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# Equine-Facilitated Counselling and Women With Eating Disorders: Articulating Bodily Experience

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UNIVERSITY OF CALGARY

Equine-Facilitated Counselling and Women With Eating Disorders:  
Articulating Bodily Experience

by

Hillary Sharpe

A THESIS

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## Abstract

Disordered eating is on the rise and our current conceptualization and treatment of such problems neglects a corporeal-relational understanding in favour of a more cognitive approach. In this hermeneutic phenomenological study, I explore the experiences of fourteen women with eating disorders who took part in an Equine-Facilitated Counselling group. The participants engaged in group and individual interviews that helped to articulate a language for understanding their bodily-relational experiences.

Through dialogic movement and communication with their horses, the participants were able to attune in different ways to themselves and their worlds, thus interrupting some of the habitual practices of disordered eating. These changes in attunement occurred during moments of communion with their horses, but also had an influence afterwards, in a variety of ways that led to the creation of preferred ways of being and relating for a number of the participants. These changes and the moments that made a difference are explored through stories pertaining to five of the women and their horses. Implications for counselling theory, practice, and possible future research are discussed.

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## **Chapter One: Kindling Connections**

This is a story about women and horses. It draws on the past, tracing the histories and mythos that detail humankind's innate connection to these powerful animals and the corporeal world that they inhabit. This is also a tale of modern society and the many afflictions and various forms of suffering that it portends. Eating disorders in particular can be seen as signifying many of the problems that are created through cultural discourses and bodily practices. Such disorders are increasingly prevalent in Western society and denote a "normative discontent" (Rodin, Silberstein, & Striegel-Moore, 1984) that pervades how women view their bodies and hence themselves. The despair and suffering that those living with eating disorders contend with have become more familiar to me as I have come to research and write this story. I hope to offer a glimpse into these experiences and outline the efforts that have been taken to address such problems from my standpoint as a counsellor, a researcher, and as someone who has lived under the shadow of disordered eating. It is my aim to show how traditional ways of understanding and treating eating disorders have fallen short by obscuring and neglecting the body.

This is a story about individual suffering and societal dysfunction, but it is also a story about hope and healing. It is an exploration of how we can begin to reclaim our connection with ourselves and our bodies through encounters with another, an experience that holds the power to awaken and transform us. These moments often happen in everyday situations where something, some difference or curiosity stops us in our tracks. It could be a person, an object, an environment, or any aspect of our experiencing that catches us off guard and asks something of us. Being around horses offers a fertile ground for such encounters. They are beings that "speak" a very different relational language, one based on touch, movement, intuition, and

attunement to oneself and environment. Horses offer a vastly different way of relating and communicating that can show us new ways of being, not just with them, but with ourselves and the larger world. It is this promise, this hope that weaves together the story to follow.

Finally, and most importantly, this is a story of fourteen women with eating disorders who shared their experiences of taking part in an Equine-Facilitated Counselling (EFC) group with me. They are the heart and soul of this research. Through interviews and journal excerpts that they shared, the women helped me to understand the significance that such moments hold. I came to this research with my own preconceptions about how and why EFC seemed to work for those struggling with body-related concerns. It was only when I got caught up in the flow of being with the women and their horses, and witnessing the connections that they developed, that I came to understand what it is about these experiences that are so powerful. One of the women in the group stopped me in my tracks when she said such moments were “igniting” - they sparked shifts in her experiencing that caught and spread like a wildfire through the prairie. When she talked about the time that she spent with her horse Skye, I felt like I was there. She described the cold chill in the air, the feeling of the dirt under her boots and the sound of Skye’s breath, his head reaching down to meet her hands. I still feel my heart swell recounting her experiences, as if I am there with them.

To write about these moments in a way that does them justice requires a more personal and corporeal style of writing. The word corporeal can be traced back to the root verbal meaning “to appear” and the words for belly, womb, or abdomen in ancient languages (Harper, 2012a). My aim throughout this work is to invoke a visceral relation to the stories that have been created; to make manifest a new way to grasp the topics explored and to give the reader not only an



intellectual understanding, but a felt understanding or “gut sense” of the moments that made a difference for the women who participated.

When writing about the body and the ways that we attune to others and ourselves, there is always so much left unsaid, and this is the way it should be. Every good story should call for others to be told. For us to connect to the story and feel it resonate with us when we hear it, we need to see ourselves in the story, and hence create new stories and ways of understanding the experience for ourselves. The interpretations recounted here hold significance not only for those interested in EFC and eating disorders, but for anyone who has struggled to feel at ease with his or her body or who has felt the innate and mysterious connection to the natural world, a world that we inhabit and which inhabits us.

The ideas that such stories and moments ignite are also a focus for exploration in the pages to come. The moments that the women have explored with me can shine a light onto the meanings surrounding bodily habits, cultural discourses, attunement, transformation, and hermeneutics. I situate the women’s stories in the context of these ideas, drawing from research and philosophy. Throughout this narrative I will shift between these big ideas and the smaller, everyday moments that call them into significance. In the sections to follow I will trace some of the moments that led me to this research and the larger domains of inquiry that have shaped the story to come.

### **Personal Introduction**

The smell of hay and leather permeate the air as I enter the stable and spot “my” pony, a beautiful light brown mare named Clover. I am five years old and this is my favourite place. My parents and grandparents have taken me here for pony rides and to visit with the farm animals ever since I can remember. The excitement of walking to the stables from the parking

lot fills my whole body with a warm, vibrating energy that I can barely contain. Clover senses this and begins to communicate her own excitement by neighing softly and stamping her hooves. I reach out to stroke her neck, her coat warm and soft beneath my fingers. Her body relaxes and she drops her head to let me scratch behind her ears, sending particles of dust floating through the air. Her long eyelashes settle on her cheeks as she closes her eyes. Time seems to slow in this moment of communion. The rest of the world falls away and it is just me and Clover in the warm afternoon light.

Looking back on this moment I am surprised by how clear the memory is. In the years that have passed, I have grown up, married, become a counsellor, and embarked on a PhD. Yet, whenever I think back on such moments, I feel a hitch in my throat and a heaviness that fills my chest. I cannot remember what happened to Clover. I forgot about this sacred connection for a time. It was not until I began working with women diagnosed with eating disorders that I was led back to these moments with Clover...

We are in a sterile room: pale walls, hard chairs, the one small window offering a view of the dumpsters in the back alley. Someone has tacked up posters to brighten the dull space, but it has done little to change the inherent ugliness of this room. I often wonder why the counselling offices cannot be a little more personal, or at least comfortable. I listen quietly as the girl recounts her story. She speaks of her body as if it is something outside of herself; the punishing rituals of starvation and exercise as a way to bend it to her will. She keeps her eyes focused on the floor in front of my feet and speaks in a quiet voice, almost a whisper. She is not comfortable with the term “eating disorder” and is hesitant to trust me. I do not blame her; what do I know about her life or her problems? And yet, as she talks I begin to see the many ways that we are similar; the unspoken need for acceptance from others to feel worthy, the simmering

resentment towards our own bodies, our mutual striving to be better, to be perfect, and the guilt we feel when we are unable to live up to these exacting standards. We live in the same cultural climate that exalts a standard of physical beauty that we cannot meet. I think to myself “this could have been my story...”

The more I learned about issues of body dissatisfaction and disordered eating, the more I questioned how my own story did not follow a similar path. I wondered what protective factors may have been at play. Perhaps it was my peer group or the strong female role models that I found in my family. Or perhaps it was playing soccer during my childhood years, feeling joy and pride in what my body could do. As I pondered these experiences, my mind wandered back to the time I had spent with Clover, her gentle gaze looking down on me, the feel of her mane in my fingers. Somehow these moments were calling to me, asking something of me.

I began to read stories and articles about people’s innate connectedness to animals and the ways that this re-affirms their vitality. Horses in particular seem able to facilitate a greater awareness of the present and one’s connection to the world. I stumbled upon anecdotal accounts of EFC. What I read fit with my experiences of being with horses and offered exciting findings about how this new form of therapy could benefit people suffering from a variety of problems. I wondered how EFC could help women with eating disorders.

### **Eating Disorders and EFC**

The problem of eating disorders has taken centre stage in recent years within helping professions and the larger public arena. The current diagnostic system (Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition-Text Revised; DSM-IV-TR, APA, 2004) describes anorexia (AN), bulimia (BN), and eating disorder not otherwise specified (ED-NOS). While eating disorders often thrive in secret, many sufferers have opened up

about their struggles and brought these problems into public awareness. This has led to a movement towards furthering treatment and tailoring prevention efforts for those at risk. What most people do not realize is that simply being a woman in today's culture presents the greatest risk. These problems exist on a spectrum ranging from socially acceptable behaviours such as diet and exercise to more extreme practices characteristic of what we define as eating disorders (Russell-Mayhew, 2007). The line between these problems is becoming increasingly blurred as evidenced by the rising rates of individuals who live with what are termed "sub-clinical" eating disorders and the high rates of diagnostic crossover between AN, BN, and ED-NOS. Even the category *eating disorder not otherwise specified* appears to be a catch-all that highlights the short-comings of our current conceptualization of this phenomena.

Despite an explosion of research into the nature and treatment of eating disorders, these problems continue to be prevalent, chronic, debilitating, and sometimes life-threatening (Levine, McVey, Piran, & Ferguson, 2012), leaving many researchers struggling to expand on our existing knowledge base. Why are eating disorders notoriously difficult to address using the tools of modern science? Why, despite helping professional's best efforts, do women and men continue to live with these problems and die from them? What is it that is missing?

A growing number of researchers and theorists posit that this missing piece is a lived and process-oriented understanding of the bodily experience of eating disorders (e.g., Blood, 2005; Piran & Teall, 2012; Sanz & Burkitt, 2001). The current understanding of these problems rests on a cognitively-based model, which has been criticized for distancing the body, examining only phenomena that can be mathematized and objectified (Bigwood, 1991).

This neglects exploring the body as it is lived and experienced by those who struggle with eating disorders. Bodily knowledge cannot merely be thought about and reflected upon; it is a type of knowledge that one must experience first-hand through immersion in sensations that often fall beneath the surface of awareness. We all have varying ways of attuning to our world, ways that can become stuck as we practice them throughout our day to day lives. These become habits that structure how we relate to others and what we know and believe about ourselves. Eating disorders can be viewed as a series of habits, or ways of attuning that have become stuck. Individuals who live with these problems have come to embody ways of attuning that limit other, possibly more adaptive ways of attuning. It is exactly this type of bodily knowledge or attunement to corporeal experiences that the traditional approach to conceptualizing and treating eating disorders is not able to adequately explore.

This study offers a new theoretical and practical approach to addressing disordered eating through a focus on how EFC can encourage new ways for women with eating disorders to attune to their bodies and the world around them. EFC is a novel intervention that draws on the embodied and responsive relations that develop between horses and riders. This type of therapy holds the potential to interrupt problematic ways of being by using a different type of communication - one that is rooted in the body. The interactions between horse and person rely on this language and require a heightened sensitivity to the present moment and corporeal engagement. This bodily knowledge is then explored and thickened through dialogue with a counsellor, bringing about further understanding of how attunement, or ways of thinking, being, and relating can be expanded. EFC offers a bodily and relationally-focused approach that can broaden traditional conceptualizations for addressing

“psychosomatic” concerns such as eating disorders and the transformative processes that take place on a corporeal level.

### **Domains of Inquiry**

**Theoretical and research contexts.** This research draws from a variety of theorists in the areas of hermeneutics and phenomenology. Hermeneutics is understood as the theory and practice of interpretation (Paterson & Higgs, 2005). People communicate interpretations in and through texts, which include language, art, and music (Laverty, 2003). The term hermeneutics comes from the Greek *hermeneutikos*, which is defined as “interpreting” and related to the root *Hermes* (Harper, 2012b), the Greek god of borders and boundaries (Jardine, Clifford, & Friesen, 2003). This is significant as understanding in hermeneutics is constructed in places of “in-betweenness,” in the boundaries that define differing perspectives or ways of knowing. These ways of knowing are always situated in our pre-reflective and taken for granted ways of going about our daily lives (Laverty, 2003). Phenomenology is concerned with describing these interpretations within such a context. The purpose of phenomenology as an inquiry is to explore these experiences and come to new or forgotten understandings of lived experience.

This theoretical context is vastly different from the traditional theoretical context applied to the study of eating disorders that is grounded within the medical paradigm. Such traditional scientific pursuits have tended to place an emphasis on control, objectification, and classification as a means of understanding. A hermeneutic phenomenological approach is characterized by a focus on lived experience and how we make sense of this experience in a way that enlivens it, creating new possibilities for interpretation and understanding.

The starting place of any hermeneutic phenomenological study lies in our curiosity; we are called to wonder and question. Through dialogue with others, immersion in the research

literature, and the moments that I have recounted, I came to shape my initial question and aims. The main question guiding this research is: What are the bodily and potentially transformative experiences of women who address problems with disordered eating through EFC? The objectives include an exploration of the following: (a) the concept of attunement as experienced by women with eating disorders, (b) how the horse-human interaction in EFC can foster re-attunement to the self and the environment, and (c) how such knowledge can inform our current understanding and treatment of eating disorders.

Participants were invited to co-create a “dialogue of the body” that is recounted in the research descriptions. It is important to note that the women who participated were asked to speak to unique experiences that they initially did not have a language for - their corporeal engagement with the horses and the ways that this impacted them. These understandings draw from a variety of narratives including my own and the women who shared their stories with me.

**Social and practice contexts.** This research pertains to a number of practice domains including psychology, nursing, medicine, and social work. The stories and interpretations described in this study have helped to create a language for understanding the bodily and potentially transformative experiences of women with eating disorders who engaged in EFC. The importance of this discourse is two-fold. Firstly, by collaboratively creating this language, the women who participated were able to explore new insights and understandings of their bodily experiences - a potentially transformative process in and of itself. Secondly, the language and stories created can add to a new discourse for understanding and challenging disordered eating.

Eating disorders affect a variety of populations, but they are largely issues that affect women of Western cultures (Blood, 2005). While rates for these problems vary from context to context, it is estimated that 1-3% of the population in Canada and the US suffer from an eating

disorder (Garfinkel, et al. 1995; Levine et al., 2012; Walters & Kendler, 1995). However, many researchers consider eating disorders to be more widespread than these rates suggest due to the secretive nature of these problems and the issues inherent in the current diagnostic system (Malson, 1998). Furthermore, problems such as body dissatisfaction, pervasive desires to control body size and shape, and pre-occupation with dieting, weight, and food are often not taken into account when we talk about eating disorders. In fact, these issues are often normalized and even exalted as a means to control people's bodies and engage in a "healthy" lifestyle. Eating disorders have grown out of a larger cultural problem, one that affects all of us and not just those labelled as eating disordered.

**Personal context.** As a woman living within this cultural climate, I have struggled to reconcile my sense of self with the unending messages I receive about what or who I should look like. This pre-occupation with bodily control and objectification has left its mark on me as it has so many others, men and women alike. While I do not consider myself to have an eating disorder, I have contended with body dissatisfaction and the pervasive belief that my worth is inextricably linked to my physical appearance. These issues were most prevalent during my adolescent years and have subsided throughout my adult life, but the grip of cultural ideals and norms still exert their influence on me in negative ways.

Working with women who have eating disorders in a therapeutic context has highlighted how these problems are part of a broader cultural illness. Many of our cultural discourses pathologize women with eating disorders, separating them and their illness from us, but in listening to the stories of my clients I have come to see how much we share. Bodily discontent and dissatisfaction pervade discourses surrounding what it means to be a woman. It angers and saddens me that we live in such a way. I believe that experiencing the true joy of being our



bodies, rather than evaluating our physical appearance, is one way that we can fight against this problem. When I lose myself playing softball or become immersed in the beauty around me while hiking, I experience my body as me, not as an external thing to be controlled and tamed through diet and exercise. These moments hold the power to transform us. I believe that the innate connection we have with animals also holds this power if we open ourselves up to it.

I have been fortunate to witness the healing effects of EFC in my work. My curiosity in this research topic first arose out of these experiences and my own personal experiences with horses. I remember watching the intricate “dance” that takes place in EFC between horse and rider, negotiating their space through a form of communication with their gestures and movements. Jardine (2006, p. 272) wrote “there is always a story that happened once upon a time,” and perhaps it is the mythical nature of horses, and the legends that stretch back through history detailing our relationship to them, that called to me. There is a story here, a place of deeper understanding that exists in the mysterious corporeality that governs the dance. This is the story that I sought to explore with the women who took part in my research.

In the next chapter, I critically examine how eating disorders have been conceptualized in the literature and address the need for a corporeally-resonant understanding, such as the one offered through EFC. In Chapter Three I provide a description of my research methodology and design. Chapter Four is dedicated to describing the stories that were co-created with the participants over the course of two EFC groups. Finally, in Chapter Five I explore how this research can help to inform new directions in understanding and subverting eating disorders, discuss challenges/limitations in carrying out this study, and provide avenues for future research.

## **Chapter Two: Developing a Lay of the Land**

When women are relegated to moods, mannerisms, and contours that conform to a single ideal of beauty and behavior, they are captured in both body and soul, and are no longer free... the body remembers, the bones remember, the joints remember...

(Estés, 1995, p. 198)

The remembering and transformational capacities of our bodies are an often overlooked aspect of experience that has implications for the ways that illness is conceptualized and treated in Western culture. In the dominant discourses pertaining to eating disorders, corporeal experiences have typically fallen to the wayside in favour of a more cognitive approach (e.g., Altabe & Thompson, 1996; Murphy, Straebl, Cooper, & Fairburn, 2010; Strauss & Ryan, 1988), which has led to a number of problematic assumptions (Blood, 2005; Bordo, 2003; Malson & Swann, 1999; Sesan, 1994). In this next chapter I explore the eating disorders literature with a focus on these issues and describe how the corporeal engagement integral to EFC can offer a different way of understanding and addressing disordered eating.

When I first began exploring the research concerning eating disorders, I was astounded by the variance and prevalence of these problems. Eating disorders have been noted in children as young as five (Madden, Morris, Zurynski, Kohn, & Elliot, 2009) and women up to age 92 (Mermelstein & Basu, 2001). Despite a large body of research into the nature of these problems, eating disorders are on the rise in developed and developing countries including Canada (Public Health Agency of Canada, 2002), the United States (Streigel-Moore & Franko, 2003; Wade, Keski-Rahkonen, & Hudson, 2011), Australia (Hay, Mond, Buttner, & Darby, 2008), Japan (Chisuwa & O'Dea, 2010; Gordon, 2001), Italy (Ruggiero, 2001), and India (Mishra &

Mukhopadhyay, 2011). While disordered eating predominantly affects women, researchers have found that rates are increasing in men as well (Hudson, Hiripi, Pope, & Kessler, 2007).

Recent definitions of eating disorders primarily rest on the American Psychiatric Association (2000) diagnostic criteria, which describe AN, BN, ED-NOS, and binge eating disorder (subsumed under ED-NOS). According to these criteria, AN is characterized by a severely calorie-restricted diet, resulting in a body weight that is significantly below that expected for age and height. It is estimated that nearly 1 in every 100 women in Canada will struggle with AN at some point in their lives (Hudson et al., 2007) and studies indicate that up to 20% of these individuals will eventually die from this illness due to self-starvation, suicide, or electrolyte imbalance (Birmingham, Su, Hlynsky, Goldner, & Gao, 2005; Steinhausen, 2002).

BN is characterized in the dominant literature by frequent fluctuations in weight and recurrent episodes of bingeing followed by behaviours such as self-induced vomiting, purging, fasting, laxative use and/or excessive exercise in order to compensate for binges. This can cause a number of life-threatening issues (Mohr, 1998) and other long-term health complications (Mehler, 2011). In Canada, the lifetime prevalence of BN has been estimated to be 1.5% (Hudson et al., 2007). ED-NOS are two to five times as common as BN and AN, and according to the current diagnostic system (DSM-IV-TR, APA, 2004), include behaviours such as chronic dieting, purging, and binge-eating, but do not meet the criteria for BN or AN.

Along with many noted physical complications, eating disorders include a host of psychological and social problems such as anxiety, depression, isolation, relational problems, and substance abuse (National Eating Disorders Association, 2012). There are a number of risk factors cited for eating disorders including: body dissatisfaction, elevated shape and weight concerns, prior sexual abuse and other trauma (Jacobi, Hayward, de Zwaan, Kraemer, & Agras,

2004), internalized societal ideals of thinness, dieting behaviour (Stice, Ng, & Shaw, 2010), developmental transitions such as puberty or the transition from high school to college (Levine & Smolak, 2012), and teasing by peers or family members (Kluck, 2008; 2010; Nuemark-Sztainer, 2011). The research demonstrates that many of the factors common in eating disorders are normative experiences for most women (e.g., developmental transitions, the experience of being teased, body dissatisfaction, dieting, etc.). In fact, despite the myriad factors implicated in eating disorders, the single best predictor of risk is simply being female (Striegel-Moore & Bulik, 2007).

The National Eating Disorders Association (2012) highlights that there are many different kinds of food and weight preoccupations, including eating disorders. These problems exist on a spectrum and the current diagnostic system is predominantly focused on those problems that fit within the diagnoses of AN, BN, or ED-NOS. The number of individuals who suffer from problematic ways of being labelled as sub-clinical eating disorders likely far exceed the rates and prevalence that have been measured (Bordo, 2003; Field et al., 2012; Gucciardi, Celasun, Ahmad, & Stewart, 2004; Swanson, Crow, Le Grange, Swendsen, & Merikangas, 2011), indicating that these are not only much more common than previously thought, but are emblematic of a deeper cultural problem (Ridge Wolszon, 1998). However, these cultural influences are largely neglected in dominant discourses pertaining to eating disorders (Blood, 2005; Bordo, 2003).

Even within the more rigorously researched diagnostic classifications, a number of issues are cited including the high preponderance of diagnostic cross-over (e.g., from AN to BN; Eddy et al., 2008; Tozzi et al., 2005) and the troubling finding that the most commonly diagnosed type of eating disorder is ED-NOS, a classification intended to capture atypical presentations of these

problems (Striegel-Moore & Bulik, 2007). Findings such as these highlight how fragmented the current state of knowledge is and indicate the need to address certain gaps. For instance, a review of the literature reveals the following: eating disorders are on the rise and the current classification system is not able to adequately account for the range of eating disorders (sub-clinical or otherwise). Further, the risk factors cited pathologize women who suffer from these problems, and also women who may not meet the criteria for an eating disorder, but who engage in common cultural practices/experiences such as dieting or feeling dissatisfied with one's body.

Eating disorders include a number of problematic ways of being that have been constructed differently. The predominant understanding rests on a number of assumptions that locate the individual as the source of the problem and largely neglects an exploration of cultural influences (Blood, 2005; Bordo, 2003; Malson & Swann, 1999) and corporeal experiences. My aim in this chapter is to demonstrate how this approach falls short and offer another approach based on corporeal engagement. The approach I propose is based on the simple yet powerful premise that the body is the seat of all our understanding of ourselves and the world (Merleau-Ponty, 1962). Our bodily motility, which includes touch, movements, gestures, postures, attunements, and kinaesthetic memories can create a world of possibilities (Sheets-Johnstone, 2009), yet these bodily techniques also constrain us, structuring our perceptions and our sense of self (Manning, 2007). This dialectic of possibility and constraint discloses the world to us in certain ways, but is also created by the world - "culturally shaped at every turn" (Noland, 2009), thus providing an exploration of how cultural influences operate on and through us, and how we in turn can resist and unsettle these influences (Gremillion, 2003). To illustrate how this mode of understanding is quite different from more traditional accounts, I will outline two contrasting

examples of a hypothetical client with AN; one based on a more traditional understanding of eating disorders, and one drawing on the language of corporeal engagement.

Account #1 - Shannon is a 43 year old woman diagnosed with AN. She exhibits the core psychopathology common to eating disorders - over-evaluation of shape and weight, deficits that are cognitive in nature. These distorted thoughts lead to a number of dysfunctional behaviours including compulsively over-exercising, restricting her food intake to 900 calories per day, and obsessively weighing herself. Shannon is socially withdrawn, has a low level of emotional awareness, and has been assessed as having narcissistic personality traits and impulse control problems; traits common in those with eating disorders. She describes “feeling fat” as a frequent occurrence that leads her to engage in unhealthy behaviours in an attempt to control her weight and appearance. Shannon began to exhibit this symptomatology in grade 12 after being teased about her weight.

Account #2 - Shannon is a 43 year old women who has been struggling with a number of problematic patterns integrated in eating disordered ways of being. She notes that she is often uncomfortably aware of her body; as bulky, heavier than normal, and taking up too much space. She feels and communicates these awarenesses in a number of bodily practices including holding her body in certain ways to take up less space, tightening her muscles when she feels scrutinized by others, policing herself through carefully restricting her food intake, and exercising to the point of exhaustion almost daily. She has cultivated the habit of keeping these practices secret from others, leading to isolating and disconnecting from loved ones. Yet, she also describes the relief that disordered eating provides in that it allows her to feel a sense of pride, control, and safety. The habits Shannon described are relationally-responsive ways of

being that have been shaped and reinforced through culture and environment; a confluence of forces communicated through various means (e.g., popular media, peer groups, family, etc.).

These two accounts offer strikingly different understandings of eating disorders with certain assumptions, ways of knowing, and implications for approaching these problems. In the first account, the person is seen as containing/possessing pathological traits, which reinforce a number of problematic separations (inner/outer, mind/body, individual/culture). This is a common psychological discourse that communicates a fragmented view of treatment (e.g., divided into psychological states and behaviours, with one following the other; Gergen, 1989) and the assumption that the person is the source of the problem and therefore requires expert intervention (Guilfoyle, 2001). The second account offers a different understanding based on corporeal ways of being and engaging in the world. This latter type of understanding lends itself to exploring the often disparate realms of inner/outer, mind/body, and individual/culture in a more unified sense, thus addressing many of the problems inherent in the dominant discourse.

My aim is not to argue that the current approach should be dismantled, but to create a space for a corporeally-oriented approach, an alternative way of understanding and potentially challenging disordered eating. To fully appreciate the importance of these two discourses, we must revisit how and why they came to be. In the section to follow I will outline the emergence of the current dominant discourse, tracing its inception in the medicalizing of our bodies and the implications this has for eating disorder theory and research, before moving to exploring corporeal engagement and its origins in discourses of embodiment.

### **Discourses of Bodily Experience: From Descartes to a Social Construction**

One of the most prevalent discourses of our bodies in Western society is grounded in Cartesian dualism; the idea that mind and body are separate entities that co-exist and exert

influence upon one and another, but are ultimately constituted of different matter - the body as flesh and the mind as spirit (Carr, 2007). This dualistic heritage has been transmitted in various philosophies, but can be traced to thinkers such as Plato, Augustine, and more recently, Descartes (Shusterman, 2008). The implications of dualistic thought include the idea that the body is alien, or other, and that it can and should be controlled. This world view and the assumptions inherent in it are typically taken for granted, thus this cultural perception of the body often goes unquestioned. This can be seen in the myriad ways that Western culture objectifies and compartmentalizes the body - from an obsession with beauty and fitness to the mechanistic ways that bodies are treated within the biomedical model.

This biomedical model is grounded in Cartesian dualism, but Leder (1992) argued that Descartes also contributed an “ontology of death” that places the primacy of the dead body over the living, thus reinforcing the reductionist ways that the body is explored and treated. This ontology of death arose out of a shift in the nineteenth century from a conceptualization of disease treatment that relied on patients’ own accounts of illness to an examination of the symptoms written on the body, which often took place after death (Leder, 1992). The epistemological primacy of the dead body has had profound effects on how medicine is practiced, the technologies health care professionals use, and how patients are treated. The living body itself is seen as no more than a complex machine. Thus the body as it is lived and felt is disregarded; it is lost within a system that is enamored with the mechanical, objectified body (Radley, 2000). This mechanistic model serves to place the body within the mind’s presumed control. By compartmentalizing the natural processes of the body and the interactions between the parts, a certain understanding of it is imposed onto the living flesh through



intervention and treatment (Kriel, 2003). This understanding is one based on reductionism and materialism, which limit the type of knowledge that science is able to explore (Bortoft, 2012).

These problems are further compounded by the tradition of individualism, which stems from an egocentric view of the world in which the individual is the locus of change, material is composed of atomic parts, and the whole is always equal to the sum of the parts (Kenney, 2002). Individualism has long been a mainstay of Western culture, promoting ideals of the self as an autonomous agent within society and a moral outlook which classifies the motivation for human agency as self-interest (Cahoone, 1988). Within the medical paradigm, individualism is evident in a number of understandings, including the idea that the individual patient is the site of disease and illness, thus decontextualizing the culture that the patient lives within (Dutta, 2008). This focus is often narrowed to view a diseased bodily part or condition as requiring treatment, leading to further compartmentalization of the body and a mechanistic view of treatment (Dutta, 2008).

The nature of disease treatment and intervention described through the dominant medical model is steeped in dualism, despite attempts to re-integrate the domains of mind and body (Leder, 1992; Mehta, 2011). The very language introduced by the biopsychosocial model (Engel, 1977) evokes a sense of disconnection, as if these concepts have merely been strung together. People commonly speak of the mind-body connection as if these two entities were separate, reinforcing the very dualism that others are trying to break (Abram, 1996). This reductionist understanding of the body has had dire consequences for how professionals understand and treat eating disorders, leading to a number of dualisms that include mind/body, individual/culture, and objective/subjective, with the former holding primacy over the latter (Bordo, 2003). As we will come to see later in this chapter, the danger of the dominant treatment

discourse surrounding these problems is that it transmits and amplifies dualistic messages that women already struggle with (Blood, 2005).

**The power of language.** Feminist theorists were amongst the first to challenge the biomedical conceptualization of eating disorders and sought to explain the primacy of culture and power in sustaining these problems (e.g., Chernin, 1981, 1985; Diamond, 1985; Orbach, 1982, 1986). Many drew upon the work of Michel Foucault (1972a, 1979, 1989) to create an alternative understanding of eating disorders and the language of pathology that influences them. Foucauldian theory stresses the idea of language as power, meaning that the dominant discourses of a socio-cultural time are imbued with the power to reform the ways that people act and think. Language does not simply transmit an agreed upon meaning that already exists, its use is shaped within social practices through which people create meaning (Lock & Strong, 2010). Thus, discourse is continually evolving in meaning. The body is never removed from culture, but instead can be seen as a product of it. In Foucault's theory, people are engaged by cultural practices that act to shape their bodily experiences, pleasures, sensations, and energies (Foucault, 1972a).

There is a complexity of intertwined discourses within society. For example, economic, medical, and psychological discourses work to define certain aspects of the world depending on the dominant discourses used in each of these fields. These discourses can be taken up within popular culture and combined to create new discourses. In eating disorders research, the predominant understanding has been constructed from the discourse of the biomedical model (Lock, Epston, Maisel, & de Faria, 2005) which also heavily influences psychological thought and research. By their very definition, dominant discourses leave other meanings unsaid,

unexplored, unknown. Other discourses that do not fit within the dominant one tend not to be taken up by cultural institutions and examined. They exist at the periphery of knowledge.

In Foucauldian theory knowledge is power, and knowledge is created and sedimented through the dominant discourses of a historically-located culture (Lock & Strong, 2010). Discourse “finds a way of limiting its domain, of defining what it is talking about... and therefore of making it manifest, nameable, and describable” (Foucault, 1972b, p. 41). Realities are realized and lived through the discursive elements and discourses that are used. People at once change them as they are changed by them; although it is important to note that this occurs beyond the individual level and instead occurs at the macro socio-cultural level in and from which social practices emerge (Ramazanoglu, 1993). Power is not simply wielded by one individual or group, it is a series of connections through institutions, practices, and technologies that create and sustain positions of dominance in a particular cultural domain. According to Foucault (1988), these “technologies of the self” constitute the ways that people take up, enact, and perform the discourses available to them, essentially policing themselves according to dominant norms and ideals. Therefore, discourses have immense power to regulate and define what is normal or appropriate for a given person in a given culture (Walkerdine, 1986).

According to Bordo (2003), the emergence of hysteria in the Victorian era can be seen as an example of this. During this time, the dominant discourses classified women as particularly susceptible to hysteria due to their assumed weak constitutions and inferior mental capabilities as compared to men (Bordo, 2003). Women suffering from hysteria could show any number of symptoms including fainting spells, nervous anxiety, sleep disturbances, loss of appetite, sexual dysfunction, muteness, and paralysis (Satow, 1979). While hysteria was a common medical diagnosis for women during this time, today it is no longer recognized as a medical disorder.

Hysteria was culturally and historically located, and articulated and regulated through the discursive practices and discourses of the time, which served to define normal behaviour for women; namely constraint of pleasure and strong emotions (Bordo, 2003). These were characteristic of middle to higher class women, who were bound by the prevailing ideals of femininity and the discourses that imbue these with meaning and power. Thus, hysteria was constructed and its symptoms pathologized, lending credence to that cultural meaning of femaleness (i.e., weak, demure, prone to emotional outbursts, and inferior mentally to male counterparts). It is only now, when removed from such cultural ideals that people can recognize how the language of female hysteria was reflective of the time and dominant customs; hence growing out of and within the dominant discourses and creating a medical diagnosis that does not fit within current culture. Instead, similar symptomatology is classified within today's medical model as somatoform disorders (Owen & Dein, 2006), which define a collection of disorders that are also culturally and historically located.

Eating disorders can also be understood as such constructions and despite the many strides made in emancipating women from patriarchal and heterosexist ideals, many feminists argue that the label of eating disorders represents another form of oppression (Blood, 2005; Bordo, 2003; Malson, 1998). While the cultural meanings of femininity have changed, there are still considerable constraints placed on women to be beautiful and largely silent (Wolf, 2002). These meanings are thus inscribed onto their bodies via dominant culture. The everyday rituals that women subscribe to shape how they appear, how they behave, how they relate to others, and their self-perceptions. Women's time has been increasingly relegated to attaining beauty, but this quest is never complete, they are always in pursuit; and within this there is the implicit

assumption that they are not good enough and never can be (Bordo, 2003; Chernin, 1983; Orbach, 1982; Saltzberg & Chrisler, 1995).

Living in a state of want and inadequacy is part of the cultural norms that influence womanhood, and increasingly childhood as well (Bordo, 2003; Vandebosch & Eggermont, 2012; Wolf, 2002). This can be seen in the increasing numbers of girls who are dissatisfied with their bodies. For example, in one study, 27% of Ontario girls 12-18 years old were reported to be engaged in severely problematic food and weight behaviour (Jones, Bennett, Olmsted, Lawson, & Rodin, 2001). In another Canadian study, 37% of girls in grade 9 and 40% in grade 10 perceived themselves as being too fat though the majority of students in the study fell within a normal-weight range (Boyce, King, & Roche, 2008).

These statistics indicate a disturbing trend that is representative of a dominant discourse for what it means to be female in today's culture. Despite the women's movement and considerable strides that have been taken in the past 50 years, women are still being subjugated by the socially sanctioned pursuit of beauty (Blood, 2005; Bordo, 2003; Malson, 1998; Wolf, 2002). This social control is insidious because it is often hidden within a dominant discourse of empowerment. Messages such as "take control of your body" and "be who you want to be," communicate empowerment and are often found in fitness magazines, on television, and in other mediums of communication that are taken up and internalized, not only by women, but to a lesser degree men as well (Bordo, 2003). What is less obvious in such messages is the idea that people can and should control their bodies to conform to cultural standards of beauty. These cultural discourses play a role in creating and maintaining many problematic ways of being, including the practices associated with disordered eating (Gremillion, 2003). What is equally

troubling is the way that these discourses also weave together the current understanding of these issues and the ways that professionals manage them.

### **Understanding and Addressing Eating Disorders**

The themes of bodily control, objectification, compartmentalization, and separation of person from culture can be seen throughout eating disorder discourses. While feminist and socio-cultural models have ameliorated this to some extent, today's dominant discourses remain steeped in dualism, which may exacerbate some of the underlying problems that lead to disordered eating (Gremillion, 1992; 2003). Women with eating disorders have traditionally been viewed as aberrant and susceptible to maladaptive thought processes (Sanz & Burkitt, 2001). For example, "thin-ideal internalization" is a term that has appeared in the eating disorders literature to explain how women who internalize societal standards of thinness are at an increased risk for developing disordered eating. According to researchers and clinicians within the field, thin-ideal internalization refers to "the extent to which an individual cognitively buys into socially defined ideals of attractiveness" (Thompson & Stice, 2001, p. 181). The idea that women "buy into" the thin-ideal instills the suggestion that women are to blame for their unhappiness in regards to their bodies. This leads to the supposition that women can remove themselves from the cultural ideals that promote the thin-ideal and hence develop healthy ways to experience their bodies.

This assumption can also be noted in other terminology within the eating disorders literature, especially those concerning "body image," a term that has its origins in neurology (Cash, 2004; Newell, 1991). The term body image has been characterized as denoting a number of problematic assumptions including: (a) that there is an outside and knowable reality, (b) that individuals who suffer from problems related to body image have a deficient or distorted view of

this reality, and (c) that professional (i.e., medical or psychological) intervention is required to ameliorate this deficiency (Blood, 2005).

The current psychological formulation of disordered eating rests on a discourse of body image disturbance or body image dissatisfaction (Blood, 2005; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). Body image dissatisfaction refers to the discrepancy between ideal and perceived actual body sizes (Canpolat, Orsel, Akdemir, & Ozbay, 2005) and body image disturbance refers to a broader conceptualization including perceptual distortion of the body, affective components such as body shame, and behavioural components such as body checking (Bell & Rushforth 2008); however the majority of research in this area has focused on perceptual and cognitive distortions (Altabe & Thompson, 1996; Blood, 2005; Bowden, 2012; Callaghan et al., 2012; Jakatdar, Cash, & Engle, 2006). The diagnostic criteria for AN and BN include body image disturbance (Heinberg & Thompson, 2006), which has also been shown to be present in ED-NOS (Clinton, Button, Norring, & Palmer, 2005).

While body image disturbance is one of the defining problems of those with eating disorders, researchers have also noted that women who do not suffer from eating disorders also display varying degrees of body image disturbance (Blood, 2005; Malson, 1998). In fact, research has problematized the inclusion of body image disturbance as a diagnostic criterion for eating disorders due to preponderance of non-eating disordered women who also exhibit this trait in experimental trials (Hsu, 1982). This surprising research did little to change the dominant understanding already in place surrounding body image disturbance, although a number of researchers have called the construct into question (e.g., Hsu & Sobkiewitz, 1991; Sepúlveda, Botella, & León, 2002). Ruff and Barrios explained:

Although the body image construct has not yet proved particularly helpful in explaining and predicting the course of various eating disorders, it nevertheless continues to surface in our writings on the origin and treatment of maladaptive eating patterns. Such resilience suggests the concept has compelling face validity and broad base intuitive appeal that overrides its lack of empirical support. (1986, p. 248)

Over twenty years later, body image disturbance is still one of the defining features of eating disorders, yet it is now widely recognized as pervasive amongst most women (Blood, 2005). Indeed feeling uncomfortable with one's body has been described as a normative experience for women in Western society (Ridge Wolszon, 1998). What is problematic with the discourse of body image disturbance is that it pathologizes women who succumb to its grasp, which according to current research is most women (Blood, 2005). The construct of body image disturbance presents another discourse that highlights the precarious position between eating disorder pathology and culturally-sanctioned ways of being.

The very term body image is a visual one, focused on what can be seen and measured. This sort of visual and cognitive language is also part of a dominant discourse in Western society, one that has influenced (and been influenced by) the biomedical model. While new conceptualizations of body image have incorporated other aspects (e.g., emotion and behaviour), the primary means of defining and assessing body image remains largely visual and cognitive. Visual and cognitive language is but one way to understand eating disorders and it has arguably fallen short in conceptualizing and addressing these issues and the women they afflict. Images are static, whereas life, as many philosophers such as Heidegger (1962) and Wittgenstein (1953) have argued is dynamic, ever-changing, and inextricably tied to the world and the many ways that we engage within it. Said differently, people's lives cannot be adequately understood and



accounted for using language that relegates lived experience to mere snapshots or images in time. There exists a whole undercurrent of knowledge that lies beneath the surface of awareness - one grounded in relationally-responsive and corporeal ways of being. It is this corporeality that is neglected through the use of visual and cognitive language. Even if we take into account a broadening of the term body image to include behaviour and emotion, bodily-kinetic experience is left behind and human experience is fragmented (Sheets-Johnstone, 2009).

Another troubling implication of such discourses is the way that they reinforce dualisms such as mind/body and individual/culture. Women with eating disorders already experience a separation between themselves and their bodies, often experiencing the body as an enemy (Maisel, Epston, & Borden, 2004) or as an object to be controlled (Jarman, Smith, & Walsh, 1997). Individuals who suffer from these problems frequently tune out bodily sensations such as hunger signals (Hetherington, 2001) and emotional cues (Maisel et al., 2004). Dualistic notions such as mind-over-body, reason-over-emotion, and individual-over-culture contribute to creating and maintaining eating disorders (Bordo, 2003). The danger of the dominant discourse influencing these problems is that it reflects and reproduces the dualistic messages that women already struggle with (Blood, 2005; Gremillion, 1992; Sesan, 1994).

Eating disorders research has led to proliferating “truths” such as body image disturbance that have far-reaching ramifications not only for individuals labelled as eating disordered, but for anyone who has struggled to feel comfortable with his or her body. The terms thin-ideal and body image disturbance are not inert, they are imbued with power and expected accountabilities in the discourses that they communicate. The preponderance of women who suffer from body image disturbance, whether indicative of an eating disorder or not, has made this construct a powerful “truth” that problematizes women’s embodied experiences. The language pertaining to

these constructs pathologizes women and strengthens their dualistic experience of body as outside the self.

These understandings inform many of the treatments available for addressing eating disorders as well. Current research highlights a number of empirically-supported interventions including Cognitive Behavioural Therapy (CBT), family-therapy, inpatient, and day hospital treatment, and pharmacotherapy for the treatment of AN, and Dialectal Behavioural Therapy, Interpersonal Psychotherapy, and CBT for the treatment of BN (Grilo & Mitchell, 2011). Acceptance and Commitment Therapy has also shown promise in treating disordered eating, however researchers have called for further investigation of this approach (Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Pearson, Follette, & Hayes, 2012). Despite the various treatments available for challenging the patterns of disordered eating, the current gold standard has been, and continues to be CBT (Fairburn, 2008; Wilson, Grilo, & Vitousek, 2007). This may be due to fact that cognitive-behavioural theory has roots in the biomedical model and has served as the primary basis for conceptualizing and treating negative body image (Cash, 2002), body image disturbance (Newell, 1991; Nye & Cash, 2006), and body image dissatisfaction (Grant & Cash, 1995).

CBT was developed in the late 1950s when behavioural therapy was merged with cognitive therapy (National Association of Cognitive-Behavioral Therapists, 2008). Since that time, CBT has undergone a number of evolutions, which are seen in three broad phases: CBT-1, CBT-2, and CBT-3 (Ciarrochi, Robb, & Godsell, 2005). In contemporary practice, the most common and well-known form of CBT arises from CBT-2, or the second-wave of CBT practitioners. This form of CBT has been articulated by researchers and clinicians such as Beck (1995) and Ellis (2001), and rests on the central assumptions that the way people feel and behave

is determined predominantly by the way they perceive and structure their experiences. Human suffering is viewed as the result of perceptions of external events (DeRubeis & Beck, 1988).

In practice, CBT-2 has been criticized for implementing a mechanistic view of the world that espouses an objective and knowable reality (Ciarrochi et al., 2005). Accordingly, individuals are always at risk of developing faulty or unhelpful views of reality, which in turn cause distress. Once these thoughts or beliefs can be examined rationally, a clear picture of reality can emerge. Therapists are seen as directing clients towards a more objective view of reality, thus challenging and replacing their faulty patterns of thinking. This leads to a number of problematic assumptions including (a) that there is an objective “outside” reality, rather than an in-lying reality that people help to create, (b) that clients are the source of their problems, and (c) that therapists are better equipped than clients to see the objective reality.

CBT-3 theorists and practitioners have responded to these critiques by integrating a more social constructivist view of reality in how CBT is formulated and practiced (Giovazolias, 2004). CBT-3 approaches are differentiated from traditional forms of CBT by providing more client-focused methods of conducting therapy, meaning that clients are not viewed as passive agents, but as active and resourceful creators of their lives. This arises from the constructivist view that places clients as central in the process of exploring their subjective frameworks, rather than positioning them as recipients of knowledge about the objective world. Thus, therapy is more of a collaborative process than traditional or rationalist forms of CBT (Giovazolias, 2004). More recent evolutions of CBT, including most CBT-3 approaches also advocate a renewed focus on the power of language in creating meaning and making sense of people’s lives (Ciarrochi et al., 2005). Language is seen as the medium between basic experiences and their formulation in

understandings through dialogue. Rather than focusing on faulty thinking, CBT-3 approaches explore language and meaning with clients (Mahoney, 1998).

Some common CBT-3 approaches include Dialectical Behaviour Therapy (Linehan, 1998), Acceptance and Commitment Therapy (Hayes, 2004), and Mindfulness Based Cognitive Therapy (Segal, Teasdale, & Williams, 2002). While these perspectives have many differences, some basic similarities include a focus on accepting thoughts, feelings, and behaviours, and incorporating Eastern-influenced philosophy such as mindfulness practices. Whereas CBT-2 approaches emphasize changing thought processes, CBT-3 approaches emphasize reacting to thoughts in new ways that promote acceptance, rather than changing the actual content of thoughts (Hayes, 2004). In other words, the next generation of CBT approaches concentrate less on what people think and more on how they think. While such therapeutic modalities have been used to address disordered eating (e.g., Hayes & Pankey, 2002; Heffner, Sperry, Eifert, & Detweiler, 2002; Keville, Byrne, Tatham, & McCarron 2008; Wilson, 2004), the most common perspective for treating eating disorders remains a CBT-2 informed approach (e.g., Murphy, Straebl, Cooper, & Fairburn, 2010). These approaches are entrenched in the dominant medical model and often involve a step-wise progression of techniques that have been manualized and empirically-tested. While a number of researchers purport that CBT has proven to be an effective tool for challenging eating disordered ways of being, the suitability of CBT for certain subsets of eating disorder sufferers has been called into question (Bell & Rushforth 2008; Straebl, Basden, & Cooper, 2010; Wilson, Vitousek, & Loeb, 2000).

It is important to note that despite the focus on language in a number of CBT-3 approaches, many pathologizing terms of traditional CBT are still used (e.g., Bach & Hayes, 2002; Dimeff & Linehan, 2001). Terms such as “distorted,” “dysfunctional,” and

“psychopathology” communicate a range of understandings including the assumptions that the person is deficient or ill and the source of the problem, and that the practitioner-expert knows what is best for the client (Samson, 1995). These implications can help create and sustain a discourse that is constraining and disempowering for clients, limiting alternative discourses that promote agency and resilience (Sampson, 1993). While newer versions of CBT present a more egalitarian relationship between client and therapist, it can be argued that the language and protocols used characterize the relationship as one of compliance on the part of the client, rather than collaboration (Proctor, 2003).

A number of researchers and theorists have noted that this type of framework, especially when practiced in its traditional and more widespread form, furthers the dualistic notions of a mind/body and culture/individual divide (Blood, 2005; Gremillion, 1992, 2003; Lees, 2008). In a CBT framework, societal pressures and cultural ideals are understood as external variables that can be controlled through changes in cognition and behaviour. However, if the power of these cultural precepts contribute to developing eating disorders, how can individuals be expected to simply remove themselves from such influences? Ridge Wolszon (1998) described this gap in knowledge:

They seem to lack a language by which to describe how individuals might, of various innocent and not so innocent motives, adopt cultural norms that come to degrade them, but retain the capacity, with effort and maturity, to re-evaluate and replace them with more decent and humane standards. (p. 548)

Rather than noting the myriad ways that culture permeates and grounds people’s lives, many CBT approaches espouse the primacy of individual beliefs over cultural ones; a divide that dangerously characterizes eating disorder sufferers as the source and cause of their “illness.”

These types of dualistic notions can be seen throughout the dominant treatment model used to address eating disorders. For example, Gremillion (2002, 2003) noted that at many of the major treatment centres for AN in the US, the processes pertaining to weighing and eating serve to exacerbate the problem of women's objectified bodies. She stated: "Anorexia is difficult to treat because psychiatric ideas about the body in these therapies are embedded in contemporary discourses of feminine 'fitness' that help cause anorexia in the first place" (2002, p. 384). The body is treated as a machine that requires medical and psychological intervention to function properly, a type of policing of the body to exert control over it. Focusing on food and compartmentalizing the body leads to a narrow scope of experience and a withdrawal of attention from social and cultural contexts, which contributes to objectifying the individual (Deusund & Skarderud, 2003). Furthermore, dominant treatment discourses reinforce the assumption of an individual/culture divide through locating the source of the problem within the person who is often labelled as dysfunctional or possessing pathological traits (Samson, 1995).

Feminist and socio-cultural models for the treatment of eating disorders sought to rectify this assumption by calling attention to the cultural context that contributes to these problems. When understood this way, eating disorders are initially rational and responsive ways to deal with the social order that places value on bodily control and perfection, and the continued subjugation of women (Blood, 2005; Bordo, 2003). Such approaches advocate examining and exploring proscribed gender roles and the implications that these have for individuals suffering from disordered eating (e.g., Katzman, Fallon, & Wooley, 1994). Dominant cultural messages and practices can be deconstructed and new approaches can empower clients to experience embodiment in different ways (Wong-Wylie & Russell-Mayhew, 2010).

Terms such as the "crystallization of culture" (Bordo, 2003), "culture-chaos syndromes"

(Nasser, 1997), and “culture-bound syndromes” (Gordon, 2001) have been used to reflect the problem of eating disorders as stemming from women’s subjugation in Western culture and the ways that this is reflected through their bodies. Nasser wrote:

Eating disorders are extreme forms of behaviour that are symptomatic of an underlying human distress. The distress is caused by the loss of the relation of the self to the other, and the loss of one’s ability to understand the prevailing system and be part of it. This distress is reactive to the sense of confusion, disorganization, and disharmony felt by many who need to be on the inside of the system and yet are always outside it. It is true that these disorders occur predominantly in women, but the reason does not lie in being a woman, it is more to do with the fact that women, for many obvious reasons, have been vulnerable to the effects of these cultural changes. (1997, p. 106)

This distress and disharmony that Nasser (1997) wrote of highlights another shift in eating disorder theory and research - further exploration of the felt experience of living with such problems. Scholars and researchers in the eating disorder field have turned towards exploring embodiment, as well as cultural factors that play a role in creating and maintaining disordered eating. Embodiment is a term that has been taken up within a variety of disciplines and refers to the many corporeal-relational ways through which people participate in *being-in-the-world* (Csordas, 1999). This includes sensations, visceral experiences, and one’s general engagement with physical and social reality. While these modes of being often go unnoticed, they create the very means by which people construct their experiences. These processes are sometimes described as pre-cognitive (Abram, 1996) as they often occur without conscious awareness (Sheets-Johnstone, 2009).

Exploring embodiment has gained momentum in eating disorders literature. For instance, Fredrickson and Roberts (1997) proposed that women are acculturated to internalize a view of their bodies from the position of an outside observer, essentially rendering the body as an object for the gaze of others. They termed this objectification theory and suggested that this understanding of the body results in “disembodiment,” a diminishing awareness of bodily sensations and flow of consciousness. The habit of adapting one’s bodily experiencing to others objectifications crowds out a more primal experience of the body for self, or the pure joy of *being* a body. The authors speculated that this objectifying and disconnecting from self and world is a common factor in a host of mental health issues, including eating disorders.

Piran and her associates (Piran, 2002; Piran, Carter, Thompson, & Pajouhandeh, 2002; Piran & Teall, 2012) proposed a similar construct, “disrupted embodiment” within their developmental theory of embodiment, which communicates the experience of feeling out of tune with one’s body as a source of pleasure, self confidence, and nurturance. For Piran and colleagues, the body is understood as expressing social inequity that is communicated along the dimensions of body ownership, prejudicial systems, and social constructions of the body. Disrupted embodiment occurs with negative feelings such as shame, self-loathing, and anxiety, and habitual practices expressing these feelings such as bingeing, purging, and restricting food. Other bodily habits can include postures and positions that take up less space, or communicate passivity or weakness in accordance with traditional and dominant messages of what women should be. These bodily movements, postures, and ways of being can further incorporate dominant narratives of disempowerment and disembodiment (Piran et al., 2002). The authors also explained how individuals can resist these oppressive messages by engaging in practices



that promote a sense of physical freedom (versus physical corseting), mental freedom (versus mental corseting) and social power (versus social disempowerment) (Piran & Teall, 2012).

The role of embodiment in eating disorders and related problems has been increasingly recognized as integral to understanding, preventing, and treating these problems. Theorists and researchers have recently begun looking towards phenomenology and the related concept of attunement to create a new way of understanding disordered eating habits (e.g., Duesund & Skarderud, 2003; Newton, Boblin, Brown, & Ciliska, 2006; Sanz & Burkitt, 2001; Skarderud, 2007a). Attunement refers to people's pre-reflective ways of existing in the world. While embodiment and attunement are similar concepts, the key distinction is that attunement corresponds more closely to a relational process, or the ways that individuals alternately engage with and respond to their social and physical worlds. This can be understood as an ongoing circle existing between bodies and the world in a reciprocal dialogue, thus people are continually adjusting to a terrain that is always changing (Abram, 1996). This emerging discourse of the body encourages a shift from understanding eating disorders as individual pathologies, as espoused in the medical treatment model. Instead, women who struggle with eating disorders and related problems are seen as people who accordingly express their life and relation to the world in active and communicative ways (Sanz & Burkitt, 2001).

While this alternative approach to preventing and treating eating disorders heralds a shift in the discourses that influence the dominant understanding of these issues, there remain inherent problems in the ways that such terms are taken up. For example, the authors of the developmental theory of embodiment (Piran, 2001, 2002; Piran et al., 2002; Piran & Teall, 2012) contrasted an embodied state with a disrupted one and implied that embodiment is related to being in control of one's body or owning one's body, emphasizing a mind-over-body dichotomy.

Another example of this dualism is found in the inaugural issue of the international journal *Body Image*, in which Cash stated:

The evolution of this journal reflects an ever-expanding field of scientific inquiry into the profound as well as subtle meanings of human embodiment. Plato once insightfully remarked that we are bound to our bodies like an oyster to a shell. Indeed, our life experiences are integrally influenced by the body we happen to live in. (2004, p. 1)

This quote epitomizes the dualistic ideas that pervade common discourses of the body as a house or confinement for the mind (Shusterman, 2008) - “the body we happen to live in,” hence reifying the problematic assumptions that some have sought to overcome in eating disorder theory and treatment. Despite the shift towards exploring embodiment within the literature, there remains a focus on constructing knowledge through critical, cognitive processes, leaving out the often pre-reflective experiences that make up much of our day to day lives (Merleau-Ponty, 1962). Western culture typically ignores this type of knowledge in favour of the more commonly accepted forms of knowing that follow from cogitation; namely rational and articulated thought processes (Abram, 1996; Bortoft, 2012). This type of knowledge offers a narrow way of understanding existence, one that many philosophers assert cannot adequately account for human experience.

Broadly speaking, the literature pertaining to eating disorders has taken a number of turns over the past 30 years. The biomedical model has strongly influenced how professionals understand and address eating disorders. Among the major difficulties inherent in such an approach are the numerous dualisms that are sustained through these discourses (e.g., mind/body, subject/object, individual/culture). Feminist theory, particularly in the area of disordered eating, has contributed to a shift from understanding the body in mechanistic terms proposed through the

biomedical model, to understanding the body as discursively produced (Lester, 1997). Drawing on the work of Michel Foucault (1972a, 1979, 1989) and others, feminist theorists conceptualize our bodies as connected to the broader sociocultural world. This allows for a way to understand eating disorders without many of the pathologizing implications of the more traditional model, which focuses on the individual, largely to the exclusion of the broader cultural context.

Despite this turn, some argue that the quest to deconstruct the body as a cultural symbol has led to neglecting individual experiences of *being* our bodies (Shusterman, 1997). Csordas (1999, p. 146) stated, “It has come to the point where the text metaphor has virtually... gobbled up the body itself.” Such critiques have led to a corporeal turn, or a shift to exploring embodiment (Hekman, 2010). However, the mind/body dualism that dominates more traditional understandings of disordered eating has been noted within embodiment discourses as well. As Robertson (2001, p. 72) remarked, “embodiment” often means “enmindment.”

### **Towards a New Understanding**

A number of scholars point to the body in flux, movement, and connection as the missing link in common discourses of embodiment (Diprose, 2002; Featherstone, 2010; Manning, 2007, 2009; Massumi, 2002; Noland, 2009; Sheets-Johnstone, 2009). Merleau-Ponty (1962, 1968) was one of the first to explore the primacy of our bodies and movement in understanding corporeal engagement in the world. He stated: “The senses and one’s own body present the mystery of a collective entity which, without abandoning its thisness and its individuality, puts forth beyond itself meanings capable of providing a framework for whole series of thoughts and experiences” (1962, p. 146). In Merleau-Ponty’s philosophy, movement constitutes intentionality: “Consciousness is in the first place not a matter of ‘I think that’ but of ‘I can’” (1962, p. 159).

The type of embodiment that Merleau-Ponty advanced is presented as an active and open form, always in contact with the world and always changing in relation to it:

...my hand knows hardness and softness, and my gaze knows the moon's light, it is as a certain way of linking up with the phenomenon and communicating with it. Hardness and softness, roughness and smoothness, moonlight and sunlight, present themselves in our recollection not pre-eminently as sensory contents but as certain kinds of symbiosis, certain ways the outside has of invading us and certain ways we have of meeting this invasion. (Merleau-Ponty, 1964, p. 317)

What is so revolutionary about this philosophy is that it provides an alternative to mind/body dualism (Carr, 2007; Crossly, 1995) and other dualisms such subject/object, inner/outer, and culture/biology (Carman, 2008; Cromby, 2005). If one's body is the seat of all experience and perception, then it is fundamentally the self. The often conceptually and psychologically divided domains of thought, emotion, and behaviour in the literature are united through the body, for even the most abstract thoughts originate from the mysterious and sentient world of the body itself (Bortoft, 2012). It is only through embodied experience that we hold the integrated power to act, to think, to feel, and to know ourselves and others. This meeting of outer to inner and self to world transcends the divides created through many dominant discourses and offers a different way of understanding corporeality.

This philosophy of the body has generated avenues for exploring a number of facets of human experience, including how identity is performed. According to Merleau-Ponty (1968), Foucault (1979), Nietzsche (1974), Butler (1990), and others, identity is formed through bodily habits and practices. In the work regarding corporeality and identity, there is more attention paid to how movements and practices become stuck or problematic (as in the case of eating disorders)

rather than possible transformations that embodiment affords people. This can be noted in the ways Foucault's (1979) work has been taken up in. People have become what Foucault terms "docile bodies;" inscribed with the dominant discourses through norms, habits, and practices, which are taken for granted in the course of living. Throughout his works, Foucault espoused the power of practice over belief. What people practice can be seen as beyond the grasp of their conscious wishes and desires. Beliefs can be overridden by everyday, unquestioned practices, simply by virtue of the fact that practices and norms are typically beyond the scope of examination; they exist within the fabric of people's lives.

Wittgenstein, in his notes *On Certainty*, expressed a similar opinion of the primacy of practices over beliefs (Baldwin, 2004). He understood beliefs as the foundation of people's knowledge of the world, yet many of these take form through involuntary practices that lie outside of immediate awareness. This common-sense engagement with the world takes place prior to reflection on it (Baldwin, 2004). These involuntary practices are shaped by dominant discourses and imbue people's lives with meanings that are not always self-evident. For example, the meanings associated with womanhood, femininity, and female bodies are often hidden within cultural media that communicate dominant discourses reinforced through everyday practices.

Bourdieu's (1977) notion of *habitus* is related to this and refers to a series of dispositions in perception, cognition, and action. These dispositions are dependent upon social, cultural, and individual factors. While the process is similar to socialization, *habitus* incorporates the corporeality of these schemata and highlights the pre-reflective nature of bodily habits. Such habits are powerful mechanisms for communicating and reinforcing social norms, practices, and discourses. Merleau-Ponty (1962) described this as the *habit body*, which is a constellation of

historically and culturally-located behaviours that enable people to move through their world. In essence, the set of conditions that exists dictate how individuals develop dispositions that allow them to fit within these conditions. The idea that our bodily habits and dispositions create our being-in-the-world and dictate how things show up as meaningful for us is one that has been echoed by philosophers old and new. Johnson (1987, 2007) used the term “image schemas,” which do not refer to actual images, but instead to recurring patterns in how individuals perceive and move about in their world that are pre-conceptual. Todes (2001) explained that the need to feel “at home” in the world leads to adopting a certain “poise” in how people go about their daily lives. Whether these practices are called poise, habit bodies, or habitus, the underlying theory remains the same - people’s lives are first and foremost structured by their relationally-responsive ways of moving about and interacting with the world. This is particularly important for bodily problems such as eating disorders as it points to a new way to conceptualize and subvert them, one that transcends dualisms and explores overlooked bodily ways of being, which hold the power to define people and ultimately change them as well.

**Beyond the remembering body.** What has been touched on thus far is the remembering capacity of our bodies, a notion that can be explored through myriad bodily habits. Western culture’s objectification of the body has led to a number of involuntary practices or habits that are enacted through gestures, postures, gaits, movements, and in the ways that individuals interact with others. Women with eating disorders move through their world in ways that reinforce certain cultural ideals, which create problematic ways of being (Blood, 2005; Bordo, 2003), but what requires further exploration is how individuals can begin to transform these ways of being.

If beliefs are informed by involuntary practices and bodies are docile ones on which culture is enacted, how can people change? Drawing on the remembering capacity of body, many authors (e.g., Abram, 1996; Carey, 2009; Diprose, 2002; Manning, 2009; Noland, 2009; Sheets-Johnstone, 2009) have pointed to the spontaneous-responding capacity of our bodies to highlight how people come to transform certain bodily practices (and hence themselves). In the book, *Agency and Embodiment*, Noland (2009) claimed that culture is both embodied and challenged through the corporeal performance of gestures. She drew on diverse disciplines including phenomenology, movement theory, literary criticism, and art to outline her central thesis that human agency flows from bodily motility. Noland explained that this property is the single most important filtering device in an individual's negotiations with the external world. She argued that kinaesthesia or feeling our bodies move, encourages experimenting, modifying, and in some instances, rejecting the routine.

Wittgenstein (1980) asserted that such moments form the basis of new language: "The origin and the primitive form of the language game is a reaction; only from this can more complicated forms develop. Language - I want to say - is a refinement, 'in the beginning was the deed' (quoting Goethe)" (Wittgenstein, 1980, p. 31). This new language then structures understandings and creates new possibilities for people to choose from in the narratives they use to make sense of their lives (Phoenix & Sparkes, 2009). Shotter (2009) explained how such moments of newness occur in interactions with other beings: "One must be changed in one's very being, and that can only be effected by being moved by another or otherness in ways that one is unable to move oneself" (p. 35).

Diprose (2002) asserted that it is not only the engagement of another or otherness that creates change, but a type of repetition that takes place over time: "...habit is only overcome, and

new possibilities opened, in any substantial way through another's body, and then only through an acquired familiarity" (p. 72). While I do not fully agree with the assertion that new ways of being only occur through "acquired familiarity," (e.g., think of a life-changing encounter, a one-time occurrence that compels us to think/act differently), it makes sense that such a familiarity garnered over time in the right conditions can foster preferred ways of being. Thus, our bodily habits or ways of attuning can become fixed and problematic, but they can also be shifted and in the right circumstances perhaps transformational - an idea that is remarkable as it points to new avenues for understanding and addressing a diversity of problems, including eating disorders.

However, this is where psychology is arguably stuck. There exists a whole host of background ways of being and transforming that are not adequately accounted for because we do not yet have a language for it (Sheets-Johnstone, 2009; Shotter, 2005; Shusterman, 2008). The world that precedes accepted forms of knowledge is rooted in the body, which has been characterized as possessing a different type of knowledge. This is found within the dialogic interactions that Merleau-Ponty spoke of - in engagement between corporeal selves and the world. Hence, scientific knowledge and language must be broadened to include the sensorial realm of the body, particularly the transformational capacities of the body (Bortoft, 2012).

This leads us to the problem of how to create such a language. The current scientific conceptualization of language characterizes it as a type of agreed-upon code that is detached from the lived world (Abram, 1996), in that it is primarily understood as a mental process whereby individuals learn and acquire language through behaviour modeled by others. According to recent theories of language acquisition, individuals are initiated into the use of language through primarily cognitive processes (Tomasello, 2008). Merleau-Ponty's (1962, 1968) philosophy presents a challenge to this perception by exploring the ways that language is



created and experienced in a spontaneous way through our conviviality with the world. For him, language grows out of gestures and movements, and while there are logical and linguistic processes involved, the primary mechanism for language use arises in the mystifying domain of the corporeal, pre-reflective body (Abram, 2010; Sheets-Johnstone, 2009).

Merleau-Ponty (1962, 1968) was instrumental in designating the communicative nature of movement as the source of human language. He understood bodily movements such as gestures and facial expressions as immediate and carnal reactions to changes in the affective environments. For instance, a baby's laugh denotes pleasure, an affective state that does not require linguistic content to understand. It is there, immediately before one to experience. Therefore, the nature of language arises in the dimension of everyday experiences born of bodily capacities to resonate with the world (Abram, 1996). Abram summarizes the pre-reflective nature of language as being "rooted in the non-verbal exchanges always already going on between our own flesh and the flesh of the world" (p. 90). Language can be understood as an extension of the ways that people have for physically touching each other (Maturana, 1978).

To further develop a language of the body, we must return to our corporeal engagement in the world and the myriad ways that people relate, perform, and live within it. As Merleau-Ponty (1962) stated:

To return to things themselves is to return to that world which precedes knowledge, of which knowledge always *speaks*, and in relation to which every scientific schematization is an abstract and derivative sign-language, as is geography in relation to the countryside in which we have learnt beforehand what a forest, a prairie, or a river is. (p. ix)

The call to return to things themselves to create a new language and way of understanding is also a call to return to a different type of approach to addressing difficulties - a

call to move beyond explaining, solving, and measuring towards describing (Shotter, 1999a; 2005), a process that requires an open curiosity to the things themselves. This call has been echoed within philosophy (e.g., Bortoft, 2012; Sheets-Johnstone, 2009) and psychology (e.g., Brown, Cromby, Harper, Johnson, & Reavey, 2011), and points to a different way of going about research. As Wittgenstein (1981) remarked:

...the difficulty - I might say - is not that of finding the solution but rather that of recognizing as the solution something that looks as if it were only a preliminary to it.

‘We have already said everything. - Not anything that follows from this, no, this itself is the solution!’ This is connected, I believe, with our wrongly expecting an explanation, whereas the solution to the difficulty is a description, if we give it the right place in our considerations. If we dwell upon it, and do not try to get beyond it. (no. 314)

Dwelling, describing, and openness are tenets of hermeneutic phenomenological research. This type of endeavor asks that researchers attend to the stories of their participants and together create new stories and “new ways of going on” (Hoffman, 2002). As Shotter (1999b) and Bortoft (2012) highlighted, this is a move backwards, closer to the things themselves through rich descriptions and away from the traditional scientific world of investigating inert matter, “dead” experiences, and one-dimensional life in primarily visual and cognitive language. It is a turn towards the intuitive, corporeal, ethereal, kinaesthetic, and responsive world (Sheets-Johnstone, 2009). We must engage with life as it is lived; in all its messiness and multiple stories and meanings.

This is not to say that traditional science cannot light a way towards understanding. Indeed, much of our modern advances are due to the principles and activities of traditional science. Yet, some difficulties require that we step back, or perhaps more fully into problems to

understand them. A number of researchers and theorists assert that the human sciences require a different set of methods and evaluation criteria than the natural sciences (e.g., Hacking, 1983; Feyerabend, 2010). This is where the stories and experiences of real people matter and where they find a different sort of truth. This type of understanding has a place within science and is arguably the place where we must return when we become stuck (Abram, 2010, Sheets-Johnstone, 2009). In eating disorder theory and research, the primary way of understanding and treating these problems rests on the biomedical model, which is based on regimes of traditional science, and despite advances in this field, some have argued that another way of understanding is necessary (e.g., Blood, 2005; Gremillion, 2003; Weiss, 1999). There have been steps made towards this and a burgeoning movement to include an understanding of bodily ways of being and transforming is underway.

My research is one more step in this direction. The stories of the women who took part have further shaped a small piece of this larger story by exploring and sharing their corporeal ways of being and attuning. This is why their stories are so important; they can help to articulate this language of our embodiment. As Shotter (1999a, 2009), Diprose (2002), and others have explained, encounters with another or otherness hold potentials to change us. EFC offers a way to explore such encounters in the context of therapy. The horses who participate in EFC present a vastly different sort of “other,” a non-human other who may call to us to engage and relate in different ways. Working with a horse and developing a relationship with him or her requires time, familiarity, and an openness to experimenting that can challenge many of the habits associated with disordered eating. Exploring EFC can further our understandings of these relationships, and the possible transformations that they foster; adding to a growing language of the body - and a developing philosophy of embodiment (e.g., Noland, 2009). This in turn, holds

the promise of creating new ways of understanding and challenging the patterns of disordered eating.

### **EFC and Women with Eating Disorders**

Throughout history non-human animals have been portrayed in various cultures as facilitating health and reaffirming our connection to the natural world (Fine, 2010). In recent years, it has become widely accepted that animals, especially domesticated ones, can have a profound positive impact on the health and well-being of people. Research demonstrates a number of positive gains that stem from animal-human interactions including improved confidence (Dimitrijevic, 2009), social skills (Thompson, 2009), emotional well-being (Nimer & Brad, 2007; Rowan & Beck, 1994), and decreases in anxiety (Barker & Dawson, 1998; Barker, Pandurangi, & Best, 2003), and depression (Souter & Miller, 2007). These advances have led to the birth of a new field in psychology - animal-assisted therapies (AAT). Special interest groups have developed within both the Canadian Psychological Association and the American Psychological Association whose aims include further research into this promising new therapeutic approach.

Within AAT, EFC has emerged as a forerunner in terms of practice and research. In Canada, there are currently over 100 centres or private practitioners offering EFC to a variety of client populations. In the field of equine interventions and therapies, there are a range of terms used such as hippotherapy, equine-facilitated psychotherapy, equine-facilitated learning, and therapeutic riding. In my research, I use the term EFC to denote a specific type of intervention that is facilitated by a mental health professional and incorporates equines as change agents in the therapeutic process. EFC is considered metatheoretical as practitioners do not subscribe to one single theoretical approach; rather EFC is practiced within a number of different approaches

and theoretical orientations (Karol, 2007). Activities can include riding (either outside or in an indoor arena), horse care, grooming, and saddlery, advanced skills such as jumping/vaulting, participating in rodeos, and various other activities to strengthen the bond between horse and client (Cumella, 2003a). Therapy may take place individually or within a group/family setting, and clients may work with one horse over a number of sessions or different horses according to therapeutic needs.

Interventions that incorporate horses have been used to address a variety of concerns including substance abuse and addictions (Dell et al., 2008), health concerns such as cancer (Haylock & Cantril, 2006), depression (Bray, 2002; Frame, 2006), anxiety (Moreau & McDaniel, 2000; Scheidhacker, Friedrich, & Bender, 2002), relationship problems (Russell-Martin, 2007), post-traumatic stress disorder (Yorke, 1997, 2010; Yorke, Adams, & Coady, 2008), exposure to domestic violence (Schultz, Remick-Barlow, & Robbins, 2007), and eating disorders (Christian, 2005; Cornelius, 2002; Cumella, 2003b; Lutter & Smith-Osborne, 2011). A recent meta-analysis on therapies and interventions involving horses indicates that the research in this field is promising, but highlights the need for further study, especially in the areas of longitudinal research and comparisons with other treatments (Selby & Smith-Osborne, 2013).

A number of characteristics make this type of therapy unique, when contrasted with traditional talk therapy and other AAT. EFC incorporates touch and movement into the therapeutic process, aspects absent from more traditional talk therapy. The sheer power and physicality of horses lends a different type of corporeal awareness to interactions with them and requires greater attention to the “here and now” to ensure the safety of horse and rider. The environment is also vastly different than a traditional counselling setting - taking place outdoors or in the sometimes chaotic setting of a barn, typically in the presence of other horses or other

animals. While a counsellor or other helping professional is always present during the interactions, it is the relationship between horse and client that is emphasized in such encounters.

As prey animals, horses are highly attuned to the environment to sense potential sources of danger (Karol, 2007) and as such, they perceive the world very differently from humans. Horses possess a keen sense of smell, hearing, and sight, and have often been described as highly attuned to emotional cues of others in their environment (Brandt, 2006; Kohanov, 2001, 2003). Working with horses requires a very different way of communicating and relating. The close physical contact provided by activities such as grooming and riding requires a whole new set of bodily skills, a type of “physical sign language” between horse and rider (Edgette, 1996).

EFC has been likened to Body-Oriented Therapies (BOT), which includes forms of psychological treatment that engage the body and incorporate exploring bodily states, sensations, and movements (Probst, Coppenolle, & Vandereycken, 2010). Examples of this type of therapy include “Awareness Through Movement” or the Feldenkrais Method (Feldenkrais 1972), Adapted Physical Activity (Sherrill, 1998), and Dance Movement Therapy (Levy, 1992). Common interventions include guided or self-directed movement lessons/explorations, kinaesthesia or feeling the body move, and fostering a deeper awareness of one’s bodily engagement within the environment. Initial research into the utility of BOT with those suffering from eating disorders indicate positive results (Krantz, 1999; Laumer, Bauer, Fichter, & Milz, 2004; Probst et al., 2010; Wallin, Kronovall, & Majewski, 2000). Some authors are even willing to suggest that therapies that engage the body may be more beneficial in treating eating disorders than traditional therapies (e.g., Buckroyd, 1994; Weiss, 1999). The proposed healing factors behind BOT are increased pleasure in feeling one’s body move in new ways and heightened

awareness of bodily states, which encourage shifts in the ways that women with eating disorders experience their bodies (Probst et al., 2010).

Traditional therapies seek to change unhelpful habits and ways of being through exploring values, thoughts, beliefs, and emotions. An alternative approach is offered through BOT, which encourages a shift in body experience through feeling the body move in unique ways. This draws upon the idea that Wittgenstein (1980) proposed and Noland (2009) reiterated: practices can override beliefs. Indeed, Weiss (1999) asserted that arriving at an embodied understanding of those living with eating disorders requires “beginning with their lived, bodily dimensions rather than with a medical, cognitive, or even cultural diagnosis of them” (p. 55). She argued that this involves engaging one’s body in order to create new ways of being and a different language for articulating this. It is important to note that language can be considered a type of refinement of this preverbal, bodily knowledge (Wittgenstein, 1980) - another way to deepen this understanding. Thus, the habitual knowingness of the body formed through the practices of disordered eating can be challenged through feeling one’s body move in unique ways (Duesund & Skarderud, 2003). Such feelings can be further articulated through dialogue with a helping professional.

It can be hypothesized that a similar mechanism is at play in EFC. However, the main difference between typical BOT and EFC is the integral role of the horse. The very presence of such a powerful and sometimes imposing animal adds to the newness of the experience of engaging the body. To ask a horse to move and communicate in certain ways, the individual must be willing to experiment, modify, and create new embodied ways of moving and being (Brandt, 2005; Kohanov, 2001, 2003). The strangeness of entering into such a communion requires clients to engage the horses in ways that involve more than traditional ways of relating

(e.g., cognitively, visually, and through spoken language). Working with horses in EFC requires sensually responding through touch, sight, hearing, smell, balance, kinaesthetic and other internal senses. It also requires a relationally-responsive and spontaneous way of communicating and interacting with the horses that take part in EFC.

As clients learn to engage with the horses, a type of attunement occurs in coordinating movements that take place on both a micro and macro level (Kohanov, 2003); similar to learning to dance with a new partner. Micro-movements such as hand gestures, breathing, and even eye movements can communicate a wealth of information to which horses as prey animals are attuned. Macro-movements such as gait and posture communicate the rider's intentions, emotions, and mood. Within the horse-human relationship in EFC, these corporeal interactions are the primary means of connecting and communicating. While horse and rider attune to each other, there is also a concurrent element of attuning to and responding from one's internal bodily sensations that is necessary (Hearne, 1982). For instance, in order to understand why a horse responds to me in a certain way, I must be aware of what I through my body am conveying, what I am feeling/communicating in that particular moment. Thus, attunement occurs through a bodily and interactional process. This unspoken dialogue produces new ways of being as the horse and client negotiate their relationship and learn how to dance (in a sense) with each other. Individuals build awareness of bodily habits and often need to learn different movements, gestures, and postures in order to communicate responsively with the horse. Missteps and miscommunication are common and can present opportunities and challenges in fostering the dialogic relationship between horse and rider (Kohanov, 2003).

Preliminary research into EFC as an intervention for eating disorders suggests that this type of attunement creates a shift in experiencing for women who suffer from these problems



(Cumella, 2003a; Cumella & Simpson, 2007). Instead of experiencing their bodies as separate, they can begin to immerse themselves in their embodied experience, a finding echoed in a study on Adapted Physical Activity for women with eating disorders (Duesund & Skarderud, 2003). This bodily connection can be both frightening and uplifting. It can be a powerful way for women with eating disorders to connect to aspects of themselves that they have learned to ignore or suppress (or perhaps have never known).

Horses present the opportunity for contact with another, but more importantly they offer this connection through physical touch and responsiveness. Eating disorders culminate in a negative experience of the body and physical touch with others may be limited because of this. Preliminary research suggests that touch deprivation is both a risk factor and symptom of body dissatisfaction, which is often cited as a key characteristic of eating disorders (Gupta & Schork, 2006), and anecdotal accounts convey that women with eating disorders often avoid touch with others due to fears of negative appraisal (Abraham & Llewellyn-Jones, 2001). The horses that take part in EFC are able to fulfill this basic human need without the associated fear of being judged. They are able to bridge the gap between the person suffering from an eating disorder and the outside world. The over-riding concern with the appearance of the body falls away through practicing new ways of connecting to the world (Duesund & Skarderud, 2003). Hence, women with eating disorders are encouraged to forget their bodies in the objectified sense and truly *feel* themselves through responsive connectedness with horses.

Helping professionals who work with clients suffering from disordered eating are in many ways confined to abstracted re-presentations and limitations of language. They sit and talk; rationalize and analyze with clients. While this type of treatment may address many of the concerns inherent in disordered eating, the elusive context of the felt and lived body is frequently

neglected in traditional therapies (Liebler & Moss, 2009). In EFC, the counsellor can relate to the client through typical talk therapy and the horse can offer new, corporeal experiences to feel, explore, and discuss.

Sanz and Burkitt (2001) pointed to another aspect that may be at play within the context of EFC. In their research on eating disorders and embodiment, they speculated that a contributing factor in the occurrence of such problems is that women are not afforded many models or ideals of positive female power. If women are portrayed as powerful, there are negative connotations of the body as “insatiable and devouring” (p. 11). These messages are then taken up in the way women experience their bodies. Women struggle to connect to positive images of female power and ways of being (Wolf, 2002), and this may be especially true for women with eating disorders (Piran & Teall, 2012).

Horses have historically been associated with power and the feminine, perhaps illuminating the natural affinity that many women seem to have for horses (Kohanov, 2001). In mythology and folk-lore, horses are associated with intuition, the unconscious, and an essential life force - traits associated with the traditionally feminine (Jung, 2005). Thus, horses in EFC may offer an avenue for women to explore positive aspects of female power, not only through the mythos/legends of horses, but through the interactions that take place between horse and rider. The experience of being in communion with such a large animal can evoke a sense of empowerment and freedom; a bodily experience that women with eating disorders may not readily have access to in their day to day lives.

This understanding of the dialogic relationship between horse and woman is similar to another framework for exploring power in feminist discourses, one that contrasts two ways of being with others: “power-with” versus “power-over.” The latter is a more traditional

conceptualization of power as domination, control, or imposing one's will over another/others, whereas power-with denotes collaboration and responsiveness to another/others (Held, 1993; Starhawk, 1987). The type of relationship fostered in EFC is one that is based on power-with. Asking a horse to respond in a certain way based on collaboration and active communication is preferable to trying to assert control through domination, as this latter type of interaction can lead to fear and distrust (Kohanov, 2001). Thus, clients in EFC must learn how to work in a reciprocal and responsive way with the horses, attuning to themselves and the world/otherness around them. This is arguably a very different way of experiencing power for women with eating disorders, who often experience their bodies in ways that are typical of a power-over understanding (i.e., controlling and objectifying). Thus, experiencing power-with the horses in EFC can help women connect with another way of feeling power and empowerment.

EFC offers a unique way to approach body-related concerns such as eating disorders through touch, movement, responsive connection, creativity/experimentation, and empowerment. The habitual knowingness of the body creates certain ways of attuning to the world that can become problematic (as in the case of eating disorders). The communion that horses and clients engage in may interrupt these problematic ways of being and create shifts in experiencing that can create a ripple effect - generating novel opportunities for other ways of being. This is the aspect of experience that I first hoped to explore with the women who took part in this research with me. Their stories have helped me to understand and articulate some of the moments that made a difference for them. This has in turn added to an emerging and needed discourse of embodiment in eating disorders research, adding another way to understand and address these problems.

### **Chapter Three: Traversing the Liminal Terrain**

The heart of this research is rooted in the experiences of women with eating disorders who took part in an EFC group, the connections that developed between the women and their horses, and the myriad ways that this disclosed new ways of being for them. As Estés (1995) wrote, our corporeal engagement with others is “a series of doors and dreams and poems through which we can learn and know all manner of things” (p. 206). My research topics and the doors, dreams, and poems that they share are situated within the rich and varied tradition of hermeneutic phenomenology.

In this chapter I trace and explore these connections through many of the big ideas that have helped inform the way that this research was carried out. The first half of this chapter outlines the fit between hermeneutics and phenomenology and includes an exploration of central concepts in the philosophy described by Martin Heidegger, Hans Georg Gadamer, and Maurice Merleau-Ponty. In the second half of this section I outline who the participants were, how they became involved with the research, and the process that we engaged in together throughout the EFC groups.

#### **A Brief Outline of Hermeneutics and Phenomenology**

When I first began this research, one of my mentors told me that drawing on the traditions of hermeneutics and phenomenology was a going to be a tricky endeavour. He explained that “phenomenology describes the nature of experiences and reports on them. Hermeneutics is about creating meaning with others” (David Jardine, personal communication, June 1, 2010). The more I have come to learn about hermeneutics and phenomenology, the more I have grappled with these differences and while I cannot say for sure that I have come to any definitive answers, I have come to believe that they are more similar than different and that

hermeneutic phenomenological research is about creating and telling new stories that hold the promise to enliven and change us. For me to arrive at this place of understanding, I first had to delve into the distinct traditions of each approach and grasp their points of convergence and divergence.

Hermeneutics is understood as the theory and practice of interpretation (Paterson & Higgs, 2005). We communicate our interpretations in and through texts, which refer not only to language, but also other forms of communication such as art and music (Lavery, 2003).

Understanding in hermeneutics is constructed in places of in-betweenness, in the boundaries that define differing ways of knowing. Meaning is created when these ways of knowing meet and we learn to negotiate new understandings. In these liminal places where other meets other, possibilities take shape that can create new ways of going on.

Phenomenology is defined as the study of lived experience, which consists of our pre-reflective and taken for granted ways of going about our daily lives (Lavery, 2003). The purpose of phenomenology as an inquiry is to explore these experiences and come to new or forgotten understandings. Phenomenology, hermeneutics, and hermeneutic phenomenology have a deep and varied history and while these terms are often confused, both represent a number of different philosophical positions (Lavery, 2003; Moules, 2002). In order to differentiate between these, it is necessary to trace the origins of phenomenology over the past century and explore the radical shift hermeneutics provided.

Edmund Husserl is considered the father of phenomenology and advanced it as a rigorous science that would allow lived experiences to be examined objectively (Jasper, 1994). The aim of Husserl's method was the study of the very structures of human consciousness, which he termed "essences" (Lavery, 2003). Through the process of transcendental reduction, or

bracketing, it was thought that the researcher's inherent subjectivity could be contained and separated from the actual investigation of lived experience. Husserl believed that our preconceived notions and biases could be found, examined, and essentially set aside or bracketed, thus leaving an objective stance from which to understand the phenomenon in question.

One of the main schisms in phenomenology results from this assumption, as the removal of human subjectivity is largely viewed as an impossibility (Annells, 1996). Furthermore, the question remains whether a scientific method such as Husserl's, adequately explains the complexities of human experience (Dreyfus, 1993). The idea that there are essences that can be captured through research presumes that they exist in an out-lying reality, rather than an in-lying one that is created through our subjective and shared experiencing. These critiques heralded the hermeneutic turn, which describes the shift in philosophy from examining and explaining an objective and scientific reality to interpreting subjective realities that are created within and between people (Risser, 2000).

Martin Heidegger was instrumental in this hermeneutic turn, which grew out of existential philosophy and marked the beginning of hermeneutic phenomenology (Dreyfus, 1996). Heidegger's approach developed from critiques of Husserl's transcendental phenomenology (Lavery, 2003). Both approaches are concerned with human experience as it is lived; the differences arise in how this understanding proceeds. Existential thinkers such as Heidegger rejected the traditional understanding that Husserl espoused, namely that philosophy and research can be carried out from a detached and objective point of view, as we can never be apart from the world that we exist within (Dreyfus, 1996). According to Heidegger (1962), our pre-understandings are an essential way of organizing and interpreting the world, thus nothing

can be encountered without reference to an individual's background understanding. The meaning of these pre-understandings and interpretations of lived experience are discovered through the exploration of human language or texts (Lavery, 2003).

Hans-Georg Gadamer (1989) continued the tradition that Heidegger had begun in distancing hermeneutic phenomenology from Husserl's scientific approach. Gadamer viewed the purpose of this philosophy as not only developing a way of understanding, as Heidegger suggested, but moving beyond this to examine how this understanding takes place (Lavery, 2003). In Gadamer's hermeneutic phenomenology, understanding and interpretation evolve together, in a melding of horizons, or different ways of knowing and experiencing (Moules, 2002). These horizons are necessarily influenced by our historicity, which make up our pre-understandings. Gadamer rejected the idea that researchers can bracket their judgements and preconceptions and asserted that researchers and participants must work together to co-create a new meaning of the phenomena through the melding of their differing horizons. Thus, the idealized view of transcendental phenomenology was transformed through the hermeneutic tradition introduced by Heidegger and advanced by Gadamer.

Hermeneutic phenomenology is practiced and understood in a number of different ways that correspond to a spectrum of interpretations spanning from the more traditional (i.e., Husserlian) to the more revolutionary (e.g., Gadamerian). According to Kvale (1996), in qualitative research, knowledge can be understood in two different ways: (a) as something waiting to be uncovered or (b) as co-constructed on a journey of understanding that is never fully complete. In the first case, knowledge is construed as something that exists in an out-lying reality, waiting to be found, which corresponds to Husserl's idea of phenomenology. In the human sciences, the idea of an objective reality that can be examined through scientific means

has largely fallen into disrepute (Carr, 2006). However, the understanding of researchers discovering knowledge persists in many conceptualizations of phenomenology (Moules, 2002). This interpretation does not fit well with the aim of hermeneutics, which casts knowledge as always situated within an in-lying reality, one that is made between people. Moules (2002) described the reciprocal, but troubled relationship between the two approaches:

In a certain way they need one another, and one might argue that the difference is that hermeneutics knows and acknowledges this relationship, whereas phenomenology has the tendency to forget or deny it, believing it stands alone as an extracted, uninfluenced entity. Hermeneutics without phenomenology is interpretation without context, without situating it in the world. Phenomenology without hermeneutics is arguably nothing but a façade. (p. 6)

The fit between hermeneutics and phenomenology depends on the understanding of the researcher and the ways that the approach is taken up. The research that I am conducting is grounded in the view that knowledge is co-constructed, rather than found. In outlining this view I draw on the work of philosophers such as Heidegger, Gadamer, and Merleau-Ponty. While Heidegger and Gadamer are more closely aligned with a hermeneutic approach, Merleau-Ponty was primarily interested in phenomenology. Merleau-Ponty (1962, 1968) proposed a novel shift in philosophy, an incorporation of the lived body. A philosophy of the body is of central importance, as our bodily experiences structure the nature of what and how we know:

All my knowledge of the world, even my scientific knowledge, is gained from my particular point of view, or from some experience of the world without which the symbols of science would be meaningless. The whole universe of science is built upon the world as directly experienced, and if we want to subject science itself to rigorous



scrutiny and arrive at a precise assessment of its meaning and scope, we must begin by reawakening the basic experience of the world of which science is the second-order expression. (Merleau-Ponty, 1962, p. ix)

The idea of the body as the site of all experience dissolves the dualisms that have long been a mainstay of our Western philosophic tradition. In Merleau-Ponty's philosophy, the notion of an objective world of understanding is refuted as the lines between self and world, subject and object blur (Butler, 2005). Every body experiences the world differently, even of determinate objects given as abstract elements of one world (Olkowski, 2006). Thus, my understanding is informed by my previous experiences and pre-existing knowledge, which are culturally and historically located. Our knowledge of the world is created through a melding of differing experiences, sensations, and understandings that are bound up in historical, social, and cultural contexts, but this understanding always arises through and within our bodies. Merleau-Ponty's philosophy encompasses how our living bodies respond and relate in often spontaneous ways to the world around us, creating and resisting certain actions or ways of being that typically fall outside conscious awareness. We all have certain habits or ways of attuning to our environment that become ingrained - predisposing us to respond in particular ways and closing off other ways of being. What struck me is how we can be shaken out of these habits by an otherness that interrupts them, creating a space for novel, relationally-responsive and emotional-volitional ways of responding. This is the place that hermeneutic understanding arises in - when we meet an other who moves us in ways that we cannot move ourselves (Shotter, 2009).

Just as hermeneutic understanding takes place between boundaries and borders, so too does Merleau-Ponty's phenomenological understanding (Sanz & Burkitt, 2001). In the blurring of self and world, body and mind, and subject and object, a fuller understanding of lived

experience is possible (Butler, 2005). The call to reawaken the basic experience of the world is a call to acknowledge the myriad ways that knowledge is constructed corporeally, through our bodies. In this sense, knowledge is more than what we can think about and articulate, it is a type of kinaesthetic intelligence that is grasped in the body and grounds all other types of knowledge (Abram, 2010; Sheets-Johnstone, 2009).

When approached this way, hermeneutics and phenomenology are not different ways to further understanding, rather they are complementary methods of deepening it. Hermeneutics is understanding through interpretation, while Merleau-Ponty's (1962, 1968) phenomenology reminds us that this knowledge always begins in the body, in the ways that people engage and relate within the world. Hermeneutic phenomenology does not follow a specific method, rather as Gadamer (1989) maintained, we must "entrust ourselves to what we are investigating to guide us safely in the quest" (p. 378). In this research I was guided by the hermeneutic phenomenological ideas of communion, stories, transformation, and the fusing of horizons that took place between the women who participated, their horses, and me. Each of these concepts acted as a signpost that led me through the terrain of my research.

### **Research as Communion**

The word communion is related to the Greek *koinonia*, which is defined as both "fellowship" and "common or ordinary" (Harper, 2010c). In hermeneutic research, the ordinary or everyday is called forth and made to stand out; the strange and exotic is made recognizable or true (Moules, 2002). In the communion or fellowship that takes hold between living beings, new understandings, interpretations, and stories are created and continually negotiated. This research was guided by principles of communion in terms of how the research activities were carried out and in the evolving dance that arose between the women and horses. In this dance, a type of re-

attunement took place, one that occurred in the pre-linguistic realm of the body. Touch and movement were the means of communication within this communion and structured a new type of “language” between the women and their horses.

This process of creating a new language is mirrored in the way that meaning is co-created in hermeneutic phenomenological research (Gadamer, 1989). Meaning is worked through in a dialogic, interpretative exchange (Binding & Tapp, 2008). According to Gadamer:

Understanding is always more than merely re-creating someone else’s meaning... to reach an understanding in a dialogue is not merely a matter of putting oneself forward and successfully asserting one’s own point of view, but being transformed into a communion in which we do not remain what we were. (1989, p. 375)

This is the very nature of EFC, to enter into a communion that holds the power to change us. Touch and movement are central to this engagement, and can be either planned or spontaneous. Both can help to structure different ways of relating and being. For example, the spontaneous dialogic interactions between horse and woman can produce a whole new mode of experiencing the body. Premeditated movements and gestures common in horsemanship can aid in communicating desires and needs to the horse, thereby helping to create a language between horse and rider (e.g., gently applying pressure with one’s fingertips to a specific area of the horse’s chest to ask him or her to back up).

The idea of communion is a uniting theme throughout this research, not only in the relationship between woman and horse, or in the understanding of a hermeneutic phenomenological research approach, but in the underlying principles that inform how the interviews were carried out and my own reflective practices. In qualitative research, interviews can be understood as guided by principles of conquest or communion (Ezzy, 2010). Conquest-

oriented interviews are characterized by a power differential that leaves the participant in a position of passive submission, while the researcher is the holder of expert knowledge. Such interactions can be disempowering for participants, especially for those who may already be experiencing significant power differentials in their everyday lives. Interviews guided by communion move beyond dominance and submission; they are characterized as a mutual search for understanding based on creativity and shared meaning (Ezzy, 2010), processes that are integral in hermeneutic phenomenological research. According to Gadamer (1989) the beginning of any research endeavor is a type of calling. Something addresses us and evokes a search for understanding. This is the very passion that characterizes interviews as communion, as a mutual search for understanding(s) that both the researcher and participant(s) embark on. Knowledge produced through communion is a mutual recognition of another's story and the melding of these stories or experiences into a new understanding.

### **The Hermeneutic Tradition and Stories**

The purpose of a hermeneutic endeavour is to create, to interpret, to tell stories that enliven the research topic in a new way (Jardine, 2006). There is always something that calls to us, that lights our curiosity and asks something of us (Gadamer, 1989). The moments that I recounted in the first chapter, from my time with Clover, to the interactions that I had with women struggling with eating disorders, to my own feelings of ambivalence towards my body - are the moments that have stuck with me and asked something of me. This calling is the birth-place of hermeneutic research and to create a new story, we must revisit old ones. As researchers we are called to explore the history of our topics, our participants, and ourselves; through the weaving together of these narratives new understanding is made. Hermeneutic phenomenology is concerned with the socially, historically, and culturally-embedded contexts

that create our understandings. Our lived experience is always bound by these invisible threads and in order to make research meaningful and alive, we must attend to connections between the phenomena that called to us in the first place (Smith, 1999).

In situating this research within a hermeneutic phenomenological tradition I have come to question how certain stories are taken up in our cultural discourses and what these stories have meant for individual women, including myself. The beauty myth that associates slenderness with success and outward appearance with worth has structured many of the pre-reflective ways that I live my life. From the way that I buy clothes, to the time I spend applying make-up, to the feelings I have about my body and the often-unnoticed ways that I cross my legs to take up less space. Cultural narratives of what it means to be a woman in our society communicate a wealth of information that we are only ever partially aware of (Blood, 2005). These cultural stories of what women should be have marked me as they have marked so many other women. These stories are part of this research; they show the history of women's bodies as sites of inscription, recipients of knowledge that communicate the dominant discourses of our time (e.g., Grosz, 1994; Noland, 2009). However, there are other stories here too; stories that speak of women as powerful, intuitive, sensuous, and fully immersed in this bodily world. These are the stories that asked something of me. In the intimate connection between women and horses, I have witnessed and felt these stories come to life.

Women and horses have a deep history. They have been drawn together in Greek myth, Celtic poem, Native American legend, and Wild West folk stories - in many cultures the image of a horse is associated with powerful, primal forces (Midkiff, 2001). The archetype of the horse is often associated with the feminine as well; it represents the mysterious and intuitive (Jung, 2005). The natural affinity that women seem to hold for horses has been explored in the contexts

of sensuality, connection, creativity, nurturance, and transformation (Kohanov, 2001). Horses are seen as sages who traverse the boundaries between the tangible and intangible, the physical and the ethereal (Midkiff, 2001). Hermeneutic phenomenological understanding is created in these places of in-betweenness and horses personify this knowledge. Horses are not only corporeal, but symbolic; they exist in our myths, stories, and legends, journeying between the everyday and the mythical.

While horses are powerful and intelligent creatures, they have often been used by human kind as tools, treated as objects, much in the same way that female forms have been objectified and treated in our culture. Tales of women's bodies run the gamut of imagery, from objectified, passive vessels as communicated through patriarchal stories, to bodies that hold the power of intuition, insight, healing, and rapture as communicated through ancestral texts (Estés, 1995). Perhaps it is the similarities between the cultural stories that exist between women and horses that draw them together. These stories hold the power to subjugate and objectify, but they also hold the power to free us, to offer new ways of understanding and being.

Narratives and stories create our understandings of ourselves, our world, and our place within it, but they do not exist in and of themselves, waiting to be discovered and told. They are culturally and socially performed in our daily lives, created through the discourses and practices that are available to us (Elliot, 2005). Narratives are also embodied; we use our bodies to create meaning, but we also create meaning through our bodily experiences (Frank, 1991). How we feel and spontaneously react to the world around us is the starting point of the stories we create and tell (Shotter, 2010). In a similar vein, Benwell and Stroke (2006) noted that narration involves a crucial element of "doing" in which we continually create and refine our identities according to our experiences. Novel experiences that challenge us to react outside of our typical

ways of reacting offer the potential to create different stories, which can help to construct different versions of the self. Thus we create narratives through our experiences, thoughts, beliefs, actions, and communication, which in turn create us. The power of horses and our connection to them may allow for a different type of understanding, not only in the stories that are already told, but in the creation of new stories that come to be in the small moments that matter - ones that may show us other ways to go on.

### **Research as Transformation**

This research project is concerned with the bodily and potentially transformational moments that take place in the context of EFC. These moments are “tipping points” that result in a shift or reorganization of understanding oneself and play an integral role in the counselling process (Knoblauch, 2008). The very nature of transformational moments fits well as a topic of investigation in hermeneutic phenomenology. When such moments occur, there is a significant shift in our horizon of understanding that calls to us and changes us. These moments are necessarily bound up in our corporeality and are often remembered vividly. When asked to recall moments of transformation, most people are able to remember not only when and where these moments took place, but also the sensorial landscape surrounding such memories; the sights, sounds, smells, and feel associated with these moments are clear and evoke a felt connection to that time (Miller, 2004). When I think of the transformational moments that have taken place over the course of my life, I am connected to them profoundly through my bodily sensations; a tightness in my chest, a tingling in my arms, a feeling I cannot quite name.

The time that the women spent with the horses seemed to evoke such moments. Times when a shift occurred in a movement, a touch, an intake of breath, something that *felt* different. These shifts first came to be in the preverbal realm, through the corporeal and emotional

connection between horse and participant. The moments that stuck with the women were then explored through dialogue (either in the group or during the interviews) and “talked into being” (Strong & Massfeller, 2010).

These moments of new possibilities are well suited to hermeneutic phenomenological study, not only in a scholarly sense, but in the sense that hermeneutics *is transformational*. As Jardine (2006) wrote, a hermeneutic project “wants to listen, to affect and to invite, not merely inform” (pp. 1-2). These moments of communion and transformation can be understood as a *fusion of horizons*, a term introduced by Gadamer (1989) that refers to the melding of differing experiences or understandings and the creation of new ones. In positioning this research within the hermeneutic phenomenological tradition, I have come to understand our corporeal engagement in the world as a series of fusing horizons, constantly evolving and offering the potential for transformation.

### **A Fusion of Horizons**

Bodies are relational, discursive, metaphorical, cyborged, performative, disciplined, positioned, and constructed (Blackman, Cromby, Hook, Papdopoulos, & Walkerdine, 2008). Bodies are all these things, yet they transcend these designations as well. Bodies exist in boundaries (Butler, 2005). In Merleau-Ponty’s phenomenology, bodies link the often disparate concepts of self and world, rational mind and physical body, subject and object. Bodies are open to being affected by the world and affecting the world in turn (Noland, 2009). These relational connections change and alter bodies as we move and sense throughout our daily lives, thus a precise definition of the body can never be pinned down (Shotter, 1999b). For the purpose of this research I have drawn from a number of ideas pertaining to the body including the phenomenological body (Merleau-Ponty, 1945, 1968), the discursive body (e.g., Foucault, 1979),



the relational body (e.g., Abram, 2010; Csordas, 2008; Shotter, 1999a; 1999b; 2010) and the intelligent body (e.g., Abram, 2010; Brandt, 2006, Sheets-Johnstone, 2009; Todes, 2001). These ideas of the body present certain ways to grasp this research; horizons of understanding that when combined can result in another interpretation of what it means to *be our bodies*.

These approaches to the body point to our often pre-reflective ways of being in the world and the ways that intelligence and knowledge begin in the corporeal realm. Our everyday interactions in the world take place via our attunements, in the ways that we position ourselves and move through our worlds, often without our conscious awareness (Sheets-Johnstone, 2008). Within hermeneutic phenomenology, a fusion of horizons is often referenced as a type of understanding that emerges in dialogue or through texts (e.g., Capurro, 2000; Geanellos, 1998), yet this tends to neglect how a fusion of horizons can take place within our corporeal, everyday involvement in the world. The worlds of body and language are often presented as separate in philosophy (Abram, 1996). Language is viewed as mediating our experience, giving us access to certain dimensions of it, but never fully disclosing its true nature (Csordas, 2008). Yet language grows out of our experiences, it is grounded in the preverbal, responsive ways that structure the nature of our being (Ruthrof, 2000).

The words that we use to communicate understanding are always rooted in the dialogical, intersubjective nature of human experience (Smith, 1999). Speaking is a kind of sonorous touching; language is “tissue in the flesh of the world” (Csordas, 2008, p. 30). According to Merleau-Ponty: “The spoken word is a genuine gesture, and it contains its meaning in the same way as the gesture contains its” (1962, p. 213). From the moment we are born we are caught up in a relationally-responsive way of interacting (Shotter, 1999a). Language can explore this way of being and draw out deeper meanings, but it never exists outside of it. In many ways, a fusion

of horizons has been taken to mean a fusion of understanding communicated solely in language, in words. While this is one way that a fusion of horizons can occur, there are other ways that horizons meet via preverbal or kinaesthetic means. For instance, there is a type of fusion that takes place when we sit down with another, when our eyes meet and we instinctually know that they are responding to our presence and we to theirs.

We are always, already part of this world, yet we often fail to see it or acknowledge this relationally-responsive way of being (Shotter, 2010). These taken for granted ways that we go about our daily lives represent another sort of fusion or intersection between ourselves and other beings. In this intertwining we come to know ourselves, to define ourselves by the manner in which we respond through our attunement and ongoing engagement with otherness (Shotter, 1999a). According to Merleau-Ponty (1968), the ways that we move define our attitude to the world, our *being-to-the-world*. Our attunements open us to the various ways things and people can show up as meaningful to us. This receptivity is evident throughout our lives and characterizes everything from our basic bodily skills for coping to our tendency to be immersed in and guided by certain states or moods such as depression - whole ways for a situation to matter (Dreyfus, 2004).

In a similar way, eating disorders can represent a type of attunement to the world, a way in which things show up as meaningful for those who live with these problems. This may include a focus on bodily control and objectification, to the exclusion of other ways of knowing or being attuned to the body. It may show up in certain practices associated with disordered eating, ways of moving, and of interacting with others. The ways that we attend to the body, both consciously and unconsciously are part of our attunement to our social and physical world

(Nagatomo, 1992). The horses that take part in EFC can help to interrupt these patterns and create different ways of attuning for women with eating disorders.

According to Massumi (2002), the body in movement and in connection *is transformation*. The continual ways that we adjust ourselves to the world around us creates a means of incorporating new movements, new ways of corporeally engaging and relating (Manning, 2013; Noland, 2009). While this may seem like a minor point, it means that transformation or resistance to cultural norms are not merely acts of will, rather they take place through the body in ways that often fall outside of our conscious awareness (Massumi, 2002). New ways of moving, gesturing, and experiencing the body can provide resistance to problematic bodily habits or patterns. The habitual knowingness of the body formed through the practices of disordered eating can be challenged through feeling the body move in novel ways, and through the pure joy of interacting with another being such as a horse.

Merleau-Ponty (1968) advanced this theory of human-animal connection and contended that both humans and animals are part of “the flesh,” the nexus of the intersubjective world that we are all a part of. He affirmed that our corporeal bodies have an affinity to other bodies, other creatures that share life, and through this affinity we come to know ourselves more fully. The relationally-responsive way that we come to know others creates different understandings and experiences of oneself and one’s world. In Shotter’s words, “Strange things happen at the point of contact in two or more different forms of life with each other - another collective form of life with its own unique world and character (a culture?) emerges” (1999b, para. 1). The fusion of horizons that takes place between horse and person in EFC creates this new character; each attuning to the other and sharing in a new type of attunement grounded in touch, rhythm, and movement (Karol, 2007). In hermeneutic phenomenology, understanding is shared in this same

way; not belonging to one individual, but shared and negotiated between them (Strong, Pyle, deVries, Johnston, & Foskett, 2008).

Within this fusion of horizons, understandings become melded, creating new ways of being (Koch, 1996). These understandings arise in the body and can be articulated and thickened in dialogue. Just as Merleau-Ponty's (1962, 1968) philosophy blurs the boundaries between our dualisms, so too does the concept of a fusion of horizons. These fusions are never static as our understanding continually shifts as we encounter the otherness that exists all around us (Shotter, 1999b). In this research, understanding began in the sensorial dance that evolved between the women and their horses. Through the creation and languaging of this dance, the women who took part in this research helped to show me a path through this world of horses, communion, and transformation.

### **Articulating Bodily Experience**

The stories recounted here offer a glimpse into the lives of the fourteen women who participated in this research. They came from a variety of different backgrounds, ranging in age from 19 to 49, and each had been diagnosed as having an eating disorder (either AN, BN, or ED-NOS). The women held a number of roles including mother, daughter, partner, friend, student, working professional, athlete, and volunteer. Of the fourteen women who began this research, twelve were able to complete the EFC groups. Two of the women decided to stop attending the group counselling sessions to address issues with addiction after our first individual interviews. All of the participants had lived with disordered eating for a number of years and twelve of the women had been involved with counselling either through a community-based agency, a psychologist in private practice, or at a hospital for either in-patient or out-patient eating disorder

treatment. During the EFC groups, three of the participants were on a waitlist for an out-patient program at a local hospital.

At the time I began recruiting participants for this research I remember thinking to myself “What if I can’t find enough women to participate? What if it takes me months, or even years to get a group up and running?” I plastered posters all over Calgary (in coffee shops, libraries, medical offices, colleges, and universities) and sent recruitment pamphlets to community counselling agencies, psychologists in private practice, and various women’s organizations. I was also fortunate to have two articles published in a local newspaper detailing the research project and directing those interested in participating to contact me (see Appendix A for these). I remember anxiously checking and re-checking my email and voicemail in the days after my advertising blitz...

It started out as a slow trickle, some tentative messages left on my phone and a few email messages from potential participants, but over the course of a few weeks, the trickle became a stream, and then a river, until I was responding to upwards of twenty messages a day. I was contacted by women struggling with disordered eating, adolescents, men, and even one young boy who was hospitalized for anorexia; I was contacted by concerned mothers, fathers, friends, and helping professionals. The responses and the heart-breaking stories that I heard were overwhelming. I knew the statistics on eating disorders, but I never truly understood the scope of the problem until I had this experience. While I wanted to help each and every person who contacted me, I could only refer most of them to other resources. Luckily I was able to receive further funding and expand the EFC group from the one that I had initially planned to a second that ran concurrently, but I still wonder about the people who could not take part. Their stories have stayed with me as well.

The women who participated in this research spoke with me over the phone before the EFC groups began. During these conversations we explored the participant's hopes for the group, experience and comfort level with horses, and how they were coping overall. Once it was deemed that the group would be a good fit for them, the women were given directions to Healing Hooves ©, an AAT site in Cremona, Alberta where the group was run. Participants were required to have their own transportation to and from Healing Hooves and to obtain a note from a doctor verifying that they were physically able to take part in activities such as riding the horses. The EFC groups took place over the course of six weeks during the spring and summer of 2011, with each session held on a weekday evening for two and a half hours. Each of the groups included 7-8 participants, Sue McIntosh - the owner of Healing Hooves and a registered counsellor, 3-5 volunteers with backgrounds in a helping profession such as psychology or social work, myself (in the role of researcher and counsellor), and four horses (Dyggur - pronounced "digger," Skye, Cutie, and Dubh - pronounced "do") who had experience working with clients in the context of EFC. Each group session included a mix of discussion within the group and activities with the horses. The participants typically spent an hour to an hour and a half with the horses working in pairs (with another participant) or individually during each of the six sessions.

During our first EFC session we met in a large group room within the barn where the participants could sit comfortably and watch the horses in an indoor arena. Our first hour included collecting doctor's notes and signed copies of the informed consent, personal introductions, and collaborating on group norms (see Appendix B for the informed consent form and recruitment materials). The second hour was spent introducing the women to the horses in either the indoor arena or the paddock outside. Sue introduced each of the horses and explained their role in the herd (e.g., Skye as the herd leader and protector, Dyggur as the "youngster" of

the group - see Appendix C for photos of Healing Hooves and descriptions of the horses). Once Sue described each of the horses, the women were given a brief introduction on how to approach the horses safely and were invited to interact with any of the horses that they felt drawn towards. At the end of the session participants were given a journal to explore any feelings, thoughts, sensations, and experiences that arose within or outside the group, in whatever way they saw fit (e.g., writing, drawing, collecting small found objects from Healing Hooves, photographs from home, etc.).

The remaining group sessions were focused on themes such as boundaries, communication, safety, and needs (e.g., physical, emotional, and spiritual) in regards to the women's developing relationships with the horses and in the larger context of their lives. These topics provided a starting point for exploration, but the sessions were kept relatively open and participants were invited to discuss whatever issues or experiences were most relevant to them. The content of the groups were modified as such and the flow of group conversation was kept relatively unstructured, with myself or Sue posing questions to the group and monitoring discussion to ensure that each participant had a chance to speak. While activities with the horses were sometimes structured, participants had the option to either modify the activities as long as safety rules were adhered to, or engage in another activity away from the group when this was needed (e.g., journaling in the group room). Sessions began and ended with a group check-in; each participant had the opportunity to discuss what she was feeling in the moment, any significant experiences that took place over the past week, or anything in particular that stood out for her in terms of her time in the group. In between sessions, participants were emailed suggested homework/reflection assignments linked to the key themes that we hoped to cover (see Appendix D for examples and for an outline of activities in each session). Throughout the

course of the groups, participants were encouraged to connect with myself or Sue if they needed extra support.

The purpose of hermeneutic phenomenology is to develop a deep understanding of lived experience that brings the research to life and imbues it with new meaning (Lavery, 2003). In this research, understanding was created through the dialogic interactions between (a) horses and participants, (b) participants and myself, (c) participants and other participants, and (d) through an exploration and interpretation of the interview transcripts and participant journal entries.

The women who took part in this research were asked to speak to unique experiences that they did not initially have a language for. Together, we negotiated a language for understanding the embodied experience of engaging with the horses in EFC. These conversations focused on the corporeal dimension of experience, an aspect that is often over-looked in cultural discourses (Shusterman, 2008). The process of languaging this dimension took place over the course of the EFC group, particularly during the individual and group interviews.

Articulating bodily experiences can be difficult for anyone, but may be especially difficult for those who struggle with body-related concerns. Women with eating disorders often experience a disconnection from their bodies as a source of pleasure and nurturance (Piran, 2002) and attuning to bodily sensations, movements, and knowledge may be frightening or uncomfortable. Rather than concentrating on my participants' corporeal experiences of interacting with the horses at the outset of the interviews, my intent was to slowly move towards this as the interviews progressed, allowing time for the women to become more comfortable with the horses and exploring their experiences with me. At the time of the first interview, all of the women had met their horse and spent a few hours getting to know him. While participants were



told that they could work with any horse that they wanted to, most chose one horse and worked with him throughout the group.

Our interviews followed a progression from a focus on the horses, to the women's developing relationships with the horses, to the corporeal dimension of experience, (from a more outward focus towards inner experiences - see Appendix E for a list of the interview questions). During the second interview, I described my initial perceptions and understandings to each participant (gleaned over the course of the group thus far, our first interview, and any writing/journal entries that the women chose to share with me). Each participant was asked to comment on my understanding and offer any corrections, clarifications, or additions that they wished.

Throughout the interviews, the women were asked to reflect back on their time with the horses and connect to the "felt-sense" of those experiences if they were comfortable doing so. Sensory cues can help us recall certain times and experiences, so during the interviews I had a number of such aids available including photos of the horses and their environment, a small bundle of hay, a lead rope, a horseshoe, and a halter. This type of sensory elicitation has been employed throughout the social sciences and includes research methods such as Stimulated Recall (a form of memory elicitation through the use of objects; Calderhead, 1981), Photo Elicitation (using photographs and other images; Harper, 2002), and even audio elicitation methods (using audio recordings to explore everyday sounds and their meanings; Feld & Brenneis, 2004).

The participants were invited to flip through the photos (or close their eyes) and handle any of the objects to help them connect to certain memories of their time with the horses. The interviews were kept relatively free-flowing and most participants chose to share and explore

their journal entries during this time. The first individual interview was scheduled between the second and third group session, the second interview between the fourth and fifth session, and the group interview took place during the sixth and final session. Individual interviews were held in either my office or a private room at the University of Calgary, or in the participant's home. These interviews lasted between one and two and a half hours. The group interviews took place at Healing Hooves and lasted about half an hour.

Our last session was a time to say our goodbyes and to honour the connections that the women had made with their horses. Each of the participants were invited to spend time saying goodbye to their horses in a way that fit for them (e.g., quiet time with their horse, taking photos, etc.). As a closing activity, the women worked in pairs to "paint" on their horses (using washable chalk and water) in a way that symbolized an important lesson or experience that they wanted to carry with them. This final exercise was a way for the women to express the significance of their time at Healing Hooves and to demonstrate the trust that developed between them and their horses (see Appendix F for photos of the painted horses and examples of other creative projects that the participants engaged in). All of the women chose to participate in this activity and had photos taken with their painted horses. After the groups ended, the women were encouraged to seek out further support if needed and were given a list of resources available to them (including further individual counselling/contact with myself, Sue, and the horses). While many of the women could not continue the relationship with their horses, they were given the opportunity to connect with other horses through volunteering with Dare to Dream, a horse rescue organization outside of Calgary. I found out later that a few of the women decided to volunteer their time with Dare to Dream, two took up riding lessons, one started volunteering at

another horse rescue operation, and one decided that she would like to continue individual counselling at Healing Hooves.

Saying goodbye was hard for me and I suspect it was difficult for others as well. It was a time of transition for many of us - summer was drawing to a close and a number of the women had jobs or school to get back to, others were starting counselling or were planning life changes such as moving, ending relationships, changing careers, or travelling. In the two years that have passed since the groups ended, I have found myself stuck at times in my quest to understand and articulate what happened. Throughout the research process I have kept a journal outlining my wonderings, doubts, emerging understandings, and reflections. Here is one journal entry:

**Personal Journal, September 22, 2011.** *How can I do justice to their stories when I still grapple with my own? How can I really understand what happened between the women and the horses when I was just an observer for so much of it? We only had six sessions with the horses - just a few hours a week; I only had a few interviews with the women - how can I possibly hope to write this story? These are the doubts and worries that keep me up at night - wondering how I can see this through. At times I feel like I'm drowning in the interview transcripts, so many possibilities and directions to follow. The sheer weight of the words hold me down... and yet, I know that something inspiring and perceptive-widening happened; it compels me forward, urges me on in my writing. This shifting between being lost and finding my way back has happened more times than I can count, but I always find myself coming back to certain phrases that the women uttered, certain words or sentences that recall memories that I can see in my mind's eye, feel throughout my body. It's like I'm there again, with them.*

I started to trust in those moments that called everything else into significance. Those times of communion that I witnessed, took part in, and explored with the women. I kept coming

back to them - connected through reading the interview transcripts and reflecting back on our time together. There were moments during the group that I could sense something powerful was happening. Other times, I had no idea of the significance of a moment, a touch, a movement, until the women explored their experiences with me. These are the memories that I keep going back to. It has been so easy for me to get lost in the literature and philosophy surrounding eating disorders, cultural discourses, bodily practices, hermeneutics, and phenomenology. Yet when I return to the inherent ideas of communion, transformation, and a fusing of horizons, I find that they appear time and time again throughout the moments that have stayed with me and the women who took part. In the next chapter I explore a number of these moments and the stories of the women who shared them with me.

## Chapter Four: Stories

**Personal Journal, September 9, 2012.** *I've come to know more about my own voice through writing this work. I seem to be transfixed in the writing process at times, swept away as if on a wave, my fingers struggling to type faster and faster still, trying to capture a thought, idea, or feeling. It is through listening to the voices of others that I've been able to connect to my own beliefs and philosophies. These others include the women who took part in this research and the horses that they worked with (even though the horses don't have voices so to speak, I have come to understand some of the intricacies of their ways of communicating with us). They have opened up another world for me - one that spans the preverbal and verbal. I can tell I'm writing from this place when I feel a lump in my throat and I'm overcome with an emotion that I'm yet to name. It feels right, but in an indescribable way, as if it's on the tip of my tongue or still hovering between my fingers and the keyboard...*

I need to apprise readers of these stories that they have no ending, there are simply places where the stories disappear or rest, or are perhaps taken up by another. This is something that I struggled with; I wanted to know how the stories ended, for my participants, and their horses, and all of the people who helped bring this research to life. Yet this was not possible as stories are always in flux, dependent on our interpretations and meaning-making. The stories recounted here are mine and the women who took part, told to the best of my recollection based on the interview transcripts, my field notes and journal entries, their journals and writings, and our correspondence since the time the groups ended. It has been a couple of years and at this point in time (April 1, 2013) I have to admit that I have been stuck for most of it, writing and re-writing, listening to the recorded interviews, flipping through myriad notes, photos, and mementos - exploring the stories from various angles and trying to connect to the experiences in different

ways. I started off with a list of themes - important occurrences or understandings that seemed to crop up in all or most of the women's narratives, but this was not enough. As Jardine (2006) wrote:

There is nothing “true” about a “theme” under which instances fall except in those moments where some incident opens up to questions and susceptibility and risk what the theme might mean in ways that render it “in play” again, open, again, to the arrival of the new case and the difference that this new case might bring. (p. 283)

Thematic analysis is a common way of doing qualitative research, yet there is the threat of falling into essentialist ways of thinking, of “finding” the “essences” of a particular phenomenon, rendering it inert and stable - a property or quantity “captured” and thereby knowable. The pursuit of this reductionist type of knowledge is arguably part of the problem in the predominant understanding of eating disorders. I offer another account, a different way to understand these problems through an exploration of stories. Hermeneutics can be understood as the telling of stories - new ones, old ones, but each one bringing something enlivening to the act of sharing and understanding. If there are themes here, they are not the traditional themes of qualitative research, carefully counted and tallied; they are common threads of hope, struggle, pain, and perhaps redemption. While I endeavor to tell these stories, there is always an unfinished element that speaks to the possibilities for new stories to be told. This is the nature of the hermeneutic tradition, one I feel fits best in the context of the small stories that I offer here.

This research is about communicating meaning with and through our bodies, a difficult pursuit given the limits of words on a page. However, Merleau-Ponty (1962) reminds us that language does not simply transmit agreed upon meanings, it moves us:

What I communicate with primarily is not “representations” or thought, but a

speaking subject, with a certain style of being and with the world... Thought and expression, then, are simultaneously constituted, as our body suddenly lends itself to some new gesture in the formation of habit. The spoken word is a genuine gesture, and it contains its meaning in the same way as the gesture contains its... (pp. 183-184)

It is my intention to move the reader through the use of stories; to present an exploration of my topics that evokes a visceral response. As Gadamer stated: “the truth of (hermeneutic) experience always implies an orientation to new experience....Experience has its proper fulfilment not in definitive (amassed) knowledge but in the openness to experience that is made possible by experience itself” (p. 355, 1989). Rather than thematizing the experiences of interest and limiting them in some ways, I want each to reflect the ongoing nature of interpretation, to leave some aspect open and in play, as our touching-sensing bodies are always open and in flux (Manning, 2007).

The stories recounted here are about the bodily and potentially transformative experiences of the women who took part in the EFC groups. I wondered how their relational attunement (to themselves and the world) may have shifted through interaction/communication with their horses, and how this might have made a difference for them. Exploring and languaging their stories helped me to answer these questions. While I want to tell everything that happened and explore all of the moments that might have made a difference for my participants, I have chosen to concentrate on five stories. Each of these stories has a different focus, yet they are each intertwined with the others, and while each story is about a particular participant and her horse(s), other women and their horses have supporting roles and add their own experiences to the overarching narrative. After writing these stories, I asked the women whom I wrote about to read “their” story and offer any feedback, revisions, or additions that they

might have. It took me two years to write these stories and I was heartened to reconnect with the women and hear how they had been doing since the groups ended. We corresponded primarily over email (I also met with one of the participants in person to discuss her story). Before we get to these stories though, I need to set the stage. In the previous chapters I mapped the philosophical and historical terrain. In this chapter I begin by describing the physical environment that the horses inhabit and the world that the women were invited into.

### **Rain and Bones**

To understand the relationships between the women and their horses it is necessary to understand the setting of Healing Hooves; the modern barn amidst rolling prairie land, the mountains in the distance, and the hum from passing vehicles along a highway behind the pasture. Modern architecture/ways of being were juxtaposed with the more primal rhythms that come from living away from the city, connected to the land and expanse of sky. This teeming undercurrent of life was present in every happening, every moment that might have made a difference; from the insects buzzing in the air, to the cats stalking mice in the barn, to the horses themselves, running as a herd through the field.

I want to recount a moment that made a difference for me during one of the groups. The first things I connect to when I think of that day are the wide open skies and a sense of the world opening up differently. There was an energy in the air that the horses seemed to pick up on and communicate to the participants and staff. Dubh kept edging his way toward the gate leading out from the barn to the paddock, while Cutie sidled closer to him, nickering softly. Dyggur tossed his head back and forth and Skye was wide-eyed, his neck straining as he looked about the enclosure. The air felt different - instead of the calm that normally accompanied an evening spent with the horses, there was an electricity to the air. I remember later on, after the horses



were led back to the pasture, the smell of rain and a strong cool wind blowing in from the mountains. Large thunder clouds were churning in over the horizon - dark grey and ominous, and I felt a shifting in the air, heavier and more fragrant as the smell of rain blew in. I looked around and noticed that the horses were already standing together in their shelter, their manes and tails whipped by the wind. Skye, the leader of the herd was watching ever-vigilant across the fields, while in the barn the cats hunkered down in nooks and crannies to wait out the impending storm. The wildness of the world was all enveloping, heightening my senses and connecting me to the sublime experience of the moment.

The session had ended, yet the women seemed reluctant to leave, perhaps caught up in the same sensations that had me entranced. We milled about, collecting our things slowly and wandering outside to watch the storm as it rolled in. I did not want to leave and I had the distinct sense that many of the women who lingered did not want to either. Miranda, one of the participants, sighed beside me as we watched the horses through the open barn door; "I can feel the rain in my bones," she said. We stood together watching and waiting, rubbing our hands together against the chill. I am not sure why, but her words have stayed with me. I could feel something in my bones too, throughout my whole body in fact - a strange, almost contradictory feeling of calmness and a comfortable heaviness grounding me to the earth, but also a sense of electricity, as if the approaching storm had somehow already reached me, an energy I could feel coursing through my body. The promise of a warm ride home, back to the comfort and safety of our beds, was not enough to entice us away in that moment. Eventually we did pile into the vehicles that lined the driveway in front of the barn, but in a sort of reverie, not punctuated by the usual chatter about the week ahead. It was as if a spell had been cast and the magic of this place was made manifest.

As Abram (2010) articulated, our bodies are where worlds collide and life teems - a place where things pass through us and sometimes reside. We are open to the world and its lives within us and through us, changing us. The moment recounted here has changed me and has become an important “touchstone” for this research in many ways. Despite the lack of a physical presence that the term touchstone denotes, the moment nonetheless has certain contours and shadows, a substance and weight to it. The smell of the rain often brings me back with stark clarity to being in the doorway of the barn with Miranda, looking out at the horses, towards the rising storm - a shared felt-sense that connected us to each other and the world in a way that I cannot quite explain. The feel of electricity in the air when a thunderstorm is approaching evokes the same strange feeling throughout my body - a sensation of my bones being connected to the bones of the earth, rooting me to it and sensing it with an energy not wholly my own. I feel the lines dividing myself from the world and other beings dissipate during these times, and the convivial world opens up for me. It is as if this moment resides in me now, flows through me, conjured through my own musings and reflections on it, and brought about unbidden when certain elements in the natural world align around me and through me. The women who took part in the group experienced their own moments that have stuck with them, residing in them for a time, making the hidden linkages between themselves and otherness palpable. The moments that took place between the horses and the women were small ones, often occurring in the span of minutes, but they led to changes in their experiencing that flowed through them, and sometimes stayed with them.

### **Riding Without Reins (Sarah and Dyggur)**

Watching Sarah riding Dyggur around the paddock, it struck me that the young Icelandic horse was worked up about something. His gait was jumpy, his footing uneven, and he tossed

his head back and forth, the unruly mane that normally hung over his eyes flying with the bounce of each step. From where I was standing, it looked like he wanted to take off running, but I knew that both Sarah and Dyggur were safe. Dyggur was harnessed and being led by Sue, who had years of experience working with him and clients. Sarah too, had worked with horses for a few years and was an experienced rider. While it had been some time since she had last been on a horse, she told me before the session that she was looking forward to finally riding again. I watched them circling the dirt paddock through the window of the group room, a comfortable space for counselling that resembled more of a basement “recroom” than the somber offices that I had come to associate with doing therapy. For tonight’s session, we had divided the women into two groups, one in the riding area with Sue, the staff, and the horses, and the other with me in the group room.

I remember stealing glances out of the window, watching as Sarah and Dyggur made a circuit around the arena. This was the first time that the women were on their horses and instead of taking the reins, the women were asked to just sit on their horses and get accustomed to the feeling of their mutual movements as the horses were led around the arena by the staff members. Sarah appeared stiff on Dyggur’s back, her hands held tightly to her thighs as Sue led them, and Dyggur was trying to pick up speed - going from a walk to a trot at times. I knew that Sue would intervene if things became hazardous for Dyggur or Sarah, but I could not help but feel anxious. Learning to move with a horse while riding is like coordinating a dance, one in which the two dancers communicate using only their bodies; the nuances of a touch, a glance, a slight pressure, or a shared energy can communicate a wealth of information and intentions. In this dance, both the participants appeared to be moving independently of the other, their energy frenetic. Dyggur

appeared restless and impatient, and Sarah looked unsettled, her hands reaching out for an instant, seeking the reins that were not there.

The first time I spoke with Sarah was over the phone, a couple weeks before the first EFC group started. She came across as an articulate and confident young woman who was juggling recovery from bulimia with being a full-time student at university, keeping up an active social life, working part-time, and maintaining a training schedule as a figure skater. Sarah was diagnosed with bulimia six years ago and struggled with anxiety and depression. She had seen a few different counsellors and was well-versed in eating disorder terminology. Four years ago when Sarah was seventeen, she completed in-patient treatment for disordered eating at a local hospital. The weight that she put on during her time in treatment was something that she struggled with as she tried to make sense of her new body. For many of the women who had been through such in-patient treatment, a requirement of successful completion was putting on a certain amount of weight. What some of these programs may not adequately address is the need to adjust to this new weight and create a different lifestyle to maintain it when individuals are back in the “real world” (Gremillion, 2003; Vanderycken, 2003). As another participant pointed out, the new beliefs and attitudes that take root during in-patient treatment often need to “catch up” to a whole new way of being (not only in terms of new practices associated with eating - which tend to be the primary focus of such treatment, but in a host of other ways as well).

The weight that Sarah put on during her stay in the hospital seemed to require a type of mind-over-body mentality and a continued focus on her body, weight, and food. The practices and precepts of dominant treatment approaches often espouse the same sorts of dualisms that help create and consolidate disordered eating (Gremillion, 2002), leading to a sense of disempowerment or a loss of control (Bell, 2006; Eivors, Button, Warner, & Turner, 2003;

Malson, Finn, Treasure, Clarke, & Anderson, 2004; Sesan, 1994). While the hospital-based treatment that Sarah engaged in had helped her to reach an objectively healthy weight, it was similarly based on ideals of control (both in the sense of others controlling schedules, goals, and “treatment adherence” and in promoting the idea of recovery as a type of mind-over-body control).

Sarah noted this “disconnect” and pointed out that while some aspects of such treatment were helpful, others were harmful:

I think the program was good for my physical health, like I needed it physically, but I think it was pretty damaging to my psychological health. Like things that one girl would say, that I’d never even thought about I’d be like, “Oh well now I have to start worrying about that, now I have to start thinking about that.” Like I never cut myself before the program, after the program I was a cutter because other people did, so I went and tried. I learned lots of really negative behaviours and lots of negative thought patterns and stuff from other people.

After Sarah left the hospital, she began seeing a counsellor in the community to address the discomfort and anxiety that she felt about maintaining a healthy weight and the new practices this entailed. The patterns of disordered eating had shifted for her, but they remained a constant presence in her life; sometimes in the foreground and other times in the background. For Sarah, the past year had been a difficult one: “I’m relapsing really badly right now... I mean this whole year has been kind of a relapse for me.” Like many women living with an eating disorder, it was hard to find a balance between “healthy behaviours” like regular exercise and watching what she ate and “eating disordered behaviours” like exercising for hours a day and fixating on calories or weight. The insidious nature of eating disorders is that they grow out of seemingly innocent and

habitual cultural practices hidden in a language of empowerment; “contingent expressions” that people take up and enact (Noland, 2009). Entire industries (e.g., cosmetics, plastic surgery, health and fitness, professional sports, etc.) have been built around messages that urge us to take control and re-shape our destinies by re-shaping our bodies. This can be particularly true for individuals involved in competitive sports, as Sarah was throughout most of her adolescent and adult years. She remarked during our first interview:

Lots of figure skaters have eating disorders. There’s a big emphasis on how you look cause with competition sometimes, if you do all the same elements and land the same jumps as the other competitors, judges will choose a winner based on, not necessarily, like their size but how they presented themselves. Sort of, like so dresses and hair and all that stuff, right. And it actually really matters. And you just get a bit of an edge, like the smaller you are. And coaches really push for that.

Having lived with and fought against an eating disorder for a number of years, Sarah struggled to find her balance within this culture. Figure skating was an important part of her identity, a source of pride and accomplishment, but it could also play a role in sustaining disordered eating through a focus on the sport-related norms pertaining to appearance, thinness, and bodily control. The desire and beliefs associated with these cultural norms are evident throughout our day to day lives, but are arguably more of a priority in certain activities or sports that promote the ideal of lean or thin bodies. Research shows that girls and women who engage in dance, modelling, gymnastics, running, and other pursuits that adhere to a thin-body ideal are at a greater risk for developing disordered eating (Rosen, 2010). As Sarah alluded to, her participation in figure skating also promoted this ideal in implicit and explicit ways.

These “material-discursive practices” (Barad, 2007), or ways of talking and acting that reinforce certain ideals and ways of being, structure how we live our lives and the beliefs that we hold about ourselves and others. For Sarah, the material-discursive practices of control and the associated values pertaining to policing the body that were involved, were intertwined with disordered eating and reinforced through various sources (e.g., media, peers, sports, and even forms of eating disorder treatment). These practices had become almost unconscious for her and structured many of the taken for granted ways that she attuned to herself and the world.

During one of our individual interviews, I remember Sarah smiling, yet at the verge of tears as she explained how hard it was to “keep it all together.” She began to realize that she could not go on the way she had been, but at the same time, she believed that there was no other choice - she felt trapped. Sarah was a university student achieving high marks in all her courses, an athlete who trained every week with her coach, and she held a multiplicity of roles/relationships as a friend, a daughter, and a sister. Yet, she felt like she was slipping, that if she slowed down for one moment and took a breath, it would all come crashing down on her:

I mean I don't see full recovery anytime in my near future, but like I still am going to school and skating, and my relationship is semi-decent with my family, like I still have a lot going for me and I know that it's just all gonna go...

(Hillary: What do you mean?)

Like if I can't recover... I really think I can balance school and my social life and my eating disorder, like I can, I've been pretty good at balancing it for four years, but it's only been four years, right? You know, like there's a lot of people who've had an eating disorder for like ten or twenty years and it just gets worse and worse. Like I've heard

dozens of stories of how the eating disorder just takes over more and more and when you know, like one day you look around and you have nothing.

Sarah was afraid of the path that she was on, but the prospect of seeking out and starting on a new path was also daunting, especially when she did not know her destination. She had been living with an eating disorder for so long that it was hard to envision her life without it and the protection that it offered. Disordered eating had become intertwined with a guard or wall that she had built up within herself, stacked high to hold out uncertainty and uncomfortable sensations/emotions. After a close friend of Sarah's died the year before, the wall came crashing down and she cried for days in her room, really allowing herself to feel her grief: "I couldn't escape from that, I just lost it, I couldn't get away from those feelings anymore..." Afterwards, she carefully and methodically put the wall back in place (and the bodily practices that were entailed) to go out and face the world: "...by the time his funeral came around I was okay, I didn't cry at his funeral, I didn't, you know, it's kind of all or nothing with me. And I can't function - I need my guard to function." This way of guarding herself kept uncomfortable feelings/sensations at bay, but to maintain such defenses takes a toll. For Sarah, it involved always being aware, vigilant of people or situations that might force her to slow down and feel things that she avoided feeling.

Hutchinson (1994) aptly described this as "repression of body experience," an all too common practice for individuals living with disordered eating. She stated:

It is often manifested as an armoring of the muscles, forming particular chronic holding patterns or tensions that give us our characteristic posture, expression, gait, and style of movement. Armoring deadens us, creating a hole in our experience. We feel disconnected from ourselves, trapped in flesh that is alien. (1994, p. 155)



To disconnect from emotions is to disconnect from an aspect of our corporeal existence, from the many and varied sensations and bodily occurrences that constitute emotion - a tightening of the stomach, a fluttering of the heart, a quickening of breath. Being aware of such sensations is collectively termed kinaesthesia or feeling one's body move. Movement here means not only in a traditional sense of moving from point A to B, shifting in a chair, or reaching for an object, but in moving and sensing in embodied ways even when we might appear to be still - a type of "sixth sense" that informs our being in the world (Noland, 2009). Sheets-Johnstone (2009) referred to these as "kinetic/kinaesthetic melodies," patterns that we enact in and through our bodies, denoting "a living, experiential sense, not brain events but corporeally-resonant ones, in-the-flesh dynamic patterns of movement" (p. 255). While these melodies are primarily useful and necessary in moving about our lives, they can become constrained or interrupted by certain limitations (e.g., disability) and cultural norms/practices (e.g., Western culture's obsession with thinness and the resulting regimes of bodily control that this promotes).

For Sarah, disconnecting from uncomfortable emotions entailed blocking off certain dimensions of kinaesthesia, or particular kinaesthetic melodies. This practice led her to adopt bodily habits and ways of being that maintained her guard or armor, thus protecting herself, but also creating problems in how she experienced the world. She noted that maintaining her guard numbed other emotions as well:

I'm not reaching full potential, like I'm not full happiness, really any happiness. So I guess that I have to let the guard down, but I don't know how and I definitely can't do it for like a sustained long time.

The vigilance required to ward off feeling certain emotion/sensations was not only a figurative vigilance, but literal - in how she held her body and constrained certain

movements/acts. Her guard had become her “default” or “automatic” way of being as she described it; often holding her body tightly, tensing her muscles, not breathing too deeply, and smiling when uncomfortable feelings/sensations threatened to show themselves in the company of others (a practice that she reflected she was often not aware of). This type of bodily comportment helped her maintain her defenses and avoid feeling vulnerable:

Well, I think that not really feeling what I feel or being connected to what I feel has always been there for me you know, like I always have a smile on my face and I’m always getting through the day right? No one would look at me and think that I have all this stuff going on and I have all these issues cause I’m really good at covering it up. I’m so good at covering it up with other people, but I’m good at covering it up to myself too.

This burgeoning awareness of bodily habits was facilitated in some ways through Sarah’s work with Dyggur. Sarah reflected on this in one of her journal entries, describing the experience of riding Dyggur without reins:

It was uncomfortable for me to be riding Dyggur being led by Sue, because for my whole life whenever I would ride, the horse would be wearing a bridle and I would have reins. Riding without reins was difficult because it made me feel vulnerable, and it made me put my trust into someone else. Dyggur kept acting out by prancing around and trying to speed up. Sue kept asking if I was ok and telling me to relax. I really didn’t feel uncomfortable or nervous so I kept telling her that I was fine... Dyggur finally settled down when Sue told me to physically relax my legs and my butt. So I realized that even though I felt fine inside, my muscles were all tensed up, which shows me that I am not as connected to what I am feeling as I thought I was... I learned two things about myself: 1) I have a hard time letting go of control, and 2) I am disconnected from my emotions.

This desire to be in control and disconnected from emotions went hand-in-hand, as Sarah associated emotion, especially uncomfortable ones like fear, sadness, or anger with “losing control.” During our second interview I asked Sarah more about this. We were in a large room at the university, facing each other across a small coffee table on which I had laid out my tape recorder, and the talismans that I brought with me to help the women connect to the felt-sense of being with their horses - a horse shoe, reins, a lead rope, a small Ziploc bag filled with hay, and a stack of photos of the horses. Sarah was smiling, her hands on her lap, legs crossed. We started out talking about her time with Dyggur, what she remembered about him and what it was like to finally ride him, before speaking about her grief, the armor she wore to protect herself, and her fear that it would fail her when she needed it the most. Her words were poignant, but what I remember most clearly was her bodily comportment - hands gripping each other, sitting on the edge of the chair as if she was ready to run from the room. Her eyes shiny with tears that she refused to let fall, still smiling. She seemed defiant and brave, yet at the same time scared of what her tears might betray, might incite her to feel or say. During the times when Sarah did let her guard down, there was little release or comfort: “When it does come down, like I cry and feel all vulnerable and weak and stuff, and then the guard goes back right away, so it’s not like there’s time to feel relieved or feel better.”

The guard and the kinaesthetic melodies that it closed off almost had a life of their own, acting without her conscious volition while coming unbidden at inopportune times. The guard came crashing down at the threat of unwanted sensations/feelings, and the bodily melodies associated with these overtook her when they went ignored for too long. She described how the effects of these habits led to other ways of being that limited her. Sarah set up exacting rules/practices and schedules for herself, not only in terms of eating and disciplining the shape of

her body, or in bodily habits that structured her life, but in some of her basic beliefs and values. For instance, she never accepted being late, whether it was for an appointment, a date with friends, or a class. When I asked her what it would be like if she forced herself to be a few minutes late for our meeting, she replied, “It just wouldn’t happen. I would never be late.” The possibility of being late filled her with dread. These habits of control found new expression in patterns of disordered eating; in certain ways of attuning to herself and the world around her that permeated Sarah’s life and closed off other ways of being.

Being with Dyggur challenged these habits in some small ways, especially the moment that Sarah recounted during her first experience riding him, in being vulnerable and trying to trust in another. I could see her discomfort, as could others, yet Sarah was largely unaware of these bodily sensations until she physically relaxed her muscles and felt this mirrored in Dyggur’s behaviour as he calmed down:

I was trying to like shift my weight in certain ways and feeling Dyggur move and trying to move with him... It felt good, it still felt weird for me without reins, so maybe he was picking up on how I felt weird without the reins and uncomfortable, but he slowed down.

In shifting her body, and clenching and unclenching certain muscles, Sarah began to respond to Dyggur’s initial anxiety/distress and this generated a dialogue between them - communicated through their mutual movements. In more traditional talk therapy, a breach in the therapeutic alliance or misstep in communication can offer the opportunity to deepen the client-therapist relationship and help develop new understandings (Safran, 1993). Riding Dyggur without reins can be likened to such a breach and the deeper connection that Sarah felt with him as a result of working through these missteps in their dance. Their relationship had challenged her and led to new insights that were rooted in the embodied experience of riding Dyggur and

negotiating/coordinating a way of being with him, an experience that surprised her: “I didn’t expect to get so attached to the group and to Dyggur and being here, but now during the week I find myself like looking forward to this time and I didn’t expect to be looking forward to this.”

Sarah talked about her experience and the hope that it engendered during our group interview:

I think a lot of it for me has been looking forward to something that makes me hopeful and optimistic for the future. Cause if I can look forward to this one thing a week, then I know there’s other things that I can maybe look forward to... It’s just something to hold onto. I really want to hold onto this feeling that I got when I was here. Like people have been talking about that calm feeling, looking forward to stuff, and feeling hopeful and all that, and just holding onto those little moments will really keep me going. Just remembering that there is hope.

The emergence of new forms of hope was a common thread throughout other participant stories as well, one connected to small moments that took place spontaneously and often in the dialogic relationship between woman and horse. Such encounters with the otherness that surrounds us, and that we engage with, happen throughout our lives and require a certain responsiveness to others that can lead to a disclosing of possibilities “over and above our wanting and doing” (Gadamer, 1989, xxviii). As Sarah attested to, the moments that stuck with her and caught her up in some ways, were not always comfortable - in fact, her first ride with Dyggur was distinctly uncomfortable, but it marked a small shift for her. Physically concentrating on relaxing her muscles and feeling differences in her body and in Dyggur’s ways of reacting as they rode together enabled her to explore a different way that she could attune to her body, to experiment with a new kinaesthetic melody (or perhaps an old one that had been closed off for a time). Such small acts, while often disorienting, can lead to new ways of being

(Merleau-Ponty, 1964) and at the right moment, given the right circumstances, may generate an “invisible landscape of possibilities” (Garfinkel, 1967, p. vii).

### **Inner Strength and Igniting Moments (Monica, Cutie, and Skye)**

At the time of our group, Monica was 28 and had been living with an eating disorder since she was 11. She wrote to me in an email: “It’s somewhat ironic, that through all the hardships (losing all my teeth, my friends, and really all the happiness I had as a child), Ed (referring to her eating disorder) is the only and ‘best’ friend I have ever had...” This was my first contact with Monica and throughout the time that she spent in the group and the two years after, I have had a hard time writing her story. Perhaps it is because she lost so much, but I think a larger part of it is the small hope I saw kindling in her, uncovering an almost ferocious strength. I was scared and hopeful for her at the same time. She wanted to “get better” so badly, but she was up against so much...

Monica had learned at an early age to rely on herself. Her family immigrated to Canada from Poland when she was a child, and her and her parents struggled to adjust to life in a new country. Monica was diagnosed with anorexia, and then bulimia in her adolescence. Since then, disordered eating had become a part of her identity. Monica was deliberate in her choice of words during our interviews and frequently referred to “my eating disorder” or “Ed” as something that she possessed (or that possessed her).

While she was able to graduate from university and train at an elite level in sports, the patterns of disordered eating left her limited in many ways. She had lost relationships, jobs, educational opportunities, and her spot on a national water polo team due to not being able to maintain the high level of athleticism needed to participate. Since that time she stopped training and began turning towards her eating disorder ostensibly for comfort and control. Throughout

the years, she had tried various avenues to address disordered eating, even checking herself into a hospital at one point, but time and time again, she found herself going back to the seeming safety that disordered eating provided.

Monica almost did not come to our first group session. She debated cancelling, a habit in her life that isolated her and allowed her eating disorder to maintain its grip. She had never been on a horse though, and she wanted the opportunity to ride, so she forced herself to come that night, and the nights thereafter. She chose to work with Cutie, a shy pony who was relatively new to Healing Hooves. Cutie was quite small in stature, so Monica was paired up with Skye as well for riding experience. Skye was the leader of the herd, a light brown half Arabian horse who was gentle and sensitive. Monica spent time with both horses, sometimes with a partner and sometimes on her own. She described her first meeting with Cutie as a meeting of like-minds:

Actually it was more than I thought it would be. I didn't think that it would have that big of an impact on my thought process. Because at first I was thinking like, oh working with horses, yeah whatever, okay, it's like working with dogs or working with anybody else. But I can see now, like as soon as I left and my dad and I were driving home I was sitting there quietly and I told him, "You know what? I understand how whoever has thought of doing this may think that this could work for people like me." Because what I experienced with Cutie, I know I didn't have much, like one on one interaction, like actually like even touching him. But the brief times that I did, I felt like he was like me. It's kind of funny cause he seemed somewhat alone, like he seemed alone and he wanted to reach out but he didn't know how. He wanted to but he wasn't sure if that's what he needed... I think there was still a little bit of a doubt in the back of his mind. And for me

it was you know like, I don't want to give him too much because I don't know if it's gonna last... He was somewhat hesitant and a little bit closed off, a little timid. I think he felt alone and he wanted to be touched but he didn't know what the result or what the consequences would be of that. So I think he liked it. But at times he needed, like he didn't know how to show me where it is that he felt comfortable being touched. So I noticed that he was kind of turning around one way or the other.

Monica related Cutie's hesitance and desire to be touched to her own struggle with disordered eating. She wanted to change, but the steps necessary to do this frightened her. Monica knew that she would need to take risks and let people in, but she questioned whether it would be worth it in the end:

With my eating disorder, I've had it for so long and I've known it, it's a habit. It's like breathing to me and so I don't know, I'm not afraid of, I'm not afraid to think of change. But I'm afraid of actually going through with it. Like I, if I think of getting better, I see myself, you know like, looking better and being more healthy and then I'm not afraid of that part. I'm afraid of the steps that are going to be taken in order to get there... And I don't know what to even, I don't know if it's worth it because I've lived with Ed so long, I mean it's been eighteen years and I don't know what I would do without it. I don't know how I would fill this, this space.

As Monica worked with Cutie and Skye she began to see glimmers of other experiences that might fill some of the space that disordered eating occupied. She cried the first time she climbed onto Skye's back - a jumble of sensations/emotions overwhelming her. She was surprised to feel a fluttering in her stomach, an area of her being that she carefully dulled herself to, trying to block out hunger signals. Monica looked around from her seat on Skye's back,



higher up than she thought she would be, her hands gripping the pommel of his saddle. The world seemed different up there, more exciting and alive. It seemed as if Skye could sense Monica's stirring apprehension. He stayed still until Monica took a deep breath and steadied herself against him. Skye took a tentative step, and then another; the world seemed to hold its breath, and then they were moving slowly around the dirt paddock. Monica could feel his muscles moving underneath her, and her own muscles relaxing in response. She described a strong sense of safety with Skye that she had not expected:

I noticed that when I was riding Skye, one of his eyes, his left eye, was always on me, he was always watching me. And then there was one time when he even stumbled and the first thing he did was turn around to see if I was still there. I felt really safe, it's kind of ironic because sitting on a horse for the first time is not really something that you would consider being safe, but it actually did feel safe. Safer than other places, even safer than being just at home alone.

Monica later wrote an editorial for the local paper about her experiences with Skye. In it she explained:

For someone like me, who has been unable to trust many people from the fear of being let down or hurt, I never felt safer. It was if Skye was watching and taking care of me while I was on his back. With one eye constantly watching me, he made the ride safe and allowed me to open up.

Opening up was a novel change for Monica. Enlivened by Skye's protection, she let her defenses down and felt tears well up, her breath flowing in time with the movement of Skye's steps.

Weiss (1999) asserted that those who live under the constraints of an eating disorder are too invested in one particular way of experiencing corporeal engagement (or lack thereof). In contrast to traditional models/theories of disordered eating that view the individual as “aberrant” or “incoherent,” Weiss wrote that individuals with eating disorders are not “incoherent or contradictory,” but are too coherent, too invested in one way of experiencing that limits others. Through creating and experiencing other ways of being that are in tension with each other, the individual expands his or her repertoires of corporeal existence. For Monica, the habits of disordered eating had become so sedimented into her life that they were as natural as breathing for her. Opening up was a felt-bodily experience that was in tension with the bodily habits of isolating and numbing herself. It was a new way of “singing the world” (Merleau-Ponty, 1962), or kinaesthetically responding to Cutie and Skye, and creating different kinaesthetic melodies with them. These in turn, created the potential for experiencing other facets of life differently, not just in the moment, but outside the confines of time and circumstances. As Merleau-Ponty (1962) explained, we “see” ourselves, our pasts, our present, and our possible futures through our co-existence with others/otherness:

It is by being unrestrictedly and unreservedly what I am at present that I have a chance of moving forward; it is by living my time that I am able to understand other times, by plunging into the present and to the world... We are true through and through and have with us, by mere fact of belonging to the world... all that we need to transcend ourselves. (pp. 529-530)

In her brief moments with Skye and Cutie, Monica transcended eating disordered ways of being and opened herself up to the influence of their “calls,” responding in time and in tune with their movements (e.g., Cutie’s hesitance and desire to be touched, Skye’s calm presence and the

sense of safety that Monica felt with him). These moments mattered, not only for differences in attunement that they provided, but for the small shifts that they enabled afterwards. Benwell and Stroke, (2006) noted that “the practice of narration involves the ‘doing’ of identity, and because we can tell different stories we can construct different versions of the self” (p. 138). These stories can be further understood as “big stories” and “small stories” (Bamberg, 2006; Bamberg & Georgakopoulou, 2008; Freeman, 2006). Small stories are “fleeting moments of narrative orientation to the world” (Georgakopoulou, 2006, p. 123), whereas big stories involve the longitudinal narration of identity, or larger understandings of who we are and how we get by in the world. The moments that Monica experienced with her horses can be considered small moments, but they also seemed to affect larger storylines that Monica understood and articulated about herself.

For example, during Monica’s ride with Skye, she noted that after he stumbled, she felt her core muscles tighten in response as Skye steadied his body:

I mean it was just a brief time, but after that I noticed that it touched a core of my, like my core, my abdominal core, which is not something that I normally pay attention to, which is just a very different sensation... it wasn’t uncomfortable, but it was like, “Oh, it’s actually there.” Like I actually have that ability, or that core stability of my muscles.

This was a relatively small story for Monica, a chance occurrence engaging her in a different way. She noted that she was safe with Skye and allowed herself to respond to him by tightening her muscles when he tightened his. In this moment, Monica was kinaesthetically aware of her core, a new and surprising experience given her typical habits of ignoring/suppressing sensations in this area of her body. Monica connected this moment to the words “inner strength,” a

descriptor for both the feeling of stability that her abdominal muscles provided and her perseverance and determination over the course of her life:

Even though I myself might appear weak and fragile on the outside, on the inside I'm strong because I've already been through so much crap in my life, yet I keep persevering, like I keep going for some reason.

Opening herself up in this brief moment with Skye meant that Monica could connect to a different kinaesthetic sense of herself, a new corporeal awareness that once explored, created a window for further insights into the nature of a larger storyline: Monica's perseverance and inner strength, her fortitude in fighting disordered eating and withstanding/resisting the possible judgements of others as "weak or fragile." Her core and abdominal muscles, while usually ignored or felt in a disconnected or objectified sense, were, in this moment with Skye experienced otherwise, a moment that constituted a different sort of sense.

Other moments were then collected and pieced together, mapping out areas for new storylines to emerge. For Monica, the very act of coming to Healing Hooves and opening herself up to Skye, Cutie, and to the other women participating, took determination. She spent time before every session wrestling with the decision to stay within the confines of her house and the habits of bingeing/purging, or immersing herself in a different environment and committing to not engage in the habits of disordered eating for at least a few hours. Being with the horses in their world interrupted this for a time and invited more small stories, or acts of resistance against eating disordered ways of being:

It takes away the focus on my eating disorder and off being selfish with things because I tend to push people away, like I always bail out or cancel or whatever, and so being with Skye kind of, you know being there it's just him and I and the eating disorder has to be

put on the side for that time being... My eating disorder it's just a circle, like a constant focus on one thing and that's food and how you're gonna eat it, how you're gonna get rid of it, your body, blah, blah, blah, blah. But I can't really do that here cause I'm doing other things with the horses, so you know, that's kind of the environment, it just creates that, a different thought process for me.

Thinking or experiencing in this way led to some important revelations for Monica.

After her first ride with Skye she described feeling overwhelmed with excitement and a sense of possibility, but also sadness and regret at the opportunities that she had lost:

I was crying for a little bit cause I was kind of overwhelmed, but no, it felt really, like I just kind of realized as to what I was missing. Like my eating disorder is taking up so much of my life that I'm missing out on all these opportunities that may come up and I've never had a chance. Like I've always wanted to go horseback riding and white water rafting or go you know, and do all these things, but I'm always kind of hesitant, there's always something telling me that it's new and it's not safe whereas my eating disorder is the thing that's keeping me so safe. And this is putting a new spin on the whole thing.

As Monica continued coming back to the group and developing her relationships with Skye and Cutie, her sense of regret diminished:

I'm more focused on an action plan and I'm more, I try, I'm not as much thinking about regret anymore, whereas before I was like, "Oh you know, this stupid eating disorder has caused me so much grief and I could have done this and that and that," and I don't do that anymore, well I still do, but I don't do it as much. And so because of that, I'm not as pre-occupied with the eating disorder cause before I was always like, "Oh, if I only hadn't done this then I would have a mechanical engineering degree, so screw this, let's just go

back, you can throw up,” whereas now I don’t do it as much, so I’m not focused on that, like I’m not putting myself down so much.

(Hillary: So when you’re not focused on regret what are you focused on?)

The planning process of what it’s gonna take to recover, to slowly move towards recovery.

(Hillary: And what does that look like?)

It doesn’t look as scary as it used to, I think just stepping out of that environment of the eating disorder and being with the horses and caring for them it just, it’s a different pathway for me so I’m able to maybe explore other options.

The small moments/stories with Skye and Cutie were what Monica termed “igniting moments,” moments that opened up the world differently and offered the hope of igniting further change or re-attunement to herself and her world. As Shotter (2012) pointed out, many of the problems that we face in our lives are not “solved” through logical reasoning, but are navigated through our interactions with otherness, in dialogically orienting ourselves to the world around us. The moments that Monica experienced with Skye and Cutie were fertile ground for exploring new ways for Monica to orient herself, and once found, ignite changes in big and small stories that structured her being in the world.

### **Coming Home (Patty and Dubh)**

It was cold and raining at Healing Hooves, and the outdoor arena had turned into a sea of mud. We were inside the large barn and riding area with the horses, the women chatting and grooming their horses in anticipation of riding later in the evening. I watched Patty and her horse Dubh in the corner of the barn as she brushed his back, whispering to him. One of the things that intrigued me about Patty and Dubh was that they seemed to share a very similar

nature - gentle, focused, and both with an energy or intensity that others noticed. There was something about them both individually, and even more so when they were together that transfixed me. Dubh was a black thoroughbred cross, with kind eyes and a shy nature - mysterious and sometimes aloof. Patty had a way of speaking that hinted at a wisdom beyond her 24 years; she spoke quietly and in measured tones, yet her voice filled the space of the group room while others listened and often nodded their heads in agreement. I found myself mulling over many of the things that she said during our sessions on the drive home.

At the time of the group, Patty had just finished her third year of university. She had been challenged by an eating disorder for over six years. She was first diagnosed with anorexia, and then bulimia as the patterns of disordered eating shifted. Before disordered eating disrupted her life, Patty had spent considerable time learning to ride horses and even participating in show jumping, but it had been years since she last rode or was around horses.

Patty had completed intensive day-program treatment at a local hospital the summer before the EFC group, and while she noted improvements during and after her treatment, she found herself lapsing back into old patterns of restricting her eating while she was out of school for the spring/summer break. She noted that her identity and self-worth were largely tied into her academic achievement and the habits that this seemed to require (creating schedules for assignments/tasks, studying, going to classes and tutorials, etc.) and without this structure she found herself lapsing back into the patterns of disordered eating as means to feel a sense of control/capability. Patty wanted more balance in her life and decided that reconnecting with an “old passion” like riding might help her to do this.

When I watched Patty and Dubh together, their interaction was truly like a dance. They seemed drawn together - attuned in a special way that was evident for anyone around them.

There was an almost instant trust and bond between Dubh and Patty that Sue (Dubh's owner/care-taker) remarked on as well. They were calm and expressive in their movements together, each sensing/feeling the other. I noticed that when I spent time with them, holding Dubh's lead rope or helping groom him with Patty, I could feel a shift in my own experiencing - my breath grew longer and deeper, my shoulders relaxed, and my sense of time slowed down. I can remember moments with them in which I felt caught up in something, a mood/experience difficult to articulate - the air thick with the smell of horses and hay, dirt and dust; feeling warm despite the chill in the night air. I watched Dubh's head slowly lowering in assent as Patty brushed his back in strong deliberate strokes. The sounds of the other women and the horses, the dog barking outside the barn - asking to come in and visit, faded into the background, a world away.

Patty spoke about her deep connection to Dubh as something that was almost given. While their relationship deepened as the group progressed, there was a gentle kinship already between them. I did not realize it at the time, but Patty was crying in that moment as she brushed Dubh. Later on during our first interview, she recounted this moment and her sense of being with a kindred spirit. As her words in the quotes that follow indicate, something in this communion allowed Patty to connect to emotions and needs that she had suppressed for a long time:

I think maybe just being in touch with my emotions more makes me realize what I want and what I've missed. I think that's part of, like when I mentioned before that I've had more anger come up and a lot of that is almost like an angry little girl inside that's having a tantrum inside, and she's saying, "I haven't been paid attention to, I haven't been listened to, I haven't been taking care of," so sort of throwing a little tantrum inside



because I need these things and I'm starting to hear them again and so it's more just being aware of my needs again. Because I've worked so hard at ignoring those things for so long. Like if you don't want things or needs things you don't feel a lacking I guess.

...But I'm starting to realize that there is that anger in there and resentment at not having been taking care of. And I guess I get that from seeing the way that the horses have basic needs that they need to survive and those things are so common sense to me, but somehow I don't do them for myself. Like I don't give myself food or water or sleep or self-care, just those things that would be horrific to not give a horse or a child, but somehow I think it's okay to not do for me... I think I have a lot of just built up anger from literally six years of not feeling it or not feeling safe to even go there and it's almost like a dam that I've sort of just started to open and now it's flooding out I think...

Patty also connected this anger to grief for the time that she had lost. While she was preoccupied by patterns of disordered eating, other aspects of her life and her identity were ignored:

What's come up for me working with Dubh is grieving the years that I've lost too. Cause really it was around the time when I started really getting into my eating disorder, I was about eighteen that I lost all the other things in my life, I stopped riding, I stopped playing sports, I stopped playing piano, and just kind of let all those passions fall away. And that was sad too, to realize like when I got back on Dubh I realized it had been years since I had been on a horse. And when I was sitting on his back it was just like, "Wow, this feels so right, why haven't I been doing this?" It was almost grieving those lost years I guess.

Part of the kinship that Dubh and Patty shared was related to trauma that each had suffered. Dubh spent years as an eventing horse, competing in various show jumping competitions throughout the US and even winning “Pony of the Year.” However, he was retired from competing due to “behavioural problems” and wound up a Healing Hooves, a “dark horse with an attitude” as Sue described him. While no one can say for sure what happened to Dubh during his time in the show jumping circuit, it was clear that he had suffered. Once a promising young competitor and money-maker for his owners, his early career had changed him - leaving him distrustful of people and reluctant to form bonds with the other horses. Throughout his years at Healing Hooves, Dubh learned to trust again and to be a member of the herd, however he still bore the signs of trauma. One of the first things that any new client working with Dubh will learn is that he does not like to be touched on or near his stomach. Patty was always very careful to respect this boundary with Dubh and paid close attention to the physical cues that Dubh used to communicate what he was feeling to her (e.g., if he was starting to get uncomfortable he might tense his muscles, begin to shy away, swish his tail, or stamp his hooves). With time, Patty developed a strong ability to “read” Dubh, sensing when he was beginning to feel uncomfortable or if he assented to further grooming/touching around sensitive areas of his body where he still carried the effects of trauma.

Patty similarly suffered from trauma, although her own awareness of these effects was just beginning to grow. During one of our interviews Patty spoke about how disordered eating was tied into the trauma of a sexual assault, and the bodily practices that she maintained to cope and self-protect. The eating disorder was a means to numb her feelings and cut herself off from others who could hurt her. It also allowed Patty a sense of control during a time in her life when

she felt powerless. Through working with Dubh, Patty spoke of how she came to recognize the ways that she held trauma in her body:

Like just really seeing some of the similarities with Dubh, like for example he has like some body trauma going on with him. You can see that, like when you go to touch him, he's very defensive at first. And you have to really, like approach him in the right way or he won't be okay with it. And I kind of wrote about this a bit, I had an experience with sexual assault five years ago. And I always thought that it was just like a mentally traumatizing thing. But I didn't know that my body could hold memories. I just never really knew that. But it, it clicked for me when I was working with Dubh that it's like, wow, I, I have that same experience. And I think working with him, like I'm learning the way that I need to be approached. And in just those interactions with him, it clicked and I guess, like I think that I can start to figure out my own boundaries... I mean I really want to start working on that with my boyfriend, just having that safety again and building trust, I need to go back to that... and so I think starting to work with Dubh that way it's starting to show me what I need too. I need to start being kinder to myself.

Working with Dubh enabled Patty to feel where and how she held bodily memories connected to trauma, extending to what she needed from herself and from others. Like Dubh, she vigilantly maintained physical boundaries as a means to protect herself, but this style of coping was also isolating and limited intimacy with others. Being able to feel these boundaries, by feeling them in Dubh, normalized the experience and led to an understanding of how to navigate these boundaries by cultivating "somaesthetic sensitivity" or a deeper awareness of bodily ways of being (Shusterman, 2008), "being kinder" to herself, and realizing what she

needed from others in this regard. This in turn led to her re-joining with certain experiences of her corporeality that she had suppressed.

Dubh responded to Patty's gentleness and patience, and the slow and careful way she touched him. In their interactions, Patty did not hide what she was feeling, she showed it in emotionally congruent ways (e.g., crying when she felt sadness or grief). These ways of being grounded their relationship and helped Patty understand that this is what she needed as well (from others, but also from herself). Attuning to each other prompted certain shifts in Patty's experience, moments when she felt as if time had slowed down or was standing still, as the rest of the world fell away:

I was just petting and brushing Dubh and just you know, I had tears in my eyes while I was doing it and there was just kind of, there was I guess once all the noise kind of went away in my head, I could just kind of touch him too, the sadness that's beneath it and I can feel that with Dubh too. There is kind of a bit of sadness there I think. And just this moment of like, I don't know mutual understanding, I guess is what I thought. You know just so, it was just quiet and he was at peace and I was too. And there's just this like, safety with him... also feeling again, that sense of timelessness, of just like this perfect moment. And I wasn't thinking about my body or how anxious I was, or the fact that I'd had a tough day, or anything really. And I don't have those moments a lot, where I'm not thinking eating disorder thoughts or negative thoughts about myself.

These moments with Dubh were particularly important and came up throughout my interviews with Patty. They became her own sort of touchstone, an experience that once felt she could conjure again:

Just having that tangible peace, I can think about Dubh and then with that comes all the emotions and memories and sensations again. So it's almost like, well it's like what I've always been working towards with meditation, you know like having an image or a word but that never held the same emotion for me that I feel with Dubh, like even just like thinking of him or writing his name, like just kind of brings back that stuff. And I think it's because of like, how strong the connection was. And how strong those memories are with him.

This “tangible peace” was an experience that Patty could connect to again, an “oceanic feeling” (Bortoft, 1996) that opened up her world in a different way. Certain aspects of her experience such as being anxious and feeling accompanying bodily sensations and compartments, “eating disorder thoughts,” and an objectified experiencing of her body, disappeared during these times. These moments when Patty’s habitual ways of feeling/being yielded to another can be understood as “small acts of living” (Wade, 1997), types of resistance to the after-effects of abuse and trauma. These small acts constitute shifts in experience and understanding or “acts of resistance” that re-story abuse, its effects, and aspects of identity. For Patty, feeling safe, calm, and further engaged/connected through recognizing and managing body trauma, can be understood as such acts. Her time with Dubh helped her to experience herself and the world in another way. Manning (2007) described this as the “worlding” capacity of our bodies - the relationally-responsive way our bodies have of creating the world (and new ways to be in it). Similarly, McCarthy (2010) explained how we experience such moments as “a potent ‘force’ in identity construction and a transformation in consciousness” (p. 22).

Shifts in consciousness are also integral in accounting for why such memories are so salient, how they become a part of us, and how the simple act of writing Dubh’s name could

bring Patty back to her embodied sense of times with him. Her words to describe these moments, “timelessness,” “stillness,” and “almost magical,” point to the unique nature of such encounters. They shift our experience of time and space; the world slows down, parts of it fall away or fade into the background. These moments do not occur in our isolation, there is always some connection with an otherness that calls to us and engages us, creating changes in our experiences (Manning, 2007).

In Patty’s recounted moments of being with Dubh, their attunement to each other fostered a shift that Patty held onto, a memory that she could reconnect with again. Such a kinaesthetic/corporeal memory evoked not only a cognitive sense of Healing Hooves and Dubh; it reconnected Patty with a sensorial place and way of relating that she could call upon to re-attune with in the present. Said differently, the power of such memories is that they become a part of us, bridging our current experience with that of the past, enabling the felt-sense of another time to merge with the now, thus creating new opportunities. This is what makes such moments potentially transformational. Patty was attuned to Dubh, and the world around them in a different way (very much outside of her habitual ways of being), but she was also able to *evoke* this preferred way of attuning herself at other times through an embodied sense of the moment that she thickened through her reflecting, writing, and dialoguing about it. These embodied memories enabled Patty to cultivate a different way of attuning, of “gaining composure in the face of the world...” (Jardine, 2012, p. 167). Patty wrote about one such experience after her first ride with Dubh:

I’ve had a lot of emotions come up for me during the past four sessions at Healing Hooves, particularly after session #4. When I was driving home from the most recent session I actually cried happy tears for the first time in a long while - I was crying

because I had the most calm and content feeling wash over my body as I drove the long country road towards the highway. I think it was a combination of having been on a horse for the first time in years, the orange-pink sunset in my rearview mirror, and listening to The Beatles “Eleanor Rigby” that just made me remember how beautiful this world is...

In her journaling, Patty also explored how this way of being/feeling with Dubh prompted her to relate to aspects of herself that had become overshadowed by disordered eating:

I have been hurt badly by so many people that I often feel like a misanthrope; I can start hating the world and everyone in it because I end up forgetting all of the magic and beauty that does still exist out there. Riding Dubh reminded me of the person I was in high school - I didn't think or care about food, I was confident, and I knew who I was. Through the blur of illness that has taken over my life the past six years, I have forgotten who I am and what I love. Sitting on Dubh's back was like coming home - I felt like I was being rejoined not only with an old passion, but with myself again. I felt safety, love and trust from another living being, and this is something that I didn't think I would ever fully feel again. I miss myself and I miss being happy, but I know that I can feel these things again, even if it's for a fleeting moment..."

This sense of “coming home” was Patty's way of re-joining to ways of being that she had lost touch with (feeling happy, confident, safe, loved, trusting in/trusted by another, and a different sense of herself) that she re-ignited through her bond with Dubh. Their bond developed out of an emotional resonance - shared feelings/movements that reciprocally flowed from one to the other: “I just felt like we were on the same energy level, like both just very quiet and still and calm.” The ways that Patty could feel Dubh's sadness, sense his trauma, and connect this to her

own experience exemplifies this type of connection. This emotional resonance, or empathy is the foundation of communication between horses and riders (Brandt, 2005; Kohanov 2003) and has its roots in dialogically-structured movement, a kinetic dynamic between two or more beings (Sheets-Johnstone, 2008). It can be likened to a “kinaesthetic empathy” (Shapiro, 1990) an ability to feel the emotions/intentions of another non-human animal through our movements/ways of being with them. According to Brandt (2006), this type of empathy is different from more conventional understandings of empathy:

Emotional empathy, in the traditional sense, is a loss of self in order to experience the other. It is a forgetting of the self to understand the feeling experience of the other. In the human-horse interaction, however, there is no loss or forgetting of the self. (p. 145)

This way of being with another is particularly important for women with eating disorders who have been characterized as over-sensitive to the needs/feeling states of others (Bekker & Spoor, 2008), while closing themselves off from their embodied emotions (Fox, Federici, & Power, 2012; Geller, Cockell, Hewitt, Goldner, & Flett, 2000). In empathic communication with Dubh, Patty did not lose herself, rather she was able to reacquaint with another sense of herself. Manning (2013) described this process as expanding one’s ways of being through experiences of otherness. In a similar vein, Shotter (2011) used the term “felt discriminative awareness” to explain how people respond to the “calls” of their surroundings through movement and engagement with others, and hence orient/relate in novel ways.

Patty and Dubh learned to respond to each other’s “calls” in relationally-responsive ways, enabling Patty to focus on herself as well as Dubh. Patty reflected that it was difficult to connect/listen to her body and that various activities like yoga and meditation did little to aid this process, but with Dubh it was a reciprocal focus - bridging Patty’s embodied experience with and



through his: “It’s hard for me to be so self-focused, so I can at least go sort of like 80/20, where I am focusing on the horse still, but I’m feeling some of that coming back to me.” When I asked Patty to expand on this later, she said:

So just in the moment it’s not good or bad thoughts, there are no thoughts and that’s really nice. I’m just there with the horse and if anything, I’m responding to what he’s doing and what I’m doing and, you know, are we in sync? And where are we walking next? You know, it’s just you have to think about every second because you know if you let go of the reins for a second or you look somewhere, it can change, so I think that’s what it is.... It’s actually the lack of those sensations that I feel, it’s the lack of that nervous energy that I normally have. I normally feel, sort of like I’m vibrating almost, it’s that constant anxiety that’s always there, always just feeling kinda shaky... I guess I would describe it as just content. There’s no discomfort, there’s no, it’s that lack that’s good. Yeah, and I’m not thinking about what my body looks like on the horse or how my clothes feel, or any of that kind of thing because it’s more about feeling experiences with the horse I guess. So feeling like the heat of his body while I’m riding, or like the smells that are around, or touching his mane, so it’s more wanting to sense with the horse than maybe my own body I guess.

Moving and sensing with the horse is an integral part of the dialogic relationship between horse and rider. According to Brandt (2004), “When horse and rider are moving together, the rider must use his/her own body to make the horse’s body the focal point, as literally both accompany the other in a shared embodied experience” (p. 312). Patty’s experience of her body was shaped by Dubh’s responsiveness to her, creating new ways to sense/feel outside of her usual ones (“It’s actually the lack of those sensations that I feel, it’s the lack of that nervous

energy that I normally have”). This absence of nervous energy and “eating disorder thoughts” allowed space for another mode of being: physically feeling her muscles loosening, moving more fluidly and easily, and sensing Dyggur’s feelings/intentions.

For Patty, this experience of attuning to herself through Dubh led to her wanting to create more of these moments, times when she could feel content rather than anxious, shaky, uncomfortable in her body, or distracted by thoughts of what she looked like. She decided that she would start working with horses again as part of this process:

Having had these experiences makes me crave them more, so that’s why I wanna work with horses again and I probably want to start riding again. My therapist says, “Do self care, do something good for yourself,” but those things are hard to do, I tend to feel selfish doing them, but now that I’ve found something that’s nourishing for me and it’s healing, I want more of that. I think that’s what gonna get me better... having had just even you know a few hours a week of something so outside of what I’m used to, it really has changed what I want for myself and realizing, “Hey I can have these things again,” and I didn’t always think that. I guess it’s changing my outlook even on the recovery process, that you know these things are possible. It is possible to feel present and it’s possible to leave those ED thoughts behind for a bit. Just those things I guess, it gives me hope really and I haven’t had that in a long while.

### **Connections: Sky/Land/Self (Mya and Dyggur)**

Mya was a contradiction in terms: she was soft-spoken, but confident and expressive, “world-weary,” but young. She was what some might call “an old soul,” but she was also restless, constantly seeking new experiences, knowledge, and adventures. At the time of our group she was 21 and had just finished her second-year of university. She had grown up on a

farm and was the first person in her family to attend post-secondary schooling, a decision that her family had not understood at first, as she explained during our first interview:

Coming from a rural background when nobody really goes to university, like both of my parents, in my family they don't see that as beneficial. They think the next step in life is getting a job, and I do have to support my mom and dad in the future.

Despite their initial reservations, Mya's family came to accept her choice, but she struggled with the competing demands of university courses, volunteer and work commitments, and the responsibilities of maintaining her connection to her family who lived outside the city: "I feel very responsible, like for everybody. It's my job to take care of people and things... it's not really a fear of failing, but a fear of letting people down and hurting them."

At the time of our group, Mya had been battling with disordered eating for the last eight years. She was initially diagnosed with anorexia, and then bulimia, which was characterized by excessive over-exercise and self-induced vomiting. In her adolescent years, Mya engaged in self-harming behaviours such as cutting herself and frequent binge drinking to the point of blacking out. There had been a turning point for Mya when she was 17 that was marked by her travelling and studying abroad, and then moving out of her parent's home shortly after her return to Canada. During her travels and her time living away from her family, she did not engage in cutting or excessive binge drinking, but disordered eating was still a part of her life. Mya had decided during the last year that it was time for her to make recovery her main priority. She started by talking to others about the problematic patterns of disordered eating - her boyfriend, a close friend, a trusted aunt, and a counsellor at the University where she attended classes.

While Mya had engaged in activities like dance and yoga that helped her feel more accepting of her bodily awareness, she still experienced what she termed "a disconnection

between my mind and my body.” This was characterized by feeling that her body was separate from herself, an unruly and disconcerting extension of her being that required constant regulation. Feeling disconnected from her body, Mya was further challenged by an involuntary vomiting response that she experienced on a near-daily basis, a bodily habit formed over years of forcing herself to throw up. While she was largely able to hide this from others, she never knew when it would strike and was on constant alert for the constricting sensations in her throat that preceded it. Mya would still occasionally engage in eating disordered behaviours, but this unintentional bodily response was a troubling reminder of when things were at their worst. Mya was on her road to recovery, a hard fought journey that she continued every day.

During the group, Mya chose to work with Dyggur, the “teenager” of the herd whom Mya described as “friendly and easy-going, but also somewhat on guard.” He was a “painted horse,” with dark brown and white spots, and a blonde frizzy mane that hung over his eyes. Mya called him a “silent hippie” and found that they were similar in many respects: both were “free spirits” who often kept their emotions bottled up, a habit that sometimes led to acting out or “shutting down” when this pressure became too much. Mya’s relationship with Dyggur was one of mutual respect, but this way of relating required negotiating boundaries and learning to respond to each other in the moment. After a leading exercise, in which Mya led Dyggur through a maze set up in the barn, she described how they negotiated their physical space and boundaries:

I was leading Dyggur around, through the maze. When we went around the one corner, he was invading my space a bit and pushed into me, but I stood my ground and he went back and we continued walking. And that was really significant, it was good. We worked together to accomplish the maze, but also he respected my space and I was able

to stand my ground and not be pushed over or let him go ahead of me or, cause it was tricky for both of us I think. And then we both went again, we went a second time, and it went really smoothly... I felt strong, because I had to be strong to not let him push me forwards when I wasn't ready, and it's really like I was focused too, on what was going on between us, it was a continual focus on him and on myself and how we were communicating with each other. I was looking ahead of me, and looking at him, but then I found that I didn't even need to look at him, like we were just each focused, and we continued on together. So I was focused as well in my body and in my actions, along with Dyggur, and I think I actually I expected him to do that too, so I was a bit prepared for it, like I knew that he was going to do that.

Mya responded to Dyggur "invading her space" by standing her ground, communicating through her stance that she wanted him to stop and back up. This language of touch, pressure, and release is a key aspect of communication within horse culture, one that Mya was especially attuned to coming from a rural area where people often keep horses. By spending time together developing a shared language, Mya learned how to anticipate Dyggur's movements/intentions. Dyggur responded to the purposeful way that Mya maintained her physical boundaries, and communicated his assent and respect while they continued on through the maze.

Mya was able to assert herself with others in her life, but would often feel wracked with guilt afterwards, second-guessing her choices, and wondering if the other person had felt hurt. With Dyggur, she received immediate feedback from him that asserting her preferences was acceptable (he backed up and waited for her to signal that she wanted to move forwards again) and that there was no damage to their relationship (if there was, Dyggur most likely would not

have backed up or began moving forward again when she asked him to); in fact it may have strengthened it. Mya elaborated on feeling strong in this interaction:

(Hillary: When you say strong I'm curious to know more about what that means...)

Well physically strong. And I'm more able to stand my ground. In my life I find that it's easier to stand up for myself, I feel that I do that quite well. But I can quite often second-guess myself after or I worry that I hurt people because of it. I'm always worried that I hurt people. Yeah, so I guess I knew this was getting better because I wasn't worried that I hurt his feelings after... With Dyggur, I knew it was okay and very rarely do I talk to people in my life about how I think or feel about them after I've stood my ground, so it's kind of just left open. I just hold that back and yeah, so, here I didn't do that, we worked through it.

Working through this difference led to a deepening of corporeal responsiveness that Mya could feel the second time that they completed the maze. Their movements became smooth and mutual, a collaboration of wills that resonated through their interactions. For Mya, her time with Dyggur was special not only because of their relationship, but because of the environment that they developed it in. Mya grew up in the country and was connected to the rhythms of the land. She felt more like herself outside the confines of buildings and cities, immersed in the natural world. Mya felt a sense of home and belonging, especially during the magic of "the golden hour" when the sun lit up the fields, casting a glow over the pastures and prairies. This was Dyggur's place and time, one he invited Mya into. The air was alive with the smells of the wet earth outside the barn, dotted by patches of grass poking through the soil. Mya felt whole and sensed the myriad ways that she was connected to this place and the natural world. She contrasted this environment with the typical environment that therapy occurs in:

The country is healing, and the sky and the land, and the smells are very rich, like you feel connected to something a little bit bigger and you can feel yourself and feel connected... Whereas when you're just in talk therapy it's the therapist saying like, "Well here's a list of some coping chapters and they cover like writing, listening to music, and those things," but that is really like, in the moment it's very, very hard to remember to do that or connect to those things. So if you're experiences are a lot easier to remember rather than just a list that the therapist has handed you on a piece of paper, you can remember that, that lesson cause you learnt it with Dyggur, or through him and not just that piece of paper that you have filed away like, "Oh great, I did learn that at one point," but do you remember it now?

Mya elaborated on this further in an email after reading through this section of her story: Because you made a connection and a relationship with the horse, the lessons you learn together stick with you more. Also, I think being able to move, and actually physically practice the lessons being learned helps your body remember as well. So talk therapy is in your brain, but this is something more than that. It is muscle memory, body memory.

Powerful memories and moments between Dyggur and Mya were more easily recalled because she knew them and understood them in a way that encompassed all of her senses, not as primarily visual or cognitive ("through words on a page"), but as a whole; as a type of powerful synesthesia. During these moments, her feel of herself and the world around her were heightened. These were times when she felt most herself, beyond the hold of eating disordered ways of being. She described one such moment while riding Dyggur:

I always come back to word connected. I was very connected with Dyggur. Like I wasn't just stiff, I could feel my body with his is and I was okay with myself, which was

very surprising because I've had that experience before where like being very conscious of your body, but in a negative way. But that was very positive, being conscious of my body and I didn't feel negative about my body... I could just be there and be engaged and my mind wasn't wandering. And so I was engaged in what I was doing and I enjoyed it and you do have to be very aware of your body when you're on a horse, you can't ignore it, like any part of you. And I do that a lot, with some parts of me, like I ignore my stomach when it's growling or hungry, it's just not a part of me. Or when I'm feeling really big or bad about myself, this is too big or that is too big or whatever, so I tend to disconnect from that, but being on the horse, you have to be very aware of yourself and because I'm doing something that I enjoy it was pleasant, it was a good feeling for a change...

Grounded in these feelings, Dyggur, and the world around them enabled what Shotter (2012) termed "a new form of life," which emerges when we commune with another. Manning (2013) referred to a similar process or meeting between beings called "individuation," a term that departs from typical psychological explanations of individuation or the process of becoming aware of oneself. She expanded individuation to include the fluid and dynamic ways that our bodies in movement respond to those of others (and them to us), and are always in a process of "becoming." Manning (2007, p. 13) stated that bodies: "not only create relational networks with the world and with each other, these relations themselves become embodied. Bodies incorporate by becoming more than them-selves." Mya came to know/connect to herself and her world through such relationally-responsive ways of being with Dyggur and learning to dance in his world. Through their interactions, a new language or form of life took shape.



Dyggur provided Mya with a doorway into “the flesh of the world” (Merleau-Ponty, 1962, 1968), an enigmatic concept that refers to the many ways that our sensing/perceiving bodies overlap with the world (e.g., our skin becomes cold when we touch something cool, certain parts of our inner ear vibrate at the same frequency as the sound that we hear, etc.) as we touch and are touched at the same time. Abram (1996, p. 66) described the flesh as:

...the mysterious tissue or matrix that underlies and gives rise to both the perceiver and the perceived as interdependent aspects of its own spontaneous activity. It is the reciprocal presence of the sentient in the sensible and of the sensible in the sentient...

Merleau-Ponty (1968) indicated that his idea of the flesh could not be reducible to matter, or the spiritual, or the mind, or a set of facts, but is perhaps best described through the old word “element,” in the sense of earth, air, fire, and water. Merleau-Ponty also was not the only philosopher to draw on such ideas: Deleuze (2003) wrote about a mutual “infecting” and “uninfecting” that occurs between the perceiver and the perceived, an ongoing and ever-present process that blurs the distinction between self/other/world and inside/outside. While some scholars are in dissent regarding the meaning of the flesh, many agree that the flesh is an element of being that is always fluid, changing, and open to change. We reach out to change the world in the same moment that we are changed by it, and vice versa.

This sense of connection with the world can become disrupted, resulting in what Felder and Robbins (2011) called “flesh pathology,” which is described as “failures of reciprocity or ruptures which disperse what might be otherwise harmonious and synchronous interconnections of meaning and flesh” (p.359). Said differently, such flesh pathologies are certain ways that we fall out of tune or out of sync with the living present and our connections to it, and hence limit our responsiveness and generativity. Disordered eating can be considered a flesh pathology in

that it confers another sort of disconnection between self and world (e.g., numbing sensations/feelings, lacking intimacy with self and others, and feeling isolated, etc.) and the closing off of other, perhaps preferred ways of being. Felder and Robbins advocated approaching such problems through a type of cultural-existential therapy that aids clients in exploring how the “cultural flesh” of their worlds shape and sometimes problematically sediment their lives. Clients can then begin to explore how they might resist or unsettle certain meanings, discourses, and habits to expand the range of meanings and possible modes of being available to them.

Mya’s time with Dyggur allowed her to connect and attune in a different way, expanding Mya’s experience of her body/self beyond her regular ways of being. Mya related this to an intertwining of emotions and physical sensations with Dyggur’s; in what was for her a sense of the sublime or spiritual:

...you need to be very holistic in how you deal with an eating disorder. You can’t just go to the doctor, you have to look at spiritual, mental, physical, emotional aspects. And thinking about the disconnect between your mind and your body, there is such a disconnect, you made that disconnect, so when you’re dealing with all those aspects, you have to connect them... I think that we can’t really separate the emotional, spiritual, mental, physical, like they can’t be separated in that sense. Being with Dyggur was a spiritual connection for me as well as a physical and emotional one. It’s a way to connect myself and the world in general. I just feel a lot more whole.

Mya remarked on the nature of wholeness and connection that took root during her time with Dyggur - a chiasmic intertwining of experience that was corporeal and ethereal, bringing together mind/body/soul/ with earth and other. Mya’s experiences with Dyggur further grounded

and affirmed her corporeal sense of self, not simply as something outside herself or merely a part of herself, but as *herself*. This in turn, helped her to feel her innate, sublime entanglement in the flesh of the world, joining her to the land and generating more horizons of experience and meaning:

I feel a lot more connected with myself and with the world in a sense. And I notice that when I take the time to feel that, like it can be very strong and I notice it's strongest when I'm out in the country or with Dyggur... I just kind of made this connection right now, like connecting who I am is, like I am from the country - that is a bit of who I am, so being there is reconnecting with that sense of myself and reminding myself of that. I think that anybody who spends any time with horses can see what beautiful and understanding creatures they are. And so when you see that, or you're a part of it, you can't help but be connected with it, be a part of it. I don't know if there's anybody who wouldn't if they gave themselves and their horse a chance.

### **More Than Words Can Say (Katie and Dubh)**

Katie was an animal-lover. She had an infectious laugh and a way of putting others around her at ease. Despite struggling with alcohol addiction for a number of years, she had just celebrated nine months of sobriety. At the time of our group, she was 49 and had lived with anorexia since she was 16. Katie was completing an intensive day-program treatment at a local hospital and was starting back at work after a leave of absence, a transition that worried her as it was a major source of stress and a likely trigger for disordered eating.

During our first night at Healing Hooves, Katie met Dubh and described feeling a bond with him despite his shy nature: "There was something about Skye that held my attention but it was Dubh that I was drawn to. So as we started walking and talking to the different horses, I

kept coming back to him.” She also noted the many ways that they were similar: being the “older” members of their respective groups, carrying “scars of the spirit,” and needing to feel safe (in terms of the physical environment and others in it). This need for safety was one of the driving forces in Katie’s life:

I never realized that my life was about safety, but there’s always a constant tension that arises from the necessity of, well the ongoing awareness of safety because when you come into the world and as far as you can remember, your experience of it is not being safe, then safety is always in the back of your head and you don’t even realize it and with that comes the tension. It becomes that constant fear, that’s what my life has been like, but as you get older it just becomes a just second way of being, you’re not even aware of it.

This second way of being, and the tension and alertness it entailed sustained eating disordered ways of being as well (e.g., being vigilant of her body and eating, structuring her postures and muscle movements in small and contained ways, maintaining a tension throughout her body that limited sensations/feelings). These practices and habits of disordered eating were safe for her, they structured her life and grounded her, and they also filled a void - a yearning to feel a sense of self-worth. She grew up believing that she was “worthless,” a central tenet of her life that stretched and twisted its way through her identity, her past, and her present; yet the power of this belief had been slowly eroding as Katie embarked on her recovery. Katie recounted a moment with Dubh in our first interview that further shook this belief:

He fell asleep on my arm last session while Sue was talking. Like he just nodded off and then he just ended up, like with his face right here (pointing to the crook of her elbow), sound asleep. I’d been rubbing his side and so I kind of stopped to listen, kind of moved

a little bit over and he kinda moved over into me. So I started rubbing him again and trying to listen and it was hard. I mean I missed half of what Sue said cause I was so, I immediately went to what he was doing cause he was just kind of starting to nod off, right. So I'd listen a bit then he'd nod a little more and he just, you know, he just kept going down, so I was totally into feeling what he was doing... my attention just totally went into feeling, feeling the weight of his head and I think just being a bit astounded and then I think I felt a little proud, I figured there must be a high level of trust for him to do that.

When I asked Katie if this moment could be summed up in a word, a phrase or an image, she replied “unconditional love.” She reflected on the importance of this later:

It's just reminding myself that it's possible. I'd never thought of it. I was just thinking of the trust and the peace and the tranquility but also I think it's a reminder of how important that is to me. How difficult it is for people to manifest that, but how important it is to me, in my life to have that. Cause I certainly give it but it's really hard to get back. I mean it's hard for people to define but ultimately for myself too I understand that I haven't perhaps been open to it in the past cause I have, one of my fundamental tenets of belief is that I'm worthless, so. Worthlessness and being unconditionally loved, don't exactly go together... Yeah, you know then I guess I kind of have to accept that, yeah. He wouldn't be doing that if I was, if my spirit was, was negative or horrible...

While Katie could understand intellectually that she was worthy of love, it was a vastly different experience to feel it. She remembered the weight of Dubh's head tucked against her arm, his eyes closed to the fading sunlight. It was a simple act, but filled with meaning. For Katie, Dubh's tacit trust and acceptance of her marked a change that she felt throughout her body

- a warmth and heaviness in her heart and a tranquility that enveloped them both. She described this tranquility as relating to Dubh on “an energy level, beyond words”:

There were no words. I had a feeling. I had a reaction. And then I try to put that into words if I can. But I didn't even have to for the first little while. And I still don't even have the words. It just, it felt good, it's hard to describe the immense value that I place on it... I don't think that that experience could ever be replicated with group therapy or individual therapy or anything I've done to this point in terms of treatment.

For Katie, these felt, embodied emotions that defied words were a profound experience, one that she had previously numbed herself to. Katie explained that she used language and humour as a coping mechanism - a way to avoid feeling uncomfortable or intense emotions as she explained in our second interview:

...I think words took the place of emotions for me, so especially in any awkwardness or anything, there would be words and very often my humour if other people were upset or I was upset. Like people have always come to be me because I'll hug them and listen to them, but then they'll leave laughing. So they'll come angry or sad or whatever and then they'd leave laughing. But I just recognize now that, I just never went to that emotional place, like I cared and could empathize, but never, like I don't know if you experience it or not, but if you know what a person's feeling you can be exceedingly empathic but not actually connected to it. And certainly when I would feel something scary then immediately the words would come to take that place and so it's just for me incredible to just have this openness and this trust and be able to exist without words... it's just refreshing from the rest of the world where it can just take just an immense amount of work to communicate.

Katie and Dubh co-existed without words. They learned to communicate with each other through a shared “language” of emotion, touch, and intuition. Katie was surprised and proud of how quickly they picked up on what the other was feeling or intending. She described practicing communicating to Dubh that she wanted him to move forwards while riding - she leaned forward slightly in the saddle, clenching her thigh muscles. The more they practiced this, the more responsive Dubh was, until Katie barely had to move at all: “It was like he could sense where I was looking and he just went.”

Katie’s pride in her responsive relationship with Dubh was also a novel experience for her. She noted it after Dubh fell asleep in the crook of her arm (“I think I felt a little proud”), and again after her first ride with Dubh. She was able to name her feeling after talking about the importance of her time with Dubh with others in her life:

So I thought about it that night but I think it was the next day that I would be able to define it as pride, when I was sharing it with other people. And just, I don’t know that they appreciated it or not but they certainly could see my experience of it as you know, as something awesome. So yeah, I think it was just in the telling, the sharing with others that I named it.

Katie was able to name this feeling after experiencing it with Dubh and exploring it with others - “talking it into being” in a sense (Strong & Massfeller, 2010). Her embodied feeling of pride and the possibilities it conveyed were born of a special kind of “poiesis” or bringing-forth that occurs in our spontaneous interactions with others (Shotter, 2012), generating new embodied sensitivities and capabilities.

For Katie, this was an important experience as she had learned that being proud of herself was not acceptable growing up:

...it was just a gift that I was born with and it's not something to be prideful about. You just do your best and if your score is perfect then you continue to do that. That's just a gift you were given. It's not about your own self accomplishment, so I struggle with that, with that emotion. So that was the first time in a long time that I felt it... but I think that kind of opened up the exploration of what that emotion was because it was kind of a little growing kind of warpsy thing, you know? And I wanted others to recognize it. You know, "Is this what this is? And if it is, wow!"

Katie could sense her feeling of pride growing: a small warmth in her centre, a slow kindling of feeling that spread - first in Dubh nestling his head into her body, showing his trust in her, and then in coordinating their movements together and communicating as one while riding. Katie's pride, once a small, "warpsy thing," started to grow, in part because of what she accomplished and felt with Dubh, but also because disordered eating/ways of being were never the focus of attention in her time with him. Katie connected more easily with Dubh and to her own feelings/sensations when she was free to be with him in the moment, without the constraints and tension associated with disordered eating. It needed to "take a backseat" as one of the other participants explained.

Katie felt proud of herself in other moments with Dubh, and also in her daily life (e.g., the simple pleasure and pride that came from making a new recipe to share with others). She allowed herself to name it, talk about it with others, and claim it as her own. Katie's movements opened up, and so, too, did her repertoires of being. I noticed at times that her movements with Dubh seemed more expansive, more confident - leading him around the arena, grooming him in long broad strokes, her arms reaching around him. When Katie rode with him it was clear that



she was lost in the rhythm of his movements, her body swaying in time with his steps, her legs tensing and relaxing.

Katie experienced her time with Dubh as imbued with positive and powerful feelings such as love, pride, trust, and acceptance, experiences that challenged her fundamental belief that she was worthless. Feeling worthless engenders a deep sense of shame, resulting in what Fuchs (2003) described as an “alienation of primordial bodiliness,” or a disruption in spontaneous corporeal performance. In shame, one’s body is perceived as an object, “the sluggish obstinate or fragile body which I “have”” (Fuchs 2003, p. 224), rather than the primordial, felt body of first-person experience, the “body-self.” Experiences of shame, worthlessness, and an “objectified” body are common ways of being/relating for those challenged by eating disorders (e.g., Bordo, 2003; Daubenmier, 2005; Goss & Allan, 2009; Skarderud, 2007b). For Katie, these ways of being were closely tied into the patterns of food restriction and bodily control that governed her life. Katie’s moments with Dubh were small instances where her regular ways of being and feeling were interrupted by the potent and tacit attunement that she experienced with Dubh. She described one such moment of communion during her first ride with him:

...I just felt like a part of him, like I didn’t feel separate from him. I don’t know how to describe it, but like when he moved it was just kind of like, it’s oversimplified to say, but it felt like his legs were my legs. But like, I could feel him moving and I knew he was my legs, it was kind of like, I don’t know how to describe it, but like even when Dyggur got a little carried away. Were you there when he did that? No, no, you were in the group room. It almost looked like he got a little out of control on Sue and it seemed like she was trying to bring him down and he was wanting to gallop and we were right by him and I had, I mean I could feel Dubh, he was okay, he was kind of paying attention, but I

just leaned down and I was rubbing him and it was just totally, like Johanna (a Healing Hooves staff member) had him, but it was kind of like, like Johanna wasn't even there most of the time unless she talked to us, I was so totally just with Dubh. And we just stood there as one and we waited.

This was a rare moment of connection and joy for Katie. She described being aware of her legs stretched over his broad back, almost straining her thigh muscles before she found a comfortable position, and then as Dubh began walking, finding a rhythm in her own muscle movements to match his own. In the cadence of their movements together, Katie's sense of being separate from Dubh faded away and was replaced by feeling that they were one. Her body was whole, it was part of her, and part of Dubh, and likewise his body was hers. In this melding of being to being, Katie articulated an opening up of possibilities, a feeling of calm and excitement at the same time. When I asked her more about this she said:

I think the excitement is translated into possibility at the same time because it was like now you're up on him and as I'm learning all these things it's possibility right? I don't know how to better articulate that, but it's just sort of like now we're learning to stop, now we're learning to go, maybe at some point we can learn to trail ride, do you know what I'm saying? So in that excitement, in that novelty of experience here's another experience of possibility and that is so still new to me, because being so closed and careful and planning ahead and not particularly living in the moment, but just always having to be so very careful and contained, it was kind of like, this is okay, I'm in the moment. And that translates into possibilities and so yeah, so definitely there was that excitement as well as calm.

Merleau-Ponty (1964) described an array of possible movements or “motor projects” that radiate from each individual into the environment, structuring how he or she moves in the world. Katie’s motor projects were limited by the practices and habits of disordered eating that structured her life in ways consistent with old beliefs (e.g., believing that she was worthless) that constrained her further. Being in the moment with Dubh meant that she could not fall back on these habits of policing her movements, being small and contained, thinking and planning ahead, and being closed off from a felt-kinaesthetic sense of herself. Instead, she had to be fully present, attuned to herself/what she was communicating, and attuned to Dubh’s movements and intentions.

Through her interactions with Dubh, Katie experienced a new array of motor projects or ways of moving, that in turn shaped other ways of being and feeling. Once Katie experienced this newness or reconnection to forgotten ways of being, she wanted to experience more of these moments in her life. She remarked during our final interview:

Now that I have a feel of it, I want to always have a horse in my elbow. I know that, I know the feeling. And so now that I have parameters around those feelings I think I can just search until I find what brings that... I’m still just learning how important my relationship with Dubh is and I want to continue doing that, like I feel that there’s more that’s gonna happen for me now that these six weeks are over...

### **Stories Waiting To Be Created and Told**

There were fourteen women who took part in this research, but I have chosen to tell only five of their stories. This was a difficult choice to make (how many stories to include and who’s to explore), but a necessary one. Too many stories would make for a very long dissertation and might dilute, in some ways, the power of such recounted moments. The five stories that make up

this chapter speak to the possibilities that can be created in dialogic movement and relation between women and horses. The women who participated spoke and wrote about the patterns of disordered eating that governed their lives and captured them in many ways. These patterns or habits were enacted and sedimented ways of being that my participants described as occurring at a corporeal level: in postures, gestures, gaits, and whole series of muscle movements and kinaesthetically-articulated qualities that organized their interactions and felt-sense of themselves. Eating disordered ways of being were associated with a whole host of other ways of being (e.g., isolating oneself, believing oneself to be worthless) that created a sort of lattice, an interweaving of problematic habits that sustained and supported each other. Such habits were described as being interrupted at times, as the women engaged and moved with their horses - in some instances helping to create a change in attunement that made a difference beyond the moments themselves.

I need to offer a caveat here though: the relationships that the women developed with their horses interrupted some bodily habits, but not others; they made differences possible for some of the women, but not for all of them. For example, two of the fourteen women decided that EFC was not a good fit for them at the time and informed me after two sessions that they would no longer be attending. Another participant found her time with the counsellors and other women to be more helpful than the time she spent with her horse. She was able to speak candidly about the practices of disordered eating that had taken over her life; in a sense disrupting the isolation that such patterns conferred. This experience with the counsellors and other participants made a difference for her - shortly after the group ended she began seeing a counsellor in the community and taking part in group counselling for others with eating disorders.

The discussions and other activities that occurred during the group also had a role to play in shaping the moments that we explored together. For example, before greeting the horses each session, I led the participants in a brief relaxation activity (e.g., deep breathing, stretching, guided imagery, etc.) that one participant described as an intentional “re-connection with myself” that helped her to feel calm before she met with her horse. Such activities, and the discussions and topics that we covered each week, influenced how the women interacted with their horses and also how we language and explored the moments that stuck with them.

The evolving dance between the women and their horses followed different tunes and involved steps/movements that were unique to each pair. Some felt an instant kinship with their horse(s), while others took time to get to know them and developed a deeper relationship over the course of the group. Learning to communicate and share a corporeal language was challenging at times, and some of the women struggled with a desire to control their horse or themselves. For example, one participant characterized this as over-riding need to “not screw up,” which interfered with attuning to her horse and being aware of what she was communicating to him. Despite such challenges, what stands out most for me are the moments of grace that many of the participants noted.

While the relationships that developed between the women and their horses enabled more preferred ways of being and relating, I sometimes ponder how strong these memories are now, when most of the women no longer have the opportunity to spend time with their horses - and if these embodied memories will confer preferred ways of attuning later. Katie predicted that the six weeks that she spent in the group, and the moments that she experienced with Dubh were only the beginning of something more. I was fortunate enough to meet with Katie later and catch

up on the last two years, but this was not possible with a number of the other participants and I often find myself wondering about them and the horses that they worked with.

There are still stories waiting to be told from this research, ones that I will be mulling over for a while longer I suspect. There are threads of meaning that branch off in different directions, and perhaps beckon others to create/tell them. For now, all I can offer are the topics and moments that have addressed me in certain ways, and my journey to answer this call.

## **Chapter Five: Invisible Threads and New Beginnings**

During our last group session together, Sue read a story about two young girls who became separated from their beloved horses after leaving their farm and embarking on an adventure. While the girls were gone, they were able maintain a connection to their horses through “heart strings,” invisible threads of emotion and memory running from each girl to her horse. This was a children’s story, but the theme fit well for the women who took part in this research and it fits well here, for this final chapter. The heart strings between my participants and their horses were made visible in the telling and exploring of their stories. In this chapter, I explore and illuminate other threads of meaning and connection within and beyond this research. I begin by revisiting my research questions, exploring the answers created, and the potential implications that these have in terms of counselling practice, conceptualizing and addressing disordered eating, and possible future research. I also describe what I have learned (and am still learning) about my corporeal engagement and attunement, my struggles throughout this research process, and moments that are tied to my heart and connect me to the world.

An ending denotes a finality or closure to a story, time, or experience, but every ending signifies the opportunity for new beginnings. This meeting or co-mingling of endings and beginnings is hermeneutic in nature; it takes place in the boundaries between the two and opens up the topics or stories in novel ways that take on lives of their own. I have been tempted at many points during my writing of this dissertation to provide a beginning and an end, as in most traditional stories. While I have tried to start out at the beginning (how I came to this research) and tell a coherent story, a final conclusion just is not possible. The purpose of a hermeneutic phenomenological study is to affect, invite, unsettle, and to call for more exploration - to invite more stories to be told. In ending this story, I return to the beginning.

When I first started this dissertation I set out to answer the following: What are the bodily and potentially transformative experiences of women who address problems with disordered eating through EFC? I wanted to explore: (a) the concept of attunement as experienced by women with eating disorders, (b) how the horse-human interaction in EFC can foster re-attunement to the self and the environment, and (c) how such knowledge can inform our current understanding and treatment of eating disorders. The stories and experiences of my participants have stuck with me over the past two years; they have called to me and propelled me forward because they reside in me (much like Miranda's description of "feeling the rain" in her bones). These stories speak to the research questions and answer them in certain ways that are particular to the individual women who shared them and the horses that they developed relationships with. They are necessarily bound to a certain time and place, but despite the particular nature of these experiences, they are also familiar and knowable; there is a certain sort of truth to be found and felt in the telling of them.

For the women who participated in this research, living with an eating disorder was associated with a host of corporeal patterns or ways of attuning that took root in their bodily comportment, motility, spatiality, and sense of self. EFC provided a different kind of bodily experience for the women who took part. Our experiences, identity, and understanding of the world are always, already bodily. The difference that the newness of EFC made can be considered transformational in some ways, but I prefer the word "igniting," as do many of the women who were interviewed. Some of my participants noted igniting moments in their interactions with their horses - times when they became more attuned or responsive to themselves, their horses, and the world. This responsivity became a small part of them, perhaps



only for a time, but it created a ripple of difference that they felt and noticed in other areas of their lives.

The women who experienced igniting moments described them in a variety of ways: a sense of time slowing or stopping; noticing sensations, feelings, movements, and kinaesthetic melodies; and a quietening of eating disordered thoughts/ways of being. Spending time with their horses seemed to allow many of the participants to experience emotions that they had not been able to feel at a corporeal level, or that they actively avoided feeling. Many of the women experienced a sort of re-attunement to themselves and the world through their horses that interrupted some of their habitual ways of attuning. In these moments of grace, participants felt shifts in corporeality (e.g., feeling one's body/self in a positive way or, conversely "forgetting" one's body in relational-movement with the horses) that enabled possibilities reaching into the future (e.g., regret or grief shifting to hope) and also a restorying of certain aspects of their pasts. They felt safe and accepted being with their horses and many of the women became closer to them as they learned to move together. In forming these bonds, some of the women also found similarities between themselves and their horses that led to important revelations (e.g., Patty's experience of recognizing her own "body trauma" through sensing Dubh's). It was more than simply being near or with the horses though, igniting moments most often occurred when dialogically moving with the horses (through riding, touching, grooming, leading, etc.). This kinetically-articulated dance offered a basis for change, subverting particular ways of being/relating and providing fertile ground for new ones.

Researchers who engage in hermeneutic projects must also be willing to undergo transformations and to recount this journey in presenting the interpretation that is constructed (Smith, 1999). Witnessing, exploring, and writing about my participants' experiences has made

me more keenly aware of my own bodily habits, and the sometimes taken for granted ways that I sustain and challenge them in my daily life. The writing process itself has had a surprising effect on my corporeal engagement, at once separating me from the world and sometimes connecting me to it in another way. I have not had the opportunity to work with horses in the direct ways that the women who took part in this research did, but I have started to notice other opportunities for creating change and reinforcing my own preferred ways of being. I offer a short thread of my explorations here.

**Personal Journal, November 22, 2012.** *While writing about problematic corporeal habits, I've come to embody a number of them myself. I wake up, make my coffee, boot up my computer, and start typing. I can spend hours hunched over my laptop, slowly losing feeling in my legs as my fingers tap away. My muscles ache, my eyes are strained. I find that it's sometimes too much of an effort to change into anything besides my housecoat. I realize that I've spent the last three days inside. I feel disconnected from the world. As the weeks go on this disconnection seems almost natural; it's a habit for me, one that sustains itself through the small routines that make up my days.*

*These patterns are interrupted by a simple, but unconventional experience - a floor hockey game. My husband's team needs another player and he convinces me to take a couple hours off and play. It's been a long time since I've played floor hockey and I wonder if I'll be able to keep up. The glare of the lights, the smell of newly varnished floors mingled with the sweat of the players, and the sounds of breathless laughter echo through the gym and greet us when we arrive. The environment is jarring and almost overwhelming after spending days in the confines and safety of my quiet house. The game itself is what shakes me out of my reverie. I'm running after the ball intently, legs pumping, hands gripping the hard plastic of my stick. The*

*soles of my runners squeak against the floor, and my whole body seems to flow towards my intention to beat my opponent to the ball and take a shot on net. I make it to there a split-second before him, our sticks clash and I step into his body, using my hips to block him and claim a space around me while I wind up for the shot. I miss the net entirely, but I feel like myself again. Afterwards my body still aches, but in a good way. I feel more confident and carefree than I have in weeks; the world seems changed for awhile.*

*(Further reflection added May 10, 2013) This moment of re-attunement fosters other moments for me - I find myself looking for them, "craving" them as Patty described in her story. I make time in my schedule to play floor hockey a couple nights a week. I start rock-climbing and hiking, and paying attention to the smaller moments that I normally take for granted (a hug from my husband, a walk with my dog). Talking and writing about these experiences deepens them further and new patterns begin to take shape...*

### **Staying True to the Topics and Stories**

Hermeneutics speaks to us and has something to say beyond what we are initially able to communicate (Jardine, 2006). While I have become more aware of my own corporeal engagement and habits throughout this writing process, I have often been challenged by languaging these experiences and those of my participants. Language is an important aspect of our embodiment, but it is only one part of the larger whole and there is always something left that defies our exploration and articulation; a sort of slippage between our words and our experiences. I have tried to be careful that my words and language stay true to my research topics, and the stories that call them into significance. As Potter and Wetherell (1987, p. 6) pointed out, our language and discursive practices "do not just describe things; they *do* things," ranging from shaping our individual identities, to constructing our cultural norms and practices.

We continually shape and are shaped by culture in a type of “mutual constitution” (Markus & Kitayama, 2010) through our sayings, doings, and relating. These discourses and practices define, communicate, and regulate certain ways of being that influence our corporeality and how we address corporeal problems such as disordered eating. In Western culture, the “normative discontent” (Rodin et al., 1984) and ideals of power/control that pervade discourses of our bodies help to create and sustain many seemingly innocent habits that people may be accidentally complicit in maintaining (ranging from “healthful” behaviours and discourses to those more expressive of disordered eating). I have found it hard to discern where these “healthy” or “normal” practices end and “eating disordered” ways of being begin. For instance, how much is too much or “excessive” exercise, and according to who’s standards?

Another related problem that I have encountered is unintentionally reinforcing the very dualisms and mind-over-body discourses that I argue against. Cartesianism and related dualisms (inner/outer, individual/culture, subject/object, self/world) are a mainstay of our cultural lexicon. Drawing on the works of writers such as Merleau-Ponty (1962, 1964, 1968), Manning (2007, 2013), Abram (1996, 2010), and others who attempt to blur these boundaries has helped me to “borrow” a language for articulating bodily experience beyond typical dualisms. Finding the most “perspicuous language” (Wittgenstein, 1953) while avoiding dualistic notions has been a difficult balance, as I often find myself slipping back into language that implies a mind/body divide. The language that my participants used reflects this divide and their corporeal experiences of it, and while I feel it is important to use their words and their language, I also sought to problematize it in some ways.

This is similar to another issue that I wrestled with: the “discursive capture” (Massumi, 2011) that some of my participants’ language enforced. For instance, a number of the women

spoke about disordered eating as a trait or something that belonged to them (e.g., “my eating disorder”). My preference is to shift away from such language as I believe it can denote a type of capture that solidifies and entangles the person and the problem, yet this language and the assumptions it communicates reflected the ways that some of the women experienced themselves and “their” eating disorders. I have tried to be careful to distinguish my language, or preferred ways of speaking/writing as a counsellor/researcher with the language that my participants used, but there may instances where they blend together and this distinction may not be as clear as I would like.

My participants also aided me in creating other language/words to communicate their corporeal experiences and the igniting moments that held a possibility of change. Writing about these moments required using felt-words that reflected the corporeal, relational, and fluid nature of their experiences. Shotter (1999a, para. 13) advocated communicating research results in a way that moves the reader through “words that work both in us and on us.” There are certain ways of speaking and writing that call us up short or that bridge language and felt-experience. This can include words or phrases that are not commonly used, or are perhaps created (e.g., the term “kinaesthetic melody”) or that resonate with the flesh of the world (e.g., the way that the word “susurrus” evokes a sense of the action that it describes). Such language is not just a symbolic exchange, but an embodied one.

It was challenging at times to collaboratively create this language with my participants as we were speaking to and about experiences that in many ways defy words (as Katie stated, these experiences are “more than words can say”). Furthermore, in “borrowing” words and language from other scholars, I wondered if my usage was close to the meanings that they intended or if I had missed something in my retelling/borrowing. Despite these challenges, it is still my hope

that these words on a page will do more than communicate an intellectual exchange of information, but will perhaps, in some small ways, evoke a spontaneous, creative change in how readers engage and are engaged by this work.

### **Implications for Counselling Practice**

This research highlights various experiences and elements that are relevant to specific counselling approaches such as EFC, other animal-assisted therapies (AAT), body-oriented therapies (BOT), nature therapy, and mindfulness practices, as well as more general counselling theory and practice. In terms of EFC and AAT, this dissertation adds to a growing body of research that affirms our connection to other living beings and the opportunities that are created in communion with them. EFC is a type of AAT, but it also shares many features common to BOT and movement therapies, as well as nature therapy. For instance, some of the women described how interacting and moving with their horses, surrounded by fields, skies, and mountains, reaffirmed a sense of vitality with nature or the sublime. The experiences recounted here may be of use in exploring aspects of BOT and nature therapy, as well as unique approaches that combine the two (as EFC does).

There was a type of mindfulness or attunement to the present moment that occurred between the women and their horses. Being immersed in the natural world was part of this and many of the women noted a heightened sensitivity to their senses, experience of time, and relational attunement with the horses. While traditional mindfulness practices or approaches to heighten awareness of the present moment such as Mindfulness-Based Stress Reduction (Kabat-Zinn, 1990), meditation, and yoga may be helpful in fostering attunement, AAT such as EFC can provide a type of relational attunement to another that is largely absent in mindfulness research and practice (Falb & Pargament, 2012). EFC may have a unique role in fostering this attunement

to another and the present moment through the practice of riding - an activity that arguably requires full participation and attention to the “here and now.” EFC and other AAT can open a window into exploring new concepts in mindfulness and attunement practices that incorporate the importance of attuning to oneself through another.

Touch and movement between the women and their horses was another critical element in this research. As a novice counsellor, the ethical implications and potential dangers of physically touching clients was often a topic of conversation in graduate courses and practica. Knowing when to offer a hug or a handshake - a light arm squeeze or a smile, these are examples of the myriad dimensions of corporeal engagement that are negotiated between counsellors and clients. This terrain can be difficult to navigate for counsellors (novice and expert alike) and it is usually the safer ethical road to err on the side of not physically touching clients (even when this type of contact may be therapeutic). The horses that the women interacted with offered this physical contact unreservedly (e.g., Dubh placing his head in Katie’s arms), allowing for a corporeal experience of warmth, comfort, acceptance, and love.

This physicality also allowed for a very different type of subversion of problematic ways of being. The women learned to “speak” a novel relational language in their interactions with their horses, as they attuned to each other through their bodies in a kinetically-articulated way. This enabled the interruption of problematic corporeal habits at a muscular level, one that was felt before it was understood or discussable. I argue that there is the need to bring this type of learning into counselling theory and practice. While most counselling typically takes place in an office setting, and touch and movement between clients and counsellors in such settings are often limited, this type of interaction can still be brought into the context of more traditional counselling modalities by creating a space to explore and talk about clients’ corporeality.

As some of the women alluded to, EFC is a unique approach, particularly when compared to more traditional talk therapy that is largely confined to the limits of language and the physical confines of an office. As Cromby (2012) explained, the “extra-discursive” is an aspect of human experience that counsellors must endeavor to explore in the context of therapy. The visceral, sensual, and embodied phenomenological self of lived experience is a source of meaning that is of central importance in counselling work and can aid in discovering new or forgotten experiences and narratives. This might include exploring everyday habitual practices and ways of being, discussing means to challenge problematic habits at a corporeal level, and intentionally engaging in embodied experiences (both within and outside of the counselling office) that can create a difference for clients. This is not to say that traditional counselling is not an embodied experience; that corporeal-resonant events cannot happen in a typical counselling office - they can and do happen, but I believe that counselling can be enriched when such corporeal experiences are purposefully made part of our explorations.

The philosophical ideas that formed the basis for this research are also relevant for counselling research and practice. For instance, Merleau-Ponty’s (1962, 1968) philosophy is quite revolutionary in that it challenges the Cartesian myth that we can be in the world, yet separate from it. The radical notion that we “reach out” in our perceiving and touch the world (changing it as it changes us) breaks down some of the fundamental precepts of the scientific tradition, in a sense blurring the carefully constructed distinctions between self/world/others and movement/intention/perception. These ideas can inform other ways to conceptualize and address human distress and our potential for growth and healing.



## **Implications for Understanding and Addressing Disordered Eating**

In hermeneutic phenomenological research, interpreting, describing, and story-telling can (and should) enliven the topics in novel ways. Smith (1999) maintained that the hermeneutic imagination:

...works from a commitment to generativity and rejuvenation and to the question of how we can go on together in the midst of constraints and difficulties that constantly threaten to foreclose on the future. The aim of interpretation, it could be said, is not just another interpretation but human freedom, which finds its light, identity, and dignity in those few brief moments when one's lived burdens can be shown to have their source in too limited a view of things. (p. 29)

Women with eating disorders contend with a number of beliefs and bodily practices that threaten to foreclose on their futures, limiting how they attune to themselves and the world, and in some cases robbing them of their lives. One of the guiding philosophies behind this research is that our bodies in communion and movement can come to develop new bodily practices that can help re-attune to preferred ways of being. Completing this research has shown me how EFC can aid individuals with eating disorders weave together new narrative threads and ways of being that can in turn, help create a life in which the grip of disordered eating is loosened (or perhaps gone altogether). It has also highlighted that our dominant theoretical and treatment approach may be stuck in “too limited a view of things.”

In eating disorder theory and research, the primary way of understanding and subverting these problems rests on the biomedical model, which is based on regimes of traditional science. Such regimes are largely reliant on objective (rather than subjective) experiences, cognitive and visual language (to the exclusion of kinaesthetically felt and articulated knowing), and numerous

dualisms. There have been many steps made towards incorporating a language of embodiment to enable another understanding of these problems and the people who suffer from them. For instance, Piran and colleagues' (Piran, 2002; Piran et al., 2002; Piran & Teall, 2012) developmental theory of embodiment is an example of one such advance in eating disorder theory; however, further work is needed to ensure that this push is continued, and that it isn't co-opted into another sort of "enmindment" (Robertson, 2001) that implicitly conforms to dualistic notions.

Recent research indicates that eating disorders do not get better on their own (Hay et al., 2012). Furthermore, despite our best efforts, disordered eating continues to be a prevalent and largely "treatment-resistant" problem for thousands of women, men, children, and their loved ones (Levine, McVey, Piran, & Ferguson, 2012). There is a great need for further research in all areas of conceptualization, prevention, and intervention. EFC and embodiment offer another way to understand and approach disordered eating, and this research is one more step in this direction. The stories of the women who took part have further shaped a small part of this discourse by exploring and sharing their corporeal ways of being.

Their experiences also point to certain implications for addressing disordered eating. For example, the connection to emotion that being with horses seemed to foster is particularly important as women who are challenged by these patterns often have difficulties in corporeally attuning to emotion as a felt experience. Relationally-attuning to another through empathy and emotional resonance is another way to help those living with disordered eating to viscerally experience emotion (rather than speak intellectually about it). Perhaps there are other ways to bring this type of attuning into our practice (e.g., attuning emotionally through or with another).

The theories, ideas, and participant stories recounted here also highlight a novel way to challenge patterns of disordered eating through corporeal performance. Our bodies in motion are always subtly adjusting and changing in relation to our living in the world, however we do not normally notice these small shifts unless they call us up short in some way. The horses that the women worked with in EFC allowed for a number of such encounters and moments - times when the women had to respond at a corporeal, preverbal level that in some instances challenged or interrupted their typical ways of being. In more traditional therapeutic approaches, preferred ways of attuning and being are talked about, but there may be limited opportunities to actually feel them, in the moment, and at such a direct corporeal level. EFC presents a different sort of approach to working with those suffering from eating disorders that may be particularly helpful in conceptualizing how eating disorders manifest, how they are felt and experienced, and how we can help clients to disrupt these patterns and begin to create other, preferred ones.

The women who participated in this research also spoke about the differences between more traditional eating disorder treatment and EFC, alluding to some aspects of treatment that might be further tailored to better fit client needs. For example, it can be helpful to create a space for exploring other facets of experience and identity in which the eating disorder “takes a back seat” as was necessary in EFC. This was especially relevant for a number of the women who experienced hospital-based treatment, which can implicitly reinforce regimes of bodily control, and the idea that the person is “sick” or “pathological.” As many of the participants noted, while the EFC groups were about and for women with eating disorders, this was not the focus when they were with their horses. EFC offered another way to challenge practices of bodily control and ways of being in a direct and embodied way, one that involved trusting another and trusting in oneself, as well as a giving up or sharing of control. This type of

intervention has a significant place in terms of exploring and creating diverse counselling approaches for addressing disordered eating and related problems.

### **Beyond This Research**

There are many questions that I still have as I complete this research. In terms of EFC and women with eating disorders, I am curious about what types of activities and discussions are helpful and why, the role that counsellors play within such contexts, and what other possibilities there are for incorporating EFC as an “adjunct” or “primary treatment.” I also wonder about the structure and timing of our groups (e.g., what might have been different if the groups were run over the course of 12 weeks as opposed to 6, or if the groups were run during the fall or winter, as opposed to the spring and summer, or if the time that the women spent with the horses was more goal-directed or conversely, less structured?).

AAT and BOT are arguably still on the fringes of theory and practice. While AAT is promising new field (Fine, 2010), there are limited opportunities for clients to engage in this type of therapy, and this is especially true for EFC as it requires a certain environment (large open spaces, grazing/pasture areas, stables, riding equipment, etc.), which can be difficult for clients to access due to transportation and cost constraints. Given the potential that EFC has for helping people disrupt the patterns of disordered eating, I believe further research into this type of approach (in both individual and group formats) is necessary. To make EFC available for more clients, there needs to be collaboration between practitioners and further funding opportunities for research and practice.

I also suggest further exploring how counsellors can incorporate elements such as nature, movement, touch, and relational attunement into a more holistic approach to addressing eating disorders and other concerns. This may include researching how to bring corporeally-resonant

experiences into the context of more traditional counselling modalities, or delving into diverse philosophical ideas that offer new theoretical understandings to facilitate feeling and exploring embodied experiences. We have much to learn from the otherness that surrounds us, whether it be the otherness of horses, people, environments, or ideas.

Throughout this research and personal journey I have learned many lessons, but the one that will stick with me the most is this sense of otherness and how it breaches us time and time again. I have found myself more attuned to it - searching for it. Sometimes these moments of grace occur in everyday encounters like a brief “play fight” with my dog, and at other times I must seek out moments of newness like a hike by myself on a trail I’ve never been to. At this point in my writing, I am beckoned back into the world of horses. I want to create my own igniting moments, and so I will make a space in my life to re-visit this old passion, returning to where it all began.

The otherness of horses is hermeneutic in nature - they call to us, beckon us, and sometimes stop us in our tracks. Their otherness creates the boundary that we must cross to reach them, and to reach ourselves in a sense. When we make contact in this liminal place, it opens up possibilities not just in that moment, but in the branching off that takes place as a result of it. In this meeting of other to other, we respond in spontaneous, unrehearsed ways that might affect us, invite us, evoke us, and change us. We come to know ourselves or more precisely the selves that we could become in these moments. As the women in this study came to articulate, these moments continue to summon us back to them and propel us forwards in search of other moments that might make a difference.

## References

- Abraham, S., & Llewellyn-Jones, D. (2001). *Eating disorders: The facts* (5th ed.). New York, NY: Oxford University Press.
- Abram, D. (1996). *The spell of the sensuous: Perception and language in a more-than-human world*. Toronto, ON, Canada: Pantheon Books.
- Abram, D. (2010). *Becoming animal: An earthly cosmology*. Toronto, ON, Canada: Pantheon Books.
- Altabe, M., & Thompson, J. K. (1996). Body image: A cognitive self-schema construct. *Cognitive Therapy & Research*, 20(2), 171-183. doi: 10.1007/BF02228033
- American Psychiatric Association. (2004). *Diagnostic and statistical manual of mental disorders text revision* (4th ed.). Washington, DC: Author.
- Anells, M. (1996). Hermeneutic phenomenology: Philosophical perspectives and current use in nursing research. *Journal of Advanced Nursing*, 23(4), 705-713. doi: 10.1111/j.1365-2648.1996.tb00041.x
- Bach, P., & Hayes, S. C. (2002). The use of acceptance and commitment therapy to prevent the rehospitalization of psychotic patients: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 70, 1129-1139. doi: 10.1037/0022-006X.70.5.1129
- Baldwin, T. (2004). *Maurice Merleau-Ponty: Basic writings*. New York, NY: Routledge.
- Bamberg, M. (2006). Stories: Big or small, why do we care? *Narrative Inquiry*, 16(1), 139-47. doi: 10.1075/ni.16.1.18bam
- Bamberg, M., & Georgakopoulou, A. (2008). Small stories as a new perspective in narrative and identity analysis. *Text & Talk*, 28, 377-396. doi: 10.1515/TEXT.2008.018

- Barad, K. (2007). *Meeting the universe halfway: Quantum physics and the entanglement of matter and meaning*. Durham, NC: Duke University Press.
- Barker, S., Pandurangi, A., & Best, A. (2003). Effects of animal-assisted therapy on patients' anxiety, fear, and depression before ECT. *Journal of ECT*, 19(1), 38-44. Retrieved from <http://journals.lww.com/ectjournal>
- Barker, S. B., & Dawson, K. S. (1998). The effects of animal-assisted therapy on anxiety ratings of hospitalized psychiatric patients. *Psychiatric Services*, 49, 797-801. Retrieved from <http://ps.psychiatryonline.org>
- Beck, J. S. (1995). *Cognitive therapy: Basics and beyond*. New York, NY: Guilford Press.
- Bekker, M., & Spoor, S. (2008). Emotional inhibition, health, gender, and eating disorders: The role of (over)sensitivity to others. In A. Vingerhoets, I. Nyklicek, & J. Denollet (Eds.), *Emotion regulation: Conceptual and clinical issues* (pp. 170-183). New York, NY: Springer.
- Bell, L., & Rushforth, J. (2002). *Overcoming body image disturbance: A programme for people with eating disorders*. New York, NY: Routledge.
- Bell, M. (2006). Re-forming the anorexic "prisoner": Inpatient medical treatment as the return to panoptic femininity. *Cultural Studies - Critical Methodologies*, 6(2), 282-307. doi: 10.1177/1532708605285622
- Benwell, B., & Stroke, E. (2006). *Discourse and identity*. Edinburgh, Scotland: Edinburgh University Press.
- Bigwood, C. (1991). Renaturalizing the body (with the help of Merleau-Ponty). *Hypatia*, 6(3), 54-73. Retrieved from <http://www.jstor.org/stable/3809839>

- Binding, L. L., & Tapp, D. M. (2008). Human understanding in dialogue: Gadamer's recovery of the genuine. *Nursing Philosophy*, 9(2), 121-130. doi: 10.1111/j.1466-769X.2007.00338.x
- Birmingham, C., Su, J. Hlynsky, J., Goldner, E., & Gao, M. (2005). The mortality rate from anorexia nervosa. *International Journal of Eating Disorders*, 38(2), 143-146. doi: 10.1002/eat.20164
- Blackman, L., Cromby, J., Hook, D., Papadopoulos, D., & Walkerdine, V. (2008). Creating subjectivities. *Subjectivity*, 22(1), 1-27. doi: 10.1057/sub.2008.8
- Blood, S. K. (2005). *Body work: The social construction of women's body image*. New York, NY: Routledge.
- Bordo, S. (2003). *Unbearable weight: Feminism, western culture, and the body*. Los Angeles, CA: University of California Press.
- Bortoft, H. (1996). *The wholeness of nature - Goethe's way of science*. Edinburgh, Scotland: Floris Books.
- Bortoft, H. (2012). *Taking appearance seriously: The dynamic way of seeing in Goethe and European thought*. Edinburgh, Scotland: Floris Books.
- Bourdieu, P. (1977). *Outline of a theory of practice*. Cambridge, MA: Cambridge University Press.
- Bowden, H. (2012). A phenomenological study of anorexia. *Philosophy, Psychiatry, & Psychology*, 19(3), 227-241. Retrieved from <http://muse.jhu.edu/journals/ppp>
- Boyce, W. F., King, M. A., & Roche, J. (2008). Healthy living and healthy weight. *Healthy settings for young people in Canada*. Retrieved from Public Health Agency of Canada website: <http://www.phac-aspc.gc.ca>



- Brandt, K. (2004). A language of their own: An interactionist approach to human-horse communication. *Society & Animals*, 12(4), 266-316. doi: <http://dx.doi.org/10.1163/1568530043068010>
- Brandt, K. (2005, May). *Intelligent bodies: A phenomenological exploration of embodied subjectivity within the human-horse communication process*. Paper presented at the annual meeting of the American Sociological Association, Philadelphia, PA.  
Retrieved from [http://www.allacademic.com/meta/p20637\\_index.html](http://www.allacademic.com/meta/p20637_index.html)
- Brandt, K. (2006). Intelligent Bodies: Embodied subjectivity in human-horse communication. In D. Waskul & P. Vannini (Eds.), *Body/embodiment: Symbolic interaction and the sociology of the body* (pp. 141-152). Burlington, VT: Ashgate Publishing.
- Bray, B. (2002). *Treating adolescents using equine-assisted psychotherapy: Effects on self-concept, anxiety, and depression* (Unpublished master's thesis). Whitman College, Walla Walla, WA.
- Brown, S. D., Cromby, J., Harper, D. J., Johnson, K., & Reavey, P. (2011). Researching “experience”: Embodiment, methodology, process. *Theory & Psychology*, 21(4), 493-515. doi: 10.1177/0959354310377543
- Buckroyd, J. (1994). Eating disorders as psychosomatic illness: The implications for treatment. *Psychodynamic Counselling*, 1(1), 106-118. doi: 10.1080/13533339408404716
- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York, NY: Routledge.

- Butler, J. (2005). Merleau-Ponty and the touch of the malebranche. In T. Carman & M. B. N. Hansen (Eds.), *The Cambridge companion to Merleau-Ponty* (pp.181-205). Cambridge, England: Cambridge University Press.
- Cahoone, L. E. (1988). *The dilemma of modernity: Philosophy, culture, and anti-culture*. New York, NY: Albany Press.
- Calderhead, J. (1981). Stimulated recall: A method for research on teaching. *British Journal of Educational Psychology*, 51(2), p. 211-217. doi: 10.1111/j.2044-8279.1981.tb02474.x
- Callaghan, G., Duenas, J., Nadeau, S., Darrow, S., Van der Merwe, J., & Misko, J. (2012). An empirical model of body image disturbance using behavioral principles found in functional analytic psychotherapy and acceptance and commitment therapy. *International Journal of Behavioral Consultation and Therapy*, 7(2-3), 16-24. Retrieved from [http://www.baojournal.com/IJBCT/IJBCT-7\\_2-3/IJBCT-7\\_2-3.html](http://www.baojournal.com/IJBCT/IJBCT-7_2-3/IJBCT-7_2-3.html)
- Canpolat, B. I., Orsel, S., Akdemir, A., & Ozbay, M. H. (2005). The relationship between dieting and body image, body ideal, self-perception, and body mass index in Turkish adolescents. *International Journal of Eating Disorders*, 37(2), 150-155. doi: 10.1002/eat.20081
- Capurro, R. (2000). Hermeneutics and the phenomenon of information. *Research in Philosophy and Technology*, 19, 79-85. Retrieved from <http://arizona.openrepository.com/arizona/html/10150/105705/ny86.htm>
- Carey, E. (2009). Eating, food and the female body in the media and medicine: A feminist analysis of eating disorders. *Socheolas: Limerick Student Journal of Sociology*, 1(1), 31-45. Retrieved from <http://www.ul.ie/sociology/socheolas>
- Carman, T. (2008). *Merleau-Ponty*. New York, NY: Routledge.

- Carr, W. (2006). Philosophy, methodology, and action research. *Journal of Philosophy Education, 40*(4), 421-435. doi: 10.1111/j.1467-9752.2006.00517.x
- Cash T. F. (2002). The Situational Inventory of Body-Image Dysphoria: Psychometric evidence and development of a short form. *International Journal of Eating Disorders, 32*(3), 363-366. doi: 10.1002/eat.10100
- Cash, T. F. (2004). Body image: Past, present, and future. *Body Image, 1*(1), 1-5. doi: 10.1016/S1740-1445(03)00011-1
- Chernin, K. (1981). *The obsession: Reflections on the tyranny of slenderness*. New York, NY: Harper & Row.
- Chernin, K. (1983). *Womansize: The tyranny of slenderness*. London, England: Women's Press.
- Chernin, K. (1985). *The hungry self: Women, eating and identity*. New York, NY: Times Books.
- Chisuwa, N., & O'Dea, J. (2010). Body image and eating disorders amongst Japanese adolescents. A review of the literature. *Appetite, 54*(1), 5-15. doi: 10.1016/j.appet.2009.11.008
- Christian, J. E. (2005). All creatures great and small: Utilizing equine assisted therapy to treat eating disorders. *Journal of Psychology and Christianity, 24*(1), 65-67. Retrieved from <http://caps.net/membership/publications/jpc>
- Ciarrochi, J., Robb, H., & Godsell, C. (2005). Letting a little nonverbal air into the room: Insights from acceptance and commitment therapy. *Journal of Rational-Emotive & Cognitive Behavior Therapy, 23*(2). doi: 10.1007/s10942-005-0005-y

- Clinton, D., Button, E., Norring, C., & Palmer, B. (2005). Clarifying the nature of EDNOS: Cluster analysis, diagnosis, and comorbidity. In C. Norring & B. Palmer (Eds.), *Eating disorders not otherwise specified: Scientific and clinical perspectives on the other eating disorders* (pp. 131-160). New York, NY: Routledge.
- Cornelius, S. (2002). *An exploratory study of theoretical concepts used by practitioners of equine-assisted psychotherapy in treating eating disordered patients in residential treatment settings: A project based upon an independent investigation* (Unpublished master's thesis). Smith College School of Social Work, Northampton, MA.
- Cromby, J. (2005). Theorizing embodied subjectivity. *International Journal of Critical Psychology*, 15, 133-150. Retrieved from <http://oro.open.ac.uk>
- Cromby, J. (2012). Narrative, discourse, psychotherapy - neuroscience? In A. Lock & T. Strong (Eds.), *Discursive perspectives in therapeutic practice* (pp. 288-307) Oxford, UK: Oxford University Press.
- Crossley, N. (2006). The networked body and the question of reflexivity. In D. Waskul & P. Vaninni (Eds.), *Body/embodiment: Symbolic interaction and the sociology of the body* (pp. 21-34). New Hampshire, England: Ashgate Publishing.
- Csordas, T. (1999). Embodiment and cultural phenomenology. In G. Weiss & H. Haber (Eds.), *Perspectives on embodiment* (pp. 143-162). New York, NY: Routledge.
- Csordas, T. (2008). Intersubjectivity and intercorporeality. *Subjectivity* 22(1), 110-121. doi: 10.1057/sub.2008.5
- Cumella, E. (2003a). Is equine therapy useful in the treatment of eating disorders? *Eating Disorders*, 11(2), 143-147. doi: 10.1080/10640260390199325

Cumella, E. (2003b). *Treatment outcome reports: Rio adult intensive center*. Wickenburg, AZ:

Remuda Ranch Center for Anorexia and Bulimia. Retrieved April 1, 2013, from

<http://www.remudaranch.com>

Cumella, E., & Simpson S. (2007). *Efficacy of equine therapy: Mounting evidence*. Wickenburg,

AZ: Remuda Ranch Center for Anorexia and Bulimia. Retrieved April 1, 2013, from

<http://www.remudaranch.com>

Daubenmier, J. (2005). The relationship of yoga, body awareness, and body responsiveness

to self-objectification and disordered eating. *Psychology of Women Quarterly*, 29(2),

207-219. doi : 10.1111/j.1471-6402.2005.00183.x

Deleuze, G. (2003). *Francis Bacon: The logic of sensation*. New York, NY: Continuum.

Dell, C. A., Chalmers, D., Dell, D., Sauve, E., & MacKinnon, T. (2008). Horse as healer: An

examination of equine assisted learning in the healing of First Nations youth from solvent

abuse. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 6, 81-

106. Retrieved from <http://www.pimatisiwin.com>

Derubeis, R. J., & Beck, A. T. (1988). Cognitive therapy. In K. S. Dobson (Ed.), *Handbook of*

*cognitive-behavioural therapies* (pp. 273-306). New York, NY: Guilford Press.

Diamond, N. (1985). Thin is a feminist issue. *Feminist Review*, 19, 45-64. doi:

10.1057/fr.1985.4

Dimeff, L., & Linehan, M. M. (2001). Dialectical behavior therapy in a nutshell. *The California*

*Psychologist*, 34, 10-13. Retrieved April 1, 2013, from <http://www.dbtselfhelp.com>

Dimitrijević, I. (2009). Animal-assisted therapy - a new trend in the treatment of children and

adults. *Psychiatria Danubina*, 21(2), 236-241. Retrieved from

[http://www.hdbp.org/psychiatria\\_danubina](http://www.hdbp.org/psychiatria_danubina)

- Diprose, R. (2002). *Corporeal generosity: On giving with Nietzsche, Merleau-Ponty, and Levinas*. Albany, NY: SUNY.
- Dreyfus, H. L. (1993). Heidegger's critique of the Husserl/Searle account of intentionality. *Social Research*, 60(1), 17-38. Retrieved from <http://www.newschool.edu/cps/social-research>
- Dreyfus, H. L. (1996). Being and power: Heidegger and Foucault. *International Journal of Philosophical Studies*, 4(1), 1-16. doi: 10.1080/09672559608570822
- Dreyfus, H. L. (2004). *Heidegger and Foucault on the subject, agency and practices*. Unpublished manuscript. Retrieved July 2, 2012, from <http://socrates.berkeley.edu/~hdreyfus/html/papers.html>
- Duesund, L., & Skarderud, F. (2003). Use the body and forget the body: Treating anorexia nervosa with adapted physical activity. *Clinical Child Psychology and Psychiatry*, 8(1), 53-72. doi: 10.1177/1359104503008001007
- Dutta, M. J. (2008). *Communicating health: A culture-centered approach*. Malden, MA: Polity Press.
- Eddy, K., Dorer, D., Franko, D., Tahilani, K., Thompson-Brenner, H., & Herzog, D. (2008). Diagnostic crossover in anorexia nervosa and bulimia nervosa: Implications for DSM-V. *American Journal of Psychiatry*, 165(2), 245-50. doi: 10.1176/appi.ajp.2007.07060951
- Edgette, J. S. (1996). *Heads up! Practical sports psychology for riders, their families, and their trainers*. New York, NY: Doubleday.

- Eivors, A., Button, E., Warner, S., & Turner, K. (2003). Understanding the experience of drop-out from treatment for anorexia nervosa. *Qualitative Health Research, 11*(2), 90-107. doi: 10.1002/erv.492
- Elliot, J. (2005). *Using narrative in social research: Qualitative and quantitative approaches*. London, England: SAGE.
- Ellis, A. (2001). *Overcoming destructive beliefs, feelings, and behaviors: New directions for rational emotive behavior therapy*. New York, NY: Prometheus Books.
- Engel, G. (1977). The need for a new medical model: A challenge for biomedicine. *Science, 196*, 129-136. doi :10.1126/science.847460
- Estés, C. P. (1995). *Women who run with the wolves: Myths and stories of the wild woman archetype*. New York, NY: Ballantine Books.
- Ezzy, D. (2010). Qualitative interviewing as an embodied emotional performance. *Qualitative Inquiry, 16*(3), 163-172. doi: 10.1177/1077800409351970
- Fairburn, C. G. (2008). Introduction. In C. G. Fairburn (Ed.), *Cognitive behavior therapy and eating disorders* (pp. 2-5). New York, NY: Guilford Press.
- Falb, M., & Pargament, K. (2012). Relational mindfulness, spirituality, and the therapeutic bond. *Asian Journal of Psychiatry, 5*(4), 351-354. doi: 10.1016/j.ajp.2012.07.008
- Featherstone, M. (2010). Body, image, and affect in consumer culture. *Body & Society, 16*(1), 193-221. doi: 10.1177/1357034X09354357
- Feld, S., & Brenneis, D. (2004). Doing anthropology in sound. *American Ethnologist, 13*(4), 461-474. doi: 10.1525/ae.2004.31.4.461

Feldenkrais, M. (1972) *Awareness through movement: Health exercises for personal growth*.

New York, NY: Harper Row.

Felder, A. J., & Robbins, B. D. (2011). A cultural-existential approach to therapy:

Merleau-Ponty's phenomenology of embodiment and its implications for practice. *Theory & Psychology*, 21(3), 355-376. doi: 10.1177/0959354310397570

Feyerabend, P. (2010). *Against method* (4th ed.). New York, NY: Verso Books.

Field, A., Kendrin, R., Micali, N., Crosby, R., Swanson, S., Laird, N., et al. (2012). Prospective association of common eating disorders and adverse outcome. *Pediatrics*, 130(2), 289-295. doi: 10.1542/peds.2011-3663

Fine, A. H. (2010). *Handbook on animal-assisted therapy: Theoretical foundations and guidelines for practice* (2nd ed.). San Diego, CA: Elsevier.

Foucault, M. (1972a). *Power/knowledge: Selected interviews and other writings* (C. Gordon, Ed., L. Marshall, J. Mepham, & K. Soper, Trans.). New York, NY: Pantheon.

Foucault, M. (1972b). *The archaeology of knowledge* (A. M. Sheridan Smith, Trans.). New York, NY: Pantheon.

Foucault, M. (1979). *Discipline and punish: The birth of the prison* (A. M. Sheridan, Trans.). New York, NY: Pantheon.

Foucault, M. (1988). *Technologies of the self: A seminar with Michel Foucault*. (L. H. Martin, H. Gutman, & P. H. Hutton, Eds.). Amherst, MA: University of Massachusetts Press.

Foucault, M. (1989). *Foucault live: Interviews, 1966-1984* (S. Lotringer, Ed., D. M. Marchi, Trans.). New York, NY: Semiotext(e).

Fox, J., Federici, A., & Power, M. (2012). Emotions and eating disorders. In J. Fox & K. Goss (Eds.), *Eating and its disorders* (pp. 167-184). Oxford, UK: Wiley-Blackwell.



- Frame, D. L. (2006). *Practices of therapists using equine facilitated/assisted psychotherapy in the treatment of adolescents diagnosed with depression: A qualitative study* (Unpublished doctoral dissertation). New York University, New York, NY.
- Frank, A. W. (1991). *At the will of the body*. Boston, MA: Houghton Mifflin.
- Fredrickson, B. L., & Roberts, T. A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly*, 21(2), 173-206. doi: 10.1111/j.1471-6402.1997.tb00108.x
- Freeman, M. (2006). Life "on holiday"? In defence of big stories. *Narrative Inquiry*, 16(1), 131-138. doi: <http://dx.doi.org/10.1075/ni.16.1.17fre>
- Fuchs, T. (2003). The phenomenology of shame, guilt and the body in body dysmorphic disorder and depression. *Journal of Phenomenological Psychology*, 33(2), 223-243. doi: <http://dx.doi.org/10.1163/15691620260622903>
- Gadamer, H. G. (1989). *Truth and method* (2nd ed.). New York, NY: Continuum Press.
- Garfinkel, H. (1967). *Studies in ethnomethodology*. Englewood Cliffs, NJ: Prentice-Hall.
- Garfinkel, P. E., Lin, E., Goering, C., Spegg, D., Goldbloom, D., & Kennedy, S. (1996). Should amenorrhoea be necessary for the diagnosis of anorexia nervosa? Evidence from a Canadian community sample. *The British Journal of Psychiatry*, 168, 500-506. Retrieved from <http://bjp.rcpsych.org>
- Geanellos, R. (1998). Hermeneutic philosophy, Part I: Implications of its use as a methodology in interpretive nursing research. *Nursing Inquiry*, 5(3), 154-163. doi: 10.1046/j.1440-1800.1998.530154.x

- Geller, J., Cockell, S., Hewitt, P., Goldner, E., & Flett, G. (2000). Inhibited expression of negative emotions and interpersonal orientation in anorexia nervosa. *International Journal of Eating Disorders*, 28(1), 8-19. doi: 10.1002/1098-108X(200007)28:1<8::AID-EAT2>3.0.CO;2-U
- Georgakopoulou, A. (2006). Thinking big with small stories in narrative and identity analysis. *Narrative Inquiry*, 16(1), 122-130. doi: <http://dx.doi.org/10.1075/ni.16.1.16geo>
- Gergen, K. (1989). The possibility of psychological knowledge: A hermeneutic inquiry. In R. B. Addison & J. J. Parker (Eds.), *Entering the circle: Hermeneutic inquiry in psychology* (pp. 239-258). Albany, NY: State University of New York Press.
- Giovazolias, T. (2004). The therapeutic relationship in cognitive-behavioural therapy. *Counselling Psychology Review*, 19(2), 14-20. Retrieved from <http://www.bpsshop.org.uk/Counselling-Psychology-Review>
- Gordon, R. (2001). Eating disorders east and west: A culture-bound syndrome unbound. In M. Nasser, M. Katzman, & R. Gordon (Eds.), *Eating disorders and cultures in transition* (pp. 1-21). New York, NY: Brunner-Routledge.
- Goss, K., & Allan, S. (2009). Shame, pride, and eating disorders. *Clinical Psychology and Psychotherapy*, 16(4), 303-316. doi: 10.1002/cpp.627
- Grant, J. R., & Cash, T. F. (1995). Cognitive-behavioral body image therapy: Comparative efficacy of group and modest-contact treatments. *Behavior Therapy*, 26(1), 69-84. doi: 10.1016/S0005-7894(05)80083-8
- Gremillion, H. (1992). Psychiatry as social ordering: Anorexia nervosa, a paradigm. *Social Science & Medicine*, 31(1), 57-71. doi: 10.1016/0277-9536(92)90119-B

- Gremillion, H. (2002). In fitness and in health: Crafting bodies in the treatment of anorexia nervosa. *Signs*, 27(2), 381-596. Retrieved from <http://signsjournal.org>
- Gremillion, H. (2003). *Feeding anorexia: Gender and power at a treatment center*. Durham, NC: Duke University Press.
- Grilo, C. M., & Mitchell, J. E. (2011). *The treatment of eating disorders: A clinical handbook*. New York, NY: Guilford.
- Grosz, E. (1994). *Volatile bodies: Toward a corporeal feminism*. Bloomington, IN: Indiana University Press.
- Gucciardi, E., Celasun, N., Ahmad, F., & Stewart, D. (2004). Eating disorders. *BMC Women's Health*, 4(1), S21- S33. doi: 10.1186/1472-6874-4-S1-S21
- Guilfoyle, M. (2001). Problematizing psychotherapy: The discursive production of a bulimic. *Culture & Psychology*, 7(2), 151-180. doi: 10.1177/1354067X0172003
- Gupta, M., & Schork, N. (2006). Touch deprivation has an adverse effect on body image: Some preliminary observations. *International Journal of Eating Disorders*, 17(2), 185-189. doi: 10.1002/1098-108X(199503)17:2<185::AID-EAT2260170212>3.0.CO;2-0
- Hacking, I. (1983). *Representing and intervening: Introductory topics in the philosophy of natural science*. Cambridge, UK: Cambridge University Press.
- Harper, D. (2002). Talking about pictures: A case for photo elicitation. *Visual Studies*, 17(1), 13-26. doi: 10.1080/14725860220137345
- Harper, D. (2010a). Corporeal, *Online Etymology Dictionary*. Retrieved from <http://www.etymonline.com>
- Harper, D. (2010b). Hermeneutics, *Online Etymology Dictionary*. Retrieved from <http://www.etymonline.com>

- Harper, D. (2010c). Communion, *Online Etymology Dictionary*. Retrieved from <http://www.etymonline.com>
- Hay, P., Buettner, P., Mond, J., Paxton, S., Quirk, F., & Rodgers, B. (2012). A community-based study of enduring eating features in young women. *Nutrients*, 4(5), 413-424. doi: 10.3390/nu4050413
- Hay, P., Mond, J., Buttner, P., & Darby, A. (2008). Eating disorder behaviors are increasing: Findings from two sequential community surveys in South Australia. *PLOS One*, 3(2), e1541. doi: 10.1371/journal.pone.0001541
- Hayes, S. C. (2004). Acceptance and commitment therapy and the new behavior therapies: Mindfulness, acceptance, and relationship. In S. C. Hayes, V. M. Follette, & M. M. Linehan (Eds.), *Mindfulness and acceptance: Expanding the cognitive-behavioural tradition* (pp. 1-29). London, England: Guilford Press.
- Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, process, and outcomes. *Behavior and Research Therapy*, 44(1), 1-25. doi:10.1016/j.brat.2005.06.006
- Hayes, S. C., & Pankey, J. (2002). Experiential avoidance, cognitive fusion, and an ACT approach to anorexia nervosa. *Cognitive and Behavioural Practice*, 9(3), 243-247. doi: 10.1016/S1077-7229(02)80055-4
- Haylock, P. J., & Cantril, C. A. (2006). Healing with horses: Fostering recovery from cancer with horses as therapists. *Explore: The Journal of Science and Healing*, 2(3), 264-268. doi: 10.1016/j.explore.2006.03.013
- Hearne, V. (1982). *Adam's task: Calling animals by name*. New York, NY: Vintage Books.

- Heffner, M., Sperry, J., Eifert, G. H., & Detweiler, M. (2002). Acceptance and commitment therapy in the treatment of an adolescent female with anorexia nervosa: A case example. *Cognitive and Behavioural Practice*, 9(3), 232-236.  
doi: 10.1016/S1077-7229(02)80053-0
- Heidegger, M. (1962). *Being and time*. Malden, MA: Blackwell Publishing.
- Heinberg, L. J., & Thompson, J. K. (2006). Body image. In S. Wonderlich, J. E. Mitchell, M. de Zwaan, & H. Steiger (Eds.), *Annual review of eating disorders* (pp. 81-96). Oxon, England: Radcliffe Publishing.
- Hekman, S. (2010). *The material of knowledge: Feminist disclosures*. Bloomington, IN: Indiana University Press.
- Held, V. (1993). *Feminist morality: Transforming culture, society, and politics*. Chicago, IL: University of Chicago Press.
- Hoffman, L. (2002). *Family therapy: An intimate history*. New York, NY: W. W. Norton.
- Hsu, L. K. (1982). Is there a disturbance in body image in anorexia nervosa? *Journal of Nervous and Mental Disease*, 170, 305-307. Retrieved from  
<http://www.ncbi.nlm.nih.gov/pubmed/7069419>
- Hsu, L. K., & Sobkiewicz, T. A. (1991). Body image disturbance: Time to abandon the concept for eating disorders? *International Journal of Eating Disorders*, 10(1), 15-30. doi: 10.1002/1098-108X(199101)10:1<15::AID-EAT2260100103>3.0.CO;2-I
- Hudson, J. I., Hiripi, E., Pope, H. G., & Kessler, R. C. (2007). The prevalence and correlates of eating disorders in the national comorbidity survey replication. *Biological Psychiatry*, 61(3), 348-358. doi: 10.1016/j.biopsych.2006.03.040

- Hutchinson, M. (1994). Imagining ourselves whole: A feminist approach to treating body image disorders. In P. Fallon, M. A. Katzman, & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 152-170). New York, NY: Guilford Press.
- Jacobi, C., Hayward, C., de Zwaan, M., Kraemer, H. C., & Agras, W. S. (2004). Coming to terms with risk factors for eating disorders: Application of risk terminology and suggestions for a general taxonomy. *Psychological Bulletin*, 130(1), 19-65. doi: 10.1037/0033-2909.130.1.19
- Jakatdar, T. A., Cash, T. F., & Engle, E. K. (2006). Body-image thought processes: The development and initial validation of the assessment of body-image cognitive distortions. *Body Image*, 3(4), 325-333. doi: dx.doi.org/10.1016/j.bodyim.2006.09.001
- Jardine, D. W. (2006). On hermeneutics: "Over and above our wanting and doing." In K. Tobin & J. Kincheloe (Eds.), *Doing educational research: A handbook* (pp. 269-288). Rotterdam, The Netherlands: Sense Publishers.
- Jardine, D. W. (2012). *Pedagogy left in peace: Cultivating free spaces in teaching and learning*. New York, NY: Continuum Books.
- Jardine, D. W., Clifford, P., & Friesen, S. (2003). "Whatever happens to him happens to us": Reading coyote reading the world. In D. Jardine, P. Clifford, & S. Friesen (Eds.), *Back to the basics of teaching and learning: Thinking the world together* (pp. 41-52). Mahwah, NJ: Lawrence Erlbaum Associates.
- Jarman, M., Smith, J. A., & Walsh, S. (1997). The psychological battle for control: A qualitative study of health-care professionals' understandings of the treatment of anorexia nervosa. *Journal of Community and Applied Social Psychology*, 7(2), 137-152. doi: 10.1002/(SICI)1099-1298(199704)7:2<137::AID-CASP404>3.0.CO;2-G

- Jasper, M. A. (1994). Issues in phenomenology for researchers of nursing. *Journal of Advanced Nursing* 19(2), 309-314. doi: 10.1111/j.1365-2648.1994.tb01085.x
- Johnson, M. (1987). *The body in the mind*. Chicago, IL: University of Chicago Press.
- Johnson, M. (2007). *The meaning of the body: Aesthetics of human understanding*. Chicago, IL: University of Chicago Press.
- Jones, J. M., Bennett, S., Olmsted, M. P., Lawson, M. L., & Rodin, G. (2001). Disordered eating attitudes and behaviors in teenaged girls: A school-based study. *Canadian Medical Association Journal*, 165, 547–552. Retrieved from <http://www.ecmaj.ca>
- Jung, C. (2005). *Modern man in search of a soul*. Cornwall, England: Routledge.
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness*. New York, NY: Delta Trade Paperbacks.
- Karol, J. (2007). Applying a traditional individual psychotherapy model to equine-facilitated psychotherapy (EFP): Theory and method. *Clinical Child Psychology and Psychiatry*, 12(1), 77-90. doi: 10.1177/1359104507071057
- Katzman, M. A., Wooley, S. C., & Fallon, P. (1994). Eating disorders: A gendered disorder. *Eating Disorders Review*, 5(6), 1-3.
- Kenney, J. W. (2002). *Philosophical and theoretical perspectives for advanced nursing practice* (3rd ed.). Mississauga, ON, Canada: Jones and Bartlett Publishers Canada.
- Keville, S., Byrne, V., Tatham, M., & McCarron, G. (2008). Cognitive behaviour group therapy for obesity and binge eating disorder. In J. Buckroyd & S. Rother (Eds.), *Psychological responses to eating disorders and obesity: Recent and innovative work* (pp. 139-158). Chichester, England: Wiley.

- Kluck, A. S. (2008). Family factors in the development of disordered eating: Integrating dynamic and behavioral explanation. *Eating Behavior*, 9(4), 471-483. doi: 0.1016/j.eatbeh.2008.07.006
- Kluck, A. S. (2010). Family influence on disordered eating: The role of body image dissatisfaction. *Body Image*, 7(1), 8-14. doi: 10.1016/j.bodyim.2009.09.009
- Knoblauch, S. (2008). Tipping points between body, culture, and subjectivity: The tension between passion and custom. In S. Anderson (Ed.), *Bodies in treatment: The unspoken dimension* (pp. 193-212). New York, NY: The Analytic Press.
- Koch, T. (1996). Implementation of a hermeneutic inquiry in nursing: Philosophy, rigor and representation. *Journal of Advanced Nursing*, 24(1), 174-184. doi: 10.1046/j.1365-2648.1996.17224.x
- Kohanov, L. (2001). *The tao of equus: A woman's journey of healing & transformation through the way of the horse*. Novato, CA: New World Library.
- Kohanov, L. (2003). *Riding between the worlds: Expanding our potential through the way of the horse*. Novato, CA: New World Library.
- Krantz, A. M. (1999). Growing into her body: Dance/movement therapy for women with eating disorders. *American Journal of Dance Therapy*, 21(2), 81-103. doi: 10.1023/A:1022104603189
- Kriel, J. R. (2003). Removing medicine's Cartesian mask. The problem of humanizing medical education: Part I. *Journal of Biblical Ethics in Medicine*, 3(2), 18-22. Retrieved from <http://www.bmei.org>
- Kvale, S. (1996). *InterViews: An introduction to qualitative research*. Thousand Oaks, CA: Sage.



- Laumer, U., Bauer, M., Fitcher, V., & Milz, H. (2004). Therapeutic effects of the Feldenkrais method (awareness through movement) in eating disorders. *Feldenkrais Research Journal*, 1(1), 17-27. Retrieved from <http://iffresearchjournal.org>
- Laverty, S. M. (2003). Hermeneutic phenomenology and phenomenology: A comparison of historical and methodological considerations. *International Journal of Qualitative Methods*, 2(3), Article 3. Retrieved from <http://ejournals.library.ualberta.ca/index.php/IJQM/index>
- Leder, D. (1992). A tale of two bodies: The Cartesian corpse and the lived body. In D. Leder (Ed.), *The body in medical thought and practice* (pp. 17-35). Dordrecht, The Netherlands: Kluwer Academic.
- Lees, J. (2008). Cognitive-behavioural therapy and evidence based practice: Past, present, and future. *European Journal of Psychotherapy & Counselling*, 10(3), 187-196. doi: 10.1080/13642530802337827
- Leibler, N., & Moss, S. (2009). *Healing depression the mind-body way*. Hoboken, NJ: John Wiley & Sons.
- Lester, R. J. (1997). The (dis)embodied self in anorexia nervosa. *Social Science and Medicine*, 44(4), 479-489. doi: 10.1016/S0277-9536(96)00166-9
- Levine, M. P., McVey, G. L., Piran, N., & Ferguson, H. B. (2012). Introduction. In G. L. McVey, M. P. Levine, N. Piran, & H. B. Ferguson (Eds.), *Preventing eating-related and weight-related disorders: Collaborative research, advocacy, and policy change* (pp. 1-15). Waterloo, ON, Canada: Wilfrid Laurier University Press.

- Levine, M. P., & Smolak, L. (2012). *The prevention of eating problems and eating disorders: theory, research, and practice*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Levy, F. J. (1992). *Dance movement therapy: A healing art*. Reston, VA: The American Alliance for Health, Physical Education, Recreation, and Dance.
- Linehan, M. M. (1998). Dialectical behavior therapy. In J. Todd & A. C. Bohart (Eds.), *Foundations of clinical and counseling psychology* (pp. 288-299). New York, NY: Longman.
- Lock, A., Epston, D., Maisel, R., & de Faria, N. (2005). Resisting anorexia/bulimia: Foucauldian perspectives in narrative therapy. *British Journal of Guidance & Counselling*, 33(3), 315-332. doi: 10.1080/03069880500179459
- Lock, A., & Strong, T. (2010). *Social constructionism: Sources and stirrings in theory and practice*. New York, NY: Cambridge University Press.
- Lutter, C. A., & Smith-Osborne, A. (2001). Equine-assisted exercise in the treatment of eating disorders: An alternative view. *Best Practices in Mental Health: An International Journal*, 7(2), 42-59. doi: 10.1037/a0029188
- Madden, S., Morris, A., Zurynski, Y., Kohn, M., & Elliot, E. (2009). Burden of eating disorders in 5-13-year-old children in Australia. *The Medical Journal of Australia*, 190(8), 410-414. Retrieved from <https://www.mja.com.au>
- Mahoney, M. J. (1998). Continuing evolution of the cognitive sciences and psychotherapies. In C. Franklin & P. Nurius (Eds.), *Constructivism in practice: Methods and challenges* (pp. 3-24). Milwaukee, WI: Families International.
- Maisel, R., Epston, D., & Borden, A. (2004). *Biting the hand that starves you: Inspiring resistance to anorexia/bulimia*. New York, NY: W. W. Norton.

- Malson, H. (1998). *The thin woman: Feminism, post-structuralism, and the social psychology of anorexia nervosa*. New York, NY: Routledge.
- Malson, H., Finn, D., Treasure, J., Clarke, S., & Anderson, G. (2004). Constructing 'the eating disordered patient': A discourse analysis of accounts of treatment experiences. *Journal of Community & Applied Social Psychology*, 14(6), 473-489. doi: 10.1002/casp.804
- Malson, H., & Swann, K. (1999). Prepared for consumption: (dis)orders of eating and embodiment. *Journal of Community & Applied Social Psychology*, 9(6), 397-405. doi: 10.1002/(SICI)1099-1298(199911/12)9:6<397::AID-CASP548>3.0.CO;2-P
- Manning, E. (2007). *Politics of touch: Sense, movement, sovereignty*. Minneapolis, MN: University of Minnesota Press.
- Manning, E. (2009). *Relationescapes: Movement, art, philosophy*. Cambridge, MA: Massachusetts Institute of Technology.
- Manning, E. (2013). *Always more than one: Individuation's dance*. Durham, NC: Duke University Press.
- Markus, H. R., & Kitayama, S. (2010). Cultures and selves: A cycle of mutual constitution. *Perspectives on Psychological Science*, 5(4), 420-430. doi: 10.1177/1745691610375557
- Massumi, B. (2002). *Parables for the virtual: Movement, affect, sensation*. Durham, NC: Duke University Press.
- Massumi, B. (2011). *Semblance and event: Activist philosophy and the occurrent arts*. Cambridge, MA: MIT Press.
- Maturana, H. (1978). Biology of language: The epistemology of reality. In G. A. Miller & E. Lenneberg (Eds.), *Psychology and biology of language and thought: Essays in honor of Eric Lenneberg* (pp. 27-63). New York, NY: Academic Press.

- McCarthy, I. (2010). A traumatic intrusion with transgressive possibilities: Power as a relational and discursive phenomenon. *Context, October*, 21-24. Retrieved from <http://www.taosinstitute.net>
- Mehler, P. (2011). Medical complications of bulimia nervosa and their treatments. *International Journal of Eating Disorders*, 44(2), 95-104. doi: 10.1002/eat.20825
- Mehta N., (2011), Mind-body dualism: A critique from a health perspective. In A. R. Singh & S. A. Singh (Eds.), *Brain, mind and consciousness: An international, interdisciplinary perspective* (pp. 202-209). Mumbai, India: Mednow.
- Merleau-Ponty, M. (1962). *Phenomenology of perception* (C. Smith, Trans.). London, England: Routledge and Kegan Paul.
- Merleau-Ponty, M. (1964). *The primacy of perception: And other essays on phenomenological psychology, the philosophy of arts, history, and politics* (J. M. Edie, Trans.). Evanston, IL: Northwestern University Press.
- Merleau-Ponty, M. (1968). *The visible and the invisible* (A. Lingis, Trans.). Evanston, IL: Northwestern University Press.
- Mermelstein, H., & Basu, R. (2001). Can you ever be too old to be too thin? Anorexia nervosa in a 92 year old woman. *International Journal of Eating Disorders*, 20(1), 123-126. doi: 10.1002/eat.1064
- Midkiff, M. D. (2002). *She flies without wings: How horses touch a woman's soul*. New York, NY: Random House.
- Miller, W. R. (2004). The phenomenon of quantum change. *Journal of Clinical Psychology*, 60(5), 454-460. doi: 10.1002/jclp.20000

- Mishra, S., & Mukhopadhyay, S. (2011). Eating and weight concerns among Sikkimese adolescent girls and their biocultural correlates: An exploratory study. *Public Health Nutrition*, 14(5), 853-859. doi: <http://dx.doi.org/10.1017/S1368980010002478>
- Mohr, W. (1998). Issues in the care of adolescent clients. In A. W. Burgess (Ed.), *Advanced practice psychiatric nursing* (pp. 285-302). Stamford, CT: Appleton & Lange.
- Moreau, L. M., & McDaniel, I. (2000). *Equine facilitated mental health: A field guide for practice* (2nd ed.). Denver, CO: North American Riding for the Handicapped Association.
- Moules, N. J. (2002). Hermeneutic inquiry: Paying heed to history and Hermes - An ancestral, substantive, and methodological tale. *International Journal of Qualitative Methods* 1(3), 1-21. Retrieved from <http://ejournals.library.ualberta.ca/index.php/IJQM/index>
- Murphy, R., Straebler, S., Cooper, Z., & Fairburn, C. G. (2010). Cognitive behavioral therapy for eating disorders. *The Psychiatric Clinics of North America*, 33(3), 611-627. doi: 10.1016/j.psc.2010.04.004
- Nagatomo, S. (1992). *Attunement through the body*. New York, NY: University of New York Press.
- Nasser, M. (1997). *Culture and weight consciousness*. New York, NY: Routledge.
- National Association of Cognitive-Behavioral Therapists. (2008). *History of cognitive-behavioral therapy*. Retrieved May 1, 2013, from <http://www.nacbt.org/historyofcbt.html>
- National Eating Disorders Association. (2012). *Fact sheet*. Retrieved May 5, 2013, from <http://www.nationaleatingdisorders.org/learn>

- Newell, R. (1991). Body-image disturbance: Cognitive behavioural formulation and intervention. *Journal of Advanced Nursing*, 16(12), 1400-1405. doi: 10.1111/j.1365-2648.1991.tb01586.x
- Newton, M., Boblin, S., Brown, B., & Ciliska, D. (2006). Understanding intimacy for women with anorexia nervosa: A phenomenological approach. *European Eating Disorders Review*, 14(1), 43-53. doi: 10.1002/erv.669
- Nietzsche, F. (1974). *The gay science* (W. Kauffman, Trans.). New York, NY: Vintage Books.
- Nimer, J., & Lundahl, B. (2007). Animal-assisted therapy: A meta-analysis. *Anthrozoos*, 20(3), 225-238. doi: 10.2752/089279307X224773
- Noland, C. (2009). *Agency and embodiment: Performing gestures, producing culture*. Cambridge, MA: Harvard University Press.
- Nuemark-Sztainer, D. (2011). Prevention of eating disorders in children and adolescents. In D. Le Grange & J. Lock (Eds.), *Eating Disorders in children and adolescents: A clinical handbook* (pp. 421-439). New York, NY: Guilford Press.
- Nye, S., & Cash, T. L. (2006). Outcomes of a manualized cognitive-behavioural body image therapy with eating disordered women treated in a private clinical practice. *Eating Disorders*, 14(1), 31-40. doi: 10.1080/10640260500403840
- Olkowski, D. (2006). Maurice Merleau-Ponty: Intertwining and objectification. *PhaenEx*, 1(1), 113-139. Retrieved from <http://www.phaenex.uwindsor.ca/ojs>
- Orbach, S. (1982). *Fat is a feminist issue II*. London, England: Random House.
- Orbach, S. (1986). *Hunger strike: The anorectic's struggle as a metaphor for our time*. London, England: Karnac Books.

- Owen, C., & Dein, S. (2006). Conversion disorder: The modern hysteria. *Advances in Psychiatric Treatment*, 12, 152-157. doi: 10.1192/apt.12.2.152
- Paterson, M., & Higgs, J. (2005). Using hermeneutics as a qualitative research approach in professional practice. *The Qualitative Report*, 10(2), 339-357. Retrieved from <http://www.nova.edu/ssss/QR>
- Pearson, A., Follette, V., & Hayes, S. (2012). A pilot study of acceptance and commitment therapy as workshop intervention for body dissatisfaction and disordered eating attitudes. *Cognitive and Behavioral Practice*, 19(1), 181-197. doi: <http://dx.doi.org/10.1016/j.cbpra.2011.03.001>
- Phoenix, C., & Sparkes, A. (2009). Being Fred: Big stories, small stories, and the accomplishment of ageing identity. *Qualitative Research*, 9(2), 219-236. doi: 10.1177/1468794108099322
- Piran, N. (2001). Re-inhabiting the body from the inside out: Girls transform their school environment. In D. L. Tolman & M. Brydon-Miller (Eds.), *From subjects to subjectivities: A handbook of interpretive and participatory methods* (pp. 218-238). New York, NY: NYU Press.
- Piran, N. (2002). Embodiment: A mosaic of inquiries in the area of body weight and shape preoccupation. In S. Abbey (Ed.), *Ways of knowing in and through the body: Diverse perspectives on embodiment* (pp. 211-214). Welland, ON, Canada: Soleil Publishing.
- Piran, N., Carter, W., Thompson S., & Pajouhandeh, P. (2002). Powerful girls: A contradiction in terms? Young women speak about the experience of growing up in a girl's body. In S. Abbey (Ed.), *Ways of knowing in and through the body: Diverse perspectives on embodiment* (pp. 206-210). Welland, ON, Canada: Soleil Publishing.

- Piran, N., & Teall, T. (2012). The developmental theory of embodiment. In G. L. McVey, M. P. Levine, N. Piran, & H. B. Ferguson (Eds.), *Preventing eating-related and weight-related disorders: Collaborative research, advocacy, and policy change* (pp. 165-198). Waterloo, ON, Canada: Wilfrid Laurier University Press.
- Potter, J., & Wetherell, M. (1987). *Discourse and social psychology: Beyond attitudes and behaviour*. London, England: Sage.
- Probst, M., Vandereycken, W., & Coppenolle, H. (1997). Body-size estimation in eating disorders using video distortion on a life-size screen. *Psychotherapy & Psychosomatics*, 66(2), 87-91. doi: 10.1159/000289114
- Proctor, G. (2003). CBT: Collaboration or compliance? *Clinical Psychology*, 25, 14-17.
- Public Health Agency of Canada. (2002). *A report on mental illnesses in Canada, Chapter 6: Eating disorders*. Retrieved January 5, 2013, from [http://www.phac-aspc.gc.ca/publicat/miic-mmacc/chap\\_6-eng.php](http://www.phac-aspc.gc.ca/publicat/miic-mmacc/chap_6-eng.php)
- Radley, A. (2000). Health psychology, embodiment and the question of vulnerability. *Journal of Health Psychology*, 5(3), 297-304. doi: 10.1177/135910530000500301
- Ramazanoglu, C. (1993). Reflections on the value of Foucault's arguments for feminism. In C. Ramazanoglu (Ed.), *Up against Foucault: Explorations of some tensions between Foucault and feminism* (pp. 1-28). New York, NY: Routledge.
- Ridge Wolszon, L. (1998). Women's body image theory and research: A hermeneutic critique. *The American Behavioural Scientist*, 41(4), 542-557. doi: 10.1177/0002764298041004006
- Risser, J. (2000). After the hermeneutic turn. *Research in Phenomenology*, 30(1), 71-88. doi: 10.1163/156916400746614



- Robertson, A. F. (2001). *Greed: Gut feelings, growth, and history*. Cambridge, England: Polity Press.
- Rodin, J., Silberstein, L., & Striegel-Moore, R. (1984). Women and weight: A normative discontent. In T. B. Sonderegger (Ed.), *Nebraska Symposium on Motivation - Psychology and gender* (pp. 267-307). Lincoln, NE: University of Nebraska Press.
- Rosen, D. (2010). Identification and management of eating disorders in children and adolescents. *Pediatrics*, 126(6), 1240-1253. doi: 10.1542/peds.2010-2821
- Rowan, A. N., & Beck, A. M. (1994). The health benefits of human-animal interaction. *Anthrozoos*, 7(2), 85-89. doi: 10.2752/089279394787001916
- Ruff, G., & Barrios, B. (1986). Realistic assessment of body image. *Behavioral Assessment*, 8(3), 237-251.
- Ruggiaro, G. (2001). One country, two cultures. In M. Nasser, M. Katzman, & R. Gordon (Eds.), *Eating disorders and cultures in transition* (pp. 119-137). New York, NY: Brunner-Routledge.
- Russell-Martin, L. A. (2006). *Equine facilitated couples therapy and solution focused couples therapy: A comparative study* (Unpublished doctoral dissertation). Northcentral University, Prescott Valley, AZ.
- Russell-Mayhew, S. (2007). Preventing a continuum of disordered eating: Going beyond the individual. *The Prevention Researcher*, 14(3), 7-10. Retrieved from <http://www.tpronline.org>
- Ruthrof, H. (2000). *The body in language*. London, England: Cassell.

- Safran, J. D. (1993). Breaches in the therapeutic alliance: An arena for negotiating authentic relatedness. *Psychotherapy*, 30(1), 11-24. doi: <http://dx.doi.org/10.1037/0033-3204.30.1.11>
- Saltzberg, E. A., & Chrisler, J. C. (1995). Beauty is the beast: Psychological effects of the pursuit of the perfect female body. In J. Freeman (Ed.), *Women: A feminist perspective* (pp. 306-315). Mountain View, CA: Mayfield Publishing Company.
- Sampson, E. E. (1993). Identity politics: Challenges to psychology's understandings. *American Psychologist*, 48(12), 1219-1230. doi: 10.1037/0003-066X.48.12.1219
- Samson, C. (1995). Madness and psychiatry. In B. S. Turner (Ed.), *Medical power and social knowledge* (pp. 55-83). London, England: Sage Publications.
- Sanz, J., & Burkitt, I. (2001). Embodiment, lived experience, and anorexia: The contribution of phenomenology to a critical therapeutic approach. *Athenea Digital*, April, 38-52.  
Retrieved May 5, 2013, from <http://ddd.uab.cat/pub/athdig/15788946n0a4.htm>
- Satow, R. (1979). Where has all the hysteria gone? *Psychoanalytic Review*, 66(4), 463-477.  
Retrieved from <http://npap.org/psychoanalytic>
- Scheidhacker, M., Friedrich, D., & Bender, W. (2002). About the treatment of anxiety disorders by psychotherapeutic riding: Long-term observations and results of an experimental clinical study. *Krankenhauspsychiatrie*, 13(4), 145-152. doi: 10.1055/s-2002-36438
- Schultz, P., Remick-Barlow, A., & Robbins, L. (2007). Equine-assisted psychotherapy: A mental health promotion/intervention modality for children who have experienced intra-family violence. *Health & Social Care in the Community*, 15(3), 265-271. doi: 10.1111/j.1365-2524.2006.00684.x

- Segal, Z., Teasdale, J., & Williams, M. (2002). *Mindfulness-based cognitive therapy for depression*. New York, NY: Guilford Press.
- Selby, A., & Smith-Osborne, A. (2013). A systematic review of effectiveness of complementary and adjunct therapies and interventions involving equines. *Health Psychology, 32*(4), 418-432. doi: 10.1037/a0029188
- Sepúlveda, A. R., Botella, J., & León, J. A. (2002). Body-image disturbance in eating disorders: A meta-analysis. *Psychology in Spain, 6*(1), 83-95. Retrieved from <http://www.psychologyinspain.com>
- Sesan, R. (1994). Feminist inpatient treatment for eating disorders: An oxymoron? In P. Fallon, M. A. Katzman, & S. C. Wooley (Eds.), *Feminist perspectives on eating disorders* (pp. 251-271). New York, NY: Guilford Press.
- Shapiro, K. J. (1990). Understanding dogs through kinesthetic empathy, social construction, and history. *Anthrozoos, 3*(3), 184-195. doi: 10.2752/089279390787057540
- Sheets-Johnstone, M. (2008). *The roots of morality*. University Park, PA: Pennsylvania State University.
- Sheets-Johnstone, M. (2009). *The corporeal turn: An interdisciplinary reader*. Charlottesville, PA: Imprint Academic.
- Sherrill, C. (1998). *Adapted physical activity, recreation, and sport: Crossdisciplinary and lifespan*. New York, NY: WCB/McGrawHill.
- Shotter, J. (1999a, June). *Writing from within "living moments:" "Withness-writing" rather than "aboutness-writing."* Paper presented at the Fourth National Writing Across the Curriculum Conference: Multiple Intelligences, Cornell University, Ithaca, NY. Retrieved May 5, 2013, from [http://pubpages.unh.edu/~jds/CORNELL\\_FIN.htm](http://pubpages.unh.edu/~jds/CORNELL_FIN.htm)

- Shotter, J. (1999b, September). *At the boundaries of being: Re-figuring intellectual life*. Paper presented at the University of New Hampshire Conference: Social Construction and Relational Practices, Durham, NH. Retrieved May 5, 2013, from <http://pubpages.unh.edu/~jds/UNH-99.htm>
- Shotter, J. (2005). Goethe and refiguring of intellectual inquiry: From “aboutness”- thinking to “withness”- thinking in everyday life. *Janus Head*, 8(1), 132-158. Retrieved from <http://www.janushead.org>
- Shotter, J. (2008). Dialogism and polyphony in organizing theorizing in organization studies: Action guiding anticipations and the continuous creation of novelty. *Organization Studies*, 29(4), 1-24. doi: 10.1177/0170840608088701
- Shotter, J. (2009). Moments of common reference in dialogic communication: A basis for unconfused collaboration in unique contexts. *International Journal of Collaborative Practices*, 1(1), 31-39. Retrieved from <http://collaborative-practices.com>
- Shotter, J. (2010). Dialogical dynamics: Inside the moment of speaking. In J. Streeck (Ed.), *New adventures in language and interaction* (pp. 257-272). Philadelphia, PA: John Benjamins.
- Shotter, J. (2011). Embodiment, abduction, and expressive movement: A new realm of study? *Theory & Psychology*, 21(4), p.439-456. doi: 10.1177/0959354310372992
- Shotter, J. (2012). More than cool reason: “Withness-thinking” or “systemic-thinking” and “thinking about systems.” *International Journal of Collaborative Practice*, 3(1), 1-13. Retrieved from <http://collaborative-practices.com>
- Shusterman, R. (1997). *Practicing philosophy: Pragmatism and the philosophical life*. New York, NY: Routledge.

- Shusterman, R. (2008). *Body consciousness: A philosophy of mindfulness and somaesthetics*. Cambridge, England: Cambridge University Press.
- Skarderud, F. (2007a). *Psychiatry in the flesh* (Unpublished doctoral dissertation). University of Oslo, Norway.
- Skarderud, F. (2007b). Shame and pride in anorexia nervosa: A qualitative study. *European Eating Disorders Review*, 15(2), 81-97. doi: 10.1002/erv.774
- Smith, D. G. (1999). *Pedagon: The hermeneutic imagination and the pedagogic text*. New York, NY: Peter Lang.
- Souter, M. A., & Miller, M. D. (2007). Do animal-assisted activities effectively treat depression? A meta-analysis. *Anthrozoos*, 20(2), 167-180. doi: 10.2752/175303707X207954
- Starhawk, 1987. *Truth or dare: Encounters with power, authority, and mystery*. San Francisco, CA: Harper.
- Steinhausen, H. C. (2002). The outcome of anorexia nervosa in the 20th century. *American Journal of Psychiatry*, 159(8), 1284-1293. doi: 10.1176/appi.ajp.159.8.1284
- Stice, E., Ng, J., & Shaw, H. (2010). Risk factors and prodromal eating pathology. *Journal of Child Psychology and Psychiatry*, 51(4), 518-525. doi: 10.1111/j.1469-7610.2010.02212.x
- Straebl, S. Bosden, S., & Cooper, Z. (2010). Transdiagnostic cognitive-behavioural therapy for patients with eating disorders. *European Psychiatric Review*, 3(2), 69-72. Retrieved from <http://www.touchpsychiatry.com>
- Strauss, J., & Ryan, R. (1988). Cognitive dysfunction in eating disorders. *International Journal of Eating Disorders*, 7(1), 19-27. doi: 10.1002/1098-108X(198801)7:1<19::AID-EAT2260070103>3.0.CO;2-2

- Streigel-Moore, R., & Bulik, C. M. (2007). Risk factors for eating disorders. *The American Psychologist*, 62(3), 181-198. doi: 10.1037/0003-066X.62.3.181
- Streigel-Moore, R., & Franko, D. (2003). Epidemiology of binge eating disorder. *International Journal of Eating Disorders*, 34(S1), 19-29. doi: 0.1002/eat.102002
- Strong, T., & Massfeller, H. F. (2010). Negotiating post-consultation “homework” tasks between counsellors and clients. *International Journal for the Advancement of Counselling*, 32(1), 14-30. doi: 10.1007/s10447-009-9085-1
- Strong, T., Pyle, N. R., deVries, C., Johnston, D. N., & Foskett, A. J. (2008). Meaning-making lenses in counselling: Discursive, hermeneutic-phenomenological, and autoethnographic perspectives. *Canadian Journal of Counselling*, 42(2), 117-130.
- Swanson, S. A., Crow, S. J., Le Grange, D., Swendsen, J., & Merikangas, K. R. (2011). Prevalence and correlates of eating disorders in adolescents: Results from the national comorbidity survey replication adolescent supplement. *Archives of General Psychiatry*, 68, 714-723. doi: 10.1001/archgenpsychiatry.2011.22
- Thompson, J. K., Heinberg, L. J., Altabe, M. N., & Tantleff-Dunn, S. (1999). *Exacting beauty: Theory, assessment, and treatment of body image disturbance*. Washington, DC: American Psychological Association.
- Thompson, J. K., & Stice, E. (2001). Thin-ideal internalization: Mounting evidence for a new risk factor for body-image disturbance and eating pathology. *Current Directions in Psychological Science*, 10(5), 181-183. doi: 10.1111/1467-8721.00144
- Thompson, M. J. (2009). Animal-assisted play therapy: Canines as co-therapists. In G. R. Walz, J. C. Bleuer, & R. K. Yep (Eds.), *Compelling counseling interventions* (pp. 199-209). Alexandria, VA: American Counseling Association.

- Todes, S. (2001). *Body and world*. Cambridge, MA: MIT Press.
- Tomasello, M. (2008). *Origins of human communication*. Cambridge, MA: MIT Press.
- Tozzi, F., Thornton, L., Klump K., Fichter M., Halmi K., Kaplan A., et al. (2005). Symptom fluctuation in eating disorders: Correlates of diagnostic crossover. *American Journal of Psychiatry*, 162(4), 732-40. doi: <http://dx.doi.org/10.1176/appi.ajp.162.4.732>
- Vandenbosch, L., & Eggermont, S. (2012). Understanding sexual objectification: A comprehensive approach toward media exposure and girls' internalization of beauty ideals, self-objectification, and body surveillance. *Journal of Communication*, 62(5), 869-887. doi: 10.1111/j.1460-2466.2012.01667.x
- Vanderycken, W. (2003). The place of inpatient care in the treatment of anorexia nervosa: Questions to be answered. *International Journal of Eating Disorders*, 34(4), 409-422. doi: 10.1002/eat.10223.
- Wade, A. (1997). Small acts of living: Everyday resistance to violence and other forms of oppression. *Contemporary Family Therapy*, 19(1), 23-39. doi: 10.1023/A:1026154215299
- Wade, T., Keski-Rahkonen, A., & Hudson, J. (2011). Epidemiology of eating disorders. In M. Tsuang & M. Tohen (Eds.), *Psychiatric epidemiology* (3rd ed.) (pp. 343-360). New York, NY: Wiley.
- Walkerdine, V. (1986). Post-structural theory and everyday social practices: The family and the school. In S. Winkinson (Ed.), *Feminist social psychology: Developing theory and practice* (p. 57-76). Buckinghamshire, England: Open University Press.

- Wallin, U., Kronovall, P., & Majewski, M. (2000). Body awareness therapy in teenage anorexia nervosa: Outcome after 2 years. *European Eating Disorders Review*, 8(1), 19-30. doi: 10.1002/(SICI)1099-0968(200002)8:1<19::AID-ERV329>3.0.CO;2-K
- Walters E., & Kendler K. S. (1995). Anorexia nervosa and anorexic-like syndromes in a population-based female twin sample. *American Journal of Psychiatry*, 152(1), 64-71. Retrieved from <http://ajp.psychiatryonline.org>
- Weiss, G. (1999). The abject borders of body image. In G. Weiss & H. F. Haber (Eds.), *Perspectives on embodiment: The intersections of nature and culture* (pp.41-60). New York, NY: Routledge.
- Wilson, G. T. (2004). Acceptance and change in the treatment of eating disorders: The evolution of manual-based cognitive-behavioural therapy. In S. C. Hayes, V. M. Follette, & M. M. Linehan (Eds.), *Mindfulness and acceptance: Expanding the cognitive-behavioural tradition* (pp. 243-260). London, England: Guilford Press.
- Wilson, G. T., Grilo, C. M., & Vitousek, K. M. (2007). Psychological treatment of eating disorders. *American Psychologist*, 62(3), 199-216. doi: 10.1037/0003-066X.62.3.199
- Wilson, T., Vitousek, K., & Loeb, K. (2000). Stepped care treatment for eating disorders. *Journal of Consulting and Clinical Psychology*, 68(4), 564-572. doi: 10.1037/0022-006X.68.4.564
- Wittgenstein, L. (1953). *Philosophical investigations* (G. E. M. Anscombe, Trans.). Oxford, UK: Blackwell.
- Wittgenstein, L. (1980). *Culture and value* (G. H. von Wright, Ed., P. Winch, Trans.). Oxford, England: Blackwell.



- Wittgenstein, L. (1981) *Zettel* (G. E. M. Anscombe & G. H. von Wright, Eds., G. E. M. Anscombe, Trans.). Oxford, England: Blackwell.
- Wolf, N. (2002). *The beauty myth: How images of beauty are used against women*. New York, NY: Morrow.
- Wong-Wylie, G., & Russell-Mayhew, S. (2010). No “body” to blame: Socio-cultural influences on girls and women. In L. R. Ross (Ed.), *Feminist counselling: Theory, issues, and practice* (pp. 195-219). Toronto, ON, Canada: Women’s Press.
- Yorke, J. (1997). *The therapeutic value of the equine-human relationship in recovery from trauma: A qualitative analysis* (Unpublished master’s thesis). Wilfrid Laurier University, Waterloo, ON, Canada.
- Yorke, J., (2010). The significance of human animal relationships as modulators of trauma effects in children: A developmental neurobiological perspective. *Early Child Development and Care*, 180(5), 559-570. doi: 10.1080/03004430802181189
- Yorke, J., Adams, C., & Coady, N. (2008). Therapeutic value of equine-human bonding in recovery from trauma. *Anthrozoos*, 21(1), 12-30. doi: 10.2752/089279308X274038

## Appendix A: Articles in the Calgary Herald

### *Horse Power - Empathetic animals help the eating disordered*

Valerie Berenyi, Calgary Herald

Published: Monday, April 11, 2011

The idea that animals have a deeply therapeutic effect on humans isn't new, but what about using horses to help women who systematically starve themselves?

A University of Calgary PhD candidate in counselling psychology wants to find out what it is about horse power that can be healing for women diagnosed with eating disorders such as anorexia and bulimia. Hillary Sharpe will be running a six-week pilot program this spring at Healing Hooves, a facility north of Calgary in Cremona that pairs specially trained horses with people of all ages suffering from anxiety, depression, and addictions or those who've experienced violence and abuse.

For her dissertation Sharpe is looking at what is it about this treatment, properly called equine facilitated counselling or EFC, that is particularly helpful for women with eating disorders. "There are so many girls and women struggling with disordered eating, but there's still a big gap in terms of what we know about these problems and how we can help people who live with them," says Sharpe, explaining that traditional talk therapy is currently the gold standard for treatment. "But it doesn't work for everybody and even for those it works with we don't really know how long the effects last. So we really need to look at different options and equine facilitated counselling is an up-and-coming field that offers a radically different approach to treating mind-body problems such as eating disorders."

Eating disorders are the most common chronic illnesses in teen girls, affecting up to five per cent, according to the Hopewell Eating Disorders Centre in Ottawa ([hopewell.ca](http://hopewell.ca)). And statistics from the National Eating Disorders Information Centre ([nedic.ca](http://nedic.ca)) show an estimated 10 per cent of individuals with anorexia will die within 10 years of the onset of the disorder. Sharpe is looking for up to 12 women over age 18 who've been diagnosed with an eating disorder to participate in her study, starting April 26. She'll act as both a counsellor and a researcher in the two-hour sessions. Participants undergo three interviews in the free program and don't need any riding experience. Nor will they need to actually ride a horse. Apparently it's enough just to hang out with the horses, feeding, stroking and grooming the gentle beasts.

Relaxation exercises are done first so the women are as calm as possible before they are introduced to the ponies in the pasture. A big part of the therapy is learning to trust the big, powerful animals and vice versa. "As clients come to trust the horses used in therapy, they also start to trust themselves. They learn to enjoy being in the moment and letting that sense of control fall away. They enjoy feeling their body move and respond to the horses," says Sharpe, describing the non-verbal interplay that develops between human and horse as much like an intuitive dance. "That's really important for women with eating disorders because it promotes a totally different way of relating to their bodies."

Why horses? "There's something innate about this connection between women and horses. Horses are highly sensitive, intelligent animals and they pick up on what you're feeling and

mirror it back to you,” she explains. Women with eating disorders can be disconnected from their emotions, she adds, especially negative ones such as anxiety, anger and fear: “They tend to shove those down and ignore them. When you’re with a horse you can’t do that. They’ll pick up on it.”

Sue McIntosh opened Healing Hooves in 2000 and has specialized in EFC for the past 15 years. McIntosh holds a master’s degree in counselling and has worked with many young teen women with eating disorders, including patients hospitalized for it. She says teens often find traditional talk therapy boring. “They say the last thing want to do is sit and talk, or be talked at, by a boring adult,” she says. “They build up defences and stop talking.” Focusing on the horse, talking about its story, its health and its needs makes therapy less scary. “It makes it one step removed. We can talk about it (the eating disorder), without talking about it,” she says.

Although Marlene Checknita suffered from disordered eating as a child, she sought help from Healing Hooves for difficulties with anxiety and feeling unable to move forward in her adult life. She worked through her issues over four years and says EFC “taught me to be powerful, without being passive or aggressive. It was brilliant.” Checknita learned that if she felt calm and assured, the horse -and other animals, including people -would respond positively and enthusiastically.

Interestingly, several of the horses at Healing Hooves come from abusive or neglected backgrounds themselves. “When you pair one of these horses with a particular client they both work out their individual issues,” says Sharpe, who has volunteered for several summers at Healing Hooves, working with abused kids, and at Opening Gaits, a therapeutic riding centre in Calgary for children and youth with disabilities.

The evidence behind EFC isn’t just anecdotal. Remuda Ranch, an eating disorders treatment facility in the U.S., has published papers about the therapeutic effects -improved emotional awareness and self-acceptance, and decreased isolation, depression and anxiety -in women with eating disorders. It’s also been shown to help dispel body dysmorphic disorders. For example, some women with eating disorders picture themselves as larger than they actually are. Being on or around horses can help them develop a more realistic view of themselves, says Sharpe.

When she completes her doctorate, she wants to work as a counselling psychologist specializing in animal assisted therapy, especially with horses. “There’s something about them that’s so healing and they have a lot to teach us about compassion and trust.”

To reach Hillary Sharpe, e-mail her at [hasharpe@ucalgary.ca](mailto:hasharpe@ucalgary.ca).

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### *Horses ease eating disorders*

Valerie Berenyi, Calgary Herald

Published: Monday, May 19, 2011

A University of Calgary PhD candidate in counselling psychology is running a second program using horses to help women who've been diagnosed with eating disorders.

Hillary Sharpe is looking for women over age 18 with a diagnosed eating disorder to participate in a free six-week program at Healing Hooves, a facility north of Calgary in Cremona that pairs specially trained horses with people suffering from anxiety, depression, abuse, or addictions. The program starts this week.

Sharpe is researching what it is about equine-facilitated counselling, or EFC, that is particularly helpful for women with eating disorders. For more information email [hasharpe@ucalgary.ca](mailto:hasharpe@ucalgary.ca)

The program has captured the imagination of the folks at the CBC TV show Heartland. It's donated a set visit for four, which is being auctioned to raise money for the research. To bid, go to [eBay.ca](http://eBay.ca) and type in "healing hooves." Bidding closes May 22.

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## Appendix B: Recruitment Materials and Informed Consent

# Are You Living With An Eating Disorder?

If you are an adult woman diagnosed with anorexia, bulimia, or eating disorder not otherwise specified, you may be eligible to participate in a free Equine-Facilitated Counselling Group

This group is part of a research project exploring the experiences of women with eating disorders who take part in Equine-Facilitated Counselling (EFC).

Your participation will include:

- taking part in six group counselling sessions at Healing Hooves (~45 minutes outside Calgary)
- completing two individual interviews and one group interview

To participate you must:

- be 18 years of age or older
- have access to reliable transportation
- have a diagnosed eating disorder
- have the approval of a physician

The group will run Tuesday evenings from 6:45 - 8:45 starting April 26th, 2011.

Please note that you must participate in the research project in order to be eligible for the EFC group.

If you wish to withdraw from the project you will also be withdrawing from the group.



For more information  
please contact:

Hillary Sharpe  
M.Sc., Ph.D. candidate

hasharpe@ucalgary.ca /  
(403) 669-3714



## Are you living with an eating disorder?

If you are an adult woman  
diagnosed with anorexia,  
bulimia, or eating disorder  
not otherwise specified, you  
may be eligible to participate  
in a free Equine-Facilitated  
Counselling Group

*Horses lend us  
the wings we lack  
~ Author unknown*

For more information  
please contact:

Hillary Sharpe  
M.Sc., Ph.D. candidate

hasharpe@ucalgary.ca /  
(403) 669-3714

○ In riding a horse we borrow freedom ~Helen Thomson ○



○ Take Part in Equine-Facilitated Counselling and Tell Your Story ○

This group is part of a research project

exploring the experiences of women with eating disorders who participate in Equine-Facilitated Counselling (EFC).

Your participation will include:

- taking part in six, two-hour group counselling sessions (dates to be announced) at Healing Hooves in Cremona (~45 minutes outside Calgary)
- completing two individual interviews and one group interview

No previous horse experience necessary

To participate you must:

- be 18 years of age or older
- have access to reliable transportation
- have a diagnosed eating disorder
- have a note indicating the approval of a physician



Please note that you must participate in the research project in order to be eligible for the EFC group. If you wish to withdraw from the research project you will also be withdrawing from the group.

Letter used when communicating with psychologists for the purposes of participant recruitment

Dear \_\_\_\_\_,

My name is Hillary Sharpe and I'm a PhD student in counselling psychology at the University of Calgary. I'm currently recruiting participants for a research project exploring the experiences of women with eating disorders who participate in Equine-Facilitated Counselling (EFC). I am writing to kindly request that you pass along the attached pamphlet to any of your clients who might benefit from taking part in a free EFC group designed for women with bulimia, anorexia, or eating disorder not otherwise specified.

No previous horse experience is necessary and participation includes: completing six, two-hour group counselling sessions at Healing Hooves in Cremona, which is about 45 minutes outside of Calgary, and completing two individual interviews and one group interview. The group will consist of 8-10 women and will be facilitated by myself and Sue McIntosh, a trained EFC provider and owner of Healing Hooves ([www.healinghooves.ca](http://www.healinghooves.ca)).

Participants must be 18 years of age or older, have access to reliable transportation, a diagnosed eating disorder, and the approval of a physician. Please note that participants must complete the research portion (i.e., interviews) as a requirement for taking part in the EFC group.

I am happy to mail or drop off as many copies of the attached pamphlet as you require. Please feel free to contact me if you have any questions or concerns.

Best wishes,

Hillary Sharpe



### Introductory Script for Potential Participants

Thank you for your interest in this research. I'd like to describe in more detail what your participation will look like and how I came to this research topic. I've been in contact with horses throughout my life and I've always wondered about the healing potential that these interactions seem to hold. The moments that I've spent with horses and other animals have helped me during some difficult times. I'm specifically interested in the experiences of women who are dealing with body issues, as I've struggled with these issues myself and I've counselled women who have eating disorders.

I'm hoping to explore what it is about your interactions with the horses at Healing Hooves that might lead to transformational moments or shifts in your body, feelings, or thoughts. These may not necessarily be positive, in fact they could be negative and that's alright too. I'd like to discuss how these moments arose and what is significant about them. I know that it can be hard to put these sensations or moments into words, so we'll go at your own pace.

The counselling group will include eight to ten women with eating disorders, myself, Sue McIntosh, who is a counsellor and horse expert, a few volunteers with experience working with horses, and a number of horses that have participated in groups like this. The group counselling sessions will each be two hours in length and will include interaction with the horses and group discussion. Interaction with the horses may be structured such as grooming activities, training exercises, and riding, or unstructured, meaning that you'll have the chance to just be with the horses. You can choose to groom them, pet them, or just watch them. All activities with the horses will be supervised and will take place either in a large stable or outside in a small fenced pasture. Riding will only occur in later sessions after you've received information and instruction on how to safely ride. If you decide that you don't want to ride the horses there will be other activities available. For your safety, we ask that you bring a note from a doctor to our first session stating that you are medically stable enough to participate in the group and ride the horses (if you choose to). Throughout the group, I will serve in two separate roles as both a co-facilitator and as a researcher. Sue will be the other co-facilitator, but she won't be involved as a researcher.

During your participation in the research component of the group, you'll be asked to complete two individual interviews with me and one group interview at the end of the Healing Hooves group. The first interview will take place between your second and third group session. I can conduct the interviews either in your home or in a private office at the University of Calgary. The interviews should last about 60-90 minutes and will be conversational in nature. The next individual interview will take place between the fourth and fifth group sessions. These two interviews will focus on what it was that stood out for you in terms of the horses and your interactions with them. Our final interview will take place right after the last session at Healing Hooves and will include the whole group. Some example questions that I might ask include: "Are there any moments between you and your horse that are important or have stuck with you?" and "What was it about these moments that might have made a difference for you?" You might not always have an answer for questions like this or it might be difficult to put into words, but that's alright. My hope is that the more we're able to explore the experiences, the clearer they'll become for both of us. This will be an ongoing process and there are no right or wrong answers.

Our interviews will be audio-taped and I'll transcribe them so that I can read them later. My supervisors and I will be the only ones who have access to the tapes and transcripts.

Once we've completed the interviews I'll read through the interview transcripts and pick out some common themes to send to you for verification either by mail or email, whichever you prefer. This will be a short-checklist and will take about half an hour to fill-out and send back to me. Your participation in this project is completely voluntary and you're free to withdraw at anytime for any reason. If you choose to withdraw from the study you will also be withdrawing from the counselling group. All information that you provide will be kept confidential and no identifying information will be used in the reporting of results. Please let me know if you have any questions or concerns about anything that I've mentioned.




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**Name of Researcher, Faculty, Department, Telephone & Email:**

Hillary Sharpe, M.Sc., Educational Studies in Psychology, Faculty of Education  
669-3714, hasharpe@ucalgary.ca

**Supervisors:**

Dr. Tom Strong and Dr. Helen Massfeller

**Title of Project:**

Equine-Facilitated Counselling and Women With Eating Disorders: Articulating Bodily Experience

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This consent form, a copy of which has been given to you, is only part of the process of informed consent. If you want more details about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

The University of Calgary Conjoint Faculties Research Ethics Board has approved this research study.

**Purpose of the Study:**

Your interest in this research is greatly appreciated. The purpose of this study is to understand the bodily and potentially transformative experiences of women with eating disorders who engage in Equine-Facilitated Counselling (EFC). If you choose to participate your contribution will be a highly valued component in understanding how EFC can play a role in the treatment of eating disorders.

**What Will I Be Asked To Do?**

Your participation will entail taking part in a six-session EFC group at Healing Hooves, taking part in two individual interviews, and taking part in a group interview with other participants in your EFC group. The primary researcher, Hillary Sharpe, will conduct these interviews and will also serve as a group co-facilitator along with Sue McIntosh of Healing Hooves. During the interviews with Hillary you will be asked to recall specific moments that arose in your EFC sessions and your life in general. Each interview will take approximately 60-90 minutes of your time and will be audio taped. You are free to not answer any question during the interviews and you may choose to withdraw from the project at any time, but the data you provide will be retained for inclusion in the study. You will be contacted via mail or email within four months of completing the group interview for the purpose of providing feedback on the preliminary results of this study. The time limit on providing your feedback is one month; lack of response will be taken to indicate that you approve of the results.

### **What Type of Personal Information Will Be Collected?**

Should you agree to participate, you will be asked to provide a vivid recollection of your experiences, including bodily sensations, thoughts, feelings, and behaviours, as well as people, events, and situations associated with these experiences. Information such as your age, occupation, and previous experience with horses will be collected. Absolute anonymity or confidentiality cannot be guaranteed in a group setting. Due to the nature of recruitment and data collection, it is probable that your participation will be known to other clients and staff involved in the Healing Hooves program. Your name will not appear in any transcript or report of the results. You will be asked to select a pseudonym for use in all records.

The pseudonym that I choose for myself is: \_\_\_\_\_

### **Are there Risks or Benefits if I Participate?**

Talking about your relationship with your body and your experiences struggling with an eating disorder may be painful for some participants. If you experience distress as a result of your participation in this study please contact Hillary Sharpe at (403) 669-3714, hasharpe@ucalgary.ca, Sue McIntosh of Healing Hooves at (403) 637 2053, sue@healinghooves.ca, your primary therapist (if you have one), or the 24-hour Distress Centre at (403) 266-1605.

Please be advised with regard to Horseback Riding:

- any horse, regardless of its training and past behaviour may act or react unpredictably at times, based upon many factors including instinct or fright, and may result in injuries caused by stumbles, falls, misplaced hoofs, kicking and biting;
- impact or collision with other riders or horses or between your horse and equipment;
- falling off horses, corrals, fences;
- failure to ride safely or within one's ability;
- any manner of injury resulting from use, misuse, non-use and failure of any equipment including, but not limited to, riding tack, equipment in the barns or stable grounds

Benefits of taking part in this study may include a feeling of validation in telling your story and contributing to a unique area of research.

### **What Happens to the Information I Provide?**

Participation is voluntary. If you choose to withdraw from the study you will also be withdrawing from the counselling group. You are free to discontinue your participation at any time, but the information that you provide will be retained for inclusion in the study. If you choose to participate, the pseudonym you indicated above will be used in the transcripts and final draft. No one except the primary researcher and her supervisors will have access to the interview tapes and transcripts, which will be stored in a locked cabinet. A summary will be made of the information you provide and it will be compared with other participants' information in order to describe common themes and issues. Details of your interview will be left out if it is felt that these details could reveal your identity. The anonymous data will be stored for five years on a computer disk, at which time it will be permanently erased. Tapes of the interview will be recorded over at this time and any paper information such as transcripts will be shredded. If you choose to participate there will not be an opportunity for you to review the data that you have

provided. The information that you provide may be used in future publications resulting from this research.

By choosing to participate, you are granting permission for the data to be used in the process of completing a PhD, including a dissertation and any other future publication. Permission is also granted to use quotes and stories in published articles and in presentations.

---

**Signatures (written consent)**

Your signature on this form indicates that you 1) understand to your satisfaction the information provided to you about your participation in this research project, and 2) agree to participate as a research subject.

In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this research project up until two months after your group interview. You should feel free to ask for clarification or new information throughout your participation.

Participant's Name: (please print)

\_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Researcher's Name: (please print)

\_\_\_\_\_

Researcher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Questions/Concerns**

If you have any further questions or want clarification regarding this research and/or your participation, please contact:

Hillary Sharpe

University of Calgary/Department of Education/ Educational Studies in Psychology  
(403) 669-3714, hasharpe@ucalgary.ca

Dr. Tom Strong

University of Calgary/Department of Education/ Educational Studies in Psychology  
(403) 220-5655, strongt@ucalgary.ca

If you have any concerns about the way you've been treated as a participant, please contact Russell Burrows, Ethics Resource Officer, Research Services Office, University of Calgary at (403) 220-3782; email rburrows@ucalgary.ca

A copy of this consent form has been given to you to keep for your records and reference. The investigator has kept a copy of the consent form.

Please leave your e-mail address, or home address and postal code below so that you can be contacted at a later date in order to provide feedback on the emerging research results.

E-mail address:

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Address and postal code:

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Would you like to receive a final copy of this research?

Yes: \_\_\_\_ No: \_\_\_\_

### Appendix C: Photos of Healing Hooves and Descriptions of the Horses



*Figure 1.* Dyggur (pronounced “digger”) is a 12 year old Icelandic gelding who joined Healing Hooves when he was five. He is often described as the “youngster” of the group. While Dyggur is quite friendly and loves meeting new people, he sometimes has trouble expressing his needs and can “shut down” when overwhelmed.



*Figure 2.* Skye is a 23 year old half Arabian gelding and is the leader of the herd at Healing Hooves. He is gentle and sensitive, but being the leader also means that he needs to be on guard for any potential dangers. He can be anxious and fearful of new situations and people until he establishes a sense of safety.



*Figure 3. Dubh (with Hillary):* Dubh (pronounced “do”) is a 24 year old Conemarra/thoroughbred cross. During his younger years, Dubh was an eventing horse who was very successful in jumping competitions. He was retired early for having “behavioural problems” and came to Healing Hooves shortly after. It took Dubh awhile to integrate as a member of the herd and trust others (horses and humans alike).



*Figure 5. Cutie* is a 16 year old Shetland pony who joined Healing Hooves when he was 11. He is only 37 inches tall and can be a bit timid in his interactions with people and other horses. It takes Cutie awhile to build trust, but he truly enjoys human and equine company, despite his tendency to be by himself.





*Figure 4. Skye (with Sue)*



*Figure 6. An outdoor area for group activities or quiet reflection*



*Figure 7.* The indoor space for group activities



*Figure 8.* The outdoor riding area

## Appendix D: Session Outline and Example Homework/Reflection Activities

Session	Theme or Topics	Summary of Activities	Suggested Homework
1	Building connections - getting to know the horses and each other	Introductions and tour; relaxation activity; approaching and meeting the horses in the barn; creating group norms	None
2	Identifying needs and boundaries	Exploring horses needs and our needs; relaxation activity; grooming horses; communicating boundaries with horses (inviting them into personal space and asking them to back up)	Writing Exercise #1 and Story: Skye's Nap
3	Managing frustration, fear, and anxiety	Exploring and normalizing uncomfortable feelings; grooming horses; leading horses through a "maze" in the barn with objects that some horses might be scared of (working together to navigate these)	Describing Your Emotion Worksheet
4	Keeping safe	Noticing/paying attention to intuition; discussing and demonstrating safely riding; relaxation activity on horseback (while staff lead horses); riding and practicing emergency dismount	Writing Exercise #2 and Calm Place Worksheet
5	Change and hope for the future	Collage of hopes for the future and discussion; unstructured time with horses; riding; painting horseshoes with goodbye messages for each other	Survival Kit Worksheet
6	Closure and farewells	"Painting" the horses (depicting what they want to take with them/lessons learned); group interview; unstructured time with horses; presenting certificates	Story: One More Day with Penny



### Writing Exercise #1

During this exercise I'd like you to explore your experiences of being with the horses at Healing Hooves. Maybe you've only working with one horse so far, or maybe you've worked with a few. What were these experiences like? How would you describe your horse? What did you notice about your interactions with your horse or the horses that you've worked with? Please feel free to explore these questions in any way that works best for you (e.g., through a journal entry, a poem, jotting down words or phrases, drawing a picture, etc.). Please feel free to write as little or as much as you want.

### Story: Skye's Nap

(For copyright purposes only an introduction and description of the story is provided from the Healing Hooves website: [healinghooves.ca](http://healinghooves.ca))

*Skye and Cutie were having a nice nap out in the field one sunny afternoon. While Cutie was having a nice nap, Skye still had one eye open and one ear pricked up as usual. Cutie liked having his nap near Skye, he always knew that Skye was watching over him. Cutie felt safe when Skye was near.*

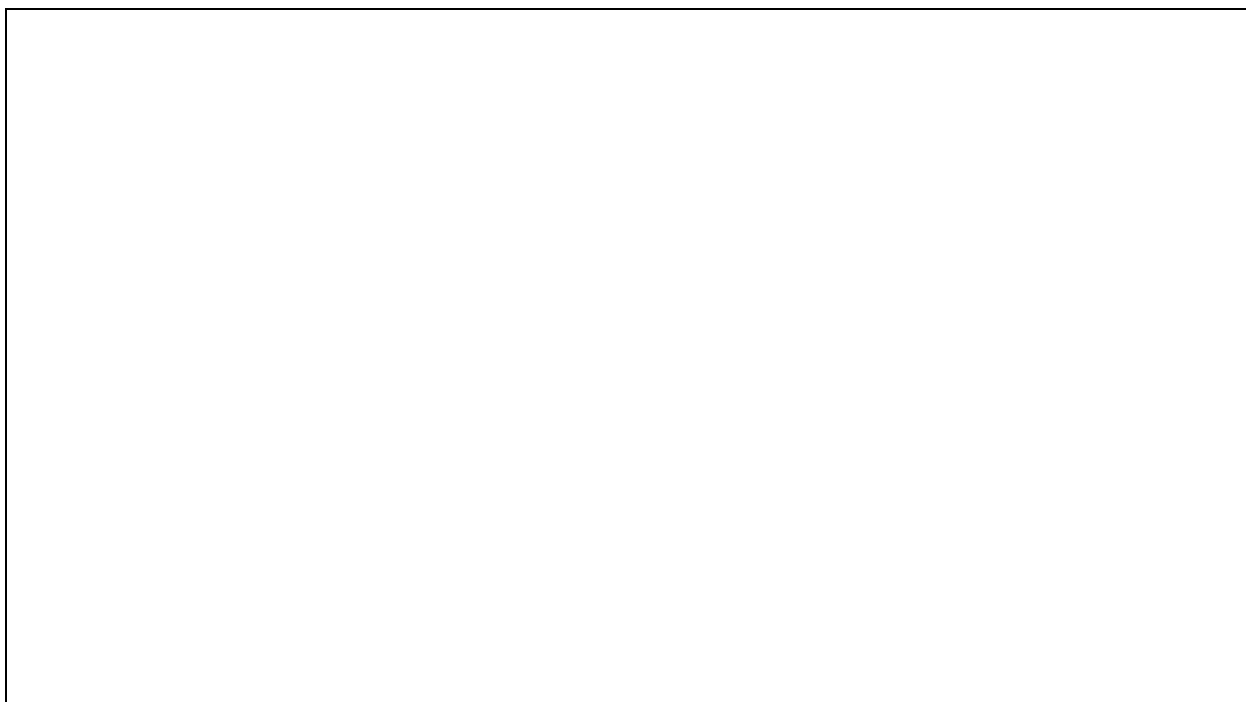
When Cutie starts to wonder when Skye gets to have *his* nap he worries that Skye has nobody to take care of him, and that concerns Cutie very much. After various efforts by Cutie to take care of Skye, Cutie realizes that while it is hard for Skye to trust others to take care of him, he does indeed have a safe place to rest, and that it is not Cutie's job to make this happen!

This story helps us to explore the struggles some people experience in allowing others to take care of them. What may initially present as strength and independence (or defiance) in this story shows can often come from a deep insecurity and fear of being hurt and let down by those we should be able to trust. This story demonstrates and explores the deep need we all possess to find emotional rest and security.

### Describing Your Emotion Worksheet

Research shows that simply paying attention to our emotions and either naming them or noting their qualities can help reduce the intensity of negative emotions and help us to appreciate positive ones. This is an exercise that will help you to do this.

Draw a picture of the emotion if you can:



Describe a related action: \_\_\_\_\_

\_\_\_\_\_

Describe a related sound: \_\_\_\_\_

\_\_\_\_\_

Describe the intensity of the emotion and where you might feel it in your body:

\_\_\_\_\_

\_\_\_\_\_

Describe thoughts related to the emotion: \_\_\_\_\_

\_\_\_\_\_

## Writing Exercise #2

During this exercise I'd like you to explore your experiences of being with the horses at Healing Hooves. How has your relationship developed with your horse or with the different horses that you've worked with? What emotions, thoughts, memories, or physical sensations came up for you during or after your time with the horses? Feel free to explore these questions in any way that works best for you (e.g., through a journal entry, a poem, jotting down words or phrases, drawing a picture, etc.). Please feel free to write as little or as much as you want.

## Calm Place

Describe the time and place:

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What can you see?

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What can you hear?

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What can you feel or touch?

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What can you smell?

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What emotions come up for you when you're in your calm place?

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Is there a word, phrase, or symbol that describes your calm place?

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### Survival Kit - A Way of Empowering Oneself

I want you to create for yourself a survival kit for times when you feel disordered eating gaining more of a hold on your life. This kit is to contain things that you think will be helpful in reminding yourself that continuing to fight against disordered eating is a courageous choice, one that you must make over and over again, even during the bad times. I want you to put these objects in a box, bag, or other type of container - and put this in a place where it is easy for you to get at when you need it (e.g., in a closet, under the bed, etc.).

I will give you some suggestions of things you might want to consider placing in your survival kit, the sort of things that other women have used in their kits. You could put in pictures of your family and friends, those whom you love and who love and sustain you. You could place in your kit some letters written by loved ones or even a letter to yourself reminding you of all the things that you value about yourself and your dreams for the future. You may also want to write out a self-care list of activities that you can engage in like having a bubble bath, watching the sunset, calling a trusted friend - anything that will help you take care of yourself. You could place a few small especially cherished objects in your kit. A book of poems or meditations that help you to have perspective could also help. Some people who value their religious faith have written out verses or prayers from holy books. You might want to put in a phone list of people that you can call for support. Placing a collection of songs (on an ipod or a CD) that give you a sense of meaning and hope can also help. These are just a few ideas; I encourage you to think about other options that might work for you.

The very act of assembling this kit is a strong and positive message to yourself - your life is important enough that you will put the time and resources into building the kit. Assemble your kit sometime within the next month or so. You don't have to wait until your problems are resolved, just do it at a time when you are in touch to some extent with your own worth and hopefulness.

Every time you see the kit, you will be reminded that you value yourself enough to prepare for the bad times. When you use your kit you will again remind yourself that your life has meaning and purpose. Once you have put your kit together, keep an eye open for other things that would make sense to go in there. You can keep extending the contents of your kit, making it more and more meaningful to you. Each time you add something new, you remind yourself that your goals and dreams are worth fighting for.

### Story: One More Day with Penny

(For copyright purposes only an introduction and description of the story is provided from the Healing Hooves website: [healinghooves.ca](http://healinghooves.ca))

*Cutie slowly opened one fuzzy little eyelid. He had just been having a lovely dream about a field full of ginormous juicy carrots that he wasn't in a hurry to wake up from. But as he gave a big long stretch he noticed his tummy actually felt very empty, so he decided to go see what there was for breakfast.*

But when Cutie reaches the feeder he realizes his old friend Penny is not there as she should be. When he realizes she died in the night Cutie experiences a roller coaster of anger, disbelief, and grief. But Skye is there for him and helps him find ways to hold on to his memories of his old friend that will stay in his heart forever. Find out how Cutie and the rest of the Healing Hooves herd decide they would spend one more day with Penny, and at the same time hold on to their memories and feelings for their old friend forever.

This story explores the many facets of loss and of finding ways to “hold on” to loved ones when we can no longer be with them.



## Appendix E: Interview Questions

### Guideline for Interview #1

1. Thank you for agreeing to take part in this research. This project is something that is close to my heart because of my own experiences with horses and my work counselling women with eating disorders. I'm really curious about this and I'm hoping that through the conversations we have, we can start to piece together what the experience is like for you. Before we begin, do you have any questions or concerns?
2. What was it like when you first met your horse?
3. Describe your horse to me.
4. What were your first impressions of him?
5. How did the horse respond to you?
6. What do you think that first contact was like for your horse?
7. Was there anything that the horse communicated to you?
8. Was there anything about this experience that was important to you?
9. Now I'd like to see if we can focus a bit more on the sensations involved in this first meeting, if you're open to it. Try to remember that moment as if you were in it right now, the sounds, the smells, the feel of that moment. Just hold onto it and see if you can explore it. Just breathe and relax, imagining yourself back in that time and place. This is not about evaluating or judging the moment, but just being in it. Think about what you can sense in that moment.
10. Are there any sounds that you remember?
11. Are there any smells that you remember?
12. What does the horse feel like?
13. What can you sense in that moment?
14. Now I want you to let yourself connect to a word, phrase, or image that describes your horse or that moment. It doesn't have to make sense, just let it come to you.
15. How well does that fit your experience?
16. Are there any changes or expansions that this word/phrase/image brings to your description of that moment?
17. Are there any memories or new feelings that this experience brings up for you?
18. (Repeat with other memories/moments of interaction with the horses if participant is open to this)
19. Is there anything else about these experiences that you think is important?

### Guideline for Interview #2

1. Thanks again for your help in this project. During our last interview we focused a lot on the horses that you worked with. Today I'd like to change the focus just a bit and explore more about your relationship to the horses at Healing Hooves and what this has meant for you. In my experience with horses, I've found that it's kind of like a dance and that the horse and the person need to coordinate their movements and let the dance evolve. I'm wondering about what your experience of this has been, what your interactions with the horses have been like, and how you coordinate this dance. Do you have any questions or concerns before we begin?
2. I'd like you to shift your focus back to your experiences with the horses at Healing Hooves and pick one memory that sticks with you for some reason. I'd like to take a moment to reflect on this memory. Just breathe and relax, imagining yourself back in that time and place. Think about what you can sense in that moment, what you can see.....hear..... smell.....feel. This is not about evaluating or judging the moment, but just being in it. How did you experience that moment?
3. What did you sense in the moment? (Reflect on bodily sensations, thoughts, and feelings if participant is comfortable doing so).
4. Now I want you to let yourself connect to a word, phrase, or image that describes that memory. It doesn't have to make sense, just let it come to you.
5. How well does that fit your experience?
6. Are there any changes or expansions that this word/phrase/image brings to your description of that moment?
7. Are you aware of anything in the situation that you haven't experienced before or that has changed?
8. What was it about that moment that was important for you?
9. How did your horse respond in that moment? What did you notice about his response?
10. How might this moment affect your relationship with your horse?
11. How do you make sense of that moment in the larger context of your life?
12. How might this moment affect your relationship with yourself?
13. How might this moment affect your relationship with others?
14. How might that moment make a difference for you in the future?
15. How are you feeling about the interview so far?
16. (Repeat exploration process with other moments if participant is open to doing so)
17. Is there anything in our conversation that helped you to make sense of your experiences?
18. Is there anything that you'd like to add or explore further?

### Guideline for Interview #3 (Group Interview)

1. Thank you for your continued participation in this research. During our individual interviews I hope you were able to explore and make some sense of your experiences with the horses and perhaps how these have impacted you. This interview is going to be a little different because I'd like us to deepen this understanding together. Perhaps your experiences are similar to other group members, or perhaps they're quite different. There are no right or wrong answers in this discussion. What has been your experience of participating in this research so far?
2. Have any new understandings or descriptions come up for you since our last interview?
3. What has your relationship with the horses been like?
4. Was there anything that surprised you?
5. Was there anything that confused you?
6. Now I'd like to explore some of the significant moments that might have happened during your time here. Maybe you lost yourself in what was happening between you and your horse, or maybe you became aware of a different bodily sensation. These moments are often difficult to put into words, so just take your time and reflect on one or two that really stick out for you. Maybe this is one of the moments that we spoke about last time, or maybe it's something new.
7. I'd like to take a moment to explore some of these memories within the group if you're comfortable doing that. Just breathe and relax, imagining yourself back in that time and place. Think about what you can sense in that moment, what you can see.....hear..... smell.....feel. This is not about evaluating or judging the moment, but just being in it. How did you experience the situation?
8. What did you sense in the situation? (Reflect on bodily sensations, thoughts, and feelings. Try to elicit at least a few responses from different participants. Explore similarities and differences in experiences)
9. Now I want you to let yourself connect to a word, phrase, or image that describes that bodily memory. It doesn't have to make sense, just let it come to you. Try to elicit at least a few responses from different participants. (Explore what these words/phrases/images mean for participants)
10. What was it about these moments that stuck with you?
11. Does the word "transformational" fit, or is there another word that describes the importance of this experience for you?
12. How do you make sense of that moment in the larger context of your life?
13. How might this moment affect your relationship with yourself?
14. How might this moment affect your relationship with others?
15. How might this moment make a difference for you in the future?
16. (Repeat exploration process with other moments/memories. As participants become more comfortable introduce more body-focused questions: How has that affected how you feel in your body? Has your experience of your body shifted or changed at all throughout the sessions?)
17. Is there anything else that you'd like to add or go back to before we end the discussion?

## Appendix F: Examples of the Painted Horses and Creative Projects



*Figure 9. Dyggur painted by Nikki*



*Figure 10. Skye painted by Navia*





Figure 11. Cari's collage symbolizing her hopes for the future



Figure 12. Steph's collage depicting her hopes and dreams





*Figure 13.* Horseshoes that were painted by participants. Each participant wrote a brief message of appreciation and goodbye to other participants and tied it to the addressee's horseshoe with ribbon or horse hair.