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Article

Perceived Benefits and Barriers for Autistic Adults Accessing Therapeutic Horse Riding for Mental Health

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Abstract

Therapeutic horse riding (THR) is a non-traditional intervention that may support mental well-being in individuals with autism spectrum conditions. Despite growing interest, most research has focused on children and has tended to privilege practitioner or caregiver perspectives, leaving autistic adults underrepresented. This qualitative study explores the psychological benefits and systemic barriers associated with THR among Autistic adults, drawing on perspectives from both clients and practitioners. Semi-structured interviews were conducted with six Autistic clients and four practitioners, and the data were analysed using reflexive thematic analysis. Five overarching themes were constructed: Facing the Puissance, Pathways to Participation, Embodied Engagement, To Understand and To Be Understood, and Beyond the Arena – Impacts That Last. Participants described enjoyment, increased confidence, and a sense of achievement, with effects accumulating over time and often extending beyond the riding arena into daily life. Barriers included cost, accessibility, and limited availability of appropriately trained staff and facilities. The findings contribute to a limited evidence base on THR for Autistic adults and suggest that THR can enhance well-being, self-agency, and relationship-building, whilst also revealing structural obstacles that restrict equitable access.

Keywords: autism; autistic adults; therapeutic horse riding; mental well-being; access barriers; embodied engagement; relational safety

1. Introduction

While equine-assisted interventions (EAI) have gained increasing recognition, existing research has predominantly focused on children and young people, often emphasizing the perspectives of caregivers or practitioners rather than those of Autistic individuals themselves (Malcolm et al., 2018). Previous studies have highlighted the need for research that directly incorporates the voices of Autistic people (Botha & Cage, 2022; Holt et al., 2022; McDaniel Peters & Wood, 2017; Saunders, 2018; Silberman, 2017). Moreover, the limited qualitative literature in EAI that does engage Autistic participants has largely concentrated on young females, with minimal attention given to adults (Warner et al., 2022). Accordingly, the present study aimed to explore the perceived benefits and barriers encountered by Autistic adults in accessing therapeutic horse riding (THR) as a means of supporting mental well-being. To address this gap in the literature, the study foregrounds first-person narratives from Autistic adults, complemented by professional insights from THR practitioners. By integrating these perspectives, the research offers a more comprehensive understanding of THR's potential to enhance psychological well-being, while also highlighting the relational and structural challenges that may affect access. This approach situates THR within broader discourses on neurodiversity, accessibility, and the provision of mental health services for

Autistic adults, a population that remains underrepresented in mainstream research, healthcare provisions and relevant support systems (Jones et al., 2023; Kargas et al., 2023; Moore et al., 2024; UK Parliament, 2023).

Autism Spectrum Disorder (ASD) is characterised in diagnostic systems such as the ICD-11 (WHO, 2022) and DSM-5-TR (APA, 2025) by social demands that exceed the individual's adaptive capacities and by restricted and repetitive patterns of behaviour. There are an estimated 700,000 Autistic people in the UK (Buescher et al., 2014; National Autistic Society, 2024), with higher estimates when including those without formal diagnosis. Autistic adults face enduring disadvantages compared to typically developing peers (Howlin & Magiati, 2017), including lower self-esteem (Nguyen et al., 2020), reduced confidence, particularly in those diagnosed in adulthood (Corden et al., 2021; Darazsd & Bialka, 2023; Milton & Sims, 2016), and wider economic and social barriers (Fletcher-Watson, 2024; Rogge & Janssen, 2019; Seltzer et al., 2003; Zhao et al., 2023). Horses have been domesticated for much of recorded history, and in recent years, they have increasingly been recognised as valuable partners in therapeutic interventions aimed at supporting mental health and well-being (Anastasya et al., 2024; Clearly et al., 2024; Hatcher et al., 2019; Ward et al., 2022; Xiao et al., 2023). Equine-assisted services are expanding, with approximately 280 individuals currently registered with the Athena practitioner register (Athena, 2025), and nearly 200 businesses and associates listed on the Human Equine Interaction Register (HETI, 2025). However, many practitioners operate outside these formal registries, reflecting the growing scope and diversification of the field (Seery & Wells, 2024).

The therapeutic potential of human–animal interactions has long been acknowledged, with documented inclusion of animals in treatment settings dating back to 1792 (McCulloch, 1983; Morrison, 2007). Empirical research has demonstrated that interactions with horses can enhance self-confidence, self-esteem, and overall psychological well-being (Bizub et al., 2003; Burgon, 2011; Cantin & Marshall-Lucette, 2011; Karol, 2007; Hatcher et al., 2019). For instance, participants often report initial apprehension when engaging with horses, which can evolve into increased self-efficacy and a sense of empowerment through participation in equine-assisted programmes (Bizub et al., 2003). Feelings of calmness, enjoyment and confidence have also been reported by autistic children when riding horses (Browne et al., 2025)

Despite the promising outcomes associated with equine-assisted interventions, research in this area faces several methodological and conceptual challenges. Studies often rely on small sample sizes, yield inconsistent findings, and employ varied definitions and delivery models of equine-assisted services (Bachi et al., 2012; Lentini & Knoblauch, 2009). Moreover, much of the existing literature focuses on structured, therapy-oriented sessions, leaving the potential benefits of broader, informal horse–human interactions underexplored (Burgon, 2011; Cantin & Marshall-Lucette, 2011; Karol, 2007). Access to therapeutic horse riding is further constrained by financial and logistical barriers. Sessions can be prohibitively expensive (Burgon, 2011; Kendall et al., 2013), and funding opportunities remain limited (Kendall et al., 2013). These challenges are particularly salient for Autistic adults, who are disproportionately affected by unemployment and economic disadvantage (Farkas et al., 2021; Harmuth et al., 2018; NICE, 2016). As such, it is essential to investigate both the benefits and barriers associated with therapeutic horse riding (THR) for this population, in order to inform equitable service provision and support evidence-based funding decisions.

In this context, the current study focuses specifically on THR as a means of supporting mental well-being (rather than physical rehabilitation), delivered by practitioners with qualifications in mental health and extensive equestrian experience. By investigating the experiences of Autistic adults alongside the perspectives of THR practitioners, the study aims to clarify the perceived psychological benefits of THR and to identify the systemic and practical barriers that influence access and the long-term sustainability of such services.

2. Materials and Methods

2.1. Design

The study employed semi-structured interviews to enable participants to reflect on and elaborate upon their experiences (Kallio et al., 2016). The flexible format and adaptable sequencing of

questions facilitated in-depth discussions and the generation of rich, nuanced data. This approach also allowed participants the autonomy to choose the extent to which they engaged with specific topics, thereby respecting individual comfort levels. Furthermore, the semi-structured format enabled researchers to tailor the phrasing and delivery of questions to accommodate participants' communication preferences and potential verbal processing needs, thereby enhancing the accessibility and inclusivity of the interview process.

2.2. *Researcher Position*

The primary researcher for this study was a white British female enrolled in the MSc Developmental Psychology programme at the University of Lincoln. As Braun and Clarke (2013) note, researchers may occupy both insider and outsider positions within the research context. In this study, the researcher held a dual positionality. Her involvement in the therapeutic horse riding (THR) programme at the facility attended by some participants positioned her as an insider. Conversely, as someone without a formal Autism diagnosis and who does not self-identify as Autistic, she simultaneously occupied an outsider role. In the context of practitioner interviews, her primary role as a therapeutic riding practitioner further reinforced her insider status.

2.3. *Ethics and Recruitment*

Participants were approached via a gatekeeper to ensure ethical recruitment. Theoretical sampling was used to ensure that experiences were relevant to the research question. Seven Autistic clients expressed interest and six consented to interview. Five practitioners expressed interest and four consented. No incentives were offered. Accessibility and participant welfare were prioritised before, during, and after the interviews. Participants could pause, stop, or resume at any time and could bring another person for support. All participants provided informed consent. At the end of each interview with Autistic adults, a final check was made to ensure they felt comfortable leaving, and a debrief sheet with mental health signposting was provided. Ethical approval was granted by the University of Lincoln (Approval No. UoL2025_19424).

2.4. *Participants*

Six Autistic adults who had accessed therapeutic horse riding (THR) participated in the study. All participants either had a formal diagnosis of Autism or self-identified as Autistic. The age range of participants was 25 to 57 years (Mdn = 30, IQR = 12), with a gender distribution of 0 males and 10 females. Eligibility criteria required participants to be over 18 years of age and to have attended a minimum of three THR sessions within the previous twelve months. In addition, four THR practitioners who had experience delivering sessions to Autistic adults were interviewed. Practitioner participants were also required to be over the age of 18 and to have provided THR services to Autistic adults, their experience ranged from three months to five years. The researcher aimed to achieve data saturation while acknowledging the limitations imposed by the small sample size, which reflects the broader challenges associated with participant recruitment in this field.

2.5. *Interview Schedule & Procedure*

All interviews were conducted in person and recorded via Microsoft Teams. Automated transcriptions were generated by the platform and subsequently reviewed and manually corrected by the researcher to ensure accuracy. Interviews were completed on different days to avoid researcher fatigue and to allow time to reflect on participants' responses before beginning transcription. Interview lengths ranged from 19 min 7 s to 44 min 43 s long. Prior to the interview, the participants were given a participant consent form to read and sign, this was an opportunity to ask the researcher any questions. The consent form contained information on withdrawal, which could be requested up to 7 days after the completed interview. Participants were informed that they were not required to answer any questions they did not want to, and they could go into as much or as little detail as they desired. Participants were also invited to raise any additional issues they considered important. Initial questions with Autistic clients aimed to ease into the interview with simple questions such as "Can you start by telling me how you first learnt about and accessed THR for mental health?" and

from there building a rapport with the participant. Further questions such as “Are there any short-term impacts, either positive or negative from attending THR?” were based on previous literature findings which found a range of both positive and negative emotions may be felt (Burgon, 2011; Hatcher et al., 2019; Karol, 2007). The current study also explored longer term effects of THR on well-being of Autistic adults. Practitioners received the same consent form and participant information sheet however their questions differed. Firstly, asking them to outline their role and experiences working with Autistic adults in the context of THR, to allow the interviewer to understand their role. The interview then moved on to what barriers the practitioners felt were preventing, or making access to THR harder for Autistic adults, before discussing ways of working with or removing these barriers where possible. Practitioners were also asked to expand on short- and long-term impacts of THR, and finally given the opportunity to share any thoughts they felt were valuable.

2.6. Reflexivity

The researcher noted considerable variability in how forthcoming participants were. Some autistic participants provided minimal initial answers (for example, “yes,” “no,” “I don’t know”). Gentle probing sometimes yielded limited additional detail, and on reflection the researcher considered whether further elaboration of prompts could have helped. Recruitment was also more challenging than anticipated despite access to a pool of potential participants. The researcher initially required at least ten THR sessions for inclusion, but revised this to three sessions to widen eligibility and capture reasons for discontinuation; in practice, however, all included Autistic adults had attended for a substantial amount of time.

2.7. Method of Analysis

In accordance with ethical approval, transcripts were finalised seven days after each interview, allowing participants the opportunity to withdraw within that period. Following this window, transcripts were anonymised by removing identifying information such as names and locations. This process enabled the researcher to engage deeply with the data and reflect on their interpretations. Data were analysed using reflexive thematic analysis (RTA) (Braun & Clarke, 2019). The analysis began with the researcher listening to the audio recordings while reading the corresponding transcripts, followed by multiple readings of the transcripts during which brief analytic notes were made. Initial codes were then generated and subsequently reviewed, with less relevant codes being omitted. The researcher proceeded to identify, refine, and define overarching themes, which formed the basis of the final analysis.

3. Results

The analysis generated five overarching themes, each with related sub-themes: 1) Facing the Puissance, 2) Pathways to Participation, 3) Embodied Engagement, 4) To Understand and To Be Understood, 5) Beyond the Arena – Impacts That Last.

Table 1. Themes and sub-themes produced from a reflexive thematic analysis of the data.

Main themes	Sub-themes
Facing the Puissance	Accessibility Defining Therapeutic Riding Finances and Funding
Pathways to Participation	Opening the Gateway Predictably Unpredictable Tailoring and Personalisation
Embodied Engagement	Reconnect and Release Unbridled Joy
To Understand, and To Be Understood	Authenticity in Relationships Herd [SIC], Held, Supported
Beyond the Arena – Impacts That Last	Carried by Connection

Every Single Time Skills in Practice

3.1. Facing the Puissance

Barriers to accessing THR appeared clearly in the interviews, with participants highlighting structural, systemic, and practical challenges. The perceived impact of these barriers varied. Costs, funding, and finances were consistently described by both clients and practitioners as substantial and difficult to overcome. One participant emphasised this point directly:

“One of the barriers, like a really obvious barrier, is cost” (Participant 1, practitioner).

Much like the puissance, some barriers were challenging but ultimately surmountable, whereas other accessibility issues were viewed as more flexible, with solutions available to mitigate their effects. For example, Participant 2 (practitioner) described how busyness around the yard could be managed:

“If it is a bit busy, then the other staff tend to not like hang around the arena.”

Participants also shared some apprehension around starting THR “It’s quite scary. It’s a big thing to do” (Participant 8, client).

These accounts illustrate that while certain barriers are entrenched, others can be negotiated or adapted, reflecting the dynamic ways in which participants navigate participation. Within the overarching theme Facing the Puissance, such experiences informed the development of three sub-themes: Accessibility, Defining THR, and Finance and Funding. Together, these sub-themes highlight how practical, cognitive, and structural factors interact with participants’ engagement, shaping both the experience of THR and the extent to which clients can fully benefit from the service.

3.1.1. Accessibility

The first sub-theme, Accessibility, explores participants’ experiences of navigating factors such as busy environments, physical abilities, and sensory needs. One consideration raised by practitioners was the physical needs of clients:

“Autistic adults that don't have that same physical capability and would still benefit from it in terms of a mental health sense, but actually, we don't have the set up for them to access it in a way we'd like, we can't make them as safe”. (Participant 1, practitioner).

Centres providing THR may not always have the appropriate facilities to meet these needs, creating a physical barrier, whether that’s safely assisting with mounting or simply accessing the yard area. Accessibility considerations also extended to sensory aspects of Autism. For example, when discussing typical riding school environments, Participant 2 (practitioner) shared what clients had previously told her:

“It's too noisy, there's too much going on, there's shouting and you know, so that's a big sensory overload.”

To address this, Participant 2 suggested offering quieter times, similar to “Autism-friendly hours” in supermarkets, as a way for riding schools to make THR more accessible for clients with heightened sensory needs.

Taken together, these examples illustrate how practical, environmental, and sensory factors impact with Autistic adults’ engagement with THR. Within the overarching theme Facing the Puissance, these findings show that navigating THR requires negotiating both physical and sensory challenges to fully benefit from the service.

3.1.2. Defining Therapeutic Horse Riding

The second sub-theme, Defining THR, highlights how preconceptions, expectations, and lack understanding of THR due to the difficulty in defining it, shaped early experiences for Autistic adults. Participant 1 (practitioner) reflected on how lack of definition leads to lack of clarity around what to expect:

“Because it's really difficult to define. It's quite niche...a lot of people confuse it with riding for physical health rather than mental health.”

Preconceptions often assumed THR would involve cantering, jumping, or controlling the horse, reflecting the broader equestrian culture.

“Preconception that it's going to be about cantering around and jumping and making the horse do what's expected...well, it is the culture in the equestrian world” (Participant 1, practitioner).

Rigid thinking tendencies in Autistic adults could make adapting to THR challenging particularly for those who have previously ridden, however in Participant 1's experience once expectations were adjusted, participants reported rapid shifts in mindset, whilst this is considered a barrier, openness to change seems to be noticed by practitioners:

“Combined with the rigid thinking of autistic adults...once you can help them to do that, they're very quickly then in a new mindset” (Participant 1, practitioner).

Participant 1 (practitioner), spoke about how some benefits especially around feeling, can be more challenging to measure and actually having a physical representation of progress, achievement and change may be beneficial to help clients to really recognise what has happened as a result of THR.

“We can talk about feeling more confident and feeling heard and feeling a sense of belonging, but that's actually quite hard to measure and put your finger on.”

“Something like the rosettes...something you can hold that you've done and achieved.”

The suitability and responsiveness of horses were also central to defining THR and the ways in which it works, some conversation took place around the level of challenge that was relevant and acceptable for the horse to present to the client. Sourcing horses that fit this, proved harder for centres, but were perceived to have more benefit for the clients.

“Not any horse can be a therapeutic riding horse...horses that are willing to kind of attune to what the client's needing in that session...probably has more benefit for the client.” (Participant 1, practitioner).

Practitioners gave examples of ethical considerations for the horse and the adaptability of instructors, illustrating the intricate complexities revolving around the triad of practitioner – horse – client and ensuring all needs are safely and reasonably met.

“How can we genuinely help the horse to carry us and do that in a way that's ethical and prioritises that relationship with them?” (Participant 1, practitioner).

“From the very foundations of how the therapeutic riding programme was built, we are going to be welcoming clients who maybe don't see the world in the way we all do” (Participant 1, practitioner).

“there's a lot of riding schools that offer therapeutic riding sessions. But I would question whether some of them are actually therapeutic riding sessions” (Participant 2, practitioner)

To provide some clarity to prospective clients about THR and their understanding of how the sessions may look, Participant 1 shared how she provides information on the website:

“We try and have it like a really solid description on the website of what it is and what people can expect.”

THR is often not clearly defined, or differs largely between centres and practitioners, providing a clear explanation of what it is, it's not only beneficial to clients but also to practitioners and researchers who are exploring and delivering a cohesive version of THR.

3.1.3. Finance & Funding

The significant role of cost in shaping access to THR for Autistic adults was addressed by all participants, sharing both systemic challenges and varying individual experiences of affordability. Practitioners frequently described financial constraints as a major barrier, reflecting the complexity of delivering a niche service to a disadvantaged population. Participant 1 (practitioner) emphasised:

“Cost is the biggest barrier to therapeutic riding...particularly in terms of winning funding because it doesn't fit very neatly into therapy and counselling...and it also doesn't fit into riding in terms of sport and physical activity, which is then a huge barrier to winning funding.”

Even when funding is secured, additional challenges arise.

“I just guess that a lot of that actually just relies on funding.” (Participant 2, practitioner).

“Even when we do have funding, the reporting requirements are massive. So then we're not likely to renew the funding, which means we're going to have to put our costs back to the standard price.” (Participant 1, practitioner).

Clients were acutely aware of financial limitations, particularly when costs impact frequency of attendance.

“I would do it every week if I could...But if there's help out there to support, then probably you could get more because I'll have it once any other week instead of once every month.” (Participant 7, client).

Despite the challenges, some clients expressed that current pricing was manageable, relative to the benefits they experienced.

“I'm putting the bridle on. I'm learning lots of different things...So I think it's a good price.” (Participant 6, client).

Practitioners acknowledged that even small costs could disproportionately affect clients who are inherently disadvantaged:

“If people don't have any spare money, £25 a month is between like a food shop for one person or not...there is definitely a huge amount of people who would love to come weekly but can't afford it, so they come fortnightly or monthly...with any therapeutic intervention, the more consistent and the more regular ..., the more effective it is, so it's naturally less effective for them” (Participant 1, practitioner).

Systemic constraints were also reflected in the time and resources required to make THR measurable and tangible, such as producing rosettes for clients to recognise their achievements as previously mentioned in Defining THR.

“the amount of time, like unpaid time that goes into that then becomes another barrier...we don't exactly have a lot of funding...very systemic issues, a vicious cycle” (Participant 1, practitioner).

Finance and funding are not simply individual barriers but are embedded within systemic and structural challenges faced by clients and providers alike. Within the overarching theme Facing the Puissance, these findings demonstrate how practical and financial realities shape access, engagement, and the effectiveness of THR, particularly for a client group that may be economically disadvantaged. While some clients find the current costs manageable, others are constrained in how frequently they can participate, which may limit the therapeutic impact.

3.2. Pathways to Participation

3.2.1. Opening the Gateway

Participants experiences of initial access to THR and the factors that facilitated or impeded their access to the service, such as ease of booking, clear communication, predictable scheduling, and staff patience were all described as important in reducing barriers and enabling participation.

Accessible systems and supportive practices helped clients engage from the outset, initial assessments that did not require riding but rather set out an expectation for the client, giving them the chance to understand how future sessions may look. Although online booking is useful, flexibility in this process was also appreciated:

“Initial assessment where they don't necessarily ride...have a chat about what to expect...that's quite helpful as well.” (Participant 1, practitioner).

“it's easy to get in touch with us in whatever way feels safest.” (Participant 4, practitioner).

“reminders and things are a massive help...also offers you the predictability...you know you've got your appointment.” (Participant 5, client).

“I just find it better to book in person because then it's done.” (Participant 7, client)

Practitioners shared how THR was intentionally structured to support accessibility and inclusion noting the consideration of neurodivergent and mental health needs from the programme's foundations:

“Very much geared for them from the start...we are going to be welcoming clients who maybe don't see the world in the way we all do, but might have different needs.” (Participant 1, practitioner).

Accessibility was further enhanced by practical considerations such as staff patience in delivering instructions and feedback. The supportive, inclusive environment provided by practitioners and the centre as a whole was also a defining feature of THR.

"I really...think it is a very accessible and inclusive place...being patient and allowing extra time...just that kind of kindness." (Participant 5, client).

"Guidance I've had has been really nice because as I say, I might forget. Okay. And it's nice to just repeat it." (Participant 6, client).

Collectively, these accounts share how THR providers create an environment that actively opens the gateway for participation. By addressing practical, cognitive, and social needs, the programme facilitates engagement for Autistic adults, ensuring that initial barriers do not prevent them from experiencing the therapeutic benefits of riding

3.2.2. Predictably Unpredictable

Participants shared experiences of consistency and unpredictability within THR, the careful balance between routine and variability that influences engagement and therapeutic benefit. Clients emphasised the importance of a predictable environment in supporting their participation and consistency of their attendance and how changes can be made easier by the predictability.

"It's so easy to get overwhelmed...you end up not doing things or...having to let go of things. But I mean, how long have I been coming here? Over 18 months now. The fact that I've consistently still come here." (Participant 5, client).

"Even if the horses change, I will still be doing the same thing every time. So that really helps." (Participant 5, client).

Practitioners shared the careful management of predictability, noting that consistent routines, familiar horses, and a small, stable team all contributed to a safe and supportive environment.

"But there's something about the consistency of that being true in terms of someone can come every time and having the same sort of experience...even if it's more difficult some weeks, there's always that environment that supports them to still achieve those things" (Participant 1, practitioner).

"I like to start each session by talking with the rider about how they're feeling, how their week has gone, and how they're feeling about the session ahead." (Participant 3, practitioner).

"Horses in therapeutic riding in general, you can sort of manage an unpredictable horse because the focus is on the communication and relationship with the horse and that's OK. But in my experience, autistic adults have found that a little bit harder to deal with just because if you don't quite know what you're coming to...even if you're riding the same horse, you don't know how that horse is going to feel" (Participant 1, practitioner).

Too much unpredictability could also shift the focus away from the client, reducing the therapeutic benefit:

"When the instructors just have to manage the horse because the horse has become unpredictable or difficult, that actually then the focus is taken away from the client. Clients can deal with that to an extent, but at some point, it becomes quite damaging" (Participant 1, practitioner).

For Autistic adults, predictable routines and familiar environmental cues provide a sense of safety, while unpredictable elements, particularly relating to horse behaviour, require careful management by practitioners. Within the overarching theme "Pathways to Participation", "Predictably Unpredictable" highlights the nuanced interplay between stability and variability, illustrating how delivering THR in a way that provides a level of predictability for the client, allows them to safely engage with unpredictability which is something that Autistic adults may usually be averse to.

3.2.3. Tailored and Personalised

The importance of instructors' ability to adapt THR to meet the individual needs of clients is described by participants sharing how personalised approaches, both in communication and environmental structuring, made participation more accessible and meaningful. Processes such as meeting people at the gate and having clear guidance contributed to predictability and reduced anxiety:

“spent some time on the website and read that...and it gave a very warm and friendly feel to the place, which is always important to me...Just the way something's written and the vibe it kind of gives matters. So it felt very friendly.” (Participant 5, client).

“I just came down here and it's also good that you meet people at the gate...all of that worked very well for me, in terms of...finding it and accessing it on the first appointment.” (Participant 5, client).

Practitioners described being able to actively adapt sessions to clients' communication preferences, sensory needs, and learning styles.

“things still need to be repeated a bit more?...That repetition was actually very helpful...It helps me...remember what I'm doing.” (Participant 6, client).

“Guess the way I structured my sessions would be I asked the client what they need. I asked the client how and where they prefer to be, how they prefer to communicate, what sensory issues they may have... I will always try to adapt as best as I can.” (Participant 2, practitioner).

“Actually when when they're in the riding sessions and we're able to adapt the sessions and facilitate those choices ... those additional needs are met.” (Participant 4, practitioner)

“We adapt to clients that need more black and white language and more clear-cut instructions...but very rarely has the client to teach us anything in terms of what they need.” (Participant 1, practitioner).

Tailoring both the physical and procedural elements of THR is hugely impactful for supporting engagement among Autistic adults. By prioritising individual needs, THR providers create an environment in which clients can confidently participate, learn, and experience the therapeutic benefits of the sessions. Structured flexibility allows clients to feel understood and supported, enhancing the accessibility and effectiveness of THR.

3.3. Embodied Engagement

Embodied Engagement explores how THR enables Autistic adults to experience their bodies as sites of awareness, tuning in to physical sensations and movement. Through multisensory processes and the unique movement of the horse, participants described reconnecting with bodily sensations and finding space for emotional release, alongside moments of enjoyment and belonging.

3.3.1. Reconnect & Release

Participants repeatedly emphasised the multisensory nature of THR, and its capacity to draw attention to the body. Participants described how grooming and riding provided a rich, positive sensory environment, creating a present-moment awareness, which was an important step to becoming ready to ride.

“That responsibility to be present in the maiden ink to ride gives like a purpose to that calming.” (Participant 4, practitioner).

“On a sensory level...the smell of the horses, the different textures of their coats...some of them are softer than others, that lovely warm snuggly bit underneath their mane.” (Participant 5, client).

“tune into body, tune into the horse's body, tune into how the two are interacting,” (Participant 5, client).

Participant 7 described how mounted mindfulness practices fostered physical release:

“Walking around and then at the end we'd stop...deep breath, heavy breath...mind emptying...and you can feel it falling out and coming out...It's like you just pull the plug out of the bath...all the heaviness has just dropped out of you...you're ready for the next battle.”

“I think it it gives me like a purpose to sort of, leave the house and go somewhere where there's other people...” (Participant 8, client).

Practitioners intentionally created the conditions for this somatic reconnection, ensuring the space held was safe for the client to do so.

“We brush the horse, we chat about how we're feeling, how the horse may be feeling...then we get on when the client feels they're happy...it feels very natural and relaxed.” (Participant 2, practitioner).

“Many of these adults have learned to disconnect from the body because it feels overwhelmed all the time. This gives them a space where they can come back to connecting with their body in a really safe way...huge outpouring of emotion...in a really positive way, kind of released a lot of that.” (Participant 1, practitioner).

Here, the horse’s rhythmic movement and the supportive environment together create a safe and contained space in which Autistic adults can re-inhabit their bodies and release accumulated tension processes that may be difficult to access in more conventional therapeutic settings.

3.3.2. Unbridled Joy

Alongside quiet release, participants also described moments of spontaneous pleasure and playful freedom. Participant 5 captured the “instant sense of happiness” she felt on arriving and “watching the horses and seeing them and catching up on what they’ve been up to.”, for some, this instant impact could be seen once on the horse.

“feel quite calm when I’m on horses,” (Participant 6, client).

“quite a few clients, once they get on the horse, or even once they’re just with the horse, appear to relax a bit more...they appear to seem happier within themselves around the horses.” (Participant 2, practitioner).

Participant 1 highlighted that within this atmosphere of acceptance, clients “can thrive, they enjoy it...they can unmask and just relax into that relationship”.

Participants suggest that THR offers more than therapeutic release: it provides opportunities for unguarded and unmasked enjoyment, for reconnecting with a child-like sense of play, and for experiencing belonging and self-expression without social demands.

“it kind of is healing in that way if that’s not too cheesy to say, your younger self just getting back in touch with that and doing silly things and taking all the adult stresses off” (Participant 1, practitioner).

The theme Embodied Engagement shows how THR supports Autistic adults to engage with their bodies in ways that are at once both restorative and liberating. By combining mindful, sensory attuning with the simple pleasure of being with horses, THR creates an embodied therapeutic experience where participants can both let go of tension and rediscover the joy of inhabiting their own bodies.

3.4. *To Understand and To Be Understood*

Participants discussed the importance of authentic relationships and relational reciprocity within therapeutic horse riding (THR), “having time to experience the relationship either with the horse or with myself or both.” (Participant 4, practitioner. Central to this theme was the experience of both understanding and being understood by the horse, the instructor, and oneself. Participant 8 (client) noticed this was possible with guidance despite previously having negative experiences, “I’ve always been told that I’m not very good at reading body language, but actually I can read their body language when I know what I’m looking for I can”.

3.4.1. Authenticity in Relationships

Participants highlighted how authentic, reciprocal connections with both horses and practitioners were important to their therapeutic experience. Clients described the process of cultivating these bonds as one that required patience and gentle persistence; initial anxieties about whether a horse would “like” them often gave way to recognition of the horse’s individuality and communication style. As they learnt to read cues and respond accordingly, they began to experience the relationship as mutual “they know me and I know them”(Participant 5, client) rather than one-sided.

“Oh no, she doesn’t like me, you know?...patience had to come into...that kind of cultivating that relationship with Annie and then a lot of gentleness.” (Participant 5, client).

“You know, trying to learn her way of communicating so that that could help our relationship, connection.” (Participant 5, client).

Clients were often able to recognise the two-way process between the horses' experiences and their own, facilitated by practitioners creating opportunities for reflection, empathy and connection. Helping clients both understand and feel understood by the horse was described as a deliberate aim of the sessions.

"that relationship is really nice because it means, they know me and I know them." (Participant 6, client).

"It can be quite a nice two-way process for the client and the horse to understand each other a bit better" (Participant 2, practitioner).

"But when you get on there...you're concentrating on what you're doing...It's just you two, you and the horse." (Participant 7, client).

These developing relationships brought an emergent self-awareness and agency that extended beyond the riding arena. Working in real time with a responsive animal requires clarity and presence, requiring them to "find a way" rather than rely solely on verbal communication. For some, this fostered confidence and even a sense of discovering a "new me," suggesting an evolving self-concept through the embodied experience.

"You can talk about it endlessly in therapy and actually therapeutic riding makes...it happening in the here and now, and you're going to have to deal with it and find a way." (Participant 1, practitioner).

Learning to communicate effectively with the horses was experienced as both experiential and embodied. Clients described a growing competence in giving clear instructions and recognising the horse's feedback, which practitioners interpreted as evidence of developing leadership and relational attunement. This physical, here-and-now engagement allowed therapeutic insights to be enacted rather than merely discussed, reinforcing a felt sense of efficacy and mutual trust.

Clients described the significance of building genuine connections with the horses and practitioners, emphasising patience, gentleness, recognition and learning about the horses as catalysts to creating meaningful relationships.

Clients also valued the experience of understanding the horse's behaviour and adapting their communication accordingly was central to feeling effective and competent.

"So it was understanding that...the instructions that I was giving needed to be quite clear. So it understood me and what I wanted to do with it." (Participant 6, client).

"Found that kind of sense of leadership in herself...Annie did listen, and she was effective. And then she was able to work through it." (Participant 1, practitioner).

3.4.2. Herd, Held and Supported

The sense of being heard, held, supported, and safe within the THR environment was created within the context of the relationships, as well as the physical space – which some described as a "bubble", offering a pressure-free and anxiety-reducing space.

"Even as soon as you pull into the car park, it's like this bubble." (Participant 5, client).

"When I come here...all the stress...you get in the driveway, it's like...the whole place is like...a bubble." (Participant 7, client).

This slow, gentle, and predictable space helped clients feel safe and supported, enabling engagement at their own pace.

"there's no hurry to this session, the whole session is very slowly done...very much at that person's pace at the horse's pace as well." (Participant 2, practitioner).

"If you can just sit there and be at one with the horse and understand the horse, you can get through the day." (Participant 7, client).

3.5. Beyond the Arena: Impacts That Last

Participants described how therapeutic horse riding (THR) produced effects that extended beyond the immediate session, highlighting the enduring influence of the relational, emotional, and practical experiences they had with horses and practitioners. These impacts were felt in clients' daily lives, contributing to confidence, well-being, and a sense of competence, demonstrating that the benefits of THR are not confined to the arena.

3.5.1. Carried by Connection

A central aspect of lasting impacts was the connections formed with both horses and instructors. Participants described these relationships as reciprocal and emotionally sustaining, providing a sense of support that could be carried into everyday life, reinforcing that clients have the autonomy to communicate their needs, and ask for them to be met.

"The joy as well of connecting with them...reading their placement of their body, how they communicate to you." (Participant 5, client).

"Communication skills improve too, both verbal and non-verbal." (Participant 3, Practitioner).

"What the horse might be communicating to them...helping them to also communicate their needs better." (Participant 2, practitioner).

These relationships also fostered a sense of belonging and continuity, built around the consistent and containing experiences provided by the centre environment, horses and practitioners.

"They've become part of Hope Meadows..., it's like that real sense of belonging...to be able to come in, know all the horses and find out how they've been doing...and have that on a long-term basis." (Participant 1, practitioner).

"I like the therapeutic side because I get to groom them, I get to take them out...they really know me now and they know me as a rider." (Participant 6, client).

3.5.2. Every Single Time

Clients reported that the positive effects of THR were consistent and cumulative, with each session building on previous gains and contributing to ongoing feelings of confidence and well-being

"I feel the benefits every single time I come...it drips into my week and that's important." (Participant 5, client).

"I can volunteer...that's given me more confidence in myself and the group sessions...I'm finding the new me." (Participant 7, client).

"You can see they feel and see their confidence grow while they're around the horses...the enormous amount of well-being I see within the clients." (Participant 2, practitioner).

The repetition and continuity of sessions reinforced learning and self-assurance, demonstrating that THR provides sustained rather than transient benefits, along with transferrable skills that can be felt within daily living contexts.

"A little bit like happier as they leave. Maybe a little bit more relaxed or even kind of proud of themselves for giving them that space for a bit of self-care and time for themselves as well." (Participant 4, practitioner).

3.5.3. Skills in Practice

THR facilitated practical skill development, from riding techniques to horse care, which translated into real-life competence and personal growth.

"You're responsible for this horse at that moment...but I never felt unsafe." (Participant 5, client).

"grooming, checking the horse, picking their feet out...they're learning all about horse care as well." (Participant 2, practitioner).

"I've been able to apply that to different things...take what I've learned and use it in other places in my life." (Participant 6, client).

THR appears to function as a self-efficacy laboratory in Bandura's (1977) terms. Through developing skills of riding and horse-care tasks, clients encounter successfully met challenges, from picking out a horse's feet to guiding the horse safely, within a scaffolded context of safety, support and acknowledgements of those achievements.

"At the end, we always talk about what went well and I make sure to praise any achievements, big or small." (Participant 3, practitioner).

"There's usually like multiple, like small achievements throughout the sessions as well, which seems to kind of help people feel a little bit better. They've achieved something." (Participant 4, practitioner).

These experiences foster a belief in personal competence that participants report transferring to other life domains, for example asking things of others, which previously may have felt uncomfortable.

“recently they have spoken about how they've been able to go out and ask for someone to maybe do something for them or express their needs a bit more confidently.” (Participant 4, practitioner).

In turn, the act of caring for the horse provides a vicarious model of care and responsibility, reinforcing an emerging narrative of themselves as capable and self-caring. Thus, the THR setting cultivates not only practical skill but the psychological mechanism of self-efficacy that underpins adaptive functioning and personal growth.

“So I think from being more assertive, I think it's helped with my confidence...I do have the confidence to be able to see lots of different things.” (Participant 6, client).

“By caring for the animals, they're also learning to care for themselves better...taking care of themselves is also very important.” (Participant 2, practitioner).

4. Discussion

This study explored the experiences of Autistic adults engaging with THR and examined the benefits, barriers, and broader impacts of participation for Autistic adults. By foregrounding the perspectives of both clients and practitioners, this research contributes to a limited evidence base that has historically prioritised the views of carers or focused on children and adolescents (McDaniel Peters & Wood, 2017; Warner et al., 2022). The findings highlight the therapeutic potential of THR as an embodied, relational, and accessible intervention while also revealing significant physical and systemic barriers that limit its potential reach.

4.1. Relational Dynamics as Therapeutic Mechanisms

A central theme produced from the data was the importance of the relationships between horse, client and practitioner in enabling therapeutic change. Clients described feeling “heard,” “held,” and “understood” within the THR environment, which facilitated emotional regulation, self-awareness, and confidence. These findings align with previous research emphasising the relational basis of equine-assisted interventions, where non-verbal communication, mutual responsiveness, and attunement form the foundation of therapeutic outcomes (Bizub et al., 2003; Burgon, 2011; Gabriels et al., 2015).

The human–horse relationship appears to offer a unique context for self-exploration and growth. Horses' sensitivity to emotional states provides immediate feedback, fostering self-regulation and social-emotional learning (Hauge et al., 2021). This process aligns with the theory that therapeutic change arises through co-regulation and relational presence (Mitchell & Aron, 2019). In the current study, these dynamics extended beyond the horse-client relationship to include the practitioner, findings which were also seen within Browne et al's., (2025) study where children expressed the kindness and safety felt when with their practitioner.

4.2. Environmental Structure, Predictability, and Engagement

The findings also underscore the importance of environmental structure and predictability for Autistic adults engaging in THR. Consistent routines, staff and horses, and clearly defined expectations created a safe and contained therapeutic space, reducing anxiety and supporting sustained participation. These results are consistent with literature for autistic children accessing THR which emphasised the need for adaptability to meet clients sensory preferences (Browne et al., 2025). The findings are also consistent with broader literature on autism and service accessibility, which emphasises the value of predictability and routine in reducing cognitive load and sensory overwhelm (Howlin & Magiati, 2017; Pellicano et al., 2021).

Interestingly, a degree of unpredictability, such as minor behavioural variations in horses, was also described as therapeutically beneficial when managed carefully. This aligns with the concept of “graded exposure” within autism support, where safe encounters with variability can promote resilience and flexibility (Wigham et al., 2020). However, excessive unpredictability, such as chaotic environments or reactive horse behaviour, detracted from therapeutic outcomes. Practitioners must

therefore strike a careful balance, creating environments that are structured enough to support participation but flexible enough to allow for growth.

4.3. Accessibility and the Challenge of Systemic Barriers

Despite its therapeutic potential, THR remains difficult to access due to systemic barriers, particularly cost and definitional ambiguity. Financial constraints were consistently identified as the most significant obstacle to regular participation, reflecting broader economic inequalities faced by Autistic adults, including lower employment rates and higher rates of poverty (NICE, 2016; Crane et al., 2023). Because THR often occupies an ambiguous space between healthcare intervention and recreational activity, it is frequently excluded from mainstream funding streams. This lack of institutional recognition not only limits affordability but also contributes to inconsistent provision and variable quality across centres (Bachi et al., 2012).

The findings also revealed misconceptions about THR, with practitioners highlighting that potential clients assume it involves traditional riding lessons focused on physical skills. This reflects a broader lack of public awareness and standardisation within equine-assisted services. Clearer definitions, professional accreditation, and standardised practice guidelines could help legitimise THR, improve funding opportunities, and enhance service accessibility.

4.4. Embodied Engagement and Emotional Processing

A particularly distinctive feature of THR highlighted in this study was its capacity to foster physical experiences. Participants described heightened bodily awareness, opportunities for somatic regulation, and moments of joy. These experiences suggest that THR operates on both cognitive and somatic levels, aligning with research on embodied therapies that emphasise the role of the body in emotional processing and trauma integration (Fuchs & Koch, 2014; Payne et al., 2023).

The multisensory environment may be particularly beneficial for Autistic adults, many of whom experience sensory processing differences (Crane et al., 2023). THR offers non-verbal, experiential pathways to change, which may enhance accessibility for individuals who find verbal expression challenging.

4.5. Strengths and Limitations

A key strength of this study is its focus on Autistic adults, an underrepresented group in EAI research. By centring the voices of service users, the study addresses a critical gap and offers nuanced insights into how THR supports mental well-being from a first-person perspective. The inclusion of practitioner perspectives further strengthens the findings, providing understanding of the therapeutic process. Additionally, the use of reflexive thematic analysis allowed for a rich, in-depth exploration of complex experiences, capturing subtleties that may be overlooked in quantitative approaches.

However, several limitations must be acknowledged. The small sample size limits the generalisability of findings and may reflect a participant group with relatively positive experiences, as all Autistic participants had continued to engage with THR. Recruitment challenges also highlight potential selection bias, as individuals with negative or neutral experiences may have been less inclined to participate. The dual role of the researcher as both practitioner and interviewer introduces the possibility of bias, although reflexive practices were employed to mitigate this, and a relationship that seeks to foster open conversation is held. Furthermore, the study was conducted within a single THR centre, limiting the transferability of findings to other contexts. Finally, the cross-sectional design precludes assessment of long-term outcomes, and future longitudinal studies are needed to examine the durability of THR's effects.

4.6. Implications for Practice, Policy & Future Research

The findings have several important implications for practice. First, they highlight the need for THR providers to adopt neurodiversity-informed approaches that prioritise predictability, sensory considerations, and personalised support. Simple adaptations such as offering quieter sessions, flexible booking, and clear communication can enhance accessibility and engagement. Additionally,

practitioners should be mindful of the therapeutic balance between structure and variability, ensuring that sessions are both predictable and appropriately challenging.

Greater recognition of THR as a legitimate mental health intervention is needed. Integrating THR into UK healthcare and social care frameworks, thereby increasing funding opportunities and reducing financial barriers and continuing growth of accreditation systems and national practice guidelines would further enhance quality assurance, standardisation, and professional credibility.

Future research should aim to expand the evidence base through larger, more diverse samples and mixed methods designs. Comparative studies could examine the effectiveness of THR relative to other therapeutic modalities, while longitudinal research could assess the sustainability of its benefits. Further exploration of the underlying mechanisms, including the role of sensory processing, embodied cognition, and attachment could deepen understanding of how THR exerts its therapeutic effects. Finally, research exploring cost-effectiveness and scalability could support the integration of THR into mainstream mental health offerings.

5. Conclusions

This study contributes valuable new knowledge to an emerging area of therapeutic practice, shedding light on how Autistic adults experience and benefit from therapeutic horse riding. The findings demonstrate that THR offers a uniquely embodied, relational, and accessible approach to supporting mental well-being, one that can foster confidence, emotional regulation, and a sense of belonging that extends beyond the arena. However, significant systemic barriers, particularly cost and definitional ambiguity, limit its reach and effectiveness. Addressing these challenges through practice and further research will be crucial to realising THR's full potential.

In conclusion, THR represents a promising intervention that aligns with neurodiversity-affirming principles. By combining relational connection, embodied engagement, and practical skill-building, it offers Autistic adults a pathway not only to improved mental health but also to enhanced self-understanding, resilience, and quality of life.

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Abbreviations

The following abbreviations are used in this manuscript:

EAI	Equine Assisted Interventions
THR	Therapeutic Horse Riding

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