Portfolio Volume 1: Major Research Project

The Experiences of Females with an Autism Spectrum Condition Undertaking Equine Assisted Therapy

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"A lovely horse is always an experience... It is an emotional experience of the kind that is spoiled by words." *Beryl Markham (2012). "West with the Night", p.133, Open Road Media*

Abstract

Background: Autism Spectrum Conditions (ASC) are described in the literature as a set of neurodevelopmental conditions characterised by early difficulties in social communication and interactions across multiple settings (Meng- Chuan, Lombardo & Baron- Cohen, 2014). Since the first cases of ASC were outlined in the literature, there has been a higher rate of diagnosis of ASC in males compared with females. In 2013, it was reported that the estimated prevalence for an ASC diagnosis was four males to one female (Werling & Geschwind, 2013). Numerous explanations have been proposed for the variance in diagnoses; however, it has been acknowledged that females with an ASC present with wholly different characteristics to males, such as the ability to 'mask' their difficulties (Tierny, Burns & Kierby, 2013). Furthermore, it has been evidenced that screening and diagnostic instruments do not accurately discriminate between male and female presentations of ASC (Kopp & Gillberg, 2011). As a consequence, females often receive an untimely diagnosis, or may never meet the clinical thresholds to receive a diagnosis. This has a detrimental impact on education, relationships, emotional wellbeing and mental health. Moreover, many of the interventions employed for people with an ASC are inappropriate for females, as the evidence base for intervention is centred upon the male phenotype (Koenig & Tsatsanis, 2005).

Evidence regarding the use of animals in therapy has gradually been established in the fields of both mental health and neurodevelopmental difficulties (Fine, 2006). Equine Therapy is one such branch of animal therapy, and is based upon the premise of the horse as a focus of delivering therapy. Equine Therapy is an experiential process, and is typically centred around learning new skills, and honing an understanding of oneself and others through the use of the horse (Romaniuk, Evans & Kid, 2018).

Aim: The aim of this project was to explore how females with an ASC experienced Equine Assisted Therapies, to gain a detailed understanding of the individual experiences underlying this particular intervention.

Method: Five female participants, aged between fifteen and thirty years old, with a diagnosis of ASC were recruited from two Equine Therapy centres in the UK. Each participant undertook a semi-structured interview, and the resultant transcripts were analysed using Interpretive Phenomenological Analysis (IPA).

Results: The analysis produced three superordinate themes. The first superordinate theme was conceptualised as 'the toxic experience of living in the social world', which indicated the detrimental, emotional impact of peers, school and authority figures on participants. 'The process of Equine Assisted Therapy' was a further superordinate theme, which explored the benefits of distance in indirect intervention, and highlighted the challenges associated with equine therapy. Finally, 'the emotional impact of horses on my world' was considered as important to participants. This theme referred to the impact of EAT on participants' sense of self, and the fostering of their confidence and leadership skills.

Conclusion and Recommendations: The results of this study gave rise to clinical implications and services for females with an ASC, including the consideration of non-verbal therapeutic interventions, undertaken in a community setting. In conjunction to this, this study drew

attention to the distribution of where financial resources may be ideally placed for this clinical population.

1. <u>Introduction</u>

1.1. Chapter Overview

This research focused on the experiences of females with an Autism Spectrum Condition (ASC) who are undertaking, or have undertaken Equine Assisted Therapy (EAT). In this introductory chapter, I shall define the terms that will be used throughout this research and discuss the overarching epistemology and reflexive positioning. I shall then make reference to a brief history and aetiology of ASC, and the issues surrounding gender and ASC. The efficacy of current interventions that are characteristically utilised in services will then be explored. This will then be followed by an exploration of Equine Assisted Therapies (EAT). A systematic review, pertaining to studies that have researched EAT and the field of ASC, will then be presented. Finally, I shall conclude this chapter with a rationale for this current research and the relevance for clinical practice and knowledge.

1.2. Introduction to Key Concepts and Terminology

In order to situate this project in context, explanations of terminologies used in this study will be provided here, before critically evaluating these definitions.

1.2.1. Autism Spectrum Conditions (ASC)

Throughout this research, the term Autism Spectrum Condition (ASC) as opposed to Autism Spectrum Disorder (ASD) has been employed. The terminology 'disorder' may hold the

implication that there is something inherently wrong with the person who has an ASC, and denotes dysfunction and not difference (Annear, 2014). Rynkiewicz (2018) noted that Baron-Cohen, a seminal figure in the field of autism research, contributed to the development of this term as a way of considering both the strengths and weaknesses of those on the autism spectrum. Therefore, the term ASD may not adequately capture the full range of the spectrum.

ASC is defined in the literature as a set of neurodevelopmental conditions characterised by early difficulties in social communication and interactions across multiple settings. Additionally, an individual may demonstrate restrictive, repetitive patterns of interest (Meng-Chuan, Lombardo & Baron- Cohen, 2014). However, the presentation of individuals with an ASC can be widely heterogeneous, with large discrepancies between a range of skills, abilities and intellectual functioning (Kirkovski, Enticott & Fitzgerald, 2013). For example, Emerson and Baines' (2010) review of published studies, which investigated the prevalence of intellectual disability in children with an ASC, reported figures between 12-72%, with an average of 34%. Thus, not all individuals with an ASC have an associated intellectual disability. The large amount of variation in these figures might indicate an unfamiliarity in how intellectual disability is conceptualised in ASC, and the ambiguity and blurring of symptomatology.

1.2.2. *Equine Assisted Therapy (EAT)*

The field of Equine Assisted Therapy (EAT) refers to a form of experiential therapy that utilises the interactions between the individual and the horse to understand and experience emotional worlds (Fine, 2006). Equine Assisted Therapy is known by an assortment of terms, including Equine Assisted Learning, Equine Assisted Psychotherapy or Hippotherapy, and is generally an intervention provided from the ground. For the purposes of this research, the term 'EAT'

has been used to differentiate between therapeutic horse riding, and other therapeutic equine approaches.

1.3. *Epistemological Position for Research*

My training at the University of Hertfordshire has helped to shape and develop my epistemological position towards both my clinical work and personal life. Whilst I feel hesitant to label or align myself to one individual approach outside of this research, I am aware that I hold many positions in my life. At times, one of these approaches may be more dominant than the other, and I am often subject to the complex interplay that may draw together positions such as feminism, critical realism and social constructionism that have influenced my understanding of the world.   For the purposes of this research question and subsequent methodology, my guiding epistemological approach is one of social constructionism (Burr, 2003). Social constructionism is located in the post-modernist tradition; it contrasts with modernism which regards the world as objective, rational and 'scientific'. (Gergen, 2001). The earlier explanations of social constructionist enquiry were concerned with elucidating the processes of how, and why, people ascribe meaning to the world in which they live (Gergen, 1985). Social constructionism can be viewed as a family of approaches; however, there are particular key concepts that can be agreed upon as the pinnacle or foundation of social constructionism. Burr (2015) argued that taking a critical stance to understanding phenomena allows us to maintain curiosity, and hold a certain amount of scepticism towards our base assumptions. 'Truth' is not objective; and what we may regard as objective is both time and culture bound. Given the complex history of ASC, the ability to place this research in its cultural and socio-political context is a significant facet of this research. Positioning a social constructionist lens over this research prevents the term 'ASC' used as a disorder located within

the individual. Instead, it allows for language, dialogue and the reflexivity of the researcher to be inherent in co-constructing meanings that people make of, and around, their personal experiences (Dallos & Draper, 2015). Research into terminology and language associated with an ASC revealed that a significant proportion of individuals with autism considered the term 'disorder' as pejorative, thus perpetuating the societal deficit model of autism (Kenney et al., 2016). Moreover, holding a social constructionist approach allowed a conceptualisation of ASC as a phenomenon that is personal to the individual, as opposed to a diagnostic category that subscribes to a model of disability (Molloy & Vasil, 2002).

1.4.   *My Relationship to the Research*

Berger (2013) argued that reflexivity in qualitative research can be considerably influenced by whether the researcher shares the same experiences as their participants, and thus, becomes part of the 'researched'. Holding the importance of transparency of qualitative research in mind, I have afforded the opportunity to consider my reflexive positioning to the research. Whilst I cannot claim that I have parity of experience to the individuals that I am interviewing with regards to a diagnosis of ASC, there are some aspects of my identity that I may find myself sharing. It is possible that these experiences and views potentially shaped the interviews, and thus the participant's responses.

Transparency and a thorough acknowledgment of one's positioning in undertaking qualitative research is considered to be imperative (Bell, 2009; Tracy, 2012). I hold my own personal journey towards this project, starting from a young age, where some of my fondest childhood memories and experiences centred upon spending time with horses. Today, my horse safeguards my mental and emotional wellbeing, and I personally believe that it is truly special

that a flight animal allows you the opportunity to experience such a sense of connection with them.

Furthermore, as an individual who is an ardent supporter of woman's rights and gender equality, I can often find myself disheartened by the challenges that women still face in today's societal climate. As a mother to a young daughter, I both fear and anticipate the world in which she will grow up. Morgenroth and Ryan (2018) stressed that whilst there have been many positive changes towards the role of gender equality in regard to education (particularly in Western societies), the authors postulated that women are continually underrepresented in positions of power, prestige and policy making. It is hoped that by highlighting females' experiences through this project, these supressed voices can be heard.

Because of the potential influences and draws of this research, a reflective diary was written during the process. This was in keeping with Berger's (2013) recommendations, and permitted me to process these encounters, by allowing consideration of myself from the fluid 'emic-etic' positioning that qualitative research is subject to (Berger, 2013).

1.5.   *Early Constructions of ASC*

To understand constructions of ASC, it is useful to gain an overview of the historical context in which ASC sits. Waltz (2013) summarised the history and story of ASC as complicated and convoluted, in which we define and understand autism in relation to the history of medicine, psychology, social exclusion and disability rights movements amongst other influences. Waltz (2013) maintained that ASC is not a story of increasing social acceptance and an upwards trajectory towards understanding, but one of repetitive ideas and discourses, interspersed with novel voices emerging from the background.

The development of ASC as a discrete concept can be traced back to the 1940s. Leo Kanner, a prominent child psychiatrist at the time, reported upon a series of eleven children in a 1943 paper entitled 'Autistic Disturbances of Affective Contact'. At the time, his work was perceived as seminal, portraying autism as a distinct disorder, contradicting the alignment of children with autism alongside those with other disabilities who were historically termed 'feeble-minded' or 'idiotic'. (Fischbach, 2007). Kanner (1943) concluded that despite some individual differences between these children he saw in his clinical practice, the main characteristic that was shared *was 'an inability to relate to themselves in the ordinary way to people and situations from the beginning of life'* (p242). Thus, an initial conceptualisation of some of the archetypal characteristics of autism were established, and labelled as infantile autism. Nonetheless, Hobson (1990) in Bowler (2007) cited that prior to Kanner's papers, and throughout the history of psychology and psychiatry, there have been depictions of children who may present with characteristics of ASC. Melanie Klein's (1930) case study of a child who was *'devoid of affection, undisturbed at being separated from his nurse and did not play...'* was potentially an early illustration of a child with an ASC (Bowler, 2007 p.2). As Klein felt that these difficulties were constitutional in origin, and primarily the result of complex interpersonal processes, these observations were not recorded or considered in the early literature about ASC.

Following Kanner's work, Hans Asperger (1944), who resided in Vienna, wrote an article which described a group of children with very similar characteristics. Hans Asperger's paper reported on the case studies of four boys, who were noted to display a lack of empathy, a limited ability to form friendships, and intense absorption in specific interests. Asperger termed these characteristics 'autistic psychopathy'. He often referred to these boys as 'little professors' because of their perceived intelligence on certain subjects (http://www.asperger-syndrome.me.uk/history.html, n.d.). Asperger's paper went largely unrecognised in the UK,

until 40 years later when Lorna Wing, an eminent psychiatrist, published a similar article outlining the aetiology, epidemiology and management of Asperger's Syndrome (Wing, 1981). Thus, Wing's paper generated a wave of attention from the specialist professional and clinical autism networks (Baron-Cohen, 2015).

Kanner's work is not without controversy. Baron- Cohen (2015) reported on a journalist who investigated the work of both Kanner and Asperger, and discovered that Kanner's chief diagnostician in his clinic previously worked with Asperger, thus implicating Kanner in intellectual theft. Additionally, we may wonder whether the history of autism as a construct would have taken another course had Kanner not described autism as a 'rare' condition, occurring purely in infancy and babyhood. Finally, and perhaps the most damaging claim that Kanner postulated was that 'refrigerator mothers' and 'toxic parenting' led to autism (Baron-Cohen, 2015). In a time when psychoanalytic theories were prevalent for explaining psychological and emotional distress, Bettleheim (1972) drew upon Kanner's phrase 'refrigerator mothers' to further imply that the term was synonymous with anxious, emotionally unavailable and ineffective mothering. This was not to say that mothers with interpersonal difficulties instigated their child's ASC, but that the circularity of responses from a child's emotional reaction to their mother's emotional reaction could lead to the development of this condition (Jack, 2014). Conversely, current research does not support this hypothesis, and this idea has been roundly challenged by both parents of children with an ASC, and professionals working in this field. Langan (2011) discussed that Rimland (1965), noted that parents who were perceived to align themselves to the refrigerator stereotype, also had children who did not have an ASC. Langan (2011) reported that by the turn of the millennium, many accounts by parents who had a child with ASC had been published. These accounts vehemently opposed the discourses surrounding the impact of the psychology of the mother, and the theory that they had a key impact in the development of their child's autism.

1.6.   Aetiology of ASC

1.6.1 Prevalence of ASC

The prevalence of individuals diagnosed with ASC in the UK is estimated to be 1 in 100, and larger, worldwide epidemiological studies reported a prevalence of 1-2% in the population. Furthermore, there is also a marked difference regarding the rates of diagnosis globally between males and females, with male diagnoses of ASC outnumbering females on a scale of 4:1. (National Autistic Society, n.d.). However, there is some disparity in these figures, with some estimates as high as 16:1 (Fombonne, 2003). It is reported in the literature that cross-cultural differences impact upon detection and diagnosis of ASC, with developed countries better able to diagnose ASC, potentially due to pronounced financial resources. Maguire (2013) reported that in South-East Asia there is one psychiatrist per 100,000 people, rendering access to mental health services difficult, if not impossible. Furthermore, the stigma surrounding ASC influences pathways and services. For example, in South Korea, the shame of autism is so profound that many families who have a child with intellectual disabilities will actively seek to avoid an additional diagnosis of ASC, due to the possibility of becoming ostracised from society (Maguire, 2013).

1.6.2. Diagnosis of Autism Spectrum Conditions

The Diagnostic and Statistical Manual Version Five (DSM-5, 2013) and the International Classification of Disease, Version Ten (ICD-10, 2016) established the main diagnostic criteria that an individual must meet to receive a diagnosis of ASC. The ICD-10 is most commonly used for diagnosis in the UK (autism.org, n.d.). According to the ICD-10, to receive a diagnosis of childhood autism, there should be the presence of impaired development and abnormal functioning in social interaction, communication and repetitive behaviours. The ICD-10 also

chronicles other difficulties that may be present alongside the main criteria, for example sleep and sensory problems. Asperger's syndrome is also acknowledged as a diagnosis in the ICD-10, and differs from autism due to the perception that there is no developmental, cognitive or language delay.

In 2013, the DSM-5 made significant changes to the diagnostic criteria for ASC. Having previously consisted of four categories, the diagnostic groups were converted into a single diagnosis of Autism Spectrum Disorder, and the social and communication domains were merged into a single domain. The age of onset was relaxed, and the repetitive behaviour criterion was expanded to include sensory processing difficulties. The DSM-5 additionally categorised the level of difficulties that an individual may experience as mild, moderate and severe. (Haney, 2015).

1.7. *Recommended Service Pathways in Autism Spectrum Conditions*

Diagnosis of an ASC in childhood often relies on a multidisciplinary team drawing upon a range of information sources. The National Autism Plan for Children (NAPC) produced by the National Initiative for Autism: Screening and Assessment (2003) relayed guidance for diagnosing an ASC. This should, in theory, include surmising a developmental history, observing the individual in different settings, excluding physical diagnoses and cognitive, behavioural and communication assessments. The most common assessment measures for a qualitative overview of ASC include the Autism Diagnostic Interview Schedule- Revised (ADOS-R; Rutter, LeCouteur & Lord, 2008), and the Autism Diagnostic Interview- Revised (ADI- R; Lord et al., 2012). (Rahman, n.d).

Service pathways following a diagnosis of ASC are important in the management of ASC (National Institute of Health and Clinical Excellence, 2017). The National Institute of Health and Clinical Excellence (NICE) produced initial guidance in 2017, based upon evidence

pertaining to the best outcomes for recognising and diagnosing ASC in under 19-year olds. NICE (2017) recommended that, in each area of the UK, a lead professional should be appointed as responsible for local autism pathways. Responsibilities for this professional should include recognising the key signs and symptoms of autism in young people, and supporting smooth transitions from child pathways to adult pathways. Core professionals in local teams should include Speech and Language Therapists, Educational or Clinical Psychologists, and Paediatricians or a Psychiatrist. Regular access to other professions such as Occupational Therapists and Social Workers is worthy of consideration if these professions do not make up the core team. Furthermore, NICE (2017) highlighted key skills that these clinicians ought to possess, including the experience to accurately assess and diagnose autism, and the ability to sensitively share information about a diagnosis with the child and their family. Guidelines for the diagnosis of ASC in adults were also produced by NICE in 2012, and updated in 2016. These recommendations shared similarities with the pathways for diagnosis in under 19-year olds, but further emphasised the impact of ASC on employment or other occupational activities (NICE, 2016).

Despite these guidelines, a recent study by Crane et al. (2016) which surveyed over 1000 parents who had sought an autism diagnosis for their child, revealed significant concerns. Long delays existed between parents first noticing difficulties in their child, and finally receiving a diagnosis. This led to reduced parental satisfaction with autism services. It was noted that on average, the delay in receiving a diagnosis was three and a half years, with parents waiting an average of a year before seeking further investigations for their child. Additionally, 56% of parents surveyed stated that the process of receiving a diagnosis (without accounting for the delay in diagnosis) was perceived as 'very stressful'. Post diagnosis assistance was also poor, with 35% of parents not offered any form of post-diagnosis support, such as signposting to relevant groups.

1.8.   *Gender Differences in Autism Spectrum Conditions*

Much of the early research and literature has been fixed on archetypal male presentations of ASC (Waltz, 2013). Meng-Chuan, Baron- Cohen and Buxbaum (2015) reported that females with an ASC may have been under- identified and, therefore, continually underrepresented in both literature and clinical settings. Recently, there has been emerging evidence and discussion that there are significant differences between male and female presentations of ASC. (Kirkovski, Enticott & Fitzgerald, 2013). Furthermore, a 2008 survey by the Centre for Disease Control found that a higher proportion of females with an ASC had a co-morbid intellectual disability, when compared to males with an ASC (46% and 37% respectively) (Centre for Autism Research, 2016). Due to this, it has been argued that our understanding of difficulties related to ASC may be biased towards a male presentation (Meng-Chuan, Baron- Cohen & Buxbaum, 2015). Consequently, unfamiliarity of vital distinctions between male and female ASC profiles may have significant implications for females. These may include difficulties in obtaining an ASC diagnosis, receiving a differential diagnosis that does not 'fit' with their needs, untimely diagnosis, and undertaking interventions that are not suitable for females' requirements (Bargiela, Steward & Mandy, 2016). The consequences of this will be discussed in more detail, further in this chapter.

Tierny, Burns and Kierby (2013) stated that a key difference in female presentations of ASC is the ability to camouflage or mask the difficulties that they experience, particularly as they are more adept at the use of compensatory strategies to mitigate social expectations and situations. Females with an ASC characteristically report copying and imitating their peers to fit in with social groups. A recent study conducted by Dean, Harwood and Kasari (2017) ascertained that on a superficial level, females with an ASC do not appear to be that dissimilar from typically developing females. Observations in school playgrounds demonstrated that the social challenges of boys with an ASC were more evident to untrained observers as they tended

to engage in solitary play. From a distance, females were observed to play and socialise similarly to other females. However, when observed on a closer, more nuanced level, females with an ASC were not able to maintain mutual engagement and social reciprocity. This would lead to females characteristically entering and leaving various social groups, and thus, struggled to maintain friendships. Similarly, Holtmann et al. (2007) noted trends that indicated that females with an ASC experienced greater difficulty in formation and maintenance of peer relationships than males, despite no differences in the triad of ASC impairments. However, it may be contended that the screening instruments used for this study (ADI-R, ADOS and the Child Behaviour Checklist) were not sensitive enough to pick up on the symptomatology that females typically experience, and thus disparities in the triad of impairments were overlooked (Lai, 2011).

Whilst males with an ASC also experience difficulties in peer relationships, these may present in a different manner to females with an ASC. Calder, Hill & Pellicano (2012) interviewed twelve males with an ASC, their teachers, and parents about the role and perception of friendships and peer support. The authors discovered that accounts proved similar; indicating a key theme surrounding a lack of reciprocity between interactions in children's friendships. Often, there were demands on the children who did not have autism to maintain these friendships. Furthermore, it was observed by the teachers that males with an ASC spent a great deal of time alone during unstructured breaktimes, and that intervention to encourage social engagement was unsuccessful. Moreover, the males that were interviewed reported that they had friends; however, they preferred to be alone at times but did not conceptualise this as a problem. Therefore, it can be considered from this research that males have a different interpretation of the intricacies of friendship, , and thus, are more secure in their perception of peer relationships than females.

It is also postulated that there may be differences as to when ASC causes the greatest level of distress for females, when compared with males. Kopp and Gillberg (2011) described how in adolescence, female friendships become more demanding and complex due the greater prevalence of subtleties in social interaction for females. As a result, this poses more challenges for families who have a female child with an ASC in maintaining friendships and peer relationships. Cridland, Jones, Caputi and Magee (2014) reported that the demands of peer relationships, and the need for extended processing time when coping with fast paced conversations, meant that this period of life can be challenging and testing for females with an ASC. This can also be a precipitating factor for difficulties regarding emotional wellbeing and mental health. Adolescence is also a period of difficulty for males with an ASC. School transitions, physiological changes and greater social pressures can prove demanding. Additionally, research suggests that males experience a greater desire for independence, and require more freedom to accept social invitations from peers. This struggle can have an impact on their mental wellbeing (Cridland, 2015). It has been evidenced that poor mental health in males is likely to be displayed externally, such as self-harming behaviours, sexualised behaviours and acts of aggression (Kring, Greenberg & Seltzer, 2009).

Additionally, evidence suggests that females are less likely to display repetitive stereotyped behaviours and demonstrate fewer externalising, challenging behaviours than their male equivalents. Mandy et al. (2012) utilised parent reports and direct observations of 352 children with an ASC diagnosis, and concluded that the nature of the differences in behaviours between genders meant that some of the features of ASC in females are conceptualised as 'easier' to cope with for those around them, consequently resulting in the likelihood of a delayed diagnosis. Furthermore, there is the potential for clinicians to refute or refuse a diagnosis if an individual is not demonstrating repetitive or stereotyped behaviour, particularly as both the

DSM-5 and the ICD-10 view repetitive behaviours as a central component to receive a diagnosis of ASC.

Whilst many studies have focussed upon the social and emotional differences between the genders, biological differences in brain functionality have also been demonstrated in females with an ASC. Alaerts, Swinnen, and Wenderoth (2016) compared resting fMRIs of 45 females to 42 males with an ASC, and 75 control participants without an ASC diagnosis. The purpose of this study was to determine whether functional connectivity differed between genders as per Baron-Cohen's Extreme Male Brain (EMB) Theory (2002) hypothesises. The Empathising-Systemising (E-S) aspect of EMB theory postulated that there were underlying gender differences between the ability to identify oneself with another's individual emotional state, and the ability to analyse and build systems. Baron-Cohen (2002) indicated that generally, women demonstrated more empathising and less systemising in their profile, whereas males empathise less but have a greater ability to systemise. The EMB theory proposed that people with ASC were characterised by an extreme version of the male E-S cognitive profile. Results of this fMRI study demonstrated that there were significant differences between connectivity in males and females, with males demonstrating more 'hypo-connectivity' whilst females demonstrated more 'hyper-connectivity'. Patterns of hyper-connectivity in females with an ASC reflected a shift towards the high connectivity found in neurotypical males, whereas patterns of hypo-connectivity in males with ASD were associated with neurotypical female connections.

Finally, there has been a limited body of research to suggest that the genders differ in the way in which they experience sensory difficulties. Whilst sensory issues are not unique to ASC, many individuals with an ASC experience hyper and hypo sensitivity (Grapel, Cicchetti & Volkmar, 2015). Duvoket et al. (2016) investigated factors that contributed to a diagnosis of ASC in both genders, and concluded that whilst the overall Repetitive Behaviors Scale

(Revised) did not contribute to a diagnosis in females, the sensory symptoms facet of this questionnaire did, indicating that there may be some key differences in sensory symptoms. Lai et al. (2011) substantiated these findings and concluded that there was preliminary evidence which suggested that adult women with ASC showed more sensory symptoms on the ADI-R than men with ASC.

1.8.1. Current Issues in Gender and Diagnosis

As the previous section sought to demonstrate, evidence suggests that there are key differences between male and female presentations of ASC. Because of the recent acknowledgment in differences within the spectrum, the validity of standardised measures used to diagnose ASC in females has been questioned. This is because such measures are primarily based upon a male phenotype of ASC (Koenig & Tsatsani, 2005). Koenig and Tsatsanis (2005) reported that the samples for standardising ASC instruments consisted of predominantly male samples, with a gender ratio of approximately 3:1. Kopp and Gillberg (2011) attempted to address this problem by identifying an extra eighteen items that they believed were tailored towards a female presentation of ASC. These items were added to the Autism Spectrum Screening Questionnaire (ASSQ (Ehlers, Gillberg, & Wing, 1999)), and preliminary findings suggested that the extended version of the ASSQ was, firstly, more sensitive towards females with autism, and secondly, more capable of discriminating between autistic and non-autistic females.

Lai et al. (2011) who undertook research in the field of gender differences in ASC, noted that many females involved in their study failed to meet the cut off criteria for the ADOS; however, they met the criteria for a diagnosis of ASC, as determined by experienced clinicians and the use of the ADI-R. Kopp and Gillberg's (1992) series of case studies further supported this, suggesting that females with an ASC can be more difficult to categorise or diagnose. They called for a further detailed clinical assessment, that is more sensitive to the needs of females.

The authors maintained that females who do not meet the clinical cut off for a diagnosis will be labelled 'odd' as opposed to receiving an accurate diagnosis.

The concerns regarding the validity of screening measures for females who present with an ASC, have meant that late or misdiagnosis is common (Lai, Lombardo, Auyeung, Chakrabarti & Baron-Cohen, 2015). Wing and Gould (1979) established that even when sex ratios were the same for severity of social impairment, males were fifteen times more likely to be diagnosed with ASC than their female counterparts. A recent study by Goin- Kochel, Abbacci and Constantio (2007) discovered that girls were diagnosed later for Asperger's disorder (on average 8.9 years old compared to 7 years for males) and for Pervasive Developmental Delay Not Otherwise Specified (PDD-NOS) (5.1 years old for girls compared to 3.9 years for boys). Additionally, Siklos and Kerns (2007) found that parents of a female with ASC experienced significant difficulties during the diagnostic process, including a protracted time frame from when the girls were first seen by the GP, to receiving a formal diagnosis. Age at diagnosis also differed for females when compared with males, and females are typically diagnosed at a much older age than males. Late diagnosis for girls has been found to lead to increased toileting problems, difficulties controlling aggression and other problems when compared with boys. (Rivet & Matson, 2011; Petrou, Parr & McConachie, 2018). Similar findings have been evidenced in educational literature. As males are more likely to manifest disruptive behaviours, such as hyperactivity, it is significantly more common for males with an ASC to access referrals to specialist disability services, and thus interventions. Consequently, females with ASC are at risk for unmet service needs, thus, accessing appropriate services later (Bussing et al. 1998; Dean, Harwood & Kasari, 2017).

Conversely, Holtmann, Bölte and Poustka, (2007) found that on a comparison of the Child Behaviour Checklist (CBCL), ADI-R and the ADOS-R there were no significant differences between genders on autism symptomatology. However, psychopathology varied significantly

between males and females, with females demonstrating higher t-scores on subscales of the CBCL, including thought problems, attention problems and level of overall problems. Additionally, females demonstrated more overall complications throughout the process of diagnosis compared with males. These findings add weight to the notion that females with an ASC can present in an exceptionally different manner to males with an ASC, and alternative approaches to address this might be warranted, particularly in relation to health and wellbeing which will now be discussed.

1.9.   *Mental Health and Emotional Wellbeing in Autism Spectrum Conditions*

Evidence suggests that individuals with a diagnosis of ASC experience greater difficulties in emotional wellbeing and mental health problems than their neurotypical peers. For example, Simonoff et al. (2008) reported that 70% of children with a diagnosis of ASC have experienced at least one comorbid mental health condition, and over 40% experienced two or more. Furthermore, Moss, Howlin, Savage, Bolton and Rutter (2015) reported that individuals with an ASC who have average or above average intelligence, are more susceptible to experiencing mental health difficulties than those with a lower IQ. Rationales for this include exposure to more social demands in mainstream education, and a heightened awareness of their social struggles. However, it may also be considered that individuals with a lower IQ may express distress in different forms, and might not have the verbal abilities to articulate upsetting, internal feelings. Thus, feelings can become externalised, leading to their internal experiences conceptualised as 'challenging behaviour' by other people (Kevan, 2003).

Anxiety is a common experience for individuals with an ASC, although the phenomenology is still in question as to whether anxiety is part of the ASC spectrum or whether it should be classified as a co-morbid condition (den Houting, Adams, Roberts & Keen, 2018). The

researchers used the parent rated Anxiety Scale for Children with Autism Spectrum Disorder (ASC-ASD) to examine the profile of anxiety in 100 children with an ASC diagnosis. The results indicated that 63% of parents rated their child in the clinical range for an anxiety disorder.

Schools and transitions to further education can also have an adverse impact on people with an ASC. Children from the general population who are bullied are likely to experience psychosomatic symptoms, poor adjustment, and thus, become susceptible to mental health difficulties. Little (2002), in Cappadocia, Weiss, and Pepler (2012) reported that the prevalence of bullying in an ASC population was four times greater than the normative rates in the general population. It is postulated that the risk increases due to the effect of their social communication difficulties upon peer interactions. Cappadocia, Weiss, and Pepler (2012) reported that out of a sample of 192 children and adolescents with ASC, 77% of parents reported that their child had been bullied in the last month. These children with an ASC who were bullied were eleven times more likely to experience mental health problems, such as anxiety and panic disorders than those children with an ASC who did not report peer victimisation in the study.

Whilst mental health difficulties in ASC often commence at an early age it can also span into the adult years. A longitudinal study conducted by Moss, Howlin, Savage, Bolton and Rutter (2015) explored the prevalence of mental health difficulties in adults with a diagnosed ASC. Clinical case records regarding initial diagnoses were obtained between the years of 1950 to 1979, and were subsequently followed up in 2011. It was discovered that out of the fifty-eight cases, 44% reported no current mental health problems, 27% reported mild to moderate difficulties and 29% had moderate to severe mental health difficulties. The most common problems experienced included anxiety, depression and OCD. It is postulated that this may be an underrepresentation due to historical recognition of mental health difficulties.

Whilst there is a wealth of literature and evidence supporting the concept that individuals with an ASC are more likely to experience difficulties with mental health, peer relationships and emotional wellbeing than their neurotypical peers, it has been argued that females with an ASC are at particular risk over and above their male counterparts. It is hypothesised that females with an ASC receive a 'double hit' in terms of the heightened risk of internalising psychopathology. Typically developing males and females experience similar rates of depression in childhood, but levels of depression in females dramatically rise in adolescence and early adulthood. Additionally, as discussed above, individuals with an ASC across the genders demonstrate an increased risk of anxiety and depression relative to typically developing peers. (Kim et al. 2000; Leyfer et al. 2006; Mazefsky, Connor & Oswald, 2010; Sukhodolsky et al. 2008). The culmination of these risk factors leads to an increase in mental health difficulties experienced by females with an ASC. Similarly, Solomon, Miller, Taylor, Hinshaw and Carter (2012) compared internalising symptoms, such as anxiety and depression in females and males with an ASC diagnosis, and internalising symptoms in their typically developing peers. The results concluded that girls with an ASC experienced more internalising symptoms of anxiety and depression in adolescence than boys with an ASC. The authors concluded that females with an ASC are at greater risk of developing mental health difficulties in adolescence.

During adolescence, social differences between individuals with and without ASC become more apparent, and the risk for mental health difficulties increases. Puberty and biological factors also require more sophisticated adaptive skills to maintain appropriate self-care, and to cope with the physical changes that occur in their body. A deficit in these adaptive skills can thus impact on self-perception, self-esteem and emotional health. Jamieson and Shuttler (2015) examined the relationship between indicators of social-emotional health and problematic behaviours specific to externalising and internalising symptoms for females with and without

an ASC diagnosis. Overall, they discovered that the relationships between social competence, self-worth and quality of life diminished to small or non-existent in female ASC populations when compared with a control group of females without an ASC, providing some indication of the impact these deficits have on well-being for females with an ASC.

Moreover, a late ASC diagnosis for females can have a resounding impact on multiple facets of their lives. Bargiela, Steward and Mandy (2016) used a framework analysis to investigate the experiences of late diagnosed women. Data was collected through semi structured interviews, outcome measures and neuropsychological assessment tools. Four main themes emerged from the interviews. These included clinicians' labelling participants with an incorrect psychiatric diagnosis that was perceived to encompass their difficulties, and participants struggle in 'pretending to be normal'. Another main theme was a narrative around passivity as part of an ASC diagnosis, and how this led to exploitation and high incidences of sexual abuse. Forging out an identity as an individual with an ASC was also an effort for participants, in particular, the discomfort of having to conform to cultural gender roles.

1.10. *Interventions for Autism Spectrum Conditions*

Currently, there are several interventions offered for the difficulties that are associated with an ASC. NICE (2017) offered guidelines for the management of ASC, in which social-communication interventions were a prominent feature. NICE (2017) posited that the main aims of these interventions should be to educate parents and teachers about the core features of ASC, and include techniques to expand the young person's communication, play and social routine. However, research examining care in community mental health settings suggest that gaps are apparent in evidence-based interventions, and that providers of interventions do not

generally hold specialised knowledge of ASC in order to undertake effective interventions (Stadnick, 2013).

Often, interventions for ASC are derived from traditional therapeutic modalities, and the efficacy of these are questionable. Weston, Hodgekins and Langdon (2014) conducted a meta-analytic and systematic review of the literature investigating the effectiveness of Cognitive Behaviour Therapy (CBT) when used with individuals with an ASC for either affective difficulties, or symptoms of ASC. 48 studies were included in total, and results demonstrated that CBT was associated with a small to medium effect size when used to treat co-morbid affective disorders and symptoms of ASC. However, the authors noted that the majority of the studies included in the review did not stand up to critical evaluation, citing reduced sample sizes, allocation biases, and limited information on how outcomes were measured as inadequacies of the studies.

Group based interventions to improve social skills in individuals with an ASC are commonly used for all age ranges in clinical settings. Gates, Kang and Learner (2017) conducted a meta-analysis on randomised controlled trials to ascertain the overall effectiveness of these groups on social communication. It was found that overall positive effects were medium, but small for parent and observer report. Whilst effects were large for self-report, further analysis of this indicated that this effect was wholly attributable to the participants reporting that they had learned about social skills and appropriate behaviours, and was not due to their ability to put these skills into practice. As it has been evidenced, females with an ASC have the ability to 'mask' their difficulties, and therefore, appear to fit in with peers on a superficial level. Hence, these modes of intervention, based on social communication skills, may not be appropriate for females, as to an extent, they have already learnt how to do this.

Alternative therapies, such as music therapy, are also available as interventions; however, are limited in NHS and public services. A 2014 Cochrane review (Gerettseger, Elefant, Mossler & Gold, 2014) discovered that music therapy was superior to 'placebo' therapy or standard care with respect to social-communication outcomes, including social adaption and interaction, and promoted the quality of parent child relationships. However, many of the studies included in this review suffered from small sample sizes. As this is a novel therapy, there has been a paucity of evidence regarding the use of music therapy and the impact on females with an ASC.

With regards to interventions tailored solely for females with autism, evidence-based models are limited, and interventions are typically designed and adapted for both males and females with no consideration to the evidenced differences in presentations. Jamieson and Schuttler (2017) explored the use of social skills interventions for ASC as a primary intervention. However, they argued that much of these social skills programmes is delivered within groups and schools, and again, are generally tailored towards young males. The authors described a social skills programme adapted towards adolescent females, entitled the 'Girls Night Out' programme which looked at extending skills related to social competence, thus improving self-esteem and self-perception. The programme consisted of modelling, role-play, token economy and cognitive behavioural strategies amongst others. After sixteen weeks of these sessions, the girls that attended, demonstrated significant improvements in social-emotional health, self-care and social confidence. However, it was not possible to ascertain which aspect of the programme had the greatest influence.

Consequently, at best, the evidence for successful interventions in ASC is inconsistent, and is based upon traditional psychological models informally adapted for an ASC population. The literature for interventions is further belied by the lack of evidence in relation to females with an ASC. The intervention trialled by Jamieson & Schuttler (2017) highlighted that there was the potential to consider alternate interventions that may be successful in relation to the specific

presentations and difficulties that females with an ASC experience, including higher rates of mental health difficulties. Furthermore, Brondino et al. (2015) reported that complementary and alternative therapies in ASC are becoming more commonplace and popular with families, despite questionable efficacy for some of the more novel treatments, such as herbal remedies and dietary changes. It is suggested that parents are recognising that the traditional therapies for ASC have variable results, and thus, are interested in exploring alternative therapies, such as those that use animals in the intervention process.

1.11.   Animal Assisted Therapies

Animal Assisted Therapy (AAT) is the incorporation of pets and animals as therapeutic agents of change. Chandler (2011) reported that the use of animals in therapy can assist in altering the dynamics of therapy through a multiplicity of methods. Individuals who attend therapy may feel that they are more motivated to attend a therapy session with a therapy animal, and through the course of therapy, can experience genuine acceptance and non-judgement from the animal. Moreover, nurture and physical affection is also widely documented as a benefit to interacting with both a pet and a therapy animal (Davis et al., 2015).

Whilst there are limited theoretical models to explain the mechanisms behind the usefulness of AAT, the premise that animals have a role in lowering arousal and facilitating calmness in individuals was initially derived from Wilson's (1984) 'biophilia' hypothesis, an ecological theory which asserts that humans possess a genetic ability to attend to other living organisms. It is said that we have an innate tendency to seek connections with nature and other forms of life, and from an evolutionary standpoint, it is this tendency that allowed humans to increase their chance of survival (Fine, 2006). However, whilst there are copious studies in the literature that stated that animals have a calming or restful effect on people, at present there is no

empirical data that suggests that this is due to an innate attraction to other living organisms. Fine (2006) acknowledged that by fixating on the biophilia hypothesis to understand AAT, cultural and individual experience become overlooked.

A study by Stewart, Tang and Rice (2013) aimed to identify a theoretical background to the use of animal assisted therapies in the counselling professions. Through a grounded theory methodology using semi structured interviews, four overarching themes were developed for the use of animal assisted therapies. These included the ability to develop a specific set of skills and competencies, the utilisation of a developed, working relationship with an animal, purposefully increasing the scope of the client-counsellor relationship, and impacting on the therapeutic process. The authors reported that they viewed each component of this model as a relational process.

Many studies have reported on the psychological and physical benefits of receiving animal assisted therapy in a wide range of client groups and settings. A recent study by Waite, Hamilton and O'Brian (2018) conducted both a literature search and meta- analysis regarding the use of AAT in medical and physical health settings. The results demonstrated that the effect size was large and significant, which indicated that AAT brought about reductions in anxiety, pain and distress associated with medical procedures and physical health conditions.

Furthermore, Nimer and Lundhal (2007) conducted a meta-analysis examining the effect sizes of AAT from a sample of 49 papers. The literature review indicated that moderate effect sizes were found in improving outcomes in four separate clinical areas, which included ASC, medical difficulties, behavioural problems and emotional wellbeing. In relation to this, O'Haire (2013) reported on a systematic literature review of fourteen papers that used AAT as a treatment modality for the difficulties associated with ASC. It was concluded that the presentation of AAT was variable across the studies, and that reported outcomes included

improvements in multiple areas of functioning. These areas incorporated social interaction and communication, decreased 'problem' behaviours and stress. Nonetheless, despite these promising results, all studies that were included in the literature review were limited by methodological weaknesses, including poor design and sample size.

1.12. *Species Specific Animal Assisted Therapies*

With regards to the aforementioned studies in AAT, the authors failed to distinguish what could be perceived as simply being in the presence of an animal, from therapeutic mental health treatments. Moreover, none of these reviews were species specific, and encompassed animals such as horses, dogs, cats and dolphins. Within AAT, one of the most common interventions is the use of dogs within therapeutic practice (Schuck, Emmerson, Fine & Lakes, 2015). The popularity of dogs in therapy is built on research that indicated that the presence of a dog can improve engagement, socialisation and reduce anxious arousal. Despite this, interventions with good clinical efficacy do not just involve brief, informal interactions, but should rather consist of a combination of evidence-based treatments, with therapy dog interactions (Jones, Rice & Cotton, 2018).

Jones, Rice and Cotton (2018) reported on a systematic review of the use of canine assisted psychotherapy (CAP) for adolescents who have experienced mental health disorders. Seven studies were included in the review, and the results demonstrated that CAP had a positive impact on primary diagnosis, socialisation, internalising symptomatology, and externalising behaviours. Furthermore, increased socialisation and engagement were also seen as a result of CAP. The authors cited that there was insufficient evidence to suggest that CAP improved factors associated with coping or self-esteem. Within the studies incorporated in this review, the authors noted that there were significant discrepancies in the nature of the interventions, and only four of the studies demonstrated fair or acceptable methodological quality. The

authors recommended that future work should allow for the design of clearly defined CAP protocols, in order to provide a framework for a structured evidence base.

Despite the promising results of canine assisted therapies, a recent study by Hill, Ziviani, Driscoll and Cawdell- Smith (2019) reported upon the impact and the challenges of canine therapy for individuals with a diagnosis of ASC. The authors put forward that in order for a successful intervention, the therapist is required to divide attention seamlessly between the therapy dog and the client. They highlighted that clear goals and objectives are required for sessions, and that for this intervention to be considered as AAT, the dog has to be incorporated into any activity. Furthermore, the authors acknowledged that one of the greatest challenges in this type of work is that the dog would often offer different behaviours to what was required in the session. Training and knowledge about canine welfare can also prove demanding, and in light of this, Vanfleet et al. (2015) argued that without the appropriate training in animal welfare, canine body language and risk assessment, therapists are likely to be working unethically in this field. The authors postulated that canine therapy is a multi-faceted skill that requires the development of universal standards and guidelines in order to develop safe and ethical practice.

Whilst there are many studies that have evidenced the impact of animals in therapy in relation to a wide range of mental health, physical and developmental difficulties, these studies have indicated that most branches of AAT do not, as of yet, subscribe to stringent guidelines and evidence-based models (Vanleet et al., 2015; Jones, Rice & Cotton, 2018). As will be discussed below, Equine Assisted Therapy is one branch of AAT that has regulatory bodies, underlying psychological models, and guidelines for intervention. Therefore, due to these aforementioned reasons, and the scope of this project, the remainder of this chapter will investigate the use of horses as models of therapeutic change.

1.13. Models of Equine Assisted Therapies

Equine Assisted Therapy (EAT) broadly refers to a modality of therapy that is delivered through the use of a horse. The Delta Society is the largest organisation responsible for the certification of therapy animals in the United States of America, and defined Equine Assisted Therapy as:

> *"An experiential psychotherapy that involves equines. It may include, but not be limited to, a number of mutually respectful equine activities, such as handling, grooming, lunging.... (It) denotes an ongoing therapeutic relationship with clearly established treatment goals and objectives developed by the therapist in conjunction with the client"* (Fine, 2006, p.24).

Whilst it is beyond the scope of this research to outline a detailed history of equine therapy, it has been indicated in medical literature that horses were used for the purposes of physical and psychological benefits since the fifteenth century (Fine, 2015). There are many approaches in which horses can be utilised for therapy, including the long-established method of horse riding to improve muscle tone, pain and stamina in individuals with physical health difficulties. However, the benefits of EAT for people with mental health difficulties, young people at risk, offenders and those with neurodevelopmental conditions are starting to gain acknowledgement and recognition (Burgon, 2014). As a result, structured models that underpin therapeutic intervention through the use of the horse have been established, with individual training pathways and accreditations required in order to practice. These models include the Equine Assisted Psychotherapy (EAP) model, accredited and developed by the Equine Assisted Growth and Learning Association (EAGALA, 2012), and the Equine Facilitated Mental Health model (EFMH), founded by the Professional Association of Therapeutic Horsemanship

(PATH, 2011: 2019). Additionally, Equine Facilitated Psychotherapy (EFP) also provides a framework for the use of horses in therapy (Karol, 2007). Both PATH (2011; 2019) and EFP (2007) includes horseback riding as part of the therapeutic process, whilst EAP (2012) is an intervention solely undertaken from the ground.

EFMH employs horse riding instruction, teaching, and other supervised activities with the horse to promote wellbeing in individuals who have cognitive, physical or emotional disabilities. The model is described as an interactive, dynamic process, which is constructed from the base nature of horses as flight animals, who are sensitive to subtle changes in the environment. EFMH postulates that due to the fluctuations in human physiology as a result of strong emotional states, horses can smell or sense these states, and will thus provide 'biofeedback' to the client and the therapist. Biofeedback is the process of gaining awareness of physiological states and functions, in order to gain greater control of them. For example, if the client arrives to a session with feelings of anger, the horse will modify its behaviour to protect itself from what it perceives as a predator. Therefore, the client then has to adjust their emotional states for the horse (PATH, 2011; 2019).

EAGALA is one of the fastest growing equine therapy models in the UK, and is founded on Equine Assisted Psychotherapy (Notgrass & Pettinelli, 2015). The term Equine Assisted Psychotherapy (EAP) was originally devised by Kersten and Thomas (1997), and is an experiential modality that combines the principles of education and the use of the horse in the growth and learning of people who are engaged in psychotherapy (Mandrell, 2006). EAGALA (2012) standardised the model through rigorous training, the incorporation of a code of ethics, and ensured that enlisted practitioners are already professionals in their fields. Professions indicated as suitable to work in the field of EAP include Counselling Psychologists, Clinical Psychologists and expert horse trainers who have at least 300 hours' worth of experience with horses. Within the sessions, EAP facilitators work in teams of at least two people. EAGALA

maintains that one person in the team should be a mental health specialist, and the other, a specialist in the equine field.. The team works together to firstly facilitate, explore and observe the processes that occurs within the sessions, and secondly to ensure the safety of the client. Based on the horse's responses to the client, the client can witness the patterns of cause and effect that generate a multiplicity of interactions. EAP is centred upon the client's needs and requirements, and thus, specific goals and objectives are outlined prior to the sessions. The EAP team assists in drawing out the individual's strengths to shape their behaviour, in line with specified goals. Despite this, the sessions are typically non-directive, and allow clients to attach personal meanings to their own behaviour. Thus, the main aim of EAP through the EAGALA model, is not to develop horsemanship skills, but to improve how the self is experienced (Mandrell, 2006). Facilitators then give feedback in the form of an acronym termed 'SPUDS'. This acronym refers to the *shifts* or sudden changes in the sessions; *patterns* of behaviour in the horse or human; any action or behaviour that is seen as *unique*; *discrepancies* between behaviour and communication; and finally, the use of the *self*. The use of the *self* encourages the facilitators to take a reflexive position to the session, and to note their own reactions which might impact on the process (Notgrass & Pettinelli, 2015).

Equine Facilitated Psychotherapy (EFT; Karol, 2007) applied a traditional psychotherapeutic model to equine therapies. Karol (2007) postulated that for many equine therapy activities, horsemanship skills were placed in higher regard than the progress made in psychotherapy with the horses. In a similar vein to EFMH, the therapist will also allow for the inclusion of horse riding and a brief riding lesson. EFT will often start the session with the therapist asking the client a few questions to ascertain the client's mood and sense of safety prior to the work. Furthermore, during the intervention the therapist may actively avoid watching the client's face, which can free the client to talk about their difficulties, without the therapist's facial expression potentially influencing their responses. Karol (2007) put forward that the therapist

should use discretion to consider when is appropriate to watch the expressions of the client. At each stage of the process, the client may reveal thoughts, feelings and experiences which should be returned to and acknowledged when a suitable connection between the horse's behaviour and the individual's experience is exposed.

1.14. *The Use of Equine Assisted Therapy in Clinical Populations*

With these paradigms of intervention in mind, Burgon, Gammage and Hebden (2018) drew upon the psychological models that underpinned the benefits of EAT, including attachment, mindfulness and object relations. The authors focussed upon literature relating to children who have been abused, and theorised that for those children who have not experienced a secure attachment with their caregiver, a parallel 'healthy' attachment can be created and developed with the horse, within a non-threatening and responsive environment. Additionally, the theory of Klein's (1932) object relations and the infant's splitting of their caregiver into a good and bad object to tolerate ambiguity, may hold weight as to why EAT can be effective for children who have been abused or neglected. As herd animals, the horse lacks the ability to develop ambiguity. For their survival, they must split the world into 'safe' and 'dangerous' objects, and remain adept at predicting threats, despite their years of domestication. Fear will be the default position for a horse who has experienced harm, and children who have been abused or neglected may frequently remain in a state of 'fight or flight'. In the horse, the child can start to recognise this state in themselves and assimilate the 'good' and 'bad' object (Burgon, Gammage & Hebden, 2018). Dunlop and Tsantefski (2018) demonstrated that in children whose parents used illicit substances, EAT allowed the children to experience a safe space, fostered attachment, enriched peer relationships and improved interpersonal behaviour. Similarly, Kemp, Signal, Botros, Taylor and Prentiss (2014) found that following childhood sexual assault (CSA), levels of psychological distress, including depression and anxiety, decreased over time in children and adolescents who attended an equine therapy centre. The

authors indicated that equine therapy was an effective approach for children who had experienced CSA. Whilst the authors explored EAT in a different client group, these findings may be applicable to individuals with an ASC, when thinking about their experiences of psychological distress.

As highlighted in the previous sections, there is a scarcity of interventions that acknowledge and improve the multi-faceted layers of the struggles that a female with ASC experiences, including the high incidence of anxiety. Research in EAT demonstrates that it holds the benefits of developing a sense of wellbeing, and that it can also decrease emotional and mental distress. Therefore, it is hypothesised that EAT may be a therapeutic modality that taps into the struggles that a female with an ASC experiences.

1.15. Equine Assisted Therapies and Autism Spectrum Conditions: Systematic Literature Review

In this section I will present a systematic literature review in the field of EAT and ASC, highlighting the gaps and methodological difficulties associated with this sphere. The review sought to collate research that specifically explored the benefits of EAT with individuals who have a diagnosis of ASC. Due to the scarcity of research in ASC and EAT generally, the search terms did not include terminologies associated with gender. Furthermore, search terms disregarded age limits, for the purpose of incorporating as much evidence as possible. Therefore, the following inclusion and exclusion criteria were applied.

Table 1: Inclusion and Exclusion Criteria for Systematic Literature Review

Inclusion Criteria	Exclusion Criteria
Participants have a diagnosis of an Autism Spectrum Condition	Other developmental disabilities or mental health conditions
Studies using Equine Assisted Therapy/Equine Therapies as an intervention	Studies primarily based on therapeutic horse riding
Outcomes involving emotional wellbeing and/or social communication	Outcomes solely focussed on physical health improvements
All ages and lifespan stages were considered in the study	Articles written in a foreign language that could not be translated.
	Systematic reviews that captured studies already found in the literature review

The search of the databases was considered in accordance with Grant and Booths' (2009) typology of reviews, and thus, a systematic review was conducted. This was so that a full, comprehensive search could be performed, and the quality of each study deliberated upon.

Furthermore, Grant and Booths (2009) specified that a systematic review allowed for an interpretation of what remains unknown within the literature, following the review. Three databases (SCOPUS, PUBMED and Psych Articles) were searched between June and September 2018. A further search, using the same terms, was conducted in May 2019 in order to consider new studies that might have been published after the initial search period. Alerts were set up for each database for continued searches of research that were added to the databases. The literature review revealed six relevant studies based on the above inclusion and exclusion criteria. Four of these papers were intervention-based studies and quantitative in their design, and focussed on the impact of EAT on outcomes prior to, and after EAT. The remaining two studies were qualitative and exploratory, and centred upon parent and staff experiences of having or working with a child undertaking EAT. A diagrammatic breakdown of the process, including the search terms used for the systematic review, is demonstrated in Appendix I.

The remainder of this chapter will organise the literature found from the systematic review into their respective methodologies, and will seek to describe, and then, critically evaluate the literature. Different criteria were used to evaluate the literature, in accordance with their methodologies. Qualitative studies were evaluated using Tracy's (2010) eight 'big tent' quality criteria, which presented eight defining features that should be met when assessing quality in qualitative research. The evaluation and critique of the quantitative studies discovered in this systematic review drew upon Thomas, Ciliska, Dobbins and Micucci's (2004) quality assessment tool for the evaluation of quantitative studies. This tool provided a systematic rating scale that encompassed study design, selection bias, cofounding variables and other key facets of a quantitative study. Following this, an overall rating for evaluation was then awarded to the study, which was dependent on the individual ratings.

1.15.1. Quantitative Intervention Studies

Kern et al. (2011) recruited twenty children with an ASC diagnosis and collected clinician and parent rated outcome measures at four separate timepoints throughout an EAT intervention. Children were aged between three and twelve, and six of the participants were female. Clinician rated measures included the Childhood Autism Rating Scale (CARS; Schloper, Reichler & Renner, 1994) and the Timberlawn Parent Child Interaction Scale (TPCI-S; Lewis, 1989). Parents completed the Sensory Profile (SP; Dunn, 1999), the Quality of Life Enjoyment and Satisfaction Questionnaire (QSQ-L; Endicott, Nee, Harrison & Blumenthal, 1993) and the Treatment Satisfaction Survey (TSS; Kern et al., 2011). The TSS invited caregivers to give their opinion about satisfaction towards the treatment, and the perceived treatment benefits. After three and six months of commencing the EAT intervention, decreases were found in the total CARS scores, indicating that autism symptoms had reduced. Additionally, the QSQ-L was significant over all time periods including straight after enrolment. The authors queried whether quality of life, therefore, increased due to enrolment as opposed to the intervention itself. All the ratings of the Treatment Satisfaction Survey demonstrated a positive trend, indicating caregivers thought they had noticed positive effects of the treatment. The TPCI-S was not found to be significant over time, demonstrating that there were no improvements in parent-child interactions. Additionally, sensory difficulties did not improve over time, suggesting that EAT had a positive impact on social and emotional wellbeing as opposed to sensory symptoms. However, whilst this study did not break down results by gender, previous evidence suggested that females do experience more sensory difficulties (Duvoket et al. 2016; Lai et al. 2011), so it may be questionable as to whether the Sensory Profile was an appropriate measure for the females in this study.

Quality of life was also explored by Lanning et al. (2014). The authors used quality of life assessments to determine behavioural changes in 25 children diagnosed with ASC following

an EAT intervention. Thirteen children (four females and nine males) were allocated to an EAT intervention, and twelve males were placed in a 'social circles' intervention, designed to improve social communication and build relationships. The EAT intervention consisted of a twelve-week programme, whereby children participated in both riding and equine assisted activities. The 'social circles' intervention consisted of twelve weeks in a group, focusing on educational and recreational activities, led by Trainee Educational Psychologists. Data was collected at five different time points using the Pediatric Quality of Life (PEDS-QL; Varni, Seid & Rode, 1999) and the Child Health Questionnaire (CHQ; HealthActCHQ, n.d). The PEDS-QL is a health-related quality of life measure that has been validated for children with an ASC, and the CHQ measures fourteen physical and psychological concepts. These concepts included physical functioning, behaviour, mental health, general health perception and self-esteem. Following completion of the programmes, both groups reported an improved score in six out of ten of the domains on the CHQ; however, the groups that completed the EAT intervention had an increased score in the physical health domain. Furthermore, children participating in the EAT group demonstrated improved social, emotional and physical wellbeing at a six month follow up, a trend that was not observed in the social circles group. One conclusion from this could be that the main benefit of an EAT intervention was the ability for these effects to become internalised and, thus, long-lasting.

Whilst this study demonstrated clinically significant benefits in both groups, there were methodological issues with the study, in particular, issues associated with gender. Firstly, the social circles intervention group consisted of boys, whereas the EAT intervention used both genders. Considering the differences in presentations of boys and girls with an ASC, it might be difficult to take these results at face value. Additionally, one indication of a reliable, generalisable quantitative study is the numbers of participants enrolled, and it was debatable as to whether the numbers in the study were too low to generalise to an ASC population despite

the authors attempts to address this in the methods used for analysis. Finally, the authors noted that the measures used were primarily parent rated, which may have proved biased in terms of perceived improvement.

Considering this further, Borgi et al. (2016) demonstrated the longitudinal effects of an EAT intervention compared with other interventions for ASC. They conducted an intervention study based on 28 boys, aged six to twelve years. Participants were randomly assigned to one of two groups. The first group undertook equine therapy sessions, and the second group were used as a control group. Each participant was evaluated at baseline, after one month, and six months of starting therapy using the Vineland Adaptive Behaviour Scale (VABS) and the Tower of London (ToL) as an executive functioning task. After attending the six-month programme, those children who undertook EAT demonstrated an improvement on adaptive functioning (including social functioning) and ameliorated executive functioning abilities. However, no time dependent increase in language abilities was reported, which was incongruent with other studies that have found an improvement in expressive language. The authors noted that this may be due to the VABS relying on parent information instead of direct observations of the child. Furthermore, the participant sample in this study was hampered by numbers of participants as well as gender. Therefore, although this study may give an indication of the longitudinal effects of EAT in males, it cannot be generalised to females. Additionally, whilst the participants were randomised into a condition, the baseline scores in each group were heterogeneous in some of the domains. Thus, the authors postulated that higher scores in the control group may have left little room for improvement.

Another quantitative study by Memishevikj and Hodzikj (2010) also attained mixed results. They studied two boys and two girls with a diagnosis of ASC and co-morbid moderate to severe intellectual disabilities who were undertaking a 10-week course of EAT. The course consisted of equine psychotherapy and various activities associated with horses, e.g. grooming and

leading the horse. The children were also undertaking other therapies such as speech and language therapy and educational programmes. The Autism Treatment Evaluation Checklist (ATEC) was used as a measure prior to, and following, the course of EAT. Primarily used to evaluate intervention outcomes, the ATEC explores sociability, communication, behaviour and sensory issues. The study revealed mixed results, in that both of the girls demonstrated an improvement in all areas of the ATEC, despite their differences in baseline intellectual disability. The other two boys showed minimal or little improvement, and in one case, the treatment had to be curtailed due to concerns about aggressive behaviour towards the horse. However, the authors cautioned that the children who did significantly improve had better baseline scores on the initial ATEC than those who did not improve. This may mean there are more gains from EAT for higher functioning females, than those individuals who have more difficulties with adaptive functioning and greater individual disability. Again, this study was hampered by the limited sample sizes, and the confounding variable that the children were also undergoing other therapies at the time. Therefore, it was impossible to disentangle the factors that either positively or negatively contributed to the study outcomes.

1.15.2. Qualitative, Exploratory Studies

Given many of the studies associated with EAT and ASC were quantitative in their methodology, it was valuable to consider the use of qualitative studies to attempt to gain a deeper understanding of the impact of EAT. This was also beneficial in light of the methodological flaws associated with the above studies.

Malcolm, Ecks and Pickersgill (2017) conducted a qualitative study consisting of observations of children with an ASC, and nine semi-structured interviews with teachers and parents at an equine therapy service in the UK. The interviews were analysed using discourse analysis to

draw out the main themes. Overall, three key themes were found to explain the efficacy of equine therapy. Firstly, the embodied experience of riding the horse meant that the children with ASC were more likely to initially communicate with the horse than the instructor, and over time learnt to transfer those skills towards people. Additionally, the sensory aspect of sitting on the horse was deemed to be salient in the efficacy of equine therapy. It was found that it was simpler for the children to understand and carry out instructions as they were practically carrying out the motion. Finally, the role of each specific horse in shaping the interactions was noted as important. Each horse was described as having their own personality, and this was an important aspect of learning. Horses reflected their rider's needs, who were in turn shaped by the nature of the equine interaction.

The children were not interviewed, thus, whilst this study was able to draw out themes from parents and teacher's experiences, it did not mean that this was similar to the experience of the individuals with an ASC. Furthermore, this study did not explicitly make use of the observations the researchers conducted, nor was there information on participant characteristics.

Finally, Tan and Simmonds (2017) used qualitative methodologies to explore parents' perceived psychosocial outcomes of equine assisted interventions. The authors gave an overview of the children's characteristics; all children were aged between three to fourteen and had varying levels of adaptive functioning and intellectual disability. Two of the children were described by their parents as 'high functioning', and out of the six children, five were female.

Parents were interviewed about whether they had noticed any behavioural or developmental changes since commencing equine therapy, and what they felt the benefits were. Further questions explored the extent to which they thought equine interventions were responsible for these changes. The semi-structured interviews were analysed using an Interpretive

Phenomenological Approach (IPA). The analysis yielded four superordinate themes and eighteen subordinate themes. These included an improved self-concept and emotional wellbeing, enhanced self-regulatory abilities, social benefits to the child and unexpected outcomes with regards to improvement in the parents' emotional wellbeing and family bonding. Interestingly, the theme of overall improved self-concept and emotional wellbeing did not resonate in the interview with the parent of the high-functioning, twelve-year-old male.

1.15.3. Summary: Evaluation of the Research

The studies discovered in the literature search were evaluated using different criteria, depending on whether they were qualitative or quantitative in their methodological design. With regards to the quantitative studies, all were conducted outside of the UK, and commonly struggled to obtain appropriate sample sizes in order for acceptable levels of power and, thus, generalisability. Furthermore, participant characteristics were not always homogenous due to these limited sample sizes. Qualitative studies did not suffer from the same problems with regards to sample sizes, and the research project conducted by Malcolm, Ecks and Pickersgill (2017) demonstrated good reflexivity and transparency with regards to the position the researcher held.

1.15.4. Rationale for the Current Research Project

As has been considered above, females with an ASC can present in a different manner to males with an ASC, and thus, have a greater risk of late diagnosis, mental health difficulties and peer conflict than their male counterparts (Bargiela, Steward & Mandy, 2016; Holtmann et al. 2007). Furthermore, many interventions for the difficulties that an individual with an ASC may experience are based upon a male phenotype of ASC, thus overlooking the requirements of

females (Reichow and Volkmar, 2010). In conjunction with this, all but one of the studies indicated in the literature review had a greater proportion of male participants compared to female participants. Additionally, all qualitative studies found did not interview the children directly, identifying a gap regarding the direct experiences of females with an ASC and their experiences of EAT. Therefore, the primary research questions for this current study were as follows:

1) How do females with a diagnosis of an Autism Spectrum Condition experience Equine Assisted Therapies?

2) How do females with an Autism Spectrum Condition experience the impact of EAT on social relationships, school and mental/emotional wellbeing?

Chapter 2: Methodology

2.1. Chapter Overview

This is a qualitative, exploratory study that employed an Interpretive Phenomenological Approach (IPA) to explore the experiences of female adolescents with an ASC who were undertaking or have undertaken EAT. The following chapter will firstly outline the rationale for selecting a qualitative design, and detail why IPA was selected over other methodologies. Thereafter, I shall discuss the design of this study with reference to the use of 'expert by experience' consultation, participant recruitment, and consideration of ethical processes.

2.2. Qualitative Methodology in Clinical Research

Research in the psychological domain has historically been dominated by positivist approaches to the study of world phenomena. Quantitative methodologies and the epistemological positions that underlie them fundamentally maintain that the relationship between the world and our perceptions are straightforward and transparent. Research conducted within a quantitative framework is essentially founded on the premise of attempting to prove or disprove a hypothesis by means of data and measurements (Cheek, 2007); therefore, objective truth and knowledge are tangible and demonstrative concepts.

Conversely, whilst qualitative research methods encompass an assortment of methods, the overarching principle is that there can be no objective reality or truth. It is process, context and shared language that build up meaning and understanding and, thus, qualitative methods can

often be considered within a social-constructionist framework. Furthermore, qualitative methods share the assumption that both the participant and the researcher are an integral, dynamic aspect of the research process. It is this shared process that gives rise to meaning and awareness.

However, the growing acceptance of qualitative methods to study phenomena has been met with criticism and censure by those who dispute that the use of qualitative methods in research is subjective, anecdotal and lacking rigour (Lyons & Coyle, 2007). The perception that qualitative methods do not allow for gold standard research has led to advocates of qualitative research produce guidelines and quality markers to dissent these claims. Tracy (2010) presented eight 'big tent' criteria as a guideline for undertaking qualitative research, and as an evaluation tool. The term 'big tent' refers to a structure for quality, whilst still allowing for a celebration of the complex differences that can be held under the term (Denzin, 2008, in Tracy, 2010). These criteria do not set out to replicate the quality markers of quantitative research, but rather emphasised the rigor, resonance, ethics and significant contributions to the evidence base. Additionally, the importance of self-reflexivity and transparency about the researcher's motives is highlighted as a key consideration in the development and evaluation of a qualitative research study.

Taking into consideration the research questions and aims set out in this project, a qualitative methodology was considered to be appropriate. This was because the research required a social-constructionist approach to explore individual experiences of EAT. The purpose of this study was not to measure outcomes or impact, but to highlight and explore how people make sense of their experiences. Additionally, qualitative research allowed for reflexivity and space for reflection, which was important for the social-constructionist position guiding the research.

2.3. Methodologies Considered

Prior to selecting IPA as a method of analysis for this study, several other methodologies were considered, but were deemed inappropriate for the subject choice and research question.

Initially, Narrative Analysis was considered in the development of this project. Narrative Analysis explores how individuals tell stories and narratives to construct their world. Whilst there is not a single approach to undertaking and analysing narrative accounts, the overarching concept is to use a biographical approach to code the data (Lyons & Coyle, 2007; Squire, Andrews & Tamboukou, 2008). However, it was concluded that this approach was not congruent with the research question, as the temporal nature of Narrative Analysis might have limited the findings of the research.

Grounded Theory (Charmaz, 1995; 2014), was also deliberated upon as an alternative methodology for this study. Grounded Theory focuses on generating new models and theories to explain concepts by constant comparative analysis and multiple iterations. It required greater participant samples than an IPA, since the principal objective of Grounded Theory is to produce a generalisable explanation of a phenomenon. Grounded Theory does not delve into individual, personal experiences and additionally, evidence from the literature review seemed to suggest that Grounded Theory might not be possible due to the limited samples of girls in other studies. Due to the restricted timelines of this project, sample sizes needed careful consideration.

2.4. Interpretive Phenomenological Analysis (IPA)

IPA as a method is primarily concerned with investigating in detail how individuals experience a phenomenon from their own context. It seeks to comprehend how people attach meaning to life experiences, through the process of subjective and reflective analysis of the data (Smith, Flowers & Larkin, 2009). Lyons and Coyle (2007) pronounced IPA as well suited to topics in

clinical and health psychology, where there is a need to discern how people make sense of, and understand, significant events in their lives. The theoretical underpinnings of IPA are situated in phenomenology, ideography and hermeneutics.

2.4.1. Phenomenology

Phenomenology refers to the study of experiences from a personal, social and political context. Phenomenology does not seek to produce an objective statement of the event or object, but rather attempts to orientate itself to a personal perception or account (Lyons & Coyle, 2007). Phenomenology is about 'lived experience' and can be understood as both a paradigm and a method of analysing data. IPA is considered to be one such method that attempts to incorporate phenomenology to understand experience (Banister et al. 2011).

2.4.2. Hermeneutics

Hermeneutics in IPA are concerned with the method of the interpretation of the data. Interpretation and analysis are a dynamic process, and in order to interpret an individual's experiences, the researcher must carefully consider their biases and opinions. Therefore, reflexivity and a two-stage interpretation process (double hermeneutic) are involved in the process of IPA (Shinebourne, 2011). Double hermeneutics refers to the participant's attempts to understand the construction of their world, and the researcher's endeavours to make sense of how the participant constructs the world. The aim of IPA is to get as close to the participant's experience as possible, whilst allowing for a slight distance to remain curious and critical (Lyons & Coyle, 2007).

2.4.3. Idiographic

IPA's sampling criteria is idiographic as opposed to taking a nomothetic approach (Smith & Osbourne, 2007; Lyons & Coyle, 2015). Therefore, samples are based upon purposive, homogenous and small sample sizes. Smith, Flowers and Larkin (2009), proposed that sample sizes can range from a single case study to larger samples that require the same amount of time spent in analysing each transcript. The purpose of IPA is not to generalise to a clinical population, but to represent an individual's perspective. However, Lyons and Coyle (2015) stated that a 'good' IPA study will allow itself to demonstrate general themes between cases and, also, give weight to individual narratives people bring to the research.

2.5. The Case for Interpretive Phenomenological Analysis

IPA is widely used for underexamined phenomena, or phenomenon that are difficult to explain (Smith, Flowers & Larkin, 2009). As the previous chapter sought to demonstrate, females with an ASC are greatly underrepresented in the evidence base and literature. Understanding of the topic and suitable interventions for this clinical population are limited, especially in regard to Equine Therapies. Therefore, an approach that explored meaning and individual accounts was required to do justice to this subject. Moreover, due to the small sample sizes required for an IPA study, IPA proved feasible for the project with regards to potential difficulties in the recruitment of suitable participants.

2.6. Consultation with Experts by Experience

Service user expertise and consultation have become an increasingly significant development in the landscape of research, national guidelines and clinical practice (McLaughlin, 2010). Despite the inroads and progress made with regards to the use of service users in clinical research, the term 'service user' can be problematic in practice. Labelling an individual as a

'user of services' may lead them to experience feeling inferior in their status, and, thus, may lead to an over-identification of this status. Shaping Our Lives, a national organisation committed to incorporating service users in research and clinical practice, stated that *"the term 'service user' can be used to restrict your identity as if all you are is a passive recipient of health and welfare services. That is to say, a service-user can be seen as someone who has things 'done to them' or who quietly accepts and receives a service. It ignores all the other things you do, and which make up you as a person"* (Shaping Our Lives, 2009, para 3). This is particularly crucial for females with an ASC due to the debates about how ASC is denoted in language, and the implications of using certain words to describe ASC. Therefore, I have used the term 'experts by experience' to refer to those individuals who were involved in the consultation of this research project.

In addition to the deliberation over the terminology used, I was aware that I did not want to position the individual consultation for this project as tokenistic or perfunctory. Minna, Nummelin, Kortteisto and Pitkanen (2018) reported that whilst service user involvement has been identified as an important subject nationally and globally, in practice the quality of this involvement is inconsistent. To avoid this, I firstly considered what outcome I required from reaching out to consult with experts by experience, such that the aims and goals were clear for both parties. Part of this process was to consider the level of involvement from experts by experience that would sufficiently meet the initial aims that I had contemplated.

Hanley et al. (2004), cited in McLaughlin (2010) developed a simple continuum of service user research which provided a framework for the consultation in this project. Consultation was the first stage of this continuum and referred to enquiring about the opinions of service users to inform decision making. Nevertheless, Hanley (2004) established that the researcher may not necessarily adopt these views, but will be influenced by them in the decision-making process. It has been argued that whilst consultation can be unintimidating to both the researcher

and the researcher, the ambiguity and imprecision of this can leave consultation open to abuse. This approach has also been criticised for leaving clinical populations 'over-consulted' but then overlooked, culminating in a heavy bottom down approach.

'Collaboration' is described by Hanley (2004) as the bridge between 'consultation' and the opposite end of the continuum, 'service user controlled'. Collaboration implies a degree of continuous service user involvement, with evidence and indications of how this has impacted upon the study. Collaboration can take many forms, and can be present in any aspect of the research process. One of the main issues with collaboration is that there are no concrete criteria as to how much service user involvement signifies 'true' collaboration. Finally, service user control allows the service user to determine the research emphasis, process and interpretation of the findings. Whilst this locates the locus of control and power firmly within the service user, it can disregard the researcher's expertise.

On the basis of Hanley's (2004) framework and the timeframes involved, I concluded that ideally a collaborative approach would be worthwhile for this project. Therefore, prior to undertaking and writing the interview schedule, I located a large equestrian forum that catered to a range of people, including those with additional needs such as ASC, and posted a community message asking for assistance. The aim of this was firstly, to introduce my research, and secondly, to explore whether there were any particular topics I should be focussing on whilst I was composing the interview schedule. I received several responses from members of the forum who had a diagnosis of an ASC, or forum members who had a family member with an ASC. One forum member who was diagnosed with an ASC from a young age sent me a private message and offered to look at my interview schedule. As I come from the position of someone who does not have an ASC, this was vital to ensure that my interview questions did not cause confusion or distress to someone with an ASC. Furthermore, the forum member gave me advice on how to write my participant information sheet. For example, one amendment that

was suggested was the importance for it to be made clear to participants that they could have a break during the interview at any point. Their reasoning for this was that often people with an ASC find it important to follow rules, and by not making this explicit, there was a chance that they may become anxious about requesting a break if they required one during the interview. I was also directed by the forum member as to how to set up the interview room. They reported that as someone with an ASC, they would find external distractions such as the ticking of a clock, difficult to process and overstimulating. Therefore, I ensured that when conducting the interviews, I was aware of the environment we were in and made adjustments accordingly. Additionally, the interview guide was also co-created by my research supervisor, who has experience in conducting interviews utilising an IPA approach. The questions were also cross-referenced with the qualitative study by Tan and Simmonds (2017), who also utilised an IPA approach. This was in order to strengthen and corroborate the interview schedule. Appendix II and III demonstrate the final interview schedule, and the participant information sheet.

2.7. Inclusion and Exclusion Criteria for Participants

As the evidence base indicated that adolescence, young adulthood, and periods of transition can be detrimental to the wellbeing of females with an ASC, the participant inclusion criteria were as follows:

- Female, 11-30 years of age with a confirmed diagnosis of ASC.
- No significant difficulties with verbal ability or comprehension (due to the verbal nature of the interviews).
- Have undertaken/are undertaking Equine Assisted Therapies.

As comorbidities such as anxiety and depression are commonplace in individuals with an ASC, it was agreed that this project would not exclude participants on the basis of any other comorbid

diagnosis, so long as the other inclusion creation were met. It was also decided that a broad age range would ensure that there was wider access to participants. Furthermore, previous research has indicated that mental health and emotional difficulties for females with an ASC can continue well into adulthood (Bargiela, Steward & Mandy, 2016; Moss, Howlin, Savage, Bolton & Rutter, 2015) and thus, it was decided that a wide age range would also be appropriate to answer the research question.

A basic demographic sheet was provided for participants to complete prior to undertaking the interviews to investigate their journey to diagnosis and information about prior education and schooling. This was important for the subsequent IPA analysis, in order that individual experiences could be considered in context. An example of the demographic sheet used for participants can be viewed in appendix IV.

2.8. Sampling Strategy and Recruitment

Several methods were used in order to recruit the sample required, including through ASC communities and Equine Therapy centres. Initial information about recruitment was advertised through the use of a poster (please refer to appendix V). One of the more prominent difficulties in completing this research, was the ability to access an adequate sample size for the study. Thus, the initial recruitment process commenced in June 2018, however, the first participant was not successfully recruited until October 2018.

2.8.1. Recruitment from Equine Therapy Centres

Initially, I commenced the search by contacting an EAT centre, located in London. The centre had been in business for over ten years, and was overseen by a Clinical Psychologist and a staff

team of therapists and equine specialists. They worked with a wide range of children and young adults with neurodevelopmental disorders, mental health difficulties and offending histories. The centre reported that they had approximately 300 referrals a year, of which approximately 25% were people with an ASC. Four participants were recruited through this particular centre, and due to the limited numbers of females with an ASC accessing EAT, I expanded my search to other Equine Therapy centres. One further equine therapy centre was approached successfully. They also worked with children and adults with multiple, complex difficulties and one participant was recruited through this forum.

2.8.2. Recruitment Through Online Forums

Due to the amount of people that accessed autism support online, it was decided that advertising the study through online forums may generate interest. The advert for the study was posted on a local support group Facebook page used by my supervisor. Furthermore, the advert was published on an equine forum due to the initial success of obtaining an expert by experience. This recruitment strategy was not as successful as recruiting through equine therapy centres; however, the poster remained available throughout the process of the research.

2.9. Participant Characteristics

The table below outlines the main characteristics of the participants interviewed.

Table 2: Table of Participant Characteristics and Pseudonyms

Participant Pseudonyms	Participant Age	Ethnic Background	Details of Diagnosis	Co-morbidities	Intervention Details
Natasha	22	White British	Diagnosed at 2 years old. Attended mainstream school until 14 years old.	Anxiety and Depression	Undertaking individual EAT for two years
Claire	15	White British	Diagnosed at 14 years old. Attended mainstream school until 14 years old.	Mild learning disability	Undertaking EAT for a year
Melanie	15	White British	Diagnosed at 15. Attended mainstream school until 15 years old.	Anxiety Disorder. Mild Learning Disability	Attended group program
Anna	16	White British	Diagnosed at 15. Attended mainstream school until recently.	Anxiety, OCD, Depression and Eating Disorder	Attended group program and accessed individual EAT
Sarah	30	White British	Diagnosed at 4 years old. Attended mainstream school with a specialist support unit.	Depression, mild Learning Disability	Undertaking individual EAT for six months

2.10. Ethical Considerations:

The research project was initially granted ethical approval in May 2018 by the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority. In total, two further amendments to the study were made, which included a modification to the place of interview, to allow me to interview in participants' homes and the equine centres in addition to the University of Hertfordshire. Additionally, due to difficulties recruiting participants, the age range was extended to 30, from 25 years old (protocol number: LMS/PGR/UH/03289(3)). The final certificate of ethical approval can be found in appendix VI.

2.10.1. Informed consent:

As some participants in this study were defined as minors by the law, participants under sixteen years of age required additional consent from their parent or carer. The British Psychological Society (2014) stated that people aged sixteen and over have the capacity to consent to partaking in a research study without parent or guardian consent. Whilst this was adhered to in this research project, the Department of Health (DoH) Mental Capacity Act (2005) also advised that people should not be assumed to lack capacity to consent based solely on their age. With this in mind, the Participant Information Sheet (Appendix III) was written as clearly and concisely as possible to give consideration to the age of the participants. The Participant Information Sheet outlined the rationale for the research, what the interviews would entail, and confidentiality procedures. Risks and benefits of the study were also discussed.

A consent form was provided to participants and their parent/carer (if under sixteen) which highlighted the key aspects of the Participant Information Sheet. It advised participants that

they would be able to leave the study at any point; and this would not affect the treatment received at the equine therapy centre. Copies of these can be found in appendix VII.

2.10.2. Maintaining Confidentiality

Participants were able to decide where they would feel most comfortable undertaking the interviews, so long as the place was confidential and secure, and there was no risk of becoming disturbed during the interview. Because of the age and vulnerability of the participants, they were informed that they would be allowed to have a parent in the interview with them if they wished. Four participants indicated that they would like the presence of their mother during the interview, and this was respected.

Interviews were recorded on an encrypted Dictaphone and saved onto a password protected laptop. All interviews were saved under a pseudonym, and subsequent transcripts were password protected. Any personal information that may have been identifiable during the recording and transcription of the interviews e.g. the use of names, were altered or anonymised. Following transcription of the interviews, the auditory recordings were deleted. In line with the University of Hertfordshire's protocols, transcribed data will be retained and saved for ten years and then deleted. All data was used in accordance with the Data Protection Act (1998).

2.10.3. Participant Wellbeing

The questions set out in the interview schedule were designed to minimise any distress that the participants might have experienced during the study. Additionally, questions were checked over by the expert by experience to ensure this was the case.

Prior to the interviews, the Participant Information Sheet outlined that should the participant feel distressed or upset at any point during the interviews, they were able to stop the interview. Due to their age and the ASC diagnosis, they were informed that they could have a parent or carer in the room with them should they wish. Contact details for external agencies and organisations were provided, which included advising them to attend their GP surgery, the National Autistic Society or the Samaritans. Due to my clinical practice and experience with young people who have neurodevelopmental difficulties, I was well placed to deal with any distress should this occur. Furthermore, my supervisor has vast personal and clinical experience in the field of ASC, and was available should there have been any difficulties.

2.11. Maintaining the Quality and Validity of Research

As indicated previously in this chapter, assessing the quality of qualitative research required distinctive criteria when compared with assessing the quality of quantitative studies. Whilst I have previously referred to the 'eight big tent' quality markers that Tracy (2010) posited, Smith (2009) recommended the Yardley (2000) guidelines as the choice for reviewing quality in IPA studies. Although Yardley's guidelines are not particularly dissimilar to Tracey's (2000) 'big tent' quality markers, at this juncture, I have chosen to present how this study adhered to Yardley's (2000) four main principles. These principles included sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance.

2.11.1. Sensitivity to Context

Yardley (2000) reported that sensitivity to context in qualitative research can be established through an understanding of the socio-cultural aspects of the study, an awareness of the relationship between the researcher and the participant, and the careful analysis of the material

co-constructed. I have endeavoured to demonstrate sensitivity to context through the introduction of the historical and gendered milieu of ASC, in the exploration of the current service climate which shapes people's understanding and experiences of ASC. Additionally, I have ensured that I remained sensitive to the data by conducting an in-depth analysis of the transcripts, paying particular attention to supporting my claims with extracts from the transcript.

2.11.2. Commitment and Rigour

Yardley (2000) stated that commitment to the research holds an important role in the completion of qualitative studies. Commitment and rigour refer to an in-depth engagement with the topic, not only in the role of 'researcher', but with other characteristics that may shape the research outcomes. I have sought to ensure that this study meets the level of commitment required by honing and developing my skills in IPA, though workshops, supervision, the immersion of myself in the literature, and practicing examples of analysing IPA transcripts.

Rigour in research is concerned with the thoroughness and completeness of the data sample and analysis. This may be attained by reaching a level of analysis that transcends common sense and superficial understandings of the topic. Whilst I am a novice in the field of IPA, I have ensured that I have paid particular attention to undertaking the study in a detailed, attentive manner, utilising appropriate supervision and research teaching where required.

2.11.3. Transparency and Coherence

A marker of a good qualitative study is clear transparency and coherence. Broadly speaking, this refers to the consideration of reflexivity clearly explored in the study, and how well the

research 'constructs' a story of reality from an underlying philosophical epistemology. Within the introduction of the research, I have given weight to my role as the researcher and the position I take to the research, deliberating upon how I may share certain aspects of myself with the 'researched'. I have attempted to maintain coherence by initially broadening the introduction, narrowing down the focus as I started to home in on the research questions. Additionally, throughout the research I have linked to how the philosophical underpinnings related to the research questions and the method of analysis utilised.

2.11.4. Impact and Importance

Yardley's final principle explored the idea that the most decisive way in which qualitative research may be evaluated is through the impact on the population it deems to serve, and the importance of this in practice. Therefore, within the discussion, I have carefully considered the clinical relevance of this study on the participant group that I am recruiting from, and the implications on a wider service level.

2.12. Analytic Process in Interpretative Phenomenological Analysis

It is widely accepted that that there is no one fixed method of completing an IPA analysis and, thus, it is the researcher's decision as to how they reach the end point of the analysis (Smith, Flowers & Larkin, 2009). Despite this, Smith, Flowers & Larkin (2009) highlighted procedures that can be followed, which were adhered to throughout this process, due to my limited experiences in undertaking research studies using IPA. Therefore, analysis of the interviews underwent several stages in order to finalise the resultant main themes. In keeping with the ideographic nature of IPA, each interview was analysed separately. Firstly, the audio recording was listened to at least once, in order to bring to mind my initial reactions and reflections

towards the material. This was also helpful to gain an overview of the tone of the interview, and to bring to life the words that had been said. The recording was then transcribed into written text at a mainly semantic level. Smith and Osborne (2007) stated that whilst an in-depth level of detail is not necessarily required for an IPA analysis, it can be helpful to note some of the prosodic features in the transcription. Therefore, pauses, hesitations and laughs were included in the transcript in order to assist with the interpretation.

Once the transcription was completed, the transcript was read through several times in preparation for the initial coding. This involved noting down anything in the text on a line by line basis that could be viewed as interesting, significant or otherwise noteworthy. Smith (2004) recommended that at this stage it can be helpful to divide the annotations into three categories, linguistic comments; descriptive comments; and conceptual concepts. However, I found that by following this, I started to lose the meaning behind the participant's words by way of rigid categorisation.

Therefore, I revisited the initial coding to elicit emerging themes. Initial codes and notes were transformed into phrases which encapsulated the essential qualities of what was expressed in the text. This process was then repeated for each transcript, and whilst each transcript had an impact on what was observed in subsequent transcripts, I ensured that I was able to remain aware of the similarities and differences of what was said within each interview (Smith & Osbourne, 2007). Themes from all interviews were cross examined and drawn together to piece together the final themes. Throughout the undertaking of the analysis, supervision was an inherent part of the process. This was in order to check the quality and depth of the work with a supervisor who was experienced in completing research using IPA as the method of analysis. An example of a transcript with coding and emerging themes can be found in appendix IX.

Chapter 3: Results

3.1. Chapter Overview

The following chapter will focus on the results of the interviews, by discussing the thematic findings from the interviews in detail. Quotes will be used from the participants' transcripts to illustrate and highlight the themes.

3.2. Summary of Themes

This chapter presents the results and findings of an IPA of females with an Autism Spectrum Condition, and their experiences of Equine Assisted Therapies. As explored in the previous chapter, the results presented here will undoubtedly be influenced by IPA's 'double hermeneutic'. Participants will attempt to make sense of their own experiences, whilst my personal interpretation of the text adds another layer of construction to the findings. Additionally, I am conscious that the reader of these findings will also generate their own experiences and meanings to the data. Therefore, these results should be perceived as a construction, integrating with the social-constructionist epistemological position in which this research places itself in.

Despite this preface, I have taken stringent measures to ensure that that I have adhered as closely as possible to Yardley's (2000) guidelines of undertaking good qualitative research. This included working collaboratively with my research supervisor in order to triangulate the findings. Furthermore, following the analysis, all participants were contacted by email with information about the themes for member checking, which gave assurance that my interpretation of the data was not too far removed from the participant's words and meanings.

Whilst this analysis enabled me to find common connections and patterns amongst the themes, there was also an element of variability between the participants' experience and responses.

Therefore, the aim of this results chapter is to outline and explore participant's experiences and interpretations. In order to do this, I have used pseudonyms to protect the confidentiality of the participants, using quotes to illustrate the themes. As IPA is concerned with descriptive, linguistic and conceptual comments, I have endeavoured to situate the quotes in the context in which they were spoken. I have also noted longer pauses in the text (illustrated by dotted lines), and shorter pauses with a hyphen.

In total, three superordinate themes and eight subordinate themes were drawn out from the analysis. The table below highlights the superordinate themes and the corresponding subordinate themes.

Table 3: Table of Superordinate and Subordinate Themes

Superordinate Theme	Subordinate Themes
Superordinate Theme 1: **The Toxic Experience of Being in the Social World**	*"With people I'm always worried":* **The Emotional Impact of Other People** *"I always felt stuck in the middle of doctors, diagnosis, teachers, mum and dad":* **The Supressed Voice** *"I would feel stupid and useless and…I'd feel like… why am I acting like a child… cos that's what I keep getting told":* **The Impact on Sense of Self**
Superordinate Theme 2: **The Process of Equine Assisted Therapy**	*"…they might not be able to talk but they're still really understanding".* **The Characteristics of the Horse** *"It's very visual so it's like …. your anxiety and this is the horse's anxiety…":* **Therapeutic Distance in Indirect Intervention** *"You have to like chip away at the surface sort of thing…. I just remember every time I would have a session, I'd go home crying …":* **The Challenges of Equine Assisted Therapy**
Superordinate Theme 3: **The Emotional Impact of Horses on my World**	*"I feel very different to who I am now, like I thought I found myself a bit and I understand myself a bit more":* **Finding Stability in the Self** *"I feel like I'm more confident":* **The Emergence of Confidence and Leadership**

3.3. Superordinate Theme 1: The Toxic Experience of Being in the Social World

This superordinate theme referred to the multi-layered struggles that all participants spoke about during the interviews. The use of the word 'toxic' in this superordinate theme was an attempt to reflect how, through the analysis, there was an overwhelming sense of just how damaging and poisonous the participants found the experience of attempting to cope in a world that did not understand them and who they are. For participants, the all-consuming experience of living in a world that places value on appropriate interactions with other people, led to three subordinate themes. These subordinate themes accounted for the emotional impact of other people, participant experiences of being suppressed by peers and authority, and how other people's perceptions impacted on their sense of identity and core self. Whilst this first superordinate theme may not directly answer the research question on experiences of EAT, this theme was given weight by each participant that was interviewed as an indirect experience of the intervention. It also served to highlight the differences and similarities in the interactions and characteristics between 'people' and 'horses'.

3.3.1.   Subordinate Theme 1: The Emotional Impact of Other People

This subordinate theme referred to how other people impacted on participant's emotional wellbeing. Peer and social relationships were highlighted in the interviews as proving particularly difficult. Anna, aged sixteen, who was diagnosed with ASC a year ago, spoke about her experiences of feeling stressed and anxious in school due to other people:

> *I: How has school been for you? What's school like?*

> *Anna: Just very… stressful because like… cos there are other people in my school that can get like…really angry and kick off and that sets my anxiety high'*

Anna's description of other people becoming angry as '*kick*(ing) *off'* at her specialist school had an element of physicality about it. There was a sense that this left her feeling powerless-

unable to do anything in that situation, yet, consumed by anxiety. Her anxiety was immediately set '*high'*, almost as though she experienced a permanent state of 'fight or flight'. Furthermore, there was the implication that whilst Anna moved to a specialist school following her ASC diagnosis, school was still incredibly stressful. Given the stress, one wonders about the context of the schooling system for those with an ASC diagnosis.

Sarah, a thirty-year-old, who was diagnosed with ASC when she was approximately five years old, spoke about the impact of other people ignoring her during conversations.

> *I: So, what is it like when people walk off and ignore you? Is it hard? Is it easy?*
>
> *Sarah: Hard.*
>
> *I: Is it hard? OK. Why is that hard? What does that make you feel like?*
>
> *Sarah: Lonely.*

Sarah's description of how she felt when other people ignored her *('lonely'),* seemed to say that she had a desire to talk to, and interact with, other people, but did not have the opportunity to experience this. This left Sarah with a sense of isolation, and perhaps it was no wonder, that further on in the interviews, she viewed herself as the problem due to the impact of other people (please see subtheme 3: *the impact on sense of self*).

Natasha, a twenty-two-year-old who received an ASC diagnosis as a toddler, described the anxiety of coping with other people in school. For Natasha, the ability to cope with other people around her was a futile battle, and had a monumental emotional impact on her self-esteem and confidence:

> *I: So it sounds like being around other people, especially in secondary school was really difficult for you…*
>
> *Natasha: Extremely… like not even difficult… impossible (laughs).*

I: … it sounds like it affected your self –esteem and confidence…

Natasha: A lot. Yeah. I had no self-esteem and confidence… and I suppose that's what made me… the anxiety even worse.

Her experience was further highlighted by the following quote:

I: Have there ever been times where people or friends or school have made you feel safe or happy?

Natasha: No (long pause- laugh) Yeah- no, no. There's just no answer to that… I've never been…felt safe, happy or even content enough to stay in that building in school. Like in school, is like…even when I drive past it now I feel sick so… yeah, no, I've never felt safe or happy.

Natasha highlighted how overcome with anxiety she was in school, due to the impact of other people. The use of the phrase '*that's what made me… the anxiety*' suggested how strongly she identified with anxiety. Additionally, the physical response to driving past the school emphasised the magnitude of the environment and, potentially, the impact of being around other people; curiously the interchange between '*no*' to a laugh, to, '*yeah, no no*' gave the sense that the laugh acted as a defence against how traumatic the experience was for her. Indeed, this was validated further on in the interviews, when she reflected on her use of laughter when discussing difficult topics.

Melanie, a fifteen-year-old, who was diagnosed with ASC a year ago, shared Natasha and Anna's experiences of feeling threatened in school, and the impact that this had on her.

Melanie: Err… it wasn't easy I did get- uh- I did get bullied a lot in primary…school…and er- mainly by er-most of the boys in the class and I was always embarrassed about- it was like… well it was a bit embarrassing for me like getting

> *bullied by boys cos erm- yeah, yeah… yeah... I don't know just like – basically like tease*
>
> *me and yeah I can't really remember a lot.*

Melanie also gave a sense that she was ashamed, humiliated by her treatment *('bullied'*, *'tease')*. Clearly it was frequent *('a lot', 'always')*. During the interview, I noticed Melanie closed in on herself physically when talking about this, and I wondered whether the humiliation was so entrenched and unpalatable that she shut down to avoid the experience, making it difficult to recall.

Anna also spoke about manipulative-like social interactions with peers around friendship and companionship:

> *Anna: (There was a girl in primary school) who just was very overweight and nobody*
>
> *wanted to be her friend because she was quite rude but she used to sort of bribe me to*
>
> *be her friend for the day and then she would give me a dog comic because I like dogs*
>
> *but... and then she'd start like being really mean to me if I wouldn't hang out with her*
>
> *because didn't have any friends……*
>
> *and then I remember my friend X and X they would just look at me and start sort of*
>
> *laughing and going you can just come over here if you want and I didn't feel like it was*
>
> *that easy… because I felt bad if I left her because she didn't have any friends.*

One can sense her vulnerability in the interactions and a sense of guilt about the impossible choices she had to make; either way, she would be letting someone down. Despite the girl *'being really mean'* to her, Anna still felt a sense of responsibility for her. It was almost as if Anna had intuitively recognised vulnerabilities in this girl, and experienced a sense of connection. Additionally, I also considered the impact of this on Anna's self-esteem, with regards to finding it difficult to identify why her 'friends' were laughing.

In summary, this subordinate theme demonstrated how other people generated a myriad of difficult emotional experiences in participants. All participants interviewed for this study experienced the disturbing impact of other people in various ways.

3.3.2. Subordinate Theme 2: The Supressed Voice

The supressed voice as a subordinate theme represented how little power and voice participants had amongst authority and the systems in which they were in. For participants, disappointment and disillusionment with authority figures, was a source of significant frustration. Participants spoke about experiences of being neglected, silenced and ignored.   Furthermore, this subordinate theme was reflected by a shared experience of having to supress who they were for fear of being viewed as different or peculiar.

Natasha described an experience at school, when she was groomed by a Year 11 male student after *'being left in the library all day'.* Her frustration and confusion when she was '*supposed to be under their care*' was clearly expressed:

> *Natasha: … Also erm in Year 7 I suppose because of my lack of social skills erm I can't pick up on safety cues I suppose …I told him that I had autism and he was like 'oh yeah me too' and it was a lie…and I spent the whole entire day with him. He made me sneak out of school you know, he bought me pizza you know, he walked me all the way back to the school- this was during lunch hour and no teachers knew that I'd gone. No one knew if I was safe or not you know what I mean? No-one even questioned where I was….I'm supposed to be under their care erm anyway so he walked me back to school and and he started asking me erm sexual stuff and then…and them… erm blackmailing me saying he's got pictures of me and stuff and that he's going to send them to my dad and stuff, so the police got involved, so this was all under the school's care and it's like and you've let me down there'.*

There was a clear sense of aloneness where '*no one even questioned where I was'* emphasised Natasha's feelings of invisibility towards those in authority who had a duty of care towards her. Even though she was aware she had autism, there was also an element of self-blame threaded through the quote, citing her naivety and lack of understanding of social cues as the reason why she found herself in that situation. By taking the blame, part of her was neglecting the idea that people in power should have been looking out for her.

Melanie also discussed feeling invisible and supressed by people in a position of authority. Here, she spoke about the point at which mainstream school became untenable, and she felt that she had no other choice but to leave.

> *Melanie: Well like I think it was like the whole thing of like GCSEs and like- and then like year 9 who were put in like we were put in like mixed groups and put with other people so like so we weren't like with our tutor groups a lot or a particular subject so like everyone is mixed with different people and I found that hard for me it felt hard when I wasn't with one of my friends because I knew them very well but some like I didn't really know a lot of the other people, like the people in other teaching groups too well because I didn't really talk to them it was just me and my group of friends and yeah. And they're the only people who I would actually talk to.*

> *I: And did the teachers do anything to help when you were mixed in with other people you didn't know?*

> *Melanie: Not really, I just thought like well I can just get on with, it just get on with my work, and then yeah I just didn't really*

Melanie's struggle to conceptualise and understand why she found this so difficult was further perpetuated by a lack of support from teachers and a school system that seemed to overlook

her needs to the point of ignoring them. She demonstrated a certain resilience *('I just thought…*

I could get on with it') but as it was too much in the end, she *'just didn't really'*.

Sarah also spoke about her own poor experience of the school system and authority:

> *I: And what was really horrible about (the school)?*
>
> *Sarah: This boy used to beat me up.*
>
> *I: That doesn't sound very nice.*
>
> *Sarah: Yes.*
>
> *I: What sorts of things did he do? ….*
>
> *Sarah: I got hurt.*
>
> *I: Were you able to tell the teachers?*
>
> *Sarah: Yes, but they didn't believe me.*

In this quote, Sarah described her experience of being bullied by a boy in school, which led to her receiving injuries. Despite her ability to speak to the teachers about it, she was not believed, and through this, it was implied that she was lying about the victimisation. Despite Sarah's obvious difficulties in describing her experiences, she demonstrated courage and resilience by letting the teachers know that she was '*beat(en) up'*. I wondered what impact that had on Sarah's sense of self and safety in school when she was not believed. Furthermore, the use of the term '*beaten up'* is childlike in nature, and this expression served to highlight the vulnerability of Sarah.

This concept of being silenced and invisible around other people was not just limited to school and peers. Natasha described her experiences of counselling, in which she reflected that she

needed a space that would provide her with tangible outcomes, and how, by providing a space just to 'talk', reinforced the idea that she felt unimportant to those in a position of power:

> *Natasha: Er ok so I did counselling ...and I think that was for about maybe five months. And then obviously once you've said everything... you sort of have to quit then, don't you. That's the thing with counselling it just comes to a stop, because what else you gonna talk about? And honestly you just feel like... you just... feel like being- not a burden but who really wants to sit and... I mean I would hate to sit there and just listen to your problems. I don't care- I've got my own problems. Do you know what I mean? And that's what I feel like. I feel like why do you want... why am I important enough for you to- for you to sit there and talk- listen to me.*

In this quote, Natasha clearly expressed her dissatisfaction at therapy professionals, and how she thought that they did not genuinely care about her problems. There was, perhaps, a sense that she did not see herself as important enough to be listened to '*why do you want... why am I important enough for you to- for you to sit there and talk- listen to me*'.

In light of this quote, I reflected on my own position in relation to Natasha. She knew that I was a Trainee Clinical Psychologist, so I questioned how she viewed my presence. Despite these difficult experiences, I wondered whether, perhaps, she felt able to be heard in the interview format.

In conclusion, there was a consensus amongst participants that they felt neglected, unheard and silenced by those in a position of power, and by their peers.

Subordinate Theme 3.3.3. The Impact on Sense of Self

This subordinate theme referred to how participants viewed themselves as a result of the influences of other people and systems. Participants experienced their core identity almost being manipulated or shaped by other people, which led to an unstable, unhelpful sense of self.

Participants referenced that the influence of other people led them to attempt to be someone that they were not, for fear of losing the networks around them. For example, Claire, a fifteen-year-old with a mild learning disability, said the following:

> *Claire: I don't know, it's… sometimes I feel like I have to act a certain way otherwise they'll go off me or something….Er er… it's just you've got to act a certain way and do things where you've got to be appropriate…like for example when you're around people you can't just erm… there are certain things you can't just talk about…*

This idea of having to do certain things to fit in with social groups was not just limited to school and peers. Anna described her struggles at having to act a certain way at family gatherings in that it '*feels a bit much'*:

> *I: Have there been any other times that you can remember where it's felt like it's difficult to be around other people?*
>
> *Anna: My extended family gatherings*
>
> *I: Can you tell me some more about that?*
>
> *Anna: It's like when there is lots of people and they're saying hi to me how are you and you're supposed to like I don't know, be really polite to all of them and go 'oh I haven't seen you in ages' and it just feels a bit much.*

Identity and sense of self was also linked with other people viewing them as '*an easy target*'. For example, Melanie spoke about her bullying in school, and why she thought she had been picked on:

> *Melanie: 'I dunno… I think I'm not really sure but I think they probably did it because like because I think like they just thought that because I was an easy target because I was…cos I've always been one of the youngest in my class…*

Melanie worked really hard to try to explain this uncertain experience. One can sense how hard this was when she says, '*I dunno….I'm not really sure*' and then the way she repeats '*like*' (twice) and '*because /cos*' (five times). When asked about where she saw her friends, she spoke about how she did not see herself as 'social':

> *Melanie: I wasn't like one of those people who would like to arrange uh to meet someone because I'm not like…because I'm not really too like yeah so like social*

The hesitancy in her articulation again highlighted how much effort it took to name her experience, yet she managed this, stating that she was not '*social*' '*like one of those people*'. Perhaps this hesitancy gives the reader an insight into her own confusion in who she was.

Sarah discussed her experience of attending a work placement at a stable yard, and how other people impacted on the sense of who she was at work:

> I: *You liked it?*

> *Sarah: Except for one person there. I didn't like her. She was bossy.*

> I: *Was she always telling you what to do?*

> *Sarah: Yes.*

> I: *That is not very good. What else did you do at college?*

> *Sarah: I did work experience at a stable,*

> I: *Wow! What was that like?*

> *Sarah: I was with that bossy girl. They made me move…I liked it at that stable, though.*

Sarah's experience sounds as though she was conceptualised by other people as the problem in the situation, despite Sarah's detailed description of the other girl as '*bossy*'. The use of the phrase '*they made me move*' appeared that she was forced to leave somewhere that she liked,

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and was not given a choice or a say in the matter. Again, this reinforces subtheme 2 (section 3.3.2: the supressed voice).

Natasha also spoke on several occasions about how other people impacted on her sense of self, both at school and within the family unit – indeed, she also ended up feeling '*like I'm the problem... at fault…in the wrong* '

> *Natasha… Yeah and also making me feel like I'm the problem. You know, you're not coping at school, that's your fault. You should be because everyone else your age is. And you- it makes you feel like you really feel like you're in the wrong (whispers) and I hate that (laughs).*

Perhaps it was no wonder that her self- esteem was impacted, and that there was a sense of not feeling good enough to confidently state to others, or even to herself about who she was. This seemed to be reinforced by other people's negative comments and name calling when she was already struggling to cope, as indicated by the term '*meltdown':*

> *Natasha: Well- (sigh) I mean during the meltdowns…you know, when mum and dad can't cope they would call me names like you know 'you're just being a brat' you know 'stop being so stupid' you know….afterwards when I've sort of come out of it I'm like… I would feel pathetic … I would feel stupid and useless and I'd feel like why am I acting like a child… cos that's what I keep getting told 'you're always acting like a child' I'll be like 'why am I acting like a child all the time and like I dunno, I just felt…and then I'm told 'but everyone else your age doesn't do this and I'm like…so? (laughs) so yeah, yeah it doesn't make me feel good.*

There was a small sense of resistance present in this one small word '*so?*' with a laugh. Here, the sense of self was strong yet surrounding this was line upon line of her own and others' derogatory language towards herself. It seemed no wonder that she struggled to retain a sense

of competence and instead had a poor self-image manifested as self- loathing *('stupid'* and *'useless')*. It also potentially served to keep her in this position of a *'child'* (repeated three times), in comparison to her peers. For Natasha, this maintained the struggle for independence from the family system.

Perceptions of the self as viewed by other people was also demonstrated in Anna's transcript.

> *Anna: I just used to- in maths I used to just feel really stupid (laughs). Just because I couldn't understand why I couldn't do it.*

When probed further about whether anybody make her feel stupid, Anna replied:

> *Anna: My teachers would give me some of the maths work that this boy who comes from Hungary who couldn't speak English was doing because they thought that I couldn't do the other work that other people were having.*

> *I: And what was that like for you?*

> *Anna: Urm it was a bit humiliating (laughs) and they kept giving me homework to like- and I did loads of endless times tables, but it never really went into my head (laughs)*

The humiliation, the confusion, and the comparisons to people who could not speak English left Anna with a resounding sense of self as '*stupid*'. The sense of confusion also led to an insight into Anna as misunderstood, both by other people, and from herself. It would be unsurprising if this impacted on her sense of self-esteem and confidence.

In summary, this subordinate theme highlighted how participants tried to navigate and find their sense of self, and how other people's perceptions resulted in concealment of their core self.

3.4. Superordinate Theme 2: The Process of Equine Assisted Therapy

This superordinate theme referred to the processes in equine therapy that gave rise to the outcomes and the impact of the therapy. This superordinate theme was concerned with the processes that participants found straightforward, and the challenges that they associated with EAT.

3.4.1. Subordinate Theme 1: The Characteristics of the Horse

This subordinate theme was concerned with the importance of the physical characteristics and dispositional qualities of the horse within the process of EAT. Whilst there were variances between the participants as to which characteristics were discussed during the interview, they all agreed that there were certain traits within the horse that were fundamental to their experience.

The concept of the horse as an entity that was free from the constraints of verbal language provided a space that was experienced by participants as non-judgemental and responsive; clearly this was a powerful experience as noted by Claire:

> *I: This might be tricky to answer so don't worry if you can't answer it…. What is it about being around the horses that's so good?*
>
> *Claire: That you don't have to worry about them making fun of what you say or do… you just get there, they don't understand what human language is… well they know*

some words not all of them. So if you said uhm to a horse 'my teacher's an effing idiot' they wouldn't say 'mind your language' because they don't know how to.

Claire continued to discuss her experience of the horse compared to humans:

Claire: ...like for example when you're around people you can't just erm... there are certain things you can't just talk about... and erm... like do... but with animals they won't judge you.

In a similar manner to Claire, Natasha spoke about how horses were responsive to her needs, irrespective of verbal language.

Natasha: Yeah because they (the horses) *don't just sit there and go 'mmmm'. They give you erm practical solutions and er they don't just sit there. So they actually respond and go well actually I think this is wrong and this is right and you know it actually like- they don't just listen, they listen enough to give you some answers, so yeah...*

For Natasha, there was a real sense that actively working with horses in a non-verbal world was more helpful than '*just sit(ting) there and go(ing) mmmm*'. Perhaps this was a reference to the talking therapy she experienced, and the lack of responsiveness within it from the therapist. Furthermore, by using the term *'judge'* Claire emphasised her sense of judgement from people about who she was. Thus, it would appear that the absence of verbal language from the horses gave them a space whereby they did not feel constrained to moderate their discussions and actions. The responsiveness of the horse, and the clear messages that they sent to Natasha, showed to her that they *'listen enough',* perhaps this being an indication of what she needed from a therapeutic space.

Similarly, Anna also highlighted the importance and power of the absence of verbal language, and the emotions that the mere physical appearance of the horse conjured:

I: ...What is it about the horse that means you're not as anxious?

Anna: They're very understanding. They don't really talk at you or anything, they just stand there and look cute and furry (laughs).

Anna demonstrated a light-hearted tone during this part of the interview, as evident through her laughter. I wondered about her experience of EAT as a more relaxed experience, where she felt comfortable, almost as if she was with a friend participating in the interaction without fear of judgement and not being *'talk(ed) at'*. Indeed, it seemed that the lack of verbal feedback from the horse gave her the space to consider and reflect without the requirement of language. Furthermore, the appearance of the horse was described by Anna as *'cute and furry',* perhaps perpetuating the non-threatening stance that the horse can take, even though the horse was far larger and more powerful than she was.

Sarah also considered the appearance of the horse in her interview:

I: what is it about the horses that you really like?

Sarah : I just think they are beautiful.

I: So, the horses are really beautiful?

Sarah: Yes. Lovely colours.

I: What is your favourite horse colour?

Sarah: I like black. Black and white, and brown and white.

I: So, you like quite a lot of the colours of the horses. And, if the horses are beautiful, how does that make you feel inside?

Sarah: Happy.

In this quote, Sarah uses her subjective opinion about what she liked most about the horses *(I just think they are beautiful)* to allow her to open up as to how this made her feel. The use of the term *'happy'* was simple, but encapsulated a sense of being, that in that moment with the horses, her ability to be happy was the overarching emotion. This was in direct contrast to how she felt when she was with other people *('lonely')*.

Both Claire and Melanie also spoke about the horse's personality and physical appearance as an important part of the EAT process. Melanie discussed her experience of her favourite horse at the stables:

> *Melanie: I like walking her* (the horse) *I mean she was- she was hard because she was like like a princess like she'll easily refuse to do things and she's very stubborn but she was cute and I think I liked walking her. I liked walking her she was hard but I still liked her. I really liked walking and working with her.*

Despite Melanie describing the pony as *'very stubborn'*, amplifying the sense of personal achievement she experienced from undertaking this task, her repetition of the *' I liked walking her'* highlighted the intrinsic rewards. The physical appearance of the horse *('but she was cute')* facilitated this process.

Claire also spoke about the same horse's characteristics.

> *I: Why is (the pony) your favourite?*
>
> *Claire: Because she's so tiny and cute. And she looks like a princess*

Both Melanie and Claire's description of the pony as a 'princess' due to her physical characteristics gave a sense that the horse's appearance was also unthreatening. The use of the word 'princess' may encapsulate a fairy-tale like quality about the horse, almost as though

being with the horse was a protection from the difficult, social world that these participants had to reside in.

Extending this further into emotional experiences, the ability of the horse to normalise difficult emotions was also important for Anna and Claire within the process of EAT.

> *Anna: Erm ... I can sort of just relate to the horse if the horse is- because sometimes when there are lots of people around horses they can get anxious. So it's just like relatable.*
>
> *I: How does that help?*
>
> *Anna: Uhm… you just feel like you're not the only one that just feels anxious.*
>
> *I: So you can relate to them- does that mean that it helps you to know it can be normal to be anxious sometimes?*
>
> *Anna: Yep*

Understanding that horses can also become upset taught Claire about herself and her own emotions:

> *I: So-so you said that erm horses can become upset, and that's taught you something about yourself.*
>
> *Claire: Yeah*
>
> *I: What has seeing a horse get upset taught you?*
>
> *Claire: That- that it's normal and every animal- person gets upset sometimes.*

For Anna and Claire, there was an almost solitary and lonely quality to being anxious in a world where others did not appear to experience anxiety to the same degree. Their world consisted of people who made them feel different, isolated and lost. To see that the horse experienced similar emotions was an important part of the EAT process for Anna and Claire and afforded them an opportunity to feel '*normal*', and perhaps less alone.

In summary, this subordinate theme was concerned with how the participants experienced the horse's physical and dispositional characteristics.

3.4.2. Subordinate Theme 2: Therapeutic Distance in an Indirect Intervention

This subordinate theme related to the usefulness of 'therapeutic distance' in the EAT intervention. The process of therapeutic distance referred to the concept that the horse allowed participants the experience of identifying their own emotions and body language in a safe, containing space. Therapeutic distance also assisted participants with establishing emotional connections to the horses, an ability that was not fostered with most people due to their experiences of people in their world (please refer to subtheme 1, section number 3.3.1: the emotional impact of other people).

The visual element of learning about emotions and body language proved helpful for Natasha and Anna. They spoke about the process of the EAT as a method of 'showing, not telling' them about behaviours, emotions, and different coping strategies.

> *I: So they* (the horses) *show a lot in their bodies if they're feeling anxious?*

> *Anna: Yeah*

> *I: And is that something you've noticed in yourself?*

Anna: Well my ears don't go back or anything (all laugh) Uhm I can I back away from my problems sometimes, I don't know how to word this but erm- I dunno…erm I've noticed that I do it when I'm anxious. It doesn't teach me to back away from my problems, I've just noticed that it's a similar behaviour.

The parallels between horses and people, and their similar responses to situations that make them anxious, allowed Anna a safe way of recognising and responding to her own anxiety. Naming it in the interview was difficult ('*I don't know how to word this…. I dunno'),* yet Anna succeeded, and it was curious that the research interview process potentially paralleled this. By talking about EAT, they could talk about its benefits to a person. Further, in the interview, Anna reiterated how important the visual aspect of EAT was in the process of reflecting upon her difficulties:

I: So is there something about with the horses kind of showing you rather than telling you?

Anna: Yeah- I guess yeah. And it's very visual so it's like and this your anxiety and this is the horse's anxiety. It's more obvious rather than people telling me if you feel like this then 'nananana'. I dunno, it's just easier. And cos it's there, looking at the horse…because I can't see myself…

For Anna, this quote also encompassed the difficulties that she had with traditional talking therapies. Her use of the phrase *'nananana'* indicated how meaningless she found talking therapies, and how helpful it was to have a therapy tailored towards a visual representation of her anxiety through the horse.

Whilst Anna spoke about the visual process positively, Natasha explained during the interview that the 'showing not telling' element of EAT was a challenging and emotionally difficult experience for her:

> *Natasha:… but like being explained my behaviours and being shown through the horses and it's right in front of you … like the horses will like replicate some of your behaviours you can see how it impacts them negatively and you're like 'oh yeah that's my life' and it's really hard to then know the truth. That's why it was hard…*

For Natasha, the impact of the watching the horses and how they replicated human behaviours left a stark realisation about how considerable her difficulties were, and her potential impact on others. Understandably that aspect was difficult; it was as though horses were a mirror that replicated a reflection of herself, and this was an aspect of the process she could not dismiss. Her use of the words *'my life'* suggested that these issues infiltrated every part of her being, and her world.

Natasha went on to discuss the process of how the similarities in the horse, this one actually named Princess, allowed her the distance to observe how her own behaviours affected her in the way they affected the horse, and the strategies she used with the horses to help manage the emotion:

> *…so let's just say that there was a problem and then what would happen is we would display that behaviour that I'd discussed through the horse so like- so if there's something that's making me anxious we would get say Princess because she's one of the more anxiety like horses. And then we'd put like tarpaulin down for example and we know that that makes her anxious and we try and make her go on it and like walk across it and stuff and then we would see like what behaviours she performs trying to*

avoid it and then say 'see that's what you…'(laughs). And then erm behaviours she carries out during the activity and it's like how much she can take, and how much should you be able to take during your life and whatever.

Natasha was able to describe a complex emotional experience and intervention through the interactions with the horse. Interestingly, the intervention was not all about facing a situation despite the anxiety, there was a sense of control here when she stated, '*how much should you be able to take*', giving a choice and allowance to avoid.

Similarly, the participants continued to discuss other parallels between horse and human behaviours and emotions. Anna discussed an episode during her therapy sessions when one of the horses interacted with harassment, described as 'anger' and the other became distressed:

Anna: Erm…. Thomas I think his name is? Thomas is erm, well he was…erm harassing Princess or something in all of- in the session urm I think I told you about this, and it was urm…he was harassing Princess and Princess was… and he was nipping the back of her, and they were just- they were both… Princess was very distressed and Thomas was very uhm sort of angry….so we had to leave them until they'd calmed down.

The terminology Anna used to describe the horse's emotional reactions were human-like in nature (*distressed* and *angry*); here the quality within the interaction was very similar to the bullying behaviour discussed in subtheme 1 (section 3.3.1: the emotional impact of other people), and the participant's distress in response. The way Anna was able to manage the situation with the support of staff, suggested she was able to use the therapeutic distance to respond in a different way to how she may have responded to 'angry' or harassing people and her own distress response.

For other participants, the experience of being around the horse within the process of EAT allowed them a safe space to develop an emotional connection with the horse. Melanie in particular, spoke about this as an essential aspect of her experience:

> *Melanie: I think- I think I enjoyed being with the horses because I think I do see myself working with like because I think, I don't know – I think I have a good connection with animals because animals make me happy and I think because I do see myself I mean like working with animals like dogs because I enjoy being around them.*

This emotional connection was not limited just to horses, and in fact, Melanie spoke a lot about the connection she felt for other animals:

> *I think they're just nice to think about- if there's a particular animal you like, but then it kind of makes me happy like- I really like cats and they make me happy but the -yeah they're just like yeah I just like thinking about them because they're are a nice companion, they'll be a nice companion to have.*

The idea that the animals are '*nice to think about'* gave an impression that, for Melanie, animals were an escape from the human social world, allowing her a sense of peace. Melanie's experience of animals was that they offer steady, unwavering friendship or '*companion*ship'. This was in contrast with Melanie's experiences of friendships in the social world.

Sarah also discussed her emotional connection to the horses:

> *What did they do? Did they come and give you a cuddle?*
>
> *Sarah :Yes. He hugged me.*
>
> *I: He hugged you. And what do you think that horse was thinking, when he gave you a hug?*

> *Sarah :He likes me.*

This quote demonstrated Sarah's ability to use the body language of the horse to recognise, in her own way, what the horse was attempting to communicate with her. The human characteristic *('he hugged me')* was associated with the idea that the horse liked her, and thus, created a reciprocal, emotional connection.

Anna discussed her connection to, and caring for, one of the horses in particular:

> *I: Ok, so there's lots of similarities between horses and people about what they do when they're worried. So lots of people talk about… is it Princess…*
>
> *Anna: Awww (laughs).*
>
> *I: (laughs) I get the same reaction (laughs). She's very cute isn't she?*
>
> *Anna: Yeah, and I hate it when I have to put objects that she doesn't like and she's uncomfortable, and it's like I don't want to make her anxious!*

Clearly, Anna's emotional connection was strong, with an empathic, caring response towards the horse. In other people orientated environments, Anna's attempt to be caring towards other people left her torn and stuck between the underlying dynamics within friendships. The distance created by the horses and safety in that non-judgmental stance discussed in section 3.4.1 (the characteristics of the horse), allowed her to experience these emotions without negative consequences.

3.4.3. Subordinate Theme 3: The Challenges of EAT

The difficulties associated with the process of EAT were also discussed throughout the interviews. The nature of these challenges varied between participants, but included the anxiety and uncertainty of commencing EAT, the emotional impact of EAT on the participant, and the initial detrimental impact on the family system.

For individuals with an ASC, there was an overwhelming amount of anxiety when they attended new situations. Therefore, all but one of the participants (Claire) spoke about their initial worries and uncertainties about starting EAT, and Natasha spoke about her ambivalence:

> *I just wanted to see the horses, I was like… I was a bit like… yeah it sounds good but*
> *I was so anxiety ridden at that time, like anything was like… I just tried to avoid…*

This quote from Natasha, and her struggle to articulate it, implied how all-consuming her anxiety was. The use of the term '*anxiety ridden'* evoked a sense of her very core being taken over by anxiety.

Melanie also spoke about her initial hesitations in attending EAT:

> *I was a bit nervous but it's like I don't really know how this is going to turn I don't even*
> *know how I'm going to feel working- having to go- having to work with horses because*
> *like I rode a horse before but never actually looked after one.*

When these hesitations were explored further, Melanie stated:

> *I was nervous about how I was going to be with the horses if I was able to like- because*
> *I assumed I wouldn't be able to do that well I was going to but yeah... I mean cos*
> *like they talked a lot about trying to take control when walking them and I thought yeah*

but at first I just thought I'm not going to do that well because horses are so much bigger and they can refuse to do something but like you have to tell them to do this and do that but yeah that's what I found

For Melanie, her initial concerns were based upon the fear of the unknown, and, based on her previous experiences in life '*assumed*' that she would not be able to do this successfully. Indeed, perhaps those initial worries about 'not doing well' were an understandable product from the impact of others' views on her ability.

Anna described how she was able to overcome her initial reservations about starting EAT by focusing on them rather than the people:

I: Was it- were you quite nervous the first time you went?

Anna: Yeah

I: How did you manage to not be so nervous? Was there anything that helps you feel less anxious?

Anna: Uhm I just focused on the horses and not the people because horses don't really make me feel anxious and people do.

For all the participants, the initial interest and curiosity of meeting the horses was enough to draw them to attend the stables. There was, perhaps, appropriate nervousness yet no crippling anxiety the participants highlighted having when with people.

Natasha described how emotionally challenging she found the first few months of EAT:

Natasha: It was so hard at the beginning but it erm, because you have to like – you have to like chip away at the surface sort of thing. And -and I just remember every time

I would have a session I'd go home crying ...and that was for about maybe three months? No not even- maybe like two months. And then once we dug deep and we started- like you have to, have to like knock yourself all the way to like bare minimum to build it back up again. And it is erm hard work (laughs) yeah...

Like, but you know things have got to get worse before they can get better and that is going to happen and you have to be prepared for that. I didn't know because I've never known anyone that's done that before. But yeah, definitely be prepared that it's going to get worse before it gets better. But let it ride- ride it out. And don't quit because oh my god if you quit when you get stuck in the worst bit (laughs).

Given the intense experience Natasha described, one wondered how she managed to continue with EAT in those early stages. Natasha did emphasise the distress she experienced in the process of stripping away the layers to reveal the '*bare minimum'*, and perhaps her inner self. The idea of '*chipping away at the surface',* and *'knocking herself down'* seemed a painful process and emphasised how hard it was to develop when the world was so anxiety provoking for her. Natasha's commitment, despite how difficult this was, demonstrated her ability to see beyond this, towards the potential positive impact EAT could have:

(EAT was) So, so difficult. And you know there were points when I was like I don't wanna come. Erm, I don't wanna go back. Er but I think was what kept me going was I knew that it was helping... and I could see myself changing as a person.

Here, Natasha had an emerging knowledge ('*I knew'*) without actually having the concrete knowledge which enabled her to keep going back. This seemed in contrast to the lack of awareness or knowledge experienced in human social contexts. When other people were

involved in EAT, this seemed to increase. Anna spoke about an additionally emotionally challenging process when being around other people during group EAT sessions:

> *Anna: Uhm... It was... I was quite awkward because there were other people but I liked working with the horses. I just decided not to focus on the people and just focus on the horses.*

Again, Anna demonstrated her ability to decide that in order to continue, she would use the horses as her focus to distract herself from feeling '*awkward*' because of the other people there. She went on to state why the presence of others was difficult through her experience of just being with one other person:

> *Anna: although I did sort of find it quite hard when I was- when it was just me and either (facilitator) or (facilitator) uhm was doing a session with me because I felt like I had to answer all the questions and I had to be polite and talk to them… but I don't know I just felt like I had to....*

It was as though the importance of being polite created an unbearable internal pressure that she could not stop. Thus, for Anna, the impact of the presence of the facilitator meant that she could not escape the constraints of perceived societal pressures which were deeply ingrained in her psyche.

The challenges of EAT were extended to the impact on the family system, as discussed by Natasha. Whilst she was the only participant who spoke about this type of challenge, the impact and depth of discussion during the interviews led to incorporation of this within the challenges of EAT.

There would be so many arguments for a good year, we sort of just… mum and dad were on the verge of splitting, my sister went into depression and eventually...it was incredible it threw everyone off, er for this year, for this big gap of like me becoming a different person. Because I suppose it's like losing someone or living with someone else because of how quickly it changed me.

Not only was Natasha '*broken down and built up again'* from the impact of EAT, but so were her family. For Natasha's family, it seemed they viewed the impact of EAT on Natasha as a bereavement ; a loss of the person they once knew, rather than a positive. The idea that it '*threw everyone off'* alluded to the sense that it created a sudden and rapid shift in the stability of the family system and, perhaps, her family were then placed into roles that they did not want or have experience in.

Natasha continued on, to discuss how 'lost' her parents felt during the process of EAT.

The thing is, my mum and dad didn't want to get involved with this therapy. But I think that it's needed to be done. Because it was like a marathon, right and we all… me and my family, we all started at the start line and then all of a sudden I was miles away. And they're lost. They're literally lost. Say I was holding the glowstick or whatever to say this is the way you have to go. I've gone miles away up the track and they're literally lost, and they're like we don't know how to cope with this.

The concept of EAT as a marathon left family members feeling overwhelmed and 'lost' with the rapidness of change. Natasha's metaphor of directing them with a glowstick highlighted the connection she still had with her family, even though they could not see where she had gone, in the hope they could reconnect with her on this arduous journey. That connection

Natasha experienced wherein she *'could see myself changing as a person'* brings us to our final superordinate theme.

3.5.   Superordinate Theme 3: The Emotional Impact of Horses on My World.

This superordinate theme referred to the wider, emotional impact of horses on the participant's world outside of the sphere of the equine therapy. Participants spoke about their experience of the horse permitting them the space to develop into their core selves, the '*self*' that was hiding underneath the perceptions that other people had placed upon them. Furthermore, they spoke about their ability to demonstrate confidence and leadership both in the milieu of the horse, and the development of this in the social world.

3.5.1.   Subordinate Theme 1: Finding the Core Self

The search for the core self was demonstrated in four of the participant interviews. Natasha spoke about how she viewed and experienced herself as a 'different' person:

> *Natasha: We hardly do intense therapy sessions now- I feel- because there's nothing really left to work on because we spent like two, three years... maybe like two and a half years or whatever just....working ... at the person. The person I was and the person I am now ... like I would say the old Natasha is a completely different person and barely exists anymore.*

Natasha's use of language here, reflects the dynamic change that occurred within her. The use of the third person in this quote highlighted how separated she felt from her 'old' self. The idea that she spent several years '*working at the person'* gave a sense of the all-encompassing impact of EAT, and again separated herself from who she was before EAT.

Anna also described her sense that she *'found myself a bit'*, though found it difficult to verbalise what exactly it was that had changed about her:

I: you said that you- you almost didn't know who you were. Can you tell me any more about that?

Anna: I just didn't feel like I had any like… I know it but I can't explain it, like I feel very different to what… to who I am now like I thought I found myself a bit and I understand myself a bit more.

Those words '*found myself'* indicated that prior to undertaking EAT, Anna was lost in a world that she could not make sense of. Her repetition of '*a bit'* suggested that this was a tentative interpretation she was making, and that she was starting to test out this new '*very different'* Anna. At times, whilst she '*understands (*her)*self a bit more*' at other times she still struggled with introspection and reflection '*in the moment'*. For example, Anna went on to say:

Anna: I mean I… yeah, yeah, I have cos I can identify when I'm physically feeling anxious.

I: So you can notice more about when you're feeling a certain way?

Anna: Yeah. Although I sometimes identify that after because I find it a bit hard to identify what I'm feeling in the moment.

Claire also spoke about finding her voice and core identity through the use of horses, although in a slightly different way to the previous participants:

Claire: *Yeah when my- because I pick up my- say when a horse is angry they kick and bite- like I've learnt to mimic their behaviour....Yeah cos when I… when I pick up…Yeah say when a horse is angry they kick or bite like I've learnt how to mimic their behaviour*

I: *Ok...tell me… can you tell me some more about that?*

Claire: So I copy the horses. So when a horse is angry they kick, when I'm angry I kick, cos I just want to be like the horses

The imitation of the horses' body language, and their physical expression when they were '*angry*', raised a number of images regarding the impact of EAT for Claire. An initial reflection was to consider this as potentially undesirable behaviour for Claire and to others around her; in the way such behaviour can be perceived in the human world. However, after considering and hearing first-hand the struggles that Claire and the other participants had with authority and peers, there were other potential possibilities, particularly when viewing this from the horse's world. Firstly, the horse's behaviour allowed Claire to explore her identity, and expression of this by using the horse in a therapeutic way. Here, she was expressing herself, and in a horse's world, this behaviour was not impolite or inappropriate. This gave the description a sense of confidence and empowerment when asserting herself (this sense is discussed in more detail in Section 3.5.2: *The emergence of confidence and leadership')*.

Sarah also spoke about her desire to identify with the horse, but in a different manner to Claire:

Sarah: It just makes me want to be a horse myself.

I: *It makes you want to be a horse yourself? Why do you want to be a horse?*

Sarah: Well, it just looks so much easier as a horse. You just get to eat grass all day, play in the field.

Sarah's use of the phrase ' *it just makes me want to be a horse myself*' gives rise to ideas about how she wanted to exist in the world. For Sarah, life looked *'so much easier as a horse'*, and the idea that she would *'eat grass all day, play in the field'* perhaps highlighted how much responsibility and pressure she experienced in the world of humans through presenting a *play*ful nurturing contrast.

This leads us onto our second subordinate theme, with an emerging ability to make autonomous decisions and to take charge.

3.5.2. Subordinate Theme 2: The Emergence of Confidence and Leadership

All participants who were interviewed, discussed the impact of a burgeoning confidence and leadership skills. This was a tangible outcome that was learnt through the use of the horse in intervention. Part of this outcome was related to how well this ability translated across to the social world.

Natasha spoke about her growing confidence around the horses, and her abilities to set boundaries:

> *Natasha: Now I can do everything you know, I can make them walk forward I can make them walk back- I will- I will tell them to get out my space. I will run with them, I will pick up their hooves. I will literally do anything, yeah.*

The impact of demonstrating confidence and leadership with the horse, also had a significant impact on her blossoming independence within the family:

> *…...Even at home I make my own decisions now where mum and dad used to be literally- like you can imagine me, tiny little thing and mum and dad were like you know*

this is- you're going to wear this, er you're going to eat this. Any little tiny decision like that do you know what I mean, and 'ok, ok ,ok' . Now, I make my own decisions, you know. And I even control my own money now.

Clearly this extended to the development of life skills, such as financial responsibilities. Melanie also discussed her ability to be confident around horses, despite her initial reservations about her ability to undertake this task successfully:

Melanie: I found it difficult about like being confident to take control of them

I: So you were worried about taking control of them and not doing well at that. Were you able to do that?

P: Yeah I think I like progressed on that really well.

I: And what did you have to do to make it work really well?

P: I don't know just sort of like be confident and calmer, and trying to take charge of them because they're not humans I mean it's basically like with a dog you just have to- like if they refuse to do something then you just need to like be a bit like bossy with them otherwise they won't listen to you.

For Melanie, she was able to generalise her skills to other animals. She was able to recognise that her ability to stay '*confident and calm'* allowed her to achieve success with the horses and, furthermore, she was able to state that she did well, a knowledge that may not have been evident, or even possible, when in school and with people.

Melanie also expressed that she had noticed a shift in herself, which had led her to reflect upon her goals and hopes for the future:

I: Have you or other people noticed anything different about yourself since you started working with the horses?

Melanie: I feel like I'm more confident yeah.

I: How do you know that you're more confident?

Melanie: Because like I think because like I know what I'm doing I'm kind of like yeah. It's hard to explain... I don't really think- I think just trying to make choices and not trying to like do the thing where you feel like you have to please everyone it can be a bit- I feel like I want to be a bit more independent. Yeah. I feel like I want to try and be a bit more independent because I'm like the oldest. Yeah.

Melanie's desire to be more '*independent*' and not to '*please everyone*' seemed a significant change. It was almost as though she was gaining the ability to feel confident enough in herself to express her views, and think about what she desired from life. Unlike Natasha her burgeoning desire to be more independent was more tentative when she stated '*I feel like I want to try*'. Perhaps she was swayed by the underlying notion that society expected her to become more independent with age *('because I'm like the oldest')* and how this affected her decision making.

Anna also spoke about recognising confidence as a tangible outcome of EAT; however, she also discussed her difficulties applying this to other situations:

Anna: Yeah, and when people say that you're- that you can get uhm... that you can... horses can pick up anxiety really easily you have to work really hard to show confidence and not make the horse feel unsure.

I: So you have to show confidence around the horses. Is it harder to show confidence in other situations?

Anna: Uhm... Yeah.

I: So how do you make the horses see that you're confident?

Anna: I just like... don't hesitate or anything. Just like if I'm bringing them forward, don't keep looking back at them… Looking like, slow down really or anything.

For Anna, confidence was tied up in the observation of her own body language. Whilst she was learning to have more confidence in herself around the horses, this was still developing around people.

Sarah also spoke briefly about the impact of attending sessions on her confidence, but cited the importance of the facilitators:

I: What has helped?

Sarah: It helped with confidence.

I: OK, so it has helped confidence. How has it helped your confidence? That is a hard question, actually.

Sarah: Because they are all friendly.

Sarah's use of the phrase '*they are all friendly'* extends to the facilitators, and perhaps gave her a glimpse of people as *'friendly'*, unlike her previous experience of people as '*bossy'* or hurting her physically (presented in subtheme 3; section 3.3.3: the impact on sense of self).

To summarise, this superordinate theme was concerned with the outcomes of EAT, both within the participants, and how this was applied to the social world.

3.6.   Summary of Findings

In conclusion, the interviews gave rise to three superordinate themes, and eight subordinate themes. These were based upon the experience of other people in the social world, the process of EAT, and the tangible impact that EAT had on their core self and abilities.

Chapter 4: Discussion.

4.1. Chapter Overview

In this concluding discussion chapter, I shall firstly revisit the aims and findings of the study, and link these with previous research and literature. New evidence and research will also be presented, in line with the IPA methodology, which allows for new considerations to emerge (Smith, Flowers & Larkin, 2009). I will then explore the methodological considerations, including the strengths and limitations of this project. Following this, wider clinical and service implications will be outlined. Finally, I will consider the areas for future research that have arisen as a result of this research project.

4.2. Revisiting the Aims and Study Results

The primary aim of this research project was to explore the experiences of females with an ASC who had undertaken or were undertaking a form of EAT. Previous research and literature in the field of ASC and EAT has focused primarily on male presentations of ASC (Kirkovski, Enticott, & Fitzgerald, 2013). Furthermore, qualitative methodologies in this sphere predominantly considered the views of parents of children with an ASC, and staff working within an EAT context (Malcolm, Ecks & Pickersgill, 2017; Tan & Simmonds, 2017). As explored in the introduction, females with an ASC present in a different manner to males with an ASC and, theoretically have different needs and requirements from an intervention. To this effect, many archetypal interventions are ineffective in reducing distressing symptomatology associated with an ASC (Stadnick, 2013).

Within this study, two main research questions were considered. These are outlined below and summarised in relation to the findings of the study. Three superordinate themes, and eight subthemes were extrapolated from the transcripts of five participants. Due to the scope of the study, subthemes in this discussion section have been collapsed together.

4.3. Research Question 1: How do females with a diagnosis of an Autism Spectrum Condition experience Equine Assisted Therapies?

4.3.1. Theme 1: The Toxic Experience of Living in a Social World

For the participants interviewed, their responses as to how they experienced equine therapies could be viewed in direct contrast to their experiences of living in the social world. Interactions with other people, in particular, the experience of the school environment, had a detrimental impact on the participant's emotional wellbeing. Their social environment was experienced as threatening, and participants discussed constant hypervigilance towards their actions and mannerisms around their peers. All participants found it impossible to cope with the intricacies of social relationships in mainstream schools, yet also found specialist schools emotionally challenging and frightening. The emotionally disturbing experience of being with other people replicated Tierney, Burns and Kilbey's (2016) study which focused on the experiences of school and peer relationships in females with an ASC. This study also concluded that distress within the school environment was a common experience.

Participants also experienced poor relationships with authority figures, to the point where they felt emotionally neglected, and had their basic rights to safety overlooked. One participant reported that she had been sexually groomed by an older pupil at her school, and as a result, felt tremendously disappointed and disillusioned by those who were in a position of power and responsibility. Other participants experienced bullying from peers, and described their

teacher's inability to recognise individual needs, with regards to school life and recognising participant's vulnerabilities in the school environment. Several studies have explored and corroborated findings regarding the vulnerabilities of females with an ASC (Bargiela, Steward & William 2016; Cridland, Jones, Caputi & Magee, 2014). A common theme throughout these particular interviews was the high incidence of sexual abuse in this population of girls. Recent research undertaken by Mademtzl, Singh, Shic and Koenig (2018) further highlighted that parents shared these concerns regarding those in positions of authority. Focus groups demonstrated that parents experienced school support, including teachers, as actively unhelpful; they were perceived as ignorant and deficient in knowledge concerning the needs of girls with an ASC. Furthermore, A 2012 survey by the National Association of Schoolmasters Union of Women Teachers (NASUWT) revealed that over 70% of teachers did not feel that their training had provided them with adequate support and knowledge to teach children with additional needs (Priory Education and Children's Services, n.d.). It can be hypothesised as to whether the active unhelpfulness that was experienced, is in part, due to the dearth of confidence in teachers and school staff, and the difficulties of balancing the requirements of pupils with special educational needs.

Finally, participants experienced a conflict in their core identity when in the social milieu. For participants interviewed, their sense of the core self was obscured and manipulated by other peoples' perceptions of their behaviour. The struggle of understanding the self, led to a detrimental impact on participants' self-worth and self-esteem, with participants viewing themselves as childlike or different: "*why am I acting like a child… cos that's what I keep getting told 'you're always acting like a child"*.

As noted in the introductory section of this study, individuals with an ASC are more likely than their neurotypical peers to experience mental health difficulties (Cappadocia, 2012; den Houting, Adams, Roberts & Keen, 2018). Moreover, females with an ASC are at greater risk

of experiencing anxiety, depression and other internalising symptoms over and above their male counterparts (Solomon, Miller, Taylor, Hinshaw & Carter, 2012). It can be theorised that the escalated prevalence of mental health difficulties as experienced by females with an ASC is partly the result of how they view themselves, through the lens of other people. This quashes their opportunity for healthy psychological growth and development.

Minimal research has been conducted in the arena of self, identity and ASC; however, Jamieson and Shuttler's (2015) study which examined social-emotional health, revealed significant differences in self-worth between females with and without a diagnosis of ASC. Furthermore, Bargiela, Steward and Mandy (2016), discovered that women who were diagnosed with an ASC later in life, found it difficult to forge out an individual identity. It could be considered as to whether this is an issue across the lifespan for females with an ASC.

Understanding of the self in people with an ASC has also been discussed in the theoretical literature, although unsurprisingly, the literature does not take into consideration the difference in presentation between males and females (Wehmeyer & Schogren, 2008; Huang et al. 2017). The authors cited socioecological theory, which proposed that social and physical environments have an inherent role to play in human behaviour. Reciprocal exchanges and interactions lead people to shape and influence behaviours. Therefore, individuals form their self-image through interactions with other people. The current study has been able to investigate this concept in more detail, by further substantiating why participants may experience inferior, fractured self-perception.

4.3.2. Theme 2: The Process of Equine Assisted Therapy

Participants experienced the process of EAT in direct contrast to their experiences of residing in a world of people.

Firstly, both the physical characteristics, and perceived personality traits of the horse allowed for participants to experience a safe, emotional connection to the horse. The horse as a non-verbal entity contributed to the sense of security that participants experienced when they were with the horse. For participants, one of the key struggles when with people, was the verbal nature of interactions and a self-consciousness about inviting negative perceptions and judgements. Several studies in the use of EAT revealed that the characteristics of the horse were important in the process of change. Malcolm, Ecks and Pickersgill (2017) iterated that the specific roles and personality traits of the horse were important for staff working at an EAT centre, and for parents who have a child with an ASC. Additionally, Chandler (2011) highlighted that clients often experienced a sense of non- judgement and acceptance through the use of animals in therapeutic practice. The current study extended these findings to females with an ASC, through the use of the horse. Furthermore, in research of other clinical populations, characteristics of the horse were named as a valuable method of the development of secure, healthy attachments (Burgon, Gammage & Hebden, 2018). This is not to say that those with ASC have an insecure or disorganised attachment with caregivers, but that the characteristics of the horse afforded the space for an attachment and emotional connection, which was made difficult in the social world for these participants, by the actions of their peers.

A particularly novel finding in the current study was the concept of 'therapeutic distance' which was also portrayed as an integral aspect of the process of EAT. Therapeutic distance referred to the manner in which the intervention was undertaken, using the horse as a blank slate and, thus, a means to explore an individual's difficulties without intimidation. It presented the opportunity for participants to acknowledge the similarities between human and horse behaviours, in an approach that was deemed to be non-threatening. Furthermore, this had the additional impact of normalising difficult emotions in the participants. In previous interactions with people, these participants were made to feel that the internal experience of anxiety and

frustration was wrong, and furthermore, they did not see the same intensity of their emotions displayed in other people. This led onto the idea of the horse as a reflection or a mirror to their actions and emotions. This concept of visually 'showing not telling' through the horse was recognised as a valuable, visual method for therapeutic intervention, and the appreciation of therapy as illustrative in nature, was a concept that was typically discounted in conventional talking therapies. This particular finding substantiated the research by Malcolm, Ecks and Pickersgill (2017), who, through staff and parents, noted that children with an ASC were more likely to interact with the horse than the instructor in the initial stages of the intervention. The current research study advanced this idea, by way of exploring the mechanisms behind the importance of interactions with the horses.

A further novel finding from this current research, was the exploration of the challenges associated with the process of EAT. Participants found the initial introductions to EAT as anxiety provoking, due to the apprehension of a new experience, and in one participant's case, internally painful and raw because of the emotions that she faced in the early stages of therapy. Furthermore, one participant discussed her experience of the impact on the family, and their struggle with her growing independence. With regards to prior research in the field of EAT and ASC, these findings are in conflict with Tan and Simmonds (2017) study, during which it was established that EAT fostered bonding and wellbeing within the family unit. Nonetheless, the journey of the participants in Tan and Simmonds's research was unknown, and thus, family wellbeing and strengthened relationships may be an experience that can be negotiated throughout the process of EAT. Furthermore, as acknowledged in the systematic literature review, this finding was extrapolated from the experience of parents, and not directly from the individual with an ASC.

Much has been said in the literature about therapy as challenging, and how this can create space for change in the individual. Goodman (2009) drew upon the psychoanalytic work of

Dozier, Stoval, Albus & Bates (2003) and argued that therapeutic change occurred when the therapist challenges the client and their expectations of the reciprocal relationship. It may be considered whether one of the instruments of change through EAT are the challenges that have to be faced by participants in order to develop the outcomes that were associated with EAT.

4.4. Research Question 2: How do females with an ASC experience the impact of Equine Assisted Therapies on social relationships, school and mental/emotional wellbeing?

4.4.1. Theme 3: The Emotional Impact of Horses on My World

With regards to the impact of EAT, participants described two noticeable changes as a result of the EAT process. This included the search for, and understanding of the 'core' self, and the influence that EAT had on their developing confidence and leadership skills.

Firstly, participants spoke about the reveal or development of the 'core' self as an outcome of EAT, in comparison to how they perceived themselves in the social world. For one participant in particular, the impact of this was so powerful, that she viewed this change as a bereavement, indicating a death of the old self. The mechanisms of EAT that have been described above, afforded participants the opportunity to free themselves of other people's perceptions. For one participant, EAT allowed her to identify with a safe object (the horse), and gave her the chance to physically express her anger and distress at the systems around her, by mimicking the horse's expression of anger.

Many psychological theories discussed the idea of the self. Kohut (1977) defined the self from a psychodynamic perspective as a subjectively experienced, structure within the mind, containing different, and sometimes contradictory qualities. Kohut (1977) proposed the concept of a bipolar self, compromising of two systems, ambition and ideals. These poles represented natural progressions in the psyche of infants and toddlers. It was argued that when

the child's ambitions were chronically frustrated and halted, arrests in these systems resulted in a preservation of the false or inauthentic self. This can be expressed outwardly towards other people, or remain hidden from view unless uncovered in therapeutic transference. It may be hypothesised that this process was hindered in the development of females with an ASC, through the actions, words and perceptions of people around them. Moreover, it can be considered as to whether one of the processes that was occurring within EAT, was that the horse was the method through which therapeutic transference was exposed. Whilst Tan and Simmonds (2017) did not consider this theory specifically within their research in EAT, their research into the psychosocial influence of EAT conveyed the importance of improved self-concept and emotional wellbeing.

Secondly, the development of leadership and confidence was discussed in depth by participants. For participants, this was a concrete, tangible outcome, that they acknowledged had filtered into the social realm to varying degrees. Participants spoke about the requirement around the horses to develop these skills in order to stay safe, and how their body language, physical expressions and movements were inherent in the development of this. From a Cognitive Behavioural theoretical perspective, it might be hypothesised that the alteration in physicality and behaviour around the horses had the impact of breaking the cycle of negative thoughts and emotions (Stallard, 2016). Participants demonstrated learning about how behaviour and physical expressions can alter feelings and thoughts. For some participants, this knowledge and understanding had started to infiltrate the social world, which had an impact on the anxiety they experienced at the hands of other people.

Whilst previous research in the field of EAT and ASC does not discuss the development of leadership and confidence as a specific outcome of the intervention, many of the quantitative studies lend themselves to an improvement in emotional and mental wellbeing (Lanning et al. 2014; Kern et al. 2011), albeit through parent related measures. Given the high level of mental

health difficulties in females with an ASC, perhaps the development of confidence and empowerment that leadership qualities can facilitate, is a crucial factor in the improvement of emotional wellbeing in social situations.

4.5. Strengths and Limitations of the Study

In this section, I shall consider the methodological strengths and limitations of this study, in order to initiate a discussion for the clinical implications and future research directions.

4.5.1. Strengths of the Study

As outlined in the preceding section, this study, and the majority of the resultant findings are novel in both the sphere of EAT and ASC in females. Tracy (2010) reported that a facet of undertaking good quality, qualitative research is that the topic is worthy, and provides a significant contribution to the academic community. In undertaking this study, substance has been added to the limited evidence base for interventions with an underrepresented clinical population. Whilst I am hesitant to use the term 'giving voice' to the participants, due to the double hermeneutic nature of IPA, it has allowed for both the participants' interpretation and my subsequent interpretation to develop into a story that will hopefully be heard within different contexts. Furthermore, it is likely that these findings can be theoretically generalisable to other clinical populations. Whilst this study cannot lay claim to stating that this intervention is superior to other therapeutic interventions, it may be that the development of leadership and confidence through the use of the horse is not specific to females with an ASC, as many clinical populations also struggle with the ability to develop self-assurance.

A further perceived strength of this project was the consideration given to the methodology and the rigour of the research. This study was conducted in accordance with what is considered to be the cornerstone of undertaking 'good' qualitative research (Yardley, 2000). In conjunction with this point, it could be argued that the sample size for this project was limited. Whilst IPA does not seek to make claims on general populations, there is a possibility that had this study recruited additional participants, further themes would have been indicated in the results. Unfortunately, due to the narrow population that this study focussed upon, and the timeline for a DclinPsy thesis, this proved difficult. Despite this, Smith (2004), noted that it is possible to conduct a rigorous IPA analysis on a single case study, if the data is of good quality and the analysis succumbs to an appropriate level of depth. Due to this, Prof. Jonathan Smith, the founder of IPA, was contacted to discuss the participant recruitment. . It was recommended that so long as the analysis was detailed, the number of participants would not impact on this research. Therefore, the limited number of participants that were interviewed ensured that I was able to analyse the data closely and methodically, lending itself to a thorough analysis. This allowed for the study to be conducted with the requisite rigour, to add validity to the findings.

The results of the study were based on one interpretation of the transcripts, which in turn was influenced by my experiences, background and beliefs. IPA places great importance on the reflexive position of the researcher. Whilst it is possible that another researcher would have highlighted different features of the transcript, and interpreted them in alternate ways, efforts were made to ensure that the research process was clear and transparent, by meeting with the research supervisor to review a transcript, review the initial coding, and finally, review the themes. Furthermore, research diaries were used throughout the process to highlight my own positioning towards the interviews, to demonstrate sincerity of the study (Tracy, 2010).

4.5.2. *Limitations of the Study*

Within the study methodology, there are limitations to this project. IPA proposes that a homogenous sample is required for this type of analysis. Whilst all participants that were interviewed had a diagnosed ASC, were female and had undertaken a form of EAT, the participant group encompassed a wide range of ages and intellectual abilities. This is in part due to the nature of ASC as a spectrum, the limited number of females attending such programmes, and access to the participants. Nonetheless, it may also be considered that this research accurately reflects the context and nature of this group of participants.

Following this, one of the other methodological limitations of this project was the variability in the intellectual abilities of my participants. This necessitated a tension between keeping in line with the epitome of the use of IPA, and balancing the needs of my participants. Smith and Osbourne (2007) proposed that in an IPA interview, prompts and leading questions should be avoided, in order to get as close as possible to an individual's views on a topic. Due to the level of intellectual disability in two of the participants, my questions had to be direct and concrete in order for them to be able to respond successfully. Similarly, the time spent interviewing participants had to be curtailed for two of my participants due to their concentration and attendance during the interviews, which may have limited the information I was able to obtain ethically from these participants.

As discussed in the introductory section *(1.13. Models of Equine Therapies),* there is currently a wealth of equine therapy models used within this sector, including Equine Facilitated Psychotherapy (EFP), Equine Assisted Psychotherapy (EAP) and Equine Facilitated Mental Health (EFMH). The equine centres used in this research do not necessarily subscribe to a particular model and, thus, the intervention pathways for these participants may not have been consistent and manualised. Whilst this may be viewed as a methodological flaw, it also

demonstrated that equine therapies can be tailored and individualised to the requirements of those using them, an inherent obligation in any ASC intervention.

Finally, whilst this research was undertaken in order to explore the experiences and outcomes of a novel intervention for females with an ASC, it cannot be concluded that this intervention is more advantageous for females as opposed to males, due to a lack of direct comparisons. As noted in the previous section, it might be that some of the outcomes are generalisable to males with an ASC, if not other clinical populations.

4.6. Clinical and Service Implications

The results of this project suggest that there is scope for future clinical and service level transformations. These are outlined below and discussed in relation to both the study, and wider research in the field of ASC.

Many services and interventions for individuals with an ASC are undertaken in NHS or school settings. As demonstrated by this group of participants, females with an ASC are likely to find these settings intimidating and uninviting. The success of school-based interventions may be impeded by a difficulty in achieving safety in the therapeutic space, as the intervention is conducted in an arena which is associated with danger (Mademtzi1, Singh, Shic & Koenig, 2018). Therefore, the efficacy of interventions held in these settings may be questionable for females with an ASC, and thus, it may be that the location of such interventions needs to be considered.

Following on from this point, this current study demonstrated the positive impact of interventions in community-based, or non-traditional settings. Further, for this clinical population, particular thought should be given to how traditional verbal interventions, such as Cognitive Behavioural Therapy or social-communication interventions, are experienced. From

the results of the study, undertaking such interventions potentially reinforces and replicates the power imbalances that females with an ASC encounter. Such verbally based interventions simply extend the difficult experiences these participants face on a daily basis, as demonstrated by Cridland, Jones, Caputi and Magee (2014) who noted that the demands of attending to fast paced conversations lead to psychological challenges for females with an ASC.

In support of these points, Community Psychology has been guided and influenced by the attempt to understand people in their social context, and endeavours to modify aspects of the community and environment that negatively impact on wellbeing (Trickett, 2009). Weinstein (2006) suggested that processes within social settings have a considerable impact on individual behaviour, and Tseng and Seidman (2007) further expanded on this point by reflecting upon those aspects of society that constructed targets for subsequent change. The organisation of resources lies claim to deciding how social processes are structured; and thus, resource provision will affect the development of such processes. Therefore, firstly, it may be considered that the use of the horse as a non-verbal, therapeutic tool had an impact on how participants viewed the social environment. Allowing them the opportunity to explore a different experience, through taking away the majority of language processes, then removed a large element of distress, a verbalised hinderance in these participants' previous experiences with people. As noted in the introduction to this study, there has been limited evidence which suggested that interventions that focussed on social communication are successful due to females' abilities to mask their difficulties with peers (Gates, Kang & Learner, 2017). The non- verbal, responsive feedback of the horse may have broken down the participant's honed skills in masking around other people, reflecting the core self.

Secondly, community psychology approaches to resource distribution highlighted the importance of appropriating more financial resources to these settings, as opposed to reinforcing hierarchical services through the use of financial control. Through the distribution

of resources, it is hoped that the necessary conditions for change and development in knowledge can be established. As much of the funding for EAT is through private funds, charity grants, or local borough grants, it would be beneficial for the NHS and local Clinical Commissioning Groups to consider how they allocate their funding for interventions.

Furthermore, the findings from this study demonstrate the usefulness of indirect, unobtrusive therapies in this group of participants. The progressive nature of Clinical Psychology as a profession often necessitates a balance between the ability to keep in mind the recommended guidelines for clinical practice, whilst continually striving to work creatively in the support of people who experience forms of psychological distress. Whilst it has been postulated that the greatest gains in EAT for those with an ASC were individuals who had a higher level of intellectual functioning (Borgi 2016; Memishevikj & Hodzikj, 2010), it remains important not to discount the impact of such therapies on those with an intellectual disability, and to critically consider the reasons behind this, including differences in expressions of distress. Therefore, services could consider this therapy to be all-encompassing. It is hoped that this current research study has demonstrated that often, these unconventional methods of therapeutic input can have a valuable impact, over and above traditional talking therapies; particularly for females with ASC.

As noted in the introductory chapter, the guidelines for management of ASC aligned itself towards social communication interventions for both adults and children (NICE, 2011; 2016). From a social-constructionist perspective, it can be considered as to whether the obligation to adhere to these guidelines, means that those in a position of power are reinforcing the stance that it is the person who is the problem, as they are perceived as not conforming, or non-compliant in how they fit into the social world. Again, this research highlighted the importance

of considering how much value we should give to the role of verbal communication in the realm of ASC interventions.

In 2010, Fulfilling and Rewarding Lives, the first adult autism strategy written by the Department of Health (DoH) was published. This strategy specified a requirement for there to be a greater recognition and understanding of ASC in clinical services, a drive for individuals with an ASC to gain employment, and a plethora of dedicated adult autism diagnostic services in each locality. Despite these targets, a long-term initiative founded by the National Health Service in 2018 remained similar to the DoH's (2010) recommendations (NHS, 2018). Whilst focussed on younger people, The NHS long term plan likewise stipulated that there should be further funding for timely assessment of ASC, a requirement for clinical services to develop their knowledge of ASC, and cultivation of joint packages of care with specialist charities and children's services. It was postulated by the NHS that by 2023/4, all young people with a diagnosis of ASC will have a keyworker and access to personal health budgets. However, little is written about the future of specialist psychological interventions in ASC. The parallels in recommendations between the DoH (2010) and NHS (2018), perhaps indicates that change and development in ASC services is stagnating. Therefore, it is important that this current research suggested new methods and means of working, alongside gaining a further understanding of the experiences of females with an ASC. Furthermore, one of the more significant outcomes of this research was the development in confidence and leadership, and the impact on independence and emotional wellbeing. It would be beneficial for health and social care agencies to take this into account when considering guidelines for interventions, especially as a key outcome within these initiatives is the encouragement of individuals with an ASC to obtain meaningful employment or education.

Finally, with this in mind, the results of this study could be valuable in the development of the academic programme in the Doctorate in Clinical Psychology (DClinPsy). Within the UK, there are 30 DClinPsy programmes, with 593 training places in 2018. The course is funded by the hosting NHS trust; however, some places can be self-funded (Clearing House for Post Graduate Courses in Clinical Psychology, 2018). The governing body of DClinPsy courses, the British Psychological Society (BPS), requires that Clinical Psychologists demonstrate competence in at least two therapeutic models, one of which should be CBT, prior to qualification (British Psychological Society, 2019). Trends over the last 23 years of clinical training have demonstrated a significant growth in the teaching of CBT, and a downwards trend in the learning and application of Psychodynamic therapies (Norcross, Sayette, & Pomerantz 2018). Whilst the dramatic rise of CBT can be interpreted as a reflection of current system and funding status of interventions in the NHS, the level in which it is endorsed in DClinPsy courses may be a contributing factor as to how CBT has overtaken a multiplicity of interventions in the field. Therefore, Levy and Anderson (2013) postulated that there is a risk that training in such a way will lead to a scarcity of theoretical heterogeneity, an inability to encourage flexibility in intervention, marginalise other viewpoints, and discourage open mindedness. It may be considered that platforms are given to other creative interventions, such as EAT or AAT when developing DClinPsy training programmes. Further, by applying these concepts to the training and development of Trainee Clinical Psychologists, it is possible that these ideas may be taken forward into the post-qualification field of Clinical Psychology.

4.7. Future Research Directions

This research has conceptualised a preliminary understanding of females who have an ASC, and their experiences of undertaking EAT. Due to the scarcity of the research in this general

area, it is likely that future research could draw upon some of the more prominent themes to further expand upon the key findings.

Firstly, the experience of the core self, as a product of the reciprocal interactions with other people, could be an avenue to explore in depth. Whilst there has been a minimal amount of theoretical background regarding the broad concept of the self in ASC (Fordham, 1976), this has never been considered directly in any of the EAT literature. The application of this research would potentially give rise to a greater understanding of how the self can grow and develop outside of the EAT arena, and thus have implications for how ASC is managed and conceptualised.

With regards to the use of IPA methodologies when considering future research directions, Howard, Katsos and Gibsons (2019) supported the use of adapting IPA for people with an ASC diagnosis. The focus on language as the mode for expressing emotions, thoughts and feelings can give rise to certain challenges in the use of this method in ASC research (Willig, 2013); and this was one aspect derived from the findings of this study. One of the primary recommendations from this current study was that future research should give careful consideration to finding sensitive and creative ways for capturing experiences, including the use of visual methods. Furthermore, it was noticed after the interviews, that the participants who were perhaps less verbose during the interviews, were more conversational when invited out of the research interview to meet the horses. Therefore, greater flexibility, akin to doing research in the community, could be useful when conducting further research into this arena. This could include an exploration of these topics through non-verbal methods, or the ability to conduct the research interview in a less formal manner.

A further direction that this research could be applied to, is the comparison of experiences between different types of equine therapies, in particular the comparison between therapeutic

horseback riding, EAT and traditional talking therapies. Each of these modalities have a common goal of alleviating distress; however, the mechanisms behind how they are undertaken are all very diverse. Whilst this current study briefly considered participant experience of counselling in superordinate theme 1 *(the toxic experience of being in the social world),* an in-depth exploration of these various therapies would further ingrain understanding of the differences and similarities with regards to efficacy of intervention, and work towards an overarching therapeutic model.

Finally, it would be valuable to undertake a quantitative study as part of the emerging evidence base for interventions in females with an ASC. Whilst this research has demonstrated the impact of EAT on confidence and the emergence of the self, typically, the evidence base relies heavily on the use of outcome measures to validate change. Therefore, pre and post measures following an EAT intervention would add further weight to the study. However, a quantitative research design would have to be robust enough to avoid the pitfalls that previous quantitative research in this area has fallen into, such as ensuring adequate participant numbers and homogeneity of participants.

4.8. Study and Personal Reflections

As I commenced this project with reflections on my position to this research, it seems appropriate that I should share my reflections of the journey as I come to a close. I started this project with a passion and curiosity for research, but very much found myself in a 'novice' researcher position in regard to framing my research from an IPA perspective. As someone who is more comfortable with certainty and structure, I initially experienced feelings of apprehension, a worry about the complexity of the methodology and whether I would 'do it

correctly'. I have been grateful for the writings of Smith (2004; 2009) and the knowledge of my supervisors to help to structure my thinking, which otherwise would have felt intimidating given the scale of this thesis. This has been especially pertinent in relation to drawing out the themes in the transcripts. I noticed that during the process I was second- guessing myself, as I continued to analyse each transcript. Reflecting back, I can see that my concerns related in part to the passing of the thesis, but more pressingly, that I would not be able do justice to the women who had given up their time and effort to attend the interviews.

Throughout my journey, I likened the process as climbing a mountain. Whilst I had an end goal in sight, at times, the rocks on the path forced me to divert in other directions and I could feel myself sliding down. For example, I knew from the offset that recruitment of participants was going to be arduous and challenging. The frustration of sending numerous emails, making multiple phone calls, and expanding my search ever wider, led me to feel disheartened, and question whether I would be able to complete this thesis. At these times, the fear that I would have to start again with another project weighed heavily on my mind. Furthermore, as a Trainee Clinical Psychologist with multiple demands, I found myself becoming demoralised, and viewing it as a means to an end. Personal difficulties outside of training left me feeling resentful of both the project, and the pressure of clinical training itself. Grappling with these personal difficulties emphasised just how much I needed to immerse myself in the participant's words and world, to complete an analysis that accurately reflected their experiences. It became apparent during this project, that my ability not to lose sight of why I was completing this, came in the form of my horse. She provided me with a much required physical and emotional space, and highlighted to me just how important this work could be.

Moreover, the difficulties that the participants emphasised in the interviews about meeting with, and talking to strangers, left me in admiration that they had the courage to be able to sit

in a room with a relative stranger, and discuss personal life experiences. The bravery and willingness that they demonstrated was a humbling experience.

4.9. Concluding Comments

This research adopted an IPA approach, to explore the experiences of females with an ASC who had undertaken, or were undertaking EAT. The interviews highlighted the emotional struggle with residing in a world of people, and how the influence of other people's perceptions had a detrimental impact on their sense of self. Participants also discussed EAT as a process; a contrast to the world of people. This included the impressions of the physical characteristics of the horse, the usefulness of indirect intervention, and the challenges of EAT. The process of EAT was a mechanism for positive development in confidence and leadership, and thus, allowed participants to discover stability in their sense of self.

> *"Akin to the principles of Gestalt psychology in trying to understand what the whole means (Koffka, 1935), collectively achieving this may enable us to soothe the otherwise lonely and isolating journey that can occur when we remain as individuals – as parts. To do this, we need to trust each other enough to move forward, and trust the learning process and support networks to enable us to progress collectively".*

> Keville & Randall (2019), p. unknown)

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SCOPUS, PubMed and PsychArticles were searched over a period from June to September 2018. A further search took place in May 2019, to ensure that relevant results were not missed. Alerts were set up for each database for continued searches of research that may have been added to the databases. Search terms were kept broad due to the novelty of the arena of Equine Assisted Therapies. PubMed and Psych Articles search terms were initially kept the same as the key words used for Scopus, however this did not reveal any results and thus search terms were broadened out further.

References were also examined from the most relevant papers to determine whether there were additional papers that should be added to the literature review.

Scopus Search 1:	Autism OR ASC OR ASD AND Equine OR Horse OR Hippotherapy
Scopus Search 2:	Autism OR ASC OR ASD OR Autis* AND Equine OR Horse OR Hippotherapy in 'TITLE'
Scopus Search 3:	Autism OR ASC OR ASD OR autis* AND Equine Or Horse OR Hippotherapy AND emotion* OR Psychosocial in 'TITLE'
PubMed Search 4:	Autism AND Equine Assisted Therapy
PsychArticles	Autism AND Equine Assisted Therapy

Database:	Scopus 1	Scopus 2	Scopus 3	PubMed 4	PsychArticles
Total Number of Papers	151	34	3	23	0

TITLES SCREENED

Database:	Scopus 1	Scopus 2	Scopus 3	PubMed 4	PsychArticles
Relevant Papers from Screened Titles	32	23	3	12	0

ABSTRACTS SCREENED

Database:	Scopus 1	Scopus 2	Scopus 3	PubMed 4	PsychArticles
Relevant Papers from Screened Abstracts	9	10 (1 new paper)	2 (both duplicates)	8 (all duplicates of SCOPUS)	0

FINAL RELEVANT PAPERS

Borgi, M., Loliva, D., Cerino, S., Chiarotti, F., Venerosi, A., & Bramini, M. et al. (2015).
Effectiveness of a standardized equine-assisted therapy program for children with Autism
Spectrum Disorder. *Journal Of Autism And Developmental Disorders*, *46*(1), 1-9.

Kern, J., Fletcher, C., Garver, C, Mehta, J., Grannemann, B., Knox, K., Richardson, T.,
Trivedi, M. (2011). Prospective trial of equine assisted activities in autism spectrum disorder.
Alternative Therapies in Health and Medicine, 17(3), 14-20

Lanning, B., Matyastick, M., Ivey-Hatz, J., Krenek, N., Tubbs, D. (2014). Effects of equine
assisted therapy on autism spectrum disorder. *Journal of Autism and Developmental
Disorders, 44,* 1897-1907.

Tan, V. X. L., & Simmonds, J. G. (2018). Parent perceptions of psychosocial outcomes of
equine-assisted interventions for children with autism spectrum disorder. *Journal of Autism
and Developmental Disorders*, *48*(3), 759-769

Memishevikj, H, & Hodzhijk, S. (2010). The effects of equine assisted therapy in improving
the psychosocial functioning of children with autism. *Journal of Special Education and
Rehabilitation, 11*(3-4), 57-67.

Malcolm, R., Ecks, S., & Pickersgill, M. (2017). 'It just opens up their world': autism,
empathy, and the therapeutic effects of equine interactions. *Anthropology & Medicine*, 1-15.

Prior to the start of the interview, there will be time for introductions and the opportunity to ask questions about the interview process. Participants and their parents/carers will be reminded about recording, confidentiality and the right to withdraw at any point of the process.

Participants will be told that the research will be focused on their experiences of undertaking Equine Assisted Therapy. This means that whilst the researcher will be asking some questions, she will be led by what the participants feel is important to focus on.

The researcher will let participants know that they do not have to answer any question that is uncomfortable to answer. They will be reminded that they can take a break from the interview at any point. Additionally, it will also be explained that there are no right or wrong answers to the questions that are asked.

Understanding Other People

Can you tell me about what it is like to be around other people and to talk to them?

How do people/friends/school make you feel safe and happy or unsafe and sad?

Can you tell me about a memory you have about being with other people that sticks out in your mind?

The Experience of Equine Assisted Therapy

What do you like or struggle with about equine therapy?

Have you or other people noticed anything different about yourself and how you experience life since being around the horses e.g. at home, school, or friends?

How do you work with the horses to make you feel safe/happy?

Even though horses do not talk can you tell me how you know that they feel safe or unsafe, happy or sad?

The Future

If someone you know was worried about being with horses what advice would you give them to help them do it?

What have you gained or learned about yourself from going through this experience of being with horses?

From your experiences what could be done differently to help support you in your life and to achieve your dreams?

Title of study

Experiences of Females with an Autism Spectrum Condition (ASC) who are Undergoing Equine Assisted Therapy.

Introduction

You are being invited to take part in a study. Before you decide if you want to take part in this study, it is important that you understand the study and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us about anything that is not clear or for any further information you would like to help you make your decision.

Thank you for reading this.

What is the purpose of this study?

The prevalence of males with a diagnosis of an Autism Spectrum Condition typically outnumber females on a 4.1 ratio. It has been suggested that this is due to females demonstrating different characteristics of ASC compared with males. This means that females often receive a late diagnosis, and subsequently, interventions and treatments provided arise too late in the process. This can impact on several areas, including psychological wellbeing and relationships. Additionally, many traditional interventions for ASC are developed using an evidence base that primarily utilises males with autism.

Equine Assisted Therapies have recently started to provide a promising evidence base for intervention for people with autism, however, there is no current research that looks specifically at female's experiences of Equine Therapy. Therefore, the purpose of this study is to provide an individual understanding of your experiences. It is hoped that this will pave the way for future research into equine led interventions for females with autism.

Do I have to take part?

It is completely up to you whether or not you decide to take part in this study. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. Agreeing to join the study does not mean that you have to complete it. You are free to leave the study at any stage, without giving a reason. If you leave the study, this will not affect your participation at the equine therapy centre.

How long will my part in the study take?

If you decide to take part in this study, the interview will last for about 60 minutes.

What will happen to me if I take part?

If you would like to take part, we will meet in a private space and I will ask you briefly about your experiences of having an Autism Spectrum Condition, which will include talking about friends, school, hobbies and other experiences. I will also be asking you a lot about your experience of taking part in Equine Therapy. There are no right or wrong answers to the questions that I ask you. If you would prefer to have your parent or carer in the room with you, please let me know and we can arrange this. You can have a break during the interview if you need one.

What are the possible disadvantages, risks or side effects of taking part?

It is possible that you may find some of the questions upsetting, however every effort has been made so that this is not the case and I have many years of working with people and helping them when they are upset. If you feel that you need support following the interview, you can contact your GP, or the National Autistic Society (NAS) can be contacted on 0808 800 4104, or a family member.

What are the possible benefits of taking part?

Taking part in this study will help us gain a greater understanding of how and why Equine Assisted Therapy has an impact on females with a diagnosis of Autism Spectrum Conditions. It is hoped that by sharing your stories, we can pave the way

for future beneficial interventions. Some people find just talking in the interview can be helpful.

How will my taking part in this study be kept confidential?

Any information that you provide will be anonymised for confidentiality reasons. An encrypted Dictaphone will be used for audio recordings of the interviews. These will be immediately uploaded to an encrypted memory stick. The interview will be saved under a pseudonym e.g. 'Participant 1' rather than using your name. The audio recording will then be deleted from the Dictaphone. Transcripts will be saved with a password. Only the lead researcher and the supervisory team will have access to the information.

What will happen to the data collected within this study?

The transcripts from the audio recordings will be stored electronically and anonymised, in a password-protected environment for 10 years, as per University of Hertfordshire policy, after which it will be deleted. The consent forms will be destroyed securely following the study.

The results of the study will be written up for my thesis and for submission to a peer reviewed journal, as part of the Doctorate in Clinical Psychology.

Will the data be required for use in further studies?

The data will not be used in any further studies although more papers may be written up from the original study.

Who can I contact if I have any questions?

If you would like further information or would like to discuss any details personally, please get in touch with me by email at █████████ or you can contact my supervisor, ███████████████ at ██████████

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University's Secretary and Registrar at the following address:

Secretary and Registrar

University of Hertfordshire

College Lane

Hatfield

Herts

AL10 9AB

This study has been reviewed by the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority

Thank you very much for reading this information and giving consideration to taking part in this study.

How old are you?

What is your ethnicity?

Which school do you attend?

Do you have any extra help at school?

How old were you when you were diagnosed with an Autism Spectrum Condition?

How long did it take you to get a diagnosis?

Have you had any assessments for your autism?

Do you have any other conditions that you have been diagnosed with?

The Experiences of Females with an Autism Spectrum Condition (ASC) Undertaking Equine Assisted Therapy.

We are conducting a new research study at the University of Hertfordshire and would value hearing about your experiences.

This research aims to explore Equine Assisted Therapy as an intervention for adolescent females with a diagnosis of ASC. It is hoped that the results of this study will allow us to have a greater understanding into this type of intervention.

To participate in the research, you must:

- Be **female** and **aged between 11-30.**
- Have a **diagnosis of ASC.**
- Be currently undergoing/or have previously experienced a form of **Equine Therapy.**

What will participation involve?

Participation will involve a confidential interview about your experiences of Equine Therapy. This can take place at a location that is convenient to you (for example, in a confidential room at the University of Hertfordshire or in your home).

If you are interested in taking part or would like further information please contact Katie Warner at ▮▮▮▮▮

This study has been reviewed by the University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority (protocol number: LMS/PGR/UH/03289(3))

University of Hertfordshire UH

HEALTH SCIENCE ENGINEERING & TECHNOLOGY ECDA

ETHICS APPROVAL NOTIFICATION

TO   Katie Warner

CC   Dr Saskia Keville

FROM   Dr Simon Trains, Health, Science, Engineering &
            Technology

DATE   16/04/2019

Protocol number: aLMS/PGR/UH/03289(3)

Title of study: The Experience of Females with an Autism Spectrum
Disorder

Undertaking Equine Assisted Therapy

Your application to modify and extend the existing protocol as detailed
below has been accepted and approved by the ECDA for your School and
includes work undertaken for this study by the named additional workers
below:

Modification: Detailed in EC2

This approval is valid:

From: 16/04/2019

To: 07/06/2019

Additional workers: Emma Lord 15059807

Please note:

If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and your completed consent paperwork to this ECDA once your study is complete. You are also required to complete and submit an EC7 Protocol Monitoring Form if you are a member of staff. This form is available via the Ethics Approval StudyNet Site via the 'Application Forms' page
http://www.studynet1.herts.ac.uk/ptl/common/ethics.nsf/Teaching+Documents?Openvi ew&count=9999&restricttocategory=Application+Forms

Any conditions relating to the original protocol approval remain and must be complied with.

Any necessary <u>permissions</u> for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

Approval applies specifically to the research study/methodology and timings as detailed in your Form EC1/EC1A or as detailed in the EC2 request. Should you amend any further aspect of your research, or wish to apply for an extension to your study, you will need your supervisor's approval (if you are a student) and must complete and submit a further EC2 request. In cases where the amendments to the original study are deemed to be substantial, a new Form EC1A may need to be completed prior to the study being undertaken.

Should adverse circumstances arise during this study such as physical reaction/harm, mental/emotional harm, intrusion of privacy or breach of confidentiality this must be reported to the approving Committee immediately. Failure to report adverse circumstance/s would be considered misconduct.

Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Students must include this Approval Notification with their submission.

UNIVERSITY OF HERTFORDSHIRE

ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS

('ETHICS COMMITTEE')

FORM EC3

CONSENT FORM FOR STUDIES INVOLVING HUMAN PARTICIPANTS

I, the undersigned *[please give your name here, in BLOCK CAPITALS]*

………………………………………………………………………………………………….…

of *[please give contact details here, sufficient to enable the investigator to get in touch with you, such as a postal or email address]*

…..……………………………………………………………………………………………………

hereby freely agree to take part in the study entitled

The Experiences of Females with an Autism Spectrum Condition Undergoing Equine Assisted Therapy

………………………………………………………………………………………………………..

(UH Protocol number ……………………………………….)

1. I confirm that I have been given a Participant Information Sheet giving details of the study, including its aim, methods, design, the names and contact details of key people and, as appropriate, the risks and potential benefits, how the information collected will be stored and for how long. I have also been informed of how my personal information on this form will be stored and for how long. I have been given details of my involvement in the study. I have been told that in the event of any significant change to the aim(s) or design of the study I will be informed and asked to renew my consent to participate in it.

2. I have been assured that I may withdraw from the study at any time without disadvantage or having to give a reason.

3. In giving my consent to participate in this study, I understand that voice recording will take place and I have been informed of how this recording will be used

4. I have been given information about the risks of this study, and where to seek support should I become distressed.

5. I have been told how information relating to me will be handled: how it will be kept secure, who will have access to it, and how it will be used.

Signature of
participant…………………………………………………………..…Date…………………………

Signature of parent/carer……………………………………………………………….Date

Signature of (principal)
investigator…………………………………………………Date…………………………

Name of (principal) investigator *[in BLOCK CAPITALS please]*

KATIE WARNER

……………………………………………………………………………………………

UNIVERSITY OF HERTFORDSHIRE

ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS

('ETHICS COMMITTEE')

FORM EC4

CONSENT FORM FOR STUDIES INVOLVING HUMAN PARTICIPANTS

FOR USE WHERE THE PROPOSED PARTICIPANTS ARE MINORS, OR ARE OTHERWISE UNABLE TO GIVE INFORMED CONSENT ON THEIR OWN BEHALF

I, the undersigned *[please give your name here, in BLOCK CAPITALS]*

…………………………………………………………………………………………

of *[please give contact details here, sufficient to enable the investigator to get in touch with you, such as a postal or email address]*

…………………………………………………………………………………………

hereby freely give approval for *[please give name of participant here, in BLOCK CAPITALS]*

....

to take part in the study entitled *[insert name of study here]*

....

(UH Protocol number ……………………………….)

1 I confirm that I have been given a Participant Information Sheet (a copy of which is attached to this form) giving particulars of the study, including its aim(s), methods and design, the names and contact details of key people and, as appropriate, the risks and potential benefits, how the information collected will be stored and for how long, and any plans for follow-up studies that might involve further approaches to participants. I have also been informed of how my personal information on this form will be stored and for how long. I have been given details of his/her involvement in the study. I have been told that in the event of any significant change to the aim(s) or design of the study I will be informed, and asked to renew my consent for him/her to participate in it.

2 I have been assured that he/she may withdraw from the study, and that I may withdraw my permission for him/her to continue to be involved in the study, at any time without disadvantage to him/her or to myself, or having to give a reason.

3 In giving my consent to participate in this study, I understand that voice, video or photo-recording will take place and I have been informed of how/whether this recording will be transmitted/displayed.

4 I have been given information about the risks of his/her suffering harm or adverse effects. I have been told about the aftercare and support that will be offered to him/her in the event of this happening, and I have been assured that all such aftercare or support would be provided at no cost to him/her, or to myself. In signing this consent form I

5 I have been told how information relating to him/her (data obtained in the course of the study, and data provided by me, or by him/her, about him/herself) will be handled: how it will be kept secure, who will have access to it, and how it will or may be used.

6 I declare that I am an appropriate person to give consent on his/her behalf, and that I am aware of my responsibility for protecting his/her interests.

Signature of person giving consent

………………………………………………………….Date………………………….

Relationship to participant

....

Signature of (principal) investigator

....Date……………………..

Name of (principal) investigator *[in BLOCK CAPITALS please]*

....

Doctorate in Clinical Psychology

University of Hertfordshire

Transcription confidentiality/ non-disclosure agreement

This non-disclosure agreement is in reference to the following parties:

Katie Warner- Trainee Clinical Psychologist

And

Georgie- Protype Services (Recipient)

The recipient agrees to not divulge any information to a third party with regards to the transcription of audio recordings, as recorded by the discloser. The information shared will therefore remain confidential.

The recipient agrees to stop transcription immediately if they recognise any parties mentioned on the audio recording, and to return the recording to the discloser.

The recipient also agrees to destroy the transcripts as soon as they have been provided to the discloser.

The recipient agrees to return and or destroy any copies of the recordings they were able to access provided by the discloser.

Signed:…… ~~Aronin~~ …..…………

Name:……Georgie Aronin…..…………..

Date:………03/05/19…..………………….

Emerging Themes	Transcript	Initial Coding
	I: Thank you for that. I'm going to if it's ok start moving on to the equine therapy side of things now. I can see you've got a smile on your face about that! Could you tell me about -actually could you tell me about how you got started with the equine therapy?	She smiles at the mention of equine therapy
	P: So I started at the Holiday club with ▮▮▮. And then I had some sessions of therapy on my own.	Experienced both group and individual therapy
	I: So you went to the Pony Club first of all. Do you remember how it was explained to you?	
	P: Uhm...How people said it was going to be?	Asking me to reframe the question
	I: Yeah	
EAT is a journey that you undertake	P: Work with… you're gonna go and work with… through your anxiety with horses.	To work through the anxiety- a journey, to come through the other side using horses.
	I: Ok. And when somebody said that what did you think about that?	
	P: Erm I thought it was quite nice because- because horse are nice. Urm yeah.	Initial impressions – it sounded 'nice' because of the presence of the horses
	I: Do you remember the first day you went- what that was like?	

Making a decision for herself to focus on the horse not the people	P: Urm - to the group one? I: Yeah we can start talking about the group. P: Uhm... It was... I was quite awkward because there were other people but I liked working with the horses. I just decided not to focus on the people and just focus on the horses. I: Ok so the horses gave you something to focus on rather than the other people round there? And what sort of things were you doing in the group? P: Uhm we did some work about putting objects in front of the horses and seeing and rating their anxiety and- but not in a cruel way and uhm we did some lunging with them. I: Tell me a bit about the individual sessions that you had? What was that like?	Views herself as awkward. The horses as a distraction from people Viewing and observing anxiety levels in the horses Not in a cruel way- reassuring herself or me?
Internal pressure to answer questions posed	P: Yeah that was ok although I did sort of find it quite hard when I was- when it was just me and either ▇▇▇ or ▇▇▇ uhm was doing a session with me because I felt like I had to answer all the questions and I had to be polite and talk to them… but I don't know I just felt like I had to....	Placed in the spotlight- attention was all on her A felt sense of pressure that she had to answer questions Didn't want to talk and be polite

	I: So there was a lot of pressure on you to talk to them and give the answers. P: Yeah I: Ok. And in the group session that that didn't happen as much? P: Erm it was quite easier because if they asked questions and stuff then other people would answer… and I just get to be with the horses and not really talk. I: So it sounds like there was a lot more attention on you when you were doing the individual sessions and that was difficult. And I'm just wondering did that make you feel quite anxious? P: Yeah I: Yeah. Just thinking about that at the moment how are you getting on with me asking you questions? P: Er… yeah it's ok. I: Ok good so if you want a break just tell me (laughs). So your mum was saying that when you have the individual sessions you thought you had to answer quite quickly and that was quite anxiety provoking. What sort of things did you do on the individual sessions? P: Erm we did the object thing with the horses and walked around with them	Letting other people take the lead in sessions Talking is difficult, being with the horses is more comfortable Anxiety of being the only person in the session- getting used to the attention

The observation of the horse's body language to recognise emotions	and just looked at the signs that they might be feeling uncomfortable or restful.	'Object thing' hard to verbalise what she meant
	I: So that's something for me to keep in mind to ask you later maybe. Can you tell me what you like the most about it equine therapy?	There were overt signs the horses would display that would lead her to understanding what emotion they were feeling
Identifying with the horse's emotions	P: Erm … I can sort of just relate to the horse if the horse is- because sometimes when there are lots of people around horses they can get anxious. So it's just like relatable.	She can identify with the horses' anxiety of being around lots of people.
	I: How does that help?	Horses understand her
Feeling less alone	P: Uhm… you just feel like you're not the only one that just feels anxious.	Horses normalise the anxiety that she is experiencing.
Horses normalise the anxiety	I: So you can relate to them- does that mean that it helps you to know it can be normal to be anxious sometimes?	'You just feel…' all-encompassing
	P: Yep	
	I: Is there something that's really difficult about equine therapy?	
	P: Erm not that I can think of	Cannot think of anything that was particularly difficult.
	I: Ok. Was it- were you quite nervous the first time you went?	

	P: Yeah	
	I: How did you manage to not be so nervous? Was there anything that helps you feel less anxious?	Nervous about starting
	P: Erm when?	Not understanding the question
	I: So when you were doing the equine therapy was there anything that helped you to feel not as nervous?	
Focusing on the horse decreased her anxiety	P: Uhm I just focused on the horses and not the people because horses don't really make me feel anxious and people do.	Attention and energy focused on the horses.
	I: This might be tricky to answer- how is it - what is it about the horse that means you're not as anxious?	People make her feel anxious, horses do not.
	P: They're very understanding. They don't really talk at you or anything, they just stand there and look cute and furry (laughs)	Horses are understanding- they understand her.
Horses are understanding		'Talk at you'- does this mean people don't listen to her/talk over her?
	I: Ok that's really good so they're really understanding unlike people erm- and that makes you feel quite safe and happy?	The physical appearance of the horse leads to a positive reaction
	P: Yeah	
	I: Yeah? So how do you think you have changed since starting equine therapy? Because you said a	

	while ago that you felt that you didn't really know yourself. How have things changed for you? P: Erm .... I: Would you like me to ask you a different question? P: I don't know (laughs) I: What have you learnt about after doing equine therapy? P: Uhm that horses can have similar ways of showing that they're anxious like humans are so they can show their discomfort as well	She did not understand the question.
Horses can display similar emotions to humans	I: How do they do that? P: Uhm they can point their ears back uhm and back away from things, put their heads up I: So they show a lot in their bodies if they're feeling anxious? P: Yeah I: And is that something you've noticed in yourself?	Horses can be similar to humans- does she identify as a person? Separation of humans and animals. Horses can also show in their body language that they're anxious
Parallels between horse's behaviour and her behaviour	P: Well my ears don't go back or anything (all laugh) Uhm I can I back away from my problems sometimes, I don't know how to word this but erm- I dunno I: That's ok P: Erm I've noticed that I do it when I'm anxious. It doesn't teach me to back	Discussing this concept on a meta level and not taking this literally.

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	away from my problems I've just noticed that it's a similar behaviour.	She has noticed that she has avoided problems like the horses
	I: Oh, I see what you mean, ok	
	P: Yeah yeah yeah, it doesn't teach me to back away from my problems, it's just similar	EAT has demonstrated her patterns of behaviour through the horse
	I: Ok, so there's lots of similarities between horses and people about what they do when they're worried. So lots of people talk about… is it ▮▮▮▮…	Similarities between horses and people
	P: Awww (laughs)	
Horses facilitate care and nurture	I: (laughs) I get the same reaction (laughs). She's very cute isn't she?	Immediately understands which pony I am talking about. 'Awww' she brings out a sense of emotional warmth
	P: Yeah, and I hate it when I have to put objects that she doesn't like and she's uncomfortable, and it's like I don't want to make her anxious!	Does not like making the horse uncomfortable- can draw parallels between how the horse may feel, and how she may feel.
	I: How do you work with her through that?	
	P: I just…can make her feel a bit uncomfortable but then take it away and show her that it didn't hurt her or it didn't do anything to her… it's ok to feel a bit anxious	She has the control over the situation. Normalising anxiety
Ability to take control over the horse's anxiety	I: Mmmm so when ▮▮▮▮ is anxious say going over an object what do you do to help her feel calmer?	Habituation to anxiety. Understanding the need for patience
	P: Uhm just take away the uhm object and just wait-	

Ability to recognise emotions through the horse's body language	and just stand there and wait for her anxiety to drop I: Ok, so you wait for her anxiety to drop. And how do you know when her anxiety has dropped? P: Uhm… she won't be backing away, her ears won't be back and she might sort of bend her leg and like- I don't know how to describe it… I: No, you're describing it really well. I can just picture her now just kind of relaxed (laughs) P: Yeah (laughs) I: Erm ok. Is there a horse that's more difficult to work with?	She can tell the horse is less anxious due to body language Admits her struggle in describing it. Concerned that she is not describing it well? Self-confidence?
Horses experience human emotions	P: Erm…. ███████ I think his name is? ████████ is erm, well he was…erm harassing ██████s or something in all of- in the session urm I think I told you about this, and it was urm…he was harassing ████████ and ████████ was… and he was nipping the back of her, and they were just- they were both… ████████ was very distressed and ████████ was very uhm sort of angry, well I don't know how you'd call it because uhm they were just- we had to get out of the arena because they were completely… and you can't like- there's only certain things a human can do for a	████████ was bulling ████████- I wonder if this has drawn on her own experiences of being 'harassed' 'Distressed and angry' Very human emotions that she herself may have experienced.

Horses can be unpredictable	big horse that you can't run after them

I: That sounds quite scary

P: Yeah. We just went to the middle with all the poles cos… they would just go…

I: Oh gosh, ok. So ▮▮▮▮ is quite difficult to work with because he was quite angry at ▮▮▮▮

P: Yeah

I: And it was hard to know what to do when he was angry.-

P:-Yeah, so we had to leave them until they'd calmed down

I: And did they calm down eventually?

P: Uh eventually, yeah. The staff were very confused though because he doesn't normally act like that

I: So it sounds quite unpredictable

P: Yeah

I: And I wonder whether that's also quite difficult about people as well if they're quite unpredictable

P: Yeah…

I: So do you think that other people have noticed a difference in you? Since you've started equine therapy? | Horses are much larger- they can easily take control.

Use of the language 'human'- how does she identify?

'They would just go'- out of control.

Knowing what to do when the horse is angry.

Horses can be unpredictable and that is what she can find hard

People can be unpredictable |

Identifying the physical aspects of anxiety in herself	P: I honestly don't know (laughs) I: Ok… have you noticed a difference in yourself and in your feelings and how you're feeling? P: I don't think so… I mean I… yeah, yeah, I have cos I can identify when I'm physically feeling anxious I: So you can notice more about when you're feeling a certain way P: Yeah. Although I sometimes identify that after because I find it a bit hard to identify what I'm feeling in the moment I: Sure, sure. And is that something that you couldn't do before you started equine therapy? P: Uhm… I don't think so	Hard to know if other people have noticed a difference Initially hard to answer the question. Can identify when she is anxious in a physical sense Still difficult to see her anxiety in the moment- has it encouraged reflection after?

Superordinate theme 1: The Toxic Experience of Being in the Social World

1. **The Emotional Impact of Other People**

   The emotional impact of other people

   The impact of other people on the self

   Experiences with peers

   Navigating the impact of the social world

   The experience of being with other people

   The emotional impact of the social world

   Victimised physically by peers

   People judge her

   People are bossy

   People are lazy

   People make her feel lonely

2. **The Suppressed Voice**

   Systems as neglectful

   The experience of powerlessness

   The struggle to be heard

   The desire for tangible outcomes

   Teachers did not believe her

   People do not listen to her

   Feeling trapped in school

3. **The Impact on Sense of Self**
   Internalised view of the self

Internalised distress

The self as different

Perception of the self in a social world

The pressure to conform

Internal pressure to conform to expectations

Perception of the Self in a Social World

She is viewed as the problem

People have expectations she cannot reach

Superordinate theme 2: The Process of Equine Assisted Therapy

1. **The Characteristics of the Horse**
   Horses as non-judgmental

   The characteristics of the horse

   The Physical presence of the horse

   Normalising and expressing emotions

   The experience of being with the horse

   The physical presence of the horse

   The physical characteristics of the horse

   Horses as physically different to humans

   Horses demonstrate positive human actions

   Horses express distress physically

   Horses cannot question her

   Physical closeness of the horse improves mood

2. **Therapeutic distance in indirect intervention**

   The similarities between horses and humans

   Parallels between horse and human behavior

   The emotional connection to the horse

   Learning from EAT

Showing, not telling

The horse as a mirror

Social interaction with the horses

Positive responses from the horses

Social interaction with the horse

Understanding emotions through horse's body language

Horses have human characteristics

3. **The Challenges of EAT**
   The challenges of EAT on the system

   Confronting difficult emotions

   Holding onto uncertainty

   Anxiety- provoking

   Anxiety about meeting new people

Superordinate theme 3: The Emotional Impact of Horses in My World

1. **Finding Stability in the Self**
   Finding the 'real' self

   Real development of the self

   Identity and self

   Dichotomies of the self

   Perception of the self with animals

   Identifying with the horse

   The ability to self- reflect

   Desire to identity with the horse

   Understanding own influence on horse's behaviour

2. **The Emergence of Confidence and Leadership**

   The use of body language

   Confidence and Leadership

   The Development of Confidence and Leadership

Confidence and leadership

The practicalities of EAT

Concrete outcomes of EAT

Ability to demonstrate leadership with the horse

Finding confidence in her ability to meet expectations placed upon her

The facilitators are pleasant

Superordinate Theme	Subordinate Theme	Natasha	Claire	Melanie	Anna	Sarah
The Toxic Experience of Being in the Social World	The Emotional Impact of Other People	X	X		X	X
	The Supressed Voice	X	X	X	X	X
	The Impact on Sense of Self	X	X	X	X	X
The Process of EAT	The Characteristics of the Horse		X	X	X	X
	Therapeutic Distance in Indirect Intervention	X	X		X	X
	The Challenges of Equine Assisted Therapy	X		X		X
The Impact of Horses on my World	Finding Stability in the Self	X	X	X	X	X
	The Emergence of Confidence and Leadership		X	X	X	X