

**“WHEN HE’S UP THERE HE’S JUST HAPPY AND
CONTENT”: PARENTS’ PERCEPTIONS OF THERAPEUTIC
HORSEBACK RIDING**

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DECLARATION

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ABSTRACT

The present research set out to explore parents' perceptions of therapeutic horseback riding as an activity for their children with multiple disabilities. It was designed to explore their vicarious experiences of the activity as well as their perceptions of their children's experiences of the activity.

In order to achieve this, a semi-structured interview was set up with 12 parents whose children participate in therapeutic horseback riding at the South African Riding for the Disabled Association (SARDA) in Constantia, Cape Town. The children ranged in age from 6-17 years and had a range of disabilities including physical and intellectual disabilities.

Upon completion of the interviews, the data was transcribed by the researcher and analysed using thematic analysis. Following thematic analysis, three themes emerged: the effects of therapeutic horseback riding on the children, parents' personal experiences of therapeutic horseback riding and SARDA, and parents' perceived reasons for the improvements in their children. These results are supported by results in existing literature. The results however also address a gap in the existing literature regarding parents' perceptions of therapeutic horseback riding and their children's experiences of the activity.

OPSOMMING

Die huidige navorsing het ten doel om ouers se persepsie ten opsigte van terapeutiese perdry as aktiwiteit vir hul kinders met verskillende vorms van gestremdheid te ondersoek. Daar is gepoog om sowel die ouers as die kinders se ondervinding van die aktiwiteit te bepaal.

Ten einde die doelwit te bereik is semi-gestruktureerde onderhoude gereël met twaalf ouers wie se kinders aan die terapeutiese perdry by die South African Riding for the Disabled Association (SARDA) in Constantia, Kaapstad deelneem. Die kinders se ouderdomme het gewissel tussen 6 en 17 jaar en hulle het 'n verskeidenheid van gestremdhede gehad wat beide fisiese en intellektuele gestremdhede ingesluit het.

Na afhandeling van die onderhoude, is die data opgeteken deur die navorser en verwerk deur gebruik te maak van tematiese analise. Uit die tematiese analise het die volgende drie patrone duidelik geword: Die effek van terapeutiese perdry op die kinders, ouers se persoonlike ondervinding van terapeutiese perdry en SARDA en ouers se persepsie van die redes vir verbetering in hul kinders. Hierdie resultate word ondersteun deur bestaande literatuur. Die resultate vul ook 'n gaping in bestaande literatuur aan ten opsigte van die ouers se persepsie van terapeutiese perdry en ook ouers en hul kinders se ervaring van die aktiwiteit.

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CHAPTER 1

INTRODUCTION AND BACKGROUND TO THE PROBLEM

1.1. INTRODUCTION AND PROBLEM STATEMENT

Animals and humans have interacted in a therapeutic manner for many years; the first documented use of animals in a therapeutic activity was in 1699 (Parshall, 2003). Although this was the first documented use of animals in a therapeutic activity, the ancient Greeks referred people to horseback riding to aid in the treatment of depression related to incurable illnesses (Bizub, Joy, & Davidson, 2003). It has also been documented in 1792 that animals be used as an alternative to restraints and drugs to help psychiatric patients (Jalongo, Asotrino, & Bomboy, 2004). Furthermore, animals have been used as companions for chronically sick patients, as recommended by Florence Nightingale in the 1860s (All, Loving, & Crane, 1999).

Human-animal interaction has therefore been around and been used effectively for many years. According to Olmert (2009), the neurohormone oxytocin reveals more information about why the relationship between animals and humans has the potential to be therapeutic. Oxytocin is responsible for the capability of many animals to “read emotions, to seek physical contact and companionship, and to experience relaxation when in each other’s presence” (VanFleet & Faa-Thompson, 2010, p. 5), thereby making them ideal tools to assist humans therapeutically.

Furthermore, animals lead to increased happiness which in turn can raise the quality of somebody’s life (Holen, 2012). Due to their potential to help humans, animals can and have been used in two main types of therapeutic human-animal interactions: animal-assisted activities (AAA) and animal-assisted therapy (AAT) (Lentini & Knox, 2009).

Animal-assisted activities are where animals are brought in to situations to provide companionship to clients in order to improve the quality of their day-to-day lives; the animals are not involved in set treatment goals (Kruger & Serpell, 2006; Lentini & Knox, 2009). In comparison, AAT uses the animal in the therapy process; it is goal-directed and progress-monitored, and the animal plays an integral part in the treatment of the client along with a therapist or a person skilled in human services (Klontz, Bivens, Leinart, & Klontz, 2007; Kruger & Serpell, 2006; Lentini & Knox, 2009; Pet Partners, n.d). Animals that are used in AAT and AAA are, among others; dogs, cats, dolphins and horses - however the main domestic animals that are used are dogs and horses (All et al., 1999). The focus of the following study will be on the use of horses and therapeutic horseback riding for children with disabilities in particular.

At present there is limited literature that focuses on the parents' perceptions of therapeutic horseback riding and the effect that it has on their children with disabilities, as well as their own personal experiences of the activity. The literature that is available, however, reveals positive experiences and positive effects of therapeutic horseback riding (Davis et al., 2009; Miller & Alston, 2004; Scialli, 2002; Surujlal & Rufus, 2011). Within the South African context this gap in the literature is even larger as there is limited research into therapeutic horseback riding. Only one South African study was found that focused on parents' perceptions of therapeutic horseback riding (Surujlal & Rufus, 2011).

There are therefore three main reasons why therapeutic horseback riding has been selected as the area of study: first the movement of the horse has a documented effect on people with disabilities; second there are a range of documented benefits of therapeutic horseback riding (as will be outlined in the literature review); and third there is a gap in the literature, and in particular the South African literature, regarding parents' perceptions and

experiences of therapeutic horseback riding as well as the impact of therapeutic horseback riding on the general functioning of a child with a disability.

The majority of the literature reviewed focuses on the effect on separate domains of function (i.e. physical, psychological, or social), and only a few focus on the effect on general function related to all domains of affected functions (Davis et al., 2009; Elliott, Funderburk, & Holland, 2008; Scialli, 2002). The proposed study will therefore be contributing new knowledge to the existing body of literature on therapeutic horseback riding, and particularly within the South African context. It will do this by exploring South African parents' perceptions and descriptions of their children's therapeutic horseback riding experiences, as well as the parents' experiences of their children's involvement in the activity. It is not focused on any specific effects of therapeutic horseback riding; it aims to gauge a general overview of the activity and its primary and secondary effects.

The study also has the potential to promote funding of institutions such as the South African Riding for the Disabled Association (SARDA), where the present study took place, through the contribution of therapeutic horseback riding knowledge (Scialli, 2002). By showing its effectiveness for children with disabilities, greater chance is provided for its recognition as a noteworthy form of therapy thereby stimulating funding (Scialli, 2002), which is especially needed for non-profit organisations like SARDA. This is a potential useful by-product of the present study.

1.2. ORGANISATIONS IN SOUTH AFRICA INVOLVED IN HUMAN-ANIMAL INTERACTIONS

There are many organisations in South Africa that use animals in a therapeutic manner.

Among these are: Pets as Therapy, Paws for People, and Touch Our Pets - Therapy Dogs.

Among the organisations that specifically use horses in AAT and AAA in South Africa are:

Equine Assisted Psychotherapy Institute of South Africa, Sleepy Hollow, Amado, and SARDA. SARDA is where the present study took place and will now be discussed further.

1.2.1. South African Riding for the Disabled Association (SARDA)

SARDA is an organisation in South Africa that uses horses to provide AAA. It is a non-profit organization that was established in 1973 and is made up of volunteers (SARDA, 2012). It provides free therapeutic horseback riding and vaulting lessons for children with a wide array of disabilities with the aim of improving their quality of life mentally, physically, and socially (SARDA, 2012). Apart from the branch in Cape Town, where the present study was conducted, SARDA has branches in Durban, Gauteng, Pietermaritzburg, and Port Elizabeth. At the time that data was collected at SARDA, there were approximately 200 children of multiple disabilities participating in horseback riding lessons.

Riding lessons at SARDA have two sections, morning lessons and afternoon lessons. Each lesson is grouped according to the majority disability of the children attending the lesson (such as autistic, physical, or intellectual). The morning lessons comprise children from special education schools. These children are brought to the lessons at SARDA from the school with the school bus once a week. They are accompanied by the teachers and sometimes the physiotherapists or other therapists from the school, depending on the disability of the children. The parents therefore do not accompany the children to these lessons. The lessons are usually between 60 minutes and 90 minutes, depending on the amount of children in the class. If there are too many children then the group of children is split in half (with the first half riding the first 45 minutes and the second half riding the second 45 minutes).

Children in the afternoon classes are brought to the lessons by their parents, other family members, or their caretakers if their parents are at work. These lessons are not grouped according to the disability of the children but are instead classed as “mixed” as they

comprise children with a variety of disabilities. These lessons are 60 minutes in length.

Depending on the severity of the disability of the rider, there is a person leading the horse and two side-walkers. The horse leader directs the horse using a lead rein and monitors its pace.

The two side-walkers will walk on either side of the rider and ensure that they do not fall off the horse (Nelson et al., 2011).

1.3. THERAPEUTIC HORSEBACK RIDING AND ITS EFFECT ON DISABILITIES

One use of horses as an activity for children with disabilities is therapeutic horseback riding. Therapeutic horseback riding teaches a person with disabilities how to ride with the aim of recreation and improving quality of life (as opposed to treating the disorder or issue) (All et al., 1999; Bass, Duchowny, & Llabre, 2009; Silkwood-Sherer, Killian, Long, & Martin, 2012; Tseng, Chen, & Tam, 2013). This type of therapeutic use of horses falls under AAA.

There are many documented physical benefits of therapeutic horseback riding for a range of disabilities. The motion of the horses' movements has been proven to assist children with walking, running, and jumping (Cherng, Liao, Leung, & Hwang, 2009; Sterba, Rogers, France, & Vokes, 2002). Therapeutic horseback riding has also improved coordination (Scialli, 2002), posture (Land, Errington-Povalac, & Paul, 2002; Scialli, 2002) and overall function (Elliott et al., 2008). Documented social benefits include improvements in social functioning (Bass et al., 2009; Lessick, Shinaver, Post, Rivera, & Lemon, 2004) and improvements in motivation and self-efficacy (Bass et al., 2009).

Therapeutic horseback riding also has the potential to affect a disabled rider psychologically. The three-dimensional gait of the horse (i.e. the movement of the horse) moves the rider in such a way that is similar to the human pelvic movement during normal walking gait (Grandin, Fine, & Bowers, 2010; Snider, Korner-Bitensky, Kammann, Warner, & Saleh, 2007; Zadnikar & Kastrin, 2011). This movement continually requires the rider to

react by righting and balancing themselves. This in turn contributes to establishing and improving their normal movements and general functionality off the horse. This is because the rider uses muscles that he/she may not have previously used or is engaging in movements that he/she previously has not engaged in (Murphy, Kahn-D'Angelo, & Gleason, 2008; Snider et al., 2007; Zadnikar & Kastrin, 2011).

The rider has the potential to be successful in riding the horse, controlling the horse, and improving his/her everyday movements and functions (which previously he/she may not have been capable of performing). This may lead to a sense of achievement resulting in an increase in self-esteem (All et al., 1999) and motivation (Bass et al., 2009; Benda, McGibbon, & Grant, 2003).

1.4. PURPOSE OF THE RESEARCH

The aim of the study is to explore and describe parents' perceptions of therapeutic horseback riding as an activity for their children with disabilities. In addition it focuses on obtaining parents' experiences of the activity that their children are involved in as well as their perceptions of their children's experiences of it. The parents are the people who need to see value in the activity as they choose to allow their children to take part in the riding classes. Parents also know their child's daily behaviours and are able to observe improvements more readily than other sources (Achenbach & Ruffle, 2000), making them superlative sources of information for the present study.

Parents' perceptions provide information not only about the effect of therapeutic horseback riding on their children, but also on their experiences of the environment in which the activity takes place. This information in the form of comments, ideas or suggestions has the potential to bring about improvements in the therapeutic horseback riding programme at SARDA and can be used to motivate for more funding from outside sources (Scialli, 2002).

Another important factor in gauging parents' perceptions is that it provides information about the secondary effects of the activity; therapeutic horseback riding having a positive effect on the children can lead to secondary positive effects on their parents and their family, such as feelings of pride and enjoyment (Davis et al., 2009; Scialli, 2002; Sterba et al., 2002). This in turn has the potential of bringing the family closer together.

1.5. DEFINITIONS

The following concepts will be defined to ensure that the reader has a full understanding of the context in which the study takes place and so that there is clarity on the following terminology used: animal-assisted activities, animal-assisted therapy, therapeutic horseback riding, hippotherapy, equine-assisted psychotherapy, and disability.

1.5.1. Animal-assisted activities (AAA)

According to Pet Partners (n.d.), a well-established non-profit organisation in the United States who certifies therapy animals and whose definitions are widely cited (Kruger & Serpell, 2006; Scialli, 2002), animal-assisted activities (AAA) are activities aimed at improving the quality of life of its participants. The animals are used to provide companionship, as an educational resource, or in recreational activities involving the clients with the goal of enhancing the lives of the clients; there are no set treatment goals (Kruger & Serpell, 2006; Lentini & Knox, 2009; Pet Partners, n.d.). AAA can be administered in many different environments (Kruger & Serpell, 2006).

The activity can be delivered by a trained professional; this is however not a necessity and volunteers are able to facilitate the activity (Kruger & Serpell, 2006). The animal does however have to meet specific criteria, in relation to health, grooming, and behaviour, in order to be used for the activity (Kruger & Serpell, 2006). The animals used are domesticated

animals such as dogs and horses (All et al., 1999). Although AAA is not as goal-directed and structured as AAT, it is believed that there are benefits for the participants involved (Scialli, 2002). An example of an AAA would be a child with an illness such as cancer grooming a horse. The horse cannot cure the child's illness, but the grooming of and interaction with the horse has the potential to bring happiness to the child. The child's quality of life is therefore also impacted. Therapeutic horseback riding, the focus of the present study, falls under AAA.

1.5.2. Animal-assisted therapy (AAT)

Animal-assisted therapy, in comparison to AAA, is a goal-directed and progress-monitored treatment modality and is led by a therapist or a person skilled in human services such as a psychologist or a physiotherapist (Klontz et al., 2007; Kruger & Serpell, 2006; Lentini & Knox; Pet Partners, n.d.). The human service professional must have specialised expert knowledge in the field in which they are administering the therapy (Kruger & Serpell, 2006). They must also have knowledge and expertise of interactions between humans and animals within a therapeutic context (Scialli, 2002). The animal used plays an integral part in the treatment of the client and must meet specific criteria (All et al., 1999). This criteria however is subject to the practitioner administering the therapy and varies according to the aims of the therapy (Kruger & Serpell, 2006). As with AAA, the animals used are domesticated animals such as dogs or horses (All et al., 1999).

Animal-assisted therapy is therefore a therapy that aims to treat the specific condition that the client presents with (Pet Partners, n.d.), through the use of an animal. Goals include improvements in physical, social, emotional, and cognitive areas of functioning (All et al., 1999). Progress is monitored (Pet Partners, n.d.).

1.5.3. Therapeutic horseback riding

There are conflicting definitions in the reviewed literature regarding the definition of therapeutic horseback riding and hippotherapy. What follows are definitions on which the most consensus could be found.

Therapeutic horseback riding is an AAA in which a qualified therapeutic riding instructor teaches a person with a disability, a chronic illness, or a special need, how to ride a horse (Gabriels et al., 2012). There are no set treatment goals. However, the aim of the lesson is to teach the person how to ride in order to improve their quality of life, with secondary aims relating to educational, recreational, or therapeutic issues (All et al., 1999; Gabriels et al., 2012; Silkwood-Sherer et al., 2012; Tseng et al., 2013). Involved in the process are volunteers, a horse, and a qualified therapeutic horseback riding instructor (Gabriels et al., 2012). The lesson can take place in a group setting.

1.5.4. Hippotherapy

Hippotherapy, in comparison, falls under AAT and is led by a human services practitioner such as a psychologist, an occupational therapist, or a physical therapist (Bass et al., 2009; Silkwood-Sherer et al., 2012). It is a goal-directed form of therapy in which the aim is to use the movement of the horse to improve a person's physical and/or movement disorder (All et al., 1999; Kruger & Serpell, 2006; Silkwood-Sherer et al., 2012; Tseng et al., 2013). The aim is not to teach the person how to ride a horse (All et al., 1999). The therapy is performed in a one-on-one setting involving one client, the horse, and the trained therapist, and possibly sidewalkers and a horse leader (All et al., 1999; Kruger & Serpell, 2006; Zadnikar & Kastrin, 2011).

1.5.5. Equine-assisted psychotherapy (EAP)

Equine-assisted psychotherapy is another form of AAT and is used for both able-bodied and disabled persons. In this situation the horse is used as the psychotherapeutic tool (Schultz, Remick-Barlow, & Robbins, 2007) with the aim of obtaining the desired psychotherapeutic goals (Lentini & Knox, 2009). The types of goals that EAP is designed to address are psychological in nature (Schultz et al., 2007). Examples of psychotherapeutic goals include improving self-esteem, personal and interpersonal confidence and communication, and group unity (Kersten & Thomas, cited in Schultz et al., 2007).

Manners in which the horse can be used to obtain these goals include, but are not limited to, vaulting, grooming, lunging, games using the horse, and husbandry (care of the horse) (Kruger & Serpell, 2006; Lentini & Knox, 2009). The session is led by an accredited mental health professional (such as a psychotherapist) in combination with an equine professional. There are clear goals and objectives that are developed between the client and the therapist (Kruger & Serpell, 2006).

1.5.6. Disability

Disability is defined by the Oxford Dictionary of Current English as a physical or mental condition which prevents a person from leading a normal life in terms of movement, sense, or being active (Soanes, Hawker, & Elliott, 2006). A similar definition is provided by the World Health Organisation (2014) who defines it in terms of three main aspects: physical effect on body function or build, difficulty in carrying out everyday tasks, and restrictions on participation in life situations. In this study, disability refers to the inability to engage in a 'normal' life due to a physical and/or mental condition. In this study, cerebral palsy, intellectual disabilities, and autism spectrum disorders were the most common disabilities among the children whose parents were participants. Other less common disabilities included Cockayne syndrome, Prader-Willi syndrome, and Tuberosc Sclerosis.

1.6. ORGANISATION OF THE STUDY

In **Chapter 1** an overview of the study is provided. The study is explained within the human-animal interaction context and disability in South Africa, providing a background for the readers. The research problem is put forward and the purpose of the study motivated. Key terms that will be used in the study are defined and explained.

Chapter 2 reports on the existing literature within the human-animal interaction field, with specific focus on therapeutic horseback riding. The chapter aims to report on the existing international and South African literature regarding therapeutic horseback riding in order to showcase the benefits of the activity, as well as the gap in the literature regarding the topic. The chapter also focuses on the theoretical framework within which the study is located.

Chapter 3 describes the methodology and research design that I employed. It focuses on the participants, data collection, and the data analysis techniques employed, aiming to show how the results of the research came about.

The results of the data collection and analysis are showcased in **Chapter 4**. The themes and subthemes are stated and described with quotations from the interviews.

Chapter 5 discusses the results from Chapter 4 in relation to the existing literature. It also incorporates the theoretical framework of the study into the discussion.

Chapter 6, the final chapter, concludes the thesis and provides limitations of the present study as well as recommendations for future studies. These are based on the literature and what arose from the present study.

1.7. SUMMARY

This chapter gave a brief overview of the focus of the thesis and contextualised the study. It began with an introduction into human-animal interaction, with specific mention of therapeutic horseback riding, and then went on to discuss the problem statement. It includes a section on definitions of important terms in the field of human-animal interactions and which can be found in the dissertation. The purpose of the research was also explained and motivated. The chapter concluded with an overview of what is to follow in this thesis.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

The following chapter aims to provide a report on the existing literature within the field of human-animal interaction. It focuses in particular on therapeutic horseback riding. Humans and animals have long been documented to interact in a therapeutic manner (All et al., 1999; Jalongo et al., 2004; Parshall, 2003; Scialli, 2002), and the use of horses in particular dates back to the Ancient Greeks (Bizub et al., 2003). Therapeutic horseback riding is a type of animal-assisted activity (AAA) in which people with disabilities or chronic illnesses are taught how to ride, with the aim of improving their quality of life (All et al., 1999; Bass et al., 2009; Silkwood-Sherer et al., 2012). The documented effects of this activity on children with a range of disabilities include physical, psychological, and social benefits. Despite the documented positive effects of therapeutic horseback riding, there is not a large amount of South African literature on the topic. The present chapter will discuss the following broad themes: human-animal interaction, common disabilities among children at SARDA, the effect of therapeutic horseback riding on functionality in children with disabilities, research within the South African context, and the theoretical framework in which the study is located.

2.2. HUMAN-ANIMAL INTERACTION

The domestication of animals originated more than 12 000 years ago (All et al., 1999), and following this humans and animals have been documented to interact in a positive manner, with the relationship being important to the survival of humankind (Scialli, 2002). As was

mentioned in Chapter 1, the first documented use of animals in a therapeutic activity was in 1699 (Parshall, 2003). In 1792 it was found that animals could be used to help psychiatric patients; instead of having to be restrained and given drugs, it was discovered that it helped if the patients cared for animals (Jalongo et al., 2004). Following this, in the 1860s Florence Nightingale recommended the use of companion animals for patients who were chronically sick (All et al., 1999). Animals and humans therefore have a longstanding positive and beneficial relationship.

What can be taken from this is that animals have enormous potential to help humans. This has led to them being used in two main types of interventions: AAA and AAT (Lentini & Knox, 2009). The main forms of these interventions, namely therapeutic horseback riding, equine-assisted psychotherapy, and hippotherapy, will now be discussed in more detail.

2.2.1.. Therapeutic horseback riding

Therapeutic horseback riding, a form of AAA, is a horseback riding lesson taught by a riding instructor to a person with a disability or a chronic illness in order to improve their quality of life (All et al., 1999; Bass et al., 2009; Silkwood-Sherer et al., 2012). Although it does not have set treatment goals, the aim is to teach the person how to ride (for enjoyment) (Silkwood-Sherer et al., 2012; Tseng et al., 2013). At the same time it aims to develop a therapeutic bond between the person and the horse (Bass et al., 2009) and increase the disabled or chronically ill person's quality of life (All et al., 1999). Their quality of life is increased through the happiness that they gain from the riding and from the interaction with the horses, or by assisting with improvements in their abilities (if they are disabled) through the riding activity.

2.2.1.1. Why therapeutic horseback riding?

After a review of the literature it became evident that the movement of the horse is one of the most important aspects of why therapeutic horseback riding has an effect on children with disabilities.

According to Murray-Slutsky (cited in Scialli, 2002), riding a horse provides input into three important systems: the vestibular system, the tactile system, and the proprioceptive system. The vestibular system is a system that controls balance and eye movement (Vestibular Disorders Association, n.d.), and many children with physical disabilities do not receive stimulation to this system as they have limited or no mobility. The backward-forward and rotary motion of the horse provides constant stimulation to the vestibular system. This is because the rider has to continuously adjust their position on the horse so as not to fall off (Murray-Slutsky, cited in Scialli, 2002). The trunk muscles become engaged through this movement and move between being relaxed and active, which engages and normalizes muscle tone too (Snider et al., 2007; Sterba et al., 2002). This movement is also similar to the human gait while walking which many children with physical disabilities do not get to experience (Bertoti, 1988; Debuse, Gibb, & Chandler, 2009; Lessick et al., 2004; Snider et al., 2007).

The tactile system is the system related to the sense of touch (Scialli, 2002). This system is stimulated by the warmth and feel of the horse (Murray-Slutsky, cited in Scialli, 2002). The proprioceptive system involves muscles, bones, and joints that work together subconsciously to automatically adjust a person's position or movement (PhysioRoom, 2013). The movement of the horse causes the rider to adjust themselves in order to balance, stimulating the proprioceptive system (Murray-Slutsky, cited in Scialli, 2002). This may not otherwise be stimulated in a child with physical disabilities as they have limited or no

mobility. The warmth of the horse together with the movement of the horse is believed to assist in reducing high muscle tone and encouraging relaxation (Bertoti, 1988).

While this physical activity and its respective stimulations are going on, the rider is also required to perform activities on the horse and interact with the horse and the instructor (Grandin et al., 2010). The activities include, but are not limited to: following instructions and directions, reaching for objects, repeating phrases, and trotting (Nelson et al., 2011). This stimulates the rider's cognition as they are required to listen to instructions and act upon these instructions. Simultaneously this stimulates the rider's social domain as they may be required to interact with the horse, or with other riders, or with their instructor. The rider is therefore receiving stimulation to their physical domain, their cognitive/psychological domain, and their social domain, making therapeutic horseback riding a multi-sensory activity (Grandin et al., 2010). The effects to these different domains will be discussed further on in the chapter.

2.2.1.2. A Therapeutic activity in disguise

Therapeutic horseback riding as an intervention is incentivised by the reviewed literature as an activity that has a similar effect to therapy; however it does not feel like therapy to the children (All et al., 1999; Elliott et al., 2008; Sterba, 2007; Sterba et al., 2002). Therapeutic horseback riding is an enjoyable experience that brings together exercise, concentration, and focus in a way that disguises its actual intention. Children therefore gain the benefits of the activity without feeling like they are performing a therapy.

Therapy is hard work, especially for children with disabilities, many of whom have to do certain therapies, such as speech therapy, physical therapy, or occupational therapy, every day of their lives. Polshuck (cited in Scialli, 2002) states that younger children generally do not realise the positive effects of therapy and therefore may be resistant to performing tasks that challenge them. Through the use of animals in a therapeutic session, the session becomes more recreational and they can be eased into it. Similarly, Sterba et al. (2002) found that if

the therapy is not fun, children are hesitant to participate. Therapeutic horseback riding is also an activity that takes place outdoors in fresh air which makes a change from conventional therapies that take place indoors in places that are associated with illness (All et al., 1999). According to Elliott et al. (2008) the therapeutic horseback riding environment is a supportive and motivating environment. Therapeutic horseback riding is therefore an opportunity for the child to have fun outdoors with the benefit of rehabilitation and substantial benefit to their disability (Sterba et al., 2002).

In a study by Elliott et al. (2008), where children had disabilities including down syndrome, cerebral palsy, and spina bifida, one of the child participants who was interviewed stated that the riding was not a “chore” (p. 23) for her. Riding was instead an enjoyable activity and she enjoyed being around the horses. In the same research one of the parent participants stated that her child looked forward to the therapeutic horseback riding sessions, and was always excited to return. All et al. (1999) explain that this excitement stimulates the child, encourages them to enjoy life, and increases their interest in life. Similarly, Lessick et al. (2004) mention how the excitement of therapeutic horseback riding stimulates the rider and helps them to work through the discomfort caused by their specific disability, and to progress with their riding skills. Sterba (2007) also states that the enjoyable nature of therapeutic horseback riding is also beneficial as it encourages “long-term participation and enthusiasm in their life-long rehabilitation” (p. 72).

Another child in Elliott et al.’s (2008) study mentioned that the activities that they had to perform on the horses made them stretch, and that this was more enjoyable than when they had to stretch in physical therapy sessions. The authors of this study also found that the child participants spoke about a dislike for the activities performed in traditional therapies, however were enthusiastic about the same or similar activities when performed on horseback.

A reason that the horse is so important in disguising the therapeutic activity is that communication with a horse is possibly less threatening to a child than having to speak to a person (Elliott et al., 2008). This is supported by Grandin et al. (2010) who researched studies that found that the presence of the horse in a therapeutic environment positively impacted the communication skills of individuals with autism spectrum disorders. According to Lessick et al. (2004), the communication between a horse and human has the ability to become a “therapeutic outlet for stress” (p. 50), potentially showing how therapeutic horseback riding can assist children with communication difficulties.

2.2.1.3. Parents’ perceptions of therapeutic horseback riding and their personal experiences

At present, research focusing on the parents’ perceptions of therapeutic horseback riding as well as their personal experiences of their child’s involvement in the activity have been very limited (Davis et al., 2009; Miller & Alston, 2004; Scialli, 2002; Surujlal & Rufus, 2011). Parents are an important source of information regarding their children as they know their child’s daily behaviours and are therefore able to note improvements (Achenbach & Ruffle, 2000). It is also important to gain parents’ personal experiences of therapeutic horseback riding and the environment as it could lead to improvements in the programme. It has the potential to show how greatly the programme may be appreciated by parents whose children it helps. It also shows the potential secondary effects of therapeutic horseback riding; therapeutic horseback riding does not simply affect the children with disabilities in isolation, it also affects their parents in a positive manner.

An important aspect of parents’ perceptions that is mentioned in the literature is that parents express satisfaction and enthusiasm in relation to the effects that therapeutic horseback riding has on their children. Contentment with the results as well as with the improvements in their children’s abilities has been expressed by parents (Miller & Alston,

2004; Surujlal & Rufus, 2011). Parents observed improvements in their children's physical-motor abilities, psychological/emotional behaviours, as well as their social abilities in studies by Scialli (2002), where the children displayed autism, mental retardation, and physical disabilities, and Surujlal and Rufus (2011), where children displayed intellectual disabilities.

Parents also realise the emotional importance of their child participating and excelling in an activity that their able-bodied peers or siblings do not participate in, and the pride that it induces (Davis et al., 2009). It was also important for a parent in a study by Davis et al. (2009) that the riding gave her child something to speak about with her sister, encouraging a family relationship. The observable effects of the riding on their children also prompted parents in a study by Sterba et al. (2002) to say that they would happily pay for the service.

What is also found in the literature is that it is not just the children who are affected by the therapeutic horseback riding. Parents have given feedback about the positive impact that their children's involvement in the riding has had on themselves as well (Davis et al., 2009) and have stated that it has been an enjoyable experience for both their children and themselves (Sterba et al., 2002). They have also mentioned the formation of relationships with other parents whose children attend therapeutic horseback riding; this is an important aspect as the parents provide a support base for one another (Scialli, 2002). The peaceful environment was also noted as a positive experience for parents, as well as the experience of being able to watch their child progress. This in turn gave the parents feelings of pride (Scialli, 2002).

Effects on and benefits for the children from the therapeutic horseback riding have also benefited the children's families in terms of home life (Miller & Alston, 2004). This was evident in a study by Davis et al. (2009) where the parents stated that the therapeutic horseback riding improved their child's quality of life (the children had cerebral palsy). In this study, quality of life referred to the well-being of a child across the range of domains,

including family life, school, and health. Quality of life of the children (who had attention-deficit-hyperactivity-disorder) in a study by Cuypers, De Ridder, and Strandheim (2011) was also found to improve following therapeutic horseback riding. Similarly for parents in Scialli's (2002) study, increased pride, independence, responsibility, and opportunities for future travel and careers were reported as being positive benefits of the therapeutic horseback riding for their children. All of these effects transfer into the home environment and future hopes for parents.

Apart from information from parents regarding observable effects on their children and secondary effects on themselves from the therapeutic horseback riding, there is also important feedback that parents give about the therapeutic horseback riding programs. In a study by Sterba et al. (2002), parents gave feedback about the time involved transporting their children to and from therapies, which limited their time for "daily care issues" (p. 306). Despite this negative feedback, all parents stated that they would happily pay for the free service due to the observable effects that it has had on their children. Parents have also emphasised the importance of the relationship their children had developed with the volunteers, and how impressed they were with the volunteers (Davis et al., 2009). This is important as the parents are entrusting their children, in part, to the volunteers. This type of feedback, as well as the feedback found in Sterba et al.'s (2002) study is important for the improvement of programmes as well as possibly gaining funding (Scialli, 2002).

2.2.1.4. The effect of therapeutic horseback riding on functionality in children with disabilities

The term *function* is defined as an activity or a natural objective that is expected of a person or thing (Soanes et al., 2006). Children with disabilities are affected by their disability in ways that inhibit their ability to perform normal age-appropriate functions. After a review of

the available literature it was found that therapeutic horseback riding has the potential to positively affect the ability of children with disabilities to perform certain functions. These effects will now be discussed in relation to three main groups of functions: physical, psychological, and social. The effects on these three areas of function are supported by Bream and Spangler (2001) who state that riding benefits people with disabilities mainly in these three areas, as well as by Scialli (2002). Britton (cited in All et al., 1999) also states that horseback riding for disabled people promotes physical, social, and emotional healing. All areas are however interlinked and affect one another.

What follows is the grouping of the documented effects of therapeutic horseback riding into physical, psychological, and social effects. The effects are not grouped according to the disability of the child.

2.2.1.4.1. The effects of therapeutic horseback riding on physical functions

The majority of the literature reviewed focuses on physical disabilities and the effect that therapeutic horseback riding has on these disabilities. The classes of physical disabilities in the literature include cerebral palsy (Cherng et al., 2009; Davis et al., 2009; Drnach, O'Brien, & Kreger, 2010; Elliott et al., 2008; Liptak, 2005; Low et al., 2005; MacPhail et al., 1998; Sterba et al., 2002; Sterba, 2007; Tseng et al., 2013; Whalen & Case-Smith, 2012; Zadnikar & Kastrin, 2011), spina bifida (Elliott et al., 2008), as well as children with developmental delays (Winchester, Kendall, Peters, Sears, & Winkley, 2002). Within these classes of disabilities the actual physical disabilities relate to balance, strength, coordination, range of motion and mobility, posture, chronic pain, difficulty in walking, sitting, and standing, and sensory processing (Davis et al., 2009; Debusse et al., 2008; Elliott et al., 2008; Scialli, 2002; Sterba et al., 2002; Winchester et al., 2002).

Four studies (Cherng et al., 2009; Drnach et al., 2010; Low et al., 2005; Sterba et al., 2002) noted improvements in participants' abilities to walk, run, and jump following

therapeutic horseback riding, and all children in these studies had cerebral palsy. All four studies also noted the sustainment of these improvements for 4 weeks (Low et al., 2005), 5 weeks (Drnach et al., 2010), 6 weeks (Sterba et al., 2002) and 16 weeks (Cherng et al., 2009) post-intervention. Sterba et al.'s (2002) study found in particular that therapeutic horseback riding had a positive effect on the gross motor function of 17 children with cerebral palsy, with the greatest effect being on their ability to walk, run, and jump as these results persisted 6 weeks following the completion of the horseback riding.

Winchester et al. (2002) also found improvements in gross motor function following therapeutic horseback riding which were likewise sustained seven weeks following the riding having ended. This is a similar result to Cuypers et al. (2011) who found that gross motor function of children with attention deficit hyperactivity disorder improved following therapeutic horseback riding. Scialli (2002) found seven behaviours that significantly improved following therapeutic horseback riding, and two of those were range of motion and mobility.

Similarly, postural control and balance were also two of the seven behaviours that significantly improved in Scialli's (2002) study. Likewise, Land et al. (2002) and Bertoti (1988) found significant improvements in the sitting postures of children with disabilities following therapeutic horseback riding. Coordination has also been found to improve in studies by Brock (1990) and Scialli (2002).

Sensory motor stimulation has also been found to be positively affected by therapeutic horseback riding. According to Sterba et al. (2002) the sensation of the movement of the horse as well as the warmth of the horse provides sensory-motor stimulation, which aids in "development, maintenance, rehabilitation, and enhancement of various sensory motor skills" (MacKinnon et al. cited in Sterba et al., 2002, p. 306).

Therapeutic horseback riding therefore has a positive physical effect on children with disabilities, as can be seen by the reviewed literature. These physical effects, alongside therapeutic horseback riding, also have the potential to bring about improvements in psychological functioning through the accomplishment of tasks and movements with which the children previously struggled.

2.2.1.4.2. The effects of therapeutic horseback riding on psychological functions

The physical effects of therapeutic horseback riding, as discussed above, lead to a sense of accomplishment in being able to perform tasks that previously could not be performed. In addition, the size of the horse as well as the accomplishment of overcoming a fear is reported to affect the psychological functions of children with disabilities (All et al., 1999; Davis et al., 2009; Elliott et al., 2008). These effects include improved speech and language (Gabriels et al., 2012; Sterba et al., 2002), an increase in motivation (Bass et al., 2009), a sense of achievement and self-esteem (All et al., 1999; Davis et al., 2009; Elliott et al., 2008; Lessick et al., 2004; Sterba et al., 2002; Surujlal & Rufus, 2011), an increase in self-confidence (Davis et al., 2009; Drnach et al., 2010; Surujlal & Rufus, 2011), a developing bond with another species (an important emotional experience and therapeutic bond), and decreased inattention (Bass et al., 2009).

A sense of achievement is an important psychological effect brought about by the participation in a feared motor function (riding a horse) being successfully overcome. Achievement in controlling an approximately 600kg animal has an important and noticeable effect on improving confidence and self-esteem (Lessick et al., 2004). Scialli (2002) found this to be true in that participants in her study had improved self-confidence following therapeutic horseback riding. This effect is echoed by All et al. (1999), Bass et al. (2009), Drnach et al. (2010), Surujlal and Rufus (2011). In a study by Bass et al. (2009) this sense of achievement was thought to have led to increased motivation in the participants.

Motivation is also brought about through the engaging nature of the therapeutic activity and the horse-human bond and interaction which encouraged riders to deal with their pains and challenges in order to improve their abilities (Frank et al., 2011; Lessick et al., 2004). Furthermore, motivation is believed to positively affect the accomplishment of motor abilities (Bartlett & Palisano, 2002). Scialli (2002) also found that motivation of children with disabilities improved following therapeutic horseback riding.

Self-esteem, self-worth, and a sense of achievement were reported by parents in a study by Elliott et al. (2008) to improve in their children following participation in therapeutic horseback riding. These changes were confirmed by their children. Self-esteem and emotional well-being were also reported by parents to have improved in their children in quantitative studies by Scialli (2002) and Sterba et al. (2002). The participation in a unique therapeutic activity that involves overcoming a fear, as well as an activity that many able-bodied people do not even take part in, was especially important in increasing the self-esteem of the participants. This reason for an increase in self-esteem is reiterated by All et al. (1999) and Lessick et al. (2004) who state that riding gives people with disabilities a chance to participate in and succeed at something that many people without a disability may waver to try.

These psychological effects of therapeutic horseback riding in turn have an effect on the social functioning of children with disabilities. These spinoff effects occur alongside the actual effects of therapeutic horseback riding on social functioning.

2.2.1.4.3. The effects of therapeutic horseback riding on social functions

The third area of affected functioning is that of social functioning, which may be a result of the increase in self-confidence (mentioned in the previous section). The participants may experience a sense of achievement when taking part in the therapeutic horseback riding, which in turn increases their self-esteem and self-efficacy, in turn affecting their ability to

interact socially. Following this confidence boost, the children are more likely to try activities or behaviours that they previously were too afraid to try, thereby increasing their participation (Debusse et al., 2009).

According to Bass et al. (2009), the resulting increase in social functioning following therapeutic horseback riding is also possibly due to the multisensory experience of horseback riding; the exposure to and interaction with the horse as well as the actual riding of the horse may be “perceived as a rewarding stimulus” that leads to increased motivation and social interaction (p. 1266). The researchers in this study concluded that therapeutic horseback riding has the potential to positively affect children with autism, specifically with regard to social motivation (among other things).

Elliott et al. (2008) reported that the child participants in their study found the social aspect of the horseback riding to be important to them; relationships are formed with the horse as well as with the side walkers, horse leaders, and instructors. A child who struggles to communicate with people may find it easier to communicate with a horse who may be less threatening as they cannot speak back (Elliott et al., 2008). Grandin et al. (2010) reported studies that found that participants with autism spectrum disorders had improved communication skills following therapeutic horseback riding. Interactions with horses are also non-judgmental, and horses are unconditionally accepting, silent creatures (Bizub et al., 2003). This may benefit shy children and children with low self-esteem, or children who struggle to communicate, as they do not feel pressured to speak.

Riding is also a fun activity that gets the child involved in interactions with horses and people (Grandin et al., 2010). According to Lessick et al. (2004), the riding lessons and environment provide children with disabilities, who are often isolated because of their disability, a chance to socialize with other children with similar disabilities. A parent in a study

by Miller and Alston (2004) stated that their child's shyness and involvement in activities had improved following therapeutic horseback riding.

Scialli (2002) found that social communication/interaction behaviours were the greatest affected behaviours by therapeutic horseback riding. Included in these improvements were: expression of self in an appropriate manner, effective communication (giving and receiving information), participation in activities, and getting along with others. Similarly, parent participants in a South African study reported that their children were more engaging, less shy, more expressive, and more interactive and open following participation in therapeutic horseback riding (Surujlal & Rufus, 2011).

2.2.2. Equine-assisted psychotherapy (EAP)

EAP (also known as equine-facilitated psychotherapy) is the practice of psychotherapy that involves the use of horses as the tool to obtain psychotherapeutic outcomes (Lentini & Knox, 2009; Schultz et al., 2007). Psychotherapeutic outcomes include improving self-esteem and confidence, among others (Kersten & Thomas, cited in Schultz et al., 2007). It is generally facilitated by two people: a mental health professional and an equine professional (Kruger & Serpell, 2006).

Horses make superlative domestic animals for therapeutic assistance. Their large size and therefore their potential to harm humans allows for the conquering of fears as well as dealing with issues of vulnerability (Lentini & Knox, 2009). Their honest, straightforward nature allows humans to see exactly what they themselves are putting forward and to improve their communication, almost like a mirror (Lentini & Knox, 2009; Schultz et al., 2007). They also have an ability to bring forward issues or problems that may not be acknowledged by humans. This allows for many opportunities for therapeutic recognition, intervention, and healing (Lentini & Knox, 2009).

Studies on EAP have yielded positive results. Following an EAP intervention with 63 children who had been involved in intra-family violence, Schultz et al. (2007) found that these children's psychological, social, and school functioning improved after 19 EAP sessions. Similarly, Bachi, Terkel, and Teichman (2012), found that self-image, self-control, trust, and life satisfaction of 14 at-risk adolescents improved following an EAP intervention (in comparison to a control group who received no treatment) over a 7 month period.

2.2.3. Hippotherapy

Hippotherapy is a subtype of AAT used by a human services practitioner that uses a horse to obtain functional goals in order to rehabilitate a person's physical or movement disorder (Silkwood-Sherer et al., 2012). It has physical and psychological benefits (Zadnikar & Kastrin, 2011), however the main focus is on using the movement of the horse to help the client physically (All et al., 1999; Kruger & Serpell, 2006; Silkwood-Sherer et al., 2012; Tseng et al., 2013).

Literature focused on the effects of hippotherapy on children with disabilities yield positive results for a range of disabilities. In a study involving children with physical disabilities (such as cerebral palsy and developmental delays), Murphy et al. (2008) found that 3 out of the 4 children showed improvements in their functional outcomes (for example crawling and climbing stairs) following 6 months of hippotherapy. Frank, McCloskey, and Dole (2011) found that hippotherapy increased a child with cerebral palsy's self-competence and participation in physical therapy, as well as her functional ability. Several studies on children with physical disabilities have reported improvements in the following after participation in hippotherapy: muscle symmetry (Benda et al., 2003), muscle tone, trunk control, and walking ability (Debusse et al., 2009), reducing balance deficits and improving the ability to perform day-to-day tasks (Silkwood-Sherer et al., 2012).

With regard to children with autism, Taylor et al. (2009) found that motivation increased in three children following a 16-week hippotherapy program. Hippotherapy has also been found to improve postural control and gross motor function in children with Down syndrome (Champagne & Dugas, 2010) as well as balance and strength in children with intellectual disabilities (Giagazoglou, Arabtzi, Dipla, Liga, & Kellis, 2012).

2.3. COMMON DISABILITIES AMONG CHILDREN AT SARDA

As can be seen above, horses are used to target a range of disabilities and situations that affect people and children in particular. The following section on disabilities will focus on reporting and explaining the common disabilities of children who participate in therapeutic horseback riding lessons at SARDA as well as the disabilities of the children who are the object of the present study.

2.3.1. Cerebral palsy

Cerebral palsy (CP) is a permanent neurological disorder in which a person's fine and gross motor functioning is affected. The primary effect is on posture and movement, and involves difficulties with "walking, feeding and swallowing, coordinated eye movements, articulation of speech" (Rosenbaum, Paneth, Leviton, Goldstein, & Bax, 2009, p. 10). Behavioural problems (such as autism spectrum disorders and attention-deficit-hyperactivity disorder), mood disorders, and secondary musculoskeletal problems such as a deformed spine are also common in children with cerebral palsy (Rosenbaum et al., 2009). It is a life-long condition that requires physical therapy and occupational therapy (Sterba et al., 2002).

When looking at the literature on therapeutic horseback riding, a large amount focuses on children with cerebral palsy and the physical benefit for them. Posture and balance have been found to significantly improve following therapeutic horseback riding (Bertoti, 1988; MacPhail et al., 1998), as well as muscle tone (Bertoti, 1988). Research has also found that

gross motor function, in particular the ability to walk, run, and jump, has improved in children with cerebral palsy following therapeutic horseback riding (Cherng et al., 2009; Low et al., 2005; Sterba et al., 2002). There have also been subjective observations by parents and researchers in relation to improvements in speech and emotional well-being (Sterba et al., 2002), as well as self-esteem and self-confidence (Bertoti, 1988; Sterba et al., 2002). According to clinicians in a study done by Bertoti (1988) improvements in self-confidence lead to decreased fear of movement and therefore an improvement in mobility.

2.3.2. Autism spectrum disorders (ASD)

Autism spectrum disorders are developmental disorders in which a child's ability to function socially as well as their communication is affected (Mash & Wolfe, 2010). They display unusual behaviours and can be socially unresponsive. Children with severe autism may display mute behaviour, interact with nobody, and engage in repetitive behaviour for hours on end (Mash & Wolfe, 2010). The level of intellectual ability can also range from retardation to intelligence that is above average (Mash & Wolfe, 2010). It is common in children with autism to have sensory abnormalities which can include oversensitivity to certain sights or sounds, or undersensitivity.

For children with ASD, animals can act as catalysts for social interaction and helping a child become comfortable in their environment (Grandin et al., 2010). Therapeutic horseback riding in particular has been found to increase social behaviour in children with ASD (Bass et al., 2009; Nelson et al., 2011). In a study by Bass et al. (2009), 19 children with ASD showed improvements in sensory integration and social functioning, as well as a decrease in distractibility following participation in 12-weeks of therapeutic horseback riding. Therapeutic horseback riding has also been found to improve language skills and motor skills (Gabriels et al., 2012). In this study, hyperactivity, stereotypic behaviour and irritability were

also found to decrease in children with ASD, which may be a result of the horse's input into the child's sensory system, helping them to feel calm (Gabriels et al., 2012).

2.3.3. Intellectual disabilities (mental retardation)

The terms 'mental retardation' and 'intellectual disabilities' will be used interchangeably in this study. Mental retardation refers to the below average intellectual functioning of an individual as well as limitations in adaptive behaviour (adaptive behaviours being communication, social skills, motor skills, and daily living skills) (Mash & Wolf, 2010; Sadock & Sadock, 2007). The person must display limitations in at least two areas of adaptive behaviours to be diagnosed as mentally retarded (Mash & Wolf, 2010). The disability manifests in the developmental period of childhood, before the age of 18 (Sadock & Sadock, 2007). The intelligence quotient (IQ) of an individual with mental retardation is generally 70 or below (Mash & Wolfe, 2010; Sadock & Sadock, 2007).

In a study done by Nair and Menon (2010), it was found that therapeutic horseback riding improved motor proficiency in children with mental retardation. Motor proficiency included balance, running speed, response speed, coordination and dexterity.

2.3.4. Other less common disabilities

Prader-Willi syndrome, Cockayne syndrome, and Tuberous Sclerosis are three other disabilities that children in the present research presented with. These are disabilities that are not as prevalent as the disabilities already mentioned. No research on therapeutic horseback riding that focused specifically on the effects on these disabilities could be found. However, certain aspects of the disabilities (such as low muscle tone, high muscle tone, and intellectual disabilities) have been found to be affected by therapeutic horseback riding, as can be seen in section 2.4. of this chapter.

Prader-Willi syndrome is a genetic mental retardation syndrome which results from a deletion involving chromosome 15. Alongside mental retardation, children with Prader-Willi are small in size with small hands and feet, are usually hypotonic (have low muscle tone), and engage in compulsive eating which often leads to obesity. These children also exhibit behavioural issues such as defiance and they tend to externalize these problems in the form of tantrums and arguing as they reach adolescence. Children with this syndrome also struggle with socialization (Sadock & Sadock, 2007).

Cockayne syndrome is a rare condition characterized by premature aging and compromised development of the nervous system as well as growth and developmental abnormalities (Laugel, 2012). Vision, hearing, and speech are severely impaired and there are the following physical effects: high muscle tone, difficulty in walking or inability to walk, seizures, and muscle atrophy (muscle wasting away) (Laugel, 2012).

Tuberous Sclerosis is a form of mental retardation that occurs in 1 of 15 000 persons, and the mental retardation progresses with age. Seizures are a common occurrence in children with tuberous sclerosis (Franz, 2013; Sadock & Sadock, 2007) as well as autism and developmental delays (Franz, 2013).

2.4. RESEARCH WITHIN THE SOUTH AFRICAN CONTEXT

Through the process of the reviewing the literature, it was discovered that there is a limited amount of South African research on the topic. Databases that were used include GoogleScholar, EbscoHost, ScienceDirect, and National ETD. The following keywords were used: “therapeutic horseback riding”, “horseback riding”, “equine-assisted psychotherapy”, “equine-facilitated psychotherapy”, “hippotherapy”. The majority of the literature reviewed is international literature. However, a few unpublished South African dissertations were found by the researcher.

South African studies that focused their research on therapeutic horseback riding were done by Helfer (2006), Naidoo (2009), Surujlal and Rufus (2011), and Weideman (2007). Both Weideman (2007) (who focused on adolescents with physical disabilities) and Naidoo (2009) (who focused on children with cognitive and physical impairments) found that participants expressed that therapeutic horseback riding gave them the ability to transcend their physical disabilities. They conveyed how it allowed them to escape from their daily lives and the limitations imposed on them by their disabilities (Weideman, 2007), as well as emancipation from their physical body (Naidoo, 2009). It allowed them to perform activities that liberated them from the feeling of being disabled and provided them with independence and autonomy (Naidoo, 2009).

Alongside feelings of liberation, therapeutic horseback riding has also been found to bring about personal and social growth. Participants in Weideman's (2007) study expressed how the fear involved with riding allowed for personal growth. Similarly, Helfer (2006) found that children in her study benefited psychologically from therapeutic horseback riding with improvements in confidence and self-esteem. Confidence and self-esteem were also expressed by parents in a study by Surujlal and Rufus (2011) as behaviours that improved in their children following participation in therapeutic horseback riding. It has also been found that children with cerebral palsy experienced feelings of personal self-worth following therapeutic horseback riding (Naidoo, 2009). Social benefits were also noted; riding with peers (also with disabilities) allowed for social interaction and the application of social skills (Surujlal & Rufus, 2011; Weideman, 2007), and friendships with peers were formed (Helfer, 2006). The results from these studies therefore indicate that not only do physical benefits arise from therapeutic horseback riding, but also psychological and social benefits, confirming the results of international studies.

South African studies that focused on equine-assisted psychotherapy (EAP) were done by Hurwitz (2013) and Powell (2013). Hurwitz's (2013) findings indicate that through EAP the participants (adolescents living in residential care) were able to engage in learning and developmental situations from which physical, psychological, and social benefits arose. Two of the main themes that emerged from Powell's (2013) research were the experience of intense emotion and the horse being a central feature of the therapeutic activity. The intense emotion led to greater awareness of themselves and their emotional processes, and the involvement of the horse allowed for a relationship to develop with the horse. The horse was seen as a reflection of themselves, a source of support, and something that challenged them personally, allowing personal growth and confidence.

Although there is limited South African literature, all results point towards the positive benefits of the use of horses in therapeutic situations. It does however show a salient need for more South African studies on this topic.

2.5. THEORETICAL FRAMEWORK

The theoretical framework that guided the present research was that of Bronfenbrenner's (1979) ecological theory. The basic premise of the theory is that you cannot understand an individual and their behaviour and experiences without taking into consideration their social context and interactions within this context. According to Bronfenbrenner (1979) this social context consists of 4 systems: the microsystem, the mesosystem, the exosystem, and the macrosystem (see Figure 1). For the purpose of this study, this theoretical framework was chosen as it shows parents' perceptions at the different system levels. It also shows how aspects in these systems can affect parents' perceptions of therapeutic horseback riding, as well as their experiences and their children's experiences of the activity.

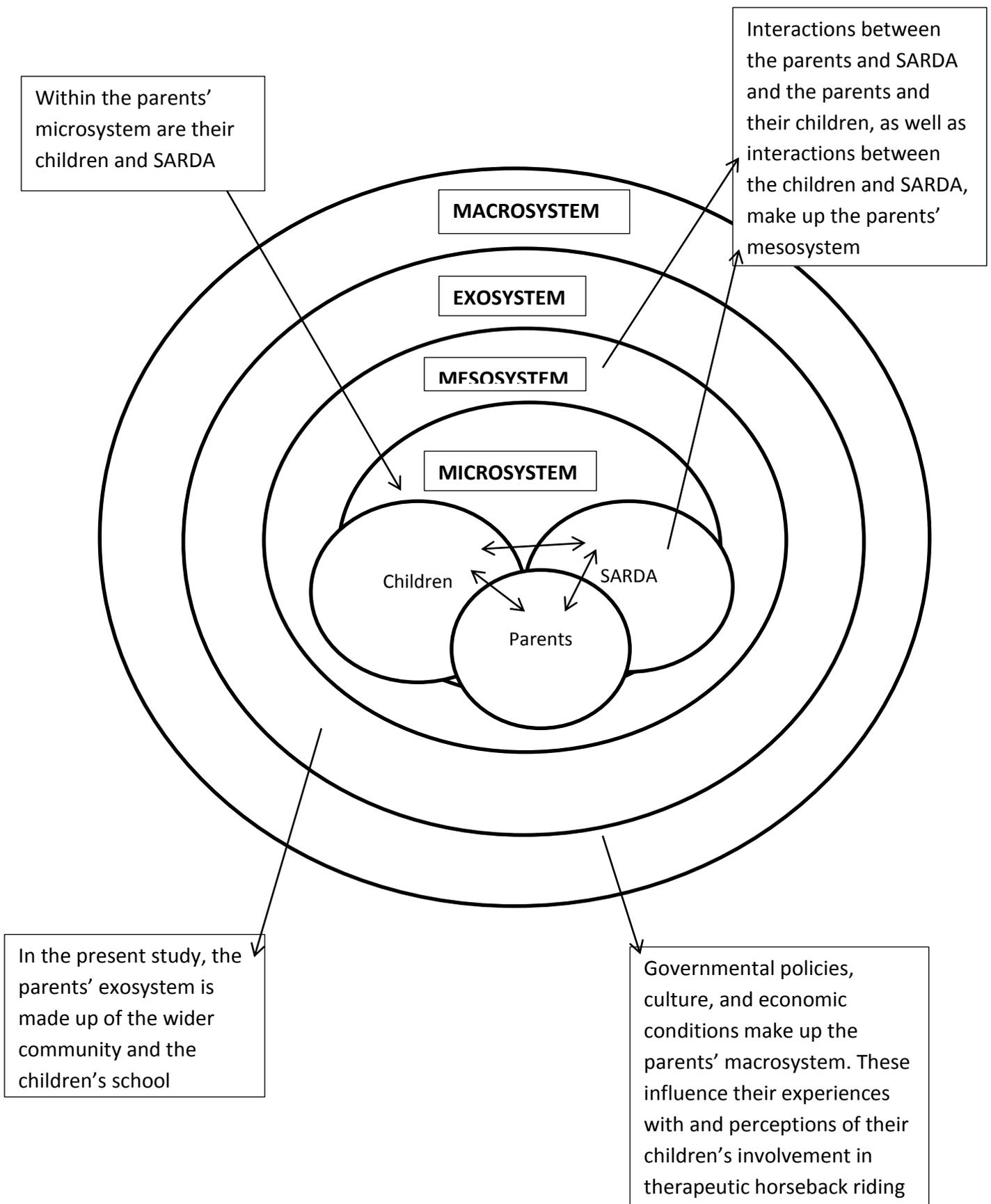


Figure 2.1: Bronfenbrenner's ecological model showing the four systems that influence parents' perceptions of therapeutic horseback riding. Adapted from "Community psychology: A common sense approach to mental health" by J. A. Scileppi, E. L. Teed, and R. D. Torres, 2000, p. 46. Copyright 2000 by Prentice-Hall.

The microsystem is the “smallest unit of analysis” (Scileppi, Teed, & Torres, 2000, p. 45) and is made up of people and settings the individual interacts with directly and regularly (Bronfenbrenner, 1979; Duncan, Bowman, Naidoo, Pillay, & Roos, 2007). It consists of the “activities, roles, and interpersonal relations experienced” by the individual (Bronfenbrenner, 1979, p. 22). In relation to the present study, within the parents’ microsystem would be their children and SARDA (see Figure 2.1).

The children are within the parents’ microsystem and daily interactions between the two entities occur. They know their children’s disabilities, behaviours, and personalities, and therefore make valuable sources of information in terms of noticing improvements and changes in their children (Achenbach & Ruffle, 2000). This is important for this study as part of the aim is to explore parents’ perceptions of their children’s experiences of therapeutic horseback riding. It is important for them to observe improvements and positive changes and effects of the activity on their children as they choose to allow their children to participate in therapeutic horseback riding.

SARDA is part of the parents’ microsystem as it is a big part of their children’s lives and parents have direct contact with SARDA. SARDA is made up of the therapeutic horseback riding itself, its volunteers and instructors, and its environment. Parents’ perceptions and experiences of these aspects inform the meaning and value that they attach to the activity (Bronfenbrenner, 1979). This is important as the parents are placing their trust in SARDA to look after their children, and they are the ones who need to see value in the activity (as they want to help their children). The feedback regarding parents’ perceptions of these aspects is also important in terms of improving the therapeutic horseback riding programme (Scialli, 2002). It also shows parents’ appreciation for the programme.

The mesosystem is the set of links and interrelations between microsystems (Bronfenbrenner, 1979). When values between these microsystems correspond, positive

effects and synergy between systems is enhanced (Duncan et al., 2007; Scileppi et al., 2000). Therefore, in relation to the present research, if the therapeutic horseback riding has a positive effect on the children, the parents' perceptions of the activity are more likely to be positive. Similarly, if the parents engage in a positive experience with the volunteers and the environment of the therapeutic horseback riding, their perception of the activity will be enhanced. If the therapeutic horseback riding has a positive effect on the children, there is also the potential for the occurrence of secondary positive effects on the parents. These positive secondary effects include feelings of pride and enjoyment, as reported in the literature (Davis et al., 2009; Scialli, 2002; Sterba et al., 2002).

The exosystem refers to settings with which the individual does not have direct contact (Duncan et al., 2007), or in which the individual does not actively participate (Bronfenbrenner, 1979). The settings however have an influence on the individual's life (Scileppi et al., 2000). With regards to the present study, exosystems would refer to the wider community and the children's school (amongst others, see Figure 2.1). In terms of the wider community, parents' may experience a lack of understanding with regards to their situation and life with a child who has a disability. They may experience a lack of support as well as a lack of guidance in terms of their child's diagnosis and potential avenues to assist their child. In terms of their children's school, they may not have been advised about therapeutic horseback riding as an activity for their children, or their children may not have been selected by the school to participate in the activity. If their children do attend therapeutic horseback riding through the school, there is also the drawback that the children can only attend lessons for one month.

The final system is the macrosystem. The macrosystem is made up of "large-scale societal factors that have an impact on people's lives" (Duncan et al., 2007, p. 107). The factors include governmental policies, culture, and economic conditions (Duncan et al., 2007;

Scileppi et al., 2000). With SARDA being a non-profit organisation, there are constraints on it financially. They do not charge clients for the therapeutic horseback riding lessons and therefore do not receive financial gain through this avenue (it is gained through donations and fundraising). For parents this means that there is the continuous potential that the organisation may not generate enough funds to continue operating, which would be detrimental to their children and therefore to themselves. At the same time this could influence parents' perceptions in that they would be willing to assist the organisation to ensure its continuation, as it is of value to them and their children. Lack of funding also means that there is a limit on the number of children that can participate in therapeutic horseback riding. Some children may not get the opportunity or will have to wait on the waiting list due to too few horses, volunteers, and instructors.

Due to the lessons being free of charge, opportunity is provided for economically disadvantaged children to participate in therapeutic horseback riding. This is especially important as having a disabled child can be expensive due to the amount of therapies that they need to undertake. The provision of a free service is therefore invaluable. Without stable financial aid the threat of the organisation having to close is of huge detriment to these parents. Economic conditions therefore play a large role in these parents' lives.

2.6. SUMMARY

Therapeutic horseback riding is an important activity (disguised as recreation) to consider when focusing on children with disabilities. As can be seen in the literature review, therapeutic horseback riding has an effect on many areas of function including physical function, psychological function, and social function. It is also important to note, following this chapter, three main points that justify the focus of the present study. First, that there is a dearth of studies considering parents' perceptions of the effects of therapeutic horseback

riding. Parents' perceptions are important to obtain as many children who participate in therapeutic horseback riding are intellectually as well as physically disabled. This makes it difficult to obtain their opinions regarding the effect of the riding on themselves. Parents generally know the most about their child's behaviour in day-to-day situations (Achenbach & Ruffle, 2002) and can therefore note improvements. Second, that there are few studies that look at the overall effects of therapeutic horseback riding; many studies focus on a single effect, such as a physical effect. Third, there is a limited amount of South African literature regarding therapeutic horseback riding.

In Chapter 3 the research methodology of the present study will be discussed, including information about the research design, the participants, data collection, and data analysis.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

The aim of the present study was to explore and describe parents' perceptions of therapeutic horseback riding for their children with disabilities, as stated in Chapter 1. It intended to gain insight into both the parent's experiences of the activity as well as their perceptions of their children's experiences of it. In order to achieve this aim, parents whose children attend therapeutic horseback riding lessons at the South African Riding for the Disabled Association (SARDA) in Constantia were asked to participate in this qualitative study.

This chapter will present the methodology employed to meet the aim of the study. It is organised into eight sections: research design, research participants, instrumentation, data collection, data analysis, ensuring trustworthiness in the research, ethical considerations, and a summary of the chapter.

3.2. RESEARCH DESIGN

3.2.1. Qualitative Research

A qualitative research design was chosen to achieve the aim of this study. Qualitative research focuses on the subjective experiences of individuals (McIntyre, 2005). It provides a space for the investigation of individual's personal accounts of experiences and perceptions of themselves and the world around them; it "offers richly descriptive reports" of difficult to quantify situations (Hakim, cited in McIntyre, 2005, p. 127). Through these personal accounts, the researcher induces certain theories and/or interprets the meanings that people attach to certain phenomena (McIntyre, 2005). Meaning is not a fixed or measurable

phenomenon; it changes over time (Merriam, 2002). Qualitative research attempts to interpret the meaning that people attach to a certain phenomenon at a certain point in time, to increase the depth of understanding about it (Merriam, 2002).

A qualitative research design was therefore chosen for this study as the aim is to explore the parents' perceptions of therapeutic horseback riding as an activity for their children with disabilities. Through a semi-structured interview the researcher was able to obtain descriptive information regarding the children's experiences of therapeutic horseback riding, as seen through the eyes of the parents, as well as the parents' own perceptions of the activity and the meaning that they attach to it.

3.2.2. Exploratory Research Design

The present study encompasses an exploratory research methodology. An exploratory study sets out to establish an overview of a situation or phenomenon (Bless, Higson-Smith, & Kagee, 2006). This is applicable to the present study as the aim was to explore parents' perceptions of therapeutic horseback riding as an activity for their children with disabilities, and not to restrict the study to a predefined set of experiences and views.

3.3. RESEARCH PARTICIPANTS

The participants were all parents of children with disabilities who participated in therapeutic horseback riding lessons at the South African Riding for the Disabled Association (SARDA) in Constantia, Cape Town. Eleven of the 12 participants were female and one was male. In terms of ethnicity, there were nine white participants, two coloured participants, and one European participant. For demographic information on the parents please refer to Table 3.1. Information regarding the children can be found in Table 3.2 (please note that the numbers in

the left column correspond with the numbers in Table 3.1). The children ranged in age from 6 years to 17 years old, and there were eight females and four males.

The first sampling method used was convenience sampling, which is a type of non-probability sampling (Bless et al., 2006). This method was chosen as SARDA is an organisation in Cape Town that provides, among other services, therapeutic horseback riding lessons to children with disabilities. Permission was granted by Mrs Fenella Powles (see Appendix A), the Chairperson at SARDA, for research to be conducted at SARDA in 2013. Although convenience sampling means that the results generated from the study cannot be generalised, it has the potential to be a starting point for future South African research into this topic (Bryman, 2008).

The second sampling method employed was that of purposive sampling, with the specific approach of criterion sampling. Purposive sampling selects a sample of participants based on the researcher's knowledge of the group (Lunenburg & Irby, 2008). In the present study the participants had to meet certain criteria:

- the participant had to be a parent of a child who participated in therapeutic horseback riding lessons;
- the child had to be between the ages of 6 and 18 years;
- the therapeutic horseback riding lessons had to take place at SARDA;
- parents of children who did vaulting (movement on a stationary horse/barrel) would not be included.

There were approximately 200 children participating in therapeutic horseback riding lessons (morning and afternoon lessons) at SARDA in the third school term of 2013, when the first data collection began. Of all the parents approached and asked to volunteer to participate in this study, 12 agreed to participate in an interview.

Table 3.1

Demographic Information of Participants

Parent*	Gender	Race
1. Kate	Female	White
2. Rachel	Female	Multi-ethnic
3. Miriam	Female	European
4. Hannah	Female	White
5. Derek	Male	White
6. Caitlin	Female	White
7. Sarah	Female	White
8. Rita	Female	Coloured
9. Stella	Female	White
10. Lindy	Female	White
11. Megan	Female	White
12. Sindy	Female	White

Table 3.2

Demographic Information of Participants' Children

Gender	Age	Disability
1. Female	6	Prader-Willi syndrome
2. Male	6	Cerebral palsy
3. Female	7	Cerebral palsy
4. Female	15	Tuberous Sclerosis
5. Male	6	Autism
6. Female	9	Hearing and intellectual disability
7. Female	17	Intellectual and physical disability
8. Female	16	Left hemiplegia
9. Female	16	Cerebral palsy
10. Male	7	Cockayne Syndrome
11. Female	17	Down Syndrome
12. Female	8	Autism

Note. The numbers in the left-hand column correspond with the parents in Table 3.1

3.4. INSTRUMENTATION

In order to collect data from the 12 participants, two instruments were used: an adaptation of Section 1 of Scialli's (2002) Horseback Riding Survey (see Appendix A), and a semi-structured interview (see Appendix B). These two instruments will now be explained further.

3.4.1. Demographic information (see Appendix A)

The first instrument was used to gain demographic information regarding the parents and the children. This instrument was based on Scialli's (2002) Section 1 of the Horseback Riding Survey, however it was adapted to make the survey more suitable within the South African context and what the present research is aiming to achieve. The survey included aspects such as the gender of the child, their disability, the length of time that the child has been riding for, and how the parent found out about therapeutic horseback riding. It also includes a question asking parents to rate their child's level of interest in therapeutic horseback riding, with 100 being the highest possible interest and 0 being the least possible interest.

3.4.2. Interviews (see Appendix B)

The instrument that was used to collect the qualitative data from the 12 participants was a semi-structured interview with open-ended questions. This approach was chosen as the participants would be able to speak freely about their experiences of their children's participation in therapeutic horseback riding and the possible effects that it has on their children as well as themselves. The flexibility of a semi-structured interview allows relevant, unconstrained personal experiences to be obtained while at the same time maintaining clear focus of the research (Bless et al., 2006; Bryman, 2008). Interviews allow for the exploration of topics which are sometimes too complex to be explored quantitatively (Banister et al. cited in Naidoo, 2009).

Questions are developed pre-interview while still allowing space for follow-up questions to emerge during the interview in relation to responses from the participants (Lunenburg & Irby, 2008). Open-ended questions allow for the free-flowing of thought as opposed to a simple yes/no answer (Lunenburg & Irby, 2008; Ritchie & Lewis, 2003).

Through the use of a semi-structured interview, avenues of knowledge that the researcher had not thought about were generated by the participants. This was made possible by the interactive nature of the interview. An open-ended question put forward by the interviewer and the semi-structured nature of the interview allowed for the free-flowing of conversation between interviewer and interviewee (Ritchie & Lewis, 2003).

In order to ensure that the interview was a valid instrument for the research, a pilot interview was held. A pilot interview aids in establishing whether the questions in the interview allow the participants to speak freely and to ensure that they do not “constrain what participants want to say in relation to the research questions” (Ritchie & Lewis, 2003, p. 135). Following the pilot interview, it was decided to omit one of the questions due to it inhibiting the answers given by the participant to later questions (question 7 in Appendix B).

The interviews took place at a variety of locations decided upon by the interviewee; at their homes, at their places of work, at SARDA, and at a park. These were done at a time of their convenience. With the participants' permission, the interviews were audio-recorded. This was done in order to ensure that all potential important information was recorded (McIntyre, 2005). By audio-recording the interviews I was able to note what participants said as well as how they said it, allowing for a more thorough examination (Bryman, 2008). It also allows for full attention during the interview to be on the participant and the conversation, not on taking notes (Bryman, 2008).

The interviews ranged in length from 15 minutes to 70 minutes. While the average length of the interviews was approximately 37 minutes, the shortest interview was due to the

participant feeling that she had said all that she needed to say. During the interviews observations were made of the way in which the participant answered the questions as well as their general mood towards the topic. Observations were also made by myself of the therapeutic horseback riding lessons and the environment in which these took place. Observations are important in qualitative research in order to ensure transferability as well as triangulation of sources, which will be explained further in section 3.7 (Ritchie & Lewis, 2003). Pseudonyms have been used in the transcription and presentation of the data in order to hide the identities of the participants and their children.

3.5. DATA COLLECTION

Before any data collection took place, permission was granted by Mrs Fenella Powles (see Appendix C), the chairperson for the South African Riding for the Disabled Association (SARDA), for research to take place at SARDA in Constantia using their clients during the period April 2013 to December 2013. Upon ethical clearance from the Research Ethics Committee (REC) (see Appendix D), research at SARDA commenced.

Due to confidentiality agreements between SARDA and the parents whose children attend lessons at SARDA, I was unable to obtain contact details of any of the parents. Some of the parents also come from disadvantaged backgrounds and so the use of electronic mail to contact all the parents and request participation was not possible. I therefore spent the first week of the third term of 2013 at SARDA (22 July until 26 July) going to every lesson and approaching parents. When too few responses were obtained I went back for 5 days more in August 2013.

Due to the parents being present at the afternoon lessons, it was easier to obtain participants as I could speak to the parents face-to-face and one-on-one and explain my research. Two of the interviews took place at SARDA while the parents waited for their child

to finish the lesson. Obtaining responses from the parents whose children attended lessons in the morning was more difficult as the parents do not attend these lessons. As mentioned in Chapter 1, these children are brought to the lessons by the school. Face-to-face interaction with the parent to request their participation was therefore not possible.

An information letter was sent home for each child with the teacher from each school that attended morning lessons. The information letter outlined the nature of the research and the reasoning and importance of it, and requested voluntary unpaid participation from the parents. The parents were able to contact the researcher via phone, email, or by sending a “reply slip” back to SARDA with their child. A total of 79 information letters were sent home with morning classes, and 11 parents responded with their contact details. These 11 parents were then contacted, however none of them replied.

The parents who agreed to participate in an interview were contacted via email or sms. They were informed that the interview would be approximately 30 to 45 minutes in length and that it would take place at a time and place of their convenience. They were also informed that the interview would be recorded on an audio recorder, with their permission, and that this audio data would be stored securely for two years before being destroyed. It was stated in the email that the participants and their children would remain completely anonymous.

Of the 15 parents contacted to participate in the interview, only seven responded and agreed (despite numerous emails sent out stating the importance of the research and their input). After discussion with my supervisor, it was decided that another attempt would be made to obtain more interviewees. Teri, the stable manager at SARDA and one of the instructors, agreed to send out an email (drafted by the researcher) to parents that she had on her database whose children attend riding lessons at SARDA. Following this email, a further five parents contacted me and offered to participate in the study.

Upon agreement from the 12 parents to participate, arrangements were made with each parent to conduct an interview at a time and place of their convenience. A consent form (see Appendix F) was signed by each interviewee before the interview began, and each interview was audio recorded upon permission from the participants. The interviews were completed over the period December 2013 to June 2014. The participants had the right to withdraw from the study at any time if they wished to do so. Participants also had the contact number of a registered counsellor who was available to them should they need counselling following the interviews.

3.6. DATA ANALYSIS

The qualitative data obtained from the research investigation was first transcribed and then analysed using thematic analysis. I chose to transcribe the interviews myself in order to familiarise myself with the data. According to Braun and Clarke (2006), it allows a “more thorough understanding of your data” (p. 18).

Thematic analysis involves searching for and analysing themes that occur more than once in the data (Braun & Clarke, 2006). In conducting thematic analysis the researcher actively searches for themes which are of importance to the topic (Taylor & Usher, as cited in Braun & Clarke, 2006). Thematic analysis does not relate to any specific theoretical framework and therefore acknowledgement of theory is not needed before performing thematic analysis, and it can be used to “reflect reality” as well as “unravel the surface of ‘reality’” (Braun & Clarke, 2006, p. 85). Although thematic analysis is a widely used analytical tool, there is no demarcated and agreed-upon way of performing it (Braun & Clarke, 2006).

For this research, Braun and Clarke’s (2006) method of thematic data analysis was used. Their guide consists of six phases of analysis. The analysis begins when the researcher

observes and searches for points of interest that stand out from the data, and ends with the reporting of themes that emerged from the data (Braun & Clarke, 2006). The analysis is a “recursive process” whereby the researcher constantly moves backwards and forwards between the data set (the entire set of data being used in analysis), the coded data, and the analysis of the data (Braun & Clarke, 2006, p. 89).

Phase 1 involves reading through the data actively and repeatedly in order to familiarise oneself with it as well as to become aware of possible patterns and ideas (Braun & Clarke, 2006). I took rough notes during this phase of possible codes and potentially important sections in the data.

The initial coding begins in phase 2, once the data has been read thoroughly and important and interesting sections in the data have been identified (Braun & Clarke, 2006). Coding is the identification of specific items in the data that are important or interesting to the analyst in terms of the focus of the research. Data items that are similar are placed in the same code group. Coding can be done manually or by using a programme such as Atlas.ti (Braun & Clarke, 2006), however I felt more comfortable coding this data manually. Potential codes were identified using highlighters and notes were written alongside the items. These codes were then typed out and quotes from the data were included in this write-up in order to ensure the correct context was used and to motivate the selection of the code. Certain extracts were placed into more than one code group.

Once I had a list of codes, phase 3 was begun. All the codes were sorted and combined into broad potential themes, and any remaining codes that did not fit into themes were kept aside. A theme is a combination of codes that “captures something important about the data in relation to the research question” (Braun & Clarke, 2006, p. 83). Themes are patterns in the data that describe the data set in detail and which assist in answering the research question (Braun & Clarke, 2006).

Phase 4 involves the refining of the broad potential themes that were established in phase 3 (Braun & Clarke, 2006). Themes that did not have enough data to support them were discarded, and themes that were small and similar in nature were amalgamated into one theme. According to Braun and Clarke (2006) there are two levels involved in refining the themes. In level one the analyst needs to read all the extracts for each theme to ensure that the themes “form a coherent pattern” (Braun & Clarke, 2006, p. 93). In level two the data is re-read to search for any codes that may have been missed and to ensure that the themes accurately reflect the meanings expressed in the entire data set.

Phase 5 involves defining and refining the themes further and identifying any subthemes. Subthemes are “themes-within-a-theme” and add structure to a theme that is very complex (Braun & Clarke, 2006, p. 95). The themes were defined and refined in terms of “the ‘essence’ of what each theme is about” as well as how the themes relate to one another (Braun & Clarke, 2006, p. 95). For each theme, a detailed analysis was written and related to the research question. Braun and Clarke (2006) emphasise that one should be able to define what your themes are in a few sentences, and what they are not.

In phase 6, the final phase, the analysis and report is written up. The goal is to show the importance of each theme, with enough data to support it, and to show the validity of the analysis. It is not just a description of the themes and the data; it needs to make an argument for the importance of your research question (Braun & Clarke, 2006).

3.7. ENSURING TRUSTWORTHINESS IN THE RESEARCH

Qualitative research is often questioned in terms of trustworthiness by positivists (associated with quantitative research) due to the inability to measure the reliability and validity of the research in the same way that it is measured in quantitative research (Krefting, 1991; Shenton, 2004). These constructs of reliability and validity have therefore been adjusted to

assist in the assurance of trustworthiness in qualitative research. Guba (as cited in Shenton, 2004) proposed the following four criteria that should be taken note of in qualitative research: credibility, transferability, dependability, and confirmability.

3.7.1. Credibility

Credibility is the criterion that is proposed to be used in place of internal validity (Morrow, 2005; Shenton, 2004). Credibility refers to the congruency of the findings in the research with reality as well as internal consistency (Morrow, 2005; Shenton, 2004). In order to ensure credibility within this research, the following strategies were undertaken.

3.7.1.1. Involvement of peer examination

My supervisor provided consistent advice and feedback regarding the research. Professionals external to the research were also asked to read through the project and were encouraged to give advice where they saw necessary. This allows for a fresh set of perspectives to be obtained on a project that the researcher becomes immersed in (Shenton, 2004). Observations and questions by parties external to the research allow the researcher to refine their work and to challenge and develop their arguments further (Shenton, 2004). The principle of anonymity with regard to the research participants was upheld at all times during this process; personal information was kept confidential.

3.7.1.2. Reflexivity

Reflexivity refers to the ability of the researcher to evaluate their project throughout the research process (Krefting, 1991; Shenton, 2004) in order to “minimise the effects of researcher subjectivity and bias on the study” (Hurwitz, 2013, p. 58). In qualitative research, the researcher is a participant and not just an observer; there is a relationship between the researcher and the research topic (Krefting, 1991).

I needed to remain aware of subjectivity in the study due to two aspects: I had previous experience with horses, and I had engaged in research already performed on the topic. I had been riding horses for four years prior to the start of the research, and this is what originally sparked my interest in the topic. I therefore already believed in the healing power of horses and the effects that they can have on people. I have witnessed and experienced first-hand the bond that one can develop with a horse and how this can help one through personal struggles in life. I did not however have any experience in or knowledge regarding therapeutic horseback riding for individuals with disabilities. I have also never had experience in working with children with disabilities.

While approaching parents to participate in this study, I was able to observe some of the lessons at SARDA. I was also asked to sidewalk in one of the lessons as there was a shortage of volunteers. I therefore witnessed first-hand the enjoyment that the children get from the riding. From this I had a very positive view of the riding before interviews took place, and so had to remain self-aware during data analysis so as not to be bias in the favour of therapeutic horseback riding.

Before interviews took place I had completed my proposal and was aware of the literature on therapeutic horseback riding. I therefore had an idea of possible outcomes of the research.

In order to achieve reflexivity, I remained self-aware during the compiling of the interview schedule, the actual interviews, and the data analysis process. This was done in order to not impart my own personal experiences onto the participants as well as the data. I was also guided by my supervisor during supervision sessions in ways to remain self-aware. Certain interviews were also found to be difficult due to the emotion brought forward by the parents; I was able to reflect on these sessions with my supervisor as well as a registered

counsellor in order to not let them affect my data collection and analysis. A counsellor was readily available to all parents who participated should the need arise.

3.7.1.3. Procedures to ensure that the participants were honest in their data provision

This strategy was approached by giving the participants the right to decline participation in the study. This ensured that only willing participants took part in the interviews (Shenton, 2004). The participants were also informed that they could withdraw from the study at any point in time without having to disclose their reasoning (Shenton, 2004). The participants were also assured that they and their children would remain anonymous at all times.

3.7.1.4. Review of previous research findings

Previous research findings in relation to the current research were reviewed in order to assess the congruency of the current results with previous results (Morrow, 2005; Shenton, 2004). I paid particular attention to existing qualitative studies that focused on parents' perceptions of therapeutic horseback riding as this was what the present research was addressing. It was also important to me to find congruency between existing quantitative research results and the present research results as it confirmed the parents' perceptions to a greater degree (it provided scientific data to support parents' perceptions).

3.7.1.5. Triangulation

Triangulation refers the use of a variety of methods of data collection from a variety of sources, in order to gain the best possible understanding of a phenomenon (Shenton, 2004). In order to achieve this, triangulation of data collection methods, participants, and environments can be used (Krefting, 1991; Shenton, 2004). In this study, I used many strategies to achieve the greatest number of participants willing to take part in the study. Strategies involved approaching parents at SARDA, sending home information letters with

school remedial teachers for parents, and SARDA sending out emails to their database of parents, requesting participation. This was done in order to verify and strengthen the experiences and perceptions of the participants. By doing so, a “rich picture of attitudes, needs or behaviour of those under scrutiny may be constructed based on the contributions of a range of people” (Shenton, 2004, p. 66). I also observed a few lessons while approaching parents at SARDA so was able to attach a ‘visual’ to the literature I had been reviewing.

3.7.2. Transferability

Transferability is the criterion that parallels external validity or generalizability (Morrow, 2005; Shenton, 2004). It refers to the extent to which the present research findings can be extended to other contexts (Morrow, 2005; Shenton, 2004; Zhang & Wildemuth, 2009). Due to the fact that qualitative research generally takes place in small environments or sets of participants, it is difficult to generalize the findings (Shenton, 2004). It is therefore important that in order for transferability to be feasible, the researcher must provide sufficient information about the context, the research process, and the participants (Morrow, 2005). It is therefore important to imply in the research that the findings cannot be generalized “in the conventional sense” (Morrow, 2005, p. 252). In the present study, I have provided appropriate and sufficient information regarding the context and the participants. I have also gone into depth to explain the research methodology and process used, as well as methods that she used to ensure trustworthiness of present study.

3.7.3. Dependability

The criterion of dependability corresponds with the construct of reliability (Morrow, 2005; Shenton, 2004). This refers to the way in which the study was conducted; the results obtained should be similar if the same context, participants, and methods were used (Morrow, 2005; Shenton, 2004). In order to achieve dependability, I took note of and included detailed

descriptions on the research design, how it was used, the data collection process, and evaluations of the research as a whole, in the final thesis.

3.7.4. Confirmability

Confirmability, corresponding with the criterion of objectivity in quantitative research, refers to the finding that research is never objective, however it should always strive to be as objective as possible (Morrow, 2005). The findings should represent the situation and the experiences of the participants as opposed to the biases and beliefs of the researcher (Morrow, 2005; Shenton, 2004). In order to achieve this, an audit trail was kept of the details of how I conducted the research process and how I came to the findings presented in this study.

3.8. ETHICAL CONSIDERATIONS AND PROCEDURES

Upon submission to and approval by the REC, as well as permission from Mrs Fenella Powles, the Chairperson for SARDA, data collection at SARDA commenced. A time and place of each participant's convenience was set up for each interview.

Before any interviews took place with the participants a consent form was signed. The principle of autonomy was stressed in the consent form; participation in the study was voluntary and the participant could withdraw from the study at any point in time without consequences (Bless et al., 2006). The consent form also informed the participants that the interview would be recorded on an audio recorder for transcription purposes, and that all audio data and their relevant transcriptions would be stored securely. All participants and their children remained anonymous. Only the parents were asked to partake in an interview, no children participated in the study.

All consent forms were stored securely in my office. Only I had access to the transcripts and only I knew who the participants were. All audio data and their relevant transcriptions were stored on a computer that was password secured and only I knew the password. Due to the sharing of potentially sensitive information by the parents in the interviews, I endeavoured to uphold the principles of beneficence and non-maleficence. This was done through there being none to minimal risk for the participants involved in the study, and if they felt they needed counselling following participation, participants would be referred to Nicola Boyd, a registered counsellor.

All participants will be sent a copy of the completed dissertation if they desire to see it. A follow-up session will be arranged with the stable manager at SARDA and any teachers who would like to join (from SARDA) in order to provide feedback about the findings from the research. I am also happy to design an information board detailing the findings of the research that can be displayed at SARDA.

3.9. SUMMARY

In order to achieve the aim of the study, a qualitative methodology was employed which was explained in this chapter. The aim was to explore parents' perceptions of therapeutic horseback riding for their children, and so an exploratory research design was chosen. The participants had children who attended therapeutic horseback riding lessons at SARDA in Constantia in Cape Town in 2013 and 2014 and were obtained through convenience sampling and criterion sampling. An individual semi-structured interview was held with each participant at a time and place of their convenience. This interview was audio recorded. The interviews were then transcribed and analysed using thematic analysis in order to extract themes. Ethical considerations and procedures were upheld at all times during the study.

Chapter 4 presents the results of the thematic analysis. It displays the themes and subthemes extracted from the data both literally and figuratively.

CHAPTER FOUR

RESULTS

4.1. INTRODUCTION

The aim of the present research was to explore the perceptions of therapeutic horseback riding from the perspectives of parents whose children with disabilities participate in the activity. It also intended to explore the parents' experiences of therapeutic horseback riding as well as their perceptions of their children's experiences of the activity. Data was collected in the form of semi-structured interviews with the parents.

Parents completed a demographic survey (see Appendix A) which was based on Scialli's (2002) Section 1 of the Horseback Riding Survey. Results from this survey can be seen in Table 4.1.

Table 4.1

Results from the Demographic Survey

Reason for participation	How discovered THR	Length of time participating in THR at SARDA	Rating of child's interest in THR
1. Physical, emotional, social, OT, recreational	Medical/health referral	6 months	100
2. Physical, OT	School referral	6 months	100
3. Physical, OT, recreational	Word of mouth	1 year	50
4. Physical, social, OT, recreational	Word of mouth	±5 years	75-90
5. Social, OT, behaviour modification	Word of mouth	1 year 7 months	95
6. Physical, OT	Own research	5 years	100
7. Physical, emotional, social, OT, recreational	Medical/health referral	Some years	100
8. Physical, emotional, recreation	Can't remember	13 years	90
9. Physical, emotional, behaviour modification, social, OT, recreational	Physiotherapist referral	13 years	80-100
10. Physical, recreational	Attended an event	4 years	100
11. Physical, emotional, behaviour modification, social, OT, recreational	Word of mouth	5 years	80
12. Physical, OT, recreational	School referral	5 months	80

Note. THR = Therapeutic horseback riding, OT = Occupational therapy; The numbers in the left-hand column correspond with parents in Table 3.1; In column four, 100 = the highest possible interest in THR

As can be seen in the above table, in terms of the parents' reasoning for having their child participate in therapeutic horseback riding, 11 out of the 12 parents indicated that it was

for physical reasons. Occupational therapy was also highly indicated; 10 of the 12 parents selected this as one of the reasons for their child participating in the activity. There was great variance in how the parents discovered therapeutic horseback riding. All children had been riding for over five months. The average level of interest was 88.95 out of 100.

Following thematic analysis of the data, the main themes that emerged were: effects of therapeutic horseback riding on children; parents' personal experiences; and the perceived reasons for improvements in the children. These three themes are displayed in Table 4.2 and will be explained further in this chapter.

Table 4.2

Themes and Subthemes that Emerged from the Data

Themes	Subthemes
1. Effects of therapeutic horseback riding on children	1.1. Physical effects 1.2. Psychological effects 1.3. Cognitive effects 1.4. Social effects 1.5. Calming effects 1.6. Child's enjoyment and happiness 1.7. Quality of life
2. Parents' personal experiences	2.1. Positive environment 2.2. Relief for an invaluable service 2.3. Satisfaction for the parent 2.4. Feedback
3. Perceived reasons for improvements	3.1. Improvements due to a combination of factors and circumstances 3.2. Improvements due to therapeutic horseback riding

4.2. THEMES AND SUBTHEMES THAT EMERGED FROM THE DATA

4.2.1. Effects of therapeutic horseback riding on children

Therapeutic horseback riding was described as an all-encompassing activity by one of the parents; it brings about a wide range of effects on a child and it does not target a single domain of development as it has no set goals. Many of the parents spoke about therapeutic horseback riding as an activity that brings about physical, psychological, cognitive, and social effects in their child. It was also reported by the parents that their children were calmer and received enjoyment from the activity, as well as enrichment of their life. These subthemes will now be reported further.

4.2.1.1. *Physical effects*

Six parents pointed towards the physical effects as being the most noticeable effects that the riding has had on their children. These effects include effects to posture, strengthening of muscles and improvements in muscle tone, balance, and walking abilities.

One of the most prominent and recurring physical effects of therapeutic horseback riding mentioned by the parents was the effect that it had on their children's posture and core stability. Many of the children began horseback riding at SARDA and were very unstable and limp on the horse, whereas they can now sit upright and are more aware of their bodies.

...now she's got the most beautiful posture. (Hannah)

I would say for the last...the last 3 to 4 years of his riding he sits absolutely upright the entire lesson, you know. (Stella)

...with his physical, the physical side of it you can see. He's more erect on the horse, he was quite floppy at first. So you can see that there's...with the posture, his

posture, there's a significant improvement. He's erect, he can control his body more...
(Rachel)

...she still likes to flop and lean but there's a lot more core stability. (Hannah)

For the parent whose child has Cockayne syndrome, the aim is to get him to sit upright due to his slightly curved spine. She has found that horseback riding has been particularly helpful in this regard. For another parent, a change in horse allowed her daughter to develop great posture; the first horse she rode was too big and lulled her to sleep whereas now she rides a different horse and sits perfectly with great posture.

They suffer a lot with their chest, so to try and keep them upright and his back as straight as possible is our main intention at the moment. Um so that's why horseriding's also good cuz he's gotta sit up. (Lindy)

And that's the nice thing about horseriding, is it encourages this beautiful posture. [...]
And on Amos she's got like this beautiful posture again... (Kate)

Alongside an improvement in posture, and a possible cause of improvement in posture, is the strengthening of the children's muscles. Some parents noted that there had been improvements in their children's muscle tone. One parent's son has very tight legs and is unable to walk, therefore his muscles in his legs do not get stretched. The therapeutic horseback riding aids in stretching his muscles in his legs in a way that they are unable to do so at home. For another parent whose child has very low muscle tone, the therapeutic horseback riding has strengthened it. Therapeutic horseback riding therefore has an effect on both high muscle tone and low muscle tone.

So it [therapeutic horseback riding] widens his legs up which is great, which we wouldn't normally be able to do at home. (Lindy)

If he doesn't ride for a while and then we go back you can see he actually does stiffen up if he doesn't have the riding. So I think having the riding every week definitely um helps with that, cuz we do do physio. But like I said especially cuz the horse is wide we getting that stretch that we wouldn't normally. (Lindy)

...he had very low muscle tone for a very long time, and that's improved enormously."(Stella)

With this strengthening of muscles comes improvement in balance and the ability to ride alone; many of the children began horseback riding lessons with sidewalkers and now these are no longer necessary as they can balance alone on the horse. Two of the children no longer require sidewalkers, and one parent's son now only has one sidewalker. Balance also gives the children greater ability to do the activities that they are required to do on the horse.

And you know obviously going from a leader and two sidewalkers to just someone who's leading the horse now, you know all of that has been remarkable. (Stella)

...the riding has helped a lot with her balance. I'm convinced about that. (Caitlin)

Improvement in walking abilities is possibly an effect of improvements in muscle strength, as well as an effect of the actual movement of the horse. For two of the parents, an important physical effect of the therapeutic horseback riding has been improvement in their children's abilities to walk.

And other people that hasn't seen him in a while. Like my friends, and they see him, and they so shocked because he's walking more, he can he used to take like one two steps. Now he...he can walk across this field. (Rachel)

We've gone from a child who's not walking to a child who is...and gained some independence. (Miriam)

There's a girl she's got spinal bifida, and she came...I dunno but she can walk, and she was unable to do that. (Rachel)

4.2.1.2. Psychological effects

Psychological impact was the second domain in which effects were seen in their children by the parents. The main psychological effects that were perceived by the parents were increased confidence and independence, and pride in personal achievement resulting in increased self-esteem.

An increase in their children's confidence was echoed by many of the parents as having resulted following therapeutic horseback riding. Some parents believed that the horses taught their children confidence and they could see this from the way that the children carry themselves. It was also mentioned that confidence has improved in some of the children as a result of the physical effects.

It gives them confidence and a sense of that they can control this big animal. (Derek)

I mean the balance and the you know, the control of your torso, and the confidence of all that. His general confidence, you know. (Stella)

Confidence achieved in being able to ride an animal much larger than themselves as well as the physical effects of therapeutic horseback riding has also resulted in independence developing in many of the children. Two parents' children have become more independent in that they can now take steps on their own, whereas they previously were unable to. Other parents mentioned how their children are unable to do many things for themselves, but horseback riding is something they can do alone.

...I think the horseriding gives him a lot of independence. He can crawl so he does have a bit of independence, but um at horseriding I think he just...I get the impression that

he just feels like such a big boy. Something that he can do by himself, he's got a sidewalker with him but um you know he's on the horse there and I think it must give him a huge amount of also freedom that he can get around... (Lindy)

And it's another whole world where I don't have to belong. And he's recognised and he's independent, ya. And he can converse and communicate and people understand him... (Stella)

Similarly, pride and increased self-esteem resulting from personal achievement in gaining independence from controlling the horse was mentioned as an effect of therapeutic horseback riding. Parents believed that their children's pride arose from the realisation that they can do something by themselves. Pride also results from the fact that they are achieving and excelling in something unique that no one else in their family does.

Academically she can't compete with any of them [her family members], but with the horseriding it gives her an edge.[...]Cuz at least this is for her, it's her own thing, it's her own halo over her head. So she's special cuz she's the only one that does horseriding, and she's doing well at it. (Rita)

"It's nice for him because he's very um...mentally he's not at a 7 year old, umm so he's very baby. But on the horse he just, you can see he thinks he's like a big boy... (Lindy)

Obviously also about doing something well, because they do little like activities, ya and then she'll under...you know she appreciates the praise when she does something well. So I think there's a certain kind of um...positive attention from other people when they find out that she does horseriding, which obviously she kind of basks in the glow of that. (Megan)

4.2.1.3. Cognitive effects

Cognitive abilities were noted by parents as developing and improving following therapeutic horseback riding. These abilities included the learning of a skill, increased focus, planning skills, and academic improvements such as counting.

For one parent, the therapeutic horseback riding adds quality to her daughter's life and has been good for her self-esteem. She could see her daughter's pride after taking part in a ghymkhana (games on horseback) and winning a rosette. She also mentioned the importance for the children in learning and mastering a skill, which gives them pride in their abilities (when their abilities may be somewhat limited by their disability).

And she is actually learning a skill, you know, she's learning to master a skill, as slowly as she is but um [...] And she's actually learning you know, she is learning, she's learnt a lot. [...] So ya I mean I would say it's a big positive that they that they learning to master a skill. (Kate)

Two parents found their daughters were more focused following therapeutic horseback riding. For another two parents, improvement has been seen in their children's abilities to listen and follow instructions. This was believed to be a result of having to do activities (such as stretching and games) while on horseback as part of the lesson. Similarly, another parent's son has developed his planning skills due to having to control the horse, listen to the instructions, and then follow the instructions.

She does become more focused... (Caitlin)

So it's following instructions, more than one instruction, um and remembering, and taking control when I get there. (Stella)

Counting and recognising letters and colours has also been noted as improving from the games that they play on horseback. These games are also believed to have resulted in improvements in speech. One parent mentioned how her daughter's comprehension has improved as a result of the horseback riding.

...It used to be quite difficult to explain stuff to her because her ability to her comprehension is so bad. And her comprehension has improved and...this is especially challenging to her because she's having to comprehend from so many different people, you know, how to do something new, and she's actually doing really well. And I think that [her ability to follow instructions and do them] has definitely improved over the year. [...] So that...that's almost like a development area that I think she really got from the horseriding. (Kate)

I mean to go her speech disability was really very very very severe, you know she only started using words to communicate when she was 5. But I could see at SARDA that definitely it did stimulate some more...verbal expression. (Caitlin)

4.2.1.4. Social effects

Alongside the physical and psychological effects that the therapeutic horseback riding has had on their children, parents also spoke about certain social effects that it has had. In particular, the following three main social effects were mentioned: the development of social and behavioural skills, and the experience of SARDA as a community where the children are accepted.

Through participation in therapeutic horseback riding, it seems that certain social and behavioural skills develop through interaction with the horses as well as interaction with the volunteers and instructors. One parent would recommend the activity as it helps people with autism with interactions with other individuals. Due to her speech improving, another parent's daughter is able to interact with the other children and say "hi" and when she has a birthday it's the children from riding that she wants to invite. Similarly, other parents

expressed that their children enjoy interacting with the other children. Furthermore, parents mentioned that their children have learnt and developed behavioural skills from participation in the classes and in working with a range of people and with animals.

Um...for people like with autism it helps them with interacting with other individuals, even if that other individual is a horse. (Derek)

...building up a relationship with an animal is also something important for a child to learn I think, and also my daughter's the only child so...I think that that's also nice for her to have that. (Caitlin)

Um then he started getting to a point of um social interaction, and it was all about the people that he was meeting, um and interacting with. (Stella)

So getting to know people, greeting people, thanking people, um participating, doing things when you're told to do them, you know. (Stella)

Being accepted into a community such as SARDA was also a social effect of therapeutic horseback riding that the parents found was important for their children. SARDA is a community where the children are accepted as they are and where they can meet new people.

Going to a therapist for something, it's that one person all the time. When you go to something like SARDA, it's a community, and you are...you are suddenly known and accepted in a whole different community. (Stella)

But when Margaret phoned me from SARDA to say they have a spot I was like great I'll definitely take it you know, cuz I just thought it was a nice community as well. Cuz there's the group classes and she could get to know a few of the other kids and ya. (Kate)

4.2.1.4. Calming effects

An effect that was mentioned by many of the parents was that their children were much calmer. In particular, some parents found that the movement of the horse made their children very sleepy, and some parents found this to be beneficial for children with issues such as autism and attention-deficit hyperactivity disorder (ADHD).

Certain parents mentioned how the movement of the horses caused their children to become very sleepy, either on the horse or after riding. Some of the children become very quiet when on the horse and are very sleepy afterwards. For other children, the actual movement of the horse has caused them to fall asleep.

...I think she was sort of stretched onto Polly and she wasn't very comfortable. But the combination of that and the fact that Polly is so good and has such a nice even stride and everything, she was just lulling Brit to sleep. (Kate)*

So ya for the first few...for the first few months it was actually about staying awake on the horse. (Stella)

She's fallen off a horse twice, gotten back onto the horse. Ya. The once um...it appeared that she nodded off a bit. [...] Ya that's how relaxed she is. And so she...she just like slide off the horse. (Megan)

Although the horses lull some children to sleep, the movement of the horse has a positive calming effect on children who have autism, ADHD, or sensory issues. Five of the parents spoke about these effects in relation to their own children or in relation to what they have observed in other children.

I recently once said to somebody, 'If Natalie could do everything she does on a horse, she wouldn't need Ritalin'. It's the only time of the week where she's actually calm. So*

I always say I wish I could send her to school on a horse [laughs]. But definitely it does something to calm her down... (Caitlin)

From what I've seen just from a purely observational perspective, the kids who are autistic calm down a lot...the one down syndrome boy who is really excitable calms down a lot. (Miriam)

I think it's also what they like, um the kids with sensory issues like predictability, they don't want a sharp sudden sounds, they want something that's predictable. And the movement of the horse is predictable, you know, it's kind of calming. (Sarah)

4.2.1.5. Child's enjoyment and happiness

Most parents reported that their children obtained huge amounts of joy and happiness from participating in therapeutic horseback riding. For many parents, therapeutic horseback riding was chosen, and their children have continued with it because of the huge amount of joy that the children receive from it. In particular the conversation revolved around four main aspects: their children's joy leading up to the riding and in being at SARDA, their children's happiness on the horse, and their knowledge that their children would resist if they were unhappy or did not want to continue with the activity.

Many parents mentioned during the interviews that they knew their child was happy to go to SARDA and to go ride because of the way they behaved leading up to their riding lesson. Some children recognised SARDA as they were driving there and gave sounds of excitement. Parents mentioned how happy their children were when they were at SARDA and around the horses. Other parents knew their children enjoyed riding because in the holidays, when SARDA was closed for lessons, they would ask to go back and ride.

...she recognises where she's going, and when she does she squeals with pleasure. And I generally have a squeal of pleasure as we driving up to SARDA, and so I know that she's looking forward to it. (Miriam)

Um...but when we come drive down the road, she must have a sense of direction. It's amazing. We turn down this road the she knows, she starts [makes clicking sound]. So she's definitely got that um...that interest is there. (Hannah)

But I will say that when it's the day for riding, there's very little um resistance, in other words we can get her ready, I can get her there with no problem. (Sarah)

Ag she loves it, she if it's holidays she asks every week ag when can she go riding. (Caitlin)

Alongside being happy leading up to horseback riding and enjoying being at SARDA, the children love being on the actual horse and riding. Parents described how happy their children were when they were riding and how they were usually always smiling when on the horse. Some of the children even refuse to get off the horse at the end of the lesson.

...when he's up there he's just happy and content... (Derek)

And he'll sometimes he'll count , you know, he counts on his own spontaneously 1 to 10 or sings nursery rhymes or something when he's up there. [...] ...but that's how you can tell he's in a good mood if he does that. (Derek)

She couldn't care two hoots who's in her class, as long as she's on the horse she's happy. (Hannah)

...all he wants to do is trot, all the time. And he bounces up and down to show that he wants to trot. And then very often when the lessons is finished, he won't get off, and they've gotta do another trot, or another round in the arena... (Lindy)

I mean she gets an absolute smile on her face as she gets on the horse you know, most times, 9 out of 10 times. (Sarah)

...when we walking out in the fields and she can see that Teri's taking us back to the arena, it's time to end, then she'll start gesticulating as if she say 'no I haven't had enough' you know, so that to me is very important you know. She's saying this is what I want, and I want to stay on this horse. (Sarah)

You know when he gets on that horse that excitement that he has on his face... (Rachel)

Finally, parents related their children's enjoyment of the activity to the fact that they know their children. They would be able to see if their children were not enjoying it and they would not force them to attend therapeutic horseback riding.

Now if she wasn't now I know enough that if she wasn't interested in something, couldn't care less, couldn't exist. And it's not like that, she's definitely interested in it. (Hannah)

And a child like that if they don't want to they'll let you know. You know they'll just push away or you know. So it's definitely something that she likes. Ya. (Sarah)

4.2.1.6. Quality of life

An important aspect for many of the parents was that therapeutic horseback riding enriched their children's lives. It is a unique activity that differs from conventional therapies, and adds another dimension to their children's lives. Enrichment of their children's lives was spoken about in relation to the following aspects: the child's enjoyment of an activity that has positive benefit for them, limited options for children with disabilities, the teaching of skills, a sense of community, and spending time with animals.

An important aspect for the parents that were interviewed was that therapeutic horseback riding offers their children an enjoyable activity, with the bonus of potential positive effects and benefits. Children with disabilities have to take part in many different types of therapies including physiotherapy, occupational therapy, and speech therapy which

can be hard work and very tiring and mundane. With riding, the children get enjoyment yet at the same time they are spending time outdoors, exercising, and receiving physical and psychological benefit without realising it. The children are so happy to be on the horses and to ride that it becomes an added benefit that they are receiving a physical, psychological, or social benefit. The hard work they are doing does not feel like hard work.

I think for me the most important thing is that it's a therapy she can benefit from, but she can relax while she's doing it. She doesn't realise it's a therapy. Because you know these special needs kids, we sometimes forget about it but they have to work incredibly hard. (Caitlin)

I think working with a child in an enclosed environment you don't really, like in a room, you don't get the best out of the child. [...] So in a group environment when you tell them to stretch and move the arm they don't even realise that they doing the same thing that they were doing in the...I mean one on one with the physiotherapist. (Rita)

But I mean I just know from my own experience that the more enjoyable the exercise is, the more likely you gonna do it. [...] So ya the exercise thing was a factor but for me I just thought if she could enjoy it then she won't even notice that she's exercising you know [laughs]. (Kate)

Coupled with the enjoyment obtained from the activity, is the fact that many children with disabilities are limited in the activities that they can take part in due to physical or psychological constraints. For the parents, therapeutic horseback riding provides their children with an activity that they can participate in, that they can enjoy and that can enrich their lives, and that can benefit them in the long run.

This is one thing that he has done in his 16 years of his life, cuz he's been doing therapies for 14 and a half of those, that he has never wanted to give up. You know, it's great, it really is great. (Stella)

I think...you know the most noticeable thing is that there's something that she does that she absolutely loves, you know, and that's really... And also for her I think it's so valuable because there's not a lot of things that she can do that she's gonna really be able to love you know. (Kate)

I can only say that the riding has given her something to enjoy, which for a child like her is something. (Sarah)

...you know those outreach programmes you know just to improve the quality of life, just to provide some kind of escapism from your daily mundane lives you know. It's definitely gonna be a positive effect from that you know, just providing some fun for kids, something different. (Kate)

You know unfortunately with the syndrome there's not a cure or anything so you want them to be as happy as they can be in the short life that they have here, and they absolutely loved every minute of horseriding... (Lindy)

There's not a lot of things that he can do so this is the one thing that he can do so we'll definitely carry on for as long as we can. Um because it's basically his enjoyments are horseriding, and riding his bike, and he'll play blocks for a little bit but horseriding is one of his big loves. I think if he could horseride everyday he would [laughs]. (Lindy)

I mean the riding for me the riding has been, next to the music therapy I would say, the riding has been the best thing...it is the best thing in her life. (Sarah)

Therapeutic horseback riding not only provides quality to a child's life through the enjoyment and therapeutic benefit that it gives them, it also adds to a child's life by teaching them skills such as learning to ride a horse and academic skills. Parents referred to the fact that when their children are riding the horses they are not only getting the physical benefit, they are also learning to master a skill.

She actually in 2010 um South African dressage, they were looking for a group of riders to um...to develop for the 2016 Olympics. So she was shortlisted for that group of riders. Um to develop for the Olympics. (Rita)

And she is actually learning a skill, you know, she's learning to master a skill, as slowly as she is but um. [...] And she's actually learning you know, she is learning, she's learnt a lot. She's learnt how to hold the reins properly, and she's learnt to steer and...so ya I mean I would say I would say it's a big positive that they that they learning to master a skill. (Kate)

The fourth factor that parents mentioned that they feel has added to the quality of their children's lives is that of the community that the therapeutic horseback riding lessons provide. Their children are able to interact with children of a similar age. They are receiving a therapeutic intervention in an environment that is relaxed and accepting.

Going to a therapist for something, it's that one person all the time. When you go to something like SARDA, it's a community, and you are...you are suddenly known and accepted in a whole different community. (Stella)

And I think what's also nice about something like SARDA, it it's also something that I can invite family members to and friends to and say 'Come and watch Charles'. (Stella)*

...they always like 'Hello Brit', and they always like have a little chat and it's nice that there's other people. Whereas one-on-one it was quite sort of...little bit more serious you know, whereas this is a little bit more fun I think. (Caitlin)*

Because I think sometimes kids can be so isolated by their...by their disability. You know it's only the people that know them love them...[...] Um ya you can just see the joy, there's a lot of joy, there's no doubt about it there's a lot of joy that they feel. (Megan)

Many parents also mentioned the importance of the bond that their children have with the horses, and how it allows the children to get more out of the activity. They believe that it adds enrichment to the children's lives and that they cannot measure anything but they know that it helps and that something happens when they get on the horse.

There's never a time when we go there and he doesn't wanna get on the horse or...and he's been riding the same horse um for a couple of years now [...] Um and in fact that one lesson we swapped my two boys around [...] and Matthew was not happy! He didn't want to go on the other horse, he wanted his own horse. (Lindy)

And also with the connection with a horse, or something emotional, you tend to get more out of it. If there's something like an emotional connection. (Rita)

...if they can connect with the horse, love the horse, touch the horse, feel for the horse...it's just a different dimension to the physiotherapy. (Rita)

...seeing an animal and a child together like that you know, and it all working so like amazingly. I mean the horses are incredible [...] ...they are just so in-tune with um with the kids, and you know they sense whether things are going well or not... (Stella)

...and like a horse is a living breathing human thing and it responds, it's a great thing to watch. (Megan)

4.2.2. Parents' personal experiences

When speaking about therapeutic horseback riding, the parents interviewed not only mentioned the effects that the riding has had on their children, but also their own experiences of the service. The four main areas of discussion surrounded the positive environment in which the riding takes place, their relief for an invaluable service where their child can excel, their satisfaction at their child's happiness, and their feedback in terms of the actual riding programme.

4.2.2.1. Positive environment

Many of the parents when speaking about their own personal experience at SARDA and of therapeutic horseback riding mentioned the positive friendly environment in which the riding takes place. This was spoken about in relation to the actual environment, the staff, as well as the other parents.

For the parents, going to SARDA is a nice way for them to get outdoors and be in a good environment. One parent referred to SARDA as being a “haven” where she could be around parents going through similar things as well as around animals. The parents used words such as “peaceful”, “tranquil”, “homely”, and “accepting” to describe the environment.

...for me it was really a very safe haven as a parent with a disabled child... (Caitlin)

And it's a nice environment for me, to get out and have a little bit of a...something different. It's been positive all around. (Miriam)

Some parents also established relationships with other parents through SARDA. They found that it was an environment that they could go and speak to other parents who were going through similar situations. This was especially important for one of the parents who has friends who try and support her, but they cannot relate as they do not have children with disabilities.

...go there and talk about, um, you know, what's happening with Natalie and how frustrating it is and how hurtful it sometimes is and... I wouldn't have to explain it. People would just understand. And...that's incredible. (Caitlin)*

So what's nice is when you are around other people in the same situation you almost feel free. (Hannah)

What's nice about SARDA is it brings people together and offers a bit of a support group for parents. (Lindy)

The third aspect mentioned that makes it a positive environment for the parents was the staff and the volunteers who work at SARDA as well as the horses themselves. Six parents expressed gratitude and appreciation for the service and knowledge that the staff of SARDA, as well as the volunteers, offer. The dedication of the volunteers was highly spoken about, as well as appreciation of the fact that they give up their own free time to volunteer at SARDA.

...we've been through a lot with them...Um they absolutely amazing and they doing it in their own time, and the volunteers that come are...ya I mean they all very special to give up their free time and to help there. It definitely takes a special person to...to work with special needs kids. (Lindy)

You know these people are really dedicated. These volunteers they give up their time, all the time.[...] ...they all just so willing to help. And I mean if it wasn't for them a lot of kids wouldn't have this opportunity. (Rita)

Ya I you know the people are amazing, they are very well organised, they very focused, they very knowledgeable about the kids and the varying disabilities. (Stella)

4.2.2.2. Relief for an invaluable service

Many of the parents interviewed expressed their relief for the service that SARDA offers. This relief was expressed in terms of two main areas: SARDA is a service that took them out of the dark when their child was first diagnosed with a disability, and SARDA is accepting and is an opportunity for many underprivileged children.

For many of the parents, having their child diagnosed with a disability was a frightening and uncertain experience. They were given little guidance about how to move forward and help their children, and weren't advised about therapeutic horseback riding as a

possible avenue to help their children. When talking about discovering horseback riding and SARDA they expressed relief at there being an all-encompassing service offered that could add quality to their children's lives as well as their own lives.

I was in the dark about everything cuz there was no-one to advise me you know, except for the paediatrician. But even with her you know nobody really knew where we were going or what we were doing or...it was just hit and miss. So when I saw her on the horse that day I was so excited. And I thought ok this is gonna be something for her to do. (Sarah)

"...and so for someone to turn around and say 'listen, this was actually the best thing that I ever did', you know. And riding would be that for me if I could say to anybody... (Stella)

And was something that was a therapy but not...hard work. Where all her other therapies were hard work. And I just thought that this is a...fun way of first of all being outdoors, um getting her some physical exercise, and getting her something that she could probably benefit from... (Caitlin)

Gratitude and relief were also expressed by certain parents at the accepting community that SARDA provides. SARDA is a place that they and their children can go to and be involved in, and is something that adds quality to both of their lives.

Going to a therapist for something, it's that one person all the time. When you go to something like SARDA, it's a community, and you are...you are suddenly known and accepted in a whole different community. (Stella)

We've been rejected through a lot of things and they accept you. And they accept her [daughter]. (Hannah)

SARDA was also praised for the opportunity that it provides for many children who would not normally be able to participate in horseback riding lessons. The fact that lessons are free is a huge benefit to many families.

“It’s doing...it’s helping the I mean most of those kids are coming from the schools and that are quite poor, so it’s an outreach programme, plus it’s for the you know the kids with challenges, mental and physical, and that’s like the bottom of the food chain. It’s great that there’s this organisation helping kids who are got two sort of challenges in life you know so. (Kate)

4.2.2.3. Satisfaction for the parent

Alongside enjoyment for the child of therapeutic horseback riding, what emerged from the data was that the parents also gained happiness and satisfaction from their child’s enjoyment. Some of the parents stated that it was enjoyable to watch their child ride and gain joy and pride from the activity. Some parents mentioned their fear of the horses but that they were willing to do anything to continue the horseback riding for their children as it was something that brought their children joy, which in turn made them as parents happy.

So I’m very respectful of them [the horses], you know, I don’t take it lightly going there, it’s not a holiday. [...] I’m doing it because it makes my daughter very happy. [...] But do I enjoy it? I enjoy it for her. I’m happy to see her happy. Ya. So happy. The most happy that she is, you know, in her life, is at SARDA. (Sarah)

But...um...I think just the pure joy that the child gets first of all for me is incredible. That’s incredibly satisfying to watch. (Caitlin)

...before you know it time is up and we coming home, you know. And she’s happy. And then I know I’ve done good, you know. You don’t, you can’t think about yourself all the time... (Sarah)

Um...I think it's made me happy to see her do things, and to accomplish this, and to do a lot better than what I would do on a horse. Ya so it gives me a certain kind of pride.
(Megan)

...it's something we can be really proud of because she's the only one of our friends' children who rides, and she's excelled. (Caitlin)

4.2.2.4. Feedback

Throughout the interviews parents also gave feedback regarding the therapeutic riding programme at SARDA. Their feedback revolved around the following: the group classes, the amount of time their children ride per week, and networking the opportunity.

Many of the parents interviewed spoke about the group classes that their children participated in or had previously participated in. Some of the parents believed that the group classes hindered their child's ability to advance in terms of riding skills. They believed this was due to the classes either being too advanced or not advanced enough due to the mix of disabilities in the class.

Cuz obviously with the group class everybody's disabilities...they can't really go ahead because obviously there are sidewalkers and stuff like that so they can't really do what normal riders does. But since she's been with this other group, the private class, um there's just been a big [improvement]... (Rita)

So then as the instructor you know addressing the class, so Michael and girl got it in one [clicks fingers], and for the others, you know the blinds come down. Because they could not assimilate 'ok ok walk from A across to H, across to H, put your right hand on the saddle and drop your left arm down'. Too much instruction.* (Megan)

Feedback was also given regarding the group classes about the slow pace that it takes to get the children ready and on the horses, but parents acknowledged their understanding of why it took a while. Parents also mentioned that although it is an opportunity for many

children who go through the schools and attend the morning lessons, these children only get to ride for one term.

I used to get upset cuz you know she takes forever to get the kids on, but you know um she's doing what...I mean she knows what she's doing. You can't hurry these things.
(Sarah)

Um and the riding was one of those things that the kids you know the kids are offered riding but it's only for a certain amount of time and then they move on. So it's a big negative actually. (Sarah)

Some parents spoke about the amount of time that their children ride for. One parent stated that riding once a week would not be as effective as riding five times a week. Parents stated that they would like their children to ride more than once a week as they enjoy it so much. At SARDA they are only allowed to ride once a week due to the constraints of time, space, number of volunteers, and number of horses available.

Look, riding once a week I think is not as effective as riding five times a week would be... (Miriam)

I mean if it was possible I would have taken her twice a week because also she's so good at it and because she likes it so much. You know I wouldn't mind if she could go a step further. (Caitlin)

Parents also gave feedback regarding SARDA and their need to network. They spoke about when their children first got diagnosed and how lost they felt and that nobody suggested therapeutic horseback riding. They emphasised what an important opportunity it is for many children and families, and the fact that it is a free service and people waste the opportunity and do not appreciate it. If people appreciated the opportunity and contributed a small amount SARDA would be able to help more children, according to one of the parents.

I would say possible SARDA need to network a lot more, and go and speak to all those therapists and um specialists, and tell them what they can do for their patients. (Stella)

And I mean if it wasn't for them a lot of kids wouldn't have this opportunity. But there's also a lot of kids that have the opportunity and they not prepared to take it. [...]

Nobody pays, you don't pay a cent. Not one cent. And people waste it. (Rita)

And I understand that they do it for nothing, but I think maybe if they had more of a minimum subscription, and they could...that everybody that did it at least paid a minimum of, I dunno. R50 a month. Then maybe they could have more groups, or more people... (Megan)

I think if more people knew about SARDA, it would just help SARDA. Cuz there's just I mean the expenses there must be huge and they running on donations basically, and like I said all the volunteers and that give up their free time. (Lindy)

Cuz you know it's such an invaluable service, and it's a free service, and I'm very happy to do whatever I can to...make that service last and for people to see the value of the service. (Miriam)

4.2.3. Perceived reasons for improvements

The third and final theme that emerged from the data was the effectiveness of therapeutic horseback riding. The parents were divided in their thoughts on this topic. Some parents felt that there were definitely improvements in their children directly caused by the therapeutic horseback riding, while other parents felt that the improvements in their children were related to a number of circumstances. Some parents also noted that some improvements were possibly a result of the therapeutic horseback riding but they were unable to prove anything so were not inclined to say it was a direct result.

4.2.5.1. Improvements due to a combination of circumstances and factors

Many parents said that although there had been improvements in their children, they could not directly relate these to therapeutic horseback riding or they could not say that therapeutic horseback riding was the sole cause of the changes. They explained their thoughts in terms of three main areas: the children are participating in additional therapies which all complement one another, the children are experiencing changes due to their age-development, and therapeutic horseback riding has not necessarily changed their children but rather given them enjoyment.

Most of the children of the parents who were interviewed were currently participating in additional therapies such as physiotherapy or occupation therapy, or had previously been participating in those therapies. For this reason many of the parents, although they had seen changes and improvements in their children, were unable to relate the improvements directly to therapeutic horseback riding. Some parents instead felt that it was the effects of a combination of activities and therapies that the child was participating in and work that the parents had been putting in at home.

But that I think is down to a large number of factors; the physiotherapy at school, the hydrotherapy that I give her... (Miriam)

...like I say it's just another one of those things that's just too difficult to measure cuz she's doing the...cuz she also started the with the at that school last year where all the OT things that they were doing were also implemented into her school day. (Kate)

I mean it's very difficult for me to isolate one specific thing and say that's now improved because of just riding. But definitely...um...as complementary to the physio... (Caitlin)

It's a whole...you know you doing everything you can to improve their speech and you dunno what it is that actually you know... (Kate)

How do I measure the results? You can't. You can in a very generalised way you can say Lisa's progressed in this way and that way, but you can't say that it's necessarily because of speech therapy you know, or because of riding, but you know that there is improvement. (Sarah)*

Another possible explanation that arose from the parents for the improvements that they have seen in their children is that their children are developing with age and that the changes could be age-appropriate changes. Some parents believe their children are developmentally ready for the riding and have become more physically capable for it as they have grown older.

...SARDA's been at a time where there's been a spurt in her development, and her mobility and her abilities. So it's difficult to say whether SARDA...how instrumental SARDA has been in that. (Miriam)

...he's calmer, you know, as he's grown older and understands more the way things work. Um but if you if...I don't think that I can relate it back it SARDA. (Derek)

I also just think because she's so young, it's also hard to say because she's you know changing all the time. Because of her age you know and grow and just developing so much... (Kate)

There were also some parents who felt that although their children had shown improvements in certain areas of functioning, what was most important was that the riding had given them enjoyment. It was not for them so much about the effects of therapeutic horseback riding - those were difficult to pinpoint for some parents. It was more about the joy and happiness that their children got out of the riding.

You know I don't think the riding at SARDA necessarily changed him, but it's just something that he I think looked forward to and enjoyed. (Derek)

And I think as a mother of a special needs child, particularly like Lisa, you don't look for measurements. You look for a kind of a happy child. (Sarah)*

But if you look at the overall the stimulation from the various therapies, whether it's speech, whether it's music therapy, whether it's horse therapy [...] they've all contributed to the bigger picture of a happier child. Um I'm not really looking for more than that... (Sarah)

4.2.5.2. Improvements due to therapeutic horseback riding

Despite some parents believing that it is a combination of things that has led to improvements in their children, many of the parents still believe that therapeutic horseback riding itself has made a difference. They emphasised their belief that therapeutic horseback riding definitely does have effects. This was emphasised in terms of three beliefs and observations: the child is only participating in therapeutic horseback riding and no other therapies, it is a difficult thing to explain and to measure but it is more about a feeling, and it is detrimental to the child when they skip therapeutic horseback riding (even if they are continuing with their other therapies).

For some parents, therapeutic horseback riding is the only form of therapeutic activity that their children are participating in. Some children are limited by the physical activities that they can participate in and this is the only one that has been consistent. For other children their other therapies like occupational therapy have been stopped. These were some of the parents' answers when asked how they knew the changes in their children were they effects of therapeutic horseback riding.

She's not doing anything else. She did when she was at primary school until she was about 12. She only did...she did um...physio and OT at school but that was part of the school thing.[...] So she only rides with Teri and she does dressage. (Rita)

You know I just sort of think of the fact that there's very few physical things that he's doing in his life because he's not terribly capable of doing anything else, and there not many other opportunities so...[...] I think his physio probably stopped when he was a bit earlier...when he was about probably about 8. His OT probably stopped...when he was about 10. [...] Whereas this has been consistent and I can see you know he's just...got such a great posture. (Stella)

For many of the parents, the effectiveness of therapeutic horseback riding came down to their belief in the activity and the feeling that they got from it. Some parents stated that it was difficult to explain how they knew the improvements in their children were the effect of therapeutic horseback riding, but that they just knew that it was doing something positive to their children; they had this feeling.

And I cannot measure anything but I know that there's a magic. There's a magic that happens when she gets on the horse. (Sarah)

A big change in her when she gets on the horse. But what do you think it is about the riding that does that for her? It's hard to tell. Very hard to tell. And thaaaat's the thing that we call the 'magic'. (Sarah)

It's quite a difficult think to uh to measure I think, but it's more about a feeling I think I just...I think you just have to go...the fact that so many people are doing it because they have a feeling that you know...I mean they've obviously done research to prove that there is therapeutic benefit. (Kate)

One of those things, hard to prove but you've gotta believe it. (Kate)

Finally, some children participate in therapeutic horseback riding alongside a few other therapies such as physiotherapy or occupational therapy. Some parents have noticed that when their children continue with those therapies, but there is a break in the therapeutic horseback riding because of holidays, there is a lack of progress in the child's improvements.

So that's how I know that the horseriding helps because in between he's getting his physio and that, but if he misses out on a big chunk of horseriding then um he definitely is stiffer and you battle to get his legs over the horse. (Lindy)

4.3. SUMMARY

The three main themes and their subthemes that emerged from the data were reported: effects of therapeutic horseback riding on children, parents' personal experiences, and the perceived reasons for improvements in the children. These themes and their respective subthemes will now be discussed further in Chapter 5 in relation to findings in existing literature.

CHAPTER FIVE

DISCUSSION

5.1. INTRODUCTION

The present study aimed to establish the perceptions of parents of therapeutic horseback riding as an activity for their children with disabilities. It explored their experiences of the activity as well as their perceptions of their children's experiences of therapeutic horseback riding. In order to participate in the study, the parents had to have a child with a disability who was participating in riding lessons at SARDA in Constantia, Cape Town. Data was collected in the form of semi-structured interviews with the parents. These interviews were audio recorded with permission, and then transcribed and analysed using thematic analysis.

Following analysis of the data, three main themes emerged: effects of therapeutic horseback riding on children, parents' personal experiences, and the perceived reasons for improvements in the children. These themes and their respective subthemes will now be discussed in relation to the existing literature on the topic. This discussion does however show the lack of existing literature on parents' perceptions of the activity, emphasising the importance of the present study in addressing a gap in the literature.

5.2. EFFECTS OF THERAPEUTIC HORSEBACK RIDING ON CHILDREN

The first theme that was established from analysis of the data was the effects of therapeutic horseback riding on the children. The children are within the parents' microsystem and they have regular direct interaction (Bronfenbrenner, 1979; Duncan et al., 2007). The parents are therefore valuable informants regarding the effects that the riding has on their children; they

have daily interaction with them and know their disabilities and behaviours on a personal level (Achenbach & Ruffle, 2000).

Parents spoke about the effects that the activity has on their children in relation to seven subthemes: physical effects, psychological effects, cognitive effects, social effects, calming effects, the child's enjoyment and happiness, and the child's quality of life. The physical, psychological (and cognitive), and social subthemes confirm Bream and Spangler's (2001) statement that therapeutic horseback riding has three main areas of benefit for people with disabilities: physical, psychological, and social. The present study however found additional areas of benefit. These subthemes will now be discussed further in relation to existing literature.

5.2.1. Physical effects

Six of the 12 parents deemed the physical effects of therapeutic horseback riding to be the most noticeable effects of the activity on their children. The main physical effects mentioned by the parents were improvement in posture, strengthening of muscles and changes in muscle tone, improvement in balance, and a change in walking abilities.

Many of the parents noted how their children were very limp and struggled to hold themselves up on the horse when they first began horseback riding. Following involvement in the activity they now sit upright and have improved core stability. This improvement in posture is supported by studies by Bertoti (1988), Land et al. (2002), and Scialli (2002). Studies by Bertoti (1988) and Land et al. (2002) showed that after just 8-10 week riding programmes, children showed improvements in postural control.

Alongside an improvement in posture, parents also mentioned the strengthening of their children's muscles as well as improvements in their muscle tone. This is supported by observations by therapists in a quantitative study by Bertoti (1988); therapists of the children involved in the study observed that hypertonicity (high muscle tone, common in children with

cerebral palsy) decreased which in turn assisted improvements in sitting and walking. Muscle tone and strength have also been reported by parents in the existing literature to have improved in their children with intellectual disabilities following involvement in a therapeutic riding programme (Elliott et al., 2008; Surujlal & Rufus, 2011). According to Bertoti (1988) the effects on muscle tone are caused by the warmth of the horse as well as its rhythmical movement.

In the present study parents also reported on the improvement in balance of their children. Parents noted an improvement in their children's abilities to balance, shown in many cases by their ability to ride without sidewalkers. This confirmed the results of Bertoti (1988), Elliott et al. (2008), and Scialli (2002).

Two of the parents interviewed reported on the improvement in their children's abilities to walk as well as observations of other children's abilities to walk. These results are supported by Sterba et al. (2002), Cherng et al. (2009), Low et al. (2005), and Drnach et al. (2010), who all found that children showed significant improvement in Dimension E (the participant's ability to walk, run, and jump) of the Gross Motor Function Measure (GMFM) following therapeutic horseback riding.

5.2.2. Psychological effects

Changes in psychological functioning in their children were also noted by parents as resulting following therapeutic horseback riding. These changes related to increases in confidence and independence, as well as pride.

Confidence was noted by the parents as increasing in their children. This was reported as occurring as a result of two main things: improvements in physical abilities brought about by the riding, as well as being in contact with such a large animal. Lessick et al. (2004) confirms this establishment of confidence as arising from the ability to control such a large animal. This finding of increased confidence is supported by observations by the researchers,

parents, and therapists in quantitative studies done by Bertoti (1988), Davis et al. (2009), Drnach et al. (2010), Fox, Lawlor, & Luttges (1984), and Sterba et al. (2002). Bertoti (1988) found that this increase in confidence led to less fear of movement and changing of positions on the horse, therefore assisting the children's mobility during physical therapy sessions.

In a South African study by Surujlal and Rufus (2011), all the parents reported increases in their children's confidence levels. Confidence in turn led to the development of independence, and this was found in some of the children in the present study. This finding is supported by another South African study by Naidoo (2009) whose participants reported that therapeutic horseback riding liberated them from feelings of being disabled, bringing about independence.

Another effect of the ability to control an approximately 600kg animal is that of the development of pride and self-esteem, which many parents mentioned as developing in their children. Through the use of voice and body language, the child is able to communicate with the horse and move from a perceived position of powerlessness to a position of success (Schultz et al. 2007). This encourages self-esteem and pride. This increase in self-esteem and pride is an effect that is supported by many studies (All et al., 1999; Bass et al., 2009; Davis et al., 2009; Elliott et al. 2008; Helfer, 2006; Scialli, 2002; Sterba et al. 2002; Surujlal & Rufus, 2011).

Bass et al. (2009) found that this sense of achievement leads to increased motivation, which in turn positively affects the accomplishment of motor abilities (Bartlett & Palisano, 2002). Self-esteem is also reported to arise from being able to participate in and succeed at something that is a unique activity and that is challenging for many able-bodied people (All et al., 2009; Elliott et al., 2008; Lessick et al., 2004). Many children in a study by Elliott et al. (2008) placed a large amount of value on being able to participate in a unique activity,

something that very few people participate in. This in turn also contributed to improvements in self-esteem.

5.2.3. Cognitive effects

Cognitive abilities were also seen to improve in the children, as perceived by the parents in the present study. These cognitive improvements included more focus, improved speech, and development of planning skills.

Children were described as being more focused and directional, an improvement supported by Bass et al. (2009) who found that autistic children in their study displayed more directed attention and focus. They posit this to be caused by the structured nature of therapeutic horseback riding requiring sustained attention and focus. There are constant instructions and activities that the children are required to complete. This is also supported by parents in Scialli's (2002) study who reported that riding makes the child use themselves 100% therefore requiring them to concentrate fully. Children in the present study were also reported by their parents as displaying improvements in their speech and planning skills, which confirms the results of Gabriels et al. (2012) who found significant improvements in children's expressive language skills as well as their planning skills.

5.2.4. Social effects

The fourth area that was perceived by the children's parents to be affected by therapeutic horseback riding is that of social functioning. Parents found that therapeutic horseback riding brought about the development of behavioural and social skills, and that SARDA provided a community where the children were accepted.

In terms of autism, one of the parents found that it has helped his autistic child in interacting with other individuals through the interaction with a horse. This is supported by Elliott et al. (2008) who state that communication with a horse may be easier for a child who

struggles to communicate with people; horses are less threatening as they cannot speak back (Elliott et al., 2008). Horses are also non-judgmental and unconditionally accepting creatures (Bizub et al. 2003) who respond to human cues, which may help children develop behavioural and social skills needed to interact with people (Gabriels et al., 2012). According to Rothe et al. (cited in Surujlal & Rufus, 2011), the bonding that a child experiences with a horse allows them to develop certain qualities such as affection, empathy, and confidence. This supports findings in the present study in that parents found that their children were more empathetic and displayed better communication skills. This is also supported by Gabriels et al. (2012) and Scialli (2002) who both found that children in their studies improved in terms of effective communication skills (giving and receiving information) as well as appropriate expression of themselves.

Social confidence and interaction with other children was also reported by the parents in the present study to have improved in their children, possibly assisted by the development of social and behavioural skills or assisting in the development of those skills. This improvement is supported by Miller and Alston (2004). A parent in their study stated that their child's shyness had decreased and their involvement in activities had increased. Parents and therapists in a study by Fox et al. (1984) observed improvements in their children's interactions with others. Studies by Scialli (2002), Surujlal and Rufus (2011), and Weideman (2007) yielded similar results in that the children were more engaging and interactive with others and showed an increase in participation in activities following therapeutic horseback riding.

Alongside the development of behavioural skills and social confidence, parents found it an important social result of therapeutic horseback riding that SARDA provides a community where the children are accepted. According to Lessick et al. (2004), therapeutic horseback riding and the environment in which it is situated provides children with

disabilities with a chance to socialise with other children in the same position as them. This is especially important as these children are often isolated in society because of their disability (Lessick et al., 2004).

5.2.5. Calming effects

The fifth effect that parents reported of therapeutic horseback riding was that it appeared to make their children calmer and more relaxed. Many parents found that the movement of the horse seemed to relax their children and brought about a state of calm in them, with some children becoming so relaxed that they fell asleep. For other parents whose children have autism or ADHD, therapeutic horseback riding had a calming effect on their children and positively affected their autistic or hyperactive tendencies.

Gabriels et al. (2012) refers to hyperactivity as a self-regulation problem that is present in autistic children and that impacts a child's ability to function successfully in home and school environments. According to Stoner (as cited in Gabriels et al., 2012), the warmth of the horse brings about calm and relaxation in the rider, and this is also supported by All et al. (1999). Parents in a study by Gabriels et al. (2012) found that their children were especially calm on the days that they went riding, and that the riding reduced their anxiety and improved their mood on the day and for a sustained period following riding. This supports the findings of the present study. This calm interaction in turn helps the parents get off to a good start of their own day, showing the importance of relationships between microsystems. The atmosphere of the therapeutic horseback riding venue was also mentioned by parents in a study by Scialli (2002) as playing a role in bringing about a sense of calm in their children.

Another potential role-player in bringing about calmness in the children is that the interaction between the child and the horse can "serve as a therapeutic outlet for stress" (Lessick et al., 2004, p. 50). Lessick et al. (2004) state that the riding instructor must choose a

horse that will best benefit the rider and suit their needs as every horse is different and may bring about different effects in different riders. This is confirmed by the present study as one of the children was falling asleep on the first horse she rode. After changing horses to a horse with an uneven stride she had no issues with staying awake. The instructor at SARDA therefore did the correct thing by changing the horse that the child was riding.

5.2.6. Child's enjoyment and happiness

For the parents interviewed in this study, the joy that their children obtained from therapeutic horseback riding played a large role in why they chose the riding as an activity for their children and why they continue it. Conversations relating to this joy revolved around how their children showed joy leading up to their lessons, how they enjoyed being at SARDA and especially on the horses, and how their children would resist if they were unhappy.

The enjoyment that the children experience, as reported by the parents in this study, is an effect of horses and riding that dates back many years. Early Greeks used horses and horseback riding to bring about pleasure in people who were terminally ill (Bizub et al., 2003), therefore it follows that the children will potentially derive pleasure from engaging in the activity. Horseback riding allows the children a sense of well-being and promotes the expansion of their world as opposed to the shrinking of it, which is a common occurrence for people with disabilities whose activities and choices in life are limited (All et al., 1999).

In a study by Davis et al. (2008), one of the main themes that emerged from the data was the enjoyment that the children experienced through participation in a therapeutic horseback riding programme. For one of the participants in this study by Davis et al. (2008), her disability had restricted her ability to participate in and excel at physical activities. Being around the horses and the actual horseback riding was extremely enjoyable for her and something that she could excel in. Parents in this study also confirmed the enjoyment

expressed by their children; they referred to their children looking forward to the riding lessons during the week and how they often spoke about the riding at home with excitement.

Similarly, children in a study by Drnach et al., (2010) expressed excitement in relation to riding. Parents in a study by Scialli (2002) also reported that their children had found an activity that they enjoy and that even after falling off they were still happy to get back on and ride and still loved it. This joy then has ripple effects in other areas of the children's lives in that they are enjoying themselves while still receiving therapeutic benefit (All et al., 1999; Elliott et al., 2008; Sterba et al., 2002; Sterba, 2007). The enjoyment also helps them to push past barriers in their disabilities that may exist, and to push past discomfort associated with their disability, enabling them to develop skills and to rehabilitate their disability (Lessick et al., 2004).

5.2.7. Quality of life

Of great importance to the parents interviewed in this study was that therapeutic horseback riding not only assisted their children in the different domains of development, but that it added quality to their lives. The activity becomes something that the children enjoy and gain pleasure from, while at the same time gain benefit. Therapeutic horseback riding also teaches the children skills and provides them with a sense of community as opposed to being alone in one-on-one conventional therapy sessions. The involvement of animals also adds quality to the children's lives.

For many of the children whose parents participated in the interviews, therapies have been a continuous part of their lives, whether it be physiotherapy, speech therapy, or occupational therapy, to name a few. Sterba et al. (2002) found that if therapy is not fun then children are hesitant to participate in it. Through the use of an animal in a therapeutic activity, the activity becomes more recreational (Polshuck, cited in Scialli, 2002). Therapeutic horseback riding is therefore an activity where the child can receive benefit while at the same

time enjoying themselves (Sterba et al., 2002), therefore taking the negative stigma of ‘hard, boring work’ attached to conventional therapies away. This is supported by a study by Elliott et al. (2008) where children stated that riding was an enjoyable activity and not hard work. The children in this study by Elliott et al. (2008) also reported that doing activities on horseback was much more enjoyable than doing the same activities in physical therapy sessions.

The excitement of horseback riding stimulates children and brings about an increase in interest and enjoyment in their life (All et al., 1999). This excitement and enjoyment then stimulates them to work through discomfort caused by their disability, and to progress with rehabilitating their disability and improving their riding skills (Lessick et al., 2004). This also encourages “long-term participation and enthusiasm in their life-long rehabilitation” (Sterba, 2007, p. 72). The development of a skill such as horseback riding is also a positive aspect of the riding for the children that parents reported in a study by Scialli (2002).

Qualitative data from a study by Davis et al. (2009) showed that participation by children in a therapeutic horseback riding programme was beneficial in improving their quality of life (which referred to the well-being of the child across a range of domains including family life, school, and health). All et al. (1999) also report that therapeutic horseback riding brings about a positive increase in an individual’s perception of their quality of life.

Another unique aspect about therapeutic horseback riding is that it entails becoming involved in a community, which many of the parents believe adds to the quality of their children’s lives. It is an activity that takes place outdoors as opposed to conventional therapies which take place indoors in places that are associated with illness (All et al., 1999). The riding environment is supportive, motivating, and engaging (Elliott et al., 2008). Therapeutic horseback riding is fun and encourages participation in a different community

(Liptak, 2005), which is important when many children are isolated in society because of their disability (Lessick et al., 2004).

Grandin et al. (2010) believes that one of the reasons that riding is so therapeutic is that the child is interacting with horses and other people, as opposed to just one person. Parents in the present study reported that their children gained positive benefit from connecting with the horses and being around the horses, and that this added a different dimension to the activity. They were unable to explain or measure how the horses help their children, but they just knew that the connection between their children and the horses was important and beneficial. This is supported by Holen (2012) who states that animals lead to increased happiness which in turn can raise the quality of a person's life. The connection with the horses is also supported by Elliott et al. (2008) who found the child-animal connection to be a main theme emerging from their data. The children in their study spoke about their happiness at being around the horses and the relationships that they developed with the horses. Similarly, parents in this study by Scialli (2002) reported that their children loved animals and that this was a chance for them to be around animals and get that enjoyment out of it.

5.3. PARENTS' PERSONAL EXPERIENCES

Parents also spoke about their own experiences of the activity as well as of SARDA. Due to the children being within the parents' microsystem, if the riding has a positive effect on the children then parents' perceptions of the activity are more likely to be positive. This displays the mesosystem in the systems theory as two of the parents' microsystems (the child and SARDA) are in synergy, therefore enhancing the positive outlook of the parent (Duncan et al., 2007; Scileppi et al., 2000).

Parents' experiences revolved around the positive environment in which therapeutic horseback riding takes place, their relief for an invaluable service for their children and for themselves, as well as their feedback regarding aspects of the riding programme. There is very little literature available regarding parents' perceptions of therapeutic horseback riding and their experiences of the activity.

5.3.1. Positive environment

When interviewed, many of the parents in this study spoke positively about therapeutic horseback riding as well as SARDA. They portrayed SARDA and the environment in which the activity takes place in a positive light with reference to the actual environment, the staff, and the other parents who they have built relationships with. This is important as parents' perceptions and experiences of these aspects of SARDA inform the value that they attach to therapeutic horseback riding (Bronfenbrenner, 1979). These positive interactions (the mesosystem) with aspects of SARDA therefore inform a positive experience and perception of the activity.

The experience of the environment as peaceful and tranquil is supported by parents in a study by Scialli (2002) who reported that the environment in which their children participated in was "peaceful and tranquil" (p. 137). What also made the environment positive in the present study, as reported by the parents, was the staff. Parents praised the staff and volunteers of SARDA for their commitment and knowledge. This praise is echoed by parents in a study by Elliott et al. (2008) who stated that the relationships that their children have developed with the volunteers has been one of the most important and positive aspects of the activity for them. They also praised the knowledgeability of the staff and expressed appreciation for the manner in which they interacted with their children (Elliott et al., 2008). Similarly, parents in a study by Scialli (2002) referred to the knowledge that the

instructors have regarding the horses and the disabilities, and that their children are “around good people” (p. 137).

Parents spoke positively about the relationships that they have been able to form with other parents, and how SARDA is a place where others have an understanding of what they are going through as parents. This is supported by parents in Scialli’s (2002) study who reported that the parents at the place where their children ride understand one another and can relate to each other’s situations. It is a place where they have been able to make new friends and plan to do social things with their children. This aspect is particularly important as it reflects on larger society (the exosystem); society does not show enough understanding and support to parents who have children with disabilities. Through an institution like SARDA, parents are able to find support and connect with people going through similar but different situations.

5.3.2. Relief for an invaluable service

This lack of understanding and support is echoed in the following subtheme. Parents were relieved that their children had the opportunity to participate in an activity that helps them tremendously. Some of the parents expressed how traumatic it was when their child was first diagnosed with a disability and how they felt completely in the dark with what their options were to help their child. SARDA provides a service that adds quality to their and their children’s lives, and it provides an opportunity to many children to be part of a community. It is also a free service. Parents expressed their gratitude in terms of these aspects.

This shows the influence of the exosystem and the macrosystem on parents’ experiences of SARDA; there is continuous potential that SARDA may not be able to continue operating due to a lack of funds. For many parents SARDA has been an invaluable part of their and their children’s lives in a time where they may have experienced a lack of understanding and guidance with regards to their situations. If SARDA were to close they

and their children would not have the opportunity of free therapeutic horseback riding lessons, something that would seriously affect the poorer families.

Parents in a study by Sterba et al. (2002) stated that they would happily pay for therapeutic horseback riding due to the observable effects that they have noticed in their children. This is echoed by parents in the present study who emphasise the importance of such a service, that is free, that reaches the poorer communities as well as children with disabilities. Some parents did mention that they do make a donation to SARDA as they are not charged for the lessons but feel that it is worthwhile. Opportunities are also provided for rehabilitation of disabilities as well as enjoyment and personal growth. This is an important aspect for parent's in Scialli's (2002) study as it points towards a more positive and hopeful future for their children, inevitably bringing about some relief.

5.3.3. Satisfaction for the parent

Not only were the children happy participating in therapeutic horseback riding, the parents who were interviewed also expressed satisfaction and happiness. These feelings arose from the enjoyment that their children obtained from the horseback riding. This shows the mesosystem's role in potential secondary effects that therapeutic horseback riding has on the parents. Parents mentioned the fact that despite their fear of horses and the distance that some of them had to travel, it was something that their children gained enormous amounts of happiness from therefore making it a worthwhile activity and making them as parents happy.

Parents in studies done by Miller and Alston (2004), Surujlal and Rufus (2011), and Scialli (2002) also expressed satisfaction and positivity when speaking about the effects that the riding has had on their children. They realise the emotional importance for the child of being able to participate in an activity that many of their able-bodied peers do not participate in, and the importance of them excelling in it (Davis et al., 2009). This brings about feelings of pride and happiness towards their children. Parents also report that the riding is an

enjoyable experience for their children and this in turn makes it an enjoyable experience for them as parents (Sterba, 2002).

5.3.4. Feedback

In general the feedback about the effectiveness of therapeutic horseback riding as well as SARDA in general (including the volunteers and the environment) was very positive, as can be seen in the results section in themes one and two. Parents also gave feedback about the riding programme in terms of the group classes, the amount of time that the children ride per week, and the networking of SARDA.

The opportunity of the free service that SARDA provides was expressed as greatly appreciated by the parents interviewed in the present study. They however felt that this allowed SARDA to be taken advantage of, and suggested a minimum fee be paid by parents in order to encourage greater commitment. This would also allow more children to have the opportunity to ride at SARDA and could possibly allow children to have more than one lesson per week (as SARDA would then be able to employ more instructors, horses, and volunteers and become a bigger organisation). Parents in a study by Sterba et al. (2002) also stated they would happily pay for the service. This feedback as well as the feedback on the group classes is important for the improvement of programmes (Elliot et al., 2008; Scialli, 2002) as well as for possibly gaining funding (Scialli, 2002), which is important for a non-profit organisation such as SARDA.

Again this shows the influence of the macrosystem on the parents' perceptions. For many parents the free therapeutic horseback riding lessons are a saving grace for them as they are paying for many other therapies and/or they may be struggling financially. So while on the one hand it would be greatly beneficial to SARDA if they received payment from parents for the service (in terms of expanding the programme and being able to help more children),

it would also exclude a certain part of the population who cannot afford to pay for the lessons. Economic conditions therefore play a large role in parents' perceptions of this topic.

5.4. PERCEIVED REASONS FOR IMPROVEMENTS

The parents' perceived reasons for improvements in their children was the third and final theme that emerged from analysis of the data. There were divided opinions amongst the parents on this topic; some of the parents believed that the changes in their children were related to a number of factors; however they were unable to prove that horseback riding had a direct impact on their children. Other parents believed that the improvements they had seen in their children were directly caused by the horseback riding.

5.4.1. Improvements due to a combination of factors and circumstances

For many of the parents, a direct cause and effect could not be proven between improvements in their children and therapeutic horseback riding. Parents were therefore reluctant to point towards therapeutic horseback riding as being the sole cause of changes in their children. They supported this view by saying that their children were participating in additional therapies alongside therapeutic horseback riding, their children were growing up and so developmental changes were occurring, and the riding has given their children enjoyment as opposed to changed them per say.

Smith-Osborne and Selby (2010) support the idea of equine-assisted activities being complementary forms of intervention, alongside conventional therapeutic activities, in assisting in the rehabilitation of disabilities, specifically in children and adolescents. Age-appropriate developmental changes in children are also supported by Mayekiso (2008) and Ntshangase (2008). Preschool development (birth until age six) is when rapid change occurs in physical, cognitive, language, emotion, social developmental areas (Mayekiso, 2008).

Although this developmental spurt slows down in middle childhood (ages 6 to 12), important cognitive, social, and emotional development occurs (Ntshangase, 2008). Further physical, cognitive, psychological, and emotional development occurs in adolescence (middle childhood to adulthood) (Shefer, 2008). The children in the present study range in age from six years to 17 years of age (see Table 3.2) and all have been riding for at least five months. Mayekiso (2008) and Ntshangase (2008) therefore support parents in the present study who believe that there is a possibility that age-appropriate development is part of the cause of changes in their children.

5.4.2. Improvements due to therapeutic horseback riding

On the whole, the parents could not specifically pinpoint therapeutic horseback riding as the sole cause of improvements in their children. Nonetheless, many of the parents still believed that therapeutic horseback riding definitely had some effect on their children. Parents justified this through the following observations: some of the children are not participating in any other therapies, it is difficult to explain or measure the effects but that it is more about a feeling, and their children showed negative effects when they had a break from horseback riding (while continuing other therapies).

This perception that therapeutic horseback riding does have an effect on children with disabilities is supported by a range of studies that have focused on this from two different angles. Certain studies have employed quantitative methods to measure the effectiveness of therapeutic horseback riding (Bass et al., 2009; Bertoti, 1988; Drnach et al., 2010; Fox et al., 1984; Gabriels et al., 2012; Land et al., 2002; Low et al., 2005; MacPhail et al., 1998; Nair & Menon, 2010; Sterba et al., 2002; Ward, Whalon, Rusnak, Wendell, & Paschall, 2013; Winchester et al., 2002). Other studies, both quantitative and qualitative, have reported parents' perceptions that it is an effective therapeutic activity in helping their children with disabilities (Davis et al., 2009; Elliott et al., 2008; Fox et al., 1984; Miller & Alston, 2004;

Scialli, 2002; Surujlal & Rufus, 2011). The fact that taking a break from therapeutic horseback riding showed perceived negative effects on their children is supported by Ward et al. (2013) who found that positive effects from the riding were not maintained after six-week breaks from the activity, but were recovered once riding began again.

5.5. SUMMARY

The three main themes and their respective subthemes that emerged from the data were discussed in this chapter in relation to the theoretical framework and the existing literature. Aspects of all the themes and subthemes were supported by the existing literature. It is however shown by this discussion that there is a dearth of literature focussing on parents' perceptions of therapeutic horseback riding. This study has therefore begun to address a gap in the existing literature on therapeutic horseback riding. Chapter 6, the final chapter, concludes the study. It also addresses the limitations of the present study and provides recommendations for future studies on this topic.

CHAPTER SIX

CONCLUSION, LIMITATIONS, AND RECOMMENDATIONS

6.1. INTRODUCTION

In this chapter an overview of the present study is provided. This overview addresses the aim of the research, the methodology employed, and the results. The limitations of the present study are also discussed and recommendations for future studies are provided. The chapter ends with conclusions drawn from the discussion in Chapter 5 and reiterates the importance of therapeutic horseback riding and gaining parents' perceptions of the activity.

6.2. OVERVIEW OF THE STUDY

The present study aimed to explore parents' perceptions of therapeutic horseback riding and their perceptions of their children's experiences of the activity. This aim was established in order to address a gap in the existing literature on therapeutic horseback riding. At present there is a dearth of literature on parents' perceptions of therapeutic horseback riding and the general impact that it has on the lives of their children with disabilities. In particular the results will be addressing the gap in the South African literature regarding these two aspects.

It is important to obtain parents' perceptions of therapeutic horseback riding as an activity for their children with disabilities for the following reasons: the children are within their parents' microsystem and therefore parents can note changes or improvements in their children; it shows the positive secondary effects that the activity has on the parents; feedback from parents can lead to improvements in the therapeutic horseback riding programme.

In order to achieve the aims set out, I employed a qualitative research design. This was done as I wanted to explore parents' personal accounts of therapeutic horseback riding for their children with disabilities. Through the use of a semi-structured interview I was able

to obtain descriptive reports from parents about their perceptions of their children's experiences of therapeutic horseback riding, as well as the meaning that they attach to the activity.

Participants of the present study were parents of children with disabilities. In order to participate in the study, the parents needed to have a child with a disability that was presently involved with therapeutic horseback riding at SARDA in Constantia, Cape Town. The children had to be between the ages of 6 and 18 years, and parents of children who did vaulting at SARDA were not included. Convenience sampling was used to gain participants for the present study; I approached parents at SARDA in July 2013 to voluntarily participate. After repeated attempts to gain participants, 12 parents agreed to be involved. These 12 parents then completed a demographic survey, based on Scialli's (2002) Section 1 of the Horseback Riding Survey, and participated in a semi-structured interview. The interviews were audio-recorded with permission from the participants.

Upon completion of the interviews, the data was transcribed and then analysed by myself using thematic analysis. Three main themes emerged from this analysis: the effects of therapeutic horseback riding on the children, parents' personal experiences, and parents' perceived reasons for improvements in their children.

6.3. LIMITATIONS

I established the following limitations of the present study:

- Due to the small sample size, I was unable to generalise the research findings to the greater population.
- I had to approach many individuals before saturation was reached with the sample which was very time consuming.

- The sample was very homogenous which could have limited the richness of the perceptions of the parents. There were nine white parents, one coloured parent, one European parent, and one multi-ethnic parent. There was also only one male participant and 11 female participants.
- The sample was also homogenous in that it was made up of parents whose children attend lessons at SARDA in the afternoon, and parents who have email and received the request for participation from the stable manager. This therefore excludes potentially economically disadvantaged parents.
- Relying on parents' memory is a possible limitation as some of the children have been riding for up to 13 years, and the main effects of the riding on the children may have occurred at the beginning of those 13 years.
- Due to the research being qualitative, researcher bias will be present, although attempts were made to reduce this at all times.
- Conflicting definitions in the literature regarding AAA and AAT as well as hippotherapy and therapeutic horseback riding made it difficult to establish the true definitions of these terms.
- The limited literature on parents' perceptions of therapeutic horseback riding made it difficult to find information on the topic and to support the themes established in the present study.

6.4. RECOMMENDATIONS

The following are my recommendations for future studies on this topic:

- In addition to interviews with parents, use a quantitative instrument to measure the effects of therapeutic horseback riding on the children. This can then be used to support parents' perceptions of the effects of the riding on their children.
- It is also recommended that interviews or focus groups be used with the instructors of the riding and/or the volunteers as they also see the children progress each week.
- Interviews can also be conducted with the respective therapists that the children are involved with to establish their perceptions of the activity and any improvements that they have noticed.
- It is suggested that a larger and more heterogeneous sample be used in order to gain a more diverse set of perceptions therefore making the results more generalizable.
- Establishing perceptions of parents from another therapeutic horseback riding centre in addition to SARDA may help to improve generalizability.
- A longitudinal study of children who are participating in the riding for more than one year is advised.

6.5. CONCLUSION

Following the presentation and discussion of the results, limitations of the present study and recommendations for future studies have been reported. One of the main limitations is that the results must be generalised with caution due to the small and homogenous sample size as well as the qualitative methodology. It is recommended that a mixed methods design be employed in future studies.

As can be seen from the discussion in Chapter 5, therapeutic horseback riding plays an important role in the lives of children with different disabilities and in the lives of their parents. The children gain enjoyment and improved quality of life as well positive effects in the physical, psychological, cognitive, and social domains of development, and this is greatly

supported by the existing literature. These results also addressed the existing gap in the literature regarding parents' perceptions and personal experiences of their child's involvement in the activity. It is important to establish these perceptions as it shows that their child's involvement in the activity not only affects the children who are riding, but it also affects their parents. Parents can offer important information about the programme and areas that have the potential for improvement. Their appreciation of the programme as well as their belief in its effectiveness is especially important as for a place like SARDA, which is a non-profit organisation that does not charge for the lessons. The potential for gaining funding is established, thereby increasing the organisation's reach and the amount of children with disabilities that could potentially be helped.

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Appendix A Biographical Information

Directions: Please respond to *every* question, following the specific directions for that question.

Name: _____

1. What is your child's: Age _____ Sex _____ Race _____

2. Reason for participation: Using the list below, please check the reason(s) your child participates in horseback riding: (*Check all those that apply*)

Physical <input type="checkbox"/>	Emotional <input type="checkbox"/>	Behaviour Modification <input type="checkbox"/>	
Social <input type="checkbox"/>	Occupational therapy <input type="checkbox"/>	Recreational <input type="checkbox"/>	

Not currently participating in horseback riding

3. If there is another reason not listed above, please write reason: _____

4. Length of Time and Frequency of Participation in Horseback Riding:

For how many months has your child participated in horseback riding?

On average, how many hours a week does your child participate in horseback riding?

Not currently participating in horseback riding.

5. Disabilities or Impairments: Using the list below, please check any of the problems your child has. *Check All that Apply*

Specific Learning Disabilities <input type="checkbox"/>	Multiple Disabilities <input type="checkbox"/>
Visual Impairments <input type="checkbox"/>	Speech or Language Impairments <input type="checkbox"/>
Hearing Impairments <input type="checkbox"/>	Hearing Impairments <input type="checkbox"/>
Autism <input type="checkbox"/>	Mental Retardation <input type="checkbox"/>
Orthopedic Impairments <input type="checkbox"/>	Deaf <input type="checkbox"/>
Blindness <input type="checkbox"/>	
Emotional Disturbance <input type="checkbox"/>	Other Health Impairments <input type="checkbox"/>
Traumatic Brain Injury <input type="checkbox"/>	Developmental Delay <input type="checkbox"/>

6. What is the primary way you learned about therapeutic horseback riding? Please check one response below:

School Referral <input type="checkbox"/>	Newspaper or Advertisement <input type="checkbox"/>	Drive By <input type="checkbox"/>
Medical or Health Referral <input type="checkbox"/>	Word of Mouth <input type="checkbox"/>	Attended an Event <input type="checkbox"/>

7. If there are secondary ways you learned about the program not listed above, please specify:

8. Please rate your child's interest in participating in the horseback riding program by assigning a rating between 0 and 100, where 0 = no interest at all and 100 = the highest possible interest: _____

Appendix B

Qualitative Interview

Thank you for agreeing to participate in my study! All data obtained from this interview (written and audio) will be stored in password-protected files on my computer and in a locked drawer in my office. You and your child will remain anonymous at all times.

Questions:

1. As you know I am interested in horseback riding at SARDA and the effect of the riding on children with disabilities. Can you please tell me about what made you choose horseback riding as a mode of therapy for your child?
2. How did you and your child become involved with SARDA?
3. Can you please tell me more about your child's disability and their involvement at SARDA?
4. How long has your child been riding at SARDA? Have you been involved with any other similar riding schools?
5. Does your child talk about horseback riding at SARDA? If yes what are their comments?
6. Does your child enjoy the riding? How can you tell?
7. Can you reflect on what your child was like before he/she started riding at SARDA?
8. Have you noticed any changes in your child since he/she started riding at SARDA? If so please elaborate.
 - Have you noticed any negative changes?
 - Have you noticed any positive changes?
9. What has been the most noticeable effect (if any) of horseback riding on your child?
 - How do you know that it has been the effect of horseback riding and not any other factors?
10. What has your experience been with horseback riding at SARDA?
11. Would you recommend horseback riding as a mode of therapy to parents who have children with disabilities? Why/why not?
12. Is there anything further that you would like to discuss or add that you feel is important?

Appendix C



**SA RIDING FOR THE DISABLED ASSOCIATION
CAPE TOWN BRANCH**

Non-Profit Organisation Reg: 002-822
Public Benefit Organisation No: 18/11/13/2516



SARDA Centre
Brommersvlei Road
Constantia
7806

"THERAPY IN MOTION"

PO BOX 235
Constantia
7848

29th April 2013

To whom it may concern

This letter serves to confirm that Lauren Boyd has been granted permission, by the management committee of SA Riding for the Disabled Constantia Cape Town, to conduct research at the branch from April to December 2103

Kind regards

Fenella Powles

Mrs Fenella Powles
Chairperson
SA Riding for the Disabled

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Appendix D



UNIVERSITEIT-STELLENBOSCH-UNIVERSITY
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Approval Notice New Application

19-Aug-2013
BOYD, Lauren Frances

Proposal #: DESC_Boyd2013

Title: Parents perceptions of the effect of therapeutic horseback riding on their disabled children

Dear Miss Lauren BOYD,

Your DESC approved **New Application** received on **22-Jul-2013**, was reviewed by members of the **Research Ethics Committee: Human Research (Humanities)** via Expedited review procedures on **16-Aug-2013** and was approved.

Please note the following information about your approved research proposal:

Proposal Approval Period: **16-Aug-2013 -15-Aug-2014**

Please take note of the general Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

Please remember to use your **proposal number (DESC_Boyd2013)** on any documents or correspondence with the REC concerning your research proposal.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Also note that a progress report should be submitted to the Committee before the approval period has expired if a continuation is required. The Committee will then consider the continuation of the project for a further year (if necessary).

This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health). Annually a number of projects may be selected randomly for an external audit.

National Health Research Ethics Committee (NHREC) registration number REC-050411-032.

We wish you the best as you conduct your research.

If you have any questions or need further help, please contact the REC office at 0218839027.

Included Documents:

Informed consent forms
Research proposal
DESC form
Permission letters
Interview schedule
REC Application

Sincerely,

Susara Oberholzer
REC Coordinator
Research Ethics Committee: Human Research (Humanities)



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Appendix E
STELLENBOSCH UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

“When he’s up there he’s just happy and content”: Parents’ perceptions of therapeutic horseback riding.

You are asked to participate in research conducted by Lauren Boyd, Masters student in Research Psychology at Stellenbosch University. You were selected as a possible participant in this study because you are a parent of a child with a disability who is partaking in riding lessons at SARDA.

1. PURPOSE OF THE STUDY

The purpose of the study is to establish parents’ perceptions of therapeutic horseback riding as an activity for their children with disabilities. It also aims to explore parents’ experiences of the activity and their perceptions of their children’s experiences of therapeutic horseback riding.

2. PROCEDURES

If you volunteer to participate in this study, we will ask you to do the following:

Participate in an interview of approximately 45 minutes at a date and time of your convenience. The interview will ask questions regarding your child’s involvement with SARDA and therapeutic horseback riding, as well as your experience and perceptions of it and its effectiveness.

3. POTENTIAL RISKS AND DISCOMFORTS

The only risk is possible emotional discomfort since some questions could be sensitive in nature.

4. POTENTIAL BENEFITS TO PARTICIPANTS OR SOCIETY

There may be no direct benefit from participation in this study, but the knowledge generated from this study has the potential to help all children with disabilities in the future.

5. PAYMENT FOR PARTICIPATION

You will not receive payment for participating in the study; neither will there be financial costs for you.

6. CONFIDENTIALITY

Any information obtained that could identify you will remain confidential and will be disclosed only with your permission or if required by law. Confidentiality will be maintained by coding the data anonymously. The data will then be stored in password-protected files on the researcher's computer. All completed surveys will be stored in a locked drawer in the researcher's office. All audio data and their relative transcriptions will be stored in password-protected files on the researcher's computer.

Your identity as well as your child's identity will be protected and you will remain anonymous at all times. Only the researcher will know who you are. If the results of this study are published, you and your child will not be identified by name.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to participate in this study or not. If you volunteer to participate, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you may not want to answer and still remain in the study. The researcher may withdraw you from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF RESEARCHERS

If you have any questions or concerns about the research, please feel free to contact:

Researcher:

Ms Lauren Boyd

Tel: 082 555 3464

Email: boyd.lauren21@gmail.com

or

Supervisor:

Dr Marieanna le Roux

021-8083444

Email: mclr@sun.ac.za

9. RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH PARTICIPANT

The information above was described to me by Lauren Boyd in English and I am in command of this language, or it was satisfactorily translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF RESEARCHER

I declare that I explained the information given in this document to _____. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

SIGNATURE OF RESEARCHER

DATE