All Creatures Great and Small: 
Utilizing Equine-Assisted Therapy to 
Treat Eating Disorders

Jo Ellen Christian

This past summer I was privileged to be able to work at a Christian treatment center for women with eating disorders. The patients were provided with various treatment options. One of these was equine-assisted therapy, an approach utilizing horses to bring emotional issues in the life of the resident to the surface.

Horses and the props used in the equine therapy sessions provide excellent metaphors for the eating disorder, specific people and experiences in the patient's life, and the recovery process. Issues of boundaries (or lack thereof), surrender, and spirituality are uncovered while attempting these exercises. Even females who indicate that they dread working with horses learn something. Often their dislike of horses is a disguise for fear. They are not only fearful of horses, but also possibly fearful of change itself, since change likely involves losing the control that the eating disorder gives them or the attention of a loved one if they are cured and no longer sick. Sometimes successfully completing the exercise affords increased self-confidence that they could overcome their fears and solve their eating problems.

On the surface, all of these exercises are problem-solving tasks. They take place in new surroundings and stretch the mind in new directions. The therapist can also see the client in a new light. The client is out of the office setting and engaged in solving life's problems. Sometimes emotions that were carefully hidden emerge. Some patients look forward to future experiences with the horses in order to learn new things and ask to participate in all that were available. I knew of only one resident who refused to return to the equine-assisted program. Even though she did not admit receiving any benefit from the experience, she and her equine specialist built great rapport and discussed issues that were standing in the way of her recovery. Her therapist in attendance also gained valuable insight into possible future treatment options for the resident.

The treatment team begins each equine session with a goal and list of rules for the resident. The resident is asked to provide a consequence for any rule that is broken. In many cases, a considerable part of the session is consumed by this decision. Most clients believe that a consequence is punishment and ponder on what punishment is fair for the offense. Often the therapy team will ask if consequences are always negative in attempt to reframe the idea. Once a consequence is determined, the client is free to proceed with the exercise.

The therapy team only acts when specifically directed by the client. The therapy team consists of one or two therapists and one horse professional. The horse professional assumes a dual role of managing safety issues between horses and people and serving as an extra set of eyes and ears to assess the client. Effective horse professionals often display good counseling skills. The therapist(s) is concerned for the emotional safety of the client, and assesses the client's emotional state and readiness for various aspects of the session. The therapist decides whether to encourage, confront, or affirm the client, and whether to change any aspect of the session. Clients will often ask for advice on how to achieve the goal of the session. The team provides words of encouragement, reminds the resident of the rules, and assesses the client's anger and frustration level; but the problem solving is left to the client. In some cases where the client has suppressed emotion for some time, visible expression of anger and frustration is desirable, within reason.

Lori was admitted for 60 days of residential treatment. She was a 26-year-old teacher who lives with her aunt and uncle. She has never married and has suffered from anorexia nervosa for over ten years. Her boyfriend and supervisor at work insisted that she receive treatment. Lori was initially resistant and very critical of the treatment program. She viewed herself as fat and desired to overcome the disorder without gaining any weight. She complained about the excessive quantity of food, promises made at admission but not fulfilled to her satisfaction, and negative treatment by peers. In short, she was externalizing her problems rather than accepting responsibility for them. Lori was not aware of how much of her life was affected by the eating disorder. She received art therapy twice weekly, group therapy twice a week, weekly body image group activities, and

CASE STUDIES

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twice weekly individual therapy. In addition, her primary therapist recommended that she participate in an experiential program offered by the treatment facility that included the use of horses.

The first exercise involved placing five buckets of feed along the inside rail of the round arena. A flake of hay was placed in the center of the arena. Two therapists, the horse specialist, Lori, and 3 horses were inside the enclosure. The patient labeled the five buckets as five important aspects of her life: education, ballet, family, friends, and health. The horses represented aspects of her eating disorder. Lori labeled the animals as SHAME, CONTROL, and PERFECTION. These words were written in bold letters on the sides of each animal with sidewalk chalk. The three staff members were to be identified as agents who Lori would like to assist her as she recovers from the eating disorder. She identified the team as God, Aunt, and Boyfriend. The flake of hay in the center was identified as her life and she must remain on it at all times. No one was allowed to touch the horses and the people would not do anything unless asked by the patient. Nothing outside the round pen could be used.

After considerable time determining a consequence for any broken rules, Lori set up giving positive affirmations to each other as a consequence. The horse professional indicated that it is necessary to use pressure to get a horse to move and demonstrated by running toward the side of the horse clapping his hands and yelling. Lori was then instructed to begin the exercise. Horses are formidable eating machines and immediately begin devouring “friends,” “health,” and “education.” At the beginning, Lori was reluctant to be assertive and direct people to help her. Didn’t these people see she needed help and just shoo the horses away? Lori said, “Aunt, SHAME is eating ‘education.” “Aunt” dutifully ran towards the horse, yelling and stamping her feet at SHAME. The other therapist indicated that “Aunt” had performed a codependent action. She had not been specifically directed to run toward, yell, and stamp her feet, but just acted as she thought she should. “Aunt” provided positive affirmations for everyone as a consequence for rule infractions, and the exercise resumed. (Even therapists learn something about themselves in these exercises!)

From that time forward, the client usually gave the treatment team more specific directions. The horses moved away, but only to feast at another spot. The therapists and horse specialist periodically asked what Lori was feeling. Usually, her response consisted of complaints of frustration and anger. When Lori would ask for advice on how to keep the horses away from the feed buckets, the therapists would request that Lori restate the rules or they would ask her, “What has and has not worked so far?” The therapist also inquired several times, after a “feelings check,” if Lori had felt this way in life or how her feelings relate to the eating disorder. For example, “Has shame kept you from education or friends?” Often during the experiential exercise, Lori became very frustrated and wished to give up. At this point, the therapist briefly explored giving up on recovery and the repercussions.

People often have a hard time thinking “outside the box” and will usually not think of moving the buckets until they are frustrated and running out of options. When this idea dawned on Lori, she asked for permission. Instead of a “yes” or “no” answer, the treatment team reminded Lori of the rules. Moving the buckets to immediately surround the patient’s “life” seemed to make them easier to protect. In reality, SHAME, PERFECTION and CONTROL loomed very large and very close. Lori kept the treatment team busy chasing SHAME and PERFECTION away, but “liked having CONTROL close by,” even when the animal was eating the flake of hay she was standing on. Eventually, Lori realized that having the support team encircle her was the best way to protect her “life” and valued aspects of it. At this point, the staff affirmed her idea.

The team and the client left the round pen and began processing the experience. Lori realized how valuable parts of her life are, and how the eating disorder was “eating away” at them. She also learned how important a unified support system is in recovery. Even if the person does not understand exactly how to protect valuable aspects of her life, she gains a perspective on how large and powerful her eating disorder is, and on some of its attributes and side affects since she labels them herself. Even if the patient gives up and refuses to continue the exercise, her decision can indicate to her the present level of commitment to recovery.

Lori’s negative attitude toward treatment and her blaming of peers had not gone unnoticed. She was beginning to see the value of the treatment team for support and was more actively engaged in therapy, but she had now shifted blame to the milieu. One evening, her two roommates confronted her in a caring manner, using techniques learned in their weekly skills for living
class. Lori later expressed anger and disbelief about the confrontation to her therapist. She was unaware of the boundaries she had overstepped. Her therapist commented on firsthand observations of this behavior as well and suggested that possibly God was trying to tell her something.

To expand the concept of boundaries, another equine session was prescribed. Lori rode a horse bareback with the equine professional holding the end of one lead rope and the therapist holding the end of another lead rope. A maze of poles was set up in the arena. Interspersed throughout the maze were buckets of grain and flakes of hay. Lori was asked to instruct staff members verbally on how to navigate the horse (a metaphor for her) through the temptations on the road to recovery. Staff members were not allowed to step inside the course of the maze (boundaries set). Lori had learned from her previous experience how to give direct instructions and was able to complete the course with a minimum of eating stops for the horse. She was then questioned as to who would be her support system when she returned home. She replied, “My aunt and uncle, but my uncle does not help much and is emotionally distant.” In order to simulate the home setting, the staff member representing the uncle did not participate in the next trip through the maze. This proved to be more challenging. Part way through the maze, Lori indicated that she wanted her uncle to be more involved in her life. She also described her aunt as controlling. At this time, the horse specialist told Lori that the horse was a symbol for the eating disorder and one of lead ropes was the umbilical cord or power cord connecting Lori to Aunt. Lori was then given the lead ropes as reins and attempted to guide the horse through the course on her own. The horse immediately headed for one of the grain buckets and Lori realized that she needed support and called for the treatment team to walk alongside her to encourage the horse onward. At one point the therapist stepped inside the maze and Lori said, “Get out of my space.” As a team, they navigated the course. The concept of codependency with Aunt was discussed, and how they would have to be independent individuals before they could form a healthy relationship. The horse, lead ropes, and maze worked beautifully to demonstrate to Lori how recovery could be in her control and she could not let anyone take that control away. Also evident was the need for support in her journey toward recovery.

Lori’s attitude continued to improve and she began to mentor new patients. She apologized to peers for her past negative behavior, and expressed appreciation to other residents who had confronted her. Lori fully utilized her remaining therapeutic activities and asked to participate in all equine activities possible. She was eager to learn and work toward recovery. At discharge, she was filled with guarded optimism, realizing the bumpy road yet ahead.

Equine-assisted therapy can reach clients in a way that traditional talk therapy cannot. Tangible boundaries are set up in these exercises, and often the client will tell the therapy team to get out of their space, or to move the horse (a metaphor for a person, disorder, or feeling) out of that space. Since horses are large and powerful, they are visible reminders of how formidable the client’s disorder(s) can be, and this insight can be utilized to gain perspective on the problem and realize the need for support from God and other people. If a client, couple, or family is “stuck,” sometimes it helps just to remove the client(s) from familiar surroundings to gain insight and learn new strategies for problem solving.

The secular therapist working with the equine-assisted model does not specifically address spiritual matters; however, during my training for certification in equine-assisted therapy, my clients would often name God as one of the supportive agents in the exercise. Sometimes surrender to a “higher power” is encouraged in secular therapy, similar to the AA model. In a Christian setting, concepts such as surrendering your disorder, addiction, or issues to God are often discussed. Secular equine-assisted therapy can have profound results, but if the client and therapist allow the Holy Spirit into the process the power of therapy can be magnified. In addition, the trained horse professional at this Christian facility always prayed for God’s guidance in selecting which animals would be used in the experience. With such willingness on the part of the treatment team, God played a major role in these sessions. The same horse might respond quite differently to each new client. The client and therapy team consistently reported gaining valuable insight. With God and part of his splendid creation on your team, how can you lose?

Author

Jo Ellen Christian received her M.A. in Counseling from Denver Seminary and is certified to utilize equine-assisted therapy by the Equine Assisted Growth and Learning Association.