Equine Assisted Therapy on People with Multiple Sclerosis,
A Case Study

A Project Report

Presented To

The Faculty of the Anthropology Department at

San Jose State University

In Partial Fulfillment

Of Requirements of the Degree of

Masters of Arts

By

Deborah N. Walde-Baughn

December 2017

The Undersigned Graduate Committee Approves the
Project Report Titled

Equine Assisted Therapy on People with Multiple Sclerosis,
A Case Study

By

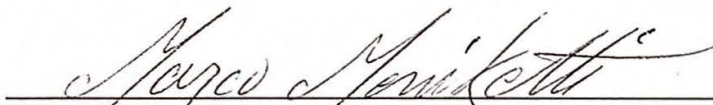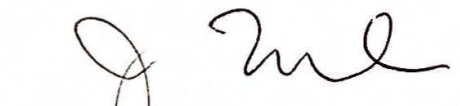Deborah N. Walde-Baughn

APPROVED FOR THE DEPARTMENT OF
ANTHROPOLOGY

J.A. English-Lueck   12/7/17

Dr. J.A. English-Lueck, Department of Anthropology   Date

Marco Meniketti   12/7/17

Dr. Marco Meniketti, Department of Anthropology   Date

John Marlovits   12/7/17

Dr. John Marlovits, Department of Anthropology   Date

ABSTRACT

Equine Assisted Therapy on People with Multiple Sclerosis, A Case Study

By Deborah N. Walde-Baughn

DreamPower Horsemanship (DreamPower) is a local non-profit therapeutic riding center that offers equine facilitated therapies and activities for people. The organization offers an equine assisted support group for adults diagnosed with Multiple Sclerosis (MS). This ethnographic case study documents how a person who has been diagnosed with a potentially debilitating disease can learn to cope with the barriers of the disease with the assistance of horses. As a volunteer for DreamPower, I had the opportunity to participate as a horse handler in the group working with participants and the horses.

This study consisted of observations and in-depth interviews with six people, Approximating the maximum number of clients participating in the support group session. I conducted observations focusing on interactions between participants and their equine partners during group activities, and interactions among the support group members. I later conducted interviews with participants to learn more about what they were thinking and feeling while participating in the program and to situate their experiences in an illness narrative. Participants and I took photographs of activities during the group sessions. Photographs of human and horse interactions provide visual documentation for the project as well as a deliverable. The participants in this program "learned" to read their non-human counterparts as the horses reflect people's emotions and body language.

The report documents transspecies interactions and adds to the broadening of multispecies research. The report also documents the challenges that are created by having animals as part of the project, and methods used to design the project. Participants' narratives of the experiences and photographs were used to create a visual deliverable titled *Equine Assisted Therapy on People with Multiple Sclerosis*. This deliverable is being used by DreamPower Horsemanship to demonstrate the power of horse therapy and encourage people who are diagnosed with Multiple Sclerosis to try a non traditional of support group. The video is available on YouTube (https://youtu.be/qgwWqG4J5_K)

Acknowledgements

Many people have contributed to my successful completion of this project a special Thank you to Dr. Jan English-Lueck for becoming my committee chair. Your guidance, commitment, encouragement helped me cross the finish line to completing this project. I am so very grateful for your help! I appreciate Dr. Marco Meniketti and Dr. John Marlovits who willingly participated as committee members. I am thankful to both of you.

Thank you to Larry Young, biology department coordinator and Dr. Carolyn Glogoski, associate professor from the Department of Occupational Therapy. You both assisted me with The Institutional Animal Care & Use Committee applications. I would have never received approval for this project without your guidance.

I owe a debt of gratitude to Martha McNeil, Director and Founder of DreamPower Horsemanship for the opportunity to volunteer in an amazing organization. Your suggestion to conduct my research with the participants in Horse Power: Living Strong with MS support group has given me so much more than I ever expected. I also thank the people who were willing to share their stories about living with multiple sclerosis and their experiences working with the DreamPower horses. You are an inspiring group of people setting an example of courage and achievement. I have learned from you.

Thank you to my wonderful family! My husband has supported me though graduate school and beyond. His encouraging words "don't give up - get it done" kept me moving forward. My parents also provided whatever support was needed to complete this project. My mom who became my editor, had to kept reminding me to explain horse terminology. My dad also lent me words of encouragement. I am grateful to have you all in my life!

Table of Contents

Chapter 6: Conclusion

Epilogue

References

Introduction

This multispecies ethnographic project documents the experiences between adults diagnosed with Multiple Sclerosis and horses used in a therapeutic context. The goal of this project is to share participants' experiences interacting with horses in a support group environment. This case study will add to the broadening field of human and non-human research in anthropology. My training and personal experience interacting with horses provides the background needed to interpret the horses' actions. Participant narratives and interpretation of observations between the human and horses will contribute to changing approaches in anthropological research. Historically animals have been portrayed as passive objects that are dealt with, thought of, or felt about. Far from being considered agents or subjects in their own right, the animals themselves are virtually overlooked by anthropologists (Noske 1993). Animals have the ability to teach humans about themselves. Donna Haraway once wrote: We polish an animal mirror to look for ourselves. People have described, while interacting with horses often you feel a powerful connection with these special and unique animals (Symington 2012). There are two deliverables for this project. The first deliverable is a video entitled *Equine Assisted Therapy on People with Multiple Sclerosis.* The video is available on YouTube. The second deliverable is the project report. This report has seven chapters starting with introduction through conclusion. The report outlines the methods that I used to collect and analyze the data. It also documents the significance of the stories of the people with MS and the animals with which they interact.

Most of the research for the ethnography was conducted at DreamPower Horsemanship (DreamPower), a local non-profit therapeutic riding center that offers equine facilitated therapies and activities for people. Horse Power: Living Strong with MS is a support group that is offered at DreamPower. The group size is small compared to other group programs that are offered since clients in the MS group have the potential to have mobility issues requiring more assistance. A DreamPower volunteer who has experience with horses assists the client. Horses in this group provide clients the opportunity to refocus thoughts about MS. Here clients disassociate themselves from their disease which helps them look at MS from a different perspective. They learn methods to cope with symptoms through human and equine interactions.

Data was collected using participant observation during support group activities (group discussions and human and horse interactions). I also conducted interviews with participants which resulted in narratives about their experiences working with horses in a therapeutic setting and how participants learned methods for coping with MS. Arthur Kleinman's work on illness narratives helps us understand how the people with MS frame their illness experiences and tell their stories. Their experiences challenge the prevailing and classical sociological notion of Talcott Parsons which suggests that if "patients" surrender to the directives of biomedicine they will be cured. However, chronic and intermittent conditions such as MS undermine such expectations and cast people with disease into a quandary of self-doubt. Medical anthropologist James Waldram suggests that people do have agency while experiencing the rigors of chronic disease, but only if they let go of Parsonian expectations to experience "transformative therapy." I posit that equine therapy is an excellent example of Waldram's notion. I will discuss these theories and how they relate to participants' narratives in the chapter titled Findings. Photographs taken during group activities are used to design a visual deliverable in the form of a short video.

Using digital media to disseminate information, provides people who may have limited mobility easy access to information about Horse Power: Living Strong with MS.

In the Fall of 2012 I became a volunteer for DreamPower Horsemanship where I assisted with riding lessons. Eventually I began to teach riding lessons. During that time one of the other volunteers told me she had been diagnosed with Multiple Sclerosis (MS) and would stop working at DreamPower. Having a love of horses and a passion to help others, she told DreamPower's director that a group should be created to help people with MS. I joined the planning team for the MS support group. After a year of planning, making contacts in the MS community and advertising, the program began with the 1st session of Horse Power: Living Strong with MS. I became a horse handler for the group. When DreamPower's director invited me to conduct my research with the clients in the MS support group I welcomed the opportunity. I had been learning about how people living with a chronic illness are treated by society. This project would be an analysis of whether a program using horses could make a difference in the lives of people with MS.

Chapter 1: Background

When someone is diagnosed with an incurable disease life continues and the person has to adapt. Support groups are not new to treatment. Using horses as part of the program is different from people talking with each other. This chapter provides background information for this project. There are five sections in which the reader will learn about: 1) Multiple Sclerosis and how it can affect some people. 2) How horses are different from other types of therapy animals. 3) How DreamPower Horsemanship is organized. 4) How the DreamPower horses are selected and trained to be therapy horses. 5) The experiences of participants in Horse Power: Living Strong with MS.

<u>Multiple Sclerosis</u>

MS is a chronic, autoimmune, inflammatory disease in which the body's own immunity attacks the nerves in the central nervous system, made up of the brain, spinal cord, and optic nerves (Vollmer 2007). The myelin sheath protects and conducts signals through nerve fibers. MS breaks down the sheath causing nerve fibers to become damaged or break. The body begins to lose the ability to transmit messages from the brain to the muscles (Nordqvist 2017). The disease is progressive and associated with a wide variety of debilitating symptoms that are physical or mental. Symptoms can include numbness, pain, loss of balance, difficulty walking impaired vision, memory loss, fatigue and depression. The progress, severity and symptoms of the disease vary greatly from one person to another (National MS Society n.d.). There are four different types of MS, however, most people have relapsing – remitting. With this type of MS a person's symptoms may flare up followed by a period of remission. During remission symptoms decrease or may go away.

In most cases the symptoms will become worse after a period of time (Health Library n.d.). Each week 200 people in the United States receive a diagnosis of MS (Multiple Sclerosis Association of America, n.d.). No single test can confirm an MS diagnosis. Diagnosis often depends upon ruling out other conditions that might produce similar signs and symptoms (Multiple Sclerosis n.d.). People are often misdiagnosed and are treated for other diseases or referred to psychiatric counseling before receiving a diagnosis for MS (Webster 1989). Society typically associates a chronic illness with symptoms that are visible such as a limp; yet invisible symptoms such as fatigue are labeled as laziness (Keck 1994). The impacts of a chronic disease such as MS, can be a therapeutic challenge.

Equines

Dogs are typically thought of or seen in a therapeutic setting. Their loyalty, trainability and size provides them with the ability to assist a person with physical or emotional challenges. When thinking of horses in a therapeutic setting people may typically be more aware of hippotherapy (see glossary for an explanation). Since the 1960's horses have also been used in emotional support environments. What makes horses different from other animal species typically used in an emotional support environment? A dog or cat can be physically moved by a human, while horses are large powerful animals that can be intimidating to some people. Unlike a dog or cat, horses are prey animals that typically live in herds. Their instinct is to constantly be aware of their surroundings. To be around horses a person needs to understand how horses communicate through non-verbal language. The manner in which a horse responds to the human reflects that person's state of being at that moment. If a person is upset, a horse will try to get away from that person or exhibit behaviors such as swishing its tail or stomping its foot. A person who is content or happy will find the horse's body relaxed.

The relationship that is formed between a person and the horse opens pathways to personal self-reflection. The language of the horse operates through its body such that horses must use their bodies to communicate their subjective presence (Brandt 2013). Eventually a horse will consider a human as part of their herd. As part of the herd a horse's instincts allow them to sense human emotions and actions. When horses and people interact in a way that is mutually healthy, and based on a desire from both sides to be together, a deep bond is formed (Dorrance 1987). As a person learns how to communicate with and "move" a large animal, confidence in one's abilities and a sense of accomplishment are instilled (Brandt 2013).

DreamPower Horsemanship

DreamPower Horsemanship is located in Gilroy, California. The center has assisted over five hundred clients during the last fifteen years (DreamPower Horsemanship n.d.). DreamPower has the Premier Accreditation designation from the Professional Association of Therapeutic Horsemanship International (PATH, Intl.). Premier Accreditation signifies that programs offered meet the basic standards for health and safety, promoting the well-being of all participants and equines. The center is nestled below the Gilroy foothills surrounded by farmland and smaller ranch homes. Among the barns, paddocks and arenas are small flower gardens and two small gazebos. In addition to the horses there are ducks, chickens, goats, and a barn cat. DreamPower's goals are detailed in their mission statement.

> "Building lives filled with DREAMS, and the POWER to make dreams come true." We accomplish our Mission through equine-assisted activities and therapies as well as animal-assisted therapy and other mental health services for children, teens, adults, individuals, groups and families (DreamPower Horsemanship n.d.).

DreamPower Horses

DreamPower's horses are of different breeds, sizes, and training. Most of the horses, miniature horses, and miniature donkey work as therapeutic assistants, a second career. They may have competed at horse shows, worked for the forest service, been beloved pets, a stud or broodmare. One horse is the "byproduct" of pharmaceutical production. Premarin is a drug made using the urine from pregnant mares (Cox, 2004). One of the foals was adopted and is used at DreamPower. Horses are evaluated by the head trainer prior to entering DreamPower's horse training program.

Horses or the donkey regardless of size do not work with a client until they are trained. Horses are trained to stand still when they are tied to a tie rail, or their lead rope is being held by a person. Horses need to be comfortable being touched by brushes, hands, blankets and have a bareback pad or saddle pad placed anywhere on their body. A therapy horse must tolerate being handled by different people. Horses need to remain calm when a child is screaming or crying anywhere around them. They are desensitized to wheelchairs and equipment that may assist someone with mobility issues. They are comfortable with equipment used for ground exercises such as, cones, barrels, bags, tarps, and balls. The purpose is to expose the horse to every situation that they may encounter as a therapy horse. This type of training is conducted to insure the safety of the client, staff, and the horse. Once a horse has completed and passed their therapeutic horse training they become part of the DreamPower herd.

Depending on the horses' personality, size and training prior to joining the herd, they work in a variety of "jobs." Horse activities can include being ridden, led, decorated with paint, ribbons and glitter, or pulling a carriage. A horse can prefer one job over another. For instance, one of the horses loves attention.

15

He is happy being partnered with a person whose lesson is groundwork because he is groomed, talked to, and gets hugged and kissed at times. He may also work as a carriage horse for driving lessons. The larger, taller horses are partnered with teenagers and adults typically because the horses are ridden independently where a horse handler and side walkers are not required. The medium to the smallest horses and donkey are used with children or people who require a horse handler and/or side walker. The horses in the MS Support group have a reputation of having a calm personality. People who work with horses identify these types of horses as being "bomb proof" because they do not get scared easily. They are ideal for people who do not have much experience with horses.

Horse Power: Living Strong with MS

Group Description

One program offered by DreamPower is the Horse Power: Living Strong with MS. This program is a support group based on the premise that human and equine interactions will help adults with MS. This is an unmounted support group. The activities with the horses are designed to be flexible to accommodate the changing needs of individual participants. Some of the activities with the horses include: grooming, leading and ground work exercises. The purpose of the group is to provide an environment in which people can interact with one another and the horses while learning skills to promote personal wellbeing.

The objectives of the group are:

- ❖ Improve your balance and movement
- ❖ Maintain and increase your physical ability
- ❖ Practice self-care
- ❖ Increase your sense of personal power and well-being
- ❖ Experience the power of Equine-Facilitated Psychotherapy
- ❖ Increase self-understanding and self-acceptance
- ❖ Have fun outdoors with well-trained horses and others

16

❖ Participate at your own functioning level

(DreamPower Horsemanship 2014)

Group Framework

The MS support group is facilitated by Dr. Cherie Page, licensed psychologist, and Lisa Renae Nelson, licensed marriage and family therapist. Both have a background with horses. The group meets Thursdays at 10:00 a.m. for 1½ hours, although it is not unusual to exceed the allotted time. A block[1] consists of six weekly sessions. Every block has an overall theme such as Self-Care. Each weekly session has an exercise with the horses that reflects the theme. During the Self-Care theme, clients are taught the TTouch method. (see observation section for details.) The number of clients per block is limited to eight, however an average group typically consists of six clients.

Block
(Theme: Wellbeing)

| Weekly session (TTouch) | Weekly session (Self-Care) | Weekly session (Grooming) |
| Weekly session (Fenced Area) | Weekly session (Painting) | Weekly session (Reflection) |

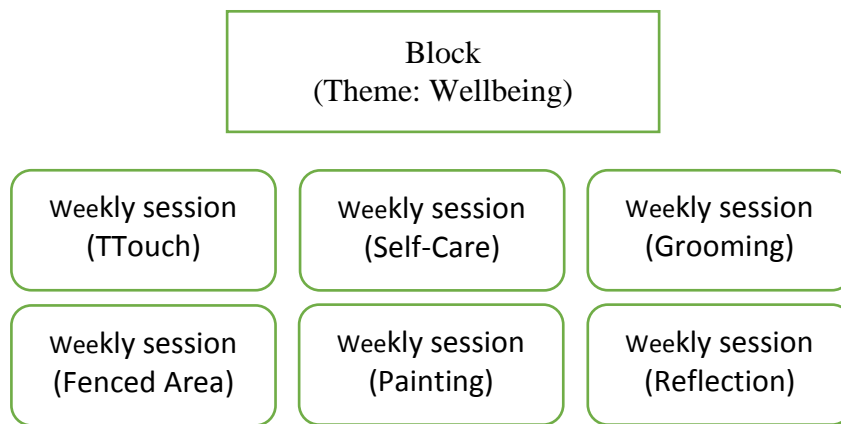Figure 1: Diagram to clarify group design.

The MS support group sessions begin at one of the outdoor gazebos. The gazebos are surrounded by trees and planters filled with flowers. Inside the gazebos are chairs or benches for people to sit on. Dr. Page begins each session with a "Check In". Clients, therapists, and volunteers in the group have an opportunity to share anything: talk about how their week is

going, a success, frustrations, a request for help with something ... nothing is off limits. When

"Check In" is completed Dr. Page will tell the group what the activity is for the day.

A volunteer will accompany a client to get their horse and meet at the location where the

exercise will take place. Activities take place in various locations around the center. Such as

activities in one of two arenas, or the round pen.

Figure 2: Map of DreamPower Horsemanship

At the "Closing" of each weekly session, before the horses are returned to their stalls, everyone gathers in a circle while standing next to their horse and holding the lead rope. Clients have the opportunity to talk about the activity and receive feedback from the group.

The last session in a block at the end of six weeks is different from the other sessions. It is a time to reflect on the activities from the last five weeks and an additional activity is added to the last session. After the horses are returned to their stalls MS support group members meet at the picnic tables, located by the tack shed. Clients create a keepsake that reflects the overall theme for the last five weeks. This memento is a reminder of the clients' personal objectives and achievements. Once such keepsake was a small glass jar. The jar was filled with arena sand and attached to a leather cord. Dr. Page while handing each person a jar stated, "The sand is from the arena you walk on while negotiating obstacles, representing barriers in life" (fieldnotes 2014).

Researcher's Background

My background which includes twenty years of experience with a variety of horses, and training in different equestrian disciplines, is complemented by having competed in horseback riding events. I have taken courses in Natural Horsemanship (NH) and Tellington TTouch (TTouch) methods, skills directly related to completing this project. NH is a broad term that encompasses different methods of training and working with horses. Many practitioners who teach NH use different methods to achieve the same results. Monty Roberts, Pat Parelli and Buck Brannman are well known for teaching NH. My trainer worked with Ray Hunt, cofounder of NH and Tom Dorrance before NH became a national movement. Buck Brannman was a student of Ray Hunt.

Natural Horsemanship is a philosophy of working with horses based on the horse's natural instincts and methods of communication. It has been developed with the understanding

that horses do not learn through fear or pain… (Areon 2008). The emphasis is on kindness, with particular emphasis on communicating with – learning to understand from the horse's point of view – the natural behavior of horses (Birke 2007). The goal is to create a partnership of trust and mutual respect between humans and horses. This is a simplified explanation for a method of horsemanship that is multidimensional.

TTouch (pronounced tee touch) is another method for training and working with horses. The different levels of TTouch are bodywork, ground exercises and ridden work (Tellington-Jones 2012). I will focus on the first level or bodywork, since some of these methods are taught to DreamPower clients. TTouch is described as a series of exercises designed for building trust and confidence between a person and horse (Tellington-Jones 2012). The ultimate goal is to create a better relationship between humans and horses. DreamPower staff and volunteers use philosophies from both Natural Horsemanship and TTouch when working with horses.
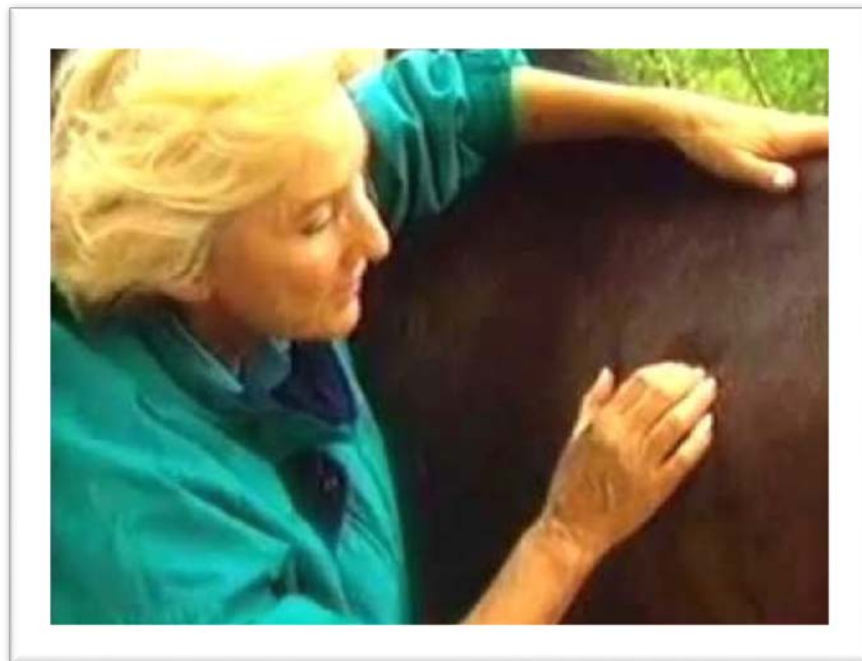

Figure 3: Linda Tellington-Jones demonstrating TTouch. – images from google

As a DreamPower volunteer I have had the opportunity to work with clients who face a variety of physical and emotional challenges. I have learned the individual personalities of the horses from interacting with clients and horses. This has led to my understanding of how the DreamPower horses use their bodies to communicate. For example, one of the horses will make groaning noises when he is ridden. He has learned if he groans the handler will think he is ill and return him to his stall. When he does return to his stall He stops groaning. I now know he is trying to avoid working.

As a horse handler for Horse Power: Living Strong with MS my responsibility is to assist the client with their horse. This assistance takes many forms. I interpret horse behavior to the client, hold their horse during an exercise or walk with a client while they lead their horse. A horse handler's job is to ensure that both the client and horse are safe.

This chapter has presented a glimpse of the dimensions involved in this project. A summary of the disease, therapy animals, the support organization, horses and program have been discussed. In the next chapter a survey of scholarly articles and books is presented. Among the topics are: chronic illness, multispecies relationships and virtual environments for disseminating information.

Chapter 2: Literature Review

This study focuses on people who have a chronic disease and are participants in a support group that employs horses. Human and non-human interaction is an area of research that is rapidly expanding to encompass broader environments from household pets to the treatment of animals in slaughter houses. Researchers are using a multidiscipline approach to incorporate human and animal perspectives. Relevant literature for this review presents topics about chronic illness, human /non-human interactions, and equines used in therapy. This review is presented in four sections: Section 1) chronic illness, Section 2) human and animal interaction, Section 3) equines as co-therapists, Section 4) photography/virtual exhibits. I have used quotations from researchers working in the fields of medical anthropology, cultural anthropology, anthrozoology, sociology, and philosophy. The objective is to understand illness narratives, methods for coping with illness, and to use ethnography to share the illness narrative of people diagnosed with MS.

Chronic Illness

Dr. Kleinman makes a distinction between the meanings of illness and disease. Illness refers to how the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disabilities (Kleinman 1988). Illness refers to the patient's experience of sickness (Singer and Baer 2011). Disease however is what the practitioner creates in the recasting of illness in the terms of theories of disorders (Kleinman 1988). In looking at chronic illness from a different point of view non-medical anthropology sees the boundaries between disease and illness as fluid, and both conceptions are cultural constructions rooted in the biological and psychosocial processes (Singer and Baer 2011).

Chronic illnesses tend to oscillate between periods of exacerbation, when symptoms worsen, to periods of quiescence, when disability is less disruptive (Kleinman 1988). By now a very substantial body of findings indicates that psychological and social factors are often determinants of the swing towards amplification (Kleinman 1988). Many individuals with MS are faced with the prospect of enduring years of persisting and worsening symptoms, including pain and risk for depression and impairment in social, physical and psychological functioning (Nsamenang, Hirsch, Topciu, Goodman, and Duberstien 2016).

With delegitimation, suffering is the result of local social interactions in which others judge the validity of experience, often basing those judgments on assumptions about real disease as something physically apparent or visible (Hay 2010). The problem of disease invisibility for patients has been frequently noted by scholars (Hay 2010). I look young, energetic, and healthy and it can be very difficult to explain to an employer, for example, that there are times when walking across a room seems impossible (Webster 1989). "Looking so good" is exactly what makes dealing with fatigue in Multiple Sclerosis so difficult (Webster 1989). Although some people with visible marks would prefer a concealable condition, chronic pain sufferers sometimes bemoan the invisibility of their pain, saying they would prefer a more visible – even though also stigmatized – condition (Jackson 2005).

Visible symptoms make disease public, sometimes, problematically so, as when social stigma limits opportunities for employment or hinders the development of new social relationships (Hay 2010). Illness is the breakdown of the general 'capacity for the effective performance of valued tasks' (Varul 2010). Losing this capacity disrupts 'loyalty' to particular commitments in specific contexts such as the workplace and the family (Varul 2010).

The public has been led to believe that a person with MS will inevitably and irrevocably progress to a state of total physical decline (Keck 1994).

MS is a non-curable chronic illness that is difficult to diagnose because of the different symptoms and the fact that people are affected differently. MS can be a fickle disease, it is frequently unrecognized and misdiagnosed (Webster 1989). At present significant delays to the diagnosis of MS remain (Stankiewicz, Chaubal, and Buckle 2012). This may relate to the wide range of symptoms that can occur from inflammation in any number of possible places in the brain or spinal cord (Stankiewicz, Chaubal, and Buckle 2012).

At times physicians are inclined to hold back on rendering a definitive decision even with the use of new technologies such as MRI (Keck 1994). When the brain MRI is definitely abnormal but not classic of MS, it raises the possibility of an alternative neurological diagnosis, and blood and spinal fluid tests can be used to exclude "mimics" of MS at the time of diagnosis (Bermel 2013). Webster, an anthropologist, describes her MS diagnosis as "having the years go by… with friends and family becoming increasingly suspicious of her "sickness" … psychiatry is recommended. Finally, the diagnosis comes: multiple sclerosis." This pattern is one which many people with MS will recognize and with which they will identify (Webster 1989).

What is clear is chronic illness is an ongoing process in which personal problems constantly emerge to challenge technical control, social order, and individual mastery (Kleinman 1988). Illness would be a state of affairs which would impair, in varying ways and degrees, the capacity of the sick person to function, as the saying has been, "normally" (Parsons 1975).

There are many conditions which are in any given state of the art of medicine incurable (Parsons 1975). Then the goal of complete recovery becomes impractical (Parsons 1975).

However, recovery is the obverse of the process of deterioration of health that is a level of capacities (Parsons 1975). Talcott Parsons defined the social roles of patient and practitioner based on the premise of infectious disease, not accounting for the intractability of chronic illness. Such assumptions have been challenged since the notion was posed in the mid-twentieth century.

In many of these chronic situations tendencies to such deterioration can be held in check by the proper medically prescribed measures based on sound diagnostic knowledge (Parsons 1975). To cope with chronic illness means to routinely scan minute bodily processes (Kleinman 1988). On the other hand healing is described as a transformational process designed to alter the patient's existential engagement with the world (Hatala and Waldram 2016). Transformative healing is not concerned with returning the individual to a presickness state, but rather changing an individual in some biological, cognitive, spiritual or other way (Wiley and Allen 2017). This is the goal of programs such as DreamPower Horsemanship and the stories of participants reinforce the notion of transformation.

Human & Animal Interactions

Human and animal interactions have evolved over time. Humans hunted animals as sources of food, clothing and shelter. Domestication enabled humans to switch from foraging, hunting and gathering, to agriculture (Shipman 2010). It also triggered a shift from a nomadic or migratory lifestyle to settled living patterns (Shipman 2010). Domesticating an animal is fundamentally developing a means of communication with that animal (Shipman 2010). Research has shown that animals can ameliorate the effects of potentially stressful life events, reduce levels of anxiety, loneliness, and depression, and enhance feelings of autonomy, competence, and self-esteem (Wells 2009).

Experimentation led psychiatrists to conclude that some patients – both children and adults – initially interact with an animal and that through these interactions it is possible to promote positive changes with the human social environment (Grandgeorge and Hausberger 2011). The American Veterinary Medical Association (AVMA) states that animal-assisted therapy has both emotional and physical benefits that can help a wide range of impairments and diagnoses as well as a wide range of clients from children to older adults (Andreasen, Stella, Wilkison, Moser-Szczech, etal 2017). Changes in self-mastery, self-concept, and self-confidence involve seeing the world in new ways and the development of behavioral repertoires that include patience, control/agency, increased efficacy, or new skills, such as asking for the help of a caretaker (Davis, Maustad, and Dean 2014). Animal assisted therapies aim to develop well-being in people and social skills in children on the basis of human animal interactions (Grandgeorge and Hausberger 2011).

The concept of "nature cultures" denotes a shift in thinking in Western cultural traditions from viewing nature and culture in opposition to each other to seeing them as mutually interactive (Maurstad, Davis, and Cowles 2013). In 1989 anthropologist Barbara Noske issued a clarion call urging anthropologists to acknowledge and challenge the anthropocentricity of the anthropological endeavor (Hurn 2012). By using overt observations of animals' behaviors, we can at least partly "bring in the animal viewpoint" (Birke and Hockenhull 2012). Human-animal relations can be understood narrowly as the interactions between humans and other animals, or more broadly to include the uses people make of animals as both beings and concepts (Russell 2010). Animals are believed to possess thoughts, feelings and social systems which are analogous, if not identical, to those of humans (Serpell and Paul 2002). Rather than seeing humans and animals as categorically different, Darwin showed that all animals including

humans, share a continuum of mental and emotional capacities (DeMello 2012). Animals not only share our spaces, and interpret our actions and moods, they also learn to communicate actively with us, and we learn parallel skills (Birke and Hockenhull 2012). The fine details of reading horse behavior say, do indeed take years of observation and working with horses, humans do bring to their encounters with animals some ability to read them (Birke and Hockenhull 2012).

According to Barad every ontological unit is a phenomenon, becoming such through actions and events taking place in contexts where objects are entangled with humans and various other measuring agents (Maurstad, Davis, and Cowles 2013). The concept 'intra-acting' speaks better for focusing on how parties meet and change, as a result of their meeting, as opposed to interacting, which refers to parties meeting and leaving each other unchanged (Maurstad, Davis, and Cowles 2013). Human and horse "intra-acting" is demonstrated throughout this paper. Members of the MS support group work with horses to learn skills to cope with their disease. Despite the anthropocentrism of Western biomedical thinking from medieval to modern times, during the last 30 years there has been a dramatic growth in literature on the healing power of human-nonhuman animal encounters and the practices of a variety of animal-assisted therapy programs (Davis, Maurstad, and Dean 2014).

Equines (As Co-Therapists)

Ever since the two species came into contact, horses have been a vital force in human culture (Lawrence-Atwood 1994). The therapeutic effects of interacting with a horse on the ground or riding on top of the horse are not new and date back to earlier times (Lanning and Krenek 2013). Including horses into a support group changes the dynamics of traditional therapies.

Research indicates that therapy involving horses may yield a variety of psychotherapeutic benefits including: self-confidence, self-concept, communication, trust, perspective, anxiety reduction, decreased isolation, self-acceptance, impulse modulation, assertiveness, boundaries, creative freedom and spiritual growth (Fredrick, Hatz, and Lanning 2014). Working with horses requires one to come to terms with denial, blame, anger, chaos, fear, insecurity, divided focus and inattention (Skeen 2011). Because humans cannot convey intentions to horses through spoken language, they must use their bodies to generate that communication style to which the horse can respond (Brandt 2005).

Horses can also give us accurate and unbiased feedback. They mirror both the physical and emotional states of participants during exercises, providing clients with an opportunity to raise their awareness and to practice congruence between feelings and behaviors (Klontz, Bivens, Leinart, and Klotz 2007). A horse's mirror image may help clients to be honest with themselves, and in so doing, will also help with healing (Symington 2012). An example of a horse mirroring a human action, also described as "reflective feedback," is when a horse reacts to a person's emotions or movements. Bob, a participant in this project, is vigorously grooming his horse Sam. Sam is normally a calm and quiet horse but began to get agitated and tried to move away from Bob (feildnotes 2014). The horse may respond to things that go unnoticed by humans (Lentini and Knox 2007). In general participants describe invaluable effects such as the sense of overcoming fears; undertaking a new challenge and learning experience; the ability to focus on the here and now during time spent with a horse; learning to relax; the camaraderie of being with other survivors to share the equine experience; the joy of the new sensations of grooming, stroking, smelling and riding horses; and the opportunity to learn from trainers, mentors, and other participants and the horse (Haylock and Cantril 2006).

Horses can become vivid images in human cognitive processes, and frequently serve as meaningful constructs in ordering social relations between people and the world around them (Lawrence 1985). Expanding on the growing, but still fairly scarce ethnographic literature on horse/human relationships, this relationship may be explored as a co-creation of behavior with complex modes of attention and attachments, involving somatic mode of attention, as well as cognition and affect (Maurstad, Davis, and Cowels 2013).

Photography & Virtual Environments

I used information from the books and articles presented in this section of the literature review as a guide for designing the visual deliverable. Such key criteria as understanding the audience and presentation elements provided the foundation to using a visual medium. Information such as selecting pictures that "show" a story about the activity that is occurring in the picture was essential for clear communication. The authors discuss how the meaning of a picture can be interpreted differently from the presenter's original intent.

Photographs can be used to create representations that express experiences and ideas in ways that written word cannot (Pink 1992). Bateson and Mead felt that juxtapositions of photographs revealed "intangible relationships among different types of culturally standardized behavior" more effectively than words exclusively (Hartel and Thomson 2011). Contemporary visual ethnography uses photography not so much to claim "this is what is," but to create a dialogue around competing and complementary meanings of images (Harper 2003).

Technology becomes yet another tool in the anthropological endeavor to communicate a culture's knowledge and worldview (Underberg and Congdon 2007).

Digital technologies allow for new ways of knowing about cultural heritage, offering opportunities for education, regeneration, and community empowerment (Were 2014). Multimedia data offers unique opportunities for data representation and dissemination that go beyond traditional scholarly written or oral textual formats (Schensul and LeCompte 2012). Translating such insights into new media development involves attempting to "show rather than tell" events as they unfold, seeking to give the audience a taste of the overall experience rather than just presenting factual details (Underberg and Zorn 2013). Multimedia data, especially in digital form, permits integration of written and visual media for presentation and facilitates naturalistic representation (Schensul and LeCompte 2012). The capacity to present findings in multiple formats facilitates dissemination to diverse audiences and addresses diverse needs, thus making research more accessible to practitioners, policy members, and the public (Schensul and LeCompte 2012).

The literature review contributed valuable information from experts in fields relevant to this project. This has been used as a guide in all phases of the research from planning, to data collection, analysis, and findings. Researchers can meet unexpected events that challenge the success of the project. I discuss the methods that were used to recruit participants, participant observation, photographs, interviews, project limitations and reflections on organizational obstacles in the next chapter.

Chapter 3: Methodological Approaches and Obstacles

The primary objective of this research project is to present how interacting with horses, changes the way people who have been diagnosed with MS meet the challenges of coping with this disease. Data was collected from observations during Horse Power: Living Strong with MS and participant narratives. One of the goals for this project is to make information available to people who may have limited mobility - a possible symptom of MS. Using technology as a method of outreach not only delivers information directly to the user, it also provides a permanent visual record that can be easily accessed. This could replace or complement traditional, less sustainable methods such as brochures.

Several questions highlight how people might or might not revise their own illness narratives. How do horses help or hinder conversations about frustrations or other emotions? How do people articulate strategies to overcome some of the barriers created by their disease? How do people rethink their own abilities after they engage in therapy? While this ethnographic exploration cannot directly address the impact of therapy on MS, it can document changes in behavior and discourse in the context of equine therapeutic interactions.

As I reviewed my data, I began collecting materials from anthropologists' writings on human and non-human interactions. I became aware that the majority of human and non-human studies exclude the animal perspective. There are a few anthropologists such as Donna Haraway, Elizabeth Atwood Lawrence, Keri Brandt and S. Eben Kinsely who include animals as subjects in their research. These anthropologists' writings became my guides for thinking and writing about human and non-human interactions, and acted as one of my primary analytical frameworks.

Recruitment

Individuals from the Horse Power: Living Strong with MS support group were solicited for this research project. Members attending the support group live in various locations of the South Bay Area and Santa Cruz County. Participants are adults who have been diagnosed with Multiple Sclerosis. They have continuously attended support group meetings (at least six weeks equaling one block). I had the opportunity, during one of the weekly sessions to tell the support group members about the proposed research project. The purpose of this research project is to answer the question: How do therapy horses affect adults diagnosed with Multiple Sclerosis? The timeline included participant observations during weekly group sessions. Interview appointments followed the twelve weeks of observations. I emphasized that participation in the research was voluntary and that the client's[3] decision to join the project would not impact services received at DreamPower.

I sent each potential participant a form letter via email. This letter provided details about what to expect while participating in the project, such as pictures being taken during group sessions. To protect participant's identity pictures did not show facial features. Pseudonyms for participants and their equine partners were used. Anyone could withdraw from the research project at anytime. There was no obligation to continue. I included my personal contact information in the letter. MS group members, DreamPower staff and volunteers shared personal contact information. I individually addressed each letter to protect the identity of potential research participants. Fifteen emails were sent to current and past members. Six people accepted the invitation, a 40% response rate.

Five out of the six participants in this research project have been members of the MS support group from inception. The participants represent a broad cross section of the disease.

Some received their MS diagnosis at different ages, attended MS support groups offered by the MS Society, or are medically retired, and some have various experiences with horses. All have Relapsing–Remitting MS. In the relapsing phase of MS a person experiences a flare up of a symptom, such as numbness in their feet. A flare up lasts for at least twenty-four hours (John Hopkins Medicine n.d.). Members in the MS support group have talked about being hospitalized for a week as a result of a flare up. The remitting phase is characterized by symptoms which partially or completely go away. This phase follows a relapse.

Participants

Participation was voluntary. To express interest in the project each person contacted me via email or spoke with me in private after a group session. The participant sample is composed of Caucasians, with one male and five female adults, ranging in age from early forties to late sixties. Each participant has had an MS diagnosis for more than ten years, although this was not a requirement to participate. Five participants[4] received their MS diagnosis during their twenties; one person was diagnosed at eighteen. Two of the participants stated they had MS symptoms as children. Doctors attributed the symptoms to "laziness," a lack of nutrition or psychological issues. One of the participants works when her MS symptoms are managed with medication. Three of the participants are medically retired from the high technology industry and one was in the process of retiring during this project. One participant had never worked. Two people have horse experience. That experience ranges from previously owning their own horse, present ownership or having had previous or current horseback riding lessons more than once. Five of the six people have little or no horse experience. A little experience constitutes a trail ride on a rental horse. Everyone in the group enjoys being around animals. One person has a service dog. Participants travel from a variety of locations around the Bay Area to attend group sessions.

Data Collection

I did not want to change my role as a horse handler in the group while conducting research for this project. I wrote fieldnotes at the conclusion of each session. This also allowed me to give my full attention to what was happening between participants and their horses. After a session I immediately wrote fieldnotes in a spiral notebook before driving away. My notes contained conversations among the group members including therapists and horse handlers. I also noted the activities and interactions between participants and their horses. If anything was hard to express in words I drew images, such as the design of the obstacle course.

Participant Observation

There are four outdoor locations at the facility where observations take place. Locations at the ranch may change depending on the weather or activities that are planned for the session. The garden gazebo is where each session begins (weather permitting). We meet in the hay barn when it is raining, windy, or cold outside. The hay barn has three sides and is where the horses' food is stored. A tie rail is where the horse is tied when outside its stall. They are located in front of the tack room. The aisle is an area in front of the assigned horse's stall or occasionally inside the stall. There are two arenas and a small circular, walled-in-area called the round pen. The arena is a large open fenced-in area. The ground (footing) is covered with sand or dirt. One arena is larger than the other. Activities such as moving around an obstacle course take place in the arena. Typically the round pen is used to exercise a horse or for a person who is starting to ride independently. The smaller space allows the instructor to be closer to the student if assistance is needed. The walls help keep the horse focused on his/her job and not looking around to see what is happening around the ranch. This location is not used often unless other classes requiring the larger two arenas are being used.

I wore two hats while working in the MS group. As a DreamPower volunteer I worked during each session one on one with a participant and their horse (individual team). As an anthropologist conducting research I also observed other participants during the session. Working with individual teams provided the opportunity for me to ask questions. To illustrate I include several examples.

Bob is a participant who continually battles fatigue which is one of the symptoms of MS. He is grooming his horse Sam. Sam is holding his head up high and his body is rigid.

> **Debbie (anthropologist):** Why are you brushing Sam so quickly?
> **Bob:** I have to, I am afraid I will get too tired to finish grooming.
> **Debbie:** Look at Sam he is agitated because you are rushing to groom him. He is trying to figure out why you are in a rush. He is wondering if there is something to be worried about.
> Bob looks at me as if thinking, what am I talking about?
> **Debbie:** Slow down. Brush him as if you have all the time in the world.
> Sam relaxes his body and lowers his head.
> **Bob:** I see what you mean.
> **Debbie:** If you are calm and relaxed, Sam will be also.
> At the "Closing" of the session Bob says to the group: Sam showed me if I slow down then he will relax. Sam told me I need to slow down.
> (fieldnotes 2014)

I did have a strong influence on this situation, but it is intriguing that Bob attributed agency to Sam, the horse. My observations necessarily included intense self-monitoring, as well as attuning myself to the ways in which participants interpreted events around them (fieldnotes 2014).

Figure 4: Sam – relaxing: his head is lower, ears are to the side and down but he is listening, eyes are closed and his bottom lip is longer than the top. Bob is preforming TTouch. Photo taken by Ariel McClure-DP volunteer

During one group "Check In" Dr. Page, asked the group how they felt, then described the activity planned for the day. It required walking in the arena. The miniature horses and donkey (referred to as the minis) assisted in this exercise. Participants and their mini negotiated a series of obstacles. Dr. Page said that the obstacles represented barriers in life. "How you choose to lead your mini over, through and/or around them is up to you. You can do as many obstacles as you want" (fieldnotes 2014).

The obstacles were placed in the small arena where the footing is sand. The course had yellow, blue, orange, red and green foam pool-noodles, and small orange traffic cones placed in the center of the arena. Some of the noodles were parallel to one another with room to walk in between (similar to a walking path that has a border).

Another single noodle had a cone placed at each end (this could signify a wall or some type of barrier). There were also four cones placed in a row with ample room to weave through them or circle around them. There was a single cone that stood alone.
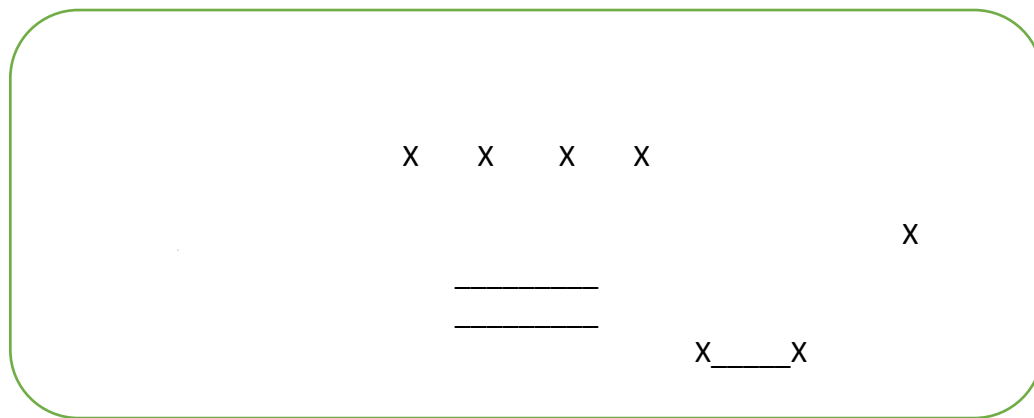
X   X   X   X

X

‾‾‾‾‾‾‾‾‾‾
‾‾‾‾‾‾‾‾‾‾

X‾‾‾‾‾X

Figure 5: Diagram for the obstacle course. X's represent cones and lines represent foam noodles.

Clients individually led their mini through the course while others watched. Horse handlers watched but we were close by in case assistance was needed. Client and horse/mini exercises provided me with opportunities to observe participants. Group members working to negotiate obstacles without the presence of a horse handler provided an opportunity to gain confidence.

Judy and Tucker, her mini horse, walked through the obstacles in the arena. They walked through the obstacle that could be a path and around the single cone. Judy was smiling while she and Tucker navigated the course. She walked to the noodle with a cone on either end. Judy began to walk over the noodle and Tucker stopped. She pulled on his lead rope, Tucker did not move. Judy's smile disappeared and became a frown. She pulled on the lead rope again. Tucker backed up a step or two.

Dr. Page: What are you trying to do?
Judy: Get him to walk over the noodle.
Dr. Page: What do you do when you can't do something you want to do?
Judy: Keep trying.
Dr. Page: What do you do when you are tired of trying? Give up or find another way?
Judy: It depends on the situation.
Dr. Page: It is up to you to decide what to do. You can give up, try another obstacle or approach this one differently.

Judy led Tucker around to the other side of the obstacle. They both walked over it (fieldnotes 2014).

I am not sure why Tucker would not walk over the noodle during the first attempt. Judy and Tucker were not communicating. Judy might have been nervous about walking over the noodle. Tucker sensed her lack of confidence and refused to walk over the noodle. Judy possibly gained confidence walking to the other side of the obstacle, making the second attempt successful. The change in direction changed the focus from the noodle, to walking around to the other side of the obstacle, then walking over the noodle. The new direction was toward the arena gate. We enter and exit the arena through the same gate.

Horses learn very quickly that when a session is over the gate opens and they may get a treat. Typically horse cookies are given either at the tie rail or in their stall. Horses do not always get treats but they know they are going home to their stalls. I cannot verbally speak with Tucker to ask him why he originally refused to walk over the noodle. However, I can interpret the actions based on my own experiences with horses and working with clients and their horses. The horses' perspective is told through interpretations of observations. In Clifford Geertz's article *"From the Native's Point of View": On the Nature of Anthropological Understanding,* he refers to Malinowski's statement …in the case of "Natives" you don't have to be one to know

one…(29). My interpretation of this quote in relation to the horses in this project is that I do not have to be a horse to understand them.

Observations about how humans and horses interact with one another during a variety of activities provided critical information for this project. An example is the interaction between Judy and Tucker while negotiating the obstacle course, Judy's facial expression changed when Tucker initially refused to walk over the foam noodle. I watched her try to figure out how to renegotiate with Tucker to get him to walk over the obstacle. Observing such interactions between participants and their equine partners provides dimension to describing a scenario that exhibits the non-verbal changes in the interaction.

Judy, during the interview phase of the project did not mention trying to overcome the obstacle with Tucker. When talking about the horses, she mostly referred to King. Without observations, I would have missed Judy's nonverbal interaction with Tucker. In her conversation with Dr. Page about decisions she had to make to overcome the barrier, nothing was said about why she chose the second way to lead Tucker over the noodle. "In the most obvious ways, it (observation) allows us to understand nonverbal communication, to anticipate and understand responses. It shapes the way in which we interact with others and, in a more fundamental way, it shapes the way we interpret what we observe" (Musante-Dewalt and Dewalt 2010). Without observations so much valuable data would have been missed from the research.

<u>Photographs</u>

Digital photos were taken with a cell phone camera during weekly sessions. Photos captured participant and horse interactions during exercises and the results of an activity. For example, the painting on the horses is an activity of expression that was best captured by taking a picture of the end result. In this case, "a picture is worth a thousand words."

Figure 6: Participant's emotions

Participants, other horse handlers and I took pictures. Pictures capture an emic perspective from that person when coupled with participant's actions and comments. Participant's select which images, either taken by them or another person in the group, to share with me. Pictures that are chosen reflect a personal meaning for the participant. The following picture looks old and worn but for the participant it is meaningful.

Figure 7: This is a copy of a picture. Judy keeps this picture in the visor
of her car. The picture is of her favorite horse and it is a reminder to stay calm.
Photographer is unknown.

The photographs also provide consistent documentation of the context and some interaction. I took most of the photos during group sessions that involved activities with the horses including the keepsakes created by clients during the last group session for the block. I chose to take pictures of scenes that reflect human and horse interactions with the hope of capturing nonverbal communication. I did find taking still pictures to be challenging at times.

I wanted to capture people and their horses in a natural setting. When participants saw me framing them to take a picture they often posed. It was difficult to take action pictures such as walking through the obstacle course. Pictures tended to be blurry or not express the scene I was trying to capture.

I asked participants at the conclusion of the interview if they had pictures from the group they would like to share with me. They emailed or sent pictures via Facebook to me. My original intention for the pictures was as a visual context to words in the written report. That intention was broadened after deciding to make a visually based deliverable. I consulted with DreamPower and we were attracted by the idea of a virtual exhibit. That idea grew into a creation of a video using the pictures taken during each session (see the Deliverable chapter for details).

Interviews

Interviews were conducted following the twelve weeks of observation. Interview questions were pre-written and adapted to each individual as each person interacted with his or her horse. The pre-written questions asked about such things as: the age which they were diagnosed with MS, how they felt about their equine partner, whether working with the horses had changed how to cope with MS. My interpretations from observations were also discussed with individuals during their interview. For example, Alice is a member of the MS support group and a participant in the research project. She typically works with a horse named Doc. During one of the sessions I observed a "disagreement" that occurred between Alice and Doc. I asked about her feelings towards Doc. Participant narratives provided me a with a deeper understanding of how it feels to live with MS and the frustrations and triumphs that are associated with the disease. Questions from observations provided an opportunity for the interviewees to reflect about their interactions. Their stories about the "intra-acting" with the horses and donkey add more meaning to the observations by providing participant perspectives. Their reflections enrich and validate the narratives.

The interview location was chosen by the participant. Locations used were either an outdoor park with tables and benches, a restaurant, or the participant's home.

I reiterated prior to starting the interview that I would protect their identity to the best of my ability by using pseudonyms for both the client and equine partner.

The interview instrument was designed using semi-structured questions asking participants about: their diagnosis of MS, age, horse experience, and other types of support they have participated in. I used a digital recording device during the interviews and wrote notes in a spiral notebook when an interviewee stated something but did not talk in depth about a subject. I wrote notes to remind me to follow up on the topic. For instance, during my interview with Alice she mentions she did not feel a connection with her horse that she had felt with other horses she worked with. I later ask her to describe her feelings with her horse and the other horses she interacted with.

I transcribed each interview, listening to the recording while typing the words into my laptop, after I arrived home. I reviewed the transcription and identified some key concepts and made notes of them as possible themes. I also reviewed and compared all my notes from the transcriptions looking for common themes. I analyzed how the research questions were answered. The focus of the project is how a person who has been diagnosed with a potentially debilitating disease can learn to cope with barriers of the disease through the assistance of horses. Vignettes from participants' interviews were used to share participants' illness narratives using their words to describe the experiences.

Common themes that emerged from the data were: 1) Participants felt love for their equine partners and perceived love in return. 2) Horses were described as being teachers, who taught participants skills for coping and healing for their MS symptoms.
3) Participants talked about gaining confidence for achieving goals and the skill of determination from working with their equine partner. 4) Participants expressed feeling a connection/bonding

with their equine partner and members in the MS support group. 5) Society and family members' perceptions of illness is a topic of frustration among group participants.

The analytical insights connect to the original research questions: How do horses help or hinder conversations about frustrations or other emotions? How do people articulate strategies to overcome some of the barriers created by their disease? How do people rethink their own abilities after they engage in therapy? In the following chapter Project Findings I analyze the themes using the work of Dr. Arthur Kleinman's concepts of illness narratives, Dr. Talcott Parsons' concept of a person's sick role and Dr. James Waldram's concept of transformative healing, demonstrated by the participants' narratives. The discussion of emergent themes and original research questions will be further discussed in the next chapter.

Project Limitations

This project has a few limitations. Horse Power: Living Strong with MS is offered on Thursday from 10:00-11:30am. People with MS who currently work may not have the opportunity to attend group meetings if they work fulltime. Participants in this group are either retired or currently unemployed. The number of people who are diagnosed with MS and choose to participate in a support group with horses is limited to eight people per session. A person who does not like animals or being outdoors would choose not to attend this type of support group. This could limit the application of this type of therapy. There are fewer men than women in this project which may be reflective of the total population with MS. The disease affects more females. Women are twice as likely to be diagnosed with MS than men (Mayo Clinic n.d). (Two male clients and thirteen female clients have participated in the MS support group.) The project sample lacks ethnic diversity but this also may be reflective of those who have MS. Caucasians particularly those of European lineage are at the highest risk of being diagnosed with

MS (Mayo Clinic n.d.). Two of the participants withdrew from the project during the observation portion. One of those withdrawing had an MS flare-up, the other withdrew for personal reasons. Both also took a leave of absence from support group lessons.

Previous clients who were not currently attending Horse Power: Living Strong with MS did not respond to the email. I would not be able to observe their interaction with the horses. However, interviews with prior clients may possibly provide a negative response about human and horse interactions. Previous clients' perspectives and insights about their experiences could possibly offset research bias.

Apart from sample biases my interest in horses might cloud my judgment during observations of an interaction. I could interpret as being positive a situation a participant may feel is negative. To illustrate, imagine a horse rubs his head on a person's arm. My response is neutral, thinking a horse has an itch. A participant however may feel threatened by this gesture. I also realize even though people choose to participate in horse therapies, their interpretation of the interactions can be different from mine. My knowledge of horses is an asset to this project. Without that knowledge the horses would remain in the periphery - as passive objects.

Reflections on Organizational Obstacles

I was confronted with many challenges in the project. The first barrier was obtaining approval from San Jose State's Institutional Review Board and Institutional Animal Care & Use Committee. Including horses in the project causes these departments and the Department of Anthropology to ask the question "What do we do?" This section discusses the steps to achieve approval.

Institutional Review Board – Human Subjects

One of the first challenges for this project was obtaining approval from the Institutional Review Board (IRB). I am the first student from the Department of Anthropology conducting research with human and non-human subjects. Dr. Guadalupe Salazar, a medical anthropologist, then at San Jose State University, understood my project because she had witnessed horses being used in a therapeutic context. She worked at a summer camp for children with irritable bowel syndrome. Horses were brought to the camp. The children learned how to do TTouch exercises with the horses. (Some of the clients at DreamPower are taught to use TTouch on their horses as well as on themselves.) For example, Llama Touch[2] is an exercise used to build confidence and soothe nerves (Tellington-Jones 2012). A person's hand lies flat using finger tips while making small circles, making sure the skin moves (Tellington-Jones 2012). Unknown to me at the time was the fact that multiple committees on campus would have oversight over campus research, the Institutional Review Board (IRB) and the Institutional Animal Care & Use Committee (IACUC) that govern human and animal research respectively.

IRB's view is "these are large animals working with people who are disabled". In the IRB application it was clear that the horses are trained to be used in a therapeutic environment. (Horse training is discussed in the section of Equines/DreamPower Horses.) IRB's decision is that if animals are involved, an approval from IACUC would be required before any decisions are made for IRB approval. University policy states: "Faculty and students of San Jose State University who consider it essential to use animals in their research, teaching, testing or display, whether in the laboratory, classroom or in the field, must adhere to humane principles for the use of animals set forth by the Institutional Animal Care and Use Committee" (IACUC n.d.).

Institutional Animal Care & Use Committee (IACUC)

 I made an appointment to meet with Larry Young, Biology Department Coordinator. His first question and subsequent commentary follow. "You are from what department? We have never seen anyone from Anthropology. I never knew you study animals." The first meeting with Mr. Young turned into a lesson. I had to give him a brief overview of what horse therapy is and how it helps children. I was more familiar with the effects on children since all my students were children. He said about horses, they are beautiful to watch, but I am afraid to be anywhere near them. Mr. Young, using his computer, showed me how to find the forms and information about the documentation that is required to submit an application to IACUC. He also said that the committee meets once a month. During that time applications are reviewed, approved, denied, or tagged if more information is needed.

 Mr. Young reviews all applications before they are submitted to the committee. He makes sure all of the necessary documentation and forms are completed correctly. All forms are submitted for pre-approval two weeks prior to the committee meeting. Once the paper work passes pre-approval then it is added to the meeting agenda. My meeting with Mr. Young was December 2, 2013. I had already missed the deadline for the December meeting.

 The IACUC application is written for research being conducted on animals. I was required to complete the long form application because IACUC policy states: "For proposed studies involving the manipulation of live vertebrate animals, the standard Protocol Application for Animal Care and Use must be completed (long form)." Horses wearing halters, being tied to a tie rail in order to be groomed, and being led through an obstacle course was interpreted to be manipulation of an animal.

The application required answers such as: approximate weight of each of the animals being tested; how the animals are cared for; who cares for them; where they are housed; who makes the decision to euthanize the animal if required; what are methods of restraint; and what will happen to the animals when research is completed. Many of the questions in the long form did not apply to my research making it difficult to complete the required paperwork. IACUC typically does not receive applications from other departments outside of the biological sciences. Mr. Young was not sure how to help me complete the paperwork. He said that he was more familiar with research applications that include "testing" on animals. The example he gave me was actually cutting animals open or conducting tests – requiring physical confinement of the animal.

The IACUC required more detailed information than I could provide. Information that is required includes contact information for the veterinarians, dimensions and material used to house the horses and many other details that involve caring and management. I met with the coordinator for a second time to determine the information that would be required for approval. He did recall there was another application that was filed from by an associate professor in the Department of Occupational Therapy. She conducted research that included humans and a service animal. Her research and my proposed research combined humans and animals, but she was away on medical leave for the semester and not available for questions. Ultimately Dr. Carolyn Glogoski shared her IACUC application, completed a few years ago with me, via Mr. Larry Young. A few attempts at rewriting and submitting the application paperwork required having my committee chair approve and sign every submission. Consequently, I missed the monthly meeting deadline several times. During this period, I received an email from Alena Flip, IRB Coordinator, saying that they were denying my application. I would need to resubmit a new

application once I received IACUC approval. Finally, after five months of trying to navigate this uncharted territory of IACUC, I received initial approval from the Committee. They determined that the horses were being observed and therefore no testing is being conducted. I completed a short form and an exemption was granted. I received IRB approval, June 6, 2014. The logistical barriers I faced highlight the novelty of multispecies ethnographic research.

As previously stated earlier, in the next chapter I will discuss common themes that emerged from the data such as: love, horses as teachers, participants gaining confidence, feelings of connection/bonding, perception of illness. I also expand the original research questions by giving examples from participants' narratives: How do horses help or hinder conversations about frustrations or other emotions? How do people articulate strategies to overcome some of the barriers created by their disease? How do people rethink their own abilities after they engage in therapy? I will analyze the themes using the work of Dr. Arthur Kleinman's concepts of illness narratives, Dr. Talcott Parsons' concept of a person's sick role and Dr. James Waldram's concept of transformative healing.

Chapter 4: Project Findings

This chapter documents the effects of human and non-human interactions in a support group environment. Each of the research questions provides a heading in three major sections. Observations during group sessions and vignettes from participant's interviews provide examples of themes that emerged from the data. Analysis of the narratives incorporate concepts as the reflective illness narrative, the normative sick role, and the transformational therapy (Kleinman 1988; Parsons 1975; Waldram 2013).

Horses Help or Hinder Conversations About Frustrations or Other Emotions

Symptoms of MS vary from person to person and often there are no visible signs of illness. Unpredictable flare-ups can occur any time. An individual can be fine one minute then in the next they experience excruciating pain and ask for someone to get their medication (fieldnotes 2014). People diagnosed with MS are continually fighting to manage their symptoms, but they also have to fight barriers that occur as a result of their disease. Family, friends and society have perceptions of what illness should "look like". Physical symptoms of illness such as a limp or a runny nose, confuse not only medical personnel but people in general and create one of the largest barriers. Often a person with MS suffers in silence because they are afraid of the stigma associated with disease.

When participants in the project were asked how the horses help or hinder dealing with frustrations or emotions, no one mentions being hindered by the horses. They talked about how working with the horses provides a method for discussing such things as emotions, the frustration in life, suppressed feelings, or how society categorizes and treats people with MS.

Connie's Hidden Emotions

Connie did not openly discuss her personal emotions. She had a tendency to deflect her emotions onto other people in the group and onto Jack, her equine partner.

> In my first session with the group I did not know what to expect. We meet as a group before working with the horses. Dr. Page asks if anyone has anything to share. In my head I was thinking… I don't want to talk about MS shit! Working with Jack, he is my guy. (In the group) I discovered it was okay to talk about the craziness of MS and everything that goes with it. We were able to talk about problems and how to help others in the group.

> **Debbie (anthropologist):** Explain the craziness of MS.
> **Connie:** You know the unknown of what will happen with the MS. How will it progress? Will my body give up and I will be in a wheelchair? Will I wake up having one symptom then having something else happen? One minute you feel fine, then you have pain or lose balance. I don't like to think about that stuff though.
> **Debbie:** How does Jack help you?
> **Connie:** I can talk to him. He knows me. He can see into my soul. We have a connection. He makes me feel better. I can't explain it…

In her interactions with Jack Connie describes him as she would a human. I suspect she shares her feelings and emotions with him. Often during sessions, I observe her wrapping her arms around his neck hugging him. She would also place her face next to his, so they are face to face. Connie smiles when she talks about Jack, when she is working with him, or visiting him at his stall.

Dr. Kleinman discusses how people create mechanisms for coping with chronic illness. To maintain one's aspirations in the face of grave adversity, to work hard to contend successfully with the daily assault of an impaired body on a robust spirit, to be victorious over the long course of losses and threats that constitutes disability…(137). Connie's avoidance of talking about her emotions publicly constitutes a method of coping with MS. She is more comfortable expressing those feelings with Jack.

Human and nonhuman animal bonds involve relaxation of personal boundaries and willingness to become one with something else (Davis, Maurstad, and Dean 2014). Horses in this context offer a passive canvas – one that creates interactive opportunities to express emotions. As such the horse becomes an active agent for reflecting and amplifying hidden emotions.

Assumptions of a Stranger

Judy is quiet and does not talk much during the first four sessions. King is the horse she works with more than other horses and is her favorite. He is one of the more popular horses to use for lessons or groups because he is small, older, and quieter than some of the other DreamPower horses. Slowly she begins to talk to the group about herself and some of the frustrations she feels.

> **Judy:** I went to the store the other day. I parked in a handicap spot. While I was leaving my car this person pulls up behind me, stops and asks
> **Stranger:** Why are you parking in a handicapped spot?
> **Judy:** I have a handicapped placard. I can park here.
> **Stranger:** There is nothing wrong with you. You look fine.
> **Judy:** Come back in an hour and you will see I am not fine.
>
> (fieldnotes 2014)

Judy and the stranger's interaction can be explained using Parsons' theory of the 'sick role' violation. Parsons' describes the sick role as being an experience that is felt by the person who is ill, and society. Society has certain social roles and rules that need to be met otherwise a violation occurs. Parsons emphasized how these expectations include certain rights and responsibilities which serve to change the sick person's orientation towards other people in society and vice versa (Crossley 1998). The stranger believes Judy is violating social norms of parking in a space designated for a person who is disabled. Judy, while walking away from her car, does not exhibit any signs of being disabled at that moment. The lack of visible symptoms must "mean" Judy should not be parking in the spot.

Each week Judy is smiling more and begins to talk during the breakout sessions while in group. Others begin to comment on her transformation. One person says, "You have this glow about you that was never there before." During the interview, she tells me the reasons for her changing behavior.

> Working with the horses especially King, he is my favorite, but he is gone now[4]…
> He taught me a lot about myself and allowed me to reach deep stuff in me. I am
> seeing a psychologist. Since working with King I have been able to bring to the
> surface stuff I have not dealt with. My psychologist is happy with my progress
> and my boyfriend tells me it must be a good group. When I am with King I feel
> lots of love. I feel safe when I am with him. I am able to talk to him and process
> grief. He surrounds me with love. I am comfortable and can confide in him.
> Horses take the pain away.

Judy talks to me in depth during the interview as to why she is seeing a psychologist. I feel that these details of the interview were shared in confidence. This small glimpse of the interview shows the possible reasons for Judy's changed emotions - how a relationship developed with her horse, the love she felt from him, and the improvement in her mental wellbeing. Judy's ability to talk about her feelings during the MS group and about buried emotions with her therapist, is reflective of Dr. Waldram's theory of transformative healing where there is acceptance of illness and confidence is gained in coping with the symptoms.

Alice's Stigma from Family Members' Reaction to Her Illness

During group sessions and in the interview Alice talks about her family and friends. She says people do not believe she has MS. On the days she does not feel well or lacks energy, family members or friends tell her nothing is wrong with her. Alice internalizes the comments and tries to proceed with the task at hand. An example she gave to the group is a family gathering.

One holiday, I don't remember which, everyone was coming to the house for dinner. I was having one of my flare-ups but I needed to cook. After dinner was over I was tired but felt I needed to clean up and wash the dishes. I did not feel like I could ask for help despite people knowing I was not feeling well. (fieldnotes 2014)

Alice learned that it was better to internalize symptoms and emotions rather than being stigmatized by people. The concern for affecting others became apparent during one of the activities during a support group session. I helped Alice with Doc, her equine partner, during one of the exercises. The activity which took place in the small arena involved grooming the horses. Horse handlers hold the horses, since there is no place to tie them. (I have worked with Doc in other lessons. He has a tendency to be more sensitive to people's emotions than some of the other horses.) Alice is trying to groom Doc. He does not want to stand still and is trying to move away from Alice. I keep trying to make him stand still for her. My frustration with him not standing still is partly due to my concern that he could bump into Alice and cause her to fall. My emotions do not help the situation. Dr. Page suggested Alice should groom his neck. Doc seemed alright with Alice grooming his neck, although he was not perfectly still. Alice became upset. She looked like she was on the verge of crying. She said, "I do not want to hurt him (referring to Doc). I told her, "You are not hurting him. Yet I am not sure why he will not stand still today." I asked Alice during the interview phase of the project if there is any type of connection between herself and Doc.

I don't feel a connection with Doc. I am uneasy around him. I think he senses my uneasiness. I have felt a connection with other horses I have worked with. Faith she interacts with me. I am more comfortable with her. I am comfortable around the minis as well. I don't know why I can't connect with him. I love grooming the other horses. I can let my mind go. It is kind of a meditation.

Alice does not specifically say that Doc helped or hindered her emotions. She did say that she could talk to Zeus. When I spoke with Alice at the breakout during group sessions, or

listened to her during "Check In" or "Closing," and at the interview, she never expresses any hindrances. In addition to seeing her interact with the horses, including Doc, more than once I hear her refer to a horse as baby while talking to them. She would often say she has to learn to be able to say no to people and ask for help.

Alice feels she needs to a productive member in her family and does not want to disappoint people. For example, she wants to be able to prepare a family meal despite not feeling well. She also does not wish to face any criticism implying she is not ill. Parsons' concept of the "sick role" is derived from expectations in Western societies that the "responsible" person is a productive member in the workplace with the exception of when one is sick. However, this exception is acceptable only if validated by others (Crossley, 1998).

Alice told me during the interview that she is married to a man who does not accept that she has MS. He has told her that it is all in her head. Their children are older and have families of their own. Alice did not talk about how her children perceive her illness, except that everyone always expects her to host all family social gatherings, including the holidays. She feels if she asks for help it will lead her to feeling that she needs to justify the reasons for needing help. Family structures can be viewed as corresponding to the work environment.

Alice's husband denies she is sick. He demonstrates that it is Alice's obligation to run the household including preparing for family gatherings. Actions of her children's lack of assistance may indicate they have similar opinions about their mother's "non-existing" illness. Alice's familial denial adds to her desire to withdraw from others.

Dr. Kleinman in his book *The Illness Narrative: Suffering, Healing & The Human Condition* discusses the illness experience from the patient's point of view.

When we speak of illness, we must include the patient's judgment about how best to cope with the distress and problems in daily living it creates. We may feel great anger because no one can see our pain and therefore objectively determine our pain is real. As a result, we sense our complaints are not believed… (4)

Alice internalizes her pain and frustrations caused by her family and friends. This concept was reinforced from the interaction she had with Doc and her fear of hurting him. She feels when she expresses her pain that no one believes her and that people will view her as always complaining (fieldnotes 2014). Hiding her emotions has become a mechanism for her to cope with MS.

Bob's Connection to Sam

Bob enjoys building things with wood or metal. A frustration for Bob is what he refers to as "MS fatigue." It is a constant battle for him to push towards completing a project. The result then is that he becomes exhausted and does nothing but lie in bed. He talks in the group and during the interview about how much Sam, his equine partner, has taught him. During a session, he tells the group, "If Sam is missing one of these days, it is because I took him home with me." In the interview Bob tells me how he feels about Sam.

> **Debbie (anthropologist):** How did you find out about DreamPower's MS support group?
> **Bob:** From the MS Society. I wanted to try something new. I thought I would try a session. Then I fell in love with a horse.
> **Debbie:** How do you feel about Sam?
> **Bob:** I have a strong connection with Sam. We have a bond.
> **Debbie:** Can you tell me about your bond?
> **Bob:** He is diverse. He has to work with a lot of people. His feeling for me is not as strong as mine is for him. He has to help others. He has a big heart.

Bob accepts and understands that Sam's calm demeanor makes him one of the more popular horses used in lessons. Bob is okay with the fact that sometimes during group session Sam has to work with other DreamPower clients. On occasion Sam is needed for another lesson.

During "Closing," at the end of the group session, Bob always refers to Sam as if he is a person, such as "Sam keeps telling me I need to slow down." or "Sam wants to come home with me for a visit." Like dog owners, people with horses often see them as friends, partners on a particular journey – above all as individuals (Birke 2007). Bob's attachment to Sam goes beyond being a man and a horse. He perceives Sam as a friend, teacher and possibly a partner on a journey towards learning to cope with MS.

Section Summary

Clients are not always comfortable sharing personal information in a group setting. An activity designed to elicit clients' deep-seated emotions provides an opportunity for self-reflection, such as when they watched the horses running loose in the arena. MS support group clients wrote a saying or words on ribbons. They braid or tie the ribbons in the horses' manes. As the horses run in the arena ribbons loosen up and fall from their manes taking the saying and words with them. Clients had the opportunity to share their observations or talk about what they wrote on their ribbon. Connie and Alice say, "We like to watch the horses roll. They look happy." (fieldnotes 2014).

Participants overwhelmingly wanted to talk about the emotions they have for their equine partners. On numerous occasions people in the group discussed their dislike for other MS support groups because the focus is solely on MS. Animals don't judge, gossip, or betray trust. They listen and respond to participants' verbal and non-verbal communication.

How People Articulate Strategies to Cope with Barriers Created by Their Disease

A common phrase spoken by multiple group members is, "Never give up". During the interviews Alice says, "I have MS, but I have a life! I am not giving up." Connie states, "I am

going to live my life the best I can until my body tells me to slow down. I keep pushing until my body says no more."

<u>Bob as a Teacher</u>

Bob's fatigue impairs his balance. He walks with elbow crutches (Canadian crutches) which have a cuff around the elbow for added comfort and support (dmelibrary.com 2016). Bob volunteers as a docent at a local working farm. He leads groups of school children to various locations at the farm. His crutches provide him the opportunity to educate children about disabilities and that some signs are not visible. He uses his crutches as visual aides. He hopes that in educating young people he will be able to help others with hard-to-see disabilities. A disease with "invisible" symptoms makes you feel isolated from others. Often labels like "being lazy" or "imagining an illness" are attached to a person.

"Oh but you look so good" is a typical response people with MS hear from others in reacting to the discovery that a person has MS. Bob created a small card, similar to a business card. On one side it has a picture of a face saying, "But you look so good." The reverse side of the card says, "I have MS and not all my symptoms are visible." He hands these cards to people if comments are made about his disabilities. Some people will walk away while others listen as Bob tries to educate them about MS (fieldnotes 2014).

<u>Setting Personal Boundaries</u>

Judy and Alice talk about learning to set personal boundaries and having the confidence to say no to people or ask for help. Judy volunteers at her church working in the office; at a senior center assisting with crafts; and at the local chapter of the MS society, talking with those newly diagnosed or being an advocate. Sometimes volunteering is more demanding than when she worked in the high-tech industry. Judy shares how tired and stressed she feels during a group

session. Signs of fatigue are visible such as when she does not smile, the exception being if she is with King. I can't recall a time when Judy was not smiling or showing some type of affection towards him. She would often put her arm over his neck or back because King is too short to hug. The tone of her voice when she is tired is lower. During these periods people in the group comment that she has lost her glow. When she appears happy, the tone of her voice is higher.

Alice works as a volunteer "foster parent" for animals. She at times bottle feeds a litter of kittens or cleans up after puppies that did not use newspaper. Somedays she is exhausted but enjoys the work. She has acknowledged that she needs to start telling the organizations to limit the number of animals she can foster.

Dr. Page will sometimes design an activity for the group that is based on a topic that has been discussed during "Check In" such as, being able to tell people you can't do something. The session for the day was titled "Self-Care" and the exercise was setting boundaries. Dr. Page explained the activity.

> While working with your horses, think about having a place that is fenced. You and your horse are the only ones inside the fenced area. Think about the people you would allow to come into this fenced area and the people you would not allow. How will you tell those you don't want to come into your area to stay outside?

During the following week's "Check In" Judy says, Activities in the group and suggestions from others taught me that I can say no. Saying no is okay. Alice tells the group about her experience after she realizes it is okay to say no to people and ask for help when she is fatigued. Alice tells the group: I had dinner at my house. I was able to tell family members I needed help. I did not feel I needed to tell them why. My daughter helped with dinner, she cleaned up and washed the dishes by herself! I noticed her voice was higher pitched (fieldnotes 2014).

<u>Expressing Emotions</u>

Activities are designed to encourage participants to discuss topics that are difficult. One day during "Check In" participants do not want to talk about the future. Since there are so many unknowns in the progression of MS this might be a factor. Dr. Page waits until "Check In" is completed to present the activity for the day. "Today we will be painting the horses. One side of the horse represents life before MS and the other, the future living with MS." The consensus among the group was that it is fun to paint the horses. Participants were not as comfortable talking about life before and after diagnosis. As a group we moved from one horse to the other looking at the images. Dr. Page asked what a particular word or saying represented. She was trying to facilitate conversation among the group. People had the choice to share or not.

Judy chooses to share her thoughts about the future. King has 3 large red hearts by his withers (base of neck), a large and a small star just below his back, and below the stars the word "HAPPY" painted on his side. The stars and lettering are in blue. "The hearts represent love for King, the group, and I feel loved. Stars are for hope and "HAPPY" because I am happy right now."

Connie shares her story before diagnosis and looks into the future. Jack has yellow and purple stars by his withers. His barrel (sides) has blue words "mostly happy" with a smiley face below. Red hearts are painted on his hip. "I was mostly happy before my diagnosis. I love my family and friends." On Jack's other side the images are small. Close to Jack's withers are words and a heart. Above the red heart the word "LOVE" is painted in purple underneath the heart is the word "ALL". To the of right "LOVE" is the word "FEAR" painted in blue. "I love everyone and I am fearful of my future" (fieldnotes 2014).

The human/horse bond served as a platform on which participants expressed new ideas for coping with barriers created by their disease. This is demonstrated in the quotations from interviews and fieldnotes. Decorating the horses with paint or ribbons is a way of expressing emotions and thoughts. It is an intervention through which thoughts and feelings are released in a shared experience and cross the barrier to discussion.

Figure 8: Connie – Life prior to MS diagnosis

Figure 9: Connie – Future after MS diagnosis
Note – activity does not activate agency from the animals but invokes a passive use
  of their bodies as a canvas for human emotions.

How People Rethink Their Own Abilities After They Engage in Therapy

Bob, Judy, and Connie talked about their horses as teachers. Their horses have taught

them lessons about themselves. Some people also discussed achieving impossible goals and self-

awareness in other areas. Alice talked about personal changes that occurred from working with

the horses. She did not refer to Doc as her teacher. One possible reason for this difference is that

she did not feel as strong a connection with her horse as others did with their horses.

Bob Achieves a Goal

Bob has been told by organizations that a service animal would be a hindrance and that

they would not assist him in getting a dog.

> Sam has taught me to slow down. He tells me if I slow down then
> sometimes I have the strength to finish a job. If not, it is okay to not finish.
> Knowing when to slow down has made me realize, I am not as tired the next day

and I can do things. Before, I would try to finish a job and I would be so tired I could not get out of bed for a few days. During the TTouch exercise when I was making small circles on Sam's neck, he kept trying to move away. I remembered to slow my movements and he stood still. I realize when he is soothed I feel soothed. Sam has given me the confidence to overcome barriers.

Bob's MS symptom of fatigue has been a barrier to his desire for being able to have and take care of a service dog. His reason for wanting a service dog is to help with his mobility issues, another MS symptom.

I have always wanted a dog to help me with my balance. Very few organizations train service dogs for balance. Organizations told me that a dog will only make me fall. Bob's new response is, I may fall regardless of the dog. The dog will help me not fall. I have now found an organization that pairs dogs with people who have disabilities. They trained me how to work with the dog. I would have never been able to get a service dog without Sam telling me I was capable of taking care of someone else, despite my issues with fatigue.

Bob discovered Operation Freedom Paws, an organization that typically works with veterans, but on occasion will work with non-veterans. He attributes achieving his goal of obtaining a service dog to the lessons he learned from Sam.

Judy Learns to Cope with Emotional Barriers

During my interview with Judy she talked about how King has helped her cope with emotions. She also talked about the improved relationship she has with her service dog.

I have anxiety issues. King helps me deal with them. He tells me I need to be calm. When I am with him I can breathe. It's like a big sigh of relief. I have the keepsakes from the group in my car as a reminder to keep calm. He has taught me that horses are good listeners and you can talk to them. They can tell you things about yourself - not in a "Mr. Ed" way. I don't know how to describe it. It is something you feel.

Judy's comment about not being able to describe how King tells her things, yet he does, is not uncommon. This connection develops through a nonverbal language between human and equines. This feeling is an awareness, and interaction, possibly not ever fully explained.

Anita Maurstad, Dona Davis, and Sarah Cowels (2013), conducted research in Norway and the United States about equestrians and their horses. Riders said that some horses they connect with but they cannot verbally express the connection. They describe it as the feeling you get. The authors comment "There are other sorts of communication, intuited but beyond language". Connie expressed a similar feeling when she described her relationship with Jack.

During the interview Judy mentioned through learning to communicate with King her relationship with her service dog improved. Judy's service dog is trained to alert her when her sugar is high or low. She did not realize other behaviors her dog was expressing were partly a reaction to her emotions. Judy has learned when her dog gets close to her she has to remember to calm down.

Connie Renews Her Love for Animals and Redirects Her Determination

Prior to Connie's diagnosis her outlook on life was different. She constantly worried about having new things, clothes and vehicles. She described herself as being materialistic. Her MS diagnosis was a wake up call and material things no longer mattered. She mentioned during the interview that Jack has taught her to look at the world differently.

Love of an Animal

Connie talked about how working with Jack changed how she perceives herself. Jack and the other animals have changed her desire to help animals.

> Jack, he taught me to be more patient. He showed me things from a different perspective. I learned everything is not about me; not that it has been lately. I think about putting other things ahead of myself now. I stop and take note of things instead of flying through life and getting caught in the need for material things. I would rather spend my last dying breath helping animals. They give us so much and never ask for anything.

Determination

Connie discussed how therapeutic she found working knots out of Jack's mane.

The knots are reminders about coping with barriers.

> Jack always had knots in his mane. I would work on getting the knots out.
> His knots reminded me of stuff in life. Sometimes it may take time but if you
> keep chipping away, chipping away, you could finally untangle them. He reminds
> me to Never Give Up! He also taught me to let stuff go and not worry about
> everything I had no control over.

Connie's outlook on life was transformed after diagnosis. Connie has continued down the

path of transitioning from old perspective to the new. Jack has assisted in this journey. Her

outlook on life has changed and her determination has been redirected. In the past she was

determined to have the newest material possession. That no longer matters. She is now

determined to not be defied by MS.

Alice Finds Her Confidence

Although Alice did not feel connected to Doc, she talked about how being with the horses

and the people in the MS group changed her life. She felt she had learned lessons towards

improving her well-being. She has seen others in the group transform as the weeks passed. She

too felt changes within herself and hoped people saw those changes in her.

> The horses got me out of the house. Before I felt it was easier to not deal
> with people. I felt like I had to always explain why I could not do something. I
> felt like all I did was complain and no one wanted to hear me. The horses made
> me open up and feel more comfortable. I could talk to them and the people in the
> group. I learned to talk about MS. It does not matter if other people don't get it. I
> feel I can be more honest and don't need to hide. I would also like to spend some
> time with other horses to see if there is a connection. I think I could learn more
> and learn to be more confident when I am around them.

Alice exhibited changes. She talked more in group and shared personal experiences about her diagnosis and ensuing family problems. Alice interacted with other group members outside of the weekly session. She was becoming more comfortable socializing in public.

Participants express feelings of empowerment after engaging in therapy. They have experienced success in achieving goals, increased confidence, and self reflection. Dr. Kleinman discusses how practitioners help patients cope with illness. To gain control over fear and to come to terms with their overwhelming anger and function limitations, he or she helps the patient to restore confidence in body and self (39). However, in relation to the Horse Power: Living Strong with MS, participants' narratives show how the horses have played an important role and contributed to their healing.

Human Connections

The focus of the project partially answers how wellbeing changes for people diagnosed with MS after working with horses in a support group. Excerpts from participant interviews and fieldnotes from observations provide examples of the project themes that developed from my analysis of the data. Love, bonds/connection; and the metaphors of horses as teachers, as confidantes, as advisors are key themes that contribute to the success of the participants. The bonds that form between the clients in the group are also of lasting importance.

Initially I thought the most common reasons for joining the MS group were: clients have an MS diagnosis, a love for animals, and enjoy being outside. Four out of the original five participants had a need to find a support group that they describe as "not depressing." Participants expressed the dislike of traditional support groups in statements such as: "People focus on the negatives of MS. No one talks about finding methods to cope with the disease.

Leaving support group meetings offered by the MS Society leaves you feeling depressed" (fieldnotes 2014). The format of the support group allowed them to create bonds with each other.

I did not expect to experience the bonding that occurred between the people in the group. During interviews people talked about the long term relationships that form with others. The words and phrases from participants' interviews which describe human relationships in the group can be summarized as: comfortable, I can be myself; amazing group of people; long lasting; powerful relationships; thankful for the relationships that have formed in this group; I can't imagine not being connected to the people in this group.

I asked participants how these close relationships developed. Their responses are similar-the horses brought us together and we discovered we all had a lot more in common than MS. Friendships made go beyond the group sessions. Participates meet for lunch, celebrate birthdays, and some drive together to visit their horses at DreamPower. Bob mentioned he would like more men to participate in the group, although he too expressed a sense of friendship in the group.

Transformative Healing

James Waldram, a medical anthropologist, researches indigenous healing methods. He describes transformative healing as a therapeutic process that seeks to alter the meaning of sickness for the patient. He further elaborates that this process can be described as assisting a patient on a journey to a new self (Waldram 2015). Participant narratives and observations during group sessions reflect transformative healing. DreamPower staff, volunteers and the horses and donkey assist in the therapeutic process.

Individuals joined the group seeking an alternative to traditional support groups. Many of the participants in the group had little or no horse experience. Throughout the sessions

participants learned to communicate with their equine partners while working through activities designed to encourage wellbeing. They learned new tools to cope with MS.

Judy, while working with King, learns to understand her service dog's body language. When she remains calm she does not feel anxious. She is working to resolve deeply buried emotions. Bob working with Sam learns to slow down and feels it is okay not to finish a task. He is consistently sleeping through the night and has achieved his goal of having a service dog. Alice did not have a connection with Doc. She describes being more comfortable with other horses and would like to do future work with them. Despite their less than ideal relationship, Alice is now not ashamed to tell people she has MS. She asks for help when she needs it and does not try to do everything herself.

Connie is transitioning from perceptions of "I don't want to talk about MS" to "It is okay to talk about MS." She is learning how talking can help people cope with the disease. She also learned that life is not just about herself. As Connie describes it, "There are things much bigger than us out there that I can't explain" (Interview with Connie 2015). She learned to be more patient with herself and others and to be thankful for what she has. Watching the interactions between Connie and Jack, knowing how she talked about him as if having human qualities, I suspect she has experienced and learned more about herself than she shared with the group or during the interview. I am sure Jack knows more than we will ever know.

During the interview Connie shared the transformation she witnessed for another group member.

> One person in the group was so quiet, did not seem sure of herself in a lot of ways. She was kind of hesitant to say anything where some of us were blah, blah, blah, all the time. She did the most in her transformation. It is like she shed this outer layer of herself and became a bright, beautiful person. She was kind of like dull but became - opened up, would talk, let us see what a beautiful helping person she is. It was an incredible transformation to see in somebody. I had never seen anything like that before.

Section Summary

      None of the participants are cured of their illness, however they demonstrated that all experienced methods through which they could look positively toward the future. DreamPower Horsemanship programs facilitate transformative healing when people participate in the variety of programs that are offered. I have heard clients refer to DreamPower as a good place to heal. This concept is further demonstrated in the visual deliverable, a video that was created and presented to DreamPower Horsemanship. The details of the visual deliverable are described in the next chapter.

Chapter 5: Deliverable

DreamPower staff and volunteers have been challenged by how to inform the public about Horse Power: Living Strong with MS. People who are interested in the support group have asked several questions. One solution is to watch a visual presentation such as a video. The viewer learns what to expect from participating in the support group, what kind of horses are used, and what is done during a group session.

As a non-profit organization DreamPower also relies on public donations to care for the animals. A video that provides information from the support group perspective in addition to images of people interacting with the horses answers questions donors may have. Potential donors can be directed to the link.

Deciding how to create a deliverable that could be shared in a public setting posed some initial problems. I wanted something that would incorporate research participants' narratives plus pictures demonstrating interaction with the DreamPower horses. Creating a brochure or poster was not feasible. They would require continual printing costs which to an organization that already operates on a tight budget would be too expensive. The mechanics of finding a place to display brochures and then restocking them as needed was also not practical. At the Center's outdoor location there are not many places to place brochures or a poster.

Several criteria had to be met. First the information had to be easily distributed with minimal cost. The problem became finding the right platform to display the information. Two additional criteria that had to be met are that the medium must be easily accessed and user friendly. The design process incorporates audio (participant's narratives) and video (pictures taken during the MS Support Group sessions by participants and the researcher).

A proposal to create a short video was made and accepted by the project Stakeholders, DreamPower and participants.

Designing the Deliverable

I had to first consider the components to be included in the video. Along with pictures taken during sessions and narratives, the video needed audio (voice and music) and text. Incorporating voice narration is important since a symptom of MS is impaired vison. Impaired vision can range from blurred vision, double vision or temporary loss of vision (Mayo Clinic n.d.). I added historical context to the beginning of the video to provide an anthropological perspective.

I began with a Storyboard Template (http://www.bcps.org) as a starting point for designing the video. The template has boxes and spaces for writing notes. Questions such as What do you see? What do you hear? are places to add information about pictures and narration. I used the questions in the template as a guide to write the script and add notes describing the pictures that would reflect the narrative. To add a historical component to the video required searching for archeological articles and pictures discussing the beginning of human and horse interactions. The easiest portion was selecting the pictures and writing the script to use in the video. As a Mac user I decided to use iMovie software for creating the deliverable. I began searching YouTube to learn how to create a movie using iMovie.

After uploading pictures into iMovie I used the storyboard as a reference for adding images into the timeline. I played the video to see how the pictures flowed together. I then realized some editing what was needed prior to adding text to the clips or narration.

Following written instructions for editing the clips was much easier than moving back and forth between YouTube videos and iMovie. MacBook World UK and Apple's online support are the two main sources I used for my editing questions.

I had to consider the intended audience in deciding whether to use special effects. I decided to minimize the use of special effects, since one of the symptoms of MS is impaired vision. One of Apple's more complex features is "Ken Burns." This automatic special effect adds motion by zooming into a picture. The viewer sees the entire picture while the effect zooms in to a particular point. Ken Burns is a producer of historical films. He created and utilizes this special technique throughout his documentary film about the Civil War. In some situations, this special effect may be useful, but I chose not to use it.

I added text to some of the pictures in the timeline to provide additional information not included in the script. For instance, knowing the locations of cave paintings (Lascaux Cave), having an explanation for an activity (such as a picture of two horses running loose in the arena), or seeing direct quotes from and about the MS support group, might make the video more interesting to a wider audience.

I practiced reading the script while recording myself, and tried to synchronize the recording and the movie. I did not record my voice directly into iMovie to minimize any difficulty in making adjustments to the audio. I spent long hours preparing and editing the visual portion of the video. The time length of the script had to be shortened to match the visual. It was a trial and error process.

Writing the script using the participants' own words to describe the experiences is important. I did not want the narratives to be my interpretation of what was said during the interviews. Lengthening the clips in the timeline would leave viewers looking at the same picture

for at least thirty seconds if not longer. I felt this timing to be unacceptable. The solution was to add pictures of the horses from the MS group using DreamPower's Facebook page to lengthen the visual.

The visual narration is added using the recorder in iMovie. Music also provides important context. During the introduction and at the end of the movie there is no talking. The title of the movie is followed by the disclaimer that the names of people and horses are pseudonyms. Pictures are randomly placed to protect participants' identities. Names of organizations are real. The movie ends with credits and a dedication to the two horses that we lost from the MS group.

In iMovie there is a link for iTunes. By clicking on the link you have access to your music library and the iTunes store. In the search box I typed "horses". The list is quite extensive. While scrolling through the list, listening to different songs, and reading lyrics, I chose "The Horses" by Kenny Loggins. During one of the sessions clients had the opportunity to ride horses. The descriptions of the experiences during "Check Out" is reflected in the lyrics of this song. The movie ends with Roy Rogers' song "Happy Trails".

Completed Video

The video begins with the title page and is followed by a disclaimer that names have been changed and images do not necessarily reflect the participants' narratives. The historical content provides information about the first human and horse interactions. Images of cave paintings depicting horses and other animals begin the historical section of the video. Initial domestication of horses is discussed. Young wild horses were taken into captivity and raised to become familiar with humans. A map of what was called the Western Steppe shows locations where evidence of riding horses had been discovered. Linking past human and horse interactions to present day I discuss the nomadic Mongolians who still maintain some of the cultural traditions, such as

drinking fermented mares milk. That Spain first introduced horses to the United States is open to

question (Ireland 2005). I briefly discuss recent archeological evidence that horses existed in the

United States prior to this timeline. The introduction of DreamPower begins the next section of

the video. Pictures from the MS support group and the horses from the group are randomly

placed as I narrate participants' experiences using their words. Following participants' narrative,

I thank the participants involved in the project and dedicate the video to the horse we lost due to

illness. The video concludes with credits. The link for the video is:

https://youtu.be/qgwWqG4J5_K

Dissemination & Stakeholder Comments

An individual email was sent to all the stakeholders. The email provided information for

accessing the video and requesting comments, changes, and solicited ideas that could help

improve the video. The video, titled *Equine Assisted Therapy on People with Multiple Sclerosis*

(https://youtu.be/qgwWqG4J5_K) was uploaded to YouTube with a private invitation to view

the video. I decided to use YouTube since it can be easily accessed by the public and the video

lasts thirteen minutes. The Stakeholders enjoyed the video and did not make suggestions for

changes. One person did have trouble accessing the video using their cell phone. I suggested that

downloading the YouTube app might remedy the problem. A participant said after viewing the

video "I am so in love with horses now, I am taking carriage driving lessons".

Chapter 6: Conclusion

In this project summary, I briefly address possible future research and incorporate reflections about the project. I also provide a brief follow up with the participants in this project as an epilogue.

Future Directions

The focus of the project is understanding changes that occur for an adult diagnosed with MS, who works with horses in a support group. These are unmounted activities. Participants often express the desire to have activities that involve riding the horses. Using a similar project design participant observations, a video of the activity would be taken during group sessions. Still pictures could be taken if some people were uncomfortable with video. This adult support group would use mounted and unmount exercises in the activities. Interviews follow observations. Such a study may answer questions such as: How do the group dynamics change? How does the interaction between participant and horse change? How does riding a horse affect a person's perception of the future?

Reflections

During the group sessions participants expressed many reflections about their illness. These are incorporated in this report and the thirteen minute video. The visual deliverable was completed and viewed by Martha McNeil at DreamPower Horsemanship and the participants. The video shares participant narratives from Horse Power: Living Strong with MS. It is available on YouTube for public distribution.

The original concerns about the small number of participants for this project and whether I would have enough data to write a report or create a deliverable proved to be part of planning "stage fright". Once I started working with each person and hearing the stories about their lives with MS I became totally absorbed. It was so gratifying to observe the joys, feel the frustrations, and witness the experiences of change that occurred in participants while working with the horses.

As I read through fieldnotes and interviews while writing this project, I remembered a reserved group of people who would intently listen to Dr. Page, the counselor. By the third session people started sharing information about themselves, talking about their disease, life's challenges, family, friends. They joked, laughed, and cried with each other. Most participants referred to their equine partners as their horse or friend. No one else could work with their horse during group sessions. We were a group of strangers that became a herd, as Dr. Page referred to the group.

I have learned many lessons from the observations and narratives. Even after starting this project I never imagined how the participants would impact me personally. I had an accident during this project, that was not related to horses. When I met with Bob for his interview I was wearing a walking brace and limping. Bob's first words to me were "Now you know what it feels like to have MS". At that moment realized how lucky I was because I hoped to recover. My doctors have told me I will never walk the same nor will I be able to run. I have not taken those words lightly nor will I allow myself to mourn my limitations. Participants in this research project have learned to cope with barriers that seem unsurmountable. I learned from their example.

The people in this group helped me understand what it is like to live with Multiple Sclerosis. They so openly shared their experiences of working with the horses. Their determination to not be defined by MS is inspiring and contagious. Despite the obstacles life puts in front of you, one of the biggest lessons I have learned from this group is to "Never Give Up!"

In April, 2017 I had the opportunity to present my project at the Southwestern Anthropological Association (SWAA) 88th Annual Conference in San Jose. I opted to present a poster. I chose to design a poster because trans-species research is relatively new to the field of anthropology. I felt a visual presentation would provide more context than just written words. The poster has pictures of participants from the MS group along with bullet points explaining how people worked with the horses to move beyond barriers created by MS. A person attending the conference was asking questions about horse therapy. He said to me, I want to hear more stories. In this written portion of the project I have shared more of those stories.

I was surprised by how many anthropology students are not aware that non-humans can be subjects in anthropological research. I hope that the information presented in this research project will add to the broadening research in multispecies anthropology. Above all I hope it encourages other anthropology students to study human and non-human subjects.

I keep thinking about how the participants changed through the sessions while working with their equine partners. Waldram discusses transformative theory in relation to indigenous people. The notion of "cure" is foreign to these cultures. One is never completely healed. They say "the journey never ends and challenges are ever-present" (Waldram 2013). Participants began their journey when they joined the MS support group. Knowing where they are now, their journey to wellbeing continues.

Epilogue

<u>Where They Are Now?</u>

<u>Bob</u>

He continues to participate in the Horse Power: Living Strong with MS and is a DreamPower sponsor. He sponsors the horse he fell in love with, Sam, and his favorite mini donkey, Lily. Bob and his service dog continue to volunteer at a local working farm.

<u>Connie</u>

She stays in contact with her friends from DreamPower after relocating out of state. She misses everyone especially Jack. She is currently looking for a therapeutic riding center in hopes of finding a support group. Connie volunteers at a local animal shelter in her area and fosters kittens until they are old enough to be adopted.

<u>Alice</u>

She continues to participate in the MS group. I did not ask if she has a new equine partner in the group. Alice is busy fostering puppies and kittens and volunteering at pet adoption fairs.

<u>Judy</u>

She currently taking a break from the MS group. Judy and her new diabetic alert dog are working with a local organization to learn how to communicate. The new dog is younger and more active than her older retired service dog. Judy plans to return to the group after they graduate from doggy school.

References

Aeron. (2008). What is Natural Horsemanship. Retrieved from naturalhorsemanship.wordpress.com.

Bermel, R. (2013). Tools and Tests for Multiple Sclerosis. In Multiple Sclerosis and related disorders: diagnosis, medical management, and rehabilitation. Grant, A.R., Fox, R. and Bethoux, F. (eds.) New York, NY: Demos Medical Publishing. Electronic book. Retrieved from San Jose State University, King Library.

Bernard, H.R. (2011). Research Methods in Anthropology Qualitative and Quantitative Approaches. (5 ed.). Plymouth, UK: Alta Mira Press.

Brandt, C. (2013). Equine-Facilitated Psychotherapy as a Complementary Intervention. The Practitioner Scholar: Journal of Counseling and Professional Psychology. 2. 23-42.

Brandt, K. (2004). A Language of Their Own: An Interactionist Approach to Human – Horse Communication. Society & Animals, 12:4, 299-316.

Birke, L. (2007). "Learning to Speak Horse:" The Culture of "Natural Horsemanship." Society & Animals, (15): 217-239.

Birke, L. (2008). Talking about Horses: Control and Freedom in the World of "Natural Horsemanship." Society & Animals, 16:107-126.

Birke, L. & Hockenhull, J. (2012). Introduction: On Investigating Human-Animal Relationships. In Human Animal Studies: Crossing Boundaries: Investigating Human-Animal Relationships. Leiden, Netherlands: Koninklijke Brill N. Electronic book. Retrieved from San Jose State University, King Library.

Birke, L. & Hockenhull, J. (2015). Journeys Together: Horses and Humans in Partnership. Society & Animals, 23: 81-100.

Brannaman, B. & Reynolds, W. (2001). The Faraway Horses. Guilford, CT: Lyons Press.

Burns, K. "Ken Burns," *Ken Burns Media, LLC* 2014. Accessed 12/5/17. URL: KenBurns.com

Cox, D. (2014). Premarin Horses. Equine Wellness Magazine, Health. Equinewellnessmagazine.com

Crossley, M. (1998). 'Sick role' or 'empowerment'? The ambiguities of life with an HIV positive diagnosis. Sociology of Health & Illness, 20(4), 507-531.

Davis, D.L. & Maurstad, A. (Eds.). (2016). The Meaning of Horses: Biosocial Encounters. New York, NY: Routledge.

Davis, D.L., Maurstad, A., and Dean S. (2014). My Horse is My is My Therapist: The Medicalization of Pleasure among Women Equestrians. Medical Anthropology Quarterly. 29(3), 298-315.

DeMello, M. (2012). Animals and Society: An Introduction to Human-Animal Studies. New York, Chichester, Sussex: Columbia University Press, New York. Electronic book. Retrieved from Amazon.com.

Dewalt, K.M. and Dewalt, B.R. (2010). Participant Observation: a guide for feildworkers (2nd edition). Lanham, MD: Alta Mira Press. Electronic book. Retrieved from http://ebookcentral.proquest.com.

Dorrance, T. (1987). True Unity: Willing Communication Between Horse and Human. Porter, M.H. (ed.) Sanger, CA.: Give-It-A-Go Enterprises.

Edwards, E. (2006). Photographs and the Sound of History. Visual Anthropology Review, 21 (1&2), 27-46.

Frederick, K. and Hatz, J. and Lanning, B. (2015). Not Just Horsing Around: The Impact of Equine-Assisted Learning on Levels of Hope and Depression in At-Risk Adolescents. Community Mental Health. 51. 809-817.

Geertz, C. (1974). "From the Native's Point of View": On the Nature of Anthropological Understanding. Bulletin of the American Academy of Arts and Sciences, 28(1), 26-45.

Grandgeorge, M. and Hausberger, M. (2011). Human-animal relationships: from daily life to animal-assisted therapies. Animal-Assisted Interventions in Mental Health. 47(4), 397- 408. DOI: 10.4415/ANN_11_04_12.

Gullion, J.S. (2016). Writing Ethnography. The Netherlands: Sense Publishers. Electronic book. Retrieved from San Jose State University, King Library.

Hallberg, L. (2008). Walking The Way Of The Horse: Exploring The Power Of The Horse-Human Relationship. Bloomington, IN. iUniverse, Inc.

Haraway, D. (2003). The Companion Species Manifesto: Dogs, People, and Significant Otherness. Chicago, Il. Prickly Paradigm Press.

Haraway, D. (2008). When Species Meet (Posthumanities). Minneapolis, MN. University of Minnesota Press.

Harper, D. (2003). Framing Photographic ethnography: A case study. Ethnography. 4(2), 241-266.

Hartel, J. & Thomason, L. (2011). Visual Approaches and Photography for the Study of Immediate Information Space. Journal of the American Society for Information Science and Technology.

Hatala, A.R. & Waldram, J.B. (2016). The Role of sensorial processes in Q'eqchi' Maya healing: A case study of depression and bereavement. Transcultural Psychiatry, 53(1), 60-80.

Hay, M.C. (2010). Suffering in a productive world: Chronic illness, visibility, and the space beyond agency. American Ethnologist, 37(2), 259-274.

Haylock, P. & Cantril, C. (2006) Healing with Horses: Fostering Recovery From Cancer with Horses as Therapists. Explore, 2(3). 264-268.

Health Library. (n.d.). In John Hopkins Medicine. Retrieved from hopkinsmedicine.org.

Hurn, S. (2012). Humans and Other Animals: Cross Cultural Perspectives on Human-Animal Interactions. Amit, V. and Mitchell, J.P. (eds.) London, Pluto Press. Electronic book. Retrieved from San Jose State University, King Library.

Ireland, P.K. (2005). Centuries-old bones of horses unearthed in Carlsbad. The San Diego Union-Tribune. Scientific research, Sandiegotribune.com

Jackson, J. (2005). Stigma, liminality, and chronic pain: Mind-body borderlands. American Ethnologist, 32(3), 332-353.

Kirkskey, S.E. (2015). Emergent Ecologies. Durham and London, Duke University Press.

Kirkskey, S.E. & Helmreich, S. (2010). The Emergence of Multispecies Ethnography. Cultural Anthropology. 25(4), 545-576.

Keck, L. (1994). Social Networks and Support Groups: Experiences and Strategies for Managing a Chronic Disability. Anthropology of Work Review, 15(2-3). 12-14.

Kleinman, A. (1988). The Illness Narratives: Suffering, Healing & The Human Condition. United States of America. Basic Books.

Klontz, B., Bivens, A., Leinart, D. & Klontz, T. (2007). The Effectiveness of Equine-Assisted Experiential Therapy: Results of an Open Clinical Trial. Society & Animals. 15. 257-267.

Lanning, B. & Krenek, N. (2013). Examining effects of equine-assisted activities to help combat veterans improve quality of life. Journal of Rehabilitation Research & Development. 50 (80), 15-22.

Latimer, J. and Birke, L. (2009). Natural relations: horses, knowledge, technology. The Sociological Review, 57(1), 1-27.

Lawrence, E. A. (1982). Rodeo: An Anthropologist Looks at the Wild and the Tame. Chicago, Il. The University of Chicago Press.

Lawrence, E. A. (1985). Hoofbeats and Society: Studies of Human-Horse Interactions. Bloomington, Indiana University Press.

Lawrence, E.A. (1994). The Centaur: It's History and Meaning in Human Culture. The Journal of Popular Culture. 27(4), 57-68.

LeCompte, M.D. & Schensul, J.J. (2010). Designing & Conducting ethnographic Research. Ethnographer's Toolkit book 1. (2nd edition). Plymouth, UK, AltaMira Press.

Lentini, J.A. & Knox, M. (2009). A Qualitative and Quantitative Review of Equine Facilitated Psychotherapy (EFP) with Children and Adolescents. Medicine Journal. 1. 51-57.

LoveJoy, T. and Steele, N. (2004). Engaging Our Audience Through Photo Stories. Visual Anthropology Review. 20(1). 70-81.

Maurstad, A., Davis, D. and Cowles, S. (2013). Co-being and intra-action in horse-human relationships: a multi-species ethnography of be(com)ing human and be(com)ing horse. European Association of Social Anthropologists. 21(3), 322-335.

Mission. (n.d.). In DreamPower Horsemanship. Retrieved from dreampowerhorsemanship.com.

Multiple Sclerosis. (n.d.) In Mayo Clinic online. Retrieved from mayoclinic.org.

National Multiple Sclerosis Society. (n.d). Retrieved from www.nationalmssociety.org

Noske, B. (1993). The Animal Question in Anthropology: A Commentary. Society and Animals, 1(2), 185-190.

Nsamenang, S., Hirsch, J., Topciu, R., Goodman, A., Duberstein, P. (2016). The interrelations between spiritual well-being, pain interference and depressive symptoms in patients with multiple sclerosis. Journal Behavioral Medicine 39:355-363. Doi: 10.1007/s10865-016-9712-3.

Nordqvist, C. (July 14, 2017). Multiple Sclerosis: Symptoms, causes and treatment. Medical News Today. Retrieved from www.medicalnewtoday.com

PATH, International Professional Association of Therapeutic Horsemanship International. Pathintl.org

Parsons, T. (1951). The Social System. Abingdon, Oxon. Routledge & Kegan Paul Ltd. Electronic book. Retrieved from San Jose State University, King Library.

Parsons, T. (1975). The Sick Role and the Role of the Physician Reconsidered. The Milbank Memorial Fund Quarterly. Health and Society, 53(3), 257-278.

Pink, S. (2013). Doing Visual Ethnography (3rd edition). Thousand Oaks, CA. Sage Publications. Electronic book. Retrieved from PlayGoogle.com.

Plume, J. W. (2016). Four Legged Healers: Horse Culture and Medicine. Tribal College Journal, 27(4), 34-37.

Poltorak, M. (2013). The Efficacy and Self-Efficacy of Treatment: Ethnomedical Aspirations, Biomedical Inhibitions, and Health Outcomes. Medical Anthropology Quarterly, 27(2):272-291.

Russel, N. (2010). Navigating the Human-Animal Boundary. Reviews in Anthropology, 39, 3-24.

Schensul, S.L. & Schensul, J.J. & LeCompte, M.D. (1999). Essential Ethnographic Methods: Observations, Interviews, and Questionnaires. Ethnographer's Toolkit 2. Plymouth, UK: Alta Mira Press.

Schensul, J.J. & LeCompte, M.D. (2012). Specialized Ethnographic Methods: A Mixed Methods Approach. Ethnographer's Toolkit book 4. Lanham, MD: Alta Mira Press. Electronic book. Retrieved from PlayGoogle.com.

Singer, M. & Baer, H. (2011). Introducing Medical Anthropology: A Discipline in Action. Plymouth, UK. Alta Mira Press. Electronic book. Retrieved from San Jose State University, King Library.

Shipman, P. (2010). The Animal Connection and Human Evolution. Current Anthropology, 51(4). 519-538.

Skeen, J. (2011). Predator-Prey Relationships: What Humans Can Learn from Horses about Being Whole. In Blazina, C., Boyraz, G. and Shen-Miller, D. (eds.) (81-106) The Psychology of the Human-Animal Bond.

Smart, C. (2011). Ways of Knowing: crossing species boundaries. Methodological Innovations Online, 6(3) 27-38.

Sobo, E. and Loustaunau, M. (2010). The Cultural Context of Health, Illness and Medicine. Santa Barbara, CA. Praeger.

Stankiewicz, J., Chaubal, V., Buckle, G. (2012). Diagnosis. In Weiner, H.L., Stankiewicz, J. (eds.) (77-100) Multiple Sclerosis Diagnosis and Therapy. Hooboken, NJ. John Wiley & Sons.

"Story board Template for creating a digital documentary." *Team BCPS: Developing Lifelong Learners Through Literacy.* www.bcps.org

Symington, A. (2012). Greif and Horses: Putting the Pieces Together. Journal of Creativity in Mental Health. 7(165), 165-174. DOI: 10.1080/15401383.2012.685017.

Tellington-Jones, L. and Didier, R.M. (2012). Dressage with Mind Body and Soul: A 21st – Century Approach to the Science and Spirituality of Riding and Horse-and-Rider Well-Being. North Pomfret, VT: Trafalgar Square.

Underberg. N. & Congdon, K. (2007). Folkvine.org: Ethnographic Storytelling in Folk Art Web Design. Visual Anthropology Review, 23(2), 151-161.

Underberg, N.M. and Zorn, E. (2013). Digital Ethnography: Anthropology, Narrative, and New Media. Austin, US. University of Texas Press.

Varul, M. (2010). Talcott Parsons, the Sick Role and Chronic Illness. Body & Society, 16(2), 72-94.

Vollmer, T. (2007). The natural history of relapses in multiple sclerosis. Journal of Neurological Sciences. 256: S5-S13.

Waldram, J.B. (2000). The Efficacy of Traditional Medicine: Current Theoretical and Methodological Issues. Medical Anthropology Quarterly. 14(4):603-625.

Waldram, J.B. (2013). Transformative and Restorative Processes: Revisiting the Question of Efficacy of Indigenous Healing. Medical Anthropology Quarterly. 32(3). Abstract.

Waldram, J.B. (2015). "I Don't Know the Words He Uses": Therapeutic Communication among Q'eqchi Maya Healers and Their Patients. Medical Anthropology Quarterly. 29(3):279-297.

Webster, B. (1989). All of a Piece: A Life with Multiple Sclerosis. Baltimore, Maryland. The John Hopkins University Press.

Wells, D.L. (2009). The Effects of Animals on Human Health and Well-Being. Journal of Social Issues. 65(3). 523-543.

Were, G. (2014). Digital Heritage, Knowledge Networks, and Source Communities: Understanding Digital Objects in a Melanesian Society. Museum Anthropology, 37(2), 133-143.

Wiley, A.S. & Allen J.S. (2017). Medical Anthropology: A Biocultural Approach (3rd edition). New York, NY. Oxford University Press.

Appendix A

Notes

1 Block – Grouping of six weekly sessions

2 Llama Touch – Many of the TTouch methods have animal names

3 Clients – I am referring to people who attend DreamPower for therapeutic assistance.

4 Participants – I am referring to people who are part of the research project

4 King – He is one of two horses we lost from the MS support group. Both horses at different times developed colic and could not be saved.

Appendix B

Glossary

Arena – is a fenced in area.

Equine Facilitated Psychotherapy (EFP) – Is an experiential form of psychotherapy that involves equines. EFP is defined as an interactive process in which a licensed mental health professional working or as an appropriately credentialed equine professional partners with suitable equine(s) to address psychotherapy goals set forth by the mental health professional and the client (Pathintl.org n.d.)

Footing – is the ground of in an arena. It can consist of dirt, sand, or fibar – shredded rubber/tennis shoes.

Grooming – an activity using brushes and combs to clean a horse.

Groundwork – activities that requires the horse to be lead.

Hippotherapy – a physical, occupational or speech and language therapy treatment strategy that utilizes equine movement (American Hippotherapy Association, Inc. n.d.)

Horse handler – A person who leads the horse during riding lessons. During unmounted lessons this person is in charge of the horse as well as assisting the student when needed.

Professional Association of Therapeutic Horsemanship International (PATH, Inc.) – Is a

credentialing organization for accrediting centers and certifying instructors and equine

specialists.

Side walker – A person who walks next to the horse's side. Their responsibility is to make sure

the rider does not fall. Sometimes they will also participate with the client's lesson. For

example a child may be working on motor skills. A small ball will be tossed between the

child and the side walkers on either side of the horse.

Round pen – is similar to an arena with the exceptions it is smaller and round in shape.

Sometimes they have high walls so a horse is not distracted by activity that is going on outside of

the pen.

Tie rail – It can be vertical or horizontal typically made from wood or metal. It is a place to tie a

horse for grooming, tacking up, and or washing.

Tack room – a place to store equipment used for riding a horse.

Appendix C

Note: This template is 8 pages long. I reduced the length since pages following page 2 are the same.

Storyboard Template

Use the following storyboard to organize elements of your story into a timeline that you will use as an outline when working in iMovie or MovieMaker.

Name: _____

example

What do you see?	What do you hear?
Three Shots: **Shot 1:** Gregg sitting on the couch watching TV **Shot 2:** Mom walking in the room breaking the news **Shot 3:** Gregg and Mom consoling each other in a hug	**Narration (1-2 sentences)** I sat watching TV in my living room when my Mom came in and broke the news. **Script:** Gregg, your grandmother passed away this afternoon.
Transition/Special Effect none	**Music (if any)** Slow tempo, dark background music

1

What do you see?	What do you hear?
	Narration (1-2 sentences)
Transition/Special Effect	**Music (if any)**

2

What do you see?	What do you hear?
	Narration (1-2 sentences)
Transition/Special Effect	**Music (if any)**

3

What do you see?	What do you hear?
	Narration (1-2 sentences)
Transition/Special Effect	**Music (if any)**

Appendix D

Equine Assisted Therapy on People with Multiple Sclerosis

Project Visual

Image 1:

Introduction:
The short movie you are about to see is an ethnographic documentation of the experiences between adults diagnosed with MS and horses. Most of the research for this project was conducted at a local non-profit therapeutic riding center.

Image 2: (No talking)

People and horses' names have been replaced with a pseudonym. The names of organization have not been changed.

Image 3,4 & 5:

History:
Cave drawings:

Human and horse interaction can be traced back to the Paleolithic period about 15,000 year ago. Numerous cave paintings portray images of wild horses. Some archeologists have debated whether the cave paintings are representations of real animals or a symbolic expression. Advances in technology have allowed archeologists to confirm that prehistoric horses are linked to present day horses through DNA analysis. The majority of the cave paintings depicting horses are located in France and Spain. Horses hunted for their meat and hide. (Slide notes, images from: Pech Merle – Spotted horse, and Lascaux – other horses)

Domestication:

It is thought that the domestication of horses began in various locations in the Eurasian, Western Steppe. Ethnologists believe that humans would capture young fillies and hand raise them. Once the filly reached maturity she would be bred. According to Dr. Sue McDonnell, an Applied Animal Behaviorist, a mare who was in estrus would be tethered away from the village. A wild stallion would seek the mare and breed. Eventually stallions were kept and raise in captivity. Archeological evidence found in areas known today as: Mongolia, Ukraine and Kazakhstan suggests the riding of horses did not occur until approximately 3,000 years after

domestication. Horses provided a means for villagers to travel longer distances. People also use horses as a source for food. A tradition that still continues today is the drinking of fermented mares milk. Nomadic Mongolians refer to it as Airag.

Horses in America

Prior to the reintroduction of horses by the Spanish into America smaller versions of horses existed. When and why they became extinct is still a mystery. It is believed that Native People hunted them to extinction. Humans have used horses to help shape America. Prior to the invention of vehicles, horses have been used for: sources of food, shelter, transportation, religious totems, sport. Human and horse interaction has evolved over time. Today many cultures, such as the Nomadic Mongolians continue to use horse as their ancestors did. In Western cultures horses are valued for: sport, income, breeding pets/companions, and therapy.

Present Day: (horses in therapy- what makes horses different)

Horses have become a choice for people who participate in physical and emotional therapies. What makes horses different from other animal species typically used in an emotional support environment? Horses are large powerful animals that can be intimidating to some people. Because horses are prey animals, they typically live in herds and develop was to communicate with one another. Their instinct is to constantly be aware of their surroundings. Being around horses a person learns to understand how horses communicate through non-verbal language. It is believed that horses will consider a human as part of their herd. As part of the herd a horse's instincts allow them to sense human emotions and actions. As a person learns how to communicate with and "move" a large animal, confidence in one's abilities and sense of accomplishment are instilled (Brandt, 2013).

Image 5:

DreamPower (welcome sign)

DreamPower Horsemanship is located in Gilroy, California. DreamPower is a non-profit therapeutic riding center that offers equine facilitated therapies and activities for people. DPH has the Premier Accreditation designation from the Professional Association of Therapeutic Horsemanship International (PATH Intl.). Premier Accreditation signifies that programs offered meet the basic standards for health and safety and promotes the well-being of all participants and equines

Mission Statement: (Text on a Slide ?) – music play – no talking
The Mission of DreamPower Horsemanship is "Building lives filled with *DREAMS*, and the *POWER* to make dreams come true." We accomplish our Mission through equine-assisted activities and therapies as well as animal-assisted therapy and other mental health services for children, teens, adults, individuals, groups and families.

Image 6:

Horse Power: Living Strong with MS

One program that is offered by Dream Power is Horse Power: Living with MS. This program is a support group based on the premise that human and equine interactions will help adults with MS. This is an unmounted support group. The activities with the horses are designed to be flexible to accommodate the changing needs of individual participants. Some of the activities with the horses include: grooming, leading and ground work exercises. The purpose of the group is to provide an environment in which people can interact with one another and the horses while learning skills to promote personal wellbeing.

(notes to self: pic of MS- Post card, grooming, leading, obstacles, and self expressions)

Image 7:

Narratives – Stories

Bob has been living with MS for 25 years, although he started having MS symptoms when he was growing up. He experienced on and off symptoms of fatigue. Bob said one day he could run and be in the top of 5 in the group then other days he would struggle to keep up with the fat kids. His PE teacher accused him of being on drugs or others would refer to him as lazy. As an adult he continues to battle fatigue, one of the symptoms of MS. Bob's only interaction with horses was riding a rental horse. He was interested in learning more about horses and decided to try a session at Dream Power. "Then I fell in love with a horse…." Bob says Sam has taught him patience. " I am always rushing to get things done because of my fatigue. I have learned to slow down and it is okay if I don't finish a project." "For example when I was doing T touch on Sam if I rushed he would not relax. When I slowed down my movements he would relax, lower his head, and close his eyes. Soothing him has a calming effect on me." "I am sleeping better at night since I have been working with Sam. "I use to continually wake up during the night now I have nights I can sleep for 8 hours straight." Bob has also achieved goals that he did not think were possible….

Judy has been living with MS for 23 years, although she said she had MS symptoms as a child. She has attended a support group that the MS Society offers as well as a yoga group for people with MS. As a child she went to camp where she rode a horse for the first time. Everyone kept telling her to get off because she was going to get bucked off. She became scared of horses. Reading an advertisement in the MS magazine about Dream Power she loved the idea of being outdoors and having therapy with animals. Judy says she has received the most benefit from participating in the MS support group at Dream Power. Judy describes the group as " there is a connection with the horse that is hard to explain." "The feeling of lots of love" Judy worked with a few of the Dream Power horses. She had a special connection with one. His name is King She says he would tell me "I had to be calm to deal with things in life." I

deal with anxiety but when I was with King there was a big sigh of relief no anxiety… I can breathe. It is a non-stress place. King allows me to talk to him and share my feelings. Being with the horses has also taught me to understand what my service dog is telling me. With my old service dog there was a lot of non-verbal communication I did not see.

Alice has been living with MS for 57 years. She and her daughter use to volunteer at Dream Power. Alice would visit the horses or work in the gardens while her daughter cleaned stalls. She has always had a love for animals. People have a hard time believing that she suffers from MS as a result she is constantly explaining why she does not feel well or can't do something. Alice felt it is easier to withdraw from people. Explanations began to feel like I was always complaining and I felt like no one wanted to hear me complain. I tried to attend support groups but found them to be negative and depressing. People always focused on the negatives of having MS. Her motto is "I have MS but I have a Life!" The group gets me out of the house and I am able to be with people that I don't need to explain myself…they get it… I always look forward to going. I have worked with a few of the Dream Power horses. Doc is the horse I typically work with but we do not have a bond. I am not as comfortable with him and I think he senses my uneasiness. I just don't know what to expect from him. I have felt a small connection to other horses I have worked with. Faith will come up to me when she is in her stall and will acknowledge me. I love to visit Zeus and I love talking to him. He listens. I also love grooming but Doc looks at me as if okay I will let you touch me but I rather you not… I love grooming the horses. I am able to let my mind go. It is like I go to a meditation zone. It is very relaxing. I also like walking with the horses. They make you feel you're in the moment. Walking with them- there is something about walking with this huge animal. You can lead them around yet at any moment they can do anything. But they don't…. I have learned to be more open and honest. I am more comfortable now telling people I have MS.

Connie has been living with MS for 17 years. She has always had pets. Her horse experience consists of riding rental horses a couple of times. Initially when she joined the group she thought it would be so cool to learn about horses and do more than just look at them. "I wanted to learn about the power of horse therapy." When I was first diagnosed I went to a group for people who were newly diagnosed with MS. Everyone was so depressing and they were all whining about this symptom or what was going to happen to them. I decided… I can make a choice to be whiner and be in that pity party or say screw this and live my life! I have MS but it does not have me! My diagnosis made me try new and different things. Dream Power's MS group being one of those things. The first session I did we began with a check in… I felt like I don't want to focus on MS shit. But it turned out that we had fun. We could talk about all the craziness that comes with MS. Sometimes we could laugh about it or help someone work out a problem. The group is uplifting and there is always a silver lining. I spent time walking down the stalls and looking and looking at every horse to see if we had a connection. I looked into Jack's eyes and he looked into my eyes. I felt a connection, I felt he could look into my soul and see my life. He could feel everything I was feeling. Whether it was positive, negative or turmoil. I knew Jack was my horse, he was my guy no matter what. He brings me a real sense of calmness when I am there. His picture is by my bed. He is one of the first things I see every morning. We always have a connection him and I. I often think about him. I love grooming him.

I felt this is my way to give back to him to make him look nice. The horses are always there for people. They help you stay grounded or they are a good sounding board at times. They make you feel good and forget about the other crap going on in the world or in life.

Connie describes the changes she saw in another group member. "She was so quiet and did not seem sure if herself in a lot of ways. She was hesitant to say much of anything. Where some of us were blah blah blah all the time… she transformed. It was like she shed this outer layer of herself and became this bright shiny beautiful person. She opened up and would talk. She let us see what a beautiful helping person she is… it was an incredible transformation to see… I have never seen anything like that.

Common Quotes: (Slide)

" They will not let me bring my horse home"

"I like to do mounted exercises"

" I have the confidence to do things, I did not think I could do"

" I enjoy being with a group of people who get it … I don't have to explain my MS. They can relate to what I am going through"

"When I am with my horse I do not focus on the MS." It is me and a horse"

" When the group is not together… I always know I am part of the herd part of the group always stays with me"

" The only thing that would keep me away from the group is my energy"

"The smells of the ranch is like aromatherapy"

"You look into the horses eye there is a deep connection"

" I have formed life long close relationships with people in the group"

"This is a group of Amazing people"

"I feel like I belong, so many times I don't feel like I belong…. But there I do."

" There are many good memories made here"

" I have tried other support groups and therapy before. Working with horses, leaders, volunteers and participants in this group. I have learned more about myself during this time than any of the other stuff I have done."

Image 8: (Random Pics of DP Horses and people ?)
    Where they are now?

    Bob has a service dog who assists him with his balance. Having a dog to assist him was a goal he did not think he would be able to achieve. He was told by several organizations that a dog would cause him to fall… Bob said that with the confidence he learned from (horses name) and others in the group he was determined to get a service dog. He continues to participate in the Horse Power: Living Strong with MS. He also is a sponsor for the Horse he fell in Love with and Dream Power's miniature donkey.

    Judy is working with another organization to complete her service dog's training. She said she will return to DreamPower when her dog's training is complete.

    Alice continues going to Dream Power's Horse Power: Living Strong with MS. She continues to foster puppies, kittens, dogs and cats. She also volunteers with a local organization to find forever homes for homeless animals.

    Connie has relocated to another state where she is currently trying to find a local therapeutic riding center. Despite living on the other side of the country she still stays in close contact with her friends in Dream Power's MS group. She say she misses everyone and the horses. She spends her time volunteering at a local animal shelter and fosters kittens.

Image 9:
    Where to find more information….
        Interested in equine Therapies –

            DreamPower Horsemanship
                Website: www.dreampowerhorsemanship.com

            Professional Association of Therapeutic Horesmanship, Inc. (PATH)
                Website: pathintl.org

Image 10:
    Closing Comments
        Thank you:

            (This has been a wonderful experience…..I would like to Thank Dream Power Horsemanship for the opportunity to work with a wonderful group of people and horses. Another big thank you to My husband and family for their support of this this project and in life.

My Committee chair who pushed me to think differently about human and equine interactions. The people who helped me understand what it is like to live with Multiple Sclerosis and shared their experiences of working with the horses. Their determination to not be defied by MS is an inspiration. Their determination became my inspiration to never give up despite the obstacles life put in front of you.)

Image 11: (back ground music – Happy Trails?)

In Loving Memory of the Horses we lost from the program (picture of Red & Rocky)

Image 12:

Credits
Pictures:
Images used to make this film were supplied by a variety of sources:
Participants from the DreamPower's MS support group.
Dream Power's Facebook page
Google images provided historical images
Cave paintings obtained from: Lascaux.culture.fr
En.pechmerle.com

References:

Shanklin, E. (1985). Sustenance and Symbol: Anthropological Studies of Domesticated Animals. Annual Review of Anthropology. 14, 375-403.

Pruvost, M., Bellone, R., Benecke, N., Sandoval-Castellanos, E., Cieslak, M., Kuznetsova, T., Morales-Muniz, A., … Ludwig, A. (2011). Genotypes of predomestic horses match phenotypes painted in Paleolithic works of cave art. PNAS 108 (46), 26-30. Retrieved from www.pnas.org/cgi/doi/10.1073/pnas.1108982108.

Zeder, M. (2012). Domestication of Animals. Journal of Anthropoplogical Research. 68(2), 161-190.