

Equine Assisted Intervention for Positive Mental Health and Wellness: An Autoethnographic Study

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ABSTRACT

This paper will present the findings of an autoethnography study exploring how Equine-Assisted Interventions (EAI) can foster positive mental health and wellness in a veterans. I personally experienced EAI benefits while conducting ten therapeutic sessions by and on myself, following by reflective journaling as the data used. I am a social worker who has suffered from several mental health conditions over the last 15 years due to elements of being a first responder and military veteran culture. The research method adopted an eclectic approach of groundwork with horses, husbandry, activities base, and a combination of grounding and mindfulness elements. The conceptual framework combined various social work theories such as attachment theory, person-in-environment, and biophilia theory. Findings of EAI sessions concluded that EAI was successful in bringing a positive mental health and wellness state to a first responder dealing with mental disorders. As the findings, five themes resulted from the reflective journaling; Emotional Suppression and Vulnerability; Expectation, Control and Self-control; Communication and Empathy; Intuition and Mindfulness; and Neuroplasticity and Hormones. This paper will finish with a discussion and implication for the social work field.

Introduction

To understand what autoethnography is, we need to break it down into the meaning of the word itself. The first section of autoethnography is “auto” which aims to describe the personal experience of the writer about a specific element (Adams et al., 2017). The word ethnography is the exploration of cultural elements such as practices, experiences, and beliefs, as explain by Adams, Ellis and Holman Jones (2017). Autoethnography is a qualitative research method used to explore and describe personal experiences within a specific cultural context (Adams et al., 2017). This method utilises a very subjective analysis of research findings that researchers often tend to not report; however, because it is from an authentic voice and personal experience, there is little room for interpretation errors in the findings. I chose this research method as I wanted to use my own experiences and describe in my own words my findings. Although not the sole purpose, another important aspect of conducting an autoethnography is about the therapeutic effect of reflecting on different aspect of our life (Wall, 2008).

This autoethnographic qualitative research study explored how Equine Assisted Intervention (EAI) can promote positive mental health and wellness in a military veteran. Using my personal experience, I explored my healing journey using EAI by adopting general guidelines and activities of EAI organizations worldwide. The terms Equine-Assisted Intervention (EAI), Equine-Assisted Therapy (EAT), and Equine-Facilitated Wellness (EFW) are used interchangeably with the same meaning throughout this article. In reviewing the relevant literature, I identified a gap with respect to the experiences of first responders using EAT. This study recognized the critical importance of learning from the direct experiences of an EAT participant themselves. By carrying out an autoethnographic study, I was able to study my EAT experience as a first responder, which contributes to the EAT literature.

Drawing from ten reflective journaling sessions on my experience of EAT, and a reflective journaling session on one prior trauma, I was able to analyze the journals as data for commons themes. Following the EAT sessions, and

the reflective journaling sessions, I found that EAT was successful in bringing about a positive mental health and wellness state.

Literature Review

Equine Assisted Intervention

To understand how EAT works, we need to learn about where and when EAT was introduced for the first time. EAT dates to the 1960s in the United States where horses started to be used for therapeutic purposes (Engel, 1984). However, animals have been used with the purpose of improving mental health and medical conditions for centuries as seen in Greek mythology where horses supported the rehabilitation of soldiers in 500 B.C. (Holmes et al., 2011; Vincent & Farkas, 2017). In EAT, the facilitator/counselor incorporates a treatment plan which involves using a horse to help the client improve their wellbeing (Nilson, 2004). EAT differs from other animal-assisted therapies in several ways. In most animal-assisted therapies, the animal is invited into the office, home, hospital, or other setting, while with EAT, the client is brought to where the horses are and interacts in nature. The interaction with horses has been found beneficial to engage clients to participate in a more holistic therapy instead of the more traditional way of talk therapy in an office setting (Muller & McCullough, 2017).

In my autoethnography study, I served as my own facilitator and my own client. As the facilitator, I was able to tailor sessions to meet my needs. Because I am a registered social worker in Alberta, Canada, I was able to rely on my knowledge of mental health and my scope of practice while also being self-aware of what I needed that day for my mental wellness. However, a limitation in this approach is that there was no outside person to challenge me further in my therapeutic session with the horses. Although, I have trained in the modality of Professional Association for Equine Facilitated Wellness in Canada (Pro-EFW), I chose to develop an eclectic approach because of the complexity of facilitating my own sessions for myself, and not being restricted to a single EAT modality.

Mental Disorders Among Military Veterans and First Responders

First responders are those who work on the frontline to help people in need. First responders encompass professions such as emergency medical responders, paramedic, physician, nurses, police officers, fire fighters, military personal, and many more (Rowntree et al., 2015). It is important to understand and to plan for the needs of those working on the frontlines to help work effectively and efficient to meet people's needs.

MacLean et al. (2021) state that military, active personnel, and veterans are more likely to be resistant to seek help for their mental health which could be the result of the masculine culture which emphasizes the need to have great emotional strength. An excellent modality to help this population is EAI, which shows effectiveness in assisting groups such as veterans with mental health disorders when combined with other modalities (MacLean, 2011). Traditional psychotherapy sessions might not always be the best option for first responders (Walker Buck et al., 2017). There is a need for various treatment methods to be offered to first responders because one size does not fit all.

Neurological State of Fight or Flight

As military veterans and first responders are continually being exposed to situations that put them into a mental state of flight or fight response, this continued state of being can have long-term effects on their autonomic nervous system (Mayfield, 2016). During a time of life or death, our central nervous system, including an area of our brain called the amygdala (the area responsible for emotion regulation and stress), is responsible for initiating a reaction that our body needs for survival (Mayfield, 2016). As soon that the danger is detected, the amygdala releases neurotransmitters in our body to respond to dangerous situations, such as being in a combat zone. This is also called the fight or flight

response from our sympathetic nervous system which results in our vital signs increasing; additionally, it is also apparent that, during fight or flight response, we are not capable of relaxing and healing (Mayfield, 2016).

However, when our brain perceives danger when there is no real threat, the same neurotransmitters that were instrumental in saving our lives are now creating harm (Brewin & Homes, 2003). The opposite of the fight or flight response of the sympathetic nervous system is the relaxation stage of the parasympathetic nervous system. During that stage, we sleep, digest food, and heal. This is the state that is improved while doing EAT (Zhu et al., 2020). Zhu and colleagues (2020) have demonstrated via brain imaging the area of the brain responsible for the reward reaction, which is decrease consequently of the effects linked to stress hormones. For prey animals such as the horse, humans are predators, so when the first responder earns the horse's trust and learns to shift from a sympathetic nervous system to a parasympathetic nervous system (fight or flight response), the first responder's happy chemical hormones are raised, and the stress-related chemicals are lowered (Mayfield, 2016; Zhu et al., 2020). Among other results, changes in the first responder's neurotransmitters plays an important role in improving family relationships, quality of sleep, empathy, decreased aggression level, and better coping skills. Around the world, researchers agreed on the benefits of EAI (Mayfield, 2016; Zhu et al., 2020).

Conceptual Framework

Several theories influenced my autoethnographic study. Attachment theory of John Bowlby (1969, 1982) is useful to understand why humans always want to attach and connect with other humans and animals. Attachment is something we all desire, and while one may not be able to have a robust and secure attachment with a psychologist, individuals may find it easier to build a bond with their therapeutic horse. The human-horse bond created in EAT allows the participant to build "empathy, resiliency, self-esteem, and self-control" (Vincent & Farkas, 2017, p. 7). For first responders dealing with traumas daily, having a strong bond with animals can be easier to develop than with people. The therapeutic bond with the horse allows trust to build toward the session facilitator as the horse and the facilitator also have a shared bond (Vincent & Farkas, 2017).

The person-in-environment (PIE) theory emphasizes with an individual's environment ability to facilitate healing (Yorke et al., 2013). This theory focused on the importance of a positive interaction between an individual and their environment, and on how that same interaction can promote healing (Yorke et al., 2013). Social workers explore the client's environment while working with first responder to get a better picture on the person day-to-day living condition (Sheafor and Horejsi, 2015). By being in a field surrounded by horses while positively interacting with them contribute to my wellbeing. The PIE theory complements the biophilia theory which is part of my conceptual framework.

From a very young age, I was attracted to animals and nature without really knowing why. Being surrounded by nature, either trees, flowers, mountains, ocean, rivers, or simply the prairie grass, brought me an inner peace that I could never find anywhere else, which demonstrates a high level of naturalist intelligence as explained by Gardner (1983) with his theory of multiple intelligences. However, I find my connection with nature and all living things to have a stronger relationship when explained by the theory of biophilia (Wilson, 1984). The concept of biophilia helps us understand the interest we have in connecting with animals in a meaningful way. That connection influences our needs to be in line with nature, as Troutner (2016) explained. The term biophilia was first used by Wilson (1984) and is described as the need to connect with other living things and consider them as human needs (Wilson, 1984). Due to human evolution in living alongside animals and nature, humans have been shaped to pay attention to all living things and seek a connection with them. Grinde and Patil (2009) claim that adding an aspect of nature in living spaces can positively change life emotionally and cognitively. Also, a close contact with nature increases the quality of life by reducing stress, increasing attention to detail, and increasing coping mechanisms (Grinde and Patil, 2009). During the term of this research, I found that being in the horses' natural environment has helped in connecting with them.

The conceptual framework that informs this autoethnographic study brings together attachment theory, person-in-environment theory, and the biophilia theory to inform my practice using EAT and helped me realize and

understand how my mental health has changed. The integrated framework drawing from these three theories helped me understand the benefits of EAT with the common elements of building a positive relationship with nature and horses. Over time, this relationship positively influenced my everyday living while gaining better control of my emotions. The equine intervention enhanced the positive effect of attachment on myself and my loved ones. When thinking about the person-in-environment, I was able to see how surrounding myself with horses and reflecting on the work has helped me to be more mindful. My interactions with animals in their natural environment have confirmed the positive effect of biophilia.

Methodology

This autoethnographic study received ethical approval from University of Calgary Conjoint Faculties Research Ethics Board (REB21-0647). This qualitative study meets standards for human subject protection. Autoethnography is a qualitative research method that uses a personal voice to explain "cultural texts, experiences, beliefs, and practices" (Adams et al., 2017, p. 1). As a junior researcher engaged in autoethnography for the first time, I was confused about what it was and where to begin. Adams and colleagues (2017) describe it as a mix between autobiography and ethnography; this I could relate to and everything started to make sense for me as I understood the meaning of those two terms. Also, not all autoethnographies look and feel the same; there is room for flexibility which provided me with options.

In my autoethnography, I explored my interactions with horses for a period of ten sessions and each session was at least 90 minutes in length during a 30-day period. Due to the time constraint associated with my research project, the sessions were held on a regular basis every three days instead of weekly sessions as suggested in the literature. However, I do not think that the timing between my sessions impacted my research process or my collected data; this may be an area for future research to consider. The intent of the sessions was designed for healing purposes due to a co-morbidity of mental health disorders. Current literature on therapeutic modalities of equine-assisted therapy adopt a different number of sessions to evaluate the efficiency of EAT. By using ten sessions for this study, I stayed within the average session range previously used and documented by researchers. Although my interactions with horses began several years ago, the study collected data based on the ten recorded sessions using reflective journaling entries that immediately followed the sessions. Ten journal entries were completed immediately following the EAT sessions, and I journaled about my background and retrospection of events including past traumas. The literature influenced my journaling selection on autoethnography and my research objective of exploring qualitative data. Journaling about EAT and retrospective journaling inform each other by rationalizing on the interaction between my cause and effect of trauma, and on how to reverse some of the symptomatology that was due to such effect.

The literature on EAI and EAT does not distinguish between the different approaches used nor are comparisons available, which is important to acknowledge and understand to standardize the treatment approach for different needs. In my study, I used an eclectic approach of EAT as I served as my own facilitator and participant. Most of the EAT literature describes an intervention with a facilitator and/or equine professional working together with the client. Using an eclectic approach, I adopted several different EAT methodologies; I did not want to follow only one organization's guideline as I wanted to explore several therapeutic avenues. The sessions varied in content and were not pre-defined as an exploratory approach was a priority for this research. All sessions were different in content, but each session had components of breathing exercises, meditation, mindfulness exercises, horse grooming, equine grounded exercises, observation in silence, and the sessions were immediately followed with at least one hour of journaling and reflection. The journal entries were then used as data to be analyzed by myself as the practitioner researcher participant. In addition, I wrote journal entries about my retrospection of events as part of my data collection method. Rodriguez and Ryave (2011) discuss systematic self-observation as a "productive research strategy" to explain the process in observing and recording some aspect of daily life to describe them in a logical matter (p. 2). Ten journal entries were then analysed using a thematic analysis approach (Braun & Clarke, 2006). To perform the analysis, I read all the journal entries five times and highlighted important element of the entries to begin to identify themes. I then re-read

the entries several times with those themes in mind to evaluate the appropriateness of those selected themes. This process allowed me to identify over 20 preliminary themes, many of which were related to each other. After analyzing the relationship and connection between all of the themes, I was able to identify five themes that were distinct from one other: emotional suppression and vulnerability; expectation, control and self-control; communication and empathy; intuition and mindfulness; and neuroplasticity and hormones.

My Background and Past Trauma

As part of this autoethnography and my journey of mental health wellness, I am providing my background and a summary of a major motor vehicle accident (MVA), and how it initially impacted my mental health. It is important to have a sense of context to understand the dynamic of my mental health journey and how EAT has helped me. I joined the military as a medical technician (medic) in 2003 in my native province of Quebec. Very soon, I realized how meaningful this new career was to me. It took several years to complete my formal medic training as the organization had few francophone instructors. For many years, I have described myself as a medic from the Canadian Forces. Now, I am a registered social worker in Alberta; what a change. By combining my life before the military, during the military, and after my military career, I have built an extensive resume with work from many different disciplines. I am now completing my Bachelor of Social Work degree at the University of Calgary. I am also taking the time to understand past events of my life and how they have shaped me into who I am today. I am putting more importance and time into intuitive reasoning than my younger self. I unconsciously and unknowingly suffered from depression, anxiety, short temperedness, adaptive disorder, hot-headedness, anger, fear, pessimism, and pain. I am just now discovering those conditions within myself. I have tried several traditional approaches to heal, such as medication and psychotherapy, but using an unconventional EAT approach has brought me greater success.

A few years ago, my family and I acquired a ranch in southeastern Alberta, and not long after, we welcomed a few horses and other farm animals. The peace alone that I found on the ranch allowed me to discover repressed conditions, and now, with the help of horses, I am healing from those conditions. Three years ago, I was introduced to EAT work. Since then, I took several workshops and trainings to become a facilitator in EAT and bring my healing to a deeper level. My personal background would not be completed without discussing the context of the major accident that have contributed to shape who I am today. The accident is a motor vehicle accident in an ambulance while working as a medic.

Ambulance Accident

It was a warm sunny day; we were dispatched to a place where it was reported that a male patient acted erratically, acting in an unusual way. I was going to this call nervously as we never knew what to expect with that type of presentation. The patient might have a hazardous medical condition such as a stroke, heart disease, brain trauma, or many more. There was also a chance that the patient was on heavy drugs; such intoxication could put the life of my partner and mine at risk. I was the Emergency Medical Technician (EMT) sitting on the back of the ambulance during this call, and not the driver, so I introduced myself and immediately noticed the incoherence in the patient's speech. His vital signs were in the normal range for a man of his age. Still, he could not respond to basic commands and was not able to respond to my medical questioning. I really felt like a police investigator, as I was trying to find out what was putting this patient in such a condition. At that time, I only had a basic medical knowledge of EMT, so I really was not sure what was going on. But one thing for sure was that this patient was under my care and bringing him to the hospital as fast as possible was my duty. While in the ambulance, my partner and I secured him adequately on the stretcher as he was combative. I gave the signal to my partner, who was driving the ambulance, that we were ready to go and that we needed to go on a 10/30 code, which means that we must go as fast as we could but also be safe. On the back of the ambulance, there were seat belts that the EMTs can use. Still, because of the continuous care we are

doing and the testing we must do while transporting the patient to the hospital, it is just not practical to use the seat belt. While on the way to the hospital, I remember testing the patient's blood sugar level; either high blood sugar or low blood sugar could trigger a condition similar to what the patient was displaying. I do not remember the blood sugar level test result. Still, I remember zipping the bag back of the monitor that I used for the test. I remember that specific action and the image in front of me, as this was what I was doing when suddenly I was launched towards the back corner of the ambulance. While I am sitting in front of my computer writing this recollection of the event, I relived that specific moment. The anxiety is slowly building in me. But that is okay; I remind myself that this was a long time ago, and I am alright now; I can manage my anxiety now.

Let's keep going. After being launched toward the back, it did not stop there; I then felt the floor on top of me, and later, I faced the other side of the ambulance wall. It kept going like that for what seemed like 15 minutes. I knew the exact location of all the ambulance equipment, including the rescue gear such as an axe, shovel, and more. While being shoved in all directions, I realized all the equipment was flying free around me, which is when I pictured myself dying right there. At that moment, I felt that my life was over, just like that. I knew very well that it would not have taken a lot to die from an accident like that, I just needed a head blunt from one of those flying gear, and it would be it. I did not have all my life events running in front of me like the popular belief. I only felt the moment to be the last moment. Miraculously, at some point, everything stopped; I could not see anything for few seconds. There was a lot of smoke, dirt, and the smell of dust. The ambulance was not square on the ground. I had the feeling we were on an angle and on the side. I was lying down beside the stretcher. This was when I remembered that I had a patient under my care. The stretcher where the patient was strapped on did not move an inch. I was impressed that with all the movement we were exposed to, the stretcher was still intact and in the exact same location. I looked at the patient to evaluate the extent of his injuries; again, I felt dazzled to see that his condition was just the same as when we left his house a few minutes ago. I wished that I was the one strapped on that stretcher with no injuries. It was the moment I tried to sit correctly between all the debris that I realized the pain that would forever change my life. My medical and trauma knowledge told me that pain in the vertebrae area can come with significant internal damage that could paralyze me for the rest of my life. And there it was, a massive sharp pain to my lower back. I did not panic yet, as I was still on EMT emergency mode. So, I did what I would have done if I was the EMT dispatch to my location. I managed to find a collar restraint within the debris and put it on around my neck. I tried to make as little movement possible as I was afraid that a small wrong move could aggravate my pain and my condition even worst. The pain was starting to become unbearable, so I tried to lay down on the ambulance bench. This is when I saw the rescue axe under me. The axe was flying all over the ambulance, and with a slight chance, it did not hit me. A single hit from that axe on my head or spine would have been the end for me. The next thing I remember is waiting for another ambulance to help us; at that time, I concluded that I was no longer the EMT in charge; I was a trauma victim who needed help.

While lying on my back, the pain in my lower back was increasing, and my anxiety increased with it. A sharp pain that limited my range of motion became at this point my new normal. After coming back from the radiology department of the hospital, I was told that I had a lumbar one compression fracture, and I would need to be in an upper body cast for several weeks in order to help the healing as no surgery was possible for this type of fracture. The following weeks were a mix of morphine, lying on my back, and asking for help every time I needed to go to the bathroom. I am so grateful that my spouse was there to help me and provide that support that I desperately needed.

I recovered to a functional level from this accident; however, with age would come arthritis in all the areas where I suffered from trauma. Due to the massive arthritis around the location of my fracture, my range of motion has decreased lower than it should be, and the sharp pain of my accident was replaced with a chronic pain. I can only describe this pain as a rock in your shoes that you can never take out. It is always there. With time, that pain altered my personality and my mood. That same pain brought anxiety, depression, and anger.

Findings

After performing an analysis of the 10 reflective journaling in addition to the reflective entries on my past trauma, five themes were found; Emotional Suppression and Vulnerability; Expectation, Control and Self-control; Communication and Empathy; Intuition and Mindfulness; and Neuroplasticity and Hormones.

Emotional Suppression and Vulnerability

I find it difficult to know what I do not know. I did not realize how much I have suppressed my emotions for so many years and how it affected me. While working as a medic, I felt like I must always have a stoic mindset, which emphasizes not allowing feelings to guide my actions and putting importance on living my life logically and with high objectivity. Because of this refusal to acknowledge emotions for so long, I found it difficult to put a name on my felt emotions and I found it hard to feel other emotions.

Working with horses, but mainly just being with horses, has helped me to re-discover what emotions are. Somehow, during a specific session, I felt a desire to go over my emotions, acknowledge how I felt, and try to reach a mindfulness state. In this process I simply and peacefully watched the horses from across the fence to study how they were doing. I suddenly felt that identifying the emotional state of the horses would be a good activity for that day, which is an activity that I have learned from an equine facilitated wellness facilitator in the past. It was explained to me that trying to identify the emotional state of the horse can help in being in tune with our own emotions. I spent my 90 minutes observing the horses interacting with each other and recognizing their feelings and emotions while being silent myself. After around 20 minutes, I tried to recall times where I, too, had those emotions. I recalled such moments, so it was a session with many moments that I felt vulnerable which put me in an emotionally drained state. On the following day, I wanted to explore more emotions and feeling as I felt that I was missing something from the previous session on emotions. I printed a complete list of human emotions which I took with me to the horse in the barn. Horses are powerful in acknowledging their feelings but also at capturing the emotions of the person beside them. This is because horses are prey animals. While sitting on a chair beside the stall with the horse, I read aloud the list of emotions, and while reading it, I tried to remember times I felt those emotions. I was alone with the horse in the barn and heard only the breathing sound of my four-legged therapist. There was a feeling of peace and calm all around me, I had the impression that if the horse was really a mind reader, right now would be the best time to see that. I felt vulnerable during this moment. After every emotion, I took the time to observe the horse's reaction to see if she perceived something different in me. The change was very subtle, but I saw changes in her every time I recalled positive emotions and I too felt different during that time. Her eyes became softer, her head lowered and leaned toward me, and her breathing became slower. I recalled feeling warmth in my chest after seeing the horse's reaction. Going over all those emotions had a significant impact on the horse, but also on me. I felt calm, present, and at peace with those emotions.

Why was it so hard to re-connect with my emotions and feelings? Perhaps it was due to the fear of vulnerability. As a first responder, I felt the need to stay strong and protect myself while still being able to accomplish my duties. As a prey animal, horses do not want to demonstrate any vulnerability because if they show any weakness, it put their lives in danger, and the life of the herd, as predators look for weak moments to attack. This reminded me that in the past, I made several daily decisions that could have influenced the chance of survival of my patients while performing my first responder duties. When such decisions were made, I became liable for my actions regardless of whether the patient survived or not due to my medical actions. Thinking about the level of importance of my decision making could bring fear of taking such actions or decisions; this is why being vulnerable was not an option for me for so long. Also, just like being an alpha mare as my horse is, I, too, had several people looking up to me. In the military and most first responders' units, there is a strong hierarchy of power. By observing the horse interacting with the other horses, I saw how she would constantly remind her peers of their social position within the herd. If she allowed herself

to be vulnerable, other horses would challenge her for the alpha mare position. When being dispatched to an emergency site, one of the first things I had to do was take control of the situation so that the problem would not worsen. Because I held such a position for a long time, it became a part of me, so I could not become vulnerable in my professional and personal life.

Reflecting and recognizing my emotional suppression habit and increased fear of vulnerability has helped me become more aware and being aware is the first step toward change.

Expectation, Control and Self-Control

On a windy but warm day, I introduced myself to a new horse by extending my hand in front of me in a non-threatening way to let him acknowledge my presence, that horse showed a lot of nervousness on arrival at our farm, so I let him settle overnight before starting to interact with him. The following day was the official first day of interaction. I really wanted to let things happen by themselves as this was an exploration opportunity. However, my overall goal was to demonstrate understanding and respect to approach him and ensure safety for both of us. Working with him on that day helped me demonstrate patience and self-control as I provided him with the time that he needed to feel comfortable with me, despite that I was expecting more horse-human interaction. Due to my stoic mindset, I found it difficult to let the horse dictate the flow of the session, as I wanted to be in control. Nonetheless, not being in control allowed me to build on my self-control as I had to stay calm and project an inviting energy.

My eighth journal entry was written after performing some horsemanship exercises. On that day I worked with Blossom and I thought my connection with her was more substantial than with the other horses. I wanted to take a walk on a bridge that I previously made as an exercise for us to do. Having to walk on a new bridge, such as the one I made can be challenging and scary for a horse. I had great expectation of us being able to do it. However, it did not go as planned. After several unsuccessful attempts, I regrouped and took the time to ground myself by doing some breathing exercises with her. I put one of my hands on her back and the other hand on my belly. Together we just stood there and breathed quietly for more than five minutes. That breathing moment allowed us to reconnect, and then we tried again to cross the bridge. Still, she did not want to walk on it. It was either by fear or simply she just did not want to. I had to accept her decision and be okay with it. The experience provided a good opportunity for me to reflect on being an overachiever as I often try too much and do not allow myself and others to be nothing less than productive and successful in everything that I do.

My ninth session mainly focused on assertiveness and self-control. I entered the field where the horses were with a bucket of oats, which the horses really like to eat. I knew that the horses would all gather around me. This could have become a dangerous situation for someone who does not know what to expect, but I did. I also knew how difficult it was to keep those 1200 lbs animals from running around when they want something. This experience was a good exercise in being assertive without losing my temper on the horses and myself. Horses, like humans, are social animals that have a vital hierarchy role. I had to demonstrate my superior position to them, without hurting them in any way and staying calm and in control of myself, which could be difficult for me.

Recognizing my expectations while working with the horses reminded me that I also have expectations in my everyday life and family. Still, this expectation is often the cause of anger that I am learning to control.

Communication and Empathy

My fourth journal entry was after a deep grooming session. The horse that I groomed was Blossom. Blossom is the herd's alpha mare, which means she is the "boss" of all the other horses in the field. She is a great leader that imposes her respect on the rest of the herd. She uses a non-verbal communication skill that is very subtle to the human eye, but very clear for the other horses. Her dominance was demonstrated after she tried to keep the other horses away while I was grooming her. Because of the other horses' respect for Blossom, she did not have to push them much. Naturally,

they stayed at a safe distance. During the grooming, I felt very connected with her and felt the strong relationship that we share.

Additionally, her desire to stay alone with me brought up the importance of advocating for ourselves. For a very long time, I stood up for my patients as a medic and for many different people, but rarely did I stand up for myself. Over the years, I have developed great empathy skills for others, but I did not or rarely empathize with myself. While starting my EAT journey, I had to look at myself as if I were another person, perhaps a patient. I was my own facilitator; that process helped when getting started. Now, after having worked on myself with the help of the horses, I can advocate and be empathetic for myself.

Horses cannot communicate with words and rely on strong non-verbal communication skills. To share, we need to think about the message we want to say, then find a way to say it. The receiving person, or the horse, must pay attention to the message being given to them and then comprehend it. Sometimes what we initially wanted to share is not received correctly. While I practiced my non-verbal communication skills with the horses, I found that the horses were not receptive when I did not have a strong intent in my message. I had to take the time to think about what I really wanted, then try to mentally picture that message being sent to the horse. Prey animals, especially horses, can detect someone's intention better than with visual cues in order to detect threats faster. When horses communicate with each other, they use their entire body and also the same undetected intention. During my herd observation, I look at their ears, eyes, nostrils, breathing pattern, muscle tension, body and tail position and movement, legs and hoofs movement, and head position. When I understood how to read all the non-verbal communication of the horses, we were able to communicate better and reduce my frustration of not being able to cooperate together.

Learning to communicate with the horses allowed me to build a more vital empathy for them and other people, including myself.

Intuition and Mindfulness

One of the most peaceful sessions I experienced was when meditating in the field. I brought a camping chair in the middle of the pasture where all the horses were and sat on my chair to meditate on my journey in this autoethnography research study. It was a sunny day with almost no wind, I felt the sun on my face and it felt good, I felt that the day was a good day. I recalled everything that I could remember about my goals and the process of creating this project. At first, the horses were on the opposite side of the pasture; but within ten minutes, a horse approached me and stayed beside me while the other horses slowly came towards me, I was grateful. I felt everything to be so calm and felt in control of my mind. I felt that my memory was better and that I could recall information during this quiet time in the field.

On the opposite of calmness is anxiety. My sixth journal entry was mainly focusing on anxiety. It was a windy day, and most windy days trigger my anxiety. I had an increased heartbeat, a shallow but fast breathing, and felt my hand to be shaky. I saw that the horses in the pasture were also feeling anxious and agitated. I decided to control my nervousness and anxiety by doing breathing exercises beside the pasture fence where the horses were. I sat on the ground, shut my eyes, and started several breathing exercises. After 15 minutes of those exercises, I opened my eyes. To my surprise, I saw all the horses lined up beside the fence looking at me, it was a memorable moment. They all seemed relaxed. Somehow, my breathing exercises influenced them as well.

Recognizing, respecting, and following my intuition is now part of my everyday goal as I see myself as the expert in my own life. But to increase such skill and habit, I discovered that practicing mindfulness brings in me what I need to follow that goal.

Neuroplasticity and Hormones

My seventh journal entry was fascinating. After a long walk of mindfulness activities with Blossom in the field, I felt an energy shift in my body or a hormone release within myself. It was hard to describe. My first impression was that

my brain released a tremendous amount of oxytocin, and I felt it at several places in my body. I could describe it as a moment when we drink a cold beverage after being somewhat dehydrated, when we feel the liquid flowing in our trachea. The feeling that I experienced that day was similar in a way.

My 10th and final journal entry focused on the fight or flight state. A horse in the barn stall was very agitated; that horse belonged to a friend of mine. I had to keep that horse in the stall for safety reasons that day. He was very agitated and anxious. It showed in his non-verbal expressions, like the size of his eyes, the position of his ears, the muscle tension, the tail movement, the pacing in the stall, and the opening of his nostrils. Those reactions are necessary when the horse defends itself from a threat; it could be life or death. But in this case, his brain was putting him in the neurological response of fight or flight state for no apparent reason, at least that I could find.

Nonetheless, to stay safe, he needed to calm down. I needed to shift him from a sympathetic nervous system reaction to a parasympathetic nervous system state, which is a calm state. To do that, I projected my own parasympathetic state on him. Horses are relatively easy to influence with our energy level. As I said earlier, it is a matter of life or death for them. From a safe location, I focused on my breathing and visualized the calm at every breath I was taking and anxious state leaving my body at every exhale. While doing that, I hoped that the horse would catch my energy circle surrounding me and become influenced by it. As expected, it worked. Horses, like us, are affected by our environments on a deeper level than we might think. This situation was a good reminder that I have the power to influence not only horses around me but also myself and other people.

Our brains can change either in a good or bad way. The action of neuroplasticity is to create a new pathway by being influenced by our environment and external stimulus. Working with the horses has made a new path in my brain, which affects my well-being.

Discussion

It can be overwhelming for someone to explore EAI and whether it would be a good fit for them because there is such a great variety of methods and terms to know. One must consider what method is available in their geographic location where one lives. It is important to note that any EAI should not be done as a stand-alone intervention for any mental disorders. While there are documented positive effects of interacting with horses to positively improve one's mental health and wellness, the client should be closely followed by their family physician on a regular basis.

For social work professionals who wish to refer clients for EAI, it is necessary to evaluate their methodology, their credentials with their accreditations and association with a recognized organization, and how they view their animals. During this study, I considered the horses as sentient beings which is described as horses that can have stress reactions when interacting with other herd animals in addition to experiencing separation anxiety when being separated from their herd (Gehrke, 2010). Another important aspect was the importance of being flexible in a session and allowing the context to dictate what will happen in each session.

During a session, some elements of nurturing the parasympathetic system is needed such as grounding, breathing exercise, and meditation to set the stage for a healing experience and create a different neuropathway. Then, an integration of either a ground exercise or simply observation and reflection on what the horses are either doing or experiencing is needed.

My autoethnography study demonstrated that EAI conducted alone is not only feasible, but also efficient at generating deeper reflection and promote healing. However, several limitations could influence the results. Limitation such as the level of experience with horse, the physical capability to interact with a horse outside on uneven ground, the mental health knowledge for therapeutic goals, having access to trained horses that work in a safe way, and access to a support system to reach out when needed.

Conclusion

As a social work student engaged in an autoethnographic research study under direct researcher supervision, I examined how EAI could enhance positive mental health and wellness. During my research, I used reflective journaling after each EAI session to express my personal analysis of my own feelings and emotions while working with horses in their environment. This knowledge helped me develop the skill of critical analysis on data obtained from qualitative research, which improved me as a social worker in an area of work that is important for me. Having the ability to understand and analyse the data and findings subsections from published research is an important part of being a competent social worker.

Based on the thematic analysis of this study, five common themes resulted from it. Those themes were instrumental in understanding the benefits of EAT from the voice of the participant and researcher as one. This study demonstrated that ten equine-assisted therapy sessions for first responders can help build positive mental health and increase wellness.

Implications for Social Work

My study has a number of implications for the profession of social work. As social workers become more informed about traumas and treatment modalities, I encourage social workers working directly or indirectly with first responders to explore how EAT or animal-assisted therapy could benefit their clients. This was significant for me in my study. Vincent and Farkas (2017) articulate that to understand the benefit of EAT and all its derivatives, the social worker should familiarise themselves with the verbalisms attached to this industry and understand the “theoretical foundation” (para 8). It is important for social worker to understand biophilia theory and how human animals’ interaction can promote mental health and wellbeing.

A major gap in the literature is the feasibility of reproducing the programs as per the lack of details on the day-to-day session composition. Therefore, future researchers should follow a universal guideline on how to perform the session, all with respect to the different needs of each participant. Researchers would also benefit from spreading over ten weekly 90 minutes sessions for a total of 15 hours of EAT. With an additional monthly 90 minutes follow-up session for three months and then a 90-minute session four times a year.

My autoethnography is a subjective exploration. Based on my experience and research, I would recommend equine facilitated wellness programs for other first responders dealing with mental health disorders is worthy of future research. Future research may include using multiple or mixed methodologies, including experimental quantitative research with neuro and biological feedback. Also, a randomized control trial (RCT) could bring strong evidence on the efficiency of equine facilitated wellness. The future researcher would benefit from doing longitudinal research over 12 months to determine the long-term effect of this therapeutic modality.

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