

TTEAM AS AN INTERVENTION IN THE THERAPY

- I.) OF PATIENTS WITH DEMENTIA**
- II.) OF CHRONICAL ALCOHOL ADDICTS**

- TWO STUDIES -

Authors:

Relana Mühlhausen, Caroline Nickel

The discipline: Sports Science

*(*and the path we chose)*

After about four semesters of basics (anatomy, physiology, sports history, sports psychology, statistic, etc. and lots of different kinds of sport disciplines) the students decide which main subject they're interested in.

The main subjects are: SP I: Training and Achievements

SP II: Leisure and Creativity

SP III: *Prophylaxis and Rehabilitation

SP IV: Economy and Management

SP V: Media and Communication

SP III - Prophylactics and Rehabilitation

1.) Contents and Aims

The main subject *Prophylactics and Rehabilitation* refers to the changes in the structure of the population (for example "over-ageing") and their consequences: multimorbidity, increase of chronic diseases, etc. There are six specialisations of which all students are to choose

- **Prophylactics* plus two of the five other ones, a first and a second specialisation:
- **Orthopaedic disorders*
- Internal disorders
- **Neurological disorders*
- **Psychiatry and addiction*
- Sports rehabilitation

These specialisations were invented according to the most frequent groups of clients.

Each student is supposed to absolve at least eight weeks of working-experience in an institution according to the first specialisation. *We worked with different groups of children at SARDA (South African Riding for the Disabled Association) near Cape Town.*

Apart from this the students gain practical experiences in teaching groups from different institutions joining a therapy program, sports therapy being one part.

The theoretical part contains basics of medicine, psychology, sociology and pedagogics.

For the diploma each student has to write a final essay to prove her/ his abilities as a sports scientist (like developing, leading and evaluating therapeutic concepts for different institutions).

2.) Working fields

Sports therapists can work in health-, fitness- and wellness-centres, in (cure) hotels, clubs, hospitals, rehabilitation clinics. They work hand in hand with physiotherapists, medicals, massagists, and psychologists.

The sports therapists' work considers the interaction between body and mind (according to the **complete understanding of human beings**). This means they don't work strictly focused on the physical functioning as physiotherapists usually do, but also concentrate on the psychological and social aspects of health.

More and more sports scientists have additional qualifications and work in programs of industrial and health-orientated quality management.

The idea

With the background of studying sports science for several years with the main subject sports therapy and movement therapy, especially for psychiatric clients, getting in touch with TTEAM (Tellington Touch Equine Awareness Method) was incredible: the more we learned about it the more it fitted into everything we'd learned at sports university!

Both of us are horse-owners and interested in becoming therapeutic horse-riding teachers.

But we always felt that there had to be something else apart from the riding, a way to teach people with behavioural difficulties, great anxieties, depressions, aggression, etc. what *we* get from being with our horses, especially since including TTEAM in our work with them. There's so much we can learn from our animals- about them, about life and about ourselves!

For our diploma at Sports University we had the idea of studying the effects of TTEAM on the psychological, physical and social well being of people with "special needs" as we would like to call them. The basic hypotheses of the studies contains that learning the elements of the method means *opening oneself up* for the needs of another being, teaches to listen and to communicate, helps to *get in contact* with oneself through the world. And observing how much comfort the animals gain from it can change attitudes and lead to a better motivation and well being.

Being used as a therapeutical intervention TTEAM combines aspects of pet-facilitated therapy, Movement therapy and of course of the Feldenkrais - Method with the positive effects of Tellington TTouch, groundwork and, when working with horses, also of (therapeutic) horse-riding, Riding with Awareness (developed by Linda Tellington-Jones, 1976) and Centred Riding (Sally Swift, which is often used in combination with TTEAM for horses.

We decided to do two different studies with very different frame settings. Project 1.) took place in a geriatric clinic in Cologne, Germany. We worked with a group of eleven men and women with different forms of dementia. Our "co-therapists" were three dogs named Pepe, Ronja and Liana.

The aim of this study was, to find out by observation if learning the TTOUCH on dogs has an effect on the well-being of dement clients especially by increasing the motivation and ability to communicate (with the dogs, with the therapists and with other members of the group).

The clients of Study 2.) live in an institution for abstinent alcoholics in Siegburg, Germany. Some of the residents have also been addicted to other drugs apart from alcohol, like heroin, tablets, etc. A big variety of physical, mental, psychological and social secondary disorders make it difficult to find a therapeutic intervention suitable for every individual of the group. Eight men and two women joined the project that took place at a horse stable near by. Our "co-therapists" were two horses, Mirabella and Vindúr, and two ponies, DJ and Lilli.

This study examined the increase of physical, psychological and social well being of clients by learning TTEAM for horses. One main aspect we tested by observation and interviews was the ability to enjoy giving and receiving TTouch.

I.) The possibilities of TTEAM as a therapeutic intervention for dement residents of a geriatric clinic

1.) Setting

The project took place in the geriatric clinic "Haus Monika" in Köln, Germany, from June to September 2002. Most of the participants were seniors with the diagnosis dementia far in a progressed stage. In most cases it's the dementia form Alzheimer that causes a decrease of the brain activity and necroses of nerve cells. The consequences are a progressing loss of cognitive abilities, motion and memory. Only most elementary movements are possible and the preserved memories concern a past long ago, like childhood memories.

Often there are speech difficulties caused either by deficits in understanding the sense of what was said or an inability to form words. Sometimes the patients repeat words or sentences over and over

again without a sensible order. However, those areas of the brain that are responsible for emotions are not affected – even in late stages of the disease!

The patients in an early stage of disease are aware of their cognitive impairments. They experience their “blackouts” by the reaction of their social environment and either try to deny and hush up their deficits and sometimes unsuitable behaviour or they withdraw themselves.

The consequences are loss of interest in former friends, professions or hobbies. This again influences the self-esteem negatively. To feel useless increases the tendency to isolate themselves – the person gets into a vicious circle.

2.) Idea of the project

The idea of bringing animals into the elderly care isn't new. What's new is the aspect of using TTouch as a possibility for patients with dementia to experience the presence of animals and the interaction with them to regain sensitivity, self-esteem and courage for social contacts.

The concept of our program with dogs was to first observe the behaviour of the animals with the clients and learn about the body language of dogs. These observations were supposed to be the basis for learning the TTouch on the dogs. The main aspects of learning TTouch were: -the experience of being able to comfort somebody and by this feeling useful!

- the experience of still being able to learn!

- to experience the own ability to communicate (with the dogs/with us/with other participants)!

-----FOTO 1-----

COMMUNICATION

We hoped that due to the intact emotional abilities this would lead to better sense of well-being of the clients. Another aspect is TTouch as an intervention to increase motion abilities. We hoped, learning a completely new movement would affect the nervous system. Symptom of dementia isn't only the necrosis of nerve cells but also that the remaining ones are often not in contact with each other. TTouch may lead to new connections between these nerve cells and by this to stabilization of the remaining cognitive abilities.

Apart from this we hoped that learning to comfort dogs with TTouch would motivate to also give TTouch to other participants or help to enjoy receiving it from others. This could be a way towards more social contact.

3.) Progress of the project

The strict routine in the institution and the handicaps concerning rules from sports uni (i.e. how long the project was supposed to take), number of participants, constellation of the group, forced us to decrease our hopes and expectations.

The progress of the group went very slow – but there was an obvious progress!!!

Some of the participants were scared of dogs in the beginning, some had already lost so much of their co-ordination and sensitivity that learning the clouded-leopard-TTouch would have already taken more than the ten lessons we had. So we built our lessons up on the presence of the dogs and certain activities with them as recurrent rituals:

- Observations in the beginning and talking about the stage of each dog on this particular day
- Conversations about dogs people had to do with in the past
- Playing with the dogs and finally feeding them

-----FOTO 2-----

PERCEPTION

People interested in more details concerning the structure of the lessons can contact the authors. The results of the study will be published by the DSHS Köln end of this year.

3.) Prospects

We still think of TTouch as an efficient and important intervention of working with patients who suffer of dementia. Especially in caring homes for seniors there is often an atmosphere that doesn't leave space for emotional and sensual experiences. TTouch is a great possibility to get in touch with an animal on one hand and it can on the other hand be a bridge out of isolation towards other people.

Quite often the relatives of dementia patients have great difficulties to communicate with them and can only see their progressing loss. This causes a lot of pain on both sides. It would be easy for relatives to learn the Clouded leopard TTouch, the Python Lift or Noah's March and by this have a way of meeting their parents or grand parents on an emotional level.

Also the nursing staff could easily learn TTouch as a possibility to comfort the patients and help them to keep sensitivity and perception.

TTouch can give a new definition of the relationship between beings.

-----FOTO 3-----

RELATIONSHIP

II.) The possibilities of TTEAM as a therapeutic intervention for abstinent chronic alcoholic addicts

1.) Setting

We invited eight male and two female residents of the institution “Haus Stallberg” in Siegburg, Germany, to join the program (the other two interested persons had left the institution). We met at the stable once a week over a period of three months. Each lesson took about two hours and was structured in

1. Welcome

2. Introductory exercise

3. Exercises to increase self-perception and sensation

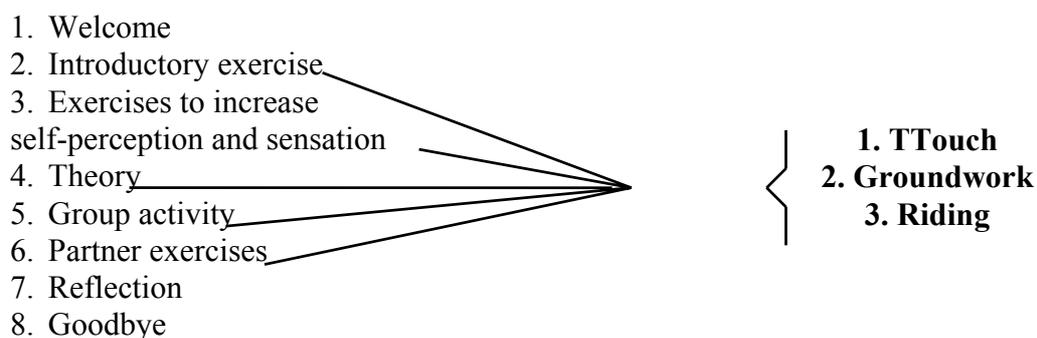
4. Theory

5. Group activity

6. Partner exercises

7. Reflection

8. Goodbye



1. TTouch
2. Groundwork
3. Riding

2. -6. overlap: for example the introductory exercise (2.) could be a group activity (6.) to learn the clouded leopard TTouch (1.) and by this stimulate self-perception and sensation (3.).

For instance one time all stood in a line facing a big sheet of paper (wall-paper), which was stuck to the wall. The last one in the line did a TTouch or a variation of it on the back of the person in front of her/ him. This person passed on what she/ he felt to the next one in the line. The one standing closest to the wall received the “message” last and drew it onto the paper with a paintbrush. Then we changed places. It was conspicuous what great inhibitions there were in the beginning concerning the space the drawings took on the sheet of paper, the chosen colours, etc. This led to a conversation about inhibitions and finally to a “work of art” at the wall.

Apart from this caring for the horses, which means grooming and feeding on one hand, on the other hand mucking out and sweeping the yard was also always part of a lesson.

Most of the times we worked outside: in paddocks, on the pasture, in the forest.

Only twice, when it was raining heavily, we used a riding hall nearby- the group still had to *walk* there.

2.) Evaluation

a) Before the program

Before the program started there was an information evening in the institution. Twelve of the fourteen residents were interested and well enough to leave the house.

Three tables with the common main impairments of alcoholic addicts were given to the institution:

The nurse recorded the physical impairments of each person wanting to join the program; the physical and social deficits were recorded by the social worker.

A fourth table with the obvious general impairments of the five basic motional abilities (which partly overlap with aspects of the other tables) was filled in by us as sports therapists, observing the clients in daily life activities.

Apart from this we took about fifteen minutes with each person for an open interview.

And everybody filled in a self-developed questionnaire for the evaluation of the subjective condition of the clients.

All of this was the basic for the analysis of the resources and deficits (or better: special needs!) of this particular group.

b) During the program

In some of the lessons we worked with a self-modified version of the "Basler inventory of well-being", a standard test to record the subjective assessment of physical, psychological and social health. In two lessons we used a self-modified standard-questionnaire developed for the evaluation of the effects of Qi Gong- courses. The clients had some time before and after each lesson to do the respective test.

Additionally we recorded our observations after each lesson, trying to be as objective as possible, by writing it down separately and only than comparing how we personally experienced every client the different phases of this particular lesson.

c) After the program

A questionnaire we developed on the base of the introductory interview and questionnaire made it possible to compare "before" and "after".

This and the tests and protocols during the program are supposed to show changes of the well being of every client, but also of the dynamics of the whole group.

The detailed results were published in October, 2003 as the final exam of the author's studies at the Deutsche Sporthochschule Köln. It is entitled: Pilotstudie über die Möglichkeiten der TTEAM-Method als Intervention in der Therapie abstinenter chronisch Alkoholkranker. Diplomarbeit von Relana Meuhlhausen.

3.) Terms

a) Well-being

There is no fixed definition for the construct "well-being".

The World Health Organisation defines *health* as "a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity" (<http://www.who.int/about/definition/en/>). Most authors adopt this idea of the three aspects of complete well being that influence each other. Many additionally divide into actual and steady well-being meaning a positive disposition or positive attitude as a part of the personality. Some think that actual well-being doesn't influence the personality of a person at all - but with the background of Feldenkrais and TTEAM we are convinced that each time of experiencing well-being in the sense of well-functioning makes a difference to body, mind and ability of meeting the world!

Factors that have been proved by different studies as influencing factors for well-being are for instance:

- nature
- animals
- motion, sports, activity
- time out, holidays
- food
- partnership
- social contact and support
- touch
- abstinence of pain
- positive attitude about life, ability to enjoy
- way of perception
- positive self-concept, self-acceptance
- success (on different levels)
- being convinced about the own ability to change the own situation
- changes of activity and relaxation
- others

The relation of TTEAM with all these and many other factors for well-being makes TTEAM a great therapeutic intervention for patients who suffer from different diseases.

We chose to do a program with alcohol addicts because of the wide variety of secondary disorders that go with alcoholism which influence the well-being on all levels.

The effect of the different factors varies from one individual to the other and depends on the specific situation and - this is important - on the attitude of the subject: her/his perception, expectations (depending on previous experiences), way of dealing with problems - or challenges?!!

A person with anxieties to fail an exam for example has maybe experienced a negative test situation with unfair examiners, etc. before. Thinking of the next exam causes nervousness already and makes it difficult for her/ him to concentrate on the subject. She/ he may think that the examiners will interpret her/ his insecurity as concerning the subject - maybe they will, maybe not, but it makes it worse for the candidate anyhow. If this bad disposition leads to the failing of the next exam the vicious circle is complete.

Maybe our person knows that she/ he has managed difficult situations before and will find ways to reduce the nervousness, like doing relaxing exercises or talking to a friend. But maybe she/ he will not appear at the next exam and learn to avoid situations that cause anxiety.

Or the anxieties get adapted to other situations until they finally become part of the character. The consequences of both ways of dealing, or not dealing, with the problem can be fatal.

b) Alcoholism

Alcoholism is not uniformly defined in literature.

The American Society of Addiction Medicine gives a definition that describes the main aspects of alcoholism: "Alcoholism is a primary, chronic *disease* with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterised by impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions of thinking, most notably denial. Each of this symptoms may be continuous or periodic." (<http://www3.sympatica.ca/gdavidson/ASAMDefinition.htm>)

The WHO replaced the term "alcoholism" by "alcohol addiction" and developed the ICD 10 (International Classification of Diseases) with eight criteria for the diagnosis.

Table 1-3 show alcohol addiction-related physical, psychological and social problems: they can be the consequences of the disease or partly cause it.

Table 1: Physical secondary disorders that interact with the disease of alcoholism

Clients:	C 1	C 2	C 3	C 4	C 5	C 6	C 7	C 8	C 9	C 10
1) General impairments of the physical efficiency, like low cardio-pulmonal efficiency, exhaustion, etc.	x	x		x					x	x
2) Internal disorders, e.g. - Diseases of the liver - Diseases of the pancreas - Gastrointestinal disorders - Disorders of the respiration - Disorders of the cardiovascular system - Disorders of the endocrine system - Nutritional disorders - Disorders of the metabolic activity - Haematological disorders - Myopathy	x	x	x	x	x	x	x	x	x	x
3) Changes of the skin	x	x		x	x			x	x	x

4) Orthopaedic disorders, e.g. - Osteopenia - Neuropathic osteoarthropathy - others	x	x							x		x		
5) Neurological disorders, e.g. - Cerebral atrophy - Wernicke/ - Korsakoff's syndrome - Polyneuropathy - Tremor, extra pyramidal disorders - seizure disorder, e.g. epilepsy		x	x										x
	x	x	x										

Alcholembryopathy: Regular consumption of high-proof alcohol especially in the first month of pregnancy can lead to miscarriage and anomalies of the child, like deformities of the limbs and skull and poor function of the organs.

Withdrawal symptom with Delirium tremens as the hardest form: neurological-psychiatric diseases with symptoms like anxieties, restlessness, perspiration, sleeplessness, etc. These symptoms and craving can even occur after long abstinence.

General impairments of the five basic motional abilities:

Clients:	C 1	C 2	C 3	C 4	C 5	C 6	C 7	C 8	C 9	C 10
1. co-ordination	x	x	x		x	x		x	x	x
2. flexibility	x	x		x		x		x	x	x
3. strength	x		x	x		x		x	x	x
4. rapidity	x	x	x	x	x	x		x	x	x
5. endurance	x	x	x	x	x	x		x	x	x

Table 2: Psychological secondary disorders that interact with the disease of alcoholism

Clients:	C 1	C 2	C 3	C 4	C 5	C 6	C 7	C 8	C 9	C 10
1) General impairments of cognitive and psychomotional functions, e.g. - attention - concentration and memory - perception - sensibility, deep and superficial sensation - impulse, like loss of interests	x	x	x	x				x	x	x
		x	x	x		x		x		x
	x	x	x	x	x			x		
	x	x	x	x	x	x		x		x
2) Disorders of the character, personality disorder, ... - neurotical or sociopathic personality - ego-disturbance (lack of self-confidence, guilt, emotional immaturity) - disturbances of the super-ego - negative self-concept - unrealistic self-assessment - low tolerance towards frustration - low affectivity/ moodiness - depression/ depressive condition - aggression - auto aggression - lack of self-control - lack of ability to cope with conflicts	x	x	x	x	x	x		x	x	x
	x			x						
	x		x	x	x			x		x
						x				
	x	x	x	x	x	x	x	x		x
	x	x	x	x	x		x	x	x	
	x	x	x	x	x		x	x	x	
	x			x	x			x		
	x			x	x			x		
	x			x	x	x	x	x		
3) Disorders caused by alcohol psychosis, e.g. - disorientation	x	x	x	x				x	x	x

- hallucination	x									
- delusion				x						
- disturbances of the body-image			x					x		x

Table 3: Social secondary disorders that interact with the disease of alcoholism

Clients:	C 1	C 2	C 3	C 4	C 5	C 6	C 7	C 8	C 9	C10
Communicational difficulties				x	x	x		x		x
Difficulties to adapt	x		x			x		x	x	x
Inhibitions, difficulties to get in touch with others			x	x				x	x	x
Strong distrust of others	x	x		x	x		x	x		
1) Psycho-social disorders in family or partnership, like emotional refusal	x	x	x	x	x	x	x	x	x	x
2a) Disturbed professional situation, e.g. - descent in financial and social standard - tensions at the place of work (with employer or colleagues)	x	x	x		x	x	x		x	x
	x	x		x			x	x		x
2b) Motivation in the institution, concerning - tasks/ duties/ rules in the house - other residents - the staff	x	x	x	x		x		x		x
	x	x		x	x		x	(x)	x	x
	x			(x)		x	x			x
3) Inability to use leisure time, e.g. - lack of motivation, passivity - little social contacts, isolation - frequent conflicts	x	x	x	x	x	x		x	x	x
	x	x	x	x	x	x		(x)	x	x
				x		x	x	x		

The toxic effects of alcohol and the increasing damage of the self-image with defence mechanisms as a reaction cause considerable changes of personality and behaviour. The discriminating picture of alcoholic addicts as liars, with a weak character and a low sense of responsibility, still exists in our society although alcohol addiction has been declared as a disease already in 1968. The condemnation by the social environment of an alcohol addict intensifies his problems.

Already in the first stage of alcohol addiction the patient loses more and more of his ability to overcome stress- the alcohol helps to relax, to feel unrestrained and free. The progressing weakness of the ego causes emotions like shame, guilt, anxiety, self-reproach and with them isolation and escape, over-sensitivity, depressions, mistrust, lack of self-control, impulse and affection. The ambivalence between aggression and passivity leads to compensative mechanisms like exaggerating self-presentation. Defence mechanisms are denial, playing down, projection, rationalisation, repression and regression.

It's difficult to give up this protective shield of concealments, but it's the only way out of the vicious circle alcohol addicts find themselves in. A transparent therapy setting with an atmosphere of acceptance and appreciation may make it possible for the patient to confess her/ his needs and to let go of the defence mechanisms that cost a lot of strength.

Energy can be set free for the recovery process: the motivation and courage for honesty, self-awareness and self-responsibility are the basis for a learning process and a successful therapy.

c) Animals in Therapy

"Delta Society" names two different areas to use animals in therapy:

Animal-Assisted Activities (AAA) and Animal-Assisted Therapy (AAT).

"AAA provides opportunities for motivational, educational, recreational, and/or therapeutic benefits to enhance quality of life. AAA are delivered in a variety of environments by specially trained professionals, paraprofessionals, and/or volunteers, in association with animals that meet specific criteria." ([Delta Society o. J.](#))

"AAT is a goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process. AAT is directed and/or delivered by a health/human service professional with specialized expertise, and within the scope of practice of his/her profession.

AAT is designed to promote improvement in human physical, social, emotional, and/or cognitive functioning [cognitive functioning refers to thinking and intellectual skills]. AAT is provided in a variety of settings and may be group or individual in nature. This process is documented and evaluated." ([Delta Society o. J.](#))

Pet facilitated therapy uses the animal as an instrument to reach a therapeutic goal. The focus is on emotional and social effects for the *person* (for example service dogs for physically handicapped people), while the idea of TTEAM as a therapeutic intervention is gaining well being by comforting the animal as well.

"Nutritious food, friendly care, or even a pet may not be therapy in the strictest sense, but clearly the effects go beyond the obvious goals. In many situations animals may simply provide a sense of normalcy, a contact with better times, when pets were part of a normal life." (Beck et al 1996)

The animals used for AAA and AAT need to absolve a special training, just like the therapist they are working with (Delta Society 2001). They have to be obedient and open to different people at the same time.

d) TTEAM

TTouch is a way of bodywork, which leads to more awareness of the body. TTtouch can be used for relaxation or to activate and supports the building up of trust between the person giving it and the animal/ person receiving it.

Learning TTtouch on animals is easier for clients with contact difficulties.

Some of the patients joining our project hadn't been touched in a giving way for years! Most of them said in the entry interview that they wouldn't like to touch or TTtouch other residents of the institution or to receive (T)touces from them at all!

After working on the horses a few times Bibi Degn introduced Human TTtouch to the group - everybody could bear the TTtouch on her/himself and enjoyed giving it to other members of the group!

-----FOTO 4-----

TTouch WITH THE WAND AS A FIRST CONTACT

TTouch has a great therapeutic effect especially on patients with a lack of awareness in their bodies up to a highly disturbed body image, who often neglect and hate their own bodies! We used *giving and receiving* TTouch to increase perception on one hand and (self-) acceptance on the other hand. Again the animals helped- without prejudice they enjoyed receiving TTouch from the clients and never judged about their past. This was the base for a trustful relationship.

TTouch can relax and activate as well. The principle of "psychophysical regulation" ***which is used not at last in the therapy of alcohol addicts is based on this idea of the optimum of tension. The relaxing effect of the presence of animals has been proved in various studies, it for instance helps against high blood pressure. At the same time animals get attention and request to be touched- they give an activating impulse. TTEAM combines these aspects in learning the TTouch on animals.

Many physical secondary disorders of alcohol addiction can possibly be treated with TTouch. In our study we tried to evaluate general changes in the well-being. We paid most of our attention to the psychological, behavioural and social changes in our group because that's where most of our clients had the greatest deficits (table 2 and 3). They still told us about better physical well-being as well which probably occurred in interaction with the other factors. And of course being outside and in motion did its part, too. But we think also just concentrating on the *breathing* when TTouching the horses made a difference!

Groundwork also leads to more awareness of the body. It teaches the animals to manage different obstacles precisely, not fast, step by step. This trains especially the co-ordination, attention and motivation to cooperate.

Learning groundwork with horses can teach *people* a lot, too! They as well get "trained" in co-ordination, attention and motivation to cooperate. And practising doing things precisely and step by step is definitely an important aspect (not only) for alcohol addicts in their rehabilitation process.

In one of our lessons two clients worked together with DJ, the cheeky Shetland pony.

The communication didn't work at all: one person wanted to go left, the other one right. So DJ decided to take control over the situation -he walked straight to the pasture! Without us having to give any advice the team rearranged themselves, and half an hour later they perfectly managed the labyrinth, stops and goes even with trot and a little walk through the village with DJ obviously having fun! The week after they wanted to work together again. It went well, so a third person could join the team and sit on DJ, relying on the others.

Groundwork can lead to the experience of success in a team.

-----FOTO 5-----

HOMING PIGEON

Riding with awareness helps to reduce anxiety and leads to better balance and the experience of harmony with the horse.

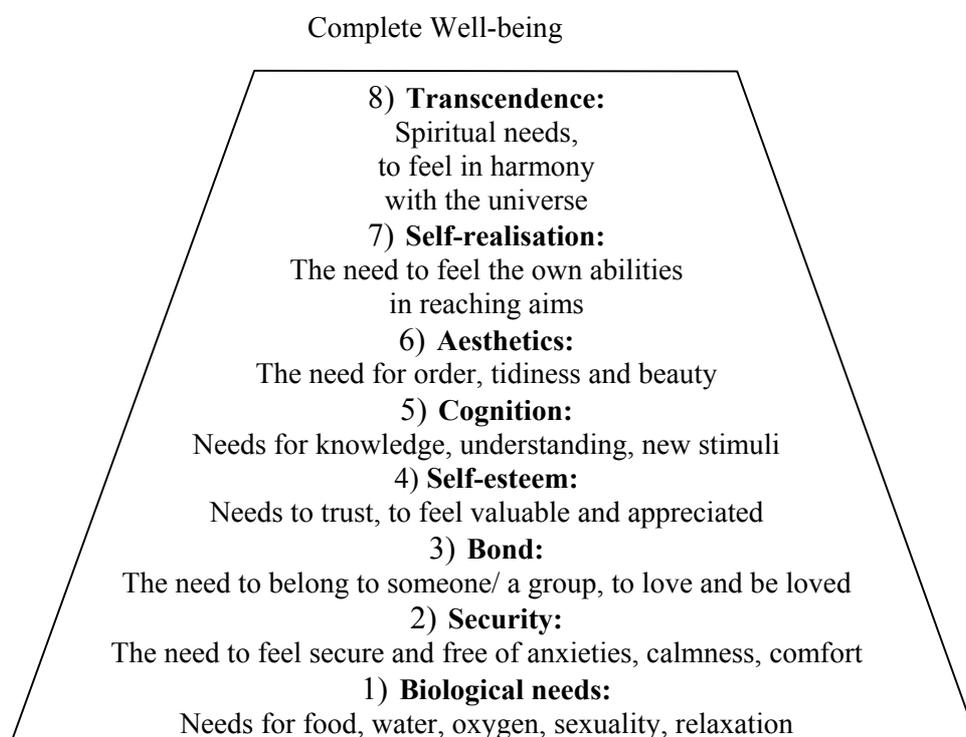
Riding hadn't at all been on our plan for the lessons. First at all some of the clients only joined the program because we had promised nobody would have to mount a horse! Then there were safety reasons: the horses aren't trained for therapeutic riding and the patients partly have very bad balance. But when the group after eight lessons asked if we could try the riding, too, this already seemed to be a sign of trust and an obvious change. So we tried. To be honest, the first time we were happy when everybody had both her/ his feet safely back on the ground! What about harmony with the horse?! On the horses the lack of balance was far worse and the anxiety made the "riders" tighten their legs, unable to relax although we tried to work with images of Centred Riding and exercises of Feldenkrais we'd learned at uni. But talking about it later we recognised that the horses had done *amazingly* well. And the group had been happy and satisfied- what a success!

Sometimes it's difficult to let go of ones expectations and open oneself up for the "little things"- maybe something our horses can teach us?!

The week after it went far better, an outing with the horses almost relaxing for us as well....

TTEAM increases the well-being of the animals and persons working with them alike. Used as a therapeutic intervention (for alcohol addicted patients) it can give a great variety of valuable experiences and probably affect the personality and behaviour of persons with "special needs".

4.) Pyramid of Human Needs



(translated and modified from: Abraham Maslow in: Zimbardo, 1988)

The pyramid helps to explain the possibilities of TTEAM as a therapeutic intervention for alcohol addicts.

Why does somebody drink excessively although knowing about the long-term consequences? Alcohol is a replacement for something missing, a short time solution when there are unsatisfied needs and desires. Alcohol can be used for relaxation (1), to calm down and reduce anxieties (2). In many social groups alcohol plays an important part (3,4). It changes the perception and sensation (5,6) and can encourage and free a person from her/ his inhibitions (7). "To feel in harmony with the universe" is something that may describe the

stage of being drunk and "high". In this stage there are no more feelings of being displaced in this world and no more questioning of the sense of life (spiritual needs)- thoughts that gets worse with the progression of the disease.

Addiction can result out of the inability to satisfy the own needs. Chronic alcohol addicts often don't know about their needs any more, sometimes they are just too passive, almost numb. Or they can't admit their desires, because that would also mean to confess the own inabilities, for example do many of them have sexual dysfunctions. Most have general difficulties to keep up relationships.

Animals can bring a human being closer to her-/ himself. (1.) They usually don't have inhibitions to follow up the satisfaction of their biological needs, they freely live their sexuality, and they eat when they are hungry. (2) Taking responsibility for an animal means to develop empathy for it's needs. TTEAM is a wonderful way of learning to read the signs the animal send out to let us know what comforts them. Thinking about why a dog, for instance, shows aggression in certain situations and finding ways of teaching it better ways of coping with stress can definitely make a person reflect about her/ his own behaviour. (3,4) But animals aren't human beings, and every kind, even every individual animal has it's own needs and behaviour. Horses are flight animals and working with them we must always consider this. Observing them in a herd can teach us about their hierarchy. We can learn a lot about body language- they are very good in reading our body language, too and will react according to the way we move!

The friendship with an animal shouldn't replace relationships with other human beings, but it can be a big step towards opening up, learning to trust and to communicate. And every owner of a companion animal knows about the social contacts that grow out of the common interest: endless conversations can be held on experiences with the own dog, cat or horse!

All of our horses are quite curious, so they seemed to always come up to the fence to watch us do our exercises. The group enjoyed this very much. And when Mirabella, whose body shows her sad past, trustingly followed one of us over the yard, this was a nice experience!

-----FOTO 6-----

THE LOW HEAD OF MIRABELLA SHOWS RELAXATION

(4,5) One main aspect of TTEAM is the increase of the will and ability to *learn*. All aspects of the method are about new stimuli that lead to new connections in the nervous system. Both parts of the brain get stimulated (for instance when leading the horse from both sides and then changing positions- this teaches the horse *and* the persons).

It's all about "growing" and being aware of this development.

(6) Self-confident horses definitely express aesthetic and beauty. They have inspired artists for a long time. There are two different pictures of a horse: the strong, reliable working horse on one and the untamed, free horse on the other hand. Both pictures touch us emotionally.

Our horses live in a small herd on the pasture during the day and come in at night to be fed separately (the old ones need different feed from the young ones). The mixture of the herd makes it easy to find a favourite one for every person. It's interesting that some people have two favourite horses: one they admire and like to watch and one they trust most and want to work with. This again shows how different it can be what we get from being with animals.

(7) TTEAM gives a big field for experiencing success on different levels. The work is individual meaning each person has her/ his own aims with different ways towards them. The method helps to learn how to learn: step by step and with a benefit for the own personality.

(8) This is the way to "inner balance", to the feeling of complete well-being or of being just right in this place. Or in more spiritual words: to feel in harmony with the universe.

Feeling in harmony with a horse when riding can be a moving (spiritual?!) experience, too, and maybe this is what all riders are longing for.

5.) The Program

The concept of the program is a *flexible* construct that means we developed it for all lessons before the first meeting but left space for dynamic interaction and individual, situative working, something that of course can't be planned in advance. We also never knew how many clients would come to a lesson, in what physical or emotional stage they would be and if there would be a good atmosphere in the group. And of course if the horses would be up to our ideas on that specific day... But in all we kept the skeleton of the concept and the group didn't only go through it without any serious difficulties but created the last two lessons by themselves. The different exercises concerning TTEAM are described in books by Linda Tellington-Jones.

Further information about the single lessons are published as the final exams of the authors studies at the DSHS Köln.

	Stundenschwerpunkt	I) TTOUCH (Tier)	II) TTEAM (Tier)	III) Selbsterfahrung	IV) Partner/ Gruppe	Theorie/Sonstiges
1	Kennenlernen/ Beobachten; Finger: Thema: Körperarbeit	Abtasten: Routineelement: Noahs Marsch	Den Tiger zähmen (Vorbereitung auf die Führarbeit, v.a. Brieftaube)	Gespräch: Umgang mit dem Beobachten/ Beobachtetwerden	II (einer hält und beobachtet, einer tastet ab)	Körpersignale der Pferde (Pferdesprache)
2	Gerte: Thema: wertfreies (!) Beobachten	Wolkenleopard (Bild: Uhr)	Abstreichen mit der Gerte, Abklopfen der Hufe zur Erdung	Druckstärken zu I	Übung zum wertfreien Beobachten, Formulieren von Kritik und Korrektur	Knotenkunde
3	Thema: Atmung Führkette	Wiederholung Wolkenleopard; Die leckende Kuhzunge	Brieftaube (Paddock) durch Hindernisse	IV, Erfahrungen damit verbalisieren ; Übung zur Atmung (I)	II; gegenseitig über das Gelände vom Boden aus fahren (Leine um die Daumen)	eigene treibende und bremsende Position: beobachten, führen, evtl. longieren,

4	Prinzip der ungewohnten Bewegungen; Bandagen; Wahrnehmung	Schweifarbeit (o. Beinreisen o. Maularbeit); selbst ausprobieren	Führen durch Hindernisse mit Gurt/ Sattel und Bandagen (evtl. einer fährt vom Boden aus)	Atemübung ; Prinzip der harten und der weichen Augen (CR)	blind führen, Pferde erkennen, Untergründe erspüren, Vertrauensübungen	Equipment rund ums Pferd (+ Zusammenfassung der Team-tools)
5	Thema: Erdung	Oktopus oder Pythonheber	Fahren vom Boden aus mit/ ohne Hilfe oder Führen mit Reiter	"meet the wind" o.ä.(CR)	Auf- und Absteigen, gegenseitig helfen (Holzpfed?); II	Vorbereitung auf TTouch am Menschen oder CR
6 Bibi Degn: Einführung in TTouch am Menschen, Supervision bzgl. des bisher Gelernten						
weiterer Verlauf: Wiederholungen, TTouch am Menschen, Centred Riding, Abschlussralley,.....						

gelb: TTeam - Equipment
blau: TTeam - Element
grün: TTouch
rosa: Führposition/ Bild/CR

6.) Results

It would be very interesting to find out about the effect of TTouch on the physical secondary disorders that frequently occur with the disease of alcohol addiction. We didn't have the instruments to measure changes of the physical well-being (apart from observation and more general statements of the clients) and paid more attention to changes of the psychological and social well being.

a) The following table shows what effects of TTEAM as a therapeutic intervention we assume and which we partly proved to be possible by this study.

Improvement of	Effects of receiving TTouch	Effects of giving TTouch	Effects of Groundwork	Effects of Riding with Awareness
1. co-ordination	X	x	x	x
2. flexibility			x	x
3. strength				
4. rapidity			x	
5. endurance			x	x
cognitive and psycho-motional functions, e.g.				
- attention	x	x	x	x
- concentration and memory	x	x	x	x
- perception	x	x	x	x
- sensibility, deep and superficial sensation	x	x	x	x
- impulse	x	x	x	x
personality, e.g.				
- self-awareness	x	x	x	x
- self-acceptance	x	x		x
- self-confidence		x	x	x
- emotional maturity		x	x	x
- self-concept	x			x
-realistic self-assessment	x	x	x	x
- inner balance				
(reduction of:	x	x	x	x
- depression	x	x	x	x
- aggression	x	x	x	x
- auto aggression)	x	x	x	x

- self-control - ability to cope with stress and conflicts - body-image	X		X	X
- reality assessment - orientation	X X	X X	X X	X X
- communication - ability to get in touch with others - trust - ability to built up and keep relationships	X X X X	X X X X	X X X X	X X X X
- ability to use leisure time, e.g. - motivation - activity - social contacts	X X X	X X X	X X X	X X X

b) Observations concerning the atmosphere in the group

From the first lesson, actually just after the first exercise "observing without judging" we recognised a relaxed atmosphere in the group. People who don't get on too well in the institution didn't refuse to work together and apart from one incidence in the very first half an hour (one man didn't want to wait for the cigarette break) we didn't experience any complains at all (what's rather unusual for this group of people).

The clients spoke quite openly about their anxieties and wishes, so it was easy to divide into teams with one horse each.

When Bibi Degn came to work with us (lesson 6) the group was excited. In that lesson we had a long session with just TTouch. First we worked on each other, and it was funny to see how a dog came to lay down to sleep in the middle of our circle as if he was enjoying the atmosphere! The clients who joined that particular lesson had greater difficulties with the co-ordination needed for different TTouches, like they had stiff fingers doing the clouded leopard, etc. Only one person really learned the correct octopus TTouch. But when we in the second part of the lesson Ttouched the horses this didn't seem to matter at all. As if the atmosphere was carried onto the paddocks the horses stood still without being held and enjoyed the session.

-----FOTO 7-----

OCTOPUS

c) Final questionnaire

The results of the whole group will be published end of the year.

The following example is the final questionnaire of client 1 but without the questions that only make sense in comparison with the introductory questionnaire (same questions before and after the program). Interested people can contact the authors for further information.

Name: Client 1

Effects of the Program	not true	a little true	true	very true
My interest in new activities has improved, I'd like to learn something new.			X	
I enjoyed being out in nature and I'd like to be it more often.				X
Before I felt a little insecure around horses.		X		
I learned to trust horses more.				X
I know more about animals now than I did before.				X
By being with the horses I've learned something about myself.				X
By doing groundwork with the horses I've learned something new about them.			X	
By doing groundwork with the horses I've learned something about myself.			X	
By doing groundwork with the horses I've learned to adjust to a partner.				X
Through the TTouches I've learned something about myself.				X
Through the TTouches I've learned something about my co-inhabitants.				X
In the beginning I felt insecure on the horse.				X
First I found it difficult to trust the horse carrying me.				X
First I found it difficult to trust the person leading my horse.	X			
My insecurity on the horse decreased in the progress of the program.				X
By riding I learned something about myself.				X
I got to know somebody of the group better.				X
I experienced the atmosphere around the horses as comfortable.				X
I felt more able to allow my feelings to come up.				X
I felt more able to show my feelings.				X
In the reflection phase I could honestly talk about my feelings and thoughts.				X
I got a deeper relationship to one specific person of the group.	X			
My feeling about other people in the institution has positively increased.			X	
To be critically watched by someone can also mean support to me.			X	

to me.				
I felt more balanced after a session.				X
I felt more relaxed after a session.				X
I felt refreshed after a session.				X
I reached my physical limits.	X			
I reached my mental/ spiritual limits.	X			
I learned to understand body language better.				X
I breathe with more awareness.				X
I've learned something about my way of dealing with anxiety.				X
After a session with the horses I've often been in a better mood than before.				X
I experienced the TTouches as comfortable for me.				X
It was nice to be able to comfort a horse by TTouching it.				X
It was nice to be able to comfort other human beings with TTouches.				X
I was especially interested in working with TTEAM				X
I was especially interested in working with the horses				X
It was interesting to get to know the other residents in a new setting				X
Being together in a group was a good experience				X
I especially liked the exercises to increase the perception				X
I especially liked the relaxing exercises				X
I especially enjoyed the TTouches				X
I especially enjoyed the groundwork				X
I especially enjoyed the riding with awareness				X
I am interested in a similar project				X(!)
I would like to learn more about horses				X
I would like to learn more about TTEAM				X
I'm also interested in Human TTouch				X

TTEAM would mean to me:

	Yes	No
Activity for leisure time	X	
Therapy	X	
Increase of perception	X	
Physical activity	X	
Mental activity	X	
Being with animals	X	
Coping with anxieties		X
Decrease of aggressions	X	
Getting in contact with others	X	
Learn to ride: pleasure riding	X	
Learn to ride: competition		X

What I liked:

- Being with animals
- Babies lesson
- TTouches

What I disliked:

- Homing pigeon: I would have preferred to lead the horse by myself

What I especially remember:

- trusting the horse and the people

What I learned for myself:

- I'm able to deal with everyone
- I'm not egoistic

For further information please contact:

Relana Mühlhausen
Wahlenstr.50
50823 Köln, Germany
relanamomo@web.de

Caroline Nickel
Osternohstr.19
51647 Gummersbach, Germany
nickelinchen@web.de

Literature

Bruns, U./ Tellington-Jones, L.: Die Tellington-Methode. So erzieht man sein Pferd. Müller Rüschnikon Verlags AG, CH-6330 Cham, 10.Aufl.1997

Schmidt, L.: Alkoholkrankheit und Alkoholmissbrauch. Kohlhammer, Stuttgart, Berlin, Köln 1997

Tellington-Jones, L./ Taylor, S.: Der neue Weg im Umgang mit Tieren. Die Tellington TTouch Methode, Franckh-Kosmos Verlags-GmbH und Co, Stuttgart, 1993

Tellington-Jones, L./ Pabel, A.: Let's Ride! With Linda Tellington-Jones. Fun and TTeamwork with your Horse or Pony. Trafalgar Square Publishing, USA and Kenilworth Press Ltd,UK, 1997

Van der Schoot, P./ Deimel, H.: Sport in der Rehabilitation Alkoholkranker, Verlagsgesellschaft Ritterbach mbH, Der Kultusminister des Landes NRW (Hrsg.), Düsseldorf und Frechen, 1988