



“It gives her a sense of accomplishment”: What parents say when children with disabilities ride

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Received: 7th September 2021; Accepted: 5th July 2022; Published: 6th April 2023

Abstract: This interpretive study explored participants’ perceptions of their child’s involvement in Equine-Assisted Activities and Therapies (EAAT). EAAT is implemented with a horse and is based on the notion that interacting with the horse has positive benefits. Such activity is nearly always reported to have positive effects on the child. Few studies have investigated the perceptions of the parents of their children’s participation in horseback riding activities. The purpose of this study is to determine how parents and/or guardians perceive how EAAT impacts their young riders, and the epiphanic ways in which the parents view those changes. Seven parents of participating children were purposefully sampled. Riders included five girls (5-10 years old) and six boys (6-16 years old) with cognitive and/or emotional disabilities including Post-Traumatic Stress Disorder (PTSD), Autism Spectrum Disorder, Down syndrome, and more. Findings were analyzed through an interpretive lens of epiphany. Participants spoke of the positive ways in which they and their children were accepted, and discussed improvements in children’s strength, social development, and specific individual needs. Parents’ views of the impact on their children are essential to improving service and advocacy for their children.

Keywords: epiphany; guardian perspectives; horse riding therapy; children with disabilities; parent empowerment

Introduction

The purpose of this study is to investigate parents’ or guardians’ perceptions of how planned horseback riding activities impacts their children who have disabilities. According to the Professional Association of Therapeutic Horsemanship International (PATH, 2020) “therapeutic riding is an equine-assisted activity for the purpose of contributing positively to the cognitive, physical, emotional and social well-being of individuals with special needs.” Participation in Equine-Assisted Activities and Therapies (EAAT) benefits riders in areas of health, education, sport, recreation, leisure, and many other aspects of life. As the name implies, EAAT is implemented with the help of a horse, and is based on the notion that interacting with the horse has positive benefits for the children with disabilities who ride (Hauge et al., 2014). Such interactive activity may be formal or informal but is nearly always reported to have positive effects on the child. EAAT can be done with a qualified instructor and a horse, or with a licensed therapist and a horse, usually as a way of supplementing other therapies, and with a specific therapeutic goal (Hauge et al., 2014). EAAT is becoming a common initiative in all parts of the world and demonstrates multiple benefits (Granados & Agís, 2011). Indeed, history provides plentiful anecdotal evidence

acknowledging the positive effects of interacting with animals. In Nimer and Lundahl's 2007 meta-analysis, the authors refer to the narrowing gap between subjective support and scholarly findings when they asserted, "while conventional wisdom has long supported the use of animals in promoting human wellbeing, only recently has science investigated the therapeutic effect animals have in alleviating mental and medical difficulties." (p. 225). Reasons for the many improvements experienced by individuals who participate in EAAT are explained in a review by Granados and Agis (2011), who combined Dynamic Systems Theory, neuronal group selection, and sensory integration theory into a conceptual framework for explaining the success of EAAT with children with disabilities. Their review reported physical, social, educational, and psychological improvements due to the multiple systems (sensory, muscular, etc.) impacted by horse riding and interaction therapies. Granados and Agis further noted subsequent transfer of such improvements to behaviour in other environments.

Hippotherapy, a type of EAAT, is a physically therapeutic program aimed at improving the rider's balance, posture, and other functioning through the joint efforts of a licensed therapist and a horse's movements. Its inclusion as part of a comprehensive treatment plan to enhance physical therapy outcomes has the added benefit of engaging and motivating the child. Hippotherapy aids in engaging and motivating children who can benefit from therapy when incorporated into an all-inclusive therapy regimen (Benda et al., 2003). Eleven articles reviewed by Sterba (2007) reported positive findings in investigations of the impact of EAAT and the gross motor function of children and young people with cerebral palsy (CP). The warmth of the horse combined with the gentle stretch provided by riding astride are particularly useful to individuals with tight muscles. Benda and colleagues (2003) found improvements in muscle symmetry brought on by equine assisted therapy, while simulated riding on a barrel yielded no such results. Honkavaara and Rintala (2010) found much improvement in gait after even a short-term riding session. The authors found improvements in gait velocity and stride length in the two participants with spastic CP, and improvements in stride length and cadence in the participant with athetosis. The prior section provides evidence of the physical and motor benefits of horseback riding therapy.

Likewise, EAAT is also beneficial in its impact on psychological, cognitive, or affective difficulties. Another population group investigated in EAAT research includes children considered at-risk due to post-traumatic stress disorder (PTSD) or particular psychological problems (e.g., Burgon, 2011; Trotter et al., 2008). Schultz and colleagues (2007) conducted an 18-month Equine Assisted Psychotherapy (EAP) intervention program for young people and children who have experienced family violence. All children who participated in the program increased in Children's Global Assessment of Functioning scale (CGAF). Younger participants showed even greater improvements on the CGAF. The authors further reported that children who had a history of neglect or physical abuse improved the greatest amount throughout the study on the CGAF. These findings show that EAP can be an effective therapy or additional therapy for children with PTSD and in particular children who have been subjected to neglect or abuse in the past. These findings also support the notion that the sooner EAP is started in a child's life the more effective it can be. MacDonald and Zitomer (2021) applied a lens of self-determination and found that the young riders were not allowed enough independence to become self-determined. Interviews revealed that some well-intentioned staff, volunteers, and parents over-assisted the riders in things they might have been able to do themselves, such as holding the reins. The riders in MacDonald and Zitomer's investigation perceived the activity as therapy rather than sport, and interactions with peers were limited. They recalled being entered in the riding program because medical personnel recommended to their parents to do so. In a rare case of non-positive results, MacDonald and Zitomer found too much assistance

compromised the riders' autonomy and contributed to limited development of self-determination.

In a study in the United Kingdom Malcom and colleagues (2018) examined the effects of EAAT on children with ASD. The researchers particularly focused on interaction of child and horse, and how that intersects with the study of Autism Spectrum Disorder (ASD). One participant noted that the horse facilitated children's adaptive skills. This finding and others led parents to believe their children were more mindful than what they had previously thought. Children also learned to better communicate, beginning with the horse, and transitioning to their human counterparts. Boyd and Le Roux (2017) interviewed parents whose children with disabilities participated in a therapeutic riding program in South Africa. In interviews parents described their children as having increased self-esteem, self-confidence, and independence, which the parents attributed to EAAT. Boyd and Le Roux concluded parents saw social, psychological, cognitive, and physical improvements in their children, and even in the parents themselves.

Minnes and her colleagues (2015) investigated the importance of the perceptions of parents of children with developmental disabilities. Although not looking at EAAT, the researchers found parent distress as well as well-being were due to, among other things, whether or not they felt empowered. Parent empowerment and self-efficacy related to interactions with service providers was a positive predictor of lower parent stress (Minnes et al., 2015). Yet, few studies (e.g., Boyd & Le Roux, 2017; Escobar, 2019; Malcolm et al., 2018) have investigated the perceptions of the parents of their children's participation in horseback riding activities. Not having their input sought can further disempower parents.

Consequently, parents of children with disabilities are often marginalized. Marginalization of parents can happen when a parent seeks services for the child. Encounters with otherwise well-meaning people in education and the health professions often place the parent in a position of powerlessness compared to the service provider. Parents often find their children to be regarded as deficient by service providers. The deficit model of disability puts focus on the things individuals with disabilities cannot do, rather than what they can do (Case, 2000; Goering, 2015). It is not hard to imagine how this perception, while not intentional, can be held by those in health professions with a history of "fixing" what is "damaged". But the deficit model is often adhered to by educational systems, considering that special education programs originally existed to rehabilitate learners who fell behind (Hadjiyiannakou et al., 2007). Thus, the deficit model has resulted in the marginalization of individuals with disability, as well as their parents. Indeed, scholars have shown that a child with a disability, body and mind, is often framed in the language of inability (education) and pathology (medicine).

As opposed to the deficit model, the social model of disability acknowledges strengths of individuals, and demands that real as well as virtual barriers be removed. The social model holds that individuals with disabilities are only handicapped by society's perceptions which result in barriers for those with disabilities. While society has come a long way since superstition and institutionalization, individuals with disabilities, and those who care for them, often continue to be considered second class citizens. When parents have been silenced and assigned lower status by educational and medical systems they continue to have difficulty advocating on behalf of their children (Case, 2000). Yet, parental support and advocacy is critical to the participation in physical, social, educational, and therapeutic activities of children and young people with disabilities (Buchanan et al., 2017; Li & Chen, 2012). Thus, the purpose of this study is to determine how parents and/or guardians, as welcome partners on the HRF, perceive how EAAT impacts their young riders.

Method

This interpretive study was conducted to explore parent/guardian perceptions of their child's involvement in the E.A.A.T program at a Horseback Riding Facility (HRF) in the Southeastern United States (USA). Denzin says interpretivism "endeavours to capture the voices, emotions, and actions of those studied" (1989, p. 10). Further, he states that interpretive research gives attention to particularly influential life experiences. We chose an interpretive approach as the epistemological stance for this study because our goal was to understand the perspectives and the meanings parents assigned to their experiences (Stringer, 2008) with EAAT.

Conceptual Framework

Denzin's (1989) interpretive research is the conceptual framework applied to this study. Interpretivism explores the meanings people make of their lived experience, and the interactional experiences – epiphanies – that can transform a person's life. Denzin describes four types of epiphanies. 1. The major epiphany, which is often life changing. An example would be the moment a parent learns that his or her child has an impairment. 2. The revealing epiphany is when minor, on-going underlying stress is uncovered, such as when one partner seemingly out of nowhere pleads to the other to "stop drumming your fingers before I go crazy!" 3. In the relived epiphany a person re-lives a critical moment from the past, such as the death of a loved one. 4. The cumulative epiphany is also a result of on-going tension and experiences that accumulate and eventually come to a head, or a resolution. Denzin uses the example of a battered woman who finally leaves her husband.

Denzin locates the epiphany in crisis, which vary according to the person and the circumstance. Epiphanies often represent defining moments in a person's life.

Participants

Participants were purposefully sampled, as they were parents or guardians of participants in the horseback riding program at the HRF. The Auburn University Institutional Review Board approved the research as protocol #19-091, and participants signed informed consent giving permission to be interviewed and for those interviews to be recorded. The risk of coercion was reduced by assuring confidentiality to all participants, and by using pseudonyms for participants, children, siblings, staff, and the Farm. Although we did not specify which parent participated, all seven who volunteered for this study were mothers or female guardians of the eleven children who were currently or recently involved in the horseback riding program at the HRF. The participants' children (hereafter also known as "riders") included five girls (5-10 years old) and six boys (6-16 years old). The riders had various amounts of experience in the program. Some were riding for the first time, while others had several years of riding experience. Each rider was diagnosed with one or more of the following: Dyslexia, Attention-Deficit Hyperactivity Disorder (ADHD), Oppositional Defiance Disorder (ODD), Sensory Processing Disorder, Obsessive Compulsive Disorder (OCD), Anxiety, Post-Traumatic Stress Disorder (PTSD), Attachment Reactive Disorder, 22q11.2 Duplication, Disruptive Mood Dysregulation Disorder, ASD, Down syndrome, Failure to Thrive, Depression, Rubinstein-Taybi Syndrome, and Hypomelanosis of Ito (please see Table 1.).

The Researchers

Researchers included a university professor of adapted physical education teacher education and a doctoral student. Both were in the School of Kinesiology, and the faculty member is a person with a disability, albeit an invisible one. Both researchers engaged in data collection. Denzin (1989) asserts, "Interpretive research begins and ends with the

biography and the self of the researcher” p. 12. Thus, the researchers remained mindful of their own roles and beliefs and sought to recognize any preconceived assumptions that might accompany those roles (Mordal-Moen & Green, 2014). Participants were aware of the researchers’ roles within the university and in the study. Researchers reminded participants’ that they (the participants) were the experts in their interviews, as researchers were not parents of children with disabilities, or parents at all. Researchers made a point to remind participants that they were interested in parents’ perceptions of the horseback riding program as well as any changes in their children that they attribute to EAAT. Participants were also reminded that the staff at the HRF would not see their individual responses. Researchers scheduled interviews around the participant’s schedules and at locations that were convenient for them.

Table 1. Participants and their children (pseudonym names) who ride horses.

Parent/Guardian	Child	age	Years Riding	Diagnosis
Lupe	Edie	8	.5	22q11.2 Duplication
Meredith	Cater	16	8	Hypomelanosis of Ito
	Wilson	11	6	Down Syndrome
	Sadarius	5	3	Down Syndrome
Nina	Boyd	9	2.5	ADHD, PTSD, depression, anxiety, disruptive mood dysregulation disorder
	Gracie	5	2.5	PTSD, reactive attachment disorder
Sandy	Cassie	10	2	Failure to thrive, ASD
	Vanessa	6	1	Speech disorder, dyslexia
Seline	Saul	9	1	Rubinstein-Taybi syndrome
Tammy	Anna	9	2 to 3	ADHD, ODD, sensory processing disorder, OCD, anxiety, deficits in body coordination, body awareness, spatial awareness
Tara	Beto	11	2	ASD

Data Collection

An informational letter about the study was distributed to parents and guardians of children who participated in EAAT during events at the HRF. The letter included detailed information on the purpose of the study, parents’ involvement, confidentiality, and contact information. We interviewed seven participants who had at least one rider in the program. Two participants had two riders, and one participant had three riders. We generated a list of potential open-ended interview questions. Some examples of those questions are:

- Tell me about your child's engagement in EAAT.
- Are you seeing any outcomes as a result of your child's engagement in EAAT?
- What sort of physical activity (PA) does your child engage in outside of school?
- How is your child's engagement in EAAT helping, or not helping, his or her participation in PE or PA?
- What does your child like or dislike about EAAT?

It is important to note that the parent/guardian was not asked to answer questions the way she thought her child would answer, that is, she was not asked to serve as a “proxy” (Sheldrick et al., 2012); for the child. We stressed that we were seeking her own perspective as we engaged in the conversational interviews. The interviews took from 40-90 minutes and were recorded on the interviewer’s mobile device accompanied by hand-written notations. The two researchers transcribed the interviews, resulting in 81 pages of narrative data.

Criteria of Quality

In this study we assured credibility by positioning the participants as the authorities of their own lives and interpretations (Morrow, 2005). Shenton (2004) asserts the importance of participants' opportunity to ensure they are represented accurately according to their perceptions. We made each participant's data available to her throughout the study, known as member checking (Lincoln & Guba; Shenton, 2004). As member checking alone is inadequate for credibility (Smith & McGannon, 2018; Tracy, 2010), we further employed strategies of triangulation, peer debriefing, and the keeping of an audit trail.

The inclusion of parents of children with Down Syndrome, parents of children with ASD, and parents of children with many other disabilities offered multiple points of view with regard to the research question, thus facilitating source triangulation of data. Shenton (2004) stated the utility of using

... a wide range of informants. This is one way of triangulating via data sources. Here individual viewpoints and experiences can be verified against others and, ultimately, a rich picture of the attitudes, needs or behaviour of those under scrutiny may be constructed based on the contributions of a range of people (p. 66).

Two individuals familiar with the study but not involved in the research or writing served as peer debriefers. They had expertise in qualitative research and were asked to scrutinize the method, analysis, and findings in order to question assumptions and prompt the authors to challenge their possible preconceptions and biases. This process of "fresh eyes" helps to ensure the credibility of the research (Lincoln & Guba, 1985; Shenton, 2004).

Descriptive depictions of the setting, along with thoughtful questions and probing follow-ups facilitated transferability by informing the reader of relevant contextual elements. Our keeping of an up-to-date audit trail assured dependability and confirmability as we had records of when data were collected and specific sources of data. Attention to dependability and confirmability required that we as the authors engaged in reflexive thinking, describing our own backgrounds and potential biases to the readers (Morrow, 2005). It is through these means that we ensure the trustworthiness of the research (Lincoln & Guba, 1985; Smith & McGannon, 2018).

Data Analysis

The interviews were transcribed, and we, the two researchers, unitized the data by breaking them into units of meaning (Lincoln & Guba, 1985; Stringer, 2008). Categories were established and the two researchers – separately then together – engaged in a continuous process of assigning units to categories until we reached agreement. We revisited the recordings and transcripts of the interviews to review context and ensure the integrity of the participants' perspectives. Categories of data were compared repeatedly in order to identify patterns and themes within the text (Richards & Hemphill, 2018), and corrections were made as needed. Following the identification of common themes throughout the data we began the interpretation process.

Results

The conceptual framework of this study is Denzin's interpretivism – exploring interactional experiences as epiphanies. The results section begins with a description of the Horseback Riding Farm. Following that is the Findings and Discussion, in which we explore the three themes within the lens of the conceptual framework and supporting

literature. Lastly, we add a discussion of the importance of gaining the views of parents/guardians as participants in research with children with disabilities.

Context: The Horseback Riding Farm

A statement of mission on the riding facility's web site explains how the facility is designed to enable children to learn and grow, and to power through difficult times and situations through the use of generous volunteers and gentle animals. The HRF embraces the potential of every child, and central to its mission is the horse.

It is worthwhile to describe the setting in which the EAAT took place. This description is based on researchers' observations, the HRF web site, and comments from the participating parents. The HRF is a 51-acre farm in a suburb of a city in the Southeastern USA that offers horseback riding for children with physical, intellectual, or learning disabilities; chronic or terminal illness; or with PTSD from trauma, grief, abuse, adoption transition, and more; with a minimum age requirement of two years old. The HRF is home to 17 horses, as well as many other animals including dogs, cats, goats, and donkeys. The size of the horses at the HRF ranges from miniature horses to 17 hands tall, so there is a horse for every size rider. They have around 300 volunteers who facilitate the riding and a full-time staff that run the farm and the non-profit foundation. They are available for field trips for local schools.

The HRF serves around 1,200 riders with around 130 different diagnoses. They strive to serve and help any child they can by providing riding sessions at no cost for the families. The staff collaborates with parents/guardians in making individualized additions to lesson plans for each rider, catering to individual needs. Riding sessions are designed to improve motor and physical abilities, cognitive abilities, memory, language abilities, socialization, following directions, task initiation, and more.

In the interviews, parents discussed the owner and executive director, whom they call Ms. Becky, and referred to her work as "magical." Parents described the mail-outs sent throughout the year to all riders containing pictures of "their" horse, each one "written" in the voice of one of the animals at the farm. Parents also mentioned how exceptional the volunteers were with the children. Parents reported that the HRF was always warm and welcoming when other institutions such as church or community sports teams were not.

Despite the known and perceived risks of horseback riding, parents did not fear for the children's safety. They often expressed a relaxing feeling of being there, because they knew their child would be cared for and in good hands. They described the spotters that led the horse and walked on either side of the riders to ensure that their rider was not only safe, but confident as well. Similar to the findings of Boyd and Le Roux (2017), the environment of the HRF was a positive place for both riders and their parents, who found it to be relaxing as well as uplifting.

At the HRF parents could request anything specific that they wanted the staff to incorporate into their riding program, and if the volunteers could do so, they would. Thus, they would request activities for speech, balance, spelling, math, and so forth. While the student volunteers were by no means therapists, Becky and her staff happily provided informal activities addressing the requests. The HRF provided unique environmental interactions for children who were distinctive in their personal needs and preferences. Many parents described their epiphanies when they spoke of the benefits of riding.

Findings and Discussion

In this study we investigated what parents thought of their children's experiences in an EAAT program. Determining parents' perceptions is a critical aspect of understanding the lives of children with disabilities. While finding resources to meet the needs of their

children is a task for any parent, it becomes a monumental task when the needs of the children are compounded due to disability, and consequently increases the anxiety of the parents (Burke et al., 2018). Without resources and support the child would be hard pressed, for instance, to attend most events that occur away from home. The parent/guardian must weigh the benefit of the child's participation against the inconvenience and stress of getting the child to the event. Even though the parents in this study were asked about barriers and stressors as well as benefits, they focused more on their children's gains. While they occasionally mentioned the respite provided as their child engaged in EAAT, their responses indicated they were more concerned with how their children progressed as they rode. In doing so, the participants described what Denzin (1989) refers to as epiphanies.

Despite its religious and mythological roots, epiphany in the present-day typically is the unexpected consequence of much hard work and long searching (Berkun, 2010). Denzin (1989) locates epiphanies in crises, identifying four existentially problematic moments. These moments are, 1. the major epiphany, 2. the revealing epiphany, 3. the relived epiphany, and 4. the cumulative epiphany.

The cumulative epiphany is a result of on-going stressful experiences that accumulate and eventually resolve. Hence, for the purpose of our discussion the cumulative epiphany is the most suitable considering the long-term commitment, along with its stressors and wonders, of the parent who raises a child with a disability. Another way of seeing the cumulative epiphany is what Berkun (2010) calls "an occasional bonus of working on tough problems" (p. 13). We see the manifestation of the cumulative epiphany as a) the participants' long-time efforts to find satisfying experiences for their children or, b) being the caregiver of a child with a disability, or c) their continuing stressful challenges from institutional structures. Cumulative epiphany may also be a combination of these stressors. It is notable that these definitions can apply to the child as well as the parent, both of whom work hard, and both of whom experience stress and tension. Parents experienced illuminative moments resulting from an accumulation of stressful situations and happy events. The findings are discussed relative to the cumulative epiphanies described. The three themes developed from the data analysis – motor/physical benefits, sensory/perceptual motor issues, and affective and speech benefits – are discussed within the framework of cumulative epiphany.

Physical or motor benefits

Many parents described their epiphanies when they spoke of the results of riding; fun disguised as hard work. Parents who noticed motor or physical benefits had children with disabilities known to hinder motor learning and control. However, Lupe noted that seeing her daughter's motor advancements was not always obvious: "It's harder to see Edie's physical improvements because it's very subtle." Edie appeared to be a typically developing child despite her low muscle tone and lack of flexibility. However, Lupe could not contain her enthusiasm when she spoke of how horseback riding improved Edie's "...back flexibility. She struggles; she has weakness, back weakness, muscle weakness. It helped when she started the horse therapy." She went on to say,

...ever since she was little and she would run, her shoulders would tense up [Lupe demonstrated, hunching her shoulders up]. Now she runs like an average child, she's more relaxed, her muscles are more relaxed. This was interesting because we don't work on running [at home]. The only thing that could have helped this was horseback riding.

Seline remarked that when they began the program Saul, her son, had "low muscle tone, and was very unstable on his feet." But as they continued participation in the riding at

the HRF his core strength improved. While Seline saw improvement in Saul's core strength, she also remarked that Saul's balance had not improved. "I'm not sure that riding has helped that, he's still pretty off balance. If he steps on a toy, one misstep and he is down."

Regarding improvements in core strength, Meredith concurred, "I think there's a lot of core strengthening going on in there... any therapist we talk to, they recommend horseback riding for children with Down's syndrome." Meredith went on to say how the program had benefited her children's posture and strength. She stated

...all of their posture has improved greatly because... really all three of them have really bad low muscle tone, and being on the horse and the posture of the way that they are riding.... It makes them sit up while they are do all the motions. And the different things that they ask them to do greatly helps their posture and the strengthening of all your muscles.

It follows that children's improvements in physical and motor function may serve to reduce stress in the parent. For instance, the parent may often carry the child who tires easily. Improved muscle function and strength may lead the child to desire to walk on his or her own, providing respite to the parent from the physical stress of carrying the child. Better physical abilities may foreshadow more independent living as the children age. Indeed, one of caregivers' most powerful stressors is not knowing what awaits their children in the future as possibly independent adults (Burke et al., 2018; Case, 2000). Case stated, "Parents harbour deep concerns regarding their child's future, particularly in terms of age exaggerating the child's disability and the child's future level of independence" (2000, p. 284). Such a future includes what happens to the son or daughter after the parents are no longer living. Researchers (Ajzenman et al., 2013; Minshew et al., 2004) have linked better motor function and postural stability to improved adaptive skills, which are in turn critical to independent living.

Sensory or perceptual motor issues

Parents of a child with a disability, experience daily life events differently from those of typically developing children. That which is "taken for granted" by many can result in "meltdowns" for others. Routine, safety, and sensory issues can put enormous stress on a parent, as well as the child. The parent participants described many ways the needs of their children were met by their participation in the EAAT program at the HRF. These included the need for routine, sensory issues, and safety. The parents spoke of how the volunteers and staff at the farm assuaged fears with kindness and patience. Nina recalled how Gracie began her riding at only two and a half years old. The tiny child rode a very small horse with three volunteer side-walkers. Nina described the experience as "very, very safe". Now, at age five, Gracie is "...up to the bigger horses."

A common characteristic of children with disabilities is sensory issues, which may be sensory seeking (e.g., wanting to rub a scrubby surface), or sensory overload (such as the sound of whistle). Meredith, who had had children in the program longer than the other parents, continued to see things she had not seen before because of her experiences at the HRF. She described the sensory benefits her children experienced from the program, exclaiming "... they're meeting the needs of all our senses. You're touching, you're seeing, you're feeling... you're smelling life on a farm...!"

Yet, the farm can also be overwhelming to those who tend to experience overload on their senses. Such overload was enough to delay the riding experience for some children, who had to become accustomed to the extra sensory engagement before agreeing to ride. According to Tammy, Anna's senses were very heightened and sensitive. "She does not like the smell of a barn. She used to be highly offended by it." Tammy said Anna called the

horse barn the “stinky barn”, and did not like the horse odour at all, although she eventually became accustomed to the smell. Seline explained prior, as well as ongoing, underlying tensions for Saul. She described his “love/hate relationship with things”, and his determination to overcome sensory challenges. One such challenge was wearing the helmet, a requirement for riding. Saul’s determination led to weeks of feeding and grooming and petting the horse, finally culminating in his donning the helmet and mounting. Both Tammy and Seline, having discovered a potential benefit in the HRF, found themselves waiting for their children to overcome their sensory barriers before they could ride. Yet they saw their children taking the steps needed to conquer the obstacles, their determination analogous to the parents’ long-time efforts to provide opportunities for success.

When Edie started riding, she could not perform a single jumping jack for her physical therapist. Lupe stated, “Horseback riding has helped her coordination, just having to coordinate with the horse, and go with the horse’s moves.... She was able to do five jumping jacks by the end of May!” Lupe recognized and was enthusiastic about the effort Edie put forth and the benefits the child reaped through her perseverance. Edie’s successes through hard work paralleled Lupe’s efforts to find beneficial experiences for her child. Such illuminative epiphanies were repeatedly experienced by the participants.

Tara agreed that the riding activities were beneficial for her son, Beto’s, coordination. She described physical therapy-type exercises provided by the instructors while her son rode, and noticed her son had more control over his movements as his participation in the program continued. Tammy said her daughter, Anna, advanced her balance and her core strength due to some of the activities they did, such as a two-point stance in the stirrups. Tammy described the thrill she felt from seeing her daughter exhibiting such an improvement in strength and balance: “I mean, I was amazed!” Tammy’s exclamation characterized many of the participants’ reactions to the improvements their children experienced as a result of riding activities. Berkon (2010) says that an epiphany is usually unpredictable because one rarely knows when his or her labours will bear results.

Affective issues and speech benefits

Parents remarked on how their children’s confidence, self-esteem, sense of responsibility, and social skills improved due to the riding. While Nina’s children had no motor deficits, she noticed an increase in confidence and self-esteem that she credited to session tasks. While riding, the children (with the side-walkers) display things they have learned such as having the horse step over a low barrier, make turns, change gait, and stop and start. Nina explained, saying the activities increased Gracie’s and Boyd’s self-esteem and confidence by “just learning that they can do things when they’re told, ‘ok, hold the reins, make the horse gallop, make it trot’.” Nina said Boyd’s self-esteem grew “...being able to have the confidence to do that and not say ‘I can’t do it’.” Similarly, Lupe said of Edie, “confidence wise, it’s (the riding) made a big difference, it gives her a sense of accomplishment.” Likewise, Tammy referred to the program at the HRF as “built-in self-esteem.” She had previously enrolled Anna in gymnastics, which was a struggle for the child. Tammy said, “we tried the HRF right after that (gymnastics); Anna experienced immediate success.” Tammy went on to say the HRF program was “good, she can do that. That is something she has accomplishments in doing.”

Parents agreed that the rules and the structure of the environment at the HRF were responsible for fostering responsibility in their children. Meredith and Sandy both attributed an increase in their children’s responsibility to being held accountable for following rules and directions. Sandy stated, “because they’ll do a thing where they have to follow directions and do what whoever is directing them to do.” She said the responsibility

they learn at the HRF is accompanied by other positive character traits, such as respect for animals and self-reliance, noting the independence the children feel when they are on the horse.

Another advantage of the program at the HRF was social benefits. While the horseback riding itself was not always conducive to interacting with peers, it did give the children a chance to interact with the volunteer university students. Tara said that her son, Beto, was typically very guarded before he started riding at the HRF, because he did not know how people would interact with him. Before coming to the HRF Beto did not interact with others very much and was often aggressive. His mother Tara said the program helped him control his aggression and improve his social skills. “He was a completely different child.” She also noted how prior to riding Beto had been very impulsive at times, but he had never been impulsive at the HRF. She went on to tell how her son learned how to interact socially with people of all ages during the program. Tara reported these improvements transferred to his school, where his interactions with classmates were better than they were before he started riding.

Improvements to speech can facilitate social skills, and participants remarked how the children’s speech had benefited because of the program. Riding involves responding regularly to instructions from the staff and volunteers. Meredith stated,

...you’re on the horse, what’s under the horse, what’s behind the horse, what’s in front of, beside of, all of those words they continually use and all of those prepositions. They’re constantly talking and asking the kids, ‘raise your hands above your head, now put your hands out to your side.’ You know, that really helped.

The volunteers and staff would work on vocabulary, prepositions, putting two words together, or other speech needs the child had. While responding to instructions children were improving their compliance as well as their receptive language skills. Seeing such collateral benefits were unexpected and epiphanic to the parents.

Waiting for their session to begin offered time to interact with other children. Being around children with a variety of special needs – some intellectual, some physical, some mixed, some visible, some invisible – had a positive impact on the children. Sandy, whose children had the “invisible” concerns of dyslexia and attention deficit disorder (ADD), remarked how her children were drawn to assist children who had more obvious difficulties, such as a child who used a walker. Sandy also mentioned this benefit as it related to everyday life, stating how they would see their new friends at other programs, or out in the community. “A lot of times we’d see them ‘Oh we’ve seen him at the HRF’.” Improvements in social skills can go far in facilitating individuals’ with disabilities successful entry into the mainstream of society (Case, 2000).

The activities at the HRF were highly structured, and Sandy spoke of benefits for her child, Cassie. She stated: “I think it’s helped a lot with attention...typically with dyslexia there is some ADD, a deficit of attention. Definitely (since beginning riding, she has) a little more focus”. Structure also helps focus, and one participant pointed out how children with ASD and/or other developmental disabilities, “thrive off routines.” She went on to describe how each time a rider arrives he or she knows exactly where to go to get the helmet, and there is a volunteer waiting to take the child to the horse. Each riding session follows the same order integrating different activities. Minimizing surprises helped the children feel safe in what the parents knew could have been an unpredictable environment.

Undoubtedly, minimizing surprises not only eased the stress on the children, but also the parents. Their lives as caregivers are filled with unforeseen events, often in the form of institutional structures (Buchanan et al., 2017). Tara and her son had encountered ongoing

stress due to Beto's experiences with institutional rejection. He had been restricted in participation or outright rejected by their church, local parks, and ball programs. The welcoming nature of the HRF allowed Beto to "be himself". That he could be welcomed so warmly was a new experience for both Tara and Beto. Indeed, Beto "fell in love" with the HRF, even experiencing less anger and aggression, and prompting his mother to say, "He was a completely different child."

In their study of parents' experiences with the health care system Franklin and colleagues (2019) stated, "The parents described that the medical, education, and community systems functioned as separate silos with minimal, if any, cross-system collaboration." (p. 150). Interacting with persons in the community, schools, health care, church, and so on in the process of seeking services is often a primary stressor for parents (Case, 2000). Likewise, being parents of children with disabilities means a lifetime of striving to find services and opportunities for their children to experience success. Each participant stated that the act of simply finding the HRF and learning about the services available was a substantial stress reducer leading to epiphany.

As an institution, the HRF was a free, non-profit service provider, similar in some ways to other support services accessed by the participants. Yet, power structures that existed in institutions such as health care and education were absent at the HRF. For instance, parents could request anything specific that they wanted the staff to incorporate into their riding program, and if the volunteers could do so, they would. They would request activities for speech, balance, spelling, mathematics, and so forth. While the student volunteers were not certified therapists, Ms. Becky and her staff happily provided informal activities that addressed the child's needs. The HRF staff developed appropriate programs and did not require a participant to specify a particular service, but they were always ready to accommodate any requests. Locating and utilizing the services of the HRF manifested in a cumulative epiphany for the parents.

As a result of their children's engagement in EAAT parents saw improved core strength, posture, balance, coordination, and all-around muscle tone. Researchers find adaptive skills improve because of better motor function. ASD, researchers (Ajzenman et al., 2013; Minshew et al., 2004) found that improvements in postural stability have potential to facilitate further improvements in children's abilities to use motor responses required for many daily tasks. Similar to the posture findings, Travers and colleagues (2016) found clear links between better motor function and strength in the hand and improved adaptive skills in participants with ASD. Some researchers extend their assertions to suggest improved posture and other muscle function in ASD contribute to reduced social isolation (Ajzenman et al., 2013; Travers et al., 2016). It stands to reason that children with other disabilities – not ASD – would reap similar benefits. Parents of children with disabilities express stress and anxiety when pondering the future lives of their charges. Seeing their children's progress and discovering how that progress may impact their children's current and future day to day living is a powerful epiphany.

Participants talked about the many illuminative episodes and activities that exist at the HRF in ways that led the researchers to believe this program is different, more complex, and more personal than many other therapies. This finding supports Hauge and colleagues' (2014) contention that EAAT is a beneficial supplement to other therapies, based on the notion that simply interacting with a horse has positive benefits. Malcolm and colleagues (2018) concluded that three aspects of horseback riding explain reported successes: "the sensorial, embodied experience of riding the horse; the specific movements and rhythms of the horse; and the 'personality' of the horse." (p. 230). They further say, "Equine therapy can be regarded as enabling a form of multispecies intersubjectivity," (p. 230) that may lead to enhanced interactions among humans.

Parents' enduring efforts to find fulfilling experiences for their children were producing results. To a person, the participants expressed their satisfaction with the advances the children were making at the HRF. In a world where parents saw their children's disabilities seeming to subordinate their achievements, the observed progress made at the HRF was indeed epiphanic.

Why Parents' Perspectives Matter

Humankind has changed for the better since the times when families were compelled to hide their child with disability at home, or place him or her in an institution, never to be seen in public. Indeed, 21st century parents of children with disability find themselves in a very public sphere (Case, 2000). They walk a fine line between wanting to reduce their children's social isolation by, for instance, improving their motor function or their physical aesthetic; and wanting their children to be accepted as they are. Parents see their children's improvements in posture and other muscle function as having potential to a) promote their ability to use adaptive skills, facilitating future success and independence; and/or b) improve their appearance, thus reducing social isolation – and again, improving their chances for a more positive future.

Engaging publicly, accompanied by the child, is one way parents contribute to the reduction of society's uneasiness with individuals with disability. Often the parent, whether by preference or necessity, takes the children on excursions to the grocery or other public places. If the child is conspicuous due to behavioural or physical difference others may express discomfort by averting their eyes, or staring, or otherwise changing their behaviour due to the presence of the child. The parent often responds by engaging the person and speaking in a friendly manner (Case, 2000), thus emphasizing the child's personhood, minimizing the disability, and perhaps reducing stigma.

It is notable that all of the participants of this study are female: biological mothers, adoptive mothers, or female guardians of the children. Escobar (2019) reported the same phenomenon. The National Alliance for Caregiving (n.d.) reported that at a rate of seven in ten, mothers and female caregivers are tasked with the daily care of the child with a disability more than their male counterparts. Green and her colleagues (2007) remind us that parent roles are socially constructed by many contextual factors including the child, other family members, family culture, and friends. Having a child with a disability most certainly has the potential to create a formidable role for the parent. A corollary to that is parents of children with disabilities report greater stress than do parents of children with disabilities (Burke et al., 2018; Case, 2000; Escobar, 2019; Minnes et al., 2015). Causes of that stress may be directly related to the child, such as the child's diagnosis, behaviour, or difficulty with care, or they may be more indirect such as stress related to structural barriers: transportation, service providers, schools, placement, health care, and so forth.

Foregrounding parents' views adds important perspectives that broaden what we know about children with disabilities and implications for how the lives of both child and parent can be improved. When parents see advances in their children's abilities, they are likely to continue to reinforce the improved attributes in other settings. As the primary caregivers of their children with disability, parents' continually advocate for the inclusion of their children into society and the supports that facilitate it. Their opportunity to communicate exciting, epiphanic, first-hand observations of the children's advances is likely to empower their efforts in advocacy and inclusion for their child.

In this study we acknowledge the expertise and needs of the parents and guardians of the young riders. Acquiring parent views adds important perspectives that broaden what we know about children with disabilities and how their lives can be improved. Such parent perspectives may ultimately be advantageous in future advocacy and research.

Limitations

A limitation of this study is investigating at only one facility. Having only seven parents volunteer may limit the richness and extent of the data. Likewise, we had only one face-face interview. While we followed up by email, a second fact-to-face interview may have yielded more information. Such limitations also reduce the transferability of the findings. Readers are encouraged to examine the findings and make connections in light of their own situations.

Perspectives

There is an array of social, cognitive, emotional, and physical benefits of EAAT for many individuals with disabilities, yet few studies have involved the perceptions of parents (including guardians) toward these types of therapies. Results as reported by participants support existing research, finding that EAAT improves young riders' core strength, postural stability, coordination, confidence, self-esteem, perseverance, personal responsibility, and social skills. It follows that such improvements can facilitate a future with more independence. Because parents are the decision makers when it comes to their children's participation in elective activities, it is vital that parents see such successes. The next step may be to conduct assessments of motor and social abilities to determine the extent of the children's progress.

The power asymmetries present in interactions with many similar support services were absent at the HRT. The parents spoke of how the staff welcomed them and accommodated their needs while the children rode. Parents could request specifics that they wanted the staff to incorporate into their riding program. Parents and guardians experienced a multitude of epiphanies as they: a) found a facility ("institution") that acknowledged their expertise and needs, b) watched their children succeed at an activity, c) saw their children not only enjoy, but also persevere at an activity, and d) observe their children generalize some of their strength and social gains to other situations.

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Author Contributions: Conceptualization, A.B.; Methodology, A.B.; K.H.; Formal Analysis, A.B.; K.H.; Writing-Original Draft Preparation, A.B.; K.H.; Writing-Review & Editing, A.B.; K.H.

Funding: This research received no external funding.

Conflicts of Interest: The authors declare no conflict of interest.

Availability of data and materials: The data are not publicly available due to privacy or ethical reasons.

Acknowledgments: We give particular thanks to "Ms. Becky" (pseudonym) and the staff and volunteers at the Horse Riding Farm. We mostly thank the parent/guardians and their children, without whom we could not have done this study. Thank you to the reviewers, whose recommendations made this a much better manuscript.

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