

REFLECTIONS ON A THERAPEUTIC HORSEBACK RIDING EXPERIENCE FOR A GROUP OF AGING VETERANS

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This narrative describes the experience of four veterans. Three of them thought that they would never be able to ride again and the fourth had never ridden before. Indeed, he had wondered when the time would come that he could ever get out of his wheelchair again, unassisted. However, on the horse he found that he could be in charge of his movement and that of the horse—and be part of a team.

It is a hot, dusty day—typical of summer in the Sun Belt—off a farm road in the country. Four men in their 70's and 80's wait with varying degrees of patience under the shade trees of the therapeutic horseback riding facility while their horses are brought from the stable to the outdoor riding arena. Their service to their country and their current home, a VA domiciliary facility, is what they have in common and what has brought them here today for the culminating trail ride of their brief, therapeutic riding experience this summer.

They know their horses well by now and watch with anticipation as each is brought to the mounting area. Each man, one by one, mounts his horse, assisted by volunteers, under the watchful eye and guidance of the therapeutic horseback riding instructor. It is a calm, deliberate process, prompting mild complaints by the last veteran waiting that they have forgotten him. He comments to a helper that he wishes the riding sessions could continue, but he knows that this is the last one. His physical therapist reminds him that the riding facility will be bringing one of the horses out to the home a few times this summer for some unmounted activities with all the residents. He says that he hopes they bring *his* horse and then falls silent. We sense that he is accustomed to loss and well-rehearsed in ways of making peace with it.

Each man has substantial physical and cognitive challenges, but each mounts his horse with surprising grace and agility and speaks encouragement and instruction to his horse and to his companions. One, a rodeo rider in his

youth, calls out unsolicited instructions to the veteran beside him to greet his horse, to establish that connection, before mounting. "You sweet talk the horse, you sweet talk her," he explains. His companion, also an experienced rider from his youth growing up on a farm, does not reply but reaches down to pat his horse's neck. The third man, preparing to mount, spends some time talking softly to his horse and gazing into its eyes (although he exhibits marked gaze avoidance with people), while the fourth, spying his horse, calls it by name and grumbles that it's about time for his turn. His physical therapist helps him to stand and walk, with her support, to the mounting area.

After a circuit of the riding track and practice giving commands to their horses, the riders and their entourage start out for the riding trail through open country, each man giving the command to his horse. There is an atmosphere of adventure, which the men seem to savor as they look ahead, down the trail, and interact with their side-walkers, leaders, and horses. The riders' intellectual and physical focus on directing their mounts is palpable, as is their awareness of their horses' responsiveness to their human communications. One man describes this communication as etiquette: you can't be rude to the horse. Another says that he understands his horse now, especially since he has taken the opportunity to have repeated experiences feeding and grooming as well as riding it, so that the horse has gotten to know and understand him, too. The other veterans

experience the communication as teamwork, offering them an opportunity for leadership that they can rarely experience at this stage of their lives, when so much of their lives and routines are determined by their caregivers. One man has been more and more wheelchair-bound and constantly monitored since having several seizure-related falls and particularly savors this chance to be “the boss” on an open trail. He may still be surrounded by helpers but, when mounted on a horse, he is positioned above them, not below them as in a wheelchair. He has a clear view of the trail, and he has the reins in his hand and his feet in the stirrups, constantly communicating physically with the horse even when there is silence between them. He had never ridden before and expressed surprise that he and his horse had gotten along so well together throughout this experience.

Three of the veterans complete the round trip, maintaining good riding posture the entire way, while the fourth rides the trail out successfully and does the return trip by car when he tires. The fourth rider notes that he made it to the point where they usually turn around on the trail ride anyway; he was able to complete the most significant part of the experience, the part that was saying “hello,” rather than “good-bye, it’s over.”

Upon returning to the riding facility, the process of dismounting begins. Each rider dismounts carefully in an individual style, depending on his size and strength—coached by the instructor, assisted by helpers as needed, but independent—while his horse stands like a rock, dependable and still part of the team. The fourth rider leaves the car and watches while his horse is led into the stable, while the veteran diagnosed with severe mental illness leads his own horse into the stable and competently grooms it himself, returning to the group only after he personally completes the care of the horse and says his farewells to it.

Then there is a gathering and celebration time for the humans. The veterans express appreciation for the relationships they have developed with their helpers in this experience. The veteran who typically exhibits gaze avoidance and has been diagnosed with mental illness makes a special effort to greet his regular

side-walker, makes eye contact with her, and thanks her for her participation.

As a group and individually, the veterans review their riding experience. The wheelchair-bound veteran, who had never been riding before, has been surprised by the benefits of riding as exercise and by how much stronger he is now. He is enthusiastic in recommending it as exercise for other veterans, young and old. He also opines that it would be good for heedless adolescents, to help them burn off some of their energy and drive for risk-taking in a pro-social way. He also appreciates riding as novelty, a way to get out of the home and do something exciting and fun, even better than the usual sponsored trips to restaurants and stores. It sounds like his life “After the Fall,” (as he refers to the fall he suffered after his last major seizure, leading to a changed life equivalent to that of the first humans after being cast out of the Garden of Eden), has been pretty boring since he has been more limited and supervised.

The veteran with a farming background and the veteran who is a former bronco buster both laud the riding experience as an opportunity to exercise and become more active. Yet, neither intends to use the home’s exercise facility now to maintain their new, higher level of fitness. Riding on an exercise bike would not recapture one of their earlier life’s enjoyable pursuits and connections with the horse—although the farmer says that riding on a motorcycle was a close second (it’s the RUSH, baby!). The veteran with the farming background mentions that he is glad the wheelchair-bound veteran was able to complete at least part of the trail ride and that he has been “looking out for him” ever since he suffered the seizures and repeated falls. All three suffer from persistent post-traumatic stress symptoms, which lead them to be wary of their anger, insomnia, and flashbacks (persisting even in dementia) and to self-isolate at times for the protection of others. These symptoms seemed to improve during the riding experience and the helper suggests that perhaps visualization of riding can be added to their coping repertoire. They visibly relax as they focus on that visualization.

The veteran dealing with mental illness does intend to keep up with his previous exercise regimen of weight lifting and exercise bicycling at the home's fitness facility; what he will miss is the sense of purpose in riding and the straightforward communication and connection with the horse. All veterans express a sense of ongoing theistic connectedness, such that the increased exposure to nature during the riding experience represented another spiritual practice, as well. They value all these aspects of the experience, seem to absorb it as a blessing, and go on to accept each moment of their lives and opportunities as they come.

We began this innovative intervention with great excitement at the opportunity to use therapeutic horseback riding (THR) with a new population and to assess its impact, but with due diligence and concern for risk management of frail, elderly riders with complex health conditions. We were aware that these conditions included service-connected disabilities and psychiatric conditions, such as post-traumatic stress disorder and severe and persistent mental illness. We were also interested in (and prepared for) attitudes toward riding as an outdoor adventure experience, which might characterize this group of combat veterans, and hypothesized that elements of military values/training might influence their participation in positive ways (Dole et al., 2007; Larsen, Highfill-McRoy, & Booth-Kewley, 2008).

THR has been used with children and adults with physical disabilities and with older adults who were recovering from strokes (All, Loving, & Crane, 1999; Benda, McGibbon, & Grant, 2003; Bertoti, 1988; Biery & Kauffman, 1989; Cherng, Liao, Leung, & Hwang, 2004; Engsburg & Shurtleff, 2008; Fox, Lawlor, & Luttses, 1984; Griffith, 1992; Haskin, Bream, & Erdman, 1982; Hedrickson, 1971; Hinkley, 1999; R. Kinsel, personal communication, September 5, 2007; MacKay-Lyons, Conway, & Roberts, 1988; Mason, 1989; Potter, 1994). Physical benefits associated with THR with these civilian populations include improvements in gross motor function, muscle symmetry, balance, and sensory integration. Findings of a 1995 review of the literature on THR, not

specified by population, suggested that THR may also have cognitive and psychosocial benefits in the areas of self-confidence, self-esteem, and self-concept; interest in learning; attention span; listening skills; spatial awareness; and verbal skills (Mackinnon, Noh, Laliberte, Lariviere, & Allan, 1995). One study of adults with severe and persistent mental illness who participated in THR found similar psychosocial benefits (Bizub, Joy, & Davidson, 2003).

We came to this last session anticipating the participants' mixed feelings of satisfaction at their achievement, enjoyment of their improvements in health, and regret for the ending of the experience. These ambivalent feelings at termination had been reported with great poignancy in Bizub, Joy, and Davidson's 2003 study of THR for adults with mental illness, cited above. As participant observers, we sensed that the men's powerful investment in this final session gave it a tone of significant, solemn ritual and heightened spirituality.

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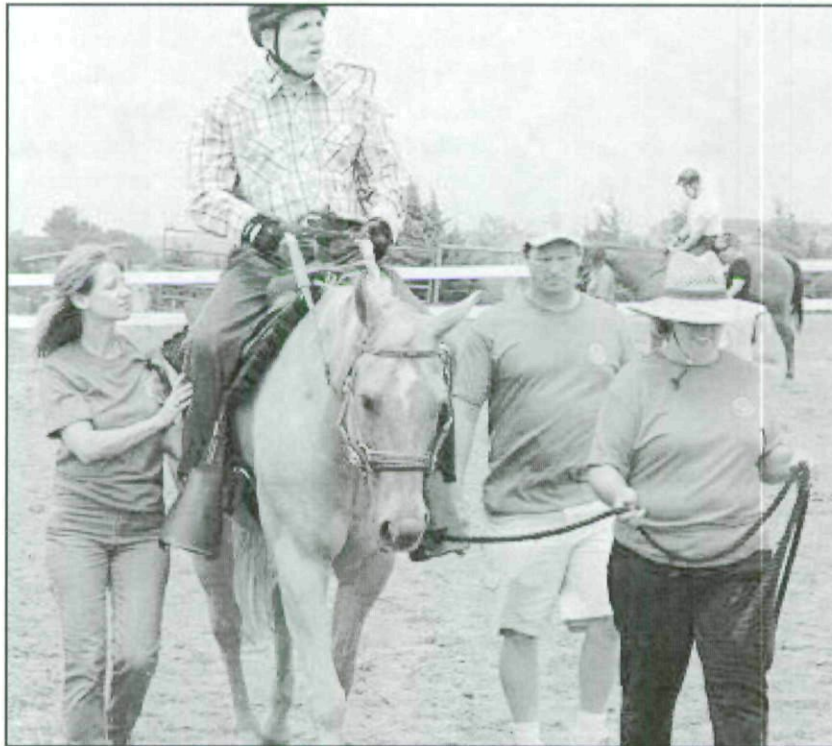
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