

Getting to the Heart of Healing: How equine therapy heals trauma and addiction

This is a two-part article reviewing the cross over symptoms of trauma and chemical dependency. For some of you it will be a simple reminder about the significance of treating both syndromes in order to have positive outcomes. For all of you, I hope it will awaken an interest in and beginning understanding of the special place of Equine Facilitated Psychotherapy (EFP) also known as Equine Assisted Psychotherapy (EAP).

Part I:

The facts:

Untreated trauma and untreated substance dependence look pretty similar. Both result in cognitive problems, attention problems, memory problems, impulse control problems, and affective issues which cause behavioral problems including relapse. Current research suggests that treating unresolved trauma may contribute to positive recovery outcomes. Kessler, Sonnega, Bromet, Hughes, & Nelson (1995) determined that a PTSD diagnosis nearly doubles the likelihood of having problems with alcohol abuse or dependence. Other studies show a 36 - 50 % likelihood that individuals with drug/alcohol use disorders will have PTSD in their lifetime (Brady, Beck, & Coffey, 2004). No one fully understands the correlation but all signs point to the brain. Neurochemistry and brain function are profoundly effected by both disorders. In fact, chemical abuse itself is a trauma to the brain. While in most cases, abstinence resolves that situation, for those who are chemically dependent the brain needs lots of time and optimum conditions to heal. For those who are dealing with unresolved historical trauma, healing the brain is critical for wellness. The most common types of traumas among individuals with both PTSD and substance use disorders are interpersonal -- sexual abuse for women and physical abuse or assault among men. Additionally, patients in treatment for both disorders often report a childhood history of emotional and physical neglect or abuse. Several theories explain the heightened relationship between PTSD and substance dependence. First, the high risk theory which posits that drug and alcohol problems occur pre-PTSD. Then the addict's lifestyle puts them at greater risk for trauma. Second, the self medication hypothesis which suggests that trauma survivors use substances as a way of managing symptoms of prior trauma. Third, alcohol and drug use may increase a persons susceptibility for developing PTSD after experiencing a traumatic event. Finally, there may be a genetic vulnerability that increases the likelihood that an individual will develop both disorders.

Treatment:

Traditionally trauma treatment has involved inviting the patient to talk about the traumatic event. In chemical dependency settings trauma treatment has sometimes been suspect. Many clinicians have seen a trauma survivor get in touch with their trauma only to relapse soon after. Recent research validates that concern in that it has determined that simply retelling the traumatic story

activates the existing wound at best or creates new trauma at worst. Catharsis is not enough in treating trauma because trauma is energetically lodged in the brain and body (the body/mind). Current leaders in trauma treatment have determined that working at the deep brain and body level is the only way to actually release trauma. Approaches such as EMDR and Somatic Experiencing are two examples. However, another powerful modality exists in the form of EFP/EAP. EFP/EAP is a therapeutic modality in which a client or group of clients interact with a horse or horses to facilitate their own healing. EFP/EAP brings clients back into the body/mind in a way that traditional talk therapy cannot. In working from the "bottom up," that is from the deep brain to the body then to the cognitive processes, specific areas of traumatic wounding can be addressed. In Part I, we will address issues of arousal and disengagement that result from trauma. The symptoms we are familiar with in these arenas include hyperarousal or heightened anxiety and startle response, numbing (also known as dissociation or hypoarousal) and isolation. Part II to be found on page ___ of this issue will address healing the limbic brain, reconnecting with instinct and intuition and reintegrating mind and body.

Arousal:

For trauma survivors, there are two tracks of physical arousal gone awry. Hyperarousal is the residual state of fight/flight. Survivors may experience anxiety, panic attacks, impulsivity, intrusive memories and rage. In order to heal this experience of being "stuck" in hyperarousal one must reconnect with the body and the sensory/energetic experience. Trauma survivors have often avoided this because it quickly can become intolerable. Chemical dependent people are often deeply disconnected from their sensory experience due to neural adaptation or simply wanting to avoid feelings. Working with the horses is a physical process which engages the body/mind. In this relationship the survivor can be taught to track the experience of hyperarousal until self soothing returns. In this connection comes the possibility for parasympathetic activation. Peter Levine (NICABM, 2011) reminds us that the nervous system must not be overwhelmed or a patient can be retraumatized. The benefit of equine work is that each state of activation can be tracked as the patient is in process. Levine calls this "working in the present (1997)." In working with small doses of trauma, a process Levine calls "titration," a client can release that experience (1997).

For clients who have gone into the hypoaroused or numb state movement is essential. Horses bring them onto their feet. Becoming acquainted with feeling energy in the body and processing what arises from that experience can be life changing. Evaluating incongruent reports from a trauma survivor, ie, "I feel energetic now" while their body is collapsed, is what horses are masters at. A horse will read incongruity in their environment as a potential threat. So a person who is not unified in their body/mind will see a distancing reaction from their equine companion. This reflection can assist a client in dismantling the false story about the trauma and the false persona of addiction. When they become authentic, their equine companion will move toward them. This contact is part of a feedback loop that is critical in healing trauma.

Disengagement/Isolation:

Obviously social engagement is necessary first step in forming attachments. Attachment is a healing factor in trauma recovery (Porges, 2011). One of the wounds of trauma is an estrangement from those who have not had the "abnormal" experience. The trauma victim becomes isolated because their story is horrifyingly unique. Telling the story seems inadvisable because maybe no one will understand, or perhaps they will be judged as the survivor already judges themselves. We know that social engagement is also critical in recovery from chemical dependency. This is known as fellowship in the 12 Step models. The ingredients of social engagement include vocalization or talking, facial expression with eye contact, and ingestion such as sharing a meal. These forms of social engagement calm us so we can comfortably manage space and closeness. PTSD is based in part in a lack of attachment due to lack of safety. Chemical dependency may be based in deficits in bonding also, where substances become the "significant other" allowing a form of soothing though fleeting and unpredictable. EFP/EAP provides the possibility of beginning social engagement. Connecting with a horse offers the social cues of facial expression and eye contact which invite attachment. Horses "verbalize" in nickers, breathing, or even moaning in satisfaction. The horses used in session have a positive relationship with human beings as a result of their care and training. They have a natural curiosity about new things or beings in their environment so they seek interaction as a way of feeling comfortable. Conversely, equine interactions can evoke projections of a lack of social connection which can then be processed as a part of healing. Clients will make comments about the horses like "He's afraid I am going to hurt him." Or "this is how I always felt before getting high." Reality testing the horse's response (in many cases physical manifestations of the horse's comfort are obvious) and processing the projection can help dismantle false beliefs about the trauma. Because the neocortex and language centers may be "offline" in a traumatized client, the nonverbal connection with another mammal is especially powerful. Paradoxically the lack of spoken language can facilitate engagement. Clients report a shift in their inner experience after telling their story to a horse. Here, the absence of language provides a context of safety, containment, and nonjudgmental regard.

Finally, offering healthy food to participants or inviting participants to offer treats to their equine companion facilitates connection, gives permission for nourishment and gives energy and richness to the experience.

The unique benefits of working with a mammal are many especially for those who have survived a traumatic experience or traumatic history. In Part II we will talk more about the brain and how horses help unlock the traumatic process.