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Patient-Centered Communication (PCC) in Equine Assisted Mental Health

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ABSTRACT

Experiencing trauma can lead to a variety of chronic and acute symptoms, including post- traumatic stress disorder (PTSD), anxiety, depression, substance abuse, and poor social skills. Given the variety of causes for trauma incorporating individualized treatment options is important for efficacy. Equine assisted mental health (EAMH) – a team approach incorporating equines, clients, and practitioners – has been successful in treating those who have experienced trauma, including veterans and individuals with PTSD, at-risk youth, victims of sexual violence, and children who have been neglected. Although researchers and practitioners understand some about how EAMH treatment results in positive outcomes for these individuals, little is known about the communicative processes that support them. The current study included 19 in-depth interviews with EAMH therapists and practitioners to explore the role of equine communication (i.e., congruence, ongoing positive regard, and empathy) as a communicative process that is integral to the facilitation of EAMH as individualized therapeutic treatment. Using tenets of patient-centered communication (PCC) and principles of client-centered therapy, implications for human-horse communication in therapeutic contexts and client-centered care are discussed.

Traumatic events and recurring trauma are often unpredictable, ambiguously defined, and result in a variety of chronic and acute symptoms, post trauma (Bisson et al., 2015). These symptoms can lead to physical and mental health challenges over a person's lifespan, including post-traumatic stress disorder (PTSD), anxiety, learning disabilities, substance abuse, and depression (Bisson et al., 2015). These issues can have long-lasting effects, including negatively influencing academic achievement, financial stability, and performance at work (Anda et al., 2006). Due to the varied experiences and symptoms of trauma, specialized, person-centered care is necessary to ensure adaptation within treatment – to the person, trauma, and context (Cukor et al., 2009).

One such client-centered treatment, equine assisted mental health (EAMH), is gaining empirical support because of its success in addressing cognitive, emotional, physical, and relational issues stemming from a wide variety of mental and physical traumas (Selby & Smith-Osborne, 2013). This type of treatment typically includes at least one client, equine, and practitioner and the nuanced complexities of equine and human interaction (Ford, 2013). Although some sessions include riding the equine, which, in humans may influence cross brain integration (Shultz-Jobe, 2019), most sessions are on the ground, either "on line" (i.e., with the client holding a rope connected to the equine) or "at liberty" (i.e., no tools or ropes, the equines are free to move on their own and interact with the client freely).

Regardless of whether the client is engaging in groundwork or riding the horse, EAMH in comparison with human assisted mental health, has been shown to have multiple benefits for the client. For example, the biophilia hypothesis (Wilson, 1984), suggests that humans have an innate propensity to connect with nature and other animals. Additionally, research has conceptually linked person-centered therapy and ecopsychology with equines (Garcia, 2010). In other words, the natural environment and presence of a nonhuman animal can provide a source of motivation and opportunity for clients to practice communication and relationship skills (Fry, 2019). Specifically, EAMH sessions are experiential, providing safe spaces for clients to experience self-awareness and practice multiple iterations of relational scripts before applying them in the real world. However, in order to identify changes among clients, most studies examining EAMH report on the physical and psychosocial outcomes of treatment, not the process. These approaches lack focus on how practitioners employ equine interaction and client-centered communication processes, providing little understanding of the mechanisms by which this unique therapeutic intervention is effective. To understand further the complexity of human and equine communicative processes, we draw on literature in patient-centered communication (PCC) (Carrard et al., 2016; Epstein & Street, 2007) and principles in client-centered therapy (Rogers, 1961) to analyze in-depth interviews from 19 practitioners and their accounts of including equine interaction with person-centered care.

Literature review

Equine assisted mental health

Nationally and internationally, EAMH is the fastest growing facet of the animal assisted therapy industry (Professional Association of Therapeutic Horsemanship International, 2017). Four highly recognized models include Equine Assisted Growth and Learning Association (EAGALA), OK Corral, Trauma-focused Equine Assisted Psychotherapy (TF-EAP) and Eponaquest.[1] Although some models include

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psychotherapy with a licensed professional, others are administered by experienced practitioners and equine specialists without professional mental health licensures. Models focus on natural equine behaviors (e.g., nonverbal communication, prey and herd mentality) and the positive effect that humans observing and interacting with equines can have on their mental health and emotional well-being.

Therapeutic interventions which include equines necessitate trained professionals who have mastered the interpretation of equine behavior, incorporate a number of communication competencies for their human clients, and help their clients master the interpretation of nonverbal communication from equines (Latella & Abrams, 2015). Equines communicate through their body language and facial expressions (Brandt, 2004). Their nonverbal communication – gestures, kinesics, vocalics, facial expressions, body movements, gaze and physical appearance – help them, as animals of prey, to maintain safety (e.g., using nonverbal cues to signal danger) and to sustain valuable relationships in the herd. These relationships are the basis of complex social and communication systems (Feh, 2005). Equines invoke these same nonverbal, social processes to communicate with humans. For example, Malavasi and Huber (2016) found that horses and humans have referential communication and that horses can switch from visual to tactile nonverbal signals for clarity for their human partner. Equines may stand still, move away, move toward, bite, kick or throw their head to communicate their needs. Regardless they use nonverbal communication, with human or nonhuman partners, to express themselves in a particular moment. Consequently, practitioners must be skilled communicators in connecting human and equine messages and meanings. Given the therapeutic context of EAMH, literature on client-centered therapy and patient-centered communication are useful for framing these communication processes[2].

Client-centered therapy

In the development of client-centered psychotherapy, Rogers (1961) hypothesized that client health is best fostered through the self-directed relationship the client authentically builds with the self and therapist. He argued that the therapist's role is to engage in communication that encourages: (a) congruence (i.e., openness and authenticity); (b) unconditional positive regard (i.e., non-threatening, non-evaluative environment); and (c) empathy (i.e., active listening, perspective taking). Therapist congruence – whether angry or affectionate, ashamed or enthusiastic – means that they are authentic, aware, and open in their communication. For instance, if a client were to ask a therapist about their children, Rogers (1961) encouraged therapists to openly respond, if the answer would build trust, provide safety, and foster empathy. In turn, clients are held to the same standard of openness and authenticity (Ginsberg, 2011); however, due to past trauma, emotion dysregulation can impede the client's ability to engage in congruence. For example, a client might be able to match their internal state with external behaviors (e.g., they feel anxious and they display anxious behaviors), but are unaware of how they are communicating their congruent state. Additionally, a client might have an internal emotional state that does not match with their external behaviors (e.g., verbally indicating one is fine, when subtle nonverbal cues demonstrate emotional dysregulation). Again, clients might be unaware of sending these incongruent signals, or they may be engaging in subterfuge as a protective mechanism. Congruence, in this regard, is a communicative process where therapists and clients work toward openness and self-awareness in order to build rapport and engage in emotion regulation (Ginsberg, 2011). In addition, Rogers's (1961) discusses the importance of creating a safe environment through unconditional positive regard, or, accepting of both the client's positive and negative expressions. Finally, therapists can engage in empathy, to understand the patient's feelings, understand the patient's meaning, and provide feedback that fits the patient's mood (Rogers, 1961). Therapists must fully acknowledge that the client themselves may be communicating varying degrees of congruence, negative regard for self and others, and indifference.

Rogerian core concepts have been used in research on animal-assisted therapies (Chandler et al., 2010) and are being applied to traditional psychotherapy models of equine-facilitated psychotherapy (Karol, 2007). Specifically, equines have a keen sensitivity to nonverbal cues, enabling them to respond to the mood and internal state of humans (Latella & Abrams, 2015). This, along with the equine's need for safety as prey animals (i.e., clear communication within the herd to protect themselves from predators), equines possess no need for subterfuge. They communicate with a sense of congruence, that is, their awareness aligns with their behavior. For example, equines are willing to engage in activities and relationships with emotionally regulated humans, whereas, equines will typically avoid emotionally dysregulated humans in their environment. Consequently, when equines encounter dysregulated humans – whether the human is aware or unaware, open or closed – the equines' assessment of safety manifests in behavioral cues that can be used by the therapist for further client processing (Karol, 2007). Through accurate perceptions of human emotion, animals can provide empathy (Beetz & Schöfmann-Crawford, 2019), assist in the formation of a therapeutic alliance between therapists and clients (Tedeschi et al., 2015), and provoke emotional, cognitive, and behavioral congruence from clients (Porter-Wenzlaff, 2007). What remains unexplored is how practitioners utilize these complex social and communication systems of equines (Feh, 2005) to facilitate client-centered care.

Patient-centered communication

Literature on patient-centered communication (e.g., patient/provider interactions) illuminates the complex communication systems that link therapists, equines, and clients. Patient-centered communication (PCC) is "a group of communication strategies and behaviors that promote mutuality, shared understandings, and shared decision making in health care encounters" (Brown, 1999, p. 85). Epstein and Street (2007) outline six functions of communication which organizes their PCC framework: (a) fostering healing relationships, (b) exchanging information, (c) responding to emotions, (d) managing uncertainty, (e) making decisions, and (f) enabling patient self-management. They note that a defining element of effective

patient-centered communication is a "clinician's ability to monitor and consciously adapt communication to meet the patient's needs" (p. 7). Namely, physicians have been found to adapt nonverbal communication to consciously adopt the patient's perspective (Carrard et al., 2016). These adaptations facilitate patient involvement, mutual participation in decision making, healthy interpersonal relationships, and trust between patient and provider (Carrard et al., 2018).

Due to the nonverbal sensitivities that equines possess, both client and clinician monitoring and adaptation might manifest in unique ways. First, equines offer clients highly visual behaviors of communication (e.g., co-presence, cooperation, biting, kicking, bucking, running, rearing). Second, equines respond when a client's communication is unclear and they provide immediate feedback to human intent and body language (Earles et al., 2015; Frewin & Gardiner, 2005). Finally, when clients face challenges in acknowledging feedback from a human therapist, equines provide clients with demonstrative, non-evaluative feedback (Buck et al., 2017), where trauma work can be safely explored (Wilson et al., 2017). We are not arguing that equines themselves are therapists; however, this study proposes to examine how practitioners understand and describe the equine's complex nonverbal communication systems in the treatment of human mental health, expanding our understandings of patient-centered communication. Given this, we propose the following research question:

RQ: How do practitioners describe the role of equine communication in the client-centered treatment of human mental health?

Method

Participants

Participants were 19 practitioners (9 mental health professionals and 10 equine specialists) who provide equine assisted mental health services. Typical sessions took place in a variety of locations, including large pastures, small paddocks, stalls, round pens, standard dressage size arenas, and very large arenas both covered and uncovered, indoor and outdoor. Practitioners described clients as having experienced single, multiple, or recurring events resulting in post-traumatic stress (i.e., PTS or PTSD). Three mental health professionals were licensed clinical psychologists or therapists, two were certified life coaches, and four were educators/trained counselors. All participants were female with an average age of 51.57 years old (SD = 9.85, range was 26–71 years old). Fifteen of the participants reported being non-Hispanic white or euro-American who lived and practiced in seven US states (Alaska, Virginia, Utah, North Carolina, Wisconsin, Massachusetts, and Georgia) and seven different countries (United States, Italy, Canada, South Africa, Germany, Sweden, and New Zealand).

On average, participants worked in the equine assisted activities industry for 9.9 years (SD = 6.02, range was 6 months to 21 years). Eighty five percent of participants had a bachelor's degree or higher (one participant had a PhD, two had Professional degrees and six had Master's degrees). Five participants reported using a single modality in their work, and 14 reported mixing multiple modalities together. Twenty-six percent of participants were trained in TF-EAP, 73% had training in EAGALA, 26% had PATH international training, 10.5% were trained in OK Corral, 36% had training in Eponaquest and 42% had additional training in other modalities. Five participants were not certified in any modality, seven participants were certified in one modality, six participants were certified in two modalities, and one participant was certified in three modalities.

Procedures

After receiving Institutional Review Board approval, participants were recruited through gatekeepers at major modalities of equine assisted interventions practiced in the United States and through network sampling within the researchers' network. Semi-structured, in-depth interviews were conducted over the phone or via Skype at a time convenient for the participant. Before the interview, each participant reviewed and signed the informed consent document. Each interview was audio recorded with permission from the participant. Interview questions addressed how practitioners deliver equine assisted interventions to their clients and communication practices within a session. Each interview lasted approximately 45–60 minutes and was transcribed within 48 hours of the interview. Pseudonyms were used in the reporting of practitioner accounts.

Data analysis

The first author framed interview questions to focus on communication processes in client-centered therapy (e.g., "What does a typical session look like to you? In your opinion, do the horses communicate during sessions? If yes, what do they do to communicate?"). Data analysis involved the use of constant comparative techniques (Corbin & Strauss, 2008). This iterative process allowed us to look for instances that represent a category until no new information could be gathered that would provide additional insight (Creswell, 2013). The first author read through transcripts multiple times making note of common experiences described by participants and examples that represented those experiences, created categories based on similar features of the data (Lindlof & Taylor, 2017), and included codes to be used in subsequent coding procedures (Charmaz, 1983). Both authors then met and discussed general coding procedures. The second author independently reviewed transcripts and made individual notes of coding challenges, conceptual discrepancies, and/or overlaps in categories. We then met and discussed any common phrases and meaning patterns described by practitioners that may or may not have been represented by the initial categories. We then engaged in integration and dimensionalization to refine the categories (Lindlof & Taylor, 2017). This process guided axial coding procedures where we (re)read interviews, made note of any antecedents and consequences of various data, and

engaged any divergent voices in the data (e.g., negative case analysis), asking ourselves why and how the data were significant. We then modified categories, collapsed categories, and reorganized examples. As we continued to compare within and across interviews, we grouped these data into relevant themes and subthemes. Data analysis concluded when the authors did not find any new themes, or theoretical saturation was met (Glaser & Strauss, 1967). To confirm accuracy and exhaustiveness, we conducted member checks (Lindlof & Taylor, 2017) by distributing a description of our findings along with illustrative quotations to three members of the EAMH community who were not a part of the original interview group. These equine specialists and mental health professionals agreed that the themes captured their experiences as practitioners.

Results

In general, practitioners referenced the importance of equine behaviors noting, "everything about them [the horses] is communication"; "they communicate all the time with their entire being." Here practitioners shared how equine behavior signaled dysregulation among clients, ongoing positive regard through proximity and touch, and feedback through movement and stillness. Practitioners noted how equine behaviors prompted client self-reflection and guided facilitation of EAMH sessions. These findings suggest specific ways that equine communication is an essential element in aiding practitioners as they facilitate client-centered interventions.

Equine congruence signaled client dysregulation

With the horse's sensitivity to human intentions in order to protect themselves in the herd, practitioners paid special attention to horse behaviors that provided insight into a client's emotional state. Practitioners indicated that horses displayed behaviors that illuminated client dysregulation.

First, horse behavior prompted the practitioner to examine the client's visible behavior and their internal emotional state. Catherine, an equine specialist, shares:

> If the client is anxious and the horse is dancing around and also appears anxious … I can help the client become aware of their feelings and their anxiety and help them to feel their feet on the ground and to be more present in their surroundings … then the client witnesses the horse relax and does the same thing … drops its head, licks and chews to release all that anxiety and tension. It is immediate feedback for the client to see how their emotions and attitudes actually have an effect.

The horse's perceived anxiety display and the client's felt emotion of anxiety provided the practitioner with a unique avenue to discuss the client's emotions.

In another example, a practitioner described a client who was processing anger she felt regarding her depression. The practitioner shared how the horses seemed to visually match and illustrate that anger. She said:

> The three horses we had in [the arena], they all usually get along fine … as soon as she [client] brought up that anger, the two big ones pinned back their ears and … they started running in circles and chasing each other … it was the perfect "well do you see anything out there that looks like anger?" … once she [client] talked about that, they [horses] calmed right down and were fine.

Instead of the therapist simply telling the client she appeared angry, the horse's display of perceived anger allowed the therapist to reference this behavior and assisted the client in processing their own internal state and external expression.

Sometimes, the equine displayed atypical behaviors or the opposite of what the client visibly displayed (e.g., the client appears calm, but the horse is running or bucking). Kim, an equine specialist explained:

> If they [client] are presenting on the outside as calm and everything is fine … the horses definitely communicate to me that everything is not fine. They will not be close to somebody that is upset on the inside. So, there is a lot of moving away, a lot of prancing … like they can sense that there is something wrong even though the person is telling us, "I'm fine, I'm fine, I'm fine."

One practitioner described how her clients arrived at the session eerily quiet and calm. Michelle explained, "I brought in two horses that are normally super calm … they just started running nonstop … come to find out, the kids just had a really scary interaction with their father and they were super fragile." In this case, the practitioner identified the horses' atypical behavior as an indicator of the children's calm demeanor and their internal turmoil.

Unconditional positive regard through equine proximity and touch

Practitioners described the horses as offering a non-threatening, non-evaluative space for clients to approach the challenging emotions related to trauma. Although clients were often intimidated by the horses because of their size and movement, here, touching and being physically close to the horses was of benefit to the client.

Physical touch

Practitioners described times when the horse and client engaged in physical touch, or touch that supported full emotional expressions from the client. Lynn, a therapist working with a young woman who was having relationship difficulties due to substance abuse, asked the client to complete an obstacle course with her horse. After trying multiple times, the young woman appeared emotionally unable to complete the tasks. Lynn started with a comment from the client:

> "I can't do this, it's too overwhelming, these obstacles are too big." … I [Lynn] said, "you can stop doing this by yourself. You are allowed to have help. So, you tell me where to go and Maserati [horse] will carry you." Maserati carried her through the obstacles and we processed what it was like to have help.

Prior to this experience, the client had trouble asking for help. After, Lynn indicated that the client began seeking help through a 12-step program, which she had previously refused to do.

Alicia, an equine specialist, described a time when a client's previous trauma was brought to the forefront as she was grooming a horse, "she [client] was brushing the horse's tail and literally fell apart … her 16-year-old daughter had tried to commit suicide and the combing of the horse's tail reminded her of her daughter's hair." In this therapist's experience,

physically touching the horse elicited important memories and emotions, prompting her to assist the client in processing her grief.

Physical closeness

In addition to physical touch, physical closeness emerged in the practitioner accounts. Lisa explained that the physical closeness of the horse was important for her client who had experienced sexual abuse. Lisa noted:

> She [client] went out there [into the field] and just stood between two horses … you could sense that the energy shifted and changed and she became grounded and quiet … she said, "that was the first time in my life I've ever felt physically safe."

Even though this could have been a physically threatening environment (some horses are close to 1200 pounds), the client experienced feeling safe for the first time. Consequently, the practitioner indicated that the close proximity and large appearance of the horse allowed her to engage the client in self-reflection and reframe physical closeness.

Another practitioner, Meg, described a similar situation where a client suffered from depression due to grief. In this session, the client talked about how she needed support, companionship, and someone to listen to her. Meg shared, " … for whatever reason [the horse] just followed the girl around for like a half an hour. Like not just a little walk, but like stuck right with her." After the session, Meg shared how the client received the support she needed through this close connection, not by training the horse to do this, but by allowing the horse to engage the client in this way.

Feedback that prompts client reflection

Practitioners noted a number of instances where they gained additional perspective regarding the client's feelings and behaviors because of the horse's movement, or lack thereof. The horses communicated in ways that encouraged the client to reflect on their current emotional state, or perceptual and/or behavioral change.

Equine movement unlocked client movement

Within sessions, clients and horses got stuck, emotionally and physically. At times, horses were described as unwilling to move. For practitioners and clients, this lack of movement was meaningful communication. Alexa, an equine specialist, explained a session during which a client was working on her ability to commit to completing tasks. She was asked to move the horse a few steps forward. Alexa stated, "She [client] could not get the horse to move forward, so she got behind the horse and pushed … from the tail." In this potentially dangerous situation, the therapist used the horse's lack of movement and the client's act of putting herself in danger to bring awareness to a pattern that facilitated the client's behavioral and perceptual change.

Julia, a mental health professional, described more generally when getting stuck sparked self-reflection from the client:

> I find that for women who are stuck either with some specific place in their recovery or stuck trying to get other people into recovery, the horses will literally get stuck. They refuse to move … when they [clients] speak their truth … the horse always starts to walk again.

Practitioners explained that when the client engaged in self-awareness, the horse moved forward. When the client disengaged, the horse stopped and appeared to be stuck. The inability to move these very large animals prompted the client and practitioner to consider alternatives to the situation, whether that be the situation with the horse or the situation in their everyday life.

Samantha, a mental health professional, explained a situation where a young boy was eventually empowered through an experience where his horse would not move.

> One little boy decided he couldn't do it at all … he was like "there's nothing I can do to make this horse move" … he just sat for 30 minutes … when he finally got up and did what the equine specialist had encouraged him to do everything worked … he learned that if he tries to do it the right way he can see a positive result.

Hannah, an equine specialist, talked about a group therapy session where a young girl asked her horse to follow her. The young girl waited 10 minutes for the horse to begin following. Hannah explained, "We [the practitioners and other group members] were all like 'whoa … you are really patient' … you should have seen her face. It was something she did not know about herself." The lack of movement from the horse created an experience where the client uncovered a trait she did not know she had, allowing an opportunity for significant personal growth.

Practitioners also discussed how being stuck revealed ingrained behavioral patterns in a client's life. Rachel, an equine specialist, noted an experience she had with a client who happened to be a talented horse trainer. The task was for the horse trainer (client) to halter the horse and ask them to move forward. She said:

> It took her [the client] 45 minutes to walk 16 steps … She was trying everything she could … after 45 minutes she started crying … she said "this is not what I would have done as a child. …. when I was a child, I did things differently."

The client later suggested that when she was young, she aggressively and forcefully made the horse to move where she wanted it to go. This practitioner recognized that even an experienced horseperson had difficulty haltering and moving this horse, yet this experience enabled the client to reflect on her own relationship patterns in meaningful ways. Specifically, she recognized how she was aggressive in her personal relationships. This experience created an opportunity for her to try new communication strategies that changed seemingly ingrained patterns of relating.

Aggressive displays disrupt aggressive cycles

Practitioners described horses who performed aggressive acts (e.g., lunging, biting, kicking). In these accounts, practitioners indicated that these aggression displays reflected domestic violence or abuse the client was experiencing, suggesting that the horse was "listening" to something the client had not yet verbally expressed to the practitioner. Katie, an equine specialist, explained a session with a woman who had recently had a gun put to her head by her significant other: "he [horse] was

just being really aggressive and I was like 'ok, this is not this horse.' He was biting, pushy, walking on top of her … it was really kind of out of control."

Nicole, an equine specialist, talked about a female client who had undergone abuse throughout her entire life. She described a session saying:

> I drew a stick figure in the sand in the outdoor arena … I put a bucket of sweet feed on the stick person. I said the stick figure represents you and you need to protect yourself and keep him [a draft horse] off of you. Sweet feed is crack for horses, so this big guy was circling around moving closer and closer … eventually he just knocked her down to get to the sweet feed. She got up and she patted him and said, "that's ok, it's alright." The therapist said, "why is that ok?" She responded, "Well, I am not unconscious and I am not bleeding."

The therapist later talked about how the horse's behavior in this situation simulated the abuse that this woman had experienced throughout her life and her typical response to this abuse. Fortunately, this discussion enabled the woman to recognize a new interpretation of this behavior and transfer this new awareness to relationships in her own life.

In another example, Claire explained a similar situation she experienced with a client who kept returning to her abuser. She noted:

> Pocha [the horse] appeared to be very complacent and was walking with her [client] very nicely and doing a very nice job …. Suddenly Pocha lunged at her and she [client] threw the lead rope and ran out of the ring screaming, "I'm gonna leave him, I'm gonna leave him, that's exactly what he does, he gets really nice and then he does it."

With little coaching from the therapist, the client gained clarity regarding her toxic romantic relationship because the horse's behavior resembled the client's abuser.

Practitioners provided a number of examples where aggression displayed by the horse, aimed at the client, represented aggression the clients experienced in their daily lives. To our knowledge, and their own admission, these professionals indicated that the horses were not aggressive in most of their interactions with people and were not trained to be aggressive. Just the opposite, they were used in EAMH sessions on a regular basis because of their therapy appropriate temperament and extensive training. One of them was a very skilled therapeutic riding horse who was described by Katie as "one of my best horses, not a thing bothers him." She shared how the horse went back to his usual self once the client left the property, suggesting that it was likely a response to the client's situation.

Discussion

Drawing on PCC and client-centered therapy, this study explored nonverbal communication processes displayed through equine communication – congruence, unconditional positive regard, and feedback prompting client reflection – contributing to theoretical extensions of ecopsychology, or animal and nature's influence on human health (Garcia, 2010). We outline a broad discussion of implications for practitioners in EAMH practice, theoretical considerations for PCC and client-centered therapy, while acknowledging the significant communicative load equines perform in this context.

Implications for PCC and client-centered therapy

Within the EAMH community, many refer to the "magic" or "the power of the horse." The findings in this study conceptualize this process and connect theory and practice. First, as animals of prey, equines maintain a need for safety and a keen sensitivity to their environment. This enables them to engage in congruent communication, or to respond to the mood and internal state of clients. Because of this, practitioners monitored and investigated the emotional regulation of the client and the degree to which the client's external behavior matched their internal state, regardless of client awareness. Although not always warmly received by the client, horse cues allowed practitioners to probe client feelings and behaviors for further processing. Practitioners adapted in ways that addressed the client's needs and developed a healthy therapeutic alliance (e.g., bypass client subterfuge, receive immediate feedback from the equine to assess client state).

Second, practitioners described how equines created a non-threatening, non-evaluative environment through touch and physical closeness. For clients with PTSD, reconnecting with the body can be a challenging therapeutic process. For example, many clients avoid physical and emotional reminders of the traumatic event, while also avoiding people, places, or situations that elicit troubling memories (American Psychiatric Association, 2013). The presence of the horse in EAMH provided an opportunity for clients to receive embodied care (Agarwal, 2018), or the connectedness of the body with the construction of care (Cahill & Farley, 1995). Practitioners suggested that physical closeness and touch from the horse were communicative sensory experiences that fostered healing relationships and enabled client self-management. Among human healthcare providers, touch or physical closeness may be judged as inappropriate or even prohibited. Here, as horses calmly stood beside a client, it elicited feelings of safety. Touching, petting, and grooming the horse were physical connections that clients accepted, sometimes for the first time in their lives. Although not fully explored in this study, research indicates that touch is important for secure attachment, one of the first modes a toddler learns to communicate needs (Elbrecht & Antcliff, 2014). Affection exchange within PCC has been linked to improved perception, communication and overall health outcomes (Hesse & Rauscher, 2019). The ability for the horse to promote this affection exchange in ways that practitioners themselves felt were prohibitive was a key mechanism for client health. Continued research in this area could more fully explore the physical attunement of clients and equines in an effort to highlight how equines promote affection exchange, secure attachment, and effective communication from clients.

Third, practitioners recounted the power and complexity of perceived aggressive displays from horses, while recognizing the possible physical danger of these encounters. Practitioners were very clear in saying that equines were not trained or expected to be aggressive in these therapeutic contexts; however, these aggressive displays were powerful moments of empathy and demonstrated behavioral flexibility. Saha and

Beach (2011) found that in extreme, high-risk health contexts, physicians who conveyed empathic listening supported the patient's emotional needs, decision-making, and sense of empowerment. Specifically, Epstein et al. (2005) suggested that physicians demonstrate informed flexibility, or, "the degree to which an individual physician can adapt the consultation to the changing needs of one patient" (p. 1524). In a sense, practitioners described equine behavior as an extreme form of informed flexibility. Equines utilized intense movement or stillness to facilitate client awareness of their own state of dysregulation. When a horse refused to move, practitioners encouraged clients to try different techniques and thought processes to achieve their desired goal. Additionally, practitioners used the horses' aggressive displays (e.g., a kick, a rear, a push) to promote safety for the client in the session and in their relational lives. The practitioner weighed the potentially dangerous behavior of the horse in a controlled environment (i.e., the session could be halted or redirected at the discretion of the practitioner who had intimate knowledge of each equine), with the opportunity for clients to promote personal safety. Practitioners emphasized that these moments encouraged clients to make significant behavioral changes in their everyday life (e.g., some left abusive marriages while others modified dangerous relational habits).

Findings from this investigation, in addition to the implications for practice, have theoretical implications. Research on both PCC and client-centered care support the conclusion that personalized care improves patient outcomes and well-being (Del Piccolo & Goss, 2012; Hesse & Rauscher, 2019)). In this investigation both theoretical approaches – developed to describe and explain human-to-human therapeutic processes – were extended to include nonhuman animals within the therapeutic alliance in EAMH. This expanded alliance proves effective in the treatment of trauma as clients who have experienced trauma have complicated histories, negative cycles of interaction, and lack of trust of others. Additionally, integrating these frameworks provides a way forward for communication scholars to think about and investigate human-animal communication, research not yet fully realized within the discipline (for exception see Plec, 2013).

Adding equines to the therapeutic alliance offers a means to extend our understanding of what good communication from health care providers looks like, and how extending the healthcare team to (in this instance) equines may facilitate healthcare providers' work. For example, studies on patient-centered approaches to mental health provide evidence that good psychiatrist-patient communication influences a number of important decisions patients make concerning their care. Psychiatrists collect medical data, as well as the patients' perspectives on their own illness. Gathering these data requires active listening skills, an ability to engage in open-ended inquiry, and the use of empathic statements (Rimondini et al., 2009). These challenging communicative processes (patients are often unable to use verbal language to describe complex emotions) necessitates decoding nonverbal hints that indicate an underlying emotion that needs further exploration (Zimmermann et al., 2011), which means relying on collecting and managing expressions, cues, or the affective aspects of client communication (Del Piccolo & Goss, 2012). Findings from the present investigation, in concert with the research on EAMH, indicate that the nonverbal sensitivity of the equine can assist practitioners in gathering this important information on clients, as equines communicate their understanding with communication efforts that are direct and effective. In the end, equines may save practitioners time while engaging clients in processes that assist them in exploring underlying emotions.

Physicians who adapt well to patients and offer them clear explanations are more effective in reducing patient anxiety and improving psychological well-being (Epstein & Street, 2007). The findings from this investigation conceptually frame healthcare providers' adaptive behaviors as grounded in nonverbal cues from equines. This supports the importance of equines both for clients (as they respond to them) and healthcare providers (as they offer information about the clients' affective state), and for the importance of human-animal communication in the therapeutic process. Equines would demonstrate frustration, support, and affection with clients, prompting clients to focus on reconnecting emotion and body. Interpreting and using the equines' behavior in the therapeutic process provides the practitioner with more tools to facilitate client insight and change – the "magic of horses" is recognizing their role in the therapeutic process.

Implications for the welfare of horses in EAMH

Emotional and communicative labor abounded in this therapeutic setting. The relationally-oriented framework of client-centered therapy and patient-centered communication offers practitioners an alternative way to acknowledge and evaluate the welfare of the horse. Previous studies have evaluated the ethics of including horses in the therapeutic process from a physiological perspective (e.g., stress placed on the horse) (Gehrke et al., 2011), but to our knowledge, no one has explored the responsibility placed on horses as communicators. Fraser (2008) proposed a model for animal welfare that suggests some important considerations for the care of equines as communicators. First, in the wild, as communicative partners, horses typically receive congruence from other horses in a natural, herd-based environment; however, in EAMH, horses received an abundance of unclear messages, and even subterfuge, from clients. These reactive responses from clients were built on patterns of behavior that had been successful in keeping them safe (e.g., verbally communicating "I'm fine" when they don't want an abuser to know they're upset); however, more needs to be understood on how consistent exposure to dysregulated humans might negatively affect equines. In a recent study by Trösch et al. (2019), horses were shown pictures of facial expressions while a speaker played human vocalizations. When presented with non-matching picture/vocalizations combinations, horses attended to these conditions more readily (i.e., violations of expectations). Additionally, horses had increased heart rates to negative vocalizations regardless of the picture pairing, suggesting an increased stress response. In EAMH, both visual and auditory expectations are violated often. The current research suggests practitioners can and should monitor more closely the violation of communication expectations in the care of their horses, and ultimately their clients.

Second, Fraser (2008) calls for the consideration of the affective state of the animal. Miller et al. (1995) examined links among empathy, communication, and burnout among human service workers. Equines displayed empathy through intense movement and aggressive displays. Further investigation is needed to identify more clearly what Miller and Koesten (2008) described as empathy that involved feeling with the client (i.e., emotional contagion) or empathy that was feeling for the client (i.e., empathic concern). Typically, empathic concern can have positive outcomes for interactions and workers, whereas emotional contagion can lead to job dissatisfaction and burnout. Though horses have not specifically been studied in the same ways as humans, research has suggested that horses are capable of integrating different cues to process social information (Proops et al., 2009). Examining horses as empathic communicators encourages practitioners to consider varied approaches to equine welfare and their role in these highly emotional situations. Specifically, mixed messages from clients and consistent emotion dysregulation may negatively affect horses in EAMH. The perspective of horses as communicators enables practitioners to effectively monitor communicative welfare and prevent these effects by being aware of the horse's subtle body language, listening to the horse's feedback, and possibly releasing the equine from a therapy session for their own protection. Not only does this provide safety for the horses, but it also provides a model of effective listening and responsiveness for the client.

Finally, Fraser's (2008) call for basic health and functioning is imperative in the care of the equine before and after therapy sessions. Outside of sessions, a natural living space that offers the horse the ability to engage in communication patterns associated with herd dynamics, with other horses, promotes welfare (Topczewska, 2014), and can influence the quality of the feedback provided for practitioners and clients during sessions (Nieforth & Craig, 2017).

In summary, promotion of the horse's welfare as communicators is crucial in ensuring that the feedback practitioners do receive from the horse is a response to the client rather than the horse's unmet need. This distinction enables practitioners and equines the freedom to engage in open, non-evaluative, supportive communication that can facilitate person-centered interventions.

Limitations and future directions

All of the practitioners in the study were female. One practitioner mentioned having a male therapist as a partner, but the remainder worked alongside female practitioners. Further studies examining male therapists and practitioners in EAMH sections of the horse industry could provide additional insight into the treatment of trauma. Additionally, findings from this study provide potential insight into significant perceptual and behavioral changes for clients. Future studies should interview clients, and well as practitioners, to confirm what, if any, nonverbal competencies clients' implement outside of the therapy session. Lastly, future studies should explore how the communicative processes of EAMH more directly link to human health outcomes.

Notes

1. The EAGALA model is a team approach (i.e., mental health professional, equine specialist, horses and clients) focused on horses as large, powerful, prey animals that live in herds and have distinct personalities for solution focused treatment (EAGALA, 2018). OK Corral centers on principles of pressure/pain, attention/at-ease, reciprocal process, and the nonverbal zones of horses as a way to focus on "natural horse and herd behavior as a model for human mental and emotional health" (OK Corral, 2019). Natural Lifemanship's Trauma-Focused Equine Assisted Psychotherapy (TF-EAP) combines the neurobiology of trauma, and how equines assist in the identification of relationship patterns, reformation of new behaviors, and formation of new relationships to accomplish therapeutic outcomes (Natural Lifemanship, 2019). Finally, Eponaquest integrates interaction with horses and other tools (e.g., an emotional message chart, the false self/authentic self-paradigm, the body scan, and a boundary handout) to teach leadership, assertiveness, empowerment, intuition, and emotional fitness skills (Eponaquest, 2019).
2. The first author is a PATH certified Equine Specialist in Mental Health and Learning, has an OK Corral Certification and training in Trauma-Focused Equine Assisted Psychotherapy with 7 years of experience as a practitioner in EAMH. As part of a larger ethnographic study, the second author logged over 120 hours of on-site observations at a local EAMH facility where they employed trauma-focused equine assisted psychotherapy to treat trauma in adolescents.

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