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Treatment of Trauma Using Horse Assisted Education in Poland

Лечение травм с использованием метода
«Horse Assisted Education» в Польше

Абстракт

Работа с травмой требует установления прочных терапевтических отношений, направленных на устранение симптомов травмы. Люди с симптомами травмы часто не могут использовать свои коммуникативные навыки, они эмоционально сломлены, что мешает им общаться с окружающими и начинать терапию, поэтому многие из них отказываются от лечения. Обучение с помощью лошадей (англ. Horse Assisted Education, HAE) использует партнерство между лошастью и человеком, что приводит к вовлечению и участию в экспериментальной и вербальной терапии

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Abstract

Trauma-informed care requires a sound therapeutic relationship to address trauma symptoms. People with trauma symptoms often cannot use their communication skills or do not possess the emotional stability to talk with others, and many drop out of treatment. Horse Assisted Education employs a partnership of horse and humans which leads to engagement and participation in experiential and narrative trauma treatment leading to sustained change and recovery. This paper illustrates a model of Horse Assisted Education in Poland, its application in the treatment of trauma symptoms. Three case studies are used

травм. Таким образом наступает устойчивое изменение и выздоровление. Статья иллюстрирует модель обучения с помощью лошадей в Польше и ее применение в лечении симптомов травмы. Три тематических исследования используются для обсуждения того, как партнерские отношения человека и животного способствуют терапевтическому взаимодействию и облегчают эмпирическое обучение, а также понимание симптомов травмы и выздоровления.

Ключевые слова: ПТСР, Ассоциация роста и обучения с помощью лошадей (анг. EAGALA), метафора, связь человека и лошади, материал для исследования

to discuss the ways in which the human-animal partnerships foster therapeutic engagement and facilitate experiential learning and insight into trauma symptoms and recovery.

Key words: PTSD, EAGALA, metaphor, human-horse bonding, case studies

Introduction

Mental health treatment relies on the application of evidence-based practices (EBP), but research on animal assisted therapies is still scarce.¹ Animal assisted therapies are interventions well received by clients and similarly valued by therapists, but the scientific community remains skeptical, because standardized research models do not account for their efficiency.² Lacking sound evidence, these therapies do not have governmental or insurance funding.³ As a way to build an evidence base, Kieson (2018) said the most informative approach would study individual interventions using methods of comparative psychology.⁴ Accordingly, the case studies

¹ Andrea Beetz et al., "Psychosocial and Psychophysiological Effects of Human-Animal Interactions: The Possible Role of Oxytocin," *Frontiers in Psychology* 3 (2012): 234, <https://doi.org/10.3389/fpsyg.2012.00234>; Wiliam R. Marchand et al., "Equine-Assisted Activities and Therapies for Veterans With Posttraumatic Stress Disorder: Current State, Challenges and Future Directions," *Chronic Stress (Thousand Oaks)* 5 (February 2021), <http://doi.org/10.1177/2470547021991556>.

² Julie L. Earles, Laura L. Vernon, and Jeanne P. Yetz, "Equine-Assisted Therapy for Anxiety and Posttraumatic Stress Symptoms," *Journal of Traumatic Stress* 28, no. 2 (April 2015): 149–152, <http://doi.org/10.1002/jts.21990>; Katherine J. Kelly, Laurie A. McDuffee, and Kimberly Mears, "The Effect of Human-Horse Interactions on Equine Behaviour. Physiology, and Welfare: A Scoping Review," *Animals* 11, no. 10 (2021): 2782, <https://doi.org/10.3390/ani11102782>.

³ Wiliam R. Marchand et al., "Equine-Assisted Activities."

⁴ Emily Kieson. "The Importance of Comparative Psychology in Equine-Assisted Activities and Therapies." *International Journal of Comparative Psychology* 31 (2018), <https://scholarship.org/uc/item/3mj755dv>.

described here reveal the in-depth process of inter-species communication during horse assisted education (HAE).⁵

HAE uses the standardized model of the Equine Assisted Growth and Learning Association (EAGALA)⁶ to treat those who have experienced stress and trauma.⁷ Each therapy should be evaluated on the basis of clients' mental health status pre- and post-treatment. The EAGALA model is structured to meet the demands of research, but the necessity of meeting those standards often eliminates information specific to the therapist-client relationship. There is a growing awareness that this loss of specific therapist-client information is detrimental.⁸ Any application of a new therapy model assumes professionals use their best skills to develop a therapeutic relationship. Some of those skills are attained while therapists are training to apply the new treatment model. However, in animal assisted therapy, we have yet to fully understand the therapeutic dynamics, how the animal-human relationship develops, or how and why such work improves clients' mental health.

The structured EAGALA approach includes the client and therapist, typically a credentialed mental health professional, a horse (known as a horse trainer) and a horse facilitator, a human with specialized training in the health, behaviors and care of horses. Most important is the relationship between the horse and the client. A horse facilitator and a therapist are individuals with different skills. The horse is considered to be an active therapeutic agent and referred to as the horse trainer. The horse is a prey animal, mirroring human behavior and communicating with body language, a reason often cited for the effectiveness of this intervention.⁹ Horses have few defenses and their vulnerability, in light of their size and physical power, adds to their therapeutic potential for trauma treatment. However, what is happening between the horse and the client can be unclear, since there is no verbal communication. HAE is client-centered and based on non-verbal communication.¹⁰

⁵ Magdalena Wojtkowska, Magdalena Kaczmarek, and Zuzanna Gazdowska, "The Influence of Horse Assisted Education on the Perception of Self-Efficacy in People Holding Leadership Positions," *Journal of Education, Health and Sport* 9, no. 6 (2019): 456–469, <https://doi.org/10.5281/zenodo.3256725>.

⁶ EAGALA: The global standard for psychotherapy and personal development incorporating horses., accessed September 15, 2021, <https://www.eagala.org/index>.

⁷ Page W. Buck, Nadine Bean, and Kristen de Marco, "Equine-Assisted Psychotherapy: An Emerging Trauma-Informed Intervention," *Advances in Social Work* 18, no. 1 (2017): 387–402, <https://doi.org/10.18060/21310>; Wiliam R. Marchand et al., "Equine-Assisted Activities."

⁸ John C. Norcross and Bruce E. Wampold, "A New Therapy for Each Patient: Evidence-Based Relationships and Responsiveness," *Journal of Clinical Psychology* 74, no. 11 (Nov 2018): 1889–1906, <http://doi.org/10.1002/jclp.22678>.

⁹ Wiliam R. Marchand et al., "Equine-Assisted Activities."

¹⁰ Ricarda Lietz and Ksenija Napan, "Horses and Worthwhile Causes: Exploring Equine-Assisted Learning at Dune Lakes Horse Inspired Learning Centre in Aotearoa New Zealand," *Aotearoa New Zealand Social Work* 32, no. 4 (2020): 40–54.

The horse's body language and behavior, along with mindfulness, leads to the client's developing awareness of the emotional state.¹¹

The focus on nonverbal communication aids people affected by trauma, whose symptoms can include isolation and avoidance of human contact. Talk therapy challenges these clients who may be hypervigilant to new situations and new people. Art therapy, music therapy and trauma informed yoga practice—additional examples of non-verbal interventions—have been useful in engaging and retaining and engaging people exposed to trauma. The evidence for the use of non-verbal therapies is more descriptive at this point than outcome-based, but points to the utility of non-verbal communication in the treatment of trauma. The communication between horses and humans is open, intimate and curious while remaining non-verbal, which can lead to a sense of safety and well-being.

The shared communication with the horse can facilitate the use of evidence-based practices to treat trauma. When clients discuss their encounters with a horse, they use metaphors and apply forms of narrative therapy.¹² During or after the interactions with the horses, clients may process their traumatic memories, using the approach of imaginary exposure therapy,¹³ which is a therapeutic modality known to be effective (EBP) in treating stress and trauma. With a therapist's help, clients can reprocess and accept their memories and reduce the intensity of their fear responses.¹⁴ Avoidance of trauma-related stimuli and altered moods and thoughts, symptoms of trauma-related disorders, often interfere with the development of a strong therapeutic bond; many people with trauma symptoms do not engage or complete treatment. Recent studies of the therapeutic relationship have reported the importance of the therapist's skills, regardless of the intervention, to a successful treatment outcome.¹⁵ Horses, with their ability to mirror human emotions and to communicate non-verbally, can deepen a cli-

¹¹ Aviva Vincent, Isabel Ballard, and Kathleen J. Farkas, "Mind Full or Mindful? A Cohort Student of Equine-Facilitated Therapy for Women Veterans," *Research Square* (23 March 2020), <https://doi.org/10.21203/rs.3.rs-18201/v1>; Arnon Shay et al., "Equine-Assisted Therapy for Veterans with PTSD: Manual Development and Preliminary Findings," *Military Medicine* 185, no. 5–6, (May–June 2020): e557–e564, <https://doi.org/10.1093/milmed/usz444>.

¹² Patrick S. Foley, "The Metaphors They Carry: Exploring How Veterans Use Metaphor to Describe Experiences of PTSD," *Journal of Poetry Therapy* 28, no. 2 (2015): 129–146, <http://doi.org/10.1080/008893675.2015.1011375>.

¹³ Lily A. Brown, Laurie J. Zandberg, and Edna B. Foa, "Mechanisms of Change in Prolonged Exposure Therapy for PTSD: Implications for Clinical Practice," *Journal of Psychotherapy Integration*, 29, no. 1 (2019): 6–14, <https://doi.org/10.1037/int0000109>.

¹⁴ Elisabetta Baldi, "Oxytocin and Fear Memory Extinction: Possible Implications for the Therapy of Fear Disorders?" *International Journal of Molecular Sciences* 22, no. 18 (2021): 10000, <https://doi.org/10.3390/ijms221810000>; Shay et al. "Equine-Assisted Therapy," e557–e564.

¹⁵ William R. Miller and Theresa B. Moyer, *Effective Psychotherapists: Clinical Skills That Improve Client Outcomes* (New York: Guilford Press, 2021).

ent's level of engagement in the therapeutic process in less time than might be with another human.

Overview of HAE in Poland

HAE offers a chance to observe the reciprocal communication between the client and the horse; client behaviors, attitudes, emotions, and body language, affect the horse, and the horse provides immediate feedback to the client. Because horses respond and interact with humans according to their status as non-predatory, fear-responsive escape animals, clients receive immediate, honest, and non-judgmental feedback facilitating space for self-analysis. HAE is used to treat anxiety disorders, stress, adaptive disorders, PTSD, addictions, and ADHD in both adults and children.¹⁶ There is no requirement for the number of sessions or the pacing of sessions in HAE; those issues are decided by the client as well as the therapist and the horse facilitator. Unlike other approaches, HAE activates not only the intellect, but also the intuition, body sensations, and emotions associated with continued trauma response. Equine-assisted therapy engages the limbic system, affecting emotions, drive, and memory.¹⁷

Peter Levine, the creator of Somatic Experiencing, an approach to healing trauma, explains the use of the horse as a symbol: "Interestingly, when Medusa was killed, from her blood arose Pegasus, the winged horse, and Chrysaor, the warrior with the golden sword [...] The winged horse and the golden sword are thus well-meaning symbols of the resources that the traumatized individual may discover in the process of overcoming his Medusa."¹⁸ HAE questions many existing paradigms concerning horses, humans, learning, and the relationship between them.¹⁹ HAE creates a space in which a client may develop and maintain a proper relationship between the symbolism of the horse and reality. Horses, which communicate through body language and are highly projective, quickly recognize the emotional state of the client and reciprocate non-verbally a sense of calm and acceptance. Metaphors reflecting trauma often arise as clients attempt to make meaning of their experiences through their interaction with the horse.²⁰

¹⁶ Wojtkowska, Kaczmarek, and Gazdowska, "The Influence of Horse," 456–469.

¹⁷ Xi Zhu et al., "Neural Changes Following Equine-Assisted Therapy for Posttraumatic Stress Disorder: A Longitudinal Multimodal Imaging Study," *Human Brain Mapping* 42 no. 6 (April 2021): 1930–1939. <http://doi.org/10.1002/hbm.25360>.

¹⁸ Peter A. Levine, *Waking the Tiger: Healing Trauma: The Innate Capacity to Transform Overwhelming Experiences* (Berkeley, CA: North Atlantic Books, 1997), 62.

¹⁹ Agata Wiatrowska, *Koń jako trener: o facylitacji programów rozwojowych z końmi oraz lekcjach od koni-trenerów* (Warszawa: HorseSense Agata Wiatrowska, 2016), 20.

²⁰ Wiliam R. Marchand et al., "Equine-Assisted Activities."

The Therapeutic Process in HAE in Poland

Preliminary research shows HAE has the advantage of relying less on verbal processing of emotions and events and more on experience and non-verbal communication (e.g., EAGALA, 2015). The use of HAE in Poland is at an embryonic stage, and very few studies, if any at all, focus on Poland. Because the research concerning the bond between horse and human has been so limited, we offer several case studies as examples of the positive effects of HAE, in an effort to find empirical support for trauma treatment. In multisite studies on equine-assisted therapy, post-treatment evaluation showed a significant reduction in PTSD and symptoms of depression, both in self-assessment and the clinician's assessment. This reduction was sustained over the three-month follow-up period.

HAE is new in Poland, with very few practitioners.²¹ HAE in Poland employs models taken from EAGALA and EQUUSOMA (<https://equusoma.com/>)—horse-human trauma recovery. The model for HAE presented in this paper utilizes the approaches of EAGALA and elements of Somatic Experiencing. The EAGALA model is based on contact with horses through the observation of horse behavior, grooming, exercises on the ground, and riding. Our model does not involve horse-back riding at any stage of the process but, in addition to Somatic Experiencing, it does include an element of working on a specific traumatic situation through imaginal exposure.²² At this point, there is very little research describing the therapeutic process, the relationship between the client and the horse trainer, or the therapeutic changes occurring in the client in any country, and almost none in Poland.

This model requires an in-depth interaction between a client and a horse. In Poland, the horse really interacts with two people, the horse facilitator, who is also a therapist, and the client. Each has their own understanding of horse characteristics and their own relationship with the horse, a different way of trusting and communicating. When therapists facilitate clients' narratives about their interactions with a horse, therapists must be aware of their own conceptualizations of the horse-human relationship. The therapist may understand what is happening in the space of interaction between a horse and a client, but it is clear that it is the client who is in control of the narrative. The model presumes the client feels safe at every stage, comfortable next to the horse and with the facilitator. Clients must have the possibility to choose and influence their interaction with horses. Each horse trainer (horse) is treated as an active partner. Horse trainers are healthy, safe, confident, and like human contact. Most importantly, horse trainers are trained in the ability

²¹ Wojtkowska, Kaczmarek, and Gazdowska, "The Influence of Horse," 456–469.

²² Brown, Zandberg, and Foa, "Mechanisms of Change," 6–14.

to communicate “no” and to communicate boundaries. The relationship between the horse and the horse facilitator determines the sense of security and respect that enables the horse to interact with clients. Horses selected for HAE have their own relationships with each other and with the facilitator. They may interact differently with individual team members. There is no place for any demonstration or use of force through violence in the preparation of horse trainers.

The facilitator shows the horse that humans are fallible, opening the horse to self-confidence and initiative, important in later work. The facilitator takes all measures to ensure that the experiences in which the horses take part are enjoyable and offer opportunities for development and the chance to influence humans. This approach develops the horse’s ability to recognize boundaries, to approach and overcome challenges, to make conscious decisions, and to develop self-confidence. The HAE model uses a stages approach to trauma therapy, consistent with the concepts of trauma-informed care set forth by the U.S. Substance Abuse and Mental Health Services Administration. The staged approach includes a focus on safety in relations and basic emotional regulation; processing of trauma narratives and emotions; and re-engaging in life and post-traumatic growth. Ten sessions are typically necessary to complete the work.

A focus on safety and stability is followed by the processing of trauma and then reconnecting, as the client engages in post-traumatic growth. The three stages are used to avoid re-traumatization and are not necessarily linear with all clients. As with Somatic Experiencing, the HAE method does not necessarily involve direct processing of memories and specific events. Therapy can focus on other aspects of trauma recovery, if necessary or desired, without delving into trauma narratives. This model overlaps with the principles of a trauma-informed organization.²³

During all stages of the model, the client, the horse trainer and the horse facilitator work as a team. When a client chooses a horse trainer during an initial meeting, the facilitator observes how an individual’s emotions and body sensations influence their perceptions of the actual relationship with the horse. The horse’s behavior often determines a client’s choice of horse trainer and the client’s selection of a horse ends the first session. Before the next session begins, the client is asked, “What aspects of the horse do you want to focus on today?” Clients often respond with something like, “I want to feel free.” In working with people with PTSD, this response can be interpreted as a release from the effects of traumatic events. We often hear comments such as: “She is so gentle, warm, but she also sets boundaries. Will I ever be like that?” Clients describe their internal experiences by relating them

²³ Jarosław R. Romaniuk and Kathleen J. Farkas, “Terapia zorientowana na traumę w placówkach ochrony zdrowia,” *Lekarz Wojskowy* 99, no. 4 (2021): 182–190, <https://doi.org/10.53301/lw.2102>; Buck, Bean, and de Marco. “Equine-Assisted Psychotherapy,” 387–402.

to what is happening externally with the herd of horses. Clients recognize the horses' behaviors and begin to superimpose their own narratives on the experience. By talking about what they metaphorically see in the herd of horses, they begin to talk about themselves. Emotions emerge that they say they have not felt before. Clients often cry and tremble. Observing horse behavior gives people the opportunity to experience a change in the feelings of anger and fear. Somatic and attachment work teaches that the "body remembers" even in the absence of a cognitive, verbal story.²⁴ The following case examples further describe the specifics of a staged process of HAE and the ways in which the relationship with the horse, assisted by the facilitator, fosters communication and engagement in healing.

Case Studies

Marta

Marta, aged 40, has experienced physical, psychological, and sexual violence from her partner and exhibits symptoms of PTSD. The first stage of Marta's therapy began in a herd of horses. Marta's body reacted, while surrounded by horses and "invited" by their acceptance to open up. Initial reactions such as tears, stomach pain, leg pain, a faster heart rate, and trembling subsided. When one of the horses allowed touching and stroking (grounding), the client responded, "I have always curled up inside myself, clenched so that my body hurt. Now I feel different." The therapist drew the client's attention to the way she touched the horse, at first fast and violent, and, then, after a few minutes, more calmly. Marta's process of taming and experiencing herself in a new situation lasted for two sessions, 90 minutes each. Exploring boundaries and safe touch with a horse is a gradual first step to feeling grounded, creating conditions for more difficult emotions to emerge and be released. Marta, with the help of the facilitator, learned to recognize the coping aspects of her emotions and bodily reactions and what emotion and bodily responses she thought arose from past experiences. "I still remember the moment when I burst into tears from helplessness, unable to complete a task, and Tiara (the horse trainer), put her muzzle on my shoulder and hugged me. It was overpowering to feel that silent, warm, gentle acceptance of my helplessness." Somatic awareness supported a more coherent, integrated, and regulated sense of self.

²⁴ Bessel A. Van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York, NY: Penguin Books, 2015); Levine, *Waking the tiger*, 62.

Marta then worked on the direct processing of memories related to specific events. Marta and the horse trainer worked in a fenced area of about 12×12 m (the horse's intimate space), where Marta described the traumatic event in detail. The facilitator, working on the side, recorded the session and described the most important moments, including the horse trainer's behavior. Marta had a chair and blanket at her disposal and chose a position comfortable for her. In these situations, the facilitator may ask questions designed to help recognize the cause of anxiety. It is important that the client be accompanied throughout the process by the same horse they chose when learning the method. During the sessions the horse trainer intervenes and supports the therapeutic process through open, non-judgmental responses to emotions. Because of the work with narration and the processing of traumatic events, the client learns that memories of trauma are not the same as the trauma itself. Marta explains, "Horses do not take away my pain. They show it to me and teach me to accept it." While performing the exercises in close contact with the chosen horse trainer, Marta's visible reactions included crying and tension and muscle relaxation. She verbally confirmed that the tension disappeared when hugging and stroking the horse. Naming the emotions that arose, along with the reactions of the body, enabled her to move to the next stage, processing the trauma.

In office based therapy, a client may be overwhelmed by emotions and just leave. The uniqueness of working with horse trainers is that the client physically and emotionally engages with the horse trainer and is often able to avoid feeling overwhelmed. The processing stage starts not with the facilitator bringing the trainer horse from the pasture to the yard, but with the client bringing the horse herself and starting work from the moment of taking the rope and halter. Marta was tense, discussing a difficult week. However, bringing the horse from the pasture to the place where she was to face her trauma allowed her to immediately engage. She brought the horse, chose a place by herself, sat down, and started to talk (Figure 1). The horse came up and touched Marta with its nose. When the facilitator asked what she needed for the moment, Marta said "cuddles," and she seamlessly transitioned into cuddling the horse, while still telling the horse about what she experienced. She settled down and sat on the sand, cuddling up to the horse's leg, who stood still, allowing Marta to do her inner work (Figure 2). After about five minutes of visible tension, Marta's body relaxed, her breathing calmed down, and her tears disappeared. The session ended. When asked about the experience, Marta said she felt "exhausted and sore," like she had run a "marathon of her life," but also felt "light and accepted," which she had not felt before. She was asked to keep a daily diary of her symptoms to observe any changes. The meetings repeated, so she could discuss the traumatic events and see the changes in her speech, emotions, and body.

Marta herself acknowledged before one of the later meetings that she observed changes in daily functioning. The facilitator also noted changes in her attitude and

an improvement in her ability to handle difficult situations. *The last session is a debriefing in a horse herd, to discuss the changes and say goodbye. Marta said that the anxiety and tension disappeared, she started to sleep at night, and she was able to name her emotions and physical reactions and to manage her emotions skillfully. If there are situations in which her emotions may take control, she is able to respond with positive coping behaviors. Marta also stopped isolating herself and avoiding situations that resembled traumatic events. In her own words, “Now I have not two, but four legs,” which, as she explained, made her more aware, more confident, and less likely to repeat old patterns of escaping.

Saying goodbye to the horse trainer can sometimes be very emotional. The feelings of closeness, and horse trainer’s acceptance and boundaries help clients get to know themselves again, connecting their current state with situations and events from the past. As Marta said, “Today, when I was coming back from work, I burst into tears as I remembered lying down on Raban (one of the horse trainers). It was such a blissful feeling.”

Piotr

Piotr, aged 35, was taken from his alcohol dependent parents as a child and stayed in several foster families. Currently in a marital relationship in which he experiences physical, psychological, and economic violence, he has taken steps to free himself. He experiences difficulties in relationships and is unable to set healthy boundaries. His behavior results in health problems such as high blood pressure, hemorrhages, and digestive issues. He experiences difficulties with sleep, acts like an automaton at work, avoids coming home, and experiences suicidal thoughts.

The work began with psychoeducation about mental health symptoms and discussing the work with horses. Piotr reported high tension, though he had not previously allowed himself to pay attention to himself and his body. We ended the first meeting after noticing his current state and discussing ways to release tension. The next meeting took place in a horse herd where Piotr interacted directly with the horse he had chosen while observing the herd. The first exercise of leading the horse caused an outpouring of emotions and a need to hug the horse. Piotr said, “The moment I hugged Tarzan, I wanted to tell him everything, to convey what I feel...When I left him, I was calm, tranquil, I don’t know how else to express in words what I felt, such an incredible relief.” At the next meeting, Piotr worked with a different horse due to Tarzan’s illness. When the facilitator asked how this change was affecting him, he thought for a while and said, ‘I think this is the first time I haven’t felt that there is something wrong with me.’ Piotr moved on to the next exercise, during which he was asked to tell what he sees when observing horses,

in particular the one he was to work with. He started saying ‘she is attentive, looking for contact but at the same time keeping her distance.’ Clients often find it easier to talk about what is going on with the horses than about their own problems, but, at the same time, in their observations, they show themselves. The facilitator assumes each client has solutions to their challenges and is able to achieve their goals if given the opportunity. There is no right or wrong way to influence the horse that the facilitator can suggest to the client. Clients are encouraged to develop their own interpretations and their own problem-solving methods. This enables them to use these new skills and apply them later.

Piotr opened up in subsequent meetings, naming his emotions and needs. During the sessions he determined if the horse would allow him to cuddle and he followed the animal’s need. “In contact with Tiara, the feelings that accompanied me were more intense, because I was already prepared for these emotions.” Blood pressure and digestive problems were less frequent. In this case, the client did not talk about specific experiences but worked to accept and address blocked emotions. “There has been a transformation in me, not on the outside but on the inside. I believe that this transformation will be permanent and I will not lack the strength to come to terms with myself.” Piotr went from being the person he wanted to escape from to seeing someone completely different in himself. He felt a desire to continue self-examination and being attentive to himself. Piotr called a month after the regular meetings ended. He said that when he was having a hard time he remembered how it was when he was working with the horse and that experience helps him now.

Agnieszka

Agnieszka, aged 45, is in a relationship with a high-profile alcohol abusing husband who is mentally, physically, and sexually violent. Agnieszka and her husband have two children. She is a very attractive and professionally successful woman, but her experiences of violence, especially sexual violence, cause her many difficulties. She noticed that one of the most difficult situations often repeats in her dreams. She became nervous and intensely angry and reported panic attacks. Her friends began to notice attitude and behavior changes. She tried psychotherapy, but nothing changed.

Agnieszka decided to take part in HAE. The first meeting of psychoeducation took place on a walk with horses in the forest. Agnieszka rides horses, which allowed for this atypical introduction. During the walk, Agnieszka noticed that the horse she was leading was very nervous. The horse pushed Agnieszka, jumped up and bit her gently. “He behaves like my husband when he’s drunk, I can’t handle

him.” But she grabbed the rein harder, quickened her step, called out what the horse was doing, and after a while she and the horse ran together. Afterwards the facilitator asked Agnieszka what she felt. She answered that she felt “extremely tired but also strangely calm.” Subsequent meetings were held in the yard. Every time, Agnieszka began by saying what she was feeling and started discussing a situation from her dreams. Then, she started the session walking quickly around the yard. The horse responded by keeping distance. But when she calmed down and sat, the horse was immediately by her side. Agnieszka pointed out that it helps to accept the horse: “I guess I didn’t want to admit that I can’t handle my situation with my husband. When I do respond to this behavior with the horse, I feel accepted—she is next to me and accepts me.”

It helped that she could touch the horse. Horses always touch the place that hurts the most. They touch what is authentic in the participant—the issues in need of attention.

Coming to the fifth session, Agnieszka said, “I slept for the first time in a long time, I think I’m exhausted by these sessions, everything hurts but somehow it’s different.” Tiara, the mare working with Agnieszka, showed her that when her attitude, words, and thoughts are coherent, she is heard. Agnieszka, recognizing the need and effect of setting boundaries with the horse, started to set boundaries in her life. After her work with the horse, she filed for divorce and reported a disappearance of symptoms and improved functioning. Although there are moments when she returns to previous patterns, she can stop the old patterns. Agnieszka ended the meetings after the eighth session, asking to take a picture. “A photo with horses will remind me of the change I went through and how they helped me. Even though I ride horses, your horses are different, amazing.”

Conclusion

These three case studies illustrate the development of a therapeutic relationship between the client, the horse trainer and the facilitator in the treatment of trauma symptoms. In all three case studies, the horse trainer models the elements of a sound therapeutic relationship: trust, confidentiality, and unconditional acceptance. The horse trainer places no demands upon the client, but responds empathically, allowing the client to be in control as well as to experience the touch and physicality of the animal. While research is limited, the theory suggests that there is a neurobiological reason for this empathic response. “Horses’ brains are structured to experience emotion (amygdala body) without

judging (no prefrontal cortex). Such a structure makes up an emotive, but non-judgmental animal.”²⁵

For clients with past and/or present trauma experiences, the immediate therapeutic relationship with the animal creates possibilities for the client to move forward in telling a trauma narrative, developing insight into feeling and behaviors and ultimately, changing the ways in which the trauma is held and expressed. The case studies illustrate the similarities and unique aspects of the therapeutic relationship with the horse trainer and the horse facilitator. Marta most readily demonstrated the immediacy of the human-animal bond by initial outpouring of emotion. The physical touch of the horse provided knowledge and insight the ways she could calm herself and recognize and address difficult feelings. Piotr, who experienced both past and current trauma, realized that he could use the therapeutic relationship with the horse trainer to observe and comment on the horse’s reactions to him as a way of commenting on the role of trauma in his own life. Given the safety and acceptance of the relationship with the horse trainer, both Marta and Piotr were able to respond to the facilitator’s comments and questions as part of their process and relationship with both human and animal partners. For Agnieszka, who was familiar with horses, the therapeutic relationship allowed her to take a more active and in-charge role—one that was useful in the attitudes and behaviors related to her traumatic relationship with her husband. The horse facilitator’s responses to Agnieszka’s boundary setting allowed her to see how she had not set boundaries in her own life. Again, the therapeutic relationship with both the horse trainer and the facilitator was safe and non-judgmental, providing the client with the ability to pace and control the speed and direction of the work.

The work ahead lies in developing a stronger case for the evidence base for models such as HAE with people who experience trauma symptoms. Marchand et al. (2021) give a clear view of the roadmap for this work.²⁶ Not only behavior and social sciences will be necessary, but also neuroscience and biology, to explore the theories and mechanisms of change related to interventions. PTSD and other stress related disorders are heterogeneous disorders with many brain-body systems involved.²⁷ New research, including work on neuropharmacology and brain imaging, may help us better understand the neural processes of inter-species interactions.²⁸ One of the most promising is the recognition of the role of the hypothalamic neuropeptide oxytocin in lowering stress and fear responses in animals and humans as a result of calming interaction, thus increasing the ability to bond

²⁵ Janet L. Jones, *Horse Brain, Human Brain: The Neuroscience of Horsemanship* (North Pomfret, VT: Trafalgar Square Books, 2020), 256.

²⁶ William R. Marchand et al., “Equine-Assisted Activities.”

²⁷ Zhu et al., “Neural Changes,” 1930–1939.

²⁸ Zhu et al., “Neural Changes,” 1930–1939.

with other living creatures²⁹ and the ability to heal from trauma. In these three case studies, the clients all reported relief from trauma symptoms, opening the door for more systematic explorations of the mechanisms at play with HAE in trauma therapy.

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²⁹ Juliane C. Flanagan et al., "Enhancing Prolonged Exposure Therapy for PTSD among Veterans with Oxytocin: Design of a Multisite Randomized Controlled Trial," *Contemporary Clinical Trials* 95 (August 2020), <https://doi.org/10.1016/j.cct.2020.106074>; Baldi "Oxytocin and Fear Memory."

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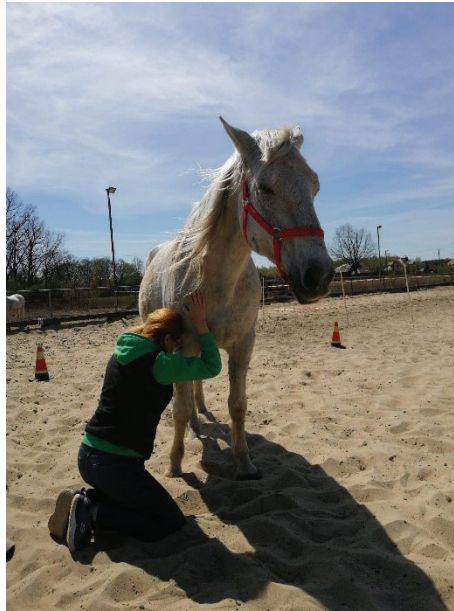


Figure 1. Marta sat down and began to tell her story to the horse Ares (own archive)



Figure 2. Marta is working on her emotions (own archive)

Karolina Czarnecka, psycholog, certyfikowany specjalista w zakresie niesienia pomocy ofiarom przemocy w rodzinie, certyfikowany specjalista w zakresie pracy ze sprawcami przemocy. Od ponad dziesięciu lat pracuje w Ogólnopolskim Pogotowiu dla Ofiar Przemocy w Rodzinie „Niebieska Linia” i Centrum Pomocy Osobom Pokrzywdzonym Przepęstwem,

gdzie pomaga ofiarom przemocy i przestępstw. Końmi zajmuje się od ponad trzydziestu lat i jest certyfikowaną facylitatorką EAHAЕ – International Association for Horse Assisted Education, dzięki czemu może połączyć pracę zawodową z miłością do koni. Połączenie to zaowocowało opracowaniem programów z udziałem koni pomagających osobom doświadczającym przemocy. W ciągu kilku lat programy pomogły zarówno grupom jak i jednostkom w radzeniu sobie z traumatycznymi doświadczeniami.

Karolina Czarnecka is a psychologist, certified specialist in helping victims of family violence, certified specialist in working with perpetrators of violence. For ten years she has been working for Polish National Care Service for Victims of Family Violence “Blue Line” and the Centre for Persons Victimized by Crime, where she works with people experiencing violence and crimes. She has been involved with horses for over thirty years and is a certified facilitator of EAHAЕ – International Association for Horse Assisted Education, thanks to which she combines her professional work with her love for horses. This combination gave rise to programs using horses' skills to support people experiencing violence. For several years the programs she has been running for both individuals and groups have helped many people to deal with traumatic experiences.

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