Schizophrenia is a mental disease of multi-factor, not fully know etiology in which cognitions, emotions and aspirations are deeply disturbed. About 1% of the world’s population suffers from this disease so in Poland there is approximately 400 000 schizophrenic patients. The disease develops usually between 18 and 35 years of age and it is not at all determined by the patient's gender, education, national or ethnic background or economic status. Schizophrenia sometimes appears suddenly but usually it develops gradually. Its initial stages may go unnoticed by the patient and his environment for a long time. Still at a certain moment the disease suddenly and quite often dramatically becomes manifest. The patient and his family find themselves in a completely new position. Very often the "promising" future of the young man is put in question. The patient is hospitalized. This - often prolonged hospitalization - cuts him more and more off from his up-to-then life, from other people, from the school, studies, hobbies or work. Due to the intense fear and negative stereotyping of mental patients, a patient of this type on leaving the hospital is often faced with a complete social void. The "healing" process of a schizophrenic patient is usually very long, difficult, and requires a lot of effort from the patient himself, his family and the medical personnel. The patient and his relatives undergo subsequent phases starting with complete denial of the disease and rebellion against it, through a phase of lack of acceptance both for the disease itself and their new life situation, till a phase of depression, despair and passive surrender to the disease, until they finally reach the moment of accepting and understanding the disease. Reaching the last stage is necessary for the patient to "cure". It refers to discovery of new capabilities, new hobbies and activities that - despite the disease - provides an alternative to the experience of the disease itself and allows in time for "normal" functioning in the society.

Schizophrenia is a multi-phase disease. Periods of acute psychosis dominated with production symptoms like delusions and hallucinations intertwine with remission periods when the disease withdraws. Still remission is not full in more than half of the cases. It means that despite the withdrawal of the production
symptoms, the defect symptoms - like social withdrawal, impoverished emotional responses, apathy, decreased activity level, inactivity, mobilization problems - stay on.

**ACUTE PHASE OF THE DISEASE**

As we have mentioned before, it is a period of time when the patient's life is dominated by productive symptoms like delusions (false beliefs resistant to rational arguments and unmodifiable) and hallucinations (false sensations appearing in absence of a stimulus or modifying its meaning). As a result the patient perceives the reality in an inadequate, distorted way. In this stage any contact with the patient is very difficult. The patient is closed within his own world, focused on inner sensations which are often frightening, threatening and painful. One may not be surprised that a person who believes every passer-by knows his thoughts and feelings or there is a conspiracy against him, puts all of his energy to keeping his own integrity and is unwelcoming to the outer world. In this stage people trying to help or support the patient may be perceived as threatening and their intentions may be completely misinterpreted. In this stage the patient is usually hospitalized and his therapy is dominated by the pharmacological treatment. Hippotherapy is not advisable at this stage. It may be introduced to therapy only when the acute phase is over and the remission process has started.

**PHASE OF THE WITHDRAWAL OF THE ACUTE SYMPTOMPS**

After the acute phase of the disease the patient enters a stage when the defect symptoms are predominant. The sick person is coming out of the hermetic circle of his/her own experiences resulting from the disease and turns more towards the outer world as opposed to the inner one. It is the time when a wide range of diversified therapeutic methods are usually added to the pharmacological treatment predominant in the acute phase. Our experience shows that it is at this phase that hippotherapy may be included into therapy along with other methods as a supportive element working to much benefit of the patient. At our center (The Ambulatory Ward of the 1st Psychiatric Clinic of the Institute of Psychiatry and Neurology) we have offered hippotherapy as one of many possible methods to our ambulatory patients suffering from schizophrenia. These are mostly patients already past the acute phase with defect symptoms predominant now. They come to our center after having been hospitalized and our task is to prepare them to return to the "normal life" again. The way they perceive the sessions held in the stables may be best expressed by quoting one of the participating patients who said: "... I am very pleased with the horse-riding sessions because they supplement our treatment and support pharmacology alongside other therapeutic sessions...".
While the patient is coming out of the acute phase numerous changes occur within various areas of his life. It is necessary to describe these changes in much detail because the way the hippotherapy sessions are delivered is determined by the type of the defect symptoms predominant in a patient at the given time. Now we will present and describe the areas in the patient's life which may be affected by the changes resulting from his disease and we will present our stand on the objectives, possibilities and possible choices for hippotherapy as delivered to patients with different symptom profiles.

WHEN EMOTIONAL CHANGES ARE PREDOMINANT

The following changes in the emotional processes may occur in the schizophrenic patient:
1. apathy, narrowing of emotional responses
2. difficulties in recognition and expression (verbal and non-verbal) of the patient's own emotional states
3. inconsistent and/or inadequate emotional responses
4. difficulties in recognizing emotional states of other people and/or dismissing them by paying no attention.

Our capability to feel, recognize, name and express our emotions is based on being in contact with our body. In schizophrenic patients this type of contact is severely limited or disturbed. Riding bare-back with hippotherapeutic surcingle is most advisable for patients suffering from this type of problems as it allows for easy usage of all possible positions while on the horse-back. The positions with maximum surface of the patient's bodily contact with the horse are most advisable as they stimulate all the patient's senses and give him a sense of closeness with the animal. We usually suggest lying on the back, lying front to front alongside the horse's neck and lying backside up facing the croup. It is very important to create for the patient other possibilities for physical contact with the horse like e.g. patting, hugging etc. In our experience patients usually choose one of the above activities when asked to point to their favourite exercise. One of the participants may provide some example of how important and enjoyable these exercises may be. When we have suggested to Ania lying down on the back with her head turned towards the horse's croup she was very reluctant at first. Still from session to session she extended the time spent in this position. There were sessions when she gave more than half of the time to this exercise. When asked for a comment, she said: "it is an incredibly pleasant feeling which I had never experienced before. I feel like I was swimming in the sky on a cloud".

All these exercises provide also the patient with an opportunity to name and express sensations coming from his/her body and accompanying emotions. Some patients also speak spontaneously about their feelings towards the horse.
At the beginning of hippotherapy, Przemek did not want to mount the horse explaining the horse would get tired with such a heavy rider. He just stood next to the horse patting the animal and saying how much he liked the horse and its touch. As time went by, he was persuaded to start riding still even then he would always stay with his horse for the longest time of all the participants thanking the animal for the ride.

Nevertheless, most schizophrenic patients find it difficult to express their feelings openly. In such cases, the therapist should take an active part in supporting the patient by encouraging his spontaneous self-expression and asking appropriate questions (e.g. What do you feel when you hug the horse? What are you thinking about? Which part of your body is now tense or relaxed? etc.).

Hippotherapeutic sessions should therefore provide a patient with an opportunity to open up emotionally while complete acceptance of all the patient's sensations and emotions is necessary on the side of the therapist.

WHEN CHANGES IN RELATIONSHIPS ARE PREDOMINANT

Changes in relationships with other people may consist of:
1. focusing completely on oneself and one's own experiences
2. lack of control over one's needs and problems with gratification's delay
3. not taking into consideration other people's needs and difficulties in complying with the social norms
4. fear of other people
5. fear of physical contact with other people
6. difficulties in daily activities (like shopping, dealing with institutions etc.)

As a result of these changes, the patient limits his interpersonal contacts and becomes reluctant to establish any close relationship. Moreover, the patients' experiences in contact with other people are often negative due to the stereotyped, hostile attitude towards mentally ill patients widespread within the society. In these circumstances it is often easier for a schizophrenic patient to establish a positive emotional relationship with a horse than with another person. A relationship with an animal is not subject to any requirements, demands or fear of evaluation. It is the patient who initiates the relationship with a horse and controls its course. It makes the relationship with a horse safe and comfortable for a mental patient.

Hippotherapy provides an opportunity for a schizophrenic patient to establish a close relationship with a horse. This relationship provides the patient with positive experiences and skills needed in his relationships with other people. Therefore it creates the basis for his future interpersonal relationships. Moreover, schizophrenic patients are often afraid of physical closeness in relation to other people. They don't shorten the physical distance themselves and
they are reluctant if the other person does. Hippotherapy sessions are a wonderful opportunity for natural shortening of the physical distance between the patient and another human being - the therapist. They often make the physical contact between the two necessary (e.g. while safeguarding the patient). Therefore the patient is given a chance to get used to another person's closeness and the physical touch is associated with support and safety instead of fear and threat.

Behavioural changes may also make the patient withdraw from the social life which may lead to complete social isolation of the mentally ill person. When working with this type of patients, it is very important to create numerous opportunities for being in a group of people and integration with others. An easiest way to accomplish it is by organizing a hippotherapeutic camp where patients go as a group. If sessions are delivered once a week, it may be accomplished by group riding, the patient's participation in session delivery (e.g. leading a horse or protecting another participant) or group transportation to the stables. Patient's social functioning may be further facilitated by his acquiring of a common and safe communication ground due to participation in hippotherapy. This communication ground is based on a common task and naturally becomes a topic for conversations and mutual sharing of information and experience.

Two years ago we organized a rehabilitation camp with optional hippotherapy sessions. Some patients left this option out, mainly for financial reasons. When we came back to Warsaw, we held post-camp meetings. After two months the meetings were attended exclusively by patients who did participate in hippotherapy. These patients attended the meetings even six months later and their conversations were still focused on horses and horses-related topics. These patients have stayed in touch with each other until now.

Hippotherapy should give every patient an opportunity to be with other people, to open up to them and their needs and to integrate with others. In our experience, relationships between patients that have been born due to participation in hippotherapy are long-lasting and continue to be a source of satisfaction to them.

WHEN BEHAVIOURAL CHANGES ARE PREDOMINANT

Behavioural changes may consist of:
1. loss of interests
2. a sense of loss of aim, lack of accomplishment-directed activity, passivity
3. problems with self-mobilization
4. problems with organizing spare time
5. low self-esteem and loss of faith in one's own capabilities

Horse-riding therapy is most advisable to this group of patients. Ability to lead a horse is not just a source of pleasure and satisfaction but also gives a sense of
creativity and substantially boosts one's self-esteem. Acquiring any new skill encourages the patient to further training, mobilizes to take up some activity, motivates to further participation in therapy and, in some cases, to further self-development. Encouraging patient's own initiative and spontaneous activity forms a very important element. The therapist should present an attitude encouraging the patient to increasing involvement in horse-riding so that it may become his future hobby and not just a form of therapy, just like it happened with one of our patients. After completing the hippotherapy sessions, Mary found stables nearest to her place of residence and took up a riding training there which she continues until now. Another example may be Eve who has already started buying her own riding equipment to support her future riding.

WHEN COGNITIVE CHANGES ARE PREDOMINANT

Cognitive changes may consist of:
1. Attention disturbances (regarding its duration, transferability, divisibility, scope and focus)
2. Memory disturbances (regarding remembering, storage and reproduction)

Horse-riding therapy is also advisable for the group of patients with cognitive changes. Riding demands focusing one's attention on many elements simultaneously (position of hands, legs, correct sitting posture). Holding upright in the saddle makes the patient focus his attention on activities conducted and requires him to hold his focus for a certain time. Introducing the patients to riding equipment, theory and terminology as well as presenting substantial amount of information on horses as such is often very helpful and useful in the symptoms reduction. It is important that the information acquired is put to practice almost immediately on the spot e.g. we present information on the saddle's construction while the patient is saddling the horse and later we use specialized terminology. We need to remember to adjust the level of knowledge provided to capabilities of the given patient. We can also organize all sorts of competitions (with awards) requiring some knowledge of horses and riding-related matters to additionally motivate patients to learning.

Necessity to focus one's attention for substantial period of time, opportunity to acquire new information spontaneously and to put it to practice on the spot makes the horse-riding therapy invaluable for patients with focus deficiencies.

To sum up, we need to stress that hippotherapy may be a precious element of schizophrenic patients' therapy supporting reduction of numerous defect symptoms of their disease. In our experience it is a form of therapy which the patients like, allowing for accomplishing therapeutic objectives in a way not only accepted by the patient but truly enjoyable to him. The fact that 75% of the patients who started regular weekly hippotherapeutic sessions two years ago are
still participating in them may prove that it is a form of therapy which is truly enjoyable for the patients and in which they participate willingly for a substantial period of time. Hippotherapy is very popular even among those patients who do not use any other forms of therapy any more. 12 out of 20 participants of our recent hippotherapeutic camp do not attend any other therapy. At the end we would like to stress that delivering hippotherapy sessions to schizophrenic patients we should take into consideration not only the general rules related to this form of therapy but also certain rules resulting from the particular qualities of the disease itself.

DISEASE-RELATED RULES WHEN WORKING WITH SCHIZOPHRENIC PATIENTS

1. GETTING TO KNOW THE PATIENT

Schizophrenia as a disease can take many different forms and it is impossible to find two patients showing an identical set of symptoms. Each patient's individual life story and the course of disease is different. Moreover, as we mentioned earlier, different sets of symptoms may take predominant role in different phases of the disease, therefore the objectives and structure of the sessions delivered will vary a lot. Let us look at the case of one of the patients as an example. Marzena was very eager to participate in the sessions and willingly conducted all the horse-related activities, still she would not bridle the horse. Encouragement from the therapist would just increase her tension and resistance. A consultation with her doctor revealed that when she was a child, a horse has bitten away a bit of her brother's ear. Therefore, it shows it is necessary not just to know the patient's needs, limitations and capabilities, but also to keep in touch with his doctor/main therapist.

2. AWARENESS OF THE PHARMOCOTHERAPY'S IMPACT ON THE PATIENT'S STATUS

Even when in remission, the patient takes medicines causing side effects along with the desired ones. Among the side effects we may list: involuntary tremors and muscular contractions, muscular rigidity, motor anxiety, excessive sleepiness, high fatigability, tics, xerochilia and xerostomia. Let us take an example of Pavel who was experiencing strong tremors as a side effects of the medications used. The tremors were gradually reduced by the horse's body warmth and rhythmic movements during the surcingle riding. Once a saddle was used instead for a change. Putting his feet in the stirrups increased Pavel's tremor so dramatically that the session had to be interrupted due to the horse's hyperexcitement caused by Pavel's leg movements.
Therefore it is necessary to take into account the side effects of the medicines used by the patients both in the general hippotherapy planning as during any particular session delivery.

3. TREATMENT APPROPRIATE TO THE PATIENT'S AGE

Schizophrenia is a kind of disease which occurs relatively late in the patient's life - in the maturation period - therefore adult-to-adult relationship is the only one appropriate between the therapist and the patient. Moreover, schizophrenia does not affect the patient's intellectual level so he may not be infantilized. We may not allow him to feel humiliated because of being treated in a way inadequate to his age and intellectual capabilities. The basic rule when working with the schizophrenic patient is to use linguistic forms regarded as appropriate for communication between adults in any given culture.

4. KEEPING AN APPROPRIATE PHYSICAL DISTANCE

As we have mentioned earlier, physical contact is often very difficult for schizophrenic patients and it often makes them anxious. Still this contact is often necessary during hippotherapy (e.g. during protection, safeguarding or assisting in certain exercises). Moreover, it is often advisable, particularly for the patients who have problems with physical closeness of others. Still we need to keep in mind the patient's problems at all times and always inform him on the necessity of such a contact. We should also get the patient's consent to the level and type of our physical intervention whenever possible (i.e. when the physical contact is not caused by an immediate threat to the patient's safety).

5. WORKING WITH THE SAME THERAPIST AND THE SAME HORSE

Providing an opportunity for developing of an emotional bond rooted in security and trust is one of the before-mentioned objectives of hippotherapy. Developing such a relationship takes a long time for a schizophrenic patient and requires a high degree of involvement on both sides. Any change of the therapist or the horse will disturb and prolong this process. Mirek refused to participate in the session when he found out that the horse he would usually ride had been taken away for a competition and the session would be delivered with a different horse. Before the next session he would repeatedly come and ask if "his horse would be surely present this time".

Summing up our experience collected over the four years of work with schizophrenic patients, we can see that hippotherapy can be a precious part supporting these patients' rehabilitation process. It is particularly useful when working with negative symptoms like: apathy, inactivity, narrowing of
emotional responses, fear of other people, social withdrawal, self-consciousness, loss of interests, loss of faith in one's own capabilities, low self-esteem and cognitive deficiencies.

Finally, we would like to present to you the patients' works performed before and after a series of hippotherapeutic sessions. The patients were asked to draw self-portraits. We hope the material presented may be an additional proof of how hippotherapy can change self-perception of the patient.