Mental and Emotional Aspects of Rehabilitation

The mental and emotional aspects of rehabilitation are usually underemphasized or completely neglected. Horses in long term confinement situations often develop dysfunctional behavior patterns that can be difficult if not impossible to correct. There are six categories of mental and emotional aspects of rehabilitation: Boredom, Isolation, Confinement, Environment, Pain, and Staff. The mnemonic device BICEPS can be used to remember the six principles:

**Boredom** – Horses sleep 3 hours a day and play dominance games all day long – boredom is a huge issue in any prolonged rehabilitation situation. Horses have a huge play drive – so that the smartest, strongest, and best puzzle solvers can establish themselves as leaders to ensure the survival of the species. Individuals can either withdraw or internalize stress only to explode when bullied or treated roughly (introverts) or constantly try to interact with animals, objects, or people (extroverts). Different individuals will either become very withdrawn and skeptical or very disrespectful of caregivers becoming difficult patients to deal with. Boredom must be overcome with a companion, a friendly groom, a window, a radio, and daily physical activity – the horse must move his feet if possible. If mobility is an issue then other objects (toys) must be provided that the horse can investigate and manipulate with its mouth.

**Isolation** – Is very stressful to horses and results in many forms of dysfunctional behavior patterns e.g. pacing, weaving, popping lips, fretting, and vocalization. Separation equals danger and creates high anxiety that is manifested in dysfunctional behavior that is not easily abolished. Isolation is not an all or none phenomenon – what constitutes isolation to one horse may not to another one – some need to dominate a whole herd while others need only a companion. In all instances a companion must be provided – a mini, donkey, another horse.

**Confinement** - This constitutes another form of stress and is manifested by loss of appetite and depression. Horses should be acclimated for a few weeks before elective procedures and as foals if possible.

**Environment and Experiences** - Whenever possible the postoperative environment should mimic the conditions the horse had been accustomed to prior to surgery or injury. It can be difficult to predict the kind of environment that will be least stressful without information from an individual who is familiar with that particular horse. An environment that is stressful should be used for as short as time as possible.

**Pain** - Pain should always be kept to a minimum. Horses can react to pain by constant motion or overt aggression or become withdrawn and freeze only to explode when least expected. Horses must be interacted with in a manner that is not painful many times a day during their rehabilitation.

**Staff** - Three kinds of horsemen or horsewomen – innate, learn it, and the agitators.

Innate - These people just innately know what, where, when, to do things and when to stop doing things to horses – they achieve the highest level of horsemanship and are the best care givers and it is best to just stay out of their way.
Learn it – These people are highly motivated and will soak up everything they can to improve. They have great work ethic and attitude and will achieve a high level of horsemanship.

Agitators – This individual will bring out dysfunctional behavior in any horse. These people do not know their limitations and the longer they try to over reach their limitations the worse things get. These people are the worst care givers and the bad habits they create can be difficult to correct.

All caregivers should form a partnership with their patient – the innate horseman knows this by instinct and experience. He/she must form a bond (partnership) with the patient for things to go smoothly over a prolonged rehabilitation period.

Reference: