

Manipulating practices

A critical physiotherapy reader

Barbara E. Gibson, David A. Nicholls, Jenny Setchell
and Karen Synne Groven (eds.)



CHAPTER 8

Equine-facilitated physiotherapy – devised encounters with daring and compassion

Tobba Therkildsen Sudmann | Department of Occupational
Therapy, Physiotherapy and Radiography, Western Norway
University of Applied Sciences

Abstract

Physiotherapy with horses and rider-patients builds on communication and interaction through groundwork and mounted work. This chapter discusses outdoor equine-facilitated physiotherapy on green care farms with three patients representing ideal types from the author's clinical practice. The practice of co-creation and improvisation, i.e. devising, is used to discuss how the triad of physiotherapist, rider and horse, work together to support the rider's step-by-step changes towards better health. Being with horses facilitates exploration of communicative strategies and embodied ways of being, whilst nature and physical activities add value to the therapeutic benefits. Horses represent risk and desire, as does the facing of bodily constraints or habits. Physiotherapy

aims to facilitate a purposefully created change by playing with daring (out-of-the-ordinary experiences when usual boundaries are pushed) and compassion. Therapist, rider and horse face dares and desire together by experimenting, improvising, and testing new modes of co-being and becoming. The ideas and tools from applied drama (i.e. collaborative creation and contact improvisation) tune human and horse bodies to communication and action. Outdoor practice and devising equip physiotherapists with a larger toolbox for a playful practice.

Introduction

Physiotherapy practice should not be confined to hospitals, outpatient clinics or other health or training-related facilities. Many of physiotherapists' approaches and practices can be applied in a wide range of settings, by appropriating and exploiting the material and non-material resources available. This chapter presents a Norwegian case of equine-facilitated physiotherapy in outdoor settings at green care farms. The first section introduces the use of horses in Scandinavian physiotherapy treatment, followed by a section on rhythm, balance and suppleness, comparing horses' and riders' bodies. The next two sections detail the theoretical foundation of the chapter; the intertwined relationship between micro-interaction, biological adaptation to living conditions, and improvisation, and present three idealised patients constructed from the author's clinical practice. The last two sections discuss encounters with daring and compassion, and devising strategies for including these in equine facilitated physiotherapy. The conclusion sums up the argument on how devising ways of working with daring, out-of-the-ordinary experiences and compassion may give deep bodily satisfaction and facilitate step-by-step health-promoting life changes.

The Scandinavian approach to equine-facilitated physiotherapy

Horses have been used to ameliorate or treat health concerns since their domestication around 3,500 years ago, and professional and lay riders often refer to ancient anecdotal evidence for their healing effect on the human mind and body. In Norway, the use of horses in physiotherapy has been approved since the early 1960s. Since the turn of the century, the Norwegian Physiotherapy Association (NPA) has continually taken steps to assure the quality of professional development education in the use of horses in physiotherapy and associated horsemanship. There is no internationally agreed definition of the practice of practitioners using horses for health purposes. In Norway, the NPA uses the concept of riding physiotherapy/physiotherapist to emphasise that riding is both a means and an end. A riding physiotherapist approved by the NPA may offer group-based or individual treatment sessions on horseback, lasting up to one hour. Patients pay for horse rental, and physiotherapists are reimbursed from the National Insurance scheme.

The cases presented in this chapter draw on the author's experiences of offering equine-facilitated physiotherapy on green care farms. In Europe and the USA, some health and welfare services are available at farms. These services build on strength-based approaches toward participants, and the health-promoting effect of contact with animals and nature (Haubenhofer, Elings, Hassink, & Hine, 2010; von Lindern, Lymeus, & Hartig, 2017). Persons suffering mental health problems show improvement after a farm-animal intervention (Pedersen, Patil, Berget, Ihlebæk, & Gonzalez, 2015). People living with dementia report that day-care on farms adds considerable value to their life (Sudmann & Børsheim, 2017), as do people taking part in drop-in centre

activity with horses (Sudmann, Forthcoming 2018). The context of the therapy is important; physical activity and contact with nature effects health in a positive manner (Ottosson, 2007; Thompson Coon et al., 2011; von Lindern et al., 2017). In Norway, green care farms are trademarked *Inn på tunet* (Into the Farmyard), and are required to comply with health, environment and safety requirements. The term “green” in “green care farms” refer to agriculture and sustainability.

When horses have been used therapeutically in physiotherapy, their contribution to human health and wellbeing has been explained as deriving partly from physical and social activity around horses, e.g. mucking out, preparing fodder, grooming, tacking up, (Håkanson, 2008), and partly as a result of rhythmical movements shared between rider and horse to facilitate body awareness, mobilisation, balance or coordination (Angsupaisal et al., 2015; Håkanson, Möller, Lindström, & Mattsson, 2009; Von Dietze, 2011). Horses are used in substance abuse and mental health therapy at several Norwegian hospitals, increasing treatment retention and learning (Kern-Godal, Brenna, Kogstad, Arnevik, & Ravndal, 2016; Thelle, 2010). Adapted riding for disabled children is offered at two hospitals and in local municipalities (Trætteberg, 2006), and horses are shown to contribute to development of self-esteem (Hauge, Kvalem, Berget, Enders-Slegers, & Braastad, 2014; Træen & Koren, 2003). In Scandinavia horses are used successfully in social work with self-harming adolescents (Carlsson, 2016). Horses may be used as means and ends in drug rehabilitation outside the realms of treatment institutions, e.g. as work placement or day centre activity (Sudmann, Forthcoming 2018; Sudmann & Agdal, 2015). A common denominator in research on horses’ impact on human health is the focus on the subtle micro-interaction and communication between humans and equines.

Rider's and horse's rhythm, balance and suppleness

Professional or leisure horseback riding is rewarding when the human and the non-human athletes have sufficient and adequate training for the discipline of choice. The aim of the training and education of the horse and rider is to prepare the horse for increasingly complex tasks while carrying the rider. For the horse to keep its balance while moving, the rider must balance on the horse by integrating rhythm and suppleness (Von Dietze, 2010, 2011). When rider and horse are connected and synchronised, their movements are fluid and harmonious. The art of riding is to connect and communicate with the horse through micro signals via the rider's seat and body posture, making the horse move as the rider wants, or the rider move as the horse wants – whether this is in a supple or collected mode (see Figure 8.1). The horse's training scale bears resemblances with how physiotherapists assess and facilitate body awareness and movement in their patients. The arrow in the figure indicates increasing complexity in the horse's movements under saddle. The key to success in riding is non-verbal communication – i.e. the rider must develop her sensitivity for arousal, tensions and rhythm in horse and herself. In therapy, reaching beyond the first three steps is rare.

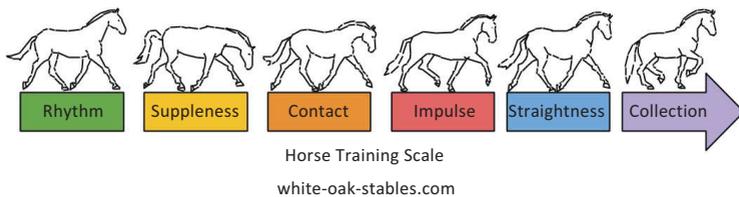


Figure 8.1: Horse Training Scale (White Oak Stables, 2014). Used with permission. (<http://white-oak-stables.com/2014/12/19/horse-training-scale/>)

For many rider-patients who have been subjected to traumatic experiences or are struggling to live with mental health challenges

or substance use disorders, bodily resources are drained, and many have temporarily lost the ability to fine-tune and integrate attention, respiration, muscular tension and movement. Living with threats or worries, pains or cravings often leads to a distorted and “distant” relationship to bodily sensations and needs. Disadvantages, traumas or abuse, or long standing drug abuse literally changes the body at a biological level, which subsequently may be measured (Getz, Kirkengen, & Ulvestad, 2011). In the Norwegian psychomotor physiotherapy tradition, the Global Body Examination (GBE) is used for assessment and quantification of bodily problems and resources. The GBE score is composed of examination of posture, respiration, movements, muscles and skin (Kvåle, Bunkan, Opjordsmoen, & Friis, 2016). Kvåle et al. have shown that patients with longstanding pain, mental health issues or musculoskeletal disorders have significantly worse GBE scores than the control groups without these problems (Kvåle et al., 2016).

Using the complete GBE necessitates partly undressing the patient, which is time-consuming and neither feasible nor necessary to accept a rider-patient for treatment. The theoretical base for the GBE builds upon an understanding of the lived body as an integrated biological, physiological, emotional and cognitive unit, a predominant notion in the psychomotor physiotherapy tradition (Bunkan & Thornquist, 1990). Dysfunction in any domain of the GBE (posture, respiration, movements, muscles and skin) will always influence the others. The theoretical foundations for the “Horses’ Training Scale” is built on a cognate philosophical foundation directing therapists’ and trainers’ attention toward posture, respiration, movements and muscle tension in relation to context in horse and rider alike. Suppleness in horses equates dynamic muscle tension, unrestricted respiration and attentiveness in humans – keys to effortless movement and balance. By observation and hands-on guidance the therapist gets valuable information

about the patient's bodily resources, i.e. how lived life is inscribed in the body. Henceforth, riding physiotherapy is an approach to re-integrating and re-discovering the interdependencies of mind and body on horseback, while working with rhythm and balance *in* movement.

Interaction and improvisation

Physiotherapy is a means to support changes in bodily habits to enhance wellbeing and health. To reach this aim, the physiotherapist must create therapeutic alliances with patients, and make use of available resources and experiential possibilities. Working with rider-patients and horses is to balance risk-taking and safety, daring and compassion. Around horses, it is wise to be cautious, and it is dangerous to be a daredevil. The potential danger adds a challenge, providing a mixture of risk and pleasure that seem highly valued by all riders – patients or not. When communicating with horses, humans must move, talk and touch the horse in ways that assure the horse that the humans are part of their herd, and not a threat to their welfare. Horses are prey animals and are extremely sensitive to how members of “the herd” (the human and non-human animals) behave and communicate. Depending on the human's comportment and behaviour, humans may be interpreted as part of the herd or as predators. Communication through movement, voice and touch is always related to the present, which calls for a compassionate approach to horses, and an attentive presence.

Equine-facilitated physiotherapy pays heed to a multitude of micro-details in deportment, demeanour and movement, in horses and humans. Goffman builds his sociology on detailed studies of animal and human behaviour, and demonstrates how movements, breathing, tensions, signs and gestures feed into any encounter and social setting (Bourdieu, 1983; Goffman, 1959, 1972). We emit signals

that are hard to alter – smell, height, weight, age, disability, heartbeat, breathing, and skin colour - and other signs that can be controlled at will, such as movement, clothes, speech, and hair colour. The four domains assessed by GBE – posture, respiration, movements, and muscle tension – give signals that are perceived by horses and humans alike. Goffman (1983) argued that the interaction order is a moral domain, where we are responsible for each other's wellbeing. We use signs given and given off as indications of whether the situation is safe, and negotiate a situational definition. Communication with horses is based on co-being and co-presence, where bodily dialogues are salient (Maurstad, Davis, & Cowles, 2013). A therapy situation must be created anew every time a patient and a therapist meet, especially when there is a horse present. The triad of rider, horse and therapist must meet and greet, negotiate and create the content of the session, and must close the session and break the triad when done (Shambo, Young, & Madera, 2013).

Using ideas and tools from applied drama in physiotherapy, such as “devising”, can be viewed as applied micro-sociology. Devising is the process of designing and directing collaborative creative work, whether the aim is to create a public drama performance or new bodily experiences. Creating new bodily experiences or performances with a horse as co-actor and co-creator calls for contact and communication by means other than words. In applied drama and physical theatre, a creative session often starts with contact improvisation (e.g. following another person's lead through direct or indirect contact), and exercises and selected movements to tune the present bodies to communication and interaction (Boal, 1995; Nicholson, 2005). In equine-facilitated psychotherapy and learning aka the HEAL-model, the concepts of devising, negotiation and play are used to guide interaction between horse and human (Shambo et al., 2013). Goffman's studies show how contexts and materiality represent possibilities and barriers for social

interaction, how situations are defined and how various alternatives to ordinary activities are developed (Goffman, 1986). Applied drama is deeply indebted to micro-sociology and to Goffman.

As stated above, lived life is inscribed in our biology (Getz et al., 2011), and contemporary conceptualisations of health point toward health as a collective resource and a social practice (Crawford, 2006). Health is also defined as the ability to adapt and self-manage in the face of social, physical, and emotional challenges (Huber et al., 2011). Health promoting adaptation necessitates new stimuli and challenges, which can be coaxed out with equine-facilitated physiotherapy.

Three patient ideal types

For the sake of the argument, and to be able to build a case of devising for dares and compassion, three [ideal typical] cases are presented below. These persons do not exist; they are fictional constructs built for analytical purposes from the author's experiences working as a riding physiotherapist. Following Kim (2012), Weber argued that "an ideal type is formed by the one-sided *accentuation* of one or more points of view" according to which "*concrete individual* phenomena ... are arranged into a unified analytical construct" (*Gedankenbild*). In its purely fictional nature, it is a methodological "utopia [that] cannot be found empirically anywhere in reality" (Weber 1904/1949, 90 in Kim, 2012). Ideal types are fictional, and the ideal type never seeks to claim its validity in terms of a reproduction of or a correspondence with reality. Kim (2012) states that the validity of the ideal types can be ascertained only in terms of adequacy. In my study of how female physiotherapists dealt with bodily proximity to their male patients, I constructed the ideal types "The good patient" and "The clever physiotherapist" to show how gender, age and sexuality were constituents of the therapeutic relationship (Sudmann, 1998). Judging by the reception

of the argument, the validity of the ideal types was adequate. The subject matter of this chapter has been discussed with several of the author's rider-patients, and they have given valuable inputs to the construction of the cases and to the arguments presented below. A corresponding methodology, the composite case study, has also been used to provoke critical thinking in health profession practice, including physiotherapy (e.g. Samenow, Worley, Neufeld, Fishel, & Swiggart, 2013; Setchell, Nicholls, & Gibson, 2017).

Ava (16): "Everything is about feeling safe"

This young girl has anorexia and demonstrates self-harming behaviour, social anxiety, anxiety attacks, concentration problems, and social problems. She lives in foster care and has partly dropped out of school. When we meet, Ava walks towards me with a smile, shifty eyes, respiration movements that are hard to detect, and a flexed body posture with almost imperceptible arm movements as she walks. She looks both hesitant and determined when walking into the farmyard. She talks to the horse and me in a low voice. She tells me that she finds the horses scary, and that she has dreaded coming to the stables. I am happy to greet her, and to tell her that it is wise to be wary and a bit nervous around horses. Furthermore, I tell her that being attentive and alert prevents accidents, and keeps the horses calm around us, because they are more afraid than we are. We smile to each other and talk about prey (horses) and predator (humans) animals, and how humans may act as predators towards each other, making us feel like prey. Ava has been with horses as a child, but did not learn to ride. During therapy, it is Ava's preference to fetch the horse from the pasture, groom the horse, and ride with as little tack as possible – just the bridle and a lead rope for the therapist. The horse walks or trots (the therapist jogs).

Benjamin (32): “I’ve been thinking about riding ever since my last mount”

This young man has a long history of drug use (alcohol, nicotine, marijuana, psychotropic pills, self-designed drugs), he is a drifter and periodically a street-dweller, and has no contact with family. Friends are fellow users or drifters. Because I do not want to focus on possible “failures”, I do not ask - and therefore do not know - about his level of education or his employment history. Benjamin’s body is usually in a half-stooped or flexed position, looking self-assured and insecure at the same time. He presents himself as an active survivor, not victimised or a passive sufferer. He tells me about a valuable life, and his multiple skills enabling him to survive on the streets, and moving around in several countries around the world. He impresses me with his survival skills, and I ask about how he keeps warm when the temperature is well below zero, how he finds shelter and safety to protect life, limb and property, and other questions relating to survival and wellbeing. Benjamin used to be a skilled rider and horse handler. During sessions, Benjamin prefers to find the horse in the stable, groom the horse himself and use standard tack when riding: a saddle and a bridle. We go trail riding together.

Charlotte (48): “It’s a revelation!”

Single-mother, divorced, long term sick leave, complicated relationship with ex-husband and father of her children. Her marriage exposed her to spousal abuse, as well as financial and practical barriers preventing her from leading a life on her own. She is very wary when arriving at the stables, her breathing is shallow, and her body is in an extended standby position – always already prepared to react on any demand or threat. Charlotte has never been on a horse before, and a friend had recommended that she try riding

physiotherapy. At first, Charlotte does not want to learn riding, and is experiencing a mixture of fear and delight when we meet. As therapy progresses, Charlotte finds that she prefers a bareback pad when mounted, and she likes the horse to be groomed and tacked when she arrives. The horse is handled from the ground by the therapist, by lead rope and bridle. Charlotte enjoys being carried by the horse, and the sense of safety the natural surroundings and the triad gives her. The therapist occasionally offers Charlotte the reins, but she refuses to take them: she would rather just enjoy being carried and communicating with the horse through her seat. We walk and talk in the woods – following trails or gravel roads. Charlotte relaxes and grows on the horse, and looks relaxed and content after the session. After every ride, she has strengthened herself so that she is able to make and stick to a plan for facing next week's demands and challenges.

Encountering daring and compassion

These ideal typical patients have referrals from their local doctor, informing about diagnose(s) or functional problems (pain, myalgia), but little more. Patients referred to me are invited to visit the stables and greet the horses and me before they decide to start riding therapy. During this first encounter (free of charge), we talk about horses, about when and how to meet, and we walk around the farm. Sometimes they want to try to sit on a horse for 5 minutes, and sometimes not. I never ask them about their worries, diagnoses, medication or other treatment they are undergoing or have been subjected to before. However, my experience in the GBE and neurological rehabilitation (particularly Bobath therapy) combined with my intimate knowledge of the challenges and survival skills in the field of (substance) abuse and mental health, equip me with a keen eye and observational curiosity. My observations

during this first meeting give me detailed information about the patient-rider's bodily functioning, e.g. by observing walking and alertness towards the farm environment. Walking is a functional vital sign, and speed, cadence, balance and rhythm are dependent on the functioning of all bodily organs (Middleton, Fritz, & Lusardi, 2015). Drug abuse, worries, side effects of (prescribed) medication or pain manifest by impacts on walking. The riders' interaction and communication with animals or other persons reveal desires, wants or fears, and their awareness of and responsiveness to micro-communication and signs. Horsemanship also provides a valuable source of information. When on horseback, the horse's reactions most often confirm my observations about muscular tensions, arousal, restricted movement or breathing, insecurity or fear – but also desire and delight. The horse always shows when the rider is supple and connects to the horse. Suppleness is a dynamic flexibility and a moment-to-moment adjustment of movement and tension and unrestricted breathing synchronised with the horse's own suppleness. The horse will try to adjust itself to the rider. Becoming attuned to these details highlighted by interactions between horse, rider, environment and therapist can give profound insight and food for thought for the patient. Rider-patients often utter sentences like “*Can you really see that?*” or “*How can you possibly know that?*”.

To connect with the horse, the rider must be aware of her breathing and her seating. Breathing calms or arouses the horse, and may make it stand still, trot, canter or even bolt. The seat of the rider communicates with the horse through pelvic movements, changes in tension in the pelvic floor (e.g. by breathing), micro-movements around the body axis, or eye-movements. The horse's responsiveness to these invisible and otherwise insignificant changes in arousal, tension and movement guides the rider when exploring and playing with body awareness. When working with breathing, pelvic

movement, dynamic core stability and posture, the rider is given different tasks or exercises to perform. These movements and their accompanying images (hold a large ball, juggle eggs, pick apples, scratch your wrist, pedal your feet, comfort the horse, pat the horse's hindquarters or shoulders, make yourself tall, make yourself small, be a queen, be a beggar, swim) all have an impact on the rider's seat, posture, muscle tension, breathing, attention and connection with the horse. These tasks and movements directly affect the bodily qualities assessed by the GBE (Kvåle et al., 2016). For example, when working with Benjamin, we used images relating to his dreams of being a cowboy, riding his own horse, sleeping rough in the wilderness, wrangling or catching his own food. Some days Benjamin would trust the horse and connect with it without hesitation, other days he was anxious on arrival and the horse became anxious as well. Our working together shifted from riding in walk and trot together, to Benjamin being mounted and the therapist accompanying as a sidewalker. Contact improvisation was more difficult when the anxiety level was high, but also easier because a worried but sensitive rider feels the horse's reactions to his worries, and may allow the therapist to hold her hand at the forefoot, the thigh, the lower back or on the horse's withers to calm them both. When the therapist uses "hands-on" on the rider, the rider is encouraged to follow the therapist's lead, or to take the lead and let the therapist follow the movements. Ava and Charlotte played with being led/taking the lead as well, to increase their range of motion and experience of safety in the saddle – and to exercise agency.

Being mounted on a large horse is to view the world from a different position. For many this is frightening. Ava always wants an Icelandic pony, which is easy to work around from the ground, being only about 135 cm tall at the withers. When on the ground, she refers to the pony as small and sweet, but when mounted she gets scared because it is so tall. Working with a pony makes it easy for

the therapist to physically guide and comfort both rider and horse, always keeping one hand on the bridle and the other at the back or thigh of the rider, or on the horse's mane or neck. Ada is guided to feel the horse's movement, count its steps, or tell a story of us being in a completely different setting; riding in the mountains, swimming with the horses, teaching a dog to follow a horse. Imagining other places and activities reduces her muscular tension and deepens her breath, and helps her connect with the horse, with me and the actual setting. Sitting on a horse places you above the walkers, in a position associated with power and control. Many patients find this powerful position frightening. Because they are accustomed to being the one who gets intimidated, they experience the roles as reversed, and may have difficulty enjoying their empowered position. Riding physiotherapy enables encounters with difference and otherness, and permits strange encounters within the familiar (Ramsden, 2017). Horses facilitate encounters with alterity or strangeness and provide tools for step-by-step life changes. Charlotte's experience of horseback riding as a revelation is telling.

Devising for equine facilitated physiotherapy

Horses need to be looked after, groomed and included in the herd of human and non-human animals. Horses fascinate the Avas, Benjamins and Charlottes, but they are also afraid of them and have experienced the double-edged consequence of horsing around – daring and compassion. While around horses, therapeutic tools are verbal and bodily dialogue (Sudmann, 2009). I talk with and touch horse and rider, and use the whole of my body close to the horse, and close to the rider, without asking permission to do so to ensure the horse's trust and security in the person, and the person's trust in the horse. Subsequently I might ask, "Did you see or feel what I just

did?”, and invite a discussion about non-verbal and touch-based communication and social interaction between humans and non-human animals. Everything is about micro-communication and voluntary risk taking (Goffman, 1967; Lyng, 2005), about voluntary signs given and involuntary signs given off – and our interpretation of these infinitely small and minute signs.

Ava, Benjamin and Charlotte and their peers have intimate knowledge about social stratification, about put-downs and marginalisation, about how people socially police each other and how this is embodied (Getz et al., 2011). Being with horses creates a recuperative and healing space where alternative modes of being can be crafted or tested. These modes of co-being facilitate a biosocial becoming – where body and mind are integrated, and human and non-human animals are tuned towards each other (Davis & Maurstad, 2016; Maurstad et al., 2013). The environments on farms and in stables are rich; they offer an everyday context for therapy, contact with nature and new biosocial becoming. Benjamin’s dreams about the centaur – the merging of human and horse (Bornemark & Ekström von Essen, 2010), Charlotte’s desires to be carried and comforted (Shambo et al., 2013) or Ava’s desire to ride bareback (Von Dietze, 2011) are examples of how horses make dreams come true, and how they facilitate exploration of self and steps towards health-promoting changes.

Physiotherapists are designers of movement and motor learning situations, but many are probably still inclined to take sole responsibility for the design, forgetting to involve patients as they should. Working with people and horses, the practice of devising – i.e. collaborative creation and contact improvisation – provides a relevant and inspiring approach. Devising is a physical way of working through movements to tune bodies to communication and interaction, as described in the sections above. Augusto Boal, one of applied drama’s founding fathers, created numerous games and

activities to enhance our ability to “see what we look at, to listen to what we hear, and to feel what we touch” (Boal, 1985). Boal’s (1995) volume on theatre and therapy provides a collection of exercises for tuning bodies to the situation at hand, and for wounded bodies to heal. Using Boal’s exercises on horseback introduces an element of risk not present in his practice. The relation between risk-taking, desire and pleasure, has been detailed by Lupton and Lyng as a powerful source for wellbeing (Lupton, 2013; Lyng, 2005). In our western societies, we work hard to preclude or minimize risk, making life predictable and relatively safe. However, many find safety synonymous with boredom, and many find challenging cultural boundaries intriguing. Daring to face risks and cultural taboos may create a sensual titillation, a sense of accomplishment, or fear. Making changes in bodily habits or embarking on a life-changing journey is risky, but it presupposes a desire for change, and a pleasurable reward when done. The young adults that participated in Andvig and Hummelvoll’s one-year inclusive theatre project, summed up their experiences in “I dare!”. Their applied drama project was resource oriented, created a space for connectedness to others, and an arena for consciousness-raising (Andvig & Hummelvoll, 2017). Interestingly, they compare their findings with what green care farms offer young adults. Equine facilitated physiotherapy, as individual treatment on farms, has the privilege to draw on the available restorative resources in a natural environment (von Lindern et al., 2017). Devising for daring and compassion in physiotherapy is to create a space for improvisation and testing of new bodily habits and communicative styles. Critical consciousness grows from verbal and bodily dialogues, and from the playing around with alternative scenarios for one’s life. Encounters with alterity or the commonplace add value to same endeavours - as do encounters with generosity (Frank, 2004).

Concluding remarks

The outback (dirty) environment of riding, the rhythm and movement of the horse, the exposure to changing weather, and the triad between human and non-human animals combine to offer a situated treatment approach that may seem unintelligible in a limited medical paradigm. Drawing on micro-sociological approaches to communication and on understandings of health as social and biological adaptations to living conditions made it possible to unpack equine facilitated physiotherapy as a co-created performance, where possibilities and barriers for healing are explored. The keys to understanding how physiotherapy with rider-patients enhances bodily confidence and communicative sensitivity and strengthens their ability to face challenges of everyday living are co-presence, co-being and co-becoming. Interestingly, rider-patients who do not dare to see a regular physiotherapist have the bravery and curiosity to embark on a quite challenging therapeutic journey.

Earlier on, students of physiotherapy were educated as designers of motor learning situations. Based on the discussions above, one might suggest that tomorrow's students should be educated in devising and improvising as well, to empower patients to dare to subject themselves to new bodily explorations and experiences. New health promoting habits can be supported and facilitated by curiosity and surprise. Rider-patients such as Ava, Benjamin and Charlotte have been hurt a lot; abused and maltreated beyond the imaginative capacity of most people. They know too much about fear, anxiety and pain – and must regain bravery to dare to face the world and to protect themselves. The stable, for most people a challenging environment, necessitates sensitivity, wariness, and presence. Horses and physiotherapists can enhance healing, enablement, add value and support to the steps they need to take themselves to improve their own life.

Minutious studies of social encounters and relations in public were the subject matter of Goffman's studies of animals, gamblers, filmmakers and everyday interaction. He introduced the interaction order as a subject matter in itself, and argued that the interaction order was sacred, a ritual that preserved the moral and social standing of everyone present (Goffman, 1983). Micro signs and actions such as glances, smiles, touch, micro movements, grins, winks, or utterances/sounds are necessary to uphold a situational definition and to agree upon who we are, or may become, in this communal setting. To share food and coffee, gloves, hats, or sheepskins or deer hides to keep warm, necessitates awareness of others' needs in relation to one's own needs and illustrates the sacred and ritual character of social interaction. The stables and environments at green care farms offer a social arena where wounded bodies may heal (Frank, 2004).

The Avas, Benjamins, Charlottes and their peers, would profit from a more generous and less intrusive and invalidating reception by physiotherapists or other carers, helpers or professionals. At the end of the day, it all comes down to being able to lead the life of ones' own choosing, and to finding a way of co-being with fellow humans or animals that is more rewarding than taxing. Health is a collective resource and social practice (Crawford, 2006; Huber et al., 2011), and most health problems and solutions emerge outside the health care systems and their professionals (Getz et al., 2011). Appropriation and exploitation of resources outside the standard healthcare frame, such as farms and animals, situates healthcare where health problems arise – in everyday living within everyday contexts. Using the ideas and tools from psychomotor physiotherapy in creative conjunction with applied drama, indoor or outdoor, equips physiotherapists with a larger toolbox and a playful practice.

References

- Andvig, E. & Hummelvoll, J. K. (2017). 'I dare': experiences of young adults at risk participating in a one-year inclusive-theatre project in Norway. *Nordic Journal of Social Research*, 7, 46–65.
- Angsupaisal, M., Visser, B., Alkema, A., Meinsma, M., Maathuis, C. G., Reinders-Messelink, H. & Hadders-Algra, M. (2015). Therapist-designed adaptive riding in children with Cerebral Palsy: Results of a feasibility study. *Physical therapy*, 95(8), 1151–1162.
- Boal, A. (1985). *Theatre of the oppressed*. NY: Theatre Communications Group.
- Boal, A. (1995). *The rainbow of desire. The Boal method of theatre and therapy*. London, England: Routledge.
- Bornemark, J. & Ekström von Essen, U. (eds.). (2010). *Kentauren: om interaktion mellan häst och människa*. Huddinge, Sverige: Södertörns högskola.
- Bourdieu, P. (1983). Erving Goffman, discoverer of the infinitely small. *Theory, Culture and Society*, 2(1), 112–113.
- Bunkan, B. & Thornquist, E. (1990). Psychomotor therapy: an approach to the evaluation and treatment of psychosomatic disorders. In T. Hegna & M. Sveram (eds.), *International perspectives in physical therapy 5: Psychological and psychosomatic problems* (45–74). London, England: Churchill Livingstone.
- Carlsson, C. (2016). Triads in equine-assisted social work enhance therapeutic relationships with self-harming adolescents. *Clinical Social Work Journal*, 1–12.
- Crawford, R. (2006). Health as a meaningful social practice. *Health*, 10(4), 401–420.
- Davis, D. L. & Maurstad, A. (2016). *The Meaning of horses: biosocial encounters*. London, England: Routledge.
- Frank, A. W. (2004). *The renewal of generosity: Illness, medicine, and how to live*. Chicago, IL: University of Chicago Press.
- Getz, L., Kirkengen, A. & Ulvestad, E. (2011). The human biology-saturated with experience. *Tidsskrift for Den norske legeförening*, 131(7), 683–687.
- Goffman, E. (1959). *The presentation of self in everyday life* (Vol. reprint 1990). London, England: Penguin.

- Goffman, E. (1967). *Interaction ritual. Essays on face-to-face behavior* (Vol. reprint 1982). New York, NY: Pantheon Books.
- Goffman, E. (1972). *Encounters. Two studies in the sociology of interaction*. Harmondsworth, UK: Penguin.
- Goffman, E. (1983). The interaction order. *American Sociological Review*, 48(February), 1–17.
- Goffman, E. (1986). *Frame analysis. An essay on the organization of experience*. Boston, MA: Northeastern University Press.
- Haubenhofner, D. K., Elings, M., Hassink, J. & Hine, R. E. (2010). The development of green care in western European countries. *Explore: The Journal of Science and Healing*, 6(2), 106–111.
- Hauge, H., Kvalem, I. L., Berget, B., Enders-Slegers, M.-J. & Braastad, B. O. (2014). Equine-assisted activities and the impact on perceived social support, self-esteem and self-efficacy among adolescents—an intervention study. *International Journal of Adolescence and Youth*, 19(1), 1–21.
- Huber, M., Knottnerus, J. A., Green, L., van der Horst, H., Jadad, A. R., Kromhout, D., . . . van der Meer, J. W. (2011). How should we define health? *BMJ*, 343.
- Håkanson, M. (2008). *Equine assisted therapy in physiotherapy*. (PhD), Göteborgs universitet, Göteborg, Sverige.
- Håkanson, M., Möller, M., Lindström, I. & Mattsson, B. (2009). The horse as the healer—A study of riding in patients with back pain. *Journal of bodywork and movement therapies*, 13(1), 43–52.
- Kern-Godal, A., Brenna, I. H., Kogstad, N., Arnevik, E. A. & Ravndal, E. (2016). Contribution of the patient–horse relationship to substance use disorder treatment: Patients’ experiences. *International journal of qualitative studies on health and well-being*, 11. doi:10.3402/qhw.v11.31636
- Kim, S. H. (2012). Max Weber In E. N. Zalta (Ed.), *Stanford Encyclopedia of Philosophy (Fall 2012 Edition)*.
- Kvåle, A., Bunkan, B. H., Opjordsmoen, S. & Friis, S. (2016). The Global Body Examination (GBE): A useful instrument for examination of patients with long-lasting musculoskeletal and/or psychological disorders. *European journal of physiotherapy*, 18(2), 137–143.
- Lupton, D. (2013). *Risk*. London, UK: Routledge.
- Lyng, S. (2005). *Edgework : The Sociology of Risk-Taking*. New York, NY: Routledge.

- Maurstad, A., Davis, D. & 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. *Social Anthropology*, 21(3), 322–335.
- Middleton, A., Fritz, S. L. & Lusardi, M. (2015). Walking speed: the functional vital sign. *Journal of aging and physical activity*, 23(2), 314–322.
- Nicholson, H. (2005). *Applied drama. The gift of theatre*. Basingstoke, England: Palgrave Macmillan.
- Ottosson, J. (2007). *The importance of nature in coping. Creating increased understanding of the importance of pure experiences of nature to human health*. (PhD Articles+frame story), Swedish University of Agricultural Sciences, Alnarp. (2007:115)
- Pedersen, I., Patil, G., Berget, B., Ihlebæk, C. & Gonzalez, M. T. (2015). Mental health rehabilitation in a care farm context: A descriptive review of Norwegian intervention studies. *Work*, 53(1), 31–43.
- Ramsden, H. (2017). Walking & talking: making strange encounters within the familiar. *Social & Cultural Geography*, 18(1), 53–77.
- Samenow, C. P., Worley, L. L., Neufeld, R., Fishel, T. & Swiggart, W. H. (2013). Transformative learning in a professional development course aimed at addressing disruptive physician behavior: A composite case study. *Academic Medicine*, 88(1), 117–123.
- Setchell, J., Nicholls, D. A. & Gibson, B. E. (2017). Objecting: Multiplicity and the practice of physiotherapy. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 0(0), 1363459316688519. Retrieved from <http://journals.sagepub.com/doi/abs/10.1177/1363459316688519> doi:10.1177/1363459316688519
- Shambo, L., Young, D. & Madera, C. (2013). *The listening heart: The limbic path beyond office therapy*. Chehalis, WA: Human-Equine Alliances for Learning (HEAL).
- Sudmann, T. T. (1998). Fra ubehag til vitenskap. Kvinnelige fysioterapeuters håndtering av kroppslig nærhet til mannlige pasienter (From Unpleasantness to Science - Female physiotherapist's mangament of bodily proximity with male patients). *Kvinneforskning*, 22(3/4), 80–101.
- Sudmann, T. T. (2009). *(En)gendering body politics. Physiotherapy as a window on health and illness*. (PhD Medical Sociology),

- University of Bergen, Bergen. Retrieved from <http://hdl.handle.net/1956/3143>
- Sudmann, T. T. (2018). *Communitas and Friluftsliv: Equine-facilitated low-threshold activities for drug users*. *Community Development Journal* (Supplement no 3).
- Sudmann, T. T. & Agdal, R. (2015). Tenk at jeg kan få ri! Hesteassisterte aktiviteter for ungdom og voksne med rusrelaterte problemer (Imagine - I can ride! Equine assisted activities for youth and adults with drug related problems). *Psyke&Logos*, 35(2), 69–84.
- Sudmann, T. T. & Børsheim, I. T. (2017). 'It's good to be useful': Activity provision for people living with dementia on green care farms in Norway. *International Journal of Practice Development*, Volume 7, Suppl, Article 8. <https://doi.org/10.19043/ipdj.7SP.008>
- Thelle, M. I. (2010). Horsepower helps. Evaluation of Horse Assisted Psychotherapeutic Treatment with Severely Traumatized Inpatients – A Pilot Study. *Scientific and educational journal of therapeutic riding*, (3), 25–35. Retrieved from http://www.modum-bad.no/filarkiv/File/_pdf-filer/Horsepower_helps.pdf
- Thompson Coon, J., Boddy, K., Stein, K., Whear, R., Barton, J. & Depledge, M. H. (2011). Does participating in physical activity in outdoor natural environments have a greater effect on physical and mental wellbeing than physical activity indoors? A systematic review. *Environmental science & technology*, 45(5), 1761–1772.
- Træen, B. & Koren, E. (2003). Jenter og hest. Stallen som arena for sosialisering og mestring. *Tidsskrift for ungdomsforskning*, 3(2), 3–26.
- Trætteberg, E. (2006). *Ridning som rehabilitering*. Oslo, Norway: Akilles.
- Von Dietze, S. (2010). *Balance in movement: How to achieve the perfect seat*. North Pomfret, Vermont: Trafalgar Square Books.
- Von Dietze, S. (2011). *Rider and Horse. Back to Back*. North Pomfret, VT: Trafalgar Square Books.
- von Lindern, E., Lymeus, F. & Hartig, T. (2017). The restorative environment: A complementary concept for salutogenesis studies. In M. B. Mittelmark, S. Sagy, M. Eriksson, G. F. Bauer, J. M. Pelikan, B. Lindström, & G. A. Espnes (eds.), *The Handbook of Salutogenesis* (181–195): Springer International Publishing. Retrieved from <http://>

link.springer.com/chapter/10.1007/978-3-319-04600-6_19/fulltext.html. doi:10.1007/978-3-319-04600-6

White Oak Stables. (2014). Horse Training Scale. Retrieved from <http://white-oak-stables.com/2014/12/19/horse-training-scale/>