be seen,

but the cognitive or emotional changes can often only be perceived in the adolescent's behaviour or functioning. For this reason, the current researcher finds it necessary to discuss some of the most significant expected developmental milestones of the adolescent years. Focus will be placed on some prominent perspectives on general development in order to gain insight into the world of adolescent development. These typical developmental occurrences are also detected in adolescents with physical disabilities, although they might ensue later.

3.6.1. Physical development

A growth spurt takes place during adolescence. There are several observable changes that occur, not only because the size and shape of the body changes, but mainly because of the release of gonadotrophic⁸ hormones. The deluge of testosterone in young males causes bodily hair, the penis and larynx to grow and increases acne on the face and back. Oestrogen and progesterone in females induce the release of ova, the development of the breasts and uterus, growth of pubic hair and an increase in fatty tissue resulting in a more rounded body shape (Herbert, 2003). The changes do not take place at a gradual, steady pace, but seem to affect different parts of the body at different times. This leads to a disturbance in the balance of body parts and often leaves the adolescent feeling awkward and embarrassed. Other physical issues to be dealt with in this time are nocturnal sperm emissions, menstrual cycles (including pre-menstrual stress) and masturbation; all escalating the sense of unease with their own bodies.

⁸ Known as the sex hormones, consisting of follicle-stimulating hormone (FSH) and luteinizing hormone (LH) (Reber & Reber, 2001).

3.6.2. Cognitive development

Language development mainly takes place in the years before adolescence, but it is in the young adolescent that language proficiency is detected. This could be due to the inherent connection between language and thought. As the child's thought patterns become more complex, the language used becomes more creative, versatile and accurate.

Jean Piaget (1896 - 1980) studies the intrinsic aspects of thought, especially how children of specific ages think about problems. This gives valuable insight into the development of cognitive reasoning that take place in the same sequence in both normal and cognitively challenged children. Piaget divides these thought processes into four phases, roughly marked by age viz.: sensory-motor phase, 0-2 years; pre-operational phase, 2-7 years; concrete-operational phase, 7-11 years and the formal-operational phase 11-15 years (Gouws et al., 2000; Sigelman & Rider, 2006),. This allows the adolescent to shift from the real to the possible or as Lewis (2005, p. 169) aptly describes it "*begin to free their thinking from its roots in their own particular experience.*" As the child progresses, the thought patterns become more complex and abstract; and enable more difficult intellectual processing. If one of these phases cannot be completed due to a lack of cognitive strength, the child cannot progress to the more complex phase. Propositional thinking should be achieved by the end of middle childhood. This facilitates decision-making, as it enables the teenager to propose hypotheses and deduce consequences (Lewis, 2005).

3.6.3. Emotional development

One of the firsts theorists to focus on adolescent development is G. Stanley Hall (1844- 1924). With a strong focus on the biological factors involved in development, he is often referred to as the father of adolescent psychology (Gouws et al., 2000). Many of Hall's theories are today considered to be lacking, because of their connection with the outmoded conception of evolutionary development. He does however contribute greatly in describing the storm and stress years of turbulent emotional variation. Some noted are: energy and enthusiasm vs. indifference and boredom; gaiety and laughter vs. gloom and melancholy; vanity and boastfulness vs. humiliation and bashfulness; sensitivity vs. callousness; and tenderness vs. cruelty. Hall sees struggle, rebellion, stress and conflict as adaptive; but favouring the Anglo-Saxon male, this has become nothing more than a cultural stereotype (Dacey et al., 2004).

Gouws et al. (2000) explain that the adolescent years are characterised by heightened emotionality and emotional lability, caused by various physical, cognitive, moral and other factors. Feelings of inadequacy and social and cultural demands might exacerbate this state. It is usually only resolved once emotional maturity and a strong sense of identity have been achieved.

3.6.4. Social development

Any discussion on development would be incomplete without a reference to Sigmund Freud's (1856 -1939) theory on the five intrinsic stages of life. According to his theory the adolescent should, by the time he turns 13, have

moved through the oral, anal, phallic and latency stages and proceeded to the genital stage. In this stage, that marks the commencement of adolescence, the youth experiences a surge of sexual hormones that leads him to establish relationships with opposite-sex peers (Dacey et al., 2004 & Gouws et al., 2000). This implies the possibility of becoming sexually active and even falling pregnant if menarche has commenced in the female and viable sperm has been produced in the male.

Ruth Benedict (1887 – 1948) and Margaret Mead (1901 – 1978) discover that the psychoanalytic theory of Freud, based on the assumption that development is biologically determined, does not stand true for people of all cultures (Dacey et al., 2004). They find that problematic aspects of development in Western societies, such as sexual role, responsibility and dominance, cause little upset in so-called primitive tribes in Africa and the Polynesian Islands. This leads them to emphasise the cultural and social factors involved in development. The laws and customs of the culture and society in which the adolescent finds himself, depict whether he is still a child or can be considered an adult. Sociological phenomena such as enjoying certain privileges and status, performing specific duties, achieving independence marked by the end of education and the commencement of an occupation, acceptance of responsibility by getting a driver's licence, getting married or starting a family are the tasks adolescents daily prepare themselves for (Herbert, 2003).

3.6.5. *Developmental tasks*

The contribution of Erik Erikson (1902-1994) to the understanding of development and the extensive research done by himself and on his theory, places him paramount when discussing human development. Jensen (1985) and Dacey, et al. (2004) state that Erikson (1986) identifies eight psychosocial stages of man (see *figure 3.4*), each of which marks the most important bipolar tasks assigned to that specific age group.

If the pre-adolescent tasks (see *figure 3.4*), viz. a sense of trust, a sense of autonomy and a sense of initiative, have been completed successfully, the adolescent can move towards the goals set out for him in the next stage of life. If the child experiences a sense of mistrust, of shame and doubt or guilt and feels inferior, it becomes more difficult to attempt the tasks at hand in the teenage years - although, according to Jensen (1985), it is still possible to deal with uncompleted tasks in later stages. However, this increases the load during adolescence and could consequently increase anxiety levels.

AGE	STAGE	DESCRIPTION
Infancy	Basic Trust vs. Mistrust	Trust develops when parental support, love and nurture is adequate.
Years 1-3	Autonomy vs. Shame and doubt	Linked to bowel and bladder control the child discovers self-sufficiency which, if met by parental negativity, results in shame and doubt.
Years 3-5 ½	Initiative vs. Guilt	Successful discovery of ways to initiate actions leads to more initiative and guilt will be avoided.
Years 5 ½-12	Industry vs. Inferiority	Competency is experienced, especially when competing with peers. Failure results in feelings of inferiority.
Adolescence	Identity vs. Role confusion	<i>See Discussion</i>
Young adult	Intimacy vs. Isolation	Healthy, satisfying relationships with same and opposite sex peers lead to a sense of intimacy as opposed to loneliness and isolation.
Adulthood	Generativity vs. Stagnation	In many different aspects of life these poles appear, i.e. occupation, parenthood, religion, etc. They are influenced by feelings of usefulness
Maturity	Ego integrity vs. Despair	A review of one's life causes feelings of despair and regret if wasted, but wellbeing, integrity and satisfaction if well spent.

Figure 3.4 Erikson's (1963) psychosocial stages of man (Jensen, 1985)

The specific task of developing a sense of identity (including a sexual identity), instead of a sense of confusion is laid before the adolescent. According to Papalia et al. (2006) the hormonal events of puberty cause them to take on the bodies of adults and simultaneously they are expected to think abstractly and hypothetically, their feelings about almost everything change and these need to be incorporated into their sense of self. Jensen (2004) mentions that Sawrey and Telford (1963) define identity as having three parts:

- i) the development and maintenance of an inner experience of continuity and sameness that correlates with the perception of others,
- ii) a perception that one's aspirations and attempts at establishing personal and vocational goals are recognised and correlate with the way the goals of others are achieved,
- iii) the sense that one's unique personality and social skills are effective and understood within the social context.

Erikson (1963), as stated in Jensen (1985), further dissects identity formation and includes a number of factors, viz.:

- A definite sense of self-definition;
- The presence of commitment to goals, values and beliefs;
- The existence of activities directed toward the implementation of the commitments;
- The consideration of a range of identity alternatives;
- The development of self-acceptance;
- A sense of personal uniqueness;
- Confidence in one's personal future.

By exploring ideas, religions, philosophies and vocations the child is stimulated and assisted in the final commitment to a specific unique identity (Jensen, 1985). This end product is not rigid and can be influenced and reinvented throughout life. It is, however, important that the process commences in the adolescent years, in order to lay the basis for the next developmental

stage. Without an established identity, amidst confusion and insecurity, the exploration and establishing of healthy, mutually beneficial relationships can be taxing. This could lead to isolation instead of a sense of intimacy, which is the subsequent developmental goal identified by Erikson.

3.7. *Major developmental concerns affecting adolescents with certain physical disabilities*

The physical development of the adolescent does not take place in a vacuum. Papalia et al. (2006) states that the linkage between the physical, emotional, cognitive and social development of the adolescent has been confirmed by studies. A physical disability is expected to influence the general development of the adolescent and could cause many problems not related specifically to health or physical ability.

It is expected that certain developmental milestones have been reached by the time the child enters adolescence. It is however not always the case with adolescents with a physical disability. In most instances specific disabilities lead to delays in development or an inability to develop at all in certain areas, depending on the nature and severity of the disability. These delays, expectedly, mostly occur in the area of motor development as that is the area affected by a physical disability. Problems in other areas of development, viz. cognitive, emotional, social, and spiritual are, however, also common.

3.7.1. Physical concerns

Generally, problems with fine and gross motor skills, muscle strength and muscle tone, co-ordination, speed and the planning of movements are experienced, as noted in Lewis (2005). For example, a child with spina bifida might have paralysis of the legs and might never learn to walk, but might also experience problems with control of the upper limbs or need to support himself with one hand while seated and have difficulties with crossing of the midline as this is not often practised.

Action is also considered important in perceptual development (Piaget & Inhelder, 1969 in Lewis, 2005). For the adolescent with a physical disability it is likely that certain aspects of perception are also affected, especially those concerning spatial relations and other visuo-perceptual problems. Other common difficulties pertain to the tactile and auditory senses. According to Lewis (2005), this can be attributed to neurological damage.

3.7.2. Cognitive concerns

A vast array of differences exists in the cognitive abilities of adolescents with physical disabilities, just as is the case with the normal population. In the case of cerebral palsy and other conditions that comprise brain damage, the affected areas depict the range of cognitive impairment (Lewis, 2005). Most adolescents with physical disabilities commonly experience problems with planning, memory function and attention span (Lewis, 2005; Ross & Deverell, 2005).

Receptive language is mostly intact, but several communication problems might occur in the world of an adolescent with physical disability. In the child with cerebral palsy, dysarthria is often perceived. This is a condition that renders speech difficult, because controlling the muscles associated with speech may be challenging. Cognitive deficits often influence their expressive language, leading to problems with context and content and how they relate to what others are saying, thus pragmatics, although they demonstrate satisfactory syntax and phonology (Lewis, 2005).

3.7.3. Emotional concerns

The mental health and wellness of teenagers is positively affected by a perception of connectedness to others, especially in the family and school environments. This is described as a protective factor and could assist the adolescent battling with the influences of a disability or when faced with the crisis of a disability. During this time emotional responses are expected, simulating those of the grief process described by authors such as Kübler-Ross (1969). She describes five stages of grief, experienced globally by dying patients. All of these stages are marked with emotional reactions or responses that are typical when attempting to cope with one's own imminent death. These reactions could be correlated to grief and bereavement during any crisis or loss experience, such as an accident after which the person is rendered physically disabled, or even the response of the adolescent with a physical disability to the realisation that he is impaired or incapable to enjoy full participation in life activities. Although a typical pattern is often observed, the individual could deviate from this in any way, even

displaying reactions from more than one stage simultaneously. The globally observed pattern, described by Kübler-Ross (1969) includes the following stages: *Stage 1*-Denial and isolation; *Stage 2* - Anger; *Stage 3* - Bargaining; *Stage 4* - Depression; *Stage 5* - Acceptance.

Ross and Deverell (2004) describe the emotional reactions of persons with disabilities, especially acquired, as consisting of initial numbness and shock followed by relief or denial. Bargaining about the condition could also be expected and feelings of guilt are usually present. Depression, anger and anxiety are also common in these individuals. Acceptance and coping are only achieved if acknowledgement of the loss has taken place. This final stage of acceptance is not necessarily permanent and rejection may resurface at any time, especially when faced with new challenges or life stages (Ross & Deverell, 2004). In the case of a congenital disability similar reactions are expected, although the distribution of stages may differ significantly.

3.7.4. Social concerns

Communication deficits, immobility, unattractiveness, the inability to participate and poor cognitive ability restrict gratifying interpersonal contact (Herbert, 2003; Lewis, 2005). Gouws et al. (2000) describe the meanings of self-concept and self-esteem as respectively 'knowing who I am' and 'how I feel about who I am'. But, for the adolescent with a physical disability, neither is an easy task. These usual challenges, faced during adolescence and puberty, are exacerbated by a physical disability.

Abramson, Asch and Mash (1976) as cited in Jensen (1985) have found that a physical disability affects more than a particular motor or sensory area; it pervades all aspects of a person's functioning. As a result behaviour and therefore also the social interaction with peers, parents and other caregivers are influenced. The major concerns of the adolescent living with a disability have been found by this group of researchers to be the following:

3.7.4.1. Acceptance

A self-perpetuating cycle is formed by the tendency of these adolescents towards unexpected behaviour. Sensing a lack of acceptance for their behaviour and social deficits caused mostly by isolation and non-inclusion, they overcompensate or act up in order to achieve acceptance. This leads to further objectionable behaviour and ultimately to more rejection, which results in inadequate or inaccurate self-concepts.

3.7.4.2. Independence

Dependence is often fostered by schools, families and caregivers in contact with persons with disabilities. A sense of service often guides the adult in the relationship to take responsibility for the well-being of the adolescent. As previously discussed, independence is a crucial aspect of identity and the lack thereof could complicate the achievement of a well-formed identity.

3.7.4.3. Expectations

Expectations are often not set in accordance with the inherent potential of the individual. They could be set too high, which leads to feelings of failure,

incompetence and inadequacy. Sometimes they are set too low which disrupts the development of skills and opportunities and leads to a performance level below the actual potential of the adolescent.

3.7.5. *Concerns regarding developmental tasks*

The connection with family, friends and team-mates often becomes the focus of activities in adolescence in the search for ideas, value systems, occupational options and ultimately an identity (Papalia et al., 2006). It can however also complicate the decision-making process, as influences are not always positive and could elicit responses that do not correlate with intrinsic or external expectations. This often leads to what Marcia (1966 as cited in Jensen, 1985; Papalia et al., 2006), refers to as crisis or a period of decision-making related to identity formation. He classifies four distinct identity statuses pertaining to conscious decision-making about whom or what they are, viz.:

- a) *Identity achievement* is seen as a period of crisis leading to commitment.
- b) *Moratorium* is a crisis during which a person is actively seeking ways to arrive at acceptable choices.
- c) *Foreclosure* is the premature commitment to goals, values, etc. developed during childhood and influenced by authoritarian figures, without ever experiencing a crisis.
- d) *Diffusion* is a state where no active seeking of commitments takes place, although no identity has been formed.

In the context of living with a disability, the adolescent may feel that he is constantly in a crisis or may often be presented with new crises pertaining to his health and identity. Being presented with crises of such great impact, so often, diverse reactions could be expected, ranging from foreclosure to long moratoriums and constant diffusion to early identity achievement.

3.8. *Other concerns affecting adolescents with physical disabilities*

Although resilience is often noted in people with physical disabilities, which greatly assists in neutralising the negative effects of living with a physical disorder, Locker (1983) identifies many factors that impede on their functioning. He describes the themes commonly experienced by persons suffering from chronic disorders, but these themes could easily be applied to the experience of the adolescent with a physical disability as they include the following:

- Uncertainty surrounding the course and outcome of the disorder influences the emotional state of the individual.
- Family relations are placed under strain and often compromised by the emotional state of the person with the disorder.
- A reconstitution of the self, including former goals, beliefs, etc. is necessary for the person to overcome a loss of identity and feelings of inadequacy and worthlessness.
- The management of medical regimens and constrictions placed on the individual with physical impairments interferes with the quality of life.

- The unavailability of sufficient information, and incorrect information could increase anxiety and strain the relationship with caregivers.
- Social roles are significantly influenced by stigma, the sick role and labelling. This often leads to rejection and marginalisation of the person and those closely associated with him.

These concerns comprise aspects that are social, emotional, behavioural and cognitive in nature, which again illustrates the immense effect certain physical disabilities have on the life and development of the young person. It is of great concern to the psychological well-being of the adolescent that management regimes not only include the physical management of the disorder or disability, but also address other aspects of concern.

3.9. *Coping with disabilities*

There is a wide variety of mechanisms that people employ to assist during challenging times. It is common, and expected of human beings, to guard against anxiety with the use of tactics that are not ideal, such as defence mechanisms. Some are more acceptable than others; unfortunately even the less amicable coping mechanisms are effective to reduce stress, anxiety or fears of isolation and rejection. Gouws et al. (2000, p.89) state that this might offer some degree of protection against various sources of conflict, “*albeit at the price of a certain degree of denial or distortion of reality*”. These unconscious safeguards are most often used to ward off threats to the personality. Feelings of guilt, embarrassment, inferiority and anxiety are prevented from entering the conscious

mind in order to ensure positive states of mind. People often revert to less ideal coping strategies when the more ideal resources are unavailable.

According to Ross and Deverell (2005), resilience is closely linked to coping resources (pertaining to individual characteristics, familial and environmental factors) and coping responses (such as eliminating the problem or managing the emotional reaction). They state that Broder (2001) defines resilience as “*success and positive outcomes in people despite adversity*” (Ross & Deverell, 2005, p. 18). This implies that the adolescent does not cease to experience the expected emotional, psychological, physical and social responses, but the stress associated with the disability is reduced. The crisis is therefore experienced as less threatening and less undesirable.

The following three factors are identified by Ross and Deverell (2005) as the major ingredients of resilience:

- i) A willingness to take risks and accept responsibilities, the ability to adapt to challenges and a future orientation are behavioural aspects that contribute. Personal characteristics such as an easy going and sociable temperament, high self-efficacy, optimism and the dedication of talents are also associated with resilience.
- ii) The family environment can also contribute to the amount of resilience perceived in the child. Caring, nurturing parents, with high expectations, consistency and support, together with a socio-economic advantage seem to provide the necessary framework for resilience.

- iii) The extrafamilial context also seems to impact positively on the development of resilience and might be of particular interest in the context of the current research. These include involvement in extramural activities that provide good instruction, attachment with pro-social adults, such as coaches and religious leaders as well as enrolment in a good school with supportive teachers.

However challenging or supportive the path is on which the adolescent finds himself, it is nevertheless a path. Acceptance is not achieved overnight and any change (intrinsic or external) may influence the state of equilibrium. This transformation towards acceptance is aptly illustrated by the following model as cited in James and Gilliland (2001). The comprehensive eight-stage model by Schneider (1984) depicts the transformational stages of grief. It consists of the following stages:

Stage 1: *The initial awareness of loss* causes a threat to the body's sense of homeostasis and includes responses such as shock, confusion, detachment, disbelief and disorientation.

Stage 2: *Attempts to limiting awareness by holding on* usually to one's thoughts and emotional energy by focusing on inner strengths and other resources that have served this purpose in the past. It offers an opportunity to gain perspective and insight and limit feelings of hopelessness and helplessness. Typical responses during this stage include muscular tension, sleep disturbances, independence, control, bargaining and guilt.

Stage 3: *Attempts of limiting awareness by letting go* of unrealistic personal goals, unwarranted assumptions and unnecessary illusions in order to recognise one's limits. A separation or detachment from the lost person or aspect occurs to make room for future adaptive behaviours and attitudes. This stage is marked by amongst others depression, rejection, disgust, anxiety, shame, pessimism, self-destructive ideation and hedonism.

Stage 4: *Awareness of the extent of the loss* marked by exhaustion, pain, silence, aloneness, preoccupation, sadness, loneliness, helplessness, hopelessness, emptiness and weakness indicates a period of mourning. As the reality of the loss dawns on the person he could suffer extreme grief and may feel deprived and unable to cope as his consciousness is flooded.

Stage 5: *Gaining perspective on the loss* takes place by accepting the past and taking time to make peace with it, either by discovering equilibrium between the positive and negative aspects of the loss or by gaining insight concerning the extent and limitations of responsibility for the loss. Stage-appropriate responses are patience, solitude, acceptance, forgiveness, openness, reminiscence, healing and peace.

Stage 6: *Resolving the loss* only takes place once the person is able to participate in activities unconnected to the loss without attempting to 'hold on' or 'let go'. In this stage self-forgiveness, restitution, commitment, accepting responsibility, completing business and saying goodbye are paramount while the person displays self-care, determination, forgiveness and peacefulness.

Stage 7: Reformulating loss in the context of growth is seen by Schneider as an outgrowth of grief resolution. A prerequisite for experiencing personal growth during times of loss or crises is realising one's own potential, strengths and limitations, morality and evanescence. Four focus points are identified during the reformulation stage, viz.:

- discovering potential rather than limits;
- seeing challenges rather than problems;
- being curious again;
- seeking a balance between the different aspects of self.

This stage is recognised by enhanced sensory awareness, assertion, spontaneity, patience, integrity, balance, centeredness, recognition of illusions, curiosity and increased tolerance of pain.

Stage 8: Transforming loss into new levels of attachment is achieved by integrating physical, emotional, cognitive, behavioural and spiritual aspects of the person. It does not indicate the end of the cycle of loss and grief, but allows greater openness and awareness and enables the release of energy to create new strength. Awareness of interrelationships, unconditional love, creativity, wholeness, deep empathy, an end to searching and commitment are some of the positive experiences that can be achieved during this stage.

This holistic model designed to promote personal growth within the context of stress, loss and grief by integrating physical, cognitive, emotional, behavioural and spiritual responses to loss, can be applied to the stress, loss and grief experienced by the adolescent with a physical disability.

3.10. Conclusion

In South-Africa at least 3% of all adolescents live with a disability severe enough to influence their daily activities negatively. With development that deflects from normal developmental milestones, they have to employ coping mechanisms to experience quality of life.

During adolescence the completion of one developmental life task is vital to ensure personal well-being, i.e. forming an identity. This completion is preceded by a process commenced in the early teenage years and seldom completed before adulthood. It leads the adolescent through many toils and snares, but the road is full of exciting challenges which assist in forming a unique, integrated identity. Equally, the adolescent with a physical disability will experience challenges. Even more so, considering that struggles with independence, acceptance and lowering of expectations could hamper this process, the adolescent with a physical disability experiences many emotions globally observed during a grief reaction.

When focusing a study on a specific population, such as the adolescent with a physical disability, one has the opportunity to gain insight into the functioning of not only that specific population, but also of other persons who share commonalities with that group. In the present study it is expected that valuable information will be gained to assist the understanding of adolescents' experience during therapeutic riding, which could possibly be applied to other forms of EFT.

CHAPTER 4

ANIMAL ASSISTED THERAPY

4.1. Introduction

The pleasure which I derive from my dog is closely akin to the joy accorded me by the raven, the greylag goose, or other wild animals that enliven my walks through the countryside; it seems like a reestablishment of the immediate bond with that unconscious omniscience we call nature (Lorenz, 1952).

This quote, written more than half a century ago and recorded in a book by two of the most noteworthy authors on Animal Assisted Therapy (AAT), Boris Levinson and Gerald Mallon (1997, p. 3), depicts the connection felt between humans and animals. But, is there more to this connection than feeling loved, protected or attached to another living creature? Does this relationship offer health benefits? Could this benefit be obtained by administering measured doses to selected individuals or groups?

According to researchers, practitioners and enthusiasts in the field of AAT and pet orientated child psychotherapy, the benefits are manifold, the choice of creature immaterial and the settings for dispensation countless. In this chapter an overview of the history and theoretical basis for animal assisted therapy will be given, the most commonly used settings will be identified and the clientele will be

discussed. An in-depth look at the different forms of animal assisted therapy, i.e. the types of application, will offer information on the specific benefits, uses and focus areas of each form. Special attention will be given to the use of horses as therapeutic tools.

4.2. *Animal Assisted Therapy described and defined*

Chandler (2005, p. 3) explains that Animal Assisted Therapy (AAT) *“promotes positive human-animal interaction and incorporates the talents and traits of a therapy animal into a therapeutic setting to facilitate the recovery of a patient seeking physical or mental health services”*. This form of therapy is used by highly skilled professionals and their carefully selected and trained animal co-therapists. The session is well planned, structured and the human-animal interaction is incorporated into the formal therapeutic process. It can thus be considered as an adjunct to the usual therapy for which credentialed training has been completed.

The core of this form of intervention is that the animal can alter the dynamics of the therapy process in several ways, according to Chandler (2005):

- The desire to spend time with the animal present in therapy can serve to motivate the client to attend and participate in therapy.
- Interacting with the animal can allow the client to work harder and longer in therapy and potentially gain more benefit per session, because his attention is temporarily shifted away from disabling pain.

- Physical contact with the animal could afford the client healing nurturance and affection.
- Petting or holding the animal could afford the client soothing comfort.
- The animal could afford the client an experience of unconditional acceptance.
- Interacting with the animal could afford the client an experience of enjoyment and entertainment.
- The animal could act as catalyst in the therapy situation affording the client the opportunity to form a more trusting relationship with a therapist that demonstrates he can be trusted by the way he interacts with the therapy animal.
- The client may be able to perform tasks and activities and achieve goals that would not have been possible without the assistance of the animal.

Animal Assisted Activities (AAA) on the other hand is a less formal approach, where the animal is used in goal-directed sessions to improve the client's quality of life and overall well-being (Gammonley et al., 1997 as cited in Chandler, 2005). Odendaal (2002) suggests that this form of intervention provides opportunities for motivational, educational and recreational benefit in addition to its therapeutic value. The interaction utilises the human-animal bond in activities or positive encounters in a variety of therapeutic environments, such as petting or visiting with patients.

These approaches can both be used in an array of settings, by the paramedical disciplines, such as physiotherapists, occupational therapists and speech therapists; social workers on a supportive basis in old age homes, prisons and hospices; support and service dogs for persons with mental retardation, severe physical disabilities, blindness and deafness; and educators as facilitators for learning (Odendaal, 2002). The utilisation of animals in a psychotherapeutic setting can only be done if the standard requirements and certification as a mental health practitioner has been met.

The historical highlight of AAT will subsequently be discussed with specific reference to the South African context.

4.3. *Historical highlights of animal assisted therapy*

Animals have played a central role in the ontology and treatment of sickness and disease for the greatest part of the existence of mankind especially on a spiritual and often supernatural level. Modern medicine expelled many of these practices as myth and shunned away from the use of animals in 'real' treatment Serpell (2000). Over the last century, this was changed by some brave authors, experimenting and documenting the use of animals in either psychotherapy or for therapeutic benefit in other settings. Currently in the USA it is estimated that 2000 practitioners use animals, mostly dogs, as assistants in therapy (The Delta Society, 2007).

4.3.1. Development of AAT worldwide

The use of animals as therapeutic agents in the United States officially started in 1919 in Washington at the St. Elizabeth Hospital, when Franklin K. Lane suggested using dogs with psychiatric patients (Chandler, 2005). In 1942 the U.S. military also utilised the assistance of animals for recovering war veterans, but H.S. Bossard was the first to describe the positive effect pet ownership has on our mental health in an article in *Mental Hygiene* in 1944 (Fine, 2000). However, Boris Levinson (1907 – 1984) first applies the terms Pet Therapy and pet-oriented child psychotherapy while presenting his findings at the American Psychological Association Conference in New York City forty-five years ago, and is therefore considered the father of AAT (Graham, 2000; Hettema, 2002; Odendaal, 2000).

Levinson and Mallon (1997) quote Levinson (1962, p.60) as reporting on cases where successful intervention “*was attributed largely to the function of a dog featured in the therapy constellation*”. He initially rejected his accidental discovery that the presence of his canine companion assisted therapeutically in sessions with a severely withdrawn child, because they were too unorthodox. Later he is compelled to distinguish two roles for dogs as therapeutic assistants: aides in psychotherapy in the field, i.e. being placed in the homes of severely emotionally disturbed children to improve communication; and psychotherapeutic aides in the office, e.g. as catalysts speeding up the therapeutic process (Levinson & Mallon, 1997). This initial introduction to the world of pet therapy sparked both interest and criticism from fellow psychologists, but is marked as

the beginning of an exciting venture into the study and use of the prolific human-animal bond as therapeutic agent. Since then research has indicated that the use of different animals as therapeutic assistants can be beneficial in multiple settings, with a variety of clients, in order to improve a wide range of problems.

Although Odendaal (2002) reports the systematic use of animals in therapeutic work as early as the Middle Ages and formally, in the 9th century in Belgium, development of the field was mostly reserved for the last half of the twentieth century. Groundbreaking research was documented in 1975 by Samuel and Elizabeth Corson with psychiatric patients with whom all other techniques had failed. In the same year the first book on AAT was edited by R. S. Anderson, which contained contributions from authors present at the first official international meeting on the human-animal bond (Odendaal, 2002). Subsequently the field of AAT has received much interest from practitioners and the academic community. Graham (2000) states that by 1977 eight university research projects were investigating fifteen therapy programs and by 1982 these numbers had quadrupled. Themes such as physical (e.g. patients suffering from heart attacks), mental (e.g. depression) and general health (e.g. old age) received attention.

4.3.2. Research in the field of AAT

Research in the field can be organised into four fields of interest identified by Levinson, at a conference in 1981 and cited in Fine (2000), viz.:

- i) the role of animals in various human cultures and ethnic groups over the centuries;
- ii) the effect of association with animals on human personality development;
- iii) human-animal communication; and
- iv) the therapeutic use of animals in formal psychotherapy, institutional settings, and residential arrangements for handicapped and aged populations.

Research in these four focus areas has delivered little undisputed evidence of the therapeutic value of AAT. Fine (2000) does however mention a few important studies: the sociological survey of American attitudes toward animals by Kellert (1980), Arluke and Sax's 1992 study on the relationship between Nazis and animals in *the role of animals in various cultures*, whereby the authors examined the advocacy of animal welfare by the Nazi regime. The second category, *the effect of association with animals on personality development*, proved difficult, as personality development is not easily measured; however Kidd and Kidd offered a better understanding of children's attitudes toward animals and how this can be correlated with the Piagetian stages of development in a 1996 paper and Lockwood and Ascione (1998) edited a publication including important studies on the links between animal abuse and human abuse. Studies on *human-animal communication*, the third category have mostly been conducted in the anthrozoological field, but noteworthy is that Bradshaw, Turner and Montagner and Filiatre (*no date*) have provided the scientific community with carefully observed evidence that leads to the better understanding of animal cognition and

human-animal interaction. Most researchers interested in the fourth focus area, *the therapeutic use of animals*, have attempted to validate the use of animals as therapeutic assistance by studying the roles and subsequent benefits of animals in interaction with humans. A study by Allen and Blascovich (1996) shows the powerful effect of service animals for people with severe ambulatory disabilities and Sanders and Robins (1991) and Hart et al. (1987) have describe the social lubricant effect animals have on interaction with strangers. Zasloff and Kidd (1994) show that animals diminish loneliness and Serpell (1991) and Siegel (1990) prove the positive effect that animals have on the general well-being of their owners.

Katcher (2000) cautions that much of the research being done in the field of AAT attempts to place the powerful effect of the human-animal bond within the context of therapy and specifically, the medical model. This only services to obscure the effects more than it illuminates them, as the focus of cause and effect and specific variables ignores the sustaining effect of contact with animals and the powerful effect that it could have on the health and wellness of individuals and communities. Katcher's (2000) suggestion, that a shift in focus should take place, strongly influenced the current study.

Following is a summary, directly quoted from Bustad (1996, p.1), that represents the clinical findings of research in animal association:

- Higher one-year survival rates following coronary heart disease (Friedman et al., 1980; Friedman & Thomas, 1995).

- Reduction in blood pressure and stress level in healthy subjects, as well changes in speech pattern and facial expression, and lower plasma triglyceride and cholesterol levels (Baun et al., 1984; Katcher et al., 1984; Katcher, 1987; Wilson, 1991; Allen et al., 1991; Anderson et al., 1992).
- Improvement in Quality of life for elderly persons (Robb, 1987; Stallones, 1990).
- Socialization of young children with their peers (Hart et al., 1987; Nielsen & Delude, 1989).
- Development of nurturing behaviour and humane attitudes in children who may grow to be more nurturing adults (Melson, 1990; Ascione, 1992).
- A sense of consistency for foster children (Hutton, 1985).
- More appropriate social behaviour in mentally impaired elderly people and prisoners Burke et al., 1988; Jecs, Dawn, personal communication [sic]; Lee, David, personal communication [sic]; Hendy, 1984; Katcher et al., 1989).
- Success in psychotherapy sessions in psychiatric institutions in helping patients work through their anxiety and despair (Peacock, 1984; Beck et al., 1986; Holcomb and Meacham, 1989 [sic]).
- Improved balance, coordination, mobility, muscular strength, posture and language ability as a result of therapeutic horseback riding (ITRC, 1988; Biery & Kauffman, 1989; Dismuke, 1984).
- Reduction in the demand of physicians' services for medically nonserious problems among Medicare enrolees, and an apparent buffering effect against psychological stress (Siegel, 1990; Siegel, 1993).

- Facilitation of social interaction between strangers (Hunt et al., 1992).
- Highly significant reduction in minor health problems and highly significant improvement in psychological components of general health, plus a dramatic increase in recreational walks by dog-owners (Serpell, 1991).
- Encouragement of preadolescents' emotional reciprocity and caring responsibility, as well as lessening feelings of loneliness (Davis & McCreary Juhasz, 1995).

As is evident from abovementioned research projects, the vast field of AAT is slowly but surely being concurred as new information comes to light and deeper insight is gained into the benefits, theoretical basis and applications of this form of intervention.

4.3.3. South African highlights

Limited literature is available on the development of AAT in South Africa. Hettema (2002) reports three recorded instances where animals were used for a period of time in long term facilities, including the Avril Elizabeth Home for people with mental and physical disabilities, the Witrand care and rehabilitation facility for people with mental retardation as well as the Pollsmoor prison in the Western Cape. These projects, involving dogs, horses, parakeets and other cage birds were quite successful, but numerous drawbacks in financial and other forms of support led to their demise.

Odendaal (2007) gives a detailed description of the establishment of the Human-Animal Contact Study Group in 1984 and the South African Board for

Companion Animal Professionals in 2006. The latter consists of only eighteen members; a number that gives an indication of the limited allegiance this field enjoys in South Africa. It becomes clear, when reading this internet article, that the academic contribution J.S.J. Odendaal has made to the national as well as international movement towards AAT and ethology is of great value.

4.3.4. Research in South Africa

Research in the field of AAT is sparse and even more so in South Africa. In the past two decades researchers from a variety of backgrounds including education, social work and psychology have attempted to broaden the spectrum. The National Research Foundation (NRF, 2007) lists the following research projects that have been undertaken in the field of AAT in South Africa. Following are the studies that are still in progress:

- The awareness of social work supervisors of animal-facilitated therapy in social work is being studied by Smith-Taljaard.
- Taljaard is studying the utilisation of the companion animal in contact as a technique in playtherapy.
- Reyneke is looking at the pet as aid in playtherapy with the primary school child in foster care.
- The influence of animal assisted play therapy on the self-esteem of adolescents with special needs is being studied by Sentoo.
- A study is being undertaken by Thompson to explore animal assisted therapy as an adjunctive to Gestalt play therapy.

The following studies have been completed⁹:

- A study by Bergensen (1989) showed that interaction with pets positively influences the self-esteem and socialisation of primary school children, especially those with low self-esteem.
- Despite many difficulties experienced during an empirical study, Krüger (1995) finds that there is scope for the use of animals in trauma therapy.
- A study undertaken by Marx (1997) finds that cultural customs and beliefs negatively influenced the utilisation of a companion animal as barrier to gang activity in prisons with black prisoners.
- Odendaal (1999) provides groundbreaking theory on the physiological basis for animal-facilitated therapy in a world renowned study.
- A study of the influence of therapeutic horse riding on neuropsychological outcomes of children with Tourette syndrome shows improvement in functioning (Grobler, 2004).
- Rinquest (2005) shows the value of animal-facilitated play therapy with children with autism.
- Therapeutic riding in promotion of consciousness of a child with foetal alcohol syndrome is established by De Villiers (2005).
- Ludewig (2006) finds that therapeutic riding positively contributed to the development of core skills in a paraplegic preschool child.
- Hetteema (2006) provides a literature study on the theoretical basis of AAT in an attempt to clearly demarcate this field.

⁹ References regarding these studies will be found on the Nexus data base of the NRF.

4.4. *The theoretical basis for AAT*

Most theorists agree on two unique attributes of AAT: Animals, especially pets, offer constant, non-judgemental and usually unconditional acceptance, love and respect to individuals, who are unable to receive this from other humans; and the pet's capacity to make one feel needed during times of loneliness or social alienation could assist in the development, re-development and maintenance of self-esteem (Graham, 2000). There are theories that draw on psychological, social and biological aspects to provide the underlying principles for AAT. Among them are the following, selected to give a broad overview of current theory:

4.4.1. The sociobiological theory of Biophilia

Biophilia, a concept coined by E.O. Wilson in 1984, suggests that humans are biologically determined to pay selective attention to other kinds of life. The subsequent contact with fauna or flora could therefore positively influence cognition, health and well-being (Katcher, 2000). This theory implies that any form of contact with plants, indoor or out, animals, wild or domestic, birds, free ranging or caged or other natural phenomena, offers humans a feeling of connectedness leading to general well-being. Therefore attending sessions with animals as co-therapists stimulates well-being by offering a chance to connect and experience a sense of attachment.

Although this hypothesis is well researched, Katcher (2000) cautions that many of the researchers neglected to include all the variables in their projects.

For, if this hypothesis is true, then even a plant in the reception before a session or a dove on the windowsill during an AAT session could influence the client positively; and all progress could therefore not be attributed to the presence of the therapy pet.

4.4.2. The psychoanalytical theory of Transitional Relationships

Katcher (2000) explains that Winnicott (1971, 1986) conceptualised the theory of transitional relationships in accordance to his strong belief in the importance of play in human life. The theory depicts a transitional object as an article on which the child can project internal fantasies. These fantasies are thus externalised and attributed to the transitional object. Chandler (2005) describes that the use of an animal as transitional object provides the child with a living, breathing object that in turn reacts to the child, in contrast with a stuffed toy that just lies there. The interaction with the therapy animal offers the opportunity to touch and hold, but the animal also gives active attention and seeks out the child. This brings a sense of mutuality into the relationship and the pursuit of a common goal by the child and the animal. Katcher (2000) further elucidates that the animal, because of its inability to converse, can never contradict the projected attributes thus enabling the projection to hold strong. This offers the client an opportunity to discover qualities often lacking in human companions, such as unconditional acceptance and non-judgemental positive regard.

Most often, in a child's natural development the role of transitional object is played by a soft toy or blanket. Traditionally, the therapist also fulfils this

projective role, as is seen in psychoanalytic therapy, where transference and counter-transference elicit valuable therapeutic material. The therapeutic animal is probably a better transitional object as it combines the attributes of humans and toys, without the obvious limitations of either (Chandler, 2005).

4.4.3. Social theory

McNicholas (as cited in Graham, 2000) believes that pets may act as providers of social support, where social, emotional and instrumental exchanges may result in feelings of value in the eyes of significant others. She identifies three ways in which pets can provide social support:

- i) Nurturing and caring fulfil a basic need in humans and when animals are on the receiving end of this they provide feelings of self-worth, especially when no other objects are available to fulfil this need. Tactile comfort is achieved by stroking animals and may also provide recreational distraction from the carer's own worries. Even in the case of fluctuation in support from the provider, the animal maintains its support, therefore not causing provider burnout.
- ii) The skills needed to acquire or manage social support are not required in this relationship, because an animal's affection is constant. The problem of asking for social support is eradicated and thus more readily available to those who may need it.
- iii) The nature of the interaction with animals, viz. unrestricted by social convention, unpretentious, natural and free of boundaries often necessary

for protection in human relationships, allow for freer interaction that *“provide a ‘refuge’ from the strains of human interaction”*.

A further observation by McNicholas (in Graham, 2000) is that animals also have a social role to play that is not supportive, but rather initiates contact with others. As Wiggett (2006) remarks, an animal facilitates social attractiveness and is able to break down social barriers and awkwardness that often accompany physical disabilities. The animal's role can be seen as an ‘icebreaker’, affording the person opportunities to interact and establish meaningful contact with others, which would not necessarily have been possible otherwise.

Triebenbacher (2000) describes the value of a dog when using a systems approach in a family environment. She suggests that animals can be incorporated into treatment plans on the theoretical foundation of a systems approach, which is based on the assumption that families are composed of a variety of units and interrelated parts. The interactional patterns of the family and the impact the animal has on these parts, as well as on the whole, provides valuable information about the system. The dog, eliciting social interaction and reaction in the home, is also of great value in the forming of consistent relationship patterns that enable the production of a different entity.

4.4.4. Serpell's General Effect theory

A leading researcher in the field of AAT, James Serpell, proposes that a reaction operating in the opposite direction of a general stress response is recognised in individuals during therapeutic interaction with animals. He suggests

that no single theory can explain this effect and offers three ways, described by Graham (2000), in which animals may be of therapeutic value:

4.4.4.1. Instrumental

The inherent abilities of certain animals such as galloping, refined senses and placid natures, offer people with disabilities in those areas the opportunity to utilise the animal as an extension of their own bodies. They are therefore indirectly enabled to perform tasks and function more independently because of the animal. This has a therapeutic effect as it boosts self-esteem and confidence as mobility, co-ordination and skills increase.

4.4.4.2. Passive

The nature of the unpredictable and random movement of fish in aquariums or birds in an aviary educes sustained attention from individuals watching them. This is regarded as passive interaction, which could induce a state of relaxation. Graham (2000) adds that the possibility of interacting with the observer (and with one another), the fact that they are organic life forms and individual idiosyncrasies augment their therapeutic value, therefore eliminating the possibility of replacement by kinetic sculptures, log fires or running water. Enduring relationships full of reciprocal interaction and nurturance are often witnessed between the observer and the observed.

4.4.4.3. Anthropomorphic

For this type of therapeutic benefit to occur, the person must initially perceive the animal as another human being or at least as having human qualities.

Behavioural signals displayed by the animal are then interpreted in human terms: as showing signs of affection, devotion and love for the person perceiving the transmitted signals. This leads to positive emotions and feelings of attachment promoting general well-being.

Graham (2000) disputes this observation (that animals need to be perceived as human) and adds that relationships with animals can offer a welcome escape from the complexities of human-human relationships; and that animals offer, in their own right, a form of social support, depicted by love, respect and devotion.

4.5. *The therapeutic value of human-animal interaction*

As shown above, many reports, research findings and observations claim that animal association, ownership and therapeutic intervention with animals as assistants are beneficial to the humans involved. It is not always possible to ground these findings in clinical or scientific research, making it a debatable issue. The fact that these benefits exist, without contemplating the causality, is however indisputable. By discussing the inherent benefits that human-animal interaction holds for the population of interest in this dissertation, the current researcher aims to uncover theoretical clarifications that could assist in understanding their experience.

4.5.1. *The adolescent in interaction with animals*

4.5.1.1. Effects on development

Pets influence the development of children by enhancing positive emotional functioning, positive self-esteem and cognitive development (Bergensen, 1989; Melson & Peet, 1988; Poresky & Hendrix, 1988 all as cited in Endenburg & Baarda, 2006). Melson (1995) links current research in the field of human-animal interaction to existing theories on child development and illuminates the fact that animals can play a significant role in the achievement of developmental goals in children. The developmental challenge of secure attachment may be fulfilled by a companion animal, especially if there is no alternative available, and may therefore contribute to the child's sense of basic trust. This in turn can assist the child to transcend more easily into the adolescent phase (*as described in section 3.6.5.*), and achieve these goals with less difficulty.

The adolescent's main developmental goal is to form a stable identity; therefore they express a strong need for affiliation. They need to fit in and feel wanted. Fine (2000) suggests that animals can assist in this objective by helping the teenagers feel more at ease, relaxing the strong emotional barriers protecting their fragile identity and providing a lackadaisical approach to life contrasting with the high expectations set for the adolescent. Adolescent problems such as isolation, interpersonal relationships and independence can all profit from association with animals.

4.5.1.2. Effects on coping

Animal association seems to improve the overall psychological well-being of the adolescent. The positive correlation between pet-ownership and subjective well-being in adolescents with few familiar resources is documented by (Bodmer, 1995). Arambasic and Kerestes (1998) find that post traumatic stress syndrome is reduced in the child that owns a pet. These findings suggest that the expression of emotions, solving of problems and seeking of social support displayed by young adolescents who own, care for and often interact with their pets are a buffer and enhance coping with the traumatic experiences of war. It has also been found that pets provide sufficient social and emotional support in the isolated, confusing world of the sexually abused child (Barker, Barker, Dawson & Knisely, 1995). A recent South African study by Wiggett (2006) indicates that guide dogs positively influence the psychological well-being of their visually impaired owners by providing companionship, improving independence and assisting in mobility, thus assisting in coping with the challenges that are often presented to them.

4.5.1.3. Effects on companionship

Research exists to suggest that children turn to companion animals for reassurance when feeling stressed (Melson, 2000). Mueller (2004) cites Melson (2001) as explaining that animals enter the child's life in direct and powerful ways, which assist in the development of a sense of self, probably as a result of the biophilia hypothesis. By providing and receiving affection, animals can become emotional substitutes and increase self-esteem in the lonely and

insecure transitional period of adolescence (Siegel, 1995 in Mueller, 2004). A sense of accomplishment and feelings of self-worth are aspects of pet ownership that are reported in autistic children, but have not been well researched in other populations (Mueller, 2004).

Triebenbacher (2000) comments that the unconditional acceptance and non-judgemental attitude of the animal can attribute to the self-esteem of the adolescent, by providing a soundboard for trying out new behaviour and thoughts through hypothetical conversations.

4.5.1.4. Nurturing effect

The care and nurturance aspect of human-animal interaction provides the opportunity for the adolescent to express genuine concern for others, to take responsibility for a meaningful task and to learn valuable lessons about life. This is a major task of adolescence and signifies the movement away from the primary attachment figure to establish a separate and distinct identity (Walshaw, 2006). For the adolescent who is mostly at the receiving end of nurturing it can offer the prospect to demonstrate empathy and care in competent, prominent and appropriate ways (Mueller, 2004). An experimental project expecting adolescents to train dogs and thereby practise appropriate behaviour, revealed that the participants experienced a greater sense of control over their environment (Fitchett et al., 1999 as cited in Terpin, 2004).

4.5.2. *The person with a physical disability in interaction with animals*

4.5.2.1. Effects on the self

Heimlich (2001) found that animals offered the possibility to produce desirable educational and cognitive goals setting the stage for quicker, more effective therapeutic intervention is often desired in this population. An improvement in self-efficacy and self-confidence has been found in people with physical disabilities participating in therapeutic horseback riding (Tomaszewski, Jenkins, Rae and Keller, 2001 as cited in Chandler, 2005). This is also the case in many other animal assisted activities.

4.5.2.2. Social effects

Heimlich (2001) states that animals have the ability to elicit appropriate social and nurturing behaviours from withdrawn children with disabilities in an institutional setting. These social behaviours can be extended to include the practice of recreational activities and the participation in exercise and an Olympic sport (Scott, 2005).

In a recollection of an interview with a severely disabled man, Graham (2000, p. 127) reports that the visiting therapy dog made him feel “*happy, relaxed and normal*”. This indicates that in the eyes of an animal, a disability is disregarded for it is of no consequence to the animal. This ‘normalising’ effect seems to influence the social behaviour of strangers toward a person with a physical disability. The presence of an animal can often help in overcoming the feelings of awkwardness when confronted with a visible disability, be a welcome distraction

or provide an alternative subject for discussion. This renders social interaction more comfortable and rewarding for the person with a physical disability (Wiggett, 2006).

4.5.2.3. Effects on physical health

In addition to the social and psychological benefits and assistance received by a service animal, it is implied that the pet-owner with a physical disability could experience a higher level of physical health, as pet care is correlated with self-care (Hooker, Freeman & Stewart, 2002). Furthermore, the proven positive effect human-animal interaction has on blood pressure and heart rate, could benefit people with physical disabilities, as these are common problems.

4.5.3. *Limitations of AAT*

According to The Delta Society (2007) AAT offers a unique treatment tool that is indicated for all types of clients, and more so for those that are 'hard-to-reach' and do not flourish in traditional treatment. However, some limitations do occur and should be considered when introducing this form of therapy. Cultural, age and gender differences might surface and could negatively influence the therapeutic intervention (Parshall, 2003). People from different cultures historically perceive animals in different ways and might find certain interactional activities difficult. Gender differences also occur as Parshall (2003) highlights, as females tend to show more nurturing tendencies towards smaller animals and might react more fearful towards animals perceived as dangerous. Males, on the other hand, might show aggressive behaviour during play with the therapy

animal. She also reports that younger children show a preference toward cuddling a rabbit whereas young adolescents prefer riding horses.

NARHA (2004) stresses that there are some precautions and contraindications that should be considered in activities involving humans and animals. The involvement of professionals overseeing the mental and physical health of participants is emphasised as this can limit the risks involved, but the practitioner should take the following guidelines into consideration and therefore exclude a client that is currently:

- Actively dangerous to himself or others due to suicidal or homicidal ideations or aggressive tendencies;
- Actively psychotic, dissociative, delirious, demented, deluded or confused;
- Medically unstable; or
- Actively abusing a substance or under the influence of a substance.

Mueller (2004) reports that the main limitation of AAT lies in the fact that research in the field is still lacking, especially regarding its use with children and adolescents that have been physically, emotionally and sexually abused.

4.6. *Implications of AAT in different therapeutic settings*

Depending on the type of therapy, the setting and the needs of the client animals are used in different ways in therapy. For the purpose of this study, the uses will be illustrated through Beck's (2000) categorisation of the main

therapeutic practices using animals as well as Fine's (2000) illustration of the use of animals in outpatient psychotherapy.

4.6.1. *Animals in outpatient psychotherapy*

Fine (2000) explains that the trained therapy pet fulfils diverse roles in therapy, as indicated by the theoretical perspectives already discussed. He has however identified several functions which are paramount in psychotherapy:

- Animals are used as a *social lubricant* for therapy, to ease the stress associated with the new therapeutic relationship. The animal can also assist in cultivating and modelling the positive nature of interpersonal relationships and aid in the implementation of newly acquired skills.
- Animals can act as an *extension of the therapist*, which helps with rapport building between client and therapist as well as diminishing initial resistance. The presence of the animal and its positive interaction with the client can lead to more progress in therapy.
- Animals can be utilised as *catalysts of emotion* in therapy, by their natural tendency to act humorous, loving, comforting, reassuring, etc. The animal's reaction towards the therapist or client can elicit strong emotions from the client, which could also be analysed, modelled, copied and discussed between therapist and client.
- Animals must be considered as an *adjunct to the therapist* when establishing a therapeutic relationship and bond with the therapist. This leads to the client often experiencing the animal as a catalyst for discussing problems and in which he could even confide. .

- The relationship and behaviour of the animal can be *used vicariously in therapy*. Discipline, limit setting and problem-solving are but a few examples of how the animal could be used during role play. Although the therapist models this behaviour on a continuous basis, it can also be done as an activity during therapy, taking on various forms. Some of the forms will be discussed in section 4.7 as they are not only applicable to out-patient psychotherapy, but can be used in a variety of settings.

4.6.2. Institutionally based programs

Animals are often used in institutionally based settings, such as hospitals, homes for the elderly, mental hospitals and even school residences. According to Beck (2000) clinical trials have shown improvement in socialisation and responsiveness in patients with Alzheimer's and psychiatric disorders.

The presence of an animal either on an individual basis or in a group setting offers pleasure to the inhabitants, subjectively making them happier and enhancing the general milieu of the treatment setting. A study by Bardill (1997 as cited in Beck, 2000) of a group of hospitalised adolescents, confirms that the presence of the resident dog provides a sense of safety, acts as a catalyst for interaction, offers a good distraction from their illnesses and, most noteworthy, improves their self-esteem.

4.6.3. Non-institutionalised programs for older adults

An important finding in early research in the field of AAT was that animals play a significant role in the physical and mental health of older adults in institutions.

Beck (2000) states that only a small percentage of older adults are institutionalised. Considering Katcher's (2000) statement that the value of animals in therapeutic programs is overemphasised in lieu of the benefits they could offer individuals and communities in home environments, this is a field of intervention that needs more attention.

It is reported that animal ownership not only aids as a social lubricant by increasing visits from friends, providing a topic for conversation and a focus for attention, but also boosts the morale of this population and has a measurable positive effect on blood pressure and pulse rate.

4.6.4. Service animals for people with disabilities

Traditionally service animals consisted mainly of guide dogs for the blind. These highly skilled and exceptionally well trained animals were bred and reared for these specialised jobs. More recently however, more animals have found employment in the service of people with disabilities as hearing dogs for the deaf, signal dogs for people with epilepsy and assistance dogs for people with physical disabilities. It is noted by Beck (2000) that these animals do not only provide valuable assistance to their owners but are also companions, aid in community integration, and improve self-esteem as well as the ability to display an internal locus of control.

Wiggett (2006) concludes that the positive effect on a person's overall well-being, from a psychofortology perspective, can be summarised as improving the

autonomy, positive interaction, environmental mastery and personal growth of those who willingly acquire a service dog.

4.6.5. *Equine facilitated therapy*

Horses have been used for therapeutic benefit for centuries. An old sage's observation that "*The outside of a horse is good for the inside of a man*" rings truer today than ever before as horses are used in an increasing amount of therapeutic modalities (Scott, 2005).

EFT can be categorised into two separate types of therapy, i.e. riding therapy and equine facilitated psychotherapy, the prior being on horseback and the latter mostly on the ground. These forms have one aspect in common: the use of horses as assistants. They differ in the sense that the focus of riding therapy is to improve physical aspects such as balance, muscle tone, postural feedback etc., whereas equine assisted psychotherapy (EAP) is a form of AAT and therefore, psychotherapy.

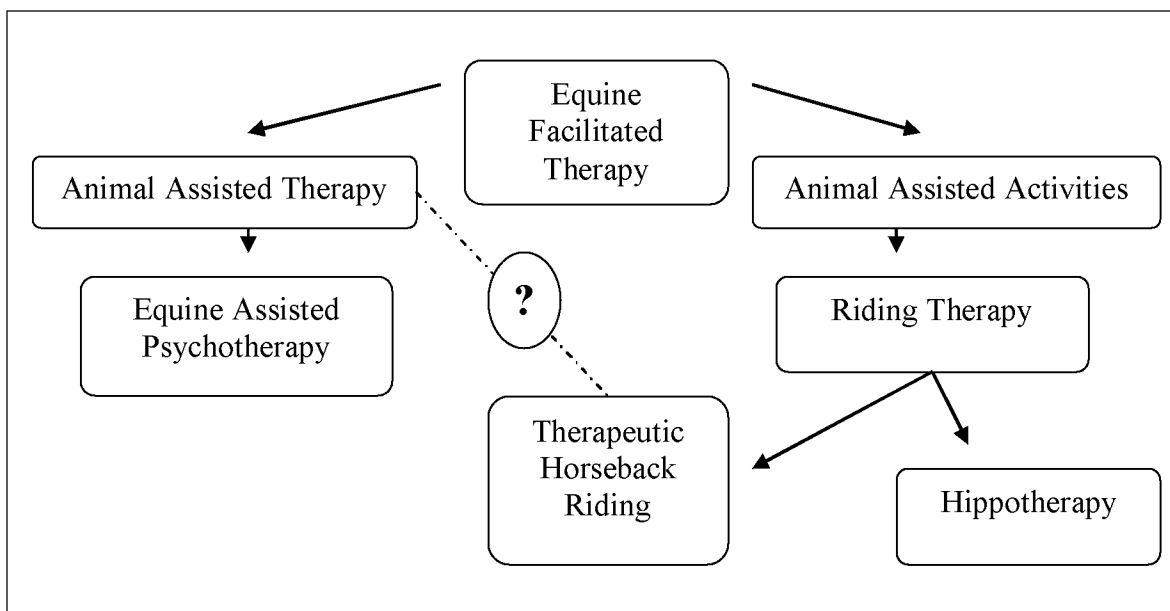


Figure 4.1 Categorisation of Equine Assisted Activities

Riding therapy can be sub-divided into two animal assisted activities, viz. therapeutic riding and hippotherapy. Equine assisted psychotherapy (EAP), where the horse is used in typical AAT fashion, is done in individual or group settings to enhance psychological well-being (see *figure 4.1*).

The reason for including a question mark in the diagram (see *figure 4.1*), is to illustrate that the issue arises whether therapeutic riding qualifies as a form of AAT or merely as an animal assisted activity, therefore questioning the psychotherapeutic value of therapeutic riding.

4.6.5.1. Riding therapy

In the modern world, 1965 is marked as the commencement of therapeutic riding when the Advisory Council on Riding for the Disabled was established. This led to the formation of an association for riding therapy groups, thereafter

known as Riding for the Disabled (RDA) (Graham, 2000). By the turn of the century the RDA offered therapeutic riding to people of all ages with any disabilities in twenty three countries, including South-Africa (Wood, 1990).

Riding therapy aims to offer benefits in three aspects of human functioning, according to Britton (1991). The first approach focuses on the sport aspect and includes recreation, competition and the coupled socialisation. The second, medical in nature, encompasses mainly hippotherapy to derive physical benefits (*as described below*). The third approach utilises the educational and remedial benefits provided by therapeutic riding to enhance psychological and social aspects (*see figure 4.2*).

It is ideal to combine these three approaches to ensure holistic benefit. If a singular aspect of therapeutic riding is beneficial, utilising multiple aspects thereof can provide a very powerful therapeutic tool. In the case of an adolescent with a physical disability, therapeutic riding could address many of the therapeutic concerns experienced by them in a singular, fun, cost-effective therapy.

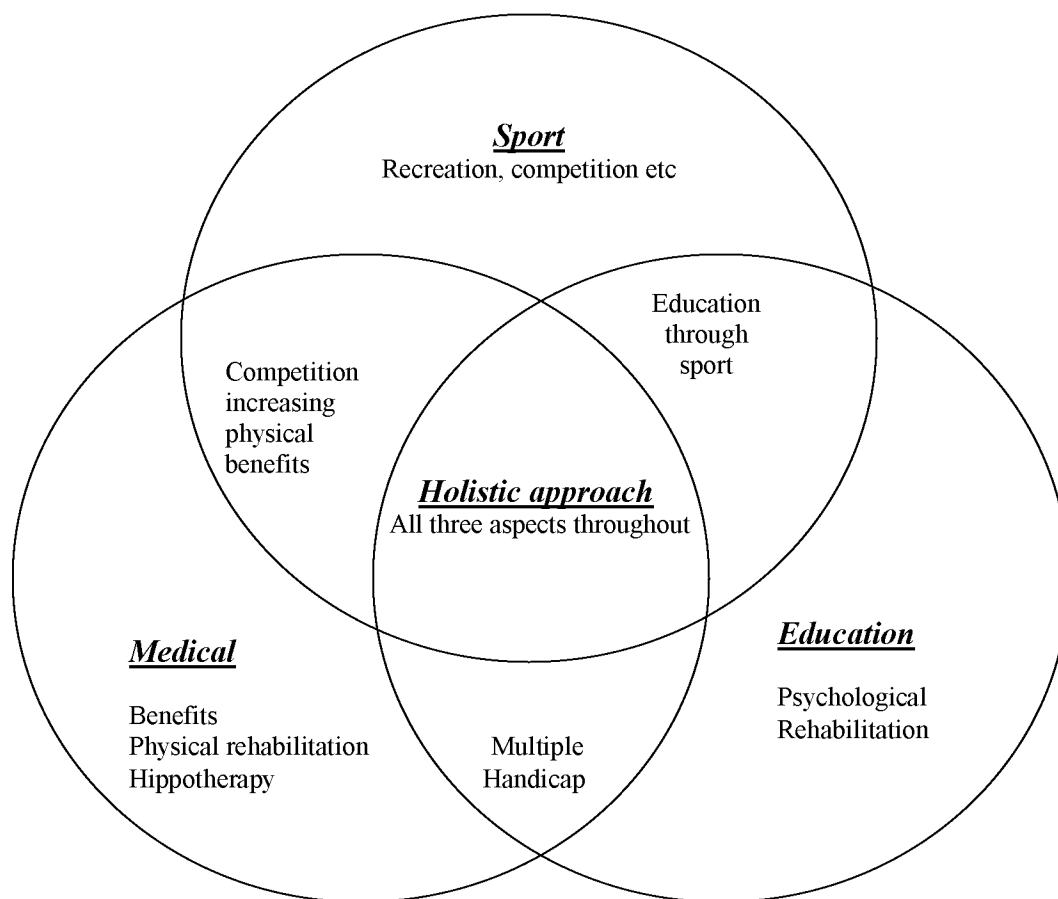


Figure 4.2 Approaches to therapeutic riding (Peacock in Britton, 1991, p.21).

Riding therapy is implicated for both congenital and acquired disorders ranging from cerebral palsy to muscular dystrophy and closed head injuries to paralysis. The horse's movement, simulating human movement, provides graded sensory stimulation that is variable, rhythmic and repetitive and can easily be combined with other activities to achieve desired results. Studies have shown that hippotherapy may improve muscle tone, balance and postural feedback, coordination, communication, speech and language abilities, sensorimotor function, postural symmetry and control, arousal of the limbic system, motor

skills, motivation and attention and other behavioural and cognitive abilities, thus, ensuring a better quality of life for participants (Scott, 2005).

The main difference between the two forms of riding therapy, i.e. therapeutic riding and hippotherapy is, according to The Right Step therapy services (2007):

Therapeutic Riding	Hippotherapy
Provided by riding instructors, joined by volunteers and consulting a therapist	Provided by a qualified therapist, in conjunction with a horse handler
Instructor in centre of ring/arena with helpers and leaders at sides of client	Direct hands on participation by therapist at side of client
Horse's temperament essential for learning riding skills	Horse's movement essential for meeting therapy goals
Aims include riding skills, provide social, educational and sport opportunities	Aims to improve Neuromusculoskeletal functioning, organisation and attention
Individual success fostered in group sessions to improve riding skills	Individual treatment to accomplish therapeutic goals
Encouragement and motivation enhances skills to improve position and control	Treatment is continually assessed and modified to suit needs and responses

Figure 4.3 Major differences between Hippotherapy and Therapeutic Riding (The Right Step therapy services, 2007).

According to Beck (2000, p. 32) therapeutic riding aims not to only facilitate physical improvement, but is also *“designed to coordinate with the overall psychotherapeutic treatment of the patient”*. This form of therapy can sometimes be passive, but might also include active riding and the learning of associated skills. The presence of trained assistants and volunteers provides the therapist with the opportunity to focus on the therapeutic goals of the session, including

self-confidence, social competence and quality of life, and opens this form of therapy up for people with a wide range of mental and physical abilities. According to Scott (2005) a particularly appealing aspect of equine assisted activities is the incorporation of recreational and social pleasures for those often unable to participate in other sports.

Hippotherapy is designed as a therapeutic tool to improve the neuromusculoskeletal functioning of participants (AHA, 2006). It can be seen as a passive type of riding where the horse moves the rider (Granger & Kogan, 2000). Therefore many people with severe physical disabilities are drawn to this type of therapy.

4.6.5.2. Equine assisted psychotherapy

NARHA not only serves the therapeutic riding needs of many people with problems ranging from physical disabilities to attention deficit disorders, but has also established the Equine Facilitated Mental Health Association (EFMHA) to deal with the psychological needs of clients.

Equine assisted psychotherapy (EAP) provides AAT through the participation of a horse or a herd of horses with the facilitation of a trained psychotherapist. Creative and challenging activities and games provide the opportunity for intervention, designed to reach identified therapeutic goals. Benefits from all abovementioned animal assisted therapy modalities collect in EAP, to provide a unique therapy experience.

Galarneau (2004) stresses that the focus of EAP should not be on horsemanship or riding, but on being in the presence of the horse. EAP activities include, but are not limited to, handling, grooming, lunging, driving, vaulting and riding. Aspects of importance in EAP, as in other animal assisted activities, include inter-species acceptance, non-discrimination, positive regard, warmth, kindness, etc.

When considering the therapeutic needs of adolescents with physical disabilities they often require multiple sessions of various types of therapy each day. The effectiveness of therapeutic riding has been thoroughly proven with cerebral palsied clients, as well as victims of motor vehicle accidents, various orthopaedic conditions, neurological diseases and many other classifications (Davies, 1988). According to Britton (1991), riding affords the disabled person an exciting, challenging alternative to traditional consulting-room based therapies. It can combine the benefits of occupational therapy, physiotherapy and psychotherapy into one energy-efficient, cost-effective session. Benefits are added, as riding can offer a recreational activity, an ideal setting for socialisation and motivation or stimulation to the physically impaired person (Britton, 1991).

Kohanov (2001) suggests that horses are so effective in this context because they work on more than one level, i.e. physical, mental and emotional. (The current researcher would add a fourth level, namely spiritual, as therapeutic intervention on the mental and emotional level, often leads to improved spiritual connection). This, according to Kohanov “*creates a wider opening for healing to*

take place" (2001, p.211). In the case of persons with physical impairments, healing of the body might never be possible and it is thus important that the mind and spirit receive special attention.

While working with adolescents in a therapeutic environment, one is often confronted with the emotional intensity and high energy levels associated with this developmental phase. By providing challenges and an opportunity to learn new skills, an appropriate vent is created for this energy. This enables the therapist to redirect the energy towards new levels of growth and learning. A few attributes of EAP include: confidence building, improvement of communication skills, gaining personal insights and developing new and effective tools to deal with change, relationship stress, trauma, anger and life challenges (Equine Assisted Growth and Development Seminars, EAGADS, 2004). Adolescents face the abovementioned challenges daily and could therefore greatly benefit by the proposed clinical effects of EAP.

4.7. *Applications of AAT*

Animals can be incorporated into various forms of psychotherapy, i.e. relationship development, trust building, dream work and imagery. Valuable information about the client's behavioural patterns and interactional styles can be gained by observing the client in interaction with an animal. The unconscious wishes of clients can be interpreted by exploring their view of animals and animal symbols in a Jungian analysis (DePrekell, 2004). Levinson and Mallon (1997) give the following examples:

4.7.1. Play therapy

Schildkrout (1967) gives detail on how her therapy dog is used as a transitional object in play therapy as a means of desensitisation, a safe barrier for children with issues surrounding trust, a subject of mutual interest or even in exercises with children displaying obsessive-compulsive behaviour.

4.7.2. Rational-emotive psychotherapy

The use of his cats in rational-emotive therapy has proved very useful to Geis (1967). He employs this form of AAT to elicit reactions from clients to be dealt with in therapy; he holds imaginary conversations with his pets to expose resistant clients to important content; and uses them as at hand examples of being.

4.7.3. Psychological assessment

During non-verbal interaction with animals it is possible to observe the strengths and weaknesses of the client. When the client, especially children, are exposed to stressful everyday life situations in an AAT session, coping and defence mechanisms are displayed without the client realising it. In cases where the client displays resistance to formal diagnostic processes or is unable to adhere to them, the animal provides an ideal environment for assessment to take place. Animals can also be used more covertly with very young children, where the clinician interviews the client 'through' the therapy pet.

4.7.4. Role playing

Role playing as an activity in AAT can be useful to elicit unconscious feelings and projections in therapy. By incorporating the animal in behavioural rehearsal the client can safely practise behaviour without being exposed to the negative consequences that might arise in social contact with humans.

4.7.5. Transference

The therapy pet may become the object of transference in a therapy session by acting in ways that elicit deep emotional responses from the client.

These are only a few examples of how animals can be applied in the therapeutic context. The behaviour and temperament of animals as well as the wide variety of animals available for therapeutic use offers boundless possibilities.

4.8. *The animals in AAT*

The animal assisted therapist cannot afford to spend more time being concerned about the behaviour, reactions or welfare of the animal than that of the client. Carefully considering the ethical issues, selecting the appropriate animal for the type of intervention and rigorously following the standards of practice, circumvents this problem.

4.8.1. Selection of animals and associated benefits

The selection of animal could be considered as the most important aspect of AAT. Not only is the health and safety of the animal at stake, but also the well-

being of the human participant. Because different species of animals interact, communicate with and relate to people in different ways (Levinson & Mallon, 1997), it is possible to select the ideal form of AAT to suit the needs of a specific client and the therapist's personality and type of practice. Animals generally used for therapy include dogs, cats, horses, fish, birds, hamsters and rabbits, but other specialised forms also include, dolphins, elephants and even llamas.

A few preliminary questions to be asked before commencement of a program, according to Hart (2000, p. 88), include: Is the animal to be an occasional visitor or a full-time companion? Does the animal's role include providing motivation for the physical exercise of the person? Does the animal add a feeling of security and safety? Is the animal's role to assist with a difficult transient circumstance or is the person dealing with an ongoing situation? Will the animal's care be provided by the person receiving the therapy? These questions should lead the therapist in the direction of deciding on the ideal form of animal assisted therapy for the client at hand.

The specific therapeutic concerns of the client, the severity thereof, the client's level of functioning, emotional state and mobility should all be considered before applying any form of AAT and thereafter in choosing the ideal type and selecting the ideal animal for the client concerned. The ethical concerns of both animal and client should always be paramount.

4.8.1.1. Dogs

Dogs are the most commonly used animals in AAT and attract many volunteers to the field of AAT and AAA. When selecting a dog as therapy assistant, the temperaments associated with different breeds, the level of training required and the type of setting should carefully be considered. Beck (2000) expresses the suitability of the medium sized dog, such as a Labrador Retriever for its calmness, sensitivity and loving nature, but many other breeds and sizes could be ideal if correctly trained and maintained.

Dogs are actively used as service animals for people with disabilities ranging from blindness, deafness, physical disabilities and some are even capable of predicting seizures (Graham, 2000). These dogs do not only fulfil tasks that are difficult or impossible for their owners, but according to McNicholas and Lane they also improve social contact and health and offer a valuable relationship including a source of comfort and support (Graham, 2000).

Dogs offer a very specific benefit because of their gregarious nature, an ever readiness for games and play of any sort, their trainability and sensitivity.

4.8.1.2. Cats

Cats can also be certified as pet partners in AAT and their playfulness makes them ideal for AAA. Because of their elusive nature and general unwillingness to be trained or have their actions stipulated; cats that show a natural attraction to human attention and enjoy being petted should be selected (Granger & Kogan,

2000). Transportation and adapting to many unfamiliar environments may also pose problems in some AAT programs.

The cat can however offer a new dimension to therapy; as the temperament issues that make it more difficult to maintain as a therapy assistant, are the exact same issues that offer the therapist valuable therapy material. Non-compliance, elusiveness, slyness, shyness, etc. are possible traits shown by cats and can confront clients with their own 'darker' side.

4.8.1.3. Horses

Hart (2000, p. 94) suggests that the totally unique and joyous physical experience that horses offer, could be seen as the “*peak experience, perhaps unmatched by any other*” of AAA. The horse seems to be an obvious choice for its size, athletic ability, longstanding relationship with humans and a realisation that there is some kind of connection between man and this domesticated animal (Kohanov, 2001). Horses are also more easily accessible and manageable than other animals with similar qualities, such as the dolphin and elephant. Trevelyan (2004) suggests that if people could learn to safely and effectively work with such large animals, they naturally acquire skills such as patience, trust, compassion, awareness (of self and others) and self-confidence. By their non-threatening manner, horses enable the clients to break down their own personal and interpersonal barriers (Troxell, 2002). The horse's ability to mirror the emotional states humans display unconsciously through their non-verbal behaviour, provides valuable opportunities for personal growth (EAGALA, 2007). It is also

possible to use the horse as a social mirror. Therapists can highlight aspects of the interaction in a herd and compare it with different human situations, from which the clients can learn a great deal about their own behaviour, conduct and interpersonal skills.

The social hierarchy and associated behaviour of horses resemble that of humans and could therefore be used effectively in individual, group and couples therapy. Chandler (2005, p.110) mentions the following exceptions: *“horses are honest, they typically do not come with a lot of emotional baggage, and they do not invest a lot of attention in ‘looking good’ and in trying to be something they are not”*. This can aid in the social development of teenagers, by increasing their awareness of their own social practices and that of others.

4.8.1.4. Small mammals

Small mammals that are used in therapy include hamsters, rabbits, mice, etc. As they offer an opportunity for cuddling, petting and stroking, young children often enjoy AAA with these animals. It is imperative that these animals are trained to be handled clumsily, by more than one person at a time and are not stressed during these activities or during transportation. They must also be able to bear loud noises and tolerate being touched on any part of their body. The benefits derived from these fragile animals include learning to appropriately handle, care for and nurture them, as well as developing fine motor skills (Granger & Kogan, 2000).

4.8.1.5. Farm animals

The inclusion of farm animals in therapy provides not only a good outing for participants, but also exciting and challenging activities. The care of pigs, cattle, goats and poultry requires specific care regimes and when clients participate in their management they learn new skills which provide them with a sense of competence, worth and feeling needed. It can also improve communication.

Some highly successful projects include farm animals in their repertoire, such as the Green Chimneys residential treatment centre. Graham (2000) reports that the guiding principle of this centre is for the children to learn responsibility by taking care of the animals; in nurturing them, self-nurturance is stimulated. These children report that they choose to visit the farm animals when they feel angry or upset and feel happier after doing so. In addition to the exploration of nurturing behaviour, focus is placed on competence, punctuality and consistency of behaviour. By shovelling, sweeping, feeding, brushing and milking, gross and fine-motor skills are also improved (Granger & Kogan, 2000).

4.8.1.6. Fish and birds

Although some birds have been used in a variety of settings with the proper supervision, goals and implementation, fish and birds are mostly used in similar ways in AAT and AAA, usually confined to cages and tanks. Their presence proves to alleviate depression and provides an impetus for social interaction (Holcomb et al., 1997; Mugford & M'Comsky, 1975 in Granger & Kogan, 2000).

By involving patients in institutions in their keep, a sense of responsibility as well as enhancement of self-esteem can be achieved.

4.8.1.7. Dolphins

It is believed by some practitioners in the field of dolphin assisted therapy that the benefits of this specialised form of AAT lie in the electromagnetic field produced by their echolocation. This powerful sonar “*stimulates mentally distressed individuals and may act as a catalyst for recovery for some people*” (Graham, 2000, p. 65). Dolphin therapy is not easily accessible and draws much criticism from both practitioners of AAT and wildlife groups. This becomes understandable when considering that the standards of practice for AAT (discussed in section 4.7.2) cannot be followed with these wild creatures. It is however possible that it is in this untamed natural environment that the magnificence of AAT, not fully comprehensible by science, reaches its zenith.

Graham (2000) cites the opinion of Cochrane and Callen on the elements of healing which contribute to the therapeutic effect of swimming with dolphins:

- i) the power of the joyful contact between humans and dolphins in the water;
- ii) the strange attraction that dolphins display toward humans, especially when danger is perceived;
- iii) the release of pent-up emotions during this unusual activity;
- iv) the reconnection with Qi, the fundamental life energy, a theory put forward by Dobbs;
- v) the relaxing, stress-reducing effect of hydrotherapy; and

- vi) sound therapy received through the clicks and whistles made by the dolphins under water and perceived mostly through bone conduction under water.

McKinney (2001) describes the communication between dolphins and people with disabilities as one of caring concern and claims that the dolphins act on the body cues of individuals, seemingly understanding their thoughts and actions. The sonar and echolocation used by dolphins stimulate the body on a cellular level bringing changes in body tissue and cell structure and stimulating the immune system, thus promoting healing. The gregarious nature of the dolphin also aids in experiences of unconditional acceptance as occur in other forms of AAT.

It has been illustrated that many different kinds of animals can be employed to afford humans the benefit of interaction. This can however lead to a misconception, that *all* contact with *any* animal is beneficial to humans. Animals are unpredictable and it is of paramount importance that the selection of setting and animal promotes positive interaction.

4.8.2. Standards of practice

The animals used in any form of therapy cannot be held responsible for their own behaviour as they are mostly driven by instinct. Therefore the therapist should ensure that only desirable behaviour is elicited. This can be done by following a strict code of conduct.

Fredrickson and Howie (2000) implore that any chosen animal should adhere to the following standards of practice:

- The animal should be *reliable*. This implies that the behaviour and responses of the animal should be similar when exposed to similar situations, actions or people. This does not only improve the safety aspect of therapy, but adds to the therapeutic value as reliability allows for more expected outcomes. This aspect can mostly be influenced by training.
- Anticipating behaviour in advance or *predictability* is important in the therapeutic situation as this allows the therapist to introduce activities that will deliver expected reactions from the animal. This aspect is greatly enhanced by the trusting relationship between animal and handler; and the amount of time spent together.
- *Controllability* or managing, guiding or restraining the behaviour of the animal is a standard of practice that improves the animal's performance in therapy and is critically impacted by the skill of the handler. By effectively managing the animal, the client and the situation, the handler can offer a safer, more therapeutic environment to clients as well as protect the interest and well-being of the animal.
- The goals of the therapeutic intervention gauge the *suitability* of the animal. The handler or therapist should therefore define the goals beforehand and ensure that the chosen animal will be able to assist the client in achieving these aims. An often neglected aspect connected to suitability, is enjoyment. The animal that is impervious to the situation and displays signs of illness,

distraction or aggression is obviously not enjoying himself and is thus not suitable for therapy.

- The *ability to inspire confidence* is a standard of practice of AAT that allows the client to feel comfortable, at ease and safe and can therefore more easily obtain therapeutic goals. Once again, differences in the problems, personalities and circumstances of the client call for differences in the therapeutic approach considered by the therapist, therefore allowing for animals of different type and temperament to participate in therapy.

4.9. Ethical considerations

Besides the general ethical considerations taken into account during all kinds of therapeutic intervention with human participants, specific considerations pertaining to the animal assistant should also be contemplated. The first aspects to consider when using animals as assistants in therapy are those that face all animal owners, viz. the health and maintenance of the animals concerned. Serpell, Coppinger and Fine (2000) explicitly state that animals pursue their own needs and will attempt to avoid pain, fear, distress and physical harm by acting in ways suitable to the specific species. This will include, biting, scratching, kicking, etc. and might be at the unfortunate expense of the human participant. It is therefore of utmost importance to ensure that the therapy animal's basic needs for food, water, rest and recreation and tender care, amongst others, are met.

In institutionally based programs specific people should be elected to be responsible for the physical care of the animal and to observe signs of possible

fatigue and burnout, as animals that are always ‘on duty’ could be especially susceptible. Abuse could also be a problem facing resident animals in prisons and mental hospitals (Beck, 2000).

Zoonotic infections or parasitic disease is a potential problem, along with allergies, accidents or bite injuries. These are, however, reported to be more of a concern than a real problem with the correct management of the animals. A true concern is suppressed immune deficiency in sick and older patients. All health issues should be approached by maintaining the following suggestions by Schantz (1990 as cited in Beck, 2000):

- i) the selection of an appropriate animal;
- ii) plans to avoid contact between animals and people with possible allergies;
- iii) a comprehensive infection control strategy;
- iv) consultations and supervision by a veterinarian; and
- v) the implementation of surveillance and response programs (Beck, 2000).

4.10. Conclusion

“Personality development in the healthy and the emotionally ill is not solely the product of man’s relationship to man, but is much influenced by his relatedness to the animate and inanimate nonhuman world about him” (Searles, 1960 as cited in Levinson & Mallon, 1997, p. 35). If animals could be introduced in an ethically sound way, following strict guidelines of practice by trained animals and practitioners, the therapeutic needs of a wide variety of clients could be met. Research, although still lacking in some ways, has provided enough evidence to

suggest that animals are effective as therapeutic assistants and can be used in a variety of settings, with a wide variety of human concerns.

The use of AAT can be especially beneficial to adolescents with physical disabilities who have difficulty expressing themselves verbally and may even become the vital link in their treatment (Graham, 2000). EAP fulfils many of the therapeutic requirements, needs and wants associated with therapy with adolescents and can provide an ideal form of intervention for this group. The added physical benefits associated with therapeutic riding render it the superlative therapy for adolescents with physical disabilities.

CHAPTER 5

Method of Research

5.1. *Introduction*

The phenomenological approach provides the necessary guidelines for the current research. As illustrated in Chapter 2, the focal point of this form of qualitative research is on capturing the unique perception of individuals, as opposed to searching for general truths. The experience of the participant is paramount and therefore the current research project is designed to capture that inimitable paradigm.

This chapter will provide background theory and project specific information on the criteria applied to the selection of participants, the questions employed in the interviews as well as the implementation of phenomenological method to the data gathered.

5.2. *Aim of study and research question*

The current study aims to encapsulate the perception of adolescents with physical disabilities of their therapeutic riding experiences. The knowledge gained will assist in the expansion of existing sparse animal assisted therapy theory, the *erlebniswelt* of the adolescent will be illuminated and the unique experiences of adolescents with physical disabilities will be explored.

As clearly illustrated by the literature reviewed, limited research is available on the experience of adolescents during participation of equine facilitated psychotherapy (EFT). It is the opinion of the current researcher that the published findings reflect a subjective view of this field as very little literature could be found on the experience of participants during animal assisted therapy (AAT). Therefore literature is limited to the phenomena explored in those quantitative studies. By exploring the perspective of participants in this form of therapy, the field of possible phenomena will be widened and deeper understanding of the possible impact made during the experience will be gained.

5.3. *Method of research*

The method of selection of participants, the criteria applied when selecting them as well as the process of selection will subsequently be discussed. This section will also include a discussion of the data capturing and analysis phases of the current research project and the methods employed in the reporting of the analysed data.

5.3.1. Method and criteria for selection of participants

The selection of participants in any phenomenological study entails some basic principles to ensure a more meaningful interaction (Kruger, 1979). They are (a) The interviewer should be able to converse comfortably in the language of the participant. This will ensure that no valuable information is lost or misunderstood in a translation process. (b) The willingness of the participant contributes to the free and open discussion of the topic and should therefore be an important factor

during selection. (c) It is vital that the interviewee expresses his own raw experience and that these are not framed in psychological terms, therefore participants should be fairly unfamiliar with psychological theory.

The selection criteria was framed within these suggestions and expanded to include the following:

- Persons aged between twelve and nineteen years;
- Persons that have a marked physical impairment, affecting gross and/or fine motor abilities and not only sensory ability;
- Persons that have been participating in therapeutic riding for at least three months (for it is the opinion of the current researcher that this will ensure a broad scope of experiences).

Adolescents participating in therapeutic riding at one of the organisations accredited by South African Riding for the Disabled Association (SARDA), with an established practitioner and who fit the set criteria will be randomly selected to participate, if they wish to do so. Selection will take place by way of voluntary purposive sampling and will conclude once data saturation has occurred.

5.3.2. Process of selection

The selection process for the current project has been arduous. The set criteria proved to be more constraining than they seemed or intended. It was found that many potential participants were excluded as a result of strict selection criteria guided by the aim as well as methodology of the current research project.

The phenomenological approach and chosen method entails that the participants have the ability to comprehend the process of interviewing, understand the questions and are able to express their experience. Therefore persons with low intellectual functioning are excluded. As physical impairments are often associated with syndromes or groups of symptoms, it was difficult to find adolescents that did not have associated intellectual impairment. As will be seen in the next chapter, some of the selected participants do however display some other associated symptoms, which did not interfere with the aims of this project.

Initially, during the planning phase of the project, the current researcher intended to focus on the experience of adolescents with physical disabilities during hippotherapy. Contacting organisations such as the Human-Animal Contact Study Group, the occupational therapy association and physiotherapy departments at universities led to dead ends.

A total of four practicing hippotherapists were found in South Africa. One of them is currently involved in the training of practitioners in a related field called Equi-therapy. Two others focus on the treatment of young children. As the demand for their services is so great, they do not even consider expanding their practice. The fourth already incorporates growth and learning goals in her treatment, which would have clouded the results. As no practitioners could be found, who treats teenagers meeting the specified criteria, it was decided to

concentrate on therapeutic riding instead. Factors contributing to these difficulties have been identified as the following:

- There are no governing bodies for EFT or AAT practitioners in South Africa;
- The demand for this type of therapeutic intervention greatly outweighs the supply of qualified practitioners;
- In South Africa, as is the tendency across the globe, persons with disabilities, their parents and educational facilities are discovering (and demanding) the benefit of alternative, holistic therapeutic programs.

SARDA, a well organised body operating at international standards, provided the current researcher with a list of identified participants, who were all more than willing to be involved in the project. The first four interviews were performed in Kwazulu-Natal with adolescents participating in therapeutic riding activities at a well established private facility, and the last three were riders at SARDA's Highveld branch.

5.3.3. Method of gathering data

Phenomenological methodology stipulates that any form of data gathering can be applied, provided that phenomenological method can be applied to the chosen technique (Wilson, 2002). Polkinghorne (1989) commends the use of personal interviews and sees them as the richest available sources of data to be used to gain understanding on human experience. Not only does an interview allow the researcher to interact with the participants in their own, comfortable

environment, but also for the fastidious and meticulous refinement of the gathered data.

The use of an unstructured interview, also known as an in-depth interview, offers the researcher an opportunity to ask open-ended questions and to explore or probe, wherever deemed necessary, in order to obtain a holistic understanding of the participant's point of view (Berry, 1999). Greene and Hill (2005) express that this form of data gathering offers the researcher rich and varied data and may include straightforward facts, but also data which require a great deal of interpretation and possibly offering a great deal of insight.

5.3.3.1. Questions for interview

The participants will be asked to respond to the primary research question:

- ***Tell me more about your experience during riding therapy.***

Secondary questions clarifying and expanding the primary research question will include the following:

- ***What have you learnt from riding therapy or from the horses?***
- ***What about riding therapy has been difficult for you?***
- ***What has riding therapy meant for you in your life?***

Although attempts will be made by the interviewer to ensure that the responses are spontaneous and unaffected, the nature and severity of the participants' disabilities and the effect these have on their verbal communication, could necessitate a more directive and structured interview. If deemed

necessary, family members will be asked to clarify or interpret incomprehensible responses. Further questions, structured in the phenomenological approach, will be asked to expand or clarify responses on the primary and secondary questions. These will differ from client to client.

5.3.3.2. Questionnaires for guardians

Although focus is placed on the data elicited through the interview, additional information will be gathered from the parents or guardians of the participants to enable the researcher to explore the children in other contexts. This will be done by requiring the guardians to fill out forms (*see addendum A*) that included:

- Biographical particulars
 - Nature of disability
 - History of disability
 - Description of family
- Therapeutic riding information
 - History of therapy
 - Nature and focus of sessions
 - Participation in any other horse related activities
- Any other relevant information

5.3.4. *Theoretical concerns in data analysis*

Giorgi (1975) argues that a phenomenologically-orientated human science is an alternative paradigm to the current tradition of natural science psychology (as cited in Robbins, 2006). However, he expresses his reservations about the

application of phenomenological method, as described by Merleau-Ponty, to fields other than philosophy and suggests that it be adapted for use in psychological research (Giorgi, 1985b). To ensure validity within phenomenological psychological research, he suggests that the following adaptations of the criteria of philosophical phenomenology be made:

a) Description

The first characteristic mentioned by Merleau-Ponty, i.e. description, should be coming, not from the researcher as done in philosophical phenomenology, but from the subject. This requires the researcher to rely fully on the evidence of the subject. This act compromises the self-evidence needed to describe intuitions. This removes the researcher from the situation and he is then no longer the direct 'experiencer' of the situation. It is argued that by being once removed, a lesser chance is offered of being prejudiced or biased or viewing information from a specific theoretical perspective. This adjustment aids in ensuring researcher objectivity and, ultimately, reduction.

b) Reduction

In the case of the second criterion, reduction, the researcher should attempt to exclude any prior knowledge about the given phenomena to ensure that no prejudice or bias influences the study. In the case of psychological research, the object of experience is understood to be within the reduction, but the stream of consciousness of the participant cannot be included, as psychologists are most

interested in a person's subjective experience and perception from within a specific paradigm. Thus only a partial reduction takes place.

Furthermore, as the psychological researcher describes phenomena, it is often not after assuming reduction, as prescribed by phenomenology, but within reduction. A person's report on a phenomenon can often only be described in the context of his perception together with the psychologist's interpretation or understanding of that perception.

c) The search for essences

The third characteristic described by Merleau-Ponty, i.e. the search for essences, also needs some adaptation when applied to psychological phenomenology. Although it is wholly phenomenological because the method of free, imaginative variation is used to gather the essence, the researcher does not place himself at the universal level of analysis, but rather at a general level to uncover invariants. According to Giorgi (1985a, p.50), "*Psychologists are more interested in essences or structures that are context related, or relevant for typical situations or typical personalities, and so on, rather than the universal as such*". This implies that the meanings arrived at are more subject to change, because they are situation bound and are consequently more dependent on contingencies. Although this limits the universality of the findings, it is still valuable as it leads the psychologist to a greater understanding of human phenomena.

d) Intentionality

The notion of intentionality is the final characteristic that needs adaptation according to Giorgi (1985a). It is important to realise that in studying behaviour, the subject of many psychological studies, it is not possible to attain intentionality at the level of reflective consciousness. In the psychological tradition it is accepted that behaviour is always directed toward something that is not behaviour itself, usually a situation. The body is always directly involved, as it is the vessel that produces the behaviour and which is observed by the researcher. It can thus not be excluded from any analysis. This, together with the fact that self-description of behaviour is strongly influenced by the perception of the participant, places the researcher in the position to attempt to attain intentionality on the level of totality.

5.3.5. *Procedure of data analysis*

In order to achieve the aim of any research project, it is vital that the method of analysis and the associated processes be performed meticulously. Adopting a stance of curiosity and placing any acquired knowledge or assumptions in epoche, enables the researcher to “*be open to possibilities*” that may be presented to him and see “*contrary or alternative explanations for the findings*” (Cresswell, 1994, p.153). The voluminous nature of qualitative data requires that the “*researcher be comfortable with developing categories and making comparisons and contrasts*”.

The interview with each participant will therefore be audio-taped for analyses of verbal responses. Notes will be made of non-verbal behaviour to complement the verbal information. After collection the data will be transcribed and analysed for categories, themes or unique remarks. The data will be reduced into segments of information and then into themes. These themes will be categorised allowing for comparisons in the data. Subsequently the identified categories will be transformed into psychological terminology. This allows for the data to be synthesised and the impact, value or benefits of therapeutic riding as experienced by adolescents with physical disabilities, to be revealed (Colaizzi, 1978; Giorgi, 1975).

A registered psychologist will be co-opted to perform the initial analysis process, after which the researcher will retrace the entire process. A comparison will be made between the synthesis of the researcher and that of the controller to ensure the trustworthiness of the data.

Suggestions by Cresswell (1994) were employed in the planning phase of the research project to facilitate the process and will also be applied during analysis:

- Data analysis as an activity should be conducted simultaneously with data collection, interpretation and report writing. This process is unique to qualitative research, for quantitative research clearly divides these processes into separate activities. This ensures that the point of saturation is identified appositely. In keeping with phenomenological tradition, it seemed more sensible to request that the controller process the data first and call the point

of saturation, to ensure that the interviewer was not influenced in any way. Additionally, this could augment the validity and trustworthiness of the results.

- The initial dissection of data leaves the researcher with vast amounts of information that need to be reassembled into themes, patterns and categories and then be placed into the schemata of psychology and AAT. The goal of consolidating the information into précis should be kept in mind throughout the process, as well as the way in which data will be reduced and interpreted.
- Using matrices or presenting information in systematically organised displays should be considered, as these show the relationship among categories of information. The possibilities of categories are endless and could include biographical particulars, nature of disability, etc.
- During the process of interpreting the data, codes can be applied to assist the researcher in the process of reduction. These codes are applied to segments of information to mark themes and categories in a meticulous manner. Seen as the starting point of analysis, patterns might emerge and useful quotes can be identified.

5.3.6. Reporting procedure

The functional, step-by-step directions given by Colaizzi (1978) and Giorgi (1975) and applied to the data, will be illustrated in the following chapter. However to facilitate the reading of the text and the comprehension of the interpreted data the discussion will be executed in reverse order.

Firstly, the categories or combined themes will be discussed in order to demonstrate the derived general description of the phenomenon of therapeutic riding. The assimilation of data will subsequently be demonstrated by revealing the themes that illustrate collective experiences gathered through combining the individual transformed natural meaning units (NMU's). Extracts from the interviews that form NMU's and the transformation of these NMU's into the language of the researcher will be exemplified continuously. The synthesis of transformed NMU's into descriptive statements of essential, non-redundant psychological meanings, which have constantly been related to each other as well as to the whole transcript, will be discussed. Although this process was meticulously applied to each interview, only highlights will be included in order to facilitate reading. A summary of the categories, themes and example NMU's will be included in the chapter.

5.4. *Ethical considerations*

Haworth (1996) emphasises that the investigation should be considered from the standpoint of all participants and that anything that might threaten their psychological well-being, health, values or dignity should be eliminated. In most studies in the field of psychology, 'participants' refer to people. In the current research project there are two totally different species whose well-being should be considered, that of the human and that of the equine.

It is important to consider general ethical guidelines for any type of psychosocial research with children (Brink, 2003), i.e.:

- respect for the rights and dignity of the participants, their physical safety, freedom of choice, privacy, confidentiality, autonomy and self-determination;
- written consent must be obtained from the parents or legal guardians of the child;
- the researcher should also take full responsibility for ensuring that he works only in his field of competence and experience;
- all ethical aspects relevant to the use of animals in a research study should be adhered to;
- the current researcher should ensure that the organisation/s and persons offering the service closely follow the safety and ethical regulations stated by SARDA.

The guardians of the participants will be required to give written consent after discussing the purpose of the study with them and explaining the procedures concerning the interviews to them. The participants will be given a similar form to sign, in order to give them an opportunity to feel included in the process and understand what will be required of them (*see Addendum A*).

5.5. Conclusion

It is evident to the current researcher that discrepancies surface between the planning and implementation phases of a research project. This could negatively influence the project and lead to a termination thereof. In the case of the present study it offered valuable information on the deficiencies and limitations in the field of AAT and EFT in particular in South Africa. By including these findings in this

study, recommendations can be made regarding the management of this developing therapeutic modality.

The phenomenological approach to psychological research has afforded the current researcher an opportunity to gain insight into not only qualitative research methodology, but also the unique *erlebniswelt* of seven young people facing the struggles of living with a physical disability and their encounters with EFT.

CHAPTER 6

RESULTS AND DISCUSSION

6.1. *Introduction*

The phenomenological paradigm in which the present study was undertaken, places the current researcher in a position of curiosity about or interest in the unique experience of each individual participant. However, this researcher also attempts to provide a deeper understanding of EFT, which will only be derived from the commonalities identified in the collective experience of all the participants. Therefore both unique phenomena and collective phenomena extracted from the data will be presented in this chapter.

6.2. *Participants*

The participants in the current study all agreed to have their first names used in this dissertation and therefore their surnames will be withheld in order to protect the identity and privacy of their families. In the following section certain aspects of the participants will be discussed, in order to afford a deeper understanding of their position, difficulties as well as the facilitating factors in their lives. This will not only be done individually, but also collectively in an attempt to identify commonalities within the group, which will afford insight into their combined experience.

- *Anthea*, sixteen years old, resides with her parents and younger brother. At the age of four she became paralysed on her right side, as a result of head trauma during a motor vehicle accident. She has been participating in therapeutic riding for six years and started competing for her province in para-dressage¹⁰ in 2005. She also enjoys playing water-polo for a girls-team at the mainstream school that she attends.
- *Mark*, eighteen, is the youngest of three brothers living with their parents. A premature birth and infected, underdeveloped lungs resulted in hypoxia causing cerebral palsy in the form of spastic quadriplegia. He started participating in therapeutic riding at age eleven and is currently also competing in para-dressage. He finished home-schooling and pays for his hobbies with money earned in his small catering business.
- Eighteen-year old, *Stewart* lives with his twin brother, younger brother and parents. He is convalescing after a diffuse head injury sustained when falling from a moving vehicle eighteen months ago. Horse-riding has been part of the therapeutic program prescribed by physicians. He also enjoys baking with the Occupational Therapist, as he is interested in pursuing a career in the hospitality industry. He walks with the aid of a walking frame and exhibits gross and fine motor deficits.

¹⁰ Dressage is defined as a set program consisting of skilled movements performed at a walk, trot or canter demonstrating perfect understanding between horse and rider (Belknap, 2004). Competitors in this Para-Olympic sport are divided into levels according to severity and type of disability.

- *Faatima* is a fourteen-year old girl with congenital cerebral palsy as well as optic atrophy. Therefore, besides suffering from spastic quadriplegia she is also severely visually impaired. She lives with her parents and two younger siblings and attends a school for visually impaired students, where she enjoys spending time with close friends. She has been participating in therapeutic riding for six months.
- *Matthew*, his mother and sister, live on a smallholding where he spends a lot of time with the animals. He acquired SCIWORA – spinal cord injury without obvious radiological abnormality – after being hit by a motorcar when he was five years old. The injury left him paralysed in his lower limbs. Although he is only thirteen and has been participating in therapeutic riding for merely a year, he has already started doing dressage and is eager to compete in this sport.
- *Calum*, fourteen years old, lives with his mother and attends a private school. Injured during a difficult birth, he has minimal cerebral palsy affecting fine motor skills, balance and coordination. When he is not occupied with his guitar, he participates in therapeutic riding and some small, local horse-shows where he competes in show-jumping. He has been riding intermittently for four years.
- *Gert* lives with his mother, but spends most of his time with his grandmother. His mother suffered from preeclampsia and he was born prematurely at twenty-eight weeks. As a result he has cerebral palsy in the

form of spastic quadriplegia. He cannot walk, but has been participating in therapeutic riding for a total of eight of his thirteen years.

6.3. *Comparison of details of the participants*

The sample comprises five males and two females, aged thirteen (two participants), fourteen (two participants), sixteen (one participant) and eighteen (two participants). The group of adolescents therefore had an average age of fifteen years. Four of them reside in Kwazulu-Natal and the remaining three in Gauteng. These adolescents have been participating in therapeutic riding for periods ranging from six months to eight years. This places the average participation period at four years.

The nature of their physical disabilities includes a spinal cord injury, two diffuse head injuries, three cases of acquired cerebral palsy due to birth complications and one case of congenital cerebral palsy. Three of the participants are unable to walk and four walk with varying difficulty. Other physical deficits include spasticity, ataxia, paralysis, poor balance, impaired coordination, and other fine and gross motor impairments. One of the participants is also visually impaired.

Clinical observation showed that all the participants functioned within the normal intellectual range, although problems ranging from impaired memory capacity, poor concentration and learning difficulties to problematic executive functions, such as planning, problem solving and social skills, were mentioned.

Many speech difficulties, such as dysarthria, were observed in the group, mostly associated with abnormal muscle tone and erratic movement, and one of the participants stuttered.

Participants	Anthea	Mark	Stewart	Faatima	Matthew	Calum	Gert
Age	16	18	18	14	14	13	13
Gender	Female	Male	Male	Female	Male	Male	Male
Home Language	English	English	English	English	English	English	Afrikaans
Nature of Disability	Diffuse head injury	Congenital C.P.	Diffuse head injury	Congenital C.P.	Spinal cord injury	Acquired C.P.	Acquired C.P.
Possible Cause	Motor vehicle accident	Hypoxia during birth	Fell from a moving vehicle	Genetic loading	Hit by a motor vehicle	Birth injury	Pre-mature birth
Age of Onset	4 years	Birth	16 years	Birth	5 years	Birth	Birth
Participation in Therapeutic Riding	6 years	7 years	12 months	6 months	18 months	4 years	8 years
Other horse activities	Para-dressage	Para-dressage	Para-dressage	Grooming	Para-dressage	Para-show-jumping	Grooming

Figure 6.1 Summary of details of participants

In summary, using the ICF checklist (WHO, 2002) structure, most of the participants had varying impairments in body functions and body structures. The activity limitations and participation restrictions experienced by the participants greatly differed from person to person, but included difficulties in learning and applying knowledge; performing general tasks; communication; mobility; self

care; domestic life; interpersonal interactions and relationships; other major life areas; community, social and civic life; as well as other activities. Many environmental factors inhibited the functioning of the participants, however some people's attitudes and support and some institutional policies were facilitative.

All interviews were conducted in the participants' first language, i.e. six in English and the seventh in Afrikaans (for which the identified NMU's will be translated into English). Highlights from the interviews will be discussed as the current researcher demonstrates the process followed to extract categories, themes and sub-themes from the data. All the interviews are available for perusal, from the current researcher.

6.4. *Summary of categories and themes*

The first category identified pertains to the benefits and limitations of therapeutic riding and includes the first and second theme. The second category includes themes three and four and collectively indicates the physical experience of the participants. Theme four and five pertain to the third category, which gives an indication of the psychological and social aspects of the therapeutic riding experience. The sixth theme highlights the role that the horse played in the adolescents' experiences, which is both social and psychological in nature and is therefore included in category three. The following categories and themes were derived from the collective experiences of the adolescents participating in the current research project:

Category/ Themes	Contents
A. CATEGORY ONE:	<i>THE BENEFITS AND LIMITATIONS OF THERAPEUTIC RIDING</i>
A.1. Theme one:	Therapeutic riding is a positive therapeutic experience
A.2. Theme two:	Difficulties experienced by the participants relate to the horses as well as other factors
B. CATEGORY TWO:	<i>THE PHYSICAL EXPERIENCE OF THERAPEUTIC RIDING</i>
B.1. Theme three:	Therapeutic riding offers physical enhancement
B.2. Theme four:	Therapeutic riding provides an opportunity to escape physical constraints
C. CATEGORY THREE:	<i>THE PSYCHOSOCIAL ASPECTS OF THERAPEUTIC RIDING</i>
C.1. Theme five:	Therapeutic riding provides opportunities for positive social interaction and interpersonal growth
C.2. Theme six:	Therapeutic riding provides challenges that are motivational and improves well-being
C.3. Theme seven:	Building a relationship with the horse provides opportunities for bonding

Figure 6.2

Summary of categories and themes

In chapter four it was illustrated that riding therapy attempts to combine three aspects of human functioning, i.e. sport, medical care and remedial and educational aspects, into one holistic form of therapy (Britton, 1991). This is said to include the positive facets of recreation, competition and socialisation, required medical care and psychological and social enhancement into one enjoyable,

effective form of therapy. From the experiences of the adolescents with physical disabilities who participated in the current research project, it is evident that this goal is achieved. The suggestion by Kohanov (2001), that the horse is effective in this therapeutic context because it simultaneously works on physical, mental and emotional levels, seems to be indicated by the participants' experiences of therapeutic riding.

The participants in this study subjectively experienced enhancement of emotional functioning, self-esteem and cognitive development as is indicated by several studies mentioned in Endenburg and Baarda (2006). Siegel (1995 as cited in Mueller, 2004) explains that animals can increase self-esteem in the lonely and insecure transitional period of adolescence by becoming emotional substitutes. Some of the adolescents who participated in this study mention their emotional attachment to the horses and emphasise the perceived support they receive from them. This could indicate a correlation with the abovementioned study.

6.5. *Themes and supportive examples of NMU's*

Themes, sub-themes, the natural meaning units (NMU's) from which they were derived as well as the transformation of those NMU's into the language of the researcher, will be exemplified. The following themes were extracted by grouping together transformed NMU's into principal connotations. When accumulating the experiences of the adolescents who participated in the current research project, the following was found:

6.5.1. Category one:

THE BENEFITS AND LIMITATIONS OF THERAPEUTIC RIDING

Category one pertains to the adolescents' perception of the advantages and disadvantages of therapeutic riding. The positive therapeutic experience the participants described during the interview could be directly translated into benefits of therapeutic riding. On the other hand, certain difficulties experienced while participating in therapeutic riding were mentioned during the interviews. These factors culminate to form limitations as perceived by the participants.

6.5.1.1. Theme one:

Therapeutic riding is a positive therapeutic experience

It became clear when reducing the information from the interviews that all the participants had a positive experience during therapeutic riding.

i) *Therapeutic riding is enjoyable*

- Matthew: *"I enjoy it, it's fun"*
- Faatima: *"It's nice"*
- Anthea: *"I've learnt to be, to have fun"*

ii) *Therapeutic riding offers a welcome change in daily routine and scenery*

- Faatima: *"I can get a change, not for school... I can take a break"*
- Calum: *"It's probably one of the best yet therapies, because you enjoy it at the same time while you're doing it. It's outdoors... more like an adventure sort of thing..."*

- Gert: *“...[buitekant] is lekker .”/ [Outside] is nice.*

iii) *Therapeutic riding elicits positive emotions*

- Matthew: *“Sometimes...when I get stuff right [I feel warm and fuzzy inside].”*
- Gert (GT¹¹): *“...happy as ek deelneem aan die perdry .”/ Happy when I'm participating in the horse riding.*
- Anthea: *“... I just laughed, because it's all part of the game...”*

One of the participants also remarks that therapeutic riding is not physically intrusive and although it is coupled with some pain, his love of horses makes it bearable. This confirms Chandler's (2005) hypothesis that the dynamics of the therapy process is altered by the animal. She believes that the client can endure more pain as his attention is shifted onto the animal. This could enable the client to work harder and longer, which results in more beneficial sessions, as Mark states:

- Mark: *“... the therapy riding is fun, because it's not only stretching and exercising, although she does do that. Therapy riding doesn't force you to become loose. The horse's movement makes your muscles relax... it's comfortable as well, it's not bad pain, I can deal with it because I love horses.”*

The experience of participating in an activity perceived as recreational can hold much pleasure for the adolescent with a physical disability, especially those who are unable to partake in other sports. Interacting with the therapy pet could also be entertaining. Scott (2005) explains that this is a particularly appealing

¹¹ GT- Grandmother translating. Because of severe dysarthria Gert's grandmother translated some of his phrases during the interview.

aspect often found in equine assisted activities. Britton (1991) explains that riding does not only afford the teenager an opportunity to participate, but presents an alternative to traditional consulting room based therapies that is exciting and challenging.

A study by Bardill (1997 as cited in Beck, 2000) shows that adolescents in an institution derive pleasure from the presence of an animal. This improves their subjective well-being and enhances the general milieu of the treatment facility. The same seems to ring true for therapeutic riding, where the type of activity and the presence of the animal add to the delight derived from this form of intervention.

6.5.1.2. *Theme two:*

Difficulties experienced by the participants relate to the horses as well as other factors

The participants mentioned experiences during therapeutic riding that were less desirable and could be considered as limitations. These related to the selection and temperament of the horse, the importance of a good instructor and well kept stable yard as well as limitations caused by the nature and extent of the adolescents' disabilities.

i) The horses contribute to some difficulties

- Gert (GT): *"Diekie het my amper afgegooi." /Diekie almost through me off.*

- Anthea: *“...shame, he’s a lovely horse, he’ll do everything that you want him to do, but he doesn’t want to go for it enough. Lucky was a bit strong for me... and Liz introduced me to Harry, he’s very nice... the right horse. Not too slow, not too fast. He does everything I want him to do.”*

ii) Other factors are limiting at times

- Anthea: *“I stopped riding for a while because I didn’t like the lady. She kept making me ride this little pony all the time and I got bored of it... I’m also good, and I want to ride a nice horse.”*
- Gert (GT): *“...partykeer is hy vreeslik allergies.” /Sometimes he’s very allergic.*
- Faatima: *“The rough floor. The floors are uneven.”*

iii) Personal factors relating to disability cause some difficulties

- Faatima: *“...No, I never see them, I never see their faces¹². They never show me their faces.”*
- Matthew: *“Like my balance and stuff like that [has been difficult].”*
- Stewart: *“The most [difficult] thing was my balance. Like I’m still nervous to get up onto a horse, I won’t fall off, but now it’s got a lot stronger. It’s helped me a lot.”*

It is possible to improve or control some of these limiting factors and reduce the negative impact it has on the participants. However, even when meticulously tending to all possible influences, and adhering to a strict code of conduct, it should be kept in mind that the combination of animals and children will sometimes deliver unexpected consequences, more often positive.

¹² The participant responded to an inquiry by the interviewer, whether she has gotten to know any one at her riding school.

One of the participants in the study spoke about her experience of living with a disability. The stigma of being disabled and the restrictions placed on her because of her disabilities elicits strong emotional reactions ranging from frustration to helplessness, as was evident by her description and non-verbal expressions. This experience reflects the opinion of Locker (1983) referring to the stigma associated with disability. He explains that a person's social role, and possibly also sense of self is reduced by labelling. This can lead to rejection and isolation respectively. It is evident from the responses of the participant, that she felt marginalised. Although this could be seen as a factor limiting the experience, it is clear that she utilised it as a motivating factor.

- Anthea: *"I don't like it when people feel sorry for me, I hate it, its irritating. I don't like people helping me and just be able to live your life. Obviously not as a normal person... then to be able to take charge of yourself. Because you are disabled you can't do that or can't do this or do it yourself... just try to help yourself so that you don't always have to have someone there."*

6.5.2. Category two:

THE PHYSICAL EXPERIENCE OF THERAPEUTIC RIDING

Category two comprises the physical attributes given to therapeutic riding during the interviews. The adolescents' perception of the physical enhancement and alleviation of physical problems during their experience sheds light on the extent of the physical impact therapeutic riding affords the participant.

6.5.2.1. Theme three:

Therapeutic riding offers physical enhancement

Although physical enhancement is established as the main goal of therapeutic riding, it was insightful to attend to the adolescents' experience thereof.

i) Therapeutic riding is a source of exercise

- Mark: *"It keeps me fit."*
- Stewart: *"...it's helped me... used muscles you never ever knew you had... also for your walking, 'cause your feet are moving constantly..."*

ii) Therapeutic riding assists in alleviating physical deficits

- Mark: *"It teaches the body to be more stable."*
- Gert: *"Dit maak my bene los." / "It loosens my legs."*
- Faatima: *"I don't even have to worry about balance. I don't feel like falling."*

iii) Therapeutic riding aids in relaxation

- Stewart: *"It relieves me, instead of sitting inside I can go outside and just feel comfortable... relaxed."*
- Calum: *"It helps with serious stressing up."*

iv) Therapeutic riding is energising

- Faatima: *"When I come home, then I will play, I don't want to sleep."*
- Stewart: *"Getting up and going... just means I'm asleep, and then I'm getting up and going."*

Studies in the physical benefit gained from therapeutic riding, showed that balance, coordination, mobility, muscular strength, posture and language ability

improves (Bustad, 1996). Odendaal (2002) also demonstrated that human-animal interaction has a positive effect on blood pressure and heart rate. It is however impossible to isolate the physical realm and exclude other human facets Papalia et al. (2006) remark that the linkage between physical, emotional cognitive and social development of the adolescent has been confirmed by studies. Thompson, Rudolph and Henderson (2004) explain that as children improve their motor coordination and balance they attain a sense of mastery, which in turn leads to an enhancement of self-esteem. Therefore the benefits of exercise reach further than alleviating physical problems. Shepard (1997 as cited in Sigelman & Rider, 2006) concluded that physical activity may also enhance cognitive and psychological functioning. Participation in therapeutic riding may therefore assist the adolescent to alter his body image or improve his memory skills.

6.5.2.2. *Theme four:*

Therapeutic riding provides an opportunity to escape physical constraints

The physical constraints imposed by their disabilities differ greatly in this group of adolescents, but it was found that irrespective of the severity of the disability or the extent of their immobility, therapeutic riding helped them broaden these physical boundaries.

i) Therapeutic riding affords the participant a sense of freedom

- Faatima: *"Free! I feel happy"*
- Stewart: *"I feel free...it's nice being in the open and just ride..."*

- Mark: *"...you are not confined to a wheelchair, you can go places, you can go uphill, you can go for outrides... wherever you wish. You can basically do a lot more when you're on a horse than when you're in a wheelchair."*

ii) *Therapeutic riding stretches the physical boundaries imposed by a disability*

- Mark: *"Freedom to do what I want to when I want to. And also because I have no legs, I use the horse as my legs..."*
- Anthea: *"When I started riding it was very difficult actually to put a bridle on, especially with one arm... it was easy putting the saddle on, but the bridle! I tried, I just kept on trying, I just did it... And now I can do anything by myself"*

Riding on a horse provided many of these adolescents with experiences that would not otherwise be possible for them. Chandler (2005) states that the presence of the therapy animal often affords clients this opportunity to perform activities and achieve goals that seemed unrealistic or impossible. Graham (2000) expounds that persons with disabilities have the opportunity to utilise the animal as an extension of their own bodies, which indirectly enables them to function more independently. This leads to improved psychological well-being as it increases self-esteem and confidence.

6.5.3. *Category three:*

THE PSYCHOSOCIAL ASPECTS OF THERAPEUTIC RIDING

The third category includes themes regarding psychological and social aspects of therapeutic riding that concern both the human and the animal

participants in this form of intervention. From the interviews it became clear that the role of the horse should not be underplayed and that different factors pertaining to AAT contributed to the richness of the participants' experience of therapeutic riding.

6.5.3.1. Theme five:

Therapeutic riding provides opportunities for positive social interaction and interpersonal growth

The participants all agreed that therapeutic riding afforded them opportunities to socialise with others, not only when riding, but also when spending time at the stables.

i) Spending quality time with friends and family elicits positive emotions

- Matthew: *"... I just started riding with the family. Normally I go by myself, but sometimes in a group. It's fun."*
- Anthea: *"...She's [the instructor] like really fun and really nice. She'll get to know you."*
- Faatima: *"...from horse riding school. They are friendly."*

ii) Belonging to a group that shares in experiences elicits positive emotions

- Anthea: *"...they just think you can do anything by yourself, which is good, because then you can do anything by yourself. I actually like my yard very much."*
- Stewart: *"So from a young age I was always there. I asked my cousin if I could come with to the stables. I enjoyed it."*

The three major concerns affecting adolescents with physical disabilities were found to be acceptance, independence and expectations (Abramson, Asch and Mash, 1976 as cited in Jensen, 1985). Relationships with peers and parents are influenced by these factors. However, it is evident from the experiences of these adolescents that all three of these factors were positively affected by the social interaction provided by therapeutic riding. It also enabled them to achieve a sense of identity through exposure to ideas, value systems and occupational options. The importance of this aspect of social interaction is highlighted by Papalia et al. (2006).

iii) Therapeutic riding exposes participants to diverse social situations

- Calum: *"...both of the horses have good and bad days...do what its not suppose to do, then you find that it's actually having a bad day."*
- Anthea: *"...having fights and then enjoying it, the losing and the winning, having fun and being serious... broadens my experience."*

iv) In this environment social skills can be learnt and practiced

- Anthea: *"You have to be nice to them [other riders with disabilities], because they get offended very easily and you have to help them. It's very nice actually to get to know all the other disabled people and like their stories and what happened to them, it's interesting... I've learnt to be more friendly and get to know all these other people. There are so many people that love horses and like to be nice."*
- Mark: *"But horse riding has taught me to be patient. So it all goes in steps. Start small, end big!"*
- Anthea: *"I feel sorry for them [horses]... You get cross with them, but don't like overdo it."*

Feelings of inadequacy might exacerbate heightened emotionality and emotional lability characteristically experienced during adolescence. This state is usually only resolved once a strong sense of identity has been achieved (Gouws et al., 2000). Psychological well-being and the ability to display resilience are however, positively influenced by a sense of connectedness to others and the perception of care and support both within and outside of the family environment. This is afforded to the participants in this study by spending time with significant others at the stable yard, including the instructors and co-participants.

6.5.3.2. *Theme six:*

Therapeutic riding provides challenges that are motivational and improves well-being

It was found that the participants experienced therapeutic riding as a motivational exercise in order to achieve therapeutic goals, performance goals as well as personal goals. It also provided challenges that lead to the improvement of skills and personal growth. It was clear that all of the participants initially experienced some fear either associated with riding or competing in shows. It is interesting to note that they all mentioned that they were able to overcome or manage their fears. This assists in building character strength and improving psychological well-being.

i) Overcoming fear in the therapy situation

- Calum: “...animals can sense your fear...it goes away...you start to get a little bit less nervous...”

- Faatima: *"...And then I feel like I'm falling... get scared. It doesn't go away... It did go away... The scared feeling just went... I did something good about it."*
- Anthea: *"...like a fun scared. Be scared but do it, that's what I do...just do it again, just get up and try it again because if you don't you will never do it again and then you'll lose your confidence. Then you'll be too scared to do anything to ride."*

ii) *Overcoming fear when competing in shows*

- Mark: *"It's quite difficult to relax on the horse and the spasticity sets in and nervousness before a competition. Well I go all stiff, but then I've learnt how to breathe so I relax."*
- Stewart: *"Well the first time I went, it was hard too, because I've never been to one [a competition] in my life, so it was hard to adjust. Like learning all the things that had to be done. But then I got to the stage where I felt comfortable doing it. I enjoyed it."*
- Matthew: *"...when I started trotting and cantering... scared...I'm fine now."*

The risk factor associated with horse riding allows the participants to establish their own personal boundaries, both physically and emotionally. The presence of the therapy animal could afford reassurance in these stressful times (compare research by Melson, 1995). However, it is possible that psychological well-being is improved by their ability to adapt to these challenges.

iii) *Provides challenges that afford personal growth and improvement of skills*

- Calum: *"Difficult. The only part will be like when you get on the horse and you are nervous... you fall off sometimes... it can take away your confidence...you gonna fall off if you ride, it's just gonna happen. You start to get use to it."*

- Matthew: *"...It's hard...it's difficult to get your horse to do what he has to do."*
- Anthea: *"I know I can do it, then when I get onto one of the big horses, I can't do it. I don't know why, It's so irritating. I think that is the hardest, actually... when you go to shows you have to be like a little bit serious. Its nerve wrecking actually, because you know you can..."*
- Mark: *"I bought a Friesian, but it cost a lot of money, so I had to fundraise that amount... So I have my own catering business to keep my horses. I love them too much, I had to find a way to keep them."*

Lewis (2005) and Ross and Deverell (2005) explain that adolescents with physical disabilities often experience problems with planning, memory function and attention span. Taking this into account, it is remarkable that a task that requires all of the abovementioned cognitive skills is so well managed by this group. This illustrates the extent of some of the challenges overcome by them. It seems this group of young people have applied stage seven of the Schneider model in their own lives, i.e. *Reformulating loss in the context of growth*, as is seen in their ability to discover potential rather than limits; see challenges rather than problems; show curiosity ; and seek balance between the different aspects of self (Schneider, 1984).

The challenges and opportunities to learn new skills proffered by this form of therapy, assist in redirecting the high emotional and physical energy levels commonly displayed by adolescents and could enable them to achieve new levels of growth and learning (EAGADS, 2004).

iv) *Therapeutic riding motivates the participants to achieve therapeutic, performance and personal goals*

- Matthew: *"I wanna start jumping."*
- Stewart: *"I want to go to internationals and ride for SA. If I had the opportunity, I would be riding 24/7. I got a passion for horses, for achieving a goal. Well you've gotta be motivated. You got to enjoy what you do. You don't just get on a horse and expect it to go, because it doesn't happen. You gotta have passion to be motivated...Basically is that I wanna achieve it and if it takes me time to do it, I'll do it. Like say I go ride maybe three hours a day, I'd do it to achieve something, I wanna go forward to achieve the goal I made."*
- Gert: *"Ek voel ek wil weer regop sit... om in die koppies te gaan klim." /I feel I want to sit-up straight again... to go and climb in the hills.*
- Mark: *"It meant that I can go further than I thought I could, because I tried harder to reach different goals, at one stage because of horse riding I could walk with a walking ring, so it helped me in that way. I've learnt first of all, if you want something so badly you'll get it. You just have to work for it, which is true and it's very hard too."*

The suggestion made by Trevelyan (2004) that people acquire skills such as patience, trust, compassion, awareness (of self and others) and self-confidence, when they learn to work with horses, seems to apply to these adolescents. By overcoming their fears and managing tasks that seemed unattainable they display self-efficacy as well as resilience as Broder (2001 as cited in Ross & Deverell, 2005, p.18) defines it: *"success and positive outcomes in people despite adversity"*. The stress associated with the experience is reduced and therefore opens up the possibility to replace it with positive emotions.

This aspect of therapeutic riding correlates with the findings of Fitchett et al. (1999 as cited in Terpin, 2004) that suggest that adolescents gain a greater sense of control over the environment after training dogs and they subsequently display more appropriate behaviour. Animals are described by Heimlich (2001) as offering the possibility to produce desirable educational and cognitive goals as is evident from this data. Furthermore, the ability displayed by animals to elicit appropriate behaviour as seen in a study by Heimlich (2001), is extended by Scott (2005) to include the practice of recreational activities and the participation in exercise and an Olympic sport. This is a very pertinent aspect of para-dressage and definitely aids in motivating some of the participants in this study.

v) Therapeutic riding awards a sense of mastery and accomplishment through achievement

- Gert: “...[die beste is] om regop te sit... om die reins vas te hou.” / [the best is] to sit up straight... to hold the reins.
- Faatima: “*It’s the best. I learn how to ride.*”

Taking into account that the participants that made these comments (Gert and Faatima) have disabilities so severe that they are unable to master basic daily activities like walking, running and even sitting, the sense of mastery achieved by them is immense. The following participants experienced a sense of mastery and accomplishment through achievement on a different level:

- Calum: “*I got a rosette for both of this and it made me feel as a professional. Like pride.*”
- Stewart: “*...for honour, like riding for my country.*”

- Matthew: *"...I went over to England. It was great."*

Mueller (2004) states that a sense of accomplishment and feelings of self-worth are aspects of pet ownership that are reported in autistic children, but these are not well researched in other populations. It is however evident from the experiences of these adolescents that these can be seen as an attribute of therapeutic riding. Powers, Sowers and Stevens (1995) stress the importance of identifying strategies that promote independence and personal mastery in youth with severe physical challenges, in order to facilitate self-determination. These aspects are all considered critical in the development of a unique identity as well as independent living.

vi) Therapeutic riding builds confidence

- Mark: *"Well it gives me confidence. The horse gives me confidence and therefore, I can, it will do what I ask her to, because she feels she can trust me. It feels I'm trustworthy, so it does anything for you. It only does that because a horse is a very loving animal and if it doesn't like you, I can tell you it won't do anything for you."*
- Calum: *"...at first the horse can just like run around and stuff and then actually be able to control them. Because if you can manage to control a horse... if something goes wrong... I will be able to stop the horse from doing it. You feel a little bit more confidence...And if you can enjoy it, it also brings confidence. It boosts my confidence like in everything... I just started to get confidence in more and more things."*
- Faatima: *"...from the horses I've learnt a lot. Confidence."*

vii) *Therapeutic riding assists in building self-esteem*

- Stewart: *"The riding experience is I achieved things that I would never have achieved. And to ride is great."*
- Anthea: *"The people like knows us, they will expect us to do better and that you can only give so much... being confident, because I'd have to go and do it in front of everyone...and held all the attention on us and it was like, wow, everyone knows us... we improved more and got better."*
- Gert: *"... [ek voel] Groot." / [I feel] Big.*

The abovementioned perceptions of therapeutic riding: building confidence and self-esteem; affording a sense of mastery and accomplishment; challenging the participants to reach new height of achievement and depth of character confirm the findings by Tomaszewski, Jenkins, Rae and Keller (2001 as cited in Chandler, 2005). This study shows that an improvement in self-efficacy and self-confidence has been found in people with physical disabilities participating in therapeutic horseback riding.

The importance of self-efficacy in success, health-related self-care, motivation and functional well-being for people with physical disabilities is stressed by Powers et al. (1995). Self-efficacy, self-esteem, self-confidence, self-mastery, achievement-motivation and social support are all qualities that have been found to enable resilience (Richardson, 2002). Chandler (2005) includes a future orientation and dedication to talents as aspects of resilience that afford improved psychological well-being.

Jensen (1985) states that by exploring ideas, religions, philosophies and vocations the child is stimulated and assisted in the final commitment to a specific unique identity. Therapeutic riding offers many of these opportunities. The following factors, that aid in identity formation according to Erikson (1963 as stated in Jensen, 1985), were found to be provided by therapeutic riding as experienced by this group of adolescents:

- The presence of commitment to goals;
- The existence of activities directed toward the implementation of the commitments;
- A sense of personal uniqueness; and
- Confidence in one's personal future.

The reconstitution of the self, including former goals, is necessary to overcome a loss of identity and feelings of inadequacy and worthlessness associated with having a disability (Locker, 1983). Providing appropriate new goals could also aid in this respect. The participants experienced therapeutic riding as a provider of such goals and felt motivated to achieve them in different life contexts.

6.5.3.3. *Theme seven:*

Building a relationship with the horse provides opportunity for bonding

Bonding or attachment is seen as a crucial aspect of psychological well-being. Although Bowlby's attachment theory focuses on the bond between mother and

baby, according to Hazan and Shaver (1994 as cited in Nel, 2003) all meaningful relationships can be viewed within this framework. Bonding is described as a functional aspect of AAT, which was confirmed during the interviews when the adolescents placed emphasis on this aspect of therapeutic riding as can be seen in the following examples.

i) Bonding through touch

- Gert: *“Hulle voel lekker, soos my hond se hare.”/ They feel nice, like my dog’s hair.*
- Faatima: *“I know how to brush them... warm, soft... [I touch them] by their ears... they get happy.”*

According to Chandler (2005) touch affords the client a valuable opportunity to receive healing nurturance and affection from the pet and, as is evident from these participants’ experience, also soothing comfort. It also serves as an opportunity for the adolescent to appropriately demonstrate empathy and care (Mueller, 2004) and show responsibility and concern. By this demonstration the adolescent can achieve a separate, distinct identity and secede from the primary attachment figure (Walshaw, 2006).

ii) The horse is reliable and capable of unconditional acceptance

- Calum: *“...especially when you get to know the horse and he gets to know you, then there comes a bit more of one [a relationship] and you will become one of those that use your confidence.”*
- Anthea: *“My right leg goes up a bit when I ride and she told me that if she puts up her right leg a bit then he goes more. So he’s like adapted to me. It’s very cool like, he knows me. ”*

Graham (2000) reports that the ability of animals to elicit feelings of unconditional acceptance has a normalising effect on people with physical disabilities. This, together with the non-judgemental attitude of the animal, assists in building self-esteem and provides the adolescent with a safe environment to practise new behaviour (Triebenbacher, 2000).

iii) *The horse is deserving of friendship and love*

- Mark: *"I have two of my own horses and if I didn't have them, I wouldn't, I don't know where I would be. Because you have a relationship with the horse, you feel comfortable with the horse. You love the horse... it feels comfortable and safe with you. When you feel comfortable with the horse you can do anything. I guess I just have a passion for horses. It's the only animal I can really... relate to, that I feel comfortable with... and you can have a really nice relationship with a horse, you see?"*
- Stewart: *I've been riding that horse twice a week sometimes. We've become close. He's a great horse. He's very polite to you. I've got a thing for animals. Feelings for animals. I've got a soft hart for animals, so I'm enjoying the riding. I enjoy the animals so that's what I like to do to interact with them. To get close to the horse... to be able to relate to the horse... like he's a friend. We're getting a bond."*
- Anthea: *"... like loving and friendship. Yeah, like that. I do love Pegasus. I never want anything to happen to him. I feel sorry for him. He really does try hard, but he's just a bit of a dozy..."*

The final stage of the Schneider model suggests that loss can be transformed into new levels of attachment, eliciting unconditional love (Schneider, 1984). The love and acceptance showed to the horses by many of the participants indicate

that they are able to reach this emotional summit. It allows greater openness and awareness and enables the release of energy to create new strength.

iv) The horse shows trust and understanding

- Calum: *“...Thomas was probably good for me... it made me feel quite good and professional. That was just a small job for him, then I start to move on and it started to feel more and more professional.”*
- Gert: *“[Hy] loop stadig [met my].”* / [He] walks slowly [with me].
- Matthew: *“He’s nice. He looks after you and he helps with my balance. He won’t trot if I loose my balance.”*

Trust is important in the development of an identity. Although it is seen as a component of an earlier developmental stage, the developmental tasks associated with adolescence cannot be achieved if the person does not have a basic sense of trust (Erikson, 1986 as cited in Dacey, et al. (2004); Jensen, 1985). Chandler (2005) states that it is possible for the child to successfully use an animal as a transitional object, as it provides a living, breathing object that in turn has the ability to react to touch and give active attention.

Animals can provide a unique form of social support that may result in experiences of value in the eyes of significant others, by providing a recipient for nurturing and caring behaviour and comforting feelings when stroked (Graham, 2000). The sufficient social and emotional support is found to offer a buffer and enhance coping when faced with trauma (Barker et al., 1995). It also assists in the expression of emotions and solving of problems and offer distraction from struggles, aspects of concern for the adolescent with a physical disability. Barker

et al. (1995) further states that little skill is required when interacting with animals, which offers freer interaction and welcome relief from complicated relationships. This adds to feelings of self-worth and ultimately, improves psychological well-being.

6.6. Conclusion

The current researcher is interested in gaining insight and understanding of the experiences of adolescents with physical disabilities during therapeutic riding. During interviews with seven adolescents from a range of backgrounds, living with a variety of disabilities, this phenomenon was successfully explored. The valour with which the adolescents participated offered the researcher rich descriptions from which assumptions about their communal experience could be made.

By means of creative variation categories, themes and sub-themes were identified that corresponded with the expressions of the adolescents during the interviews. Psychological terminology was assigned to the participants' renderings that assisted the current researcher in understanding their perspectives. The thematic conclusion can be summarised as follows:

➤ CATEGORY ONE:

THE BENEFITS AND LIMITATIONS OF THERAPEUTIC RIDING

- *Theme one: Therapeutic riding is a positive therapeutic experience*
 - Therapeutic riding is enjoyable
 - Therapeutic riding offers a welcome change in daily routine and scenery

- Therapeutic riding elicits positive emotions
- *Theme two: Difficulties experienced by the participants relate to the horses and other factors*
 - The horses contribute to some difficulties
 - Other factors are limiting at times
 - Personal factors relating to disability cause some difficulties

➤ CATEGORY TWO:

THE PHYSICAL EXPERIENCE OF THERAPEUTIC RIDING

- *Theme three: Therapeutic riding offers physical enhancement*
 - Therapeutic riding is a source of exercise
 - Therapeutic riding assists in alleviating physical deficits
 - Therapeutic riding aids in relaxation
 - Therapeutic riding is energising
- *Theme four: Therapeutic riding provides an opportunity to escape physical constraints*
 - Therapeutic riding affords the participant a sense of freedom
 - Therapeutic riding stretches the physical boundaries imposed by a physical disability

➤ CATEGORY THREE:

THE PSYCHOSOCIAL ASPECTS OF THERAPEUTIC RIDING

- *Theme five: Therapeutic riding provides opportunities for positive social interaction and interpersonal growth*
 - Spending quality time with friends and family elicits positive emotions
 - Belonging to a group that shares in experiences elicits positive emotions
 - Therapeutic riding exposes participants to diverse social situations
 - In this environment social skills can be learnt and practiced
- *Theme six: Therapeutic riding provides challenges that are motivational and improves well-being*

- Overcoming fear in the therapy situation
- Overcoming fear when competing in shows
- Provides challenges for personal growth and improving skills
- Therapeutic riding motivates the participants to achieve therapeutic, performance and personal goals
- Therapeutic riding awards a sense of accomplishment and mastery through achievement
- Therapeutic riding builds confidence
- Therapeutic riding assists in building self-esteem
- *Theme seven: Building a relationship with the horse provides opportunities for bonding*
 - Bonding through touch
 - The horse is reliable and capable of unconditional acceptance
 - The horse is deserving of friendship and love
 - The horse shows trust and understanding

These categories, themes and sub-themes culminate to broaden perspective and deepen insight into current theory on therapeutic riding. The final chapter will serve as a conclusion of the results and findings and links made to theory will be illustrated by the current researcher.

CHAPTER 7

CONCLUSION, EVALUATION AND RECOMMENDATIONS

7.1. *Introduction*

This chapter presents an overview of the deductions and conclusions arrived at after studying both the literature review and the qualitative research. An evaluation of the study will present limitations and strengths. Recommendations will be made regarding the implementation of AAT as well as EFT in the South African context and suggestions will be made concerning future research on these topics.

7.2. *Conclusion from literature review*

7.2.1. Phenomenology

Phenomenology is deeply rooted in philosophy and can therefore be seen as a stance taken by the researcher, rather than a research method. This paradigm allows the researcher to explore human beings and their lives by returning to their own unique lived experience (McPhail, 1995). Phenomenological philosophy is based on the view that meaning is attributed to all phenomena, be they actions, objects or relationships, by the person involved. Meyer et al. (1967) explain that in the phenomenological paradigm humans are seen as active participants in life, not merely passive bystanders mirroring their surroundings. Phenomena therefore do not attain a meaning without the meaning construed by

the person experiencing them. This meaning can be explored which will provide information on the conscious processes involved (Sadala & Adorno, 2002).

In phenomenological research phenomena are described and not explained, in order to acquire and broaden perspectives on subjects. Phenomenological research does not attempt to discover causality and is not interested in hypotheses, for the researcher attempts to view any findings from the perspective of the participant (Sadala & Adorno, 2002). To be able to achieve this position of neutrality towards a subject, the researcher places any prior knowledge, conceptions or ideas held of the phenomena into 'epoche'.

Empirical Phenomenology or Duquesne University Phenomenology are phrases used to describe a phenomenological perspective of psychological research advanced by Amedeo Giorgi (Moustakas, 1994). In this analytical method, systematic readings of the transcript are done while considering the phenomenon; thereafter the phenomena are reduced and emergent psychological structures are described (Finlay, 2005). The phenomenological research characteristics of description, reduction, search for essences and intentionality pose problems when directly applied to psychological research, but the adaptations made by Giorgi (1985a) enable the researcher to overcome these difficulties.

The methods used in phenomenological research are important, according to Plug et al. (1986), for scientific Cartesian methods cannot be expected to give a true reflection of the perception of the participants. A variety of qualitative

methods can be used to attain information on people's experiences of the chosen phenomena, including descriptions, creative expression, interviews, etc. Wilson (2002) explains that the methods employed in phenomenological research are secondary to the methodology or the philosophical foundation. If the researcher applies a stance of curiosity to the true and inimitable perception of the participants, it is possible to accomplish a deeper understanding of human phenomena, irrespective of the methods employed.

The question of validity is often believed to be a shortcoming of phenomenological research. Polkinghorne (1983; as cited in Danaher & Broid, 2005) explicates that validity can be achieved in phenomenological research with children by using language that is vivid, accurate, rich and elegant when conducting research in this group. Another reservation held by critics of phenomenological research involves the generalisation of findings. Qualitative researchers argue that in an attempt to ensure richness some subjectivity may be lost, but deeper insight into the phenomena is gained (Denzin & Lincoln, 2003).

7.2.2. Adolescents with physical disabilities

Disability is a phenomenon that can be described as the lack of the expected normal abilities displayed by humans. A disability can affect the physical or mental functioning of a person and is noted by the limiting influence it has on the person's life activities. A physical disability can be acquired through loss, damage, disfigurement or any condition pertaining to any body system, or it can be

congenital in nature and therefore present since conception. In children disability can be viewed from a developmental perspective, where the prolonged delay or absence of developmental milestones inhibiting full participation in life activities, is the focus (Olkin, 1999). Different systems exist to illustrate the extent of a person's disability. The current researcher found the system utilised by Olkin (1999) to identify the psychosocial dimensions of disability as well as the biopsychosocial model of constructs applied by the ICF (WHO, 2002) insightful.

In the current study interest is placed on the adolescent with certain physical disabilities, in order to understand the paradigm from which therapeutic riding is perceived. If the impact of disability is to be understood, it is important to first study the expected development of that population. Many theorists describe, define and delineate adolescence from a variety of perspectives including biological, psychological and social (Sigelman & Rider, 2006). The current researcher attempts to incorporate many of these views into this dissertation with the intention of allowing a holistic perspective of persons in this group aged between twelve and nineteen.

Adolescents have been assigned certain developmental tasks by researchers studying their expected development (Papalia et al., 2006). These include, but are not limited to, the following (Dacey et al., 2004; Gouws et al., 2000):

- Reaching physical maturity, marked by the ability to reproduce, accept and apply one's physique and a masculine or feminine sex role;

- Reaching cognitive maturity, marked by the ability to perform concrete operational thinking and hypothetical deductive reasoning and moving towards economic independence through occupational selection and preparation;
- Reaching emotional maturity, marked by the ability to experience and demonstrate a variety of emotions and regulate one's own emotions and becoming emotionally independent;
- Reaching social maturity, marked by the ability to form reciprocal, satisfying and mature relationships with peers and others of both sexes and preparing for marriage and family life;
- Reaching psychological maturity, marked by the formation of a unique identity and building conscious value and ethical systems to guide socially responsible behaviour and intellectual development in order to achieve civic competence.

Lewis (2005) expounds that children with motor disabilities, display the ability to develop normally, but that a physical disability influences other areas of human functioning, such as emotional, social and psychological. As can be expected, the adolescent with a physical disability displays and experiences a variety of concerns. Research conducted by Abramson, Asch and Mash (1976) as cited in Jensen (1985) indicates that the major concerns of the adolescent living with a disability pertain to acceptance, independence and expectations.

Transformation towards acceptance is a process outlined by Schneider (1984, as cited in James and Gilliland, 2001). The comprehensive eight-stage model can be seen as an expansion of the grief process described by Kübler-Ross (1969), because it is expected that the adolescent dealing with the reality of living with a disability experiences emotional responses simulating those of the grief process. Resilience is encountered in adolescents living with disabilities. Ross and Devereil (2005) state that resilience is closely linked to coping resources and coping responses. These adolescents display the ability to achieve success and positive outcomes despite the physical, emotional, psychological and social difficulties they experience.

7.2.3. Animal assisted therapy

Animal Assisted Therapy (AAT) is a term that refers to the utilisation of human-animal interaction, in a variety of settings, with the intention of pursuing and obtaining therapeutic goals (Chandler, 2005). Worldwide this form of intervention has seen a surge in application and research in the last two decades, although it was met with marked criticism in its initial stages. In South Africa sparse research exists in this field and there are only a few professional, registered practitioners.

This unique form of intervention, based on psychoanalytical, attachment, and social theory as well as the biophilia hypothesis of Wilson (1984 as cited in Katcher, 2000), is successful in a variety of settings, including outpatient psychotherapy, institutionally based programs, non-institutionalised programs for

older adults, service animals for people with disabilities and equine assisted programs (Fine, 2000). The choice of animal is dependent on the preference of the therapist and the nature of the client's problems, as different animals display different qualities that can be utilised in therapy. It is of utmost importance that the therapist ensures that the animal is well trained and kept in order to adhere to the safety measures so as to minimise the risks involved. A standard of practice set forth by Fredrickson and Howie (2000) could guide the practitioner in this regard.

Equine facilitated therapy (EFT) is a form of intervention that comprises the use of the horse as a tool to achieve different goals, mainly physical enhancement and improvement of psychological functioning. There are two branches of EFT: riding therapy, consisting of therapeutic riding and hippotherapy; and Equine assisted psychotherapy (EAP). Riding therapy aims to offer a holistic benefit in three aspects of human functioning, viz. sport and recreation, medical and educational and remedial (Britton, 1991), whereas EAP is a form of psychotherapy practised by registered psychologists. In this form of intervention, the horse offers participants an opportunity to not only interact not only on a very physical level but also on emotional and mental level, contributing to its efficiency in this context (Kohanov, 2001).

7.3. *Conclusions from research findings*

Many important phenomena are revealed during the interviews with these adolescents. Their experiences of therapeutic riding are interesting and

informative, but by relating the findings to theory, they can be interpreted and formulated into new theory.

Seven adolescents with various physical disabilities participated in this study. It is evident from the various perspectives of these participants that therapeutic riding is a form of intervention that offers them an enjoyable opportunity to escape daily routine and experience positive emotions. Although some of them experienced difficulties pertaining to the horses and other factors, including the limitations placed on them by their physical disabilities, they had an overall positive therapeutic experience. Therapeutic riding offered them an opportunity to feel free, relaxed and energised and afforded them the prospect to escape from the confines set by their disabilities, while they were exercising and improving their physical deficits.

It can be deduced from their reports that the social component incorporated in the horse riding elicited positive emotions, because they were spending quality time with friends and family and belonged to a group that shared their experience. In this environment, perceived as socially safe, they were exposed to different social situations that gave them the chance to learn and apply new interpersonal skills.

The nature of therapeutic riding reduced initial fear in all of the participants, but by overcoming those fears and other challenges they were able to improve their skills and achieve personal growth. The therapeutic riding offered a motivational component that encouraged them, not only to improve their performance, but

also to attain therapeutic and personal goals. By achieving goals that had seemed unattainable in the past, they experienced a sense of accomplishment and mastery and sensed improvement in their confidence levels and ultimately, also their self-esteem.

An important component of their experience included the bond that was formed with the animal in the therapy-team. The different experiences of the adolescents illuminated various aspects of the nature of their relationships with the horses that included perceptions of the horse as being reliable, capable of unconditional acceptance, deserving of friendship and love, and able to show trust and understanding. This bond awarded them a sense of attachment that was strengthened through touch.

From these experiences it is possible to draw the following theoretical conclusions:

7.3.1. Self-actualisation

The first theoretical conclusion that can be deduced from the analysis of the participants' experiences pertains to Abraham Maslow's theory of psychological development. According to Ebersöhn and Eloff (2003) Maslow (1970) bases his personality theory on the assumption that human motivation is characterised by a hierarchy of needs that, when satisfied, culminate in an optimal type of healthy personality called 'self-actualising'. Five categories of needs, prioritised in terms of a hierarchy, serve as motivating forces that ultimately inspire a person to

realise his full potential as human being. These needs, as expounded by Thompson et al. (2004) and Ebersöhn and Eloff (2003) include:

- i) *Physiological needs* ~ including the means to sustain life as well as physical recreation.
- ii) *Safety and security needs* ~ an environment that is non-threatening and provide stability and freedom.
- iii) *Social needs* ~ a sense of acceptance, belonging to a group and experience of reciprocal love.
- iv) *Self-worth needs* ~ a positive self-esteem and the need for recognition from significant others.
- v) *Self-actualisation needs* ~ self-fulfilment through development of skills, interests, talents, knowledge and creativity.

A person that has achieved self-actualisation displays *“independence, autonomy, a tendency to form few but deep friendships, a philosophical sense of humour, a tendency to resist outside pressures and a general transcendence of the environment rather than a simple coping with it”* (Reber & Reber, 2001, p.660).

During examination of the themes presented in Chapter six it became clear that a correlation exists between Maslow’s theory on psychological development and the experiences of the participants. The participants experienced that therapeutic riding attended to their physical needs by providing exercise and relaxation, reducing physical difficulties, as well as energising them. By experiencing a sense of freedom on horseback and overcoming fear in both the therapy and competitive environments the safety and security needs of the

participants were attained. Social needs were met by strengthening and forming bonds with people and animals. They sensed that they belonged to a group, had opportunities to show affection and interacted during this activity. As pointed out in the previous chapter, they had various opportunities to improve their self-esteem, build confidence and gain independence. Ultimately, they improved their skills, knowledge and talents, and thus aspired to reach their full potential. The current researcher concludes that therapeutic riding can facilitate self-actualisation.

7.3.2. *Psychological well-being*

The second theoretical deduction made from the themes, relates to the fortological concept of 'psychological well-being'. Ryff and Singer (1996 as cited in Fava & Ruini, 2003) conceptualise psychological well-being into six dimensions, viz.:

- i) A sense of *environmental mastery* and competence;
- ii) Experiences of *personal growth* and continued development;
- iii) *Purpose in life*, directed by goals and construed as meaningful;
- iv) Feelings of self-determination, independence and *autonomy*;
- v) A positive attitude and *self-acceptance* regarding personal characteristics and behaviour;
- vi) *Positive relations with others* defined by trust, empathy and intimacy.

They believe that when optimal levels are reached in all of these dimensions, the person obtains a high level of psychological well-being. The experiences of the adolescents reveal that all of these aspects are addressed in therapeutic riding. It

can therefore be concluded that therapeutic riding offers its participants the opportunity to improve their level of psychological well-being.

It should be noted that these theoretical deductions have been made using a small sample with the intent of exploring the experiences regarding the chosen phenomena in depth. In order to generalise these findings to the greater population a more inclusive sample should be used. These and other limitations as well as strengths of the current study will subsequently be discussed.

7.4. *Evaluation*

The success of a research project can not only be measured in the terms of the positive or negative outcomes it has attained, but also by the goals that have been achieved. The current research study focused on three phenomena, i.e. phenomenology, adolescents with physical disabilities and animal assisted therapy. The current researcher set out to gain insight on adolescents' experience of therapeutic riding in order to: (a) expand theory on AAT with specific focus on EFT; (b) explore the erlebniswelt of the adolescent; and (c) gain perspective on the experience of living with a disability. As concluded from the research findings, the current researcher is of the opinion that the set goals have been attained. The strengths of the study will be highlighted, together with the limitations and complications experienced during the research project, in order to assist with future endeavours.

7.4.1. Strengths

The various strengths of the research project are listed below. These are indicative of the value of the study and its validity.

- The choice of phenomenological methodology is seen as a great contribution to the rich and broad descriptions obtained from the participants. Application of these informative perspectives of the adolescents to current theory on the subject serves to confirm and expand theory on AAT.
- The findings of the study could be consolidated with existing theory on the subject, which confirmed the findings of the study.
- The current researcher experienced that guidelines provided by knowledgeable associates on the process of interviewing and studying and practising interviewing skills assisted in obtaining rich descriptions from the participants, adding to the success of the project.
- The biographical variety of the participants provided the researcher with a broad scope of experiences from which rich descriptions could be obtained. This also afforded the current researcher insight into the subjective experiences of adolescents from a variety of backgrounds living with disabilities that vary in severity.
- The willingness and enthusiasm with which the participants, their families as well as their instructors accommodated the current researcher served as a motivating factor.

7.4.2. Limitations

The following are limitations of the current study as identified by the current researcher:

- The current researcher, being interested in the phenomena under exploration has delineated opinions about the subject. Therefore the phenomenological stance of placing any prior knowledge and views on the subject in epoche has been a constant effort. The view expressed by Wimpenny and Gass (2000) that researchers are too much 'beings-in-the-world' to obtain such distance from their own knowledge or perspective, rings true.
- The small sample that was used in the study limits the possibility of generalising the findings.
- The criteria for selection of participants proved to be limiting and required the current researcher to search extensively for participants in order to attain an adequate sample size that allowed for data saturation to occur.
- The limited literature available in the field of AAT in general and EFT in particular influenced the study to the extent that many secondary sources needed to be utilised in order to attain sufficient information on the subject.
- The lack of concurrence on terminology and registration of practitioners in the field of AAT in South Africa proved to be a complicating factor. This is perceived by the current researcher as a limitation in the field of AAT and EFT and not of the present study.

7.5. Recommendations

While considering the position of AAT and EFT in South Africa the current researcher has encountered many difficulties that exist within the field. Recommendations will be made with the intention to minimise the negative impact this might have on the expansion of the field in this country and worldwide.

- There is currently no governing body in place to guide and assist practitioners in this field. It is the view of the current researcher that the establishment of such an organisation could improve the service rendered by these practitioners as well as assist in expanding the field in South Africa. It could also offer the opportunity for practitioners in the field to reach agreement on terminology, registration requirements and standards of practice. Such an organisation could also serve to augment the availability of literature and resources.
- Research in the field is very sparse. This needs to be addressed in order to gain credibility, raise public awareness and promote professional credence in this field.
- The value of the human-animal bond and companion animals in South Africa needs to be addressed through awareness, starting with early education projects in schools.

7.6. Conclusion

This research project has facilitated the understanding and enthusiasm of the current researcher regarding the healing power of animals. It needs to be said that all creatures were put on this earth to serve a Divine purpose and the current researcher believes that mankind is only beginning to tap into the wonderful gifts that animals have to offer. The following poem by Robert Duncan (1954) serves as the concluding remarks of this dissertation:

Where in the world can man find
 Nobility without pride
 Friendship without envy
 Or beauty without vanity

Here, where grace is laced with muscle
 And strength by gentleness confined

He serves without servility
 He has fought without enmity

There is nothing so powerful
 Nothing less violent

There is nothing so quick, nothing more patient

Our pioneers were borne on his back
 Our history is his industry
 We are his heirs, he is our inheritance

THE HORSE

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Addendum A

Informed consent ~ Participants

Informed Consent - Participants

I _____ agree to participate in a research study of ‘The experience of adolescents with physical disabilities during therapeutic riding’. I understand that the purpose of this study is to better understand what happens when teenagers with physical disabilities ride and spend time with horses. My participation is voluntary and no compensation is offered. I have the right to withdraw from this study at any time.

I grant permission that the data collected can be used to complete a degree in psychology and that it may be published. I give consent that personal information such as my name, age and the nature of my disability may be included in the publication/s, together with any other information that might aid readers in understanding me and my position.

I agree to meet for an interview (and possible follow-up interviews) of approximately one hour and that this may be audio taped. I understand that there is a risk of feeling tired or emotional after the interview and agree to a possible referral for counselling after the session. Although there are no direct benefits, I realise that my participation in this research could indirectly assist others.

My parents/guardians have completed an informed consent form.

Participant

Primary Researcher

Date

Addendum B

Informed consent ~ Guardians

Informed Consent - Guardians:

I _____ the parent/legal guardian of _____ hereby give consent that he/she may participate in a research study on 'The experience of adolescents with physical disabilities during therapeutic riding'. I understand that the purpose of this study is to better understand what happens when teenagers with physical disabilities ride and spend time with horses. I/we have the right to withdraw from this study at any time.

I grant permission that the data collected can be used to complete a degree in psychology and that it may be published. I give consent that personal information such as name, age and the nature of the disability may be included in the publication/s, together with any other information that might aid readers in understanding him/her and his/her position. I agree that he/she may be interviewed for approximately one hour and that the interview may be audio taped. I realise that there may be follow-up interviews and agree to let him/her participate in those under the same agreement.

I understand that there is a risk of feeling tired or emotional after the interview and agree to a possible referral for counselling after the session. Although there are no direct benefits, I realise that his/her participation in this research could indirectly assist others.

I will not hold the primary researcher or the institution/s to which she belongs responsible for any losses that I/we might suffer because of participation in this project and do not expect any compensation for my/our time or effort, as the participation is voluntary.

Parent/Guardian

Primary Researcher

Date

Addendum C

Biographical particulars

Biographical Particulars of Participant:

Name: _____ Age: _____

Date of Birth: _____ Gender: _____

School: _____ Grade: _____

Nature of Disability (Please give detail as to areas affected, both physical and life areas and diagnosis): _____

History of Disability (Please give detail as to origin, possible cause and duration):

Description of family (Please give detail as to members, composition as well as placement and involvement): _____

Addendum D

Therapeutic riding information

Therapeutic riding information:

Commencement (month and year): _____ No

of sessions per month: _____ Length of sessions: _____ minutes

Focus of sessions: _____

Please circle the appropriate answer:

Group or individual sessions? G / I Regular group members? Yes /

No

Regular instructor? Yes / No Regular assistant? Yes /

No

Participating in any other horse related activities/ sport/ interest? Yes / No

If yes, please describe: _____

Please write any other relevant information or comments in this space!

Addendum E

Notes during interview and of behaviour and non-verbal communication

Behavioural Notes:

Addendum F

Recording form

Recording Form:**Title:** _____

Name: _____ Date of interview: __ / __ / 200__ Time of
 interview: ____:____ Duration of interview ____ min.

Place: _____ Name of instructor: _____

Remarks: _____

☐ **Informed Consent ~ Participant**

☐ **Informed Consent ~ Guardian**

☐ **Biographical Particulars**

☐ **Recording Saved**