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Disability, Riding, and Identity

A Qualitative Study on the Influence of Riding on the Identity Construction of People with Disabilities

ABSTRACT

Semi-structured face-to-face interviews were used to examine the influence of riding on the identity construction of people with disabilities. The fifteen participants, three men and twelve women, were between fifteen and sixty-five years old and have various physical disabilities. The data analysis derives from identity theory, a social-psychological theory that understands identity as an interaction between the individual and society. Semi-structured face-to-face interviews were used to examine the influence of riding on the identity construction of people with disabilities. The fifteen participants, three men and twelve women, were between fifteen and sixty-five years old and have various physical disabilities. The data analysis derives from identity theory, a social-psychological theory that understands identity as an interaction between the individual and society. The findings show that (i) the informants either acquire a new identity as a rider or they resume with the rider identity they had before their illness or accident; (ii) riding offers a link to their previous lives; and (iii) riding helps to focus on what the informants can do, and not, as this group is often viewed by society, on what they cannot do. The findings thus show that riding can influence the identity construction of people with disabilities.

Keywords: disability, hippotherapy, horseback riding, identity theory, qualitative research

Aim and Background

The aim of this article is to examine the influence of riding on the identity construction of people with disabilities. The aim is thus not to measure

physiological or psychological effects of riding, but to focus on the subjective experiences that participation in the activity produces. Research has shown that recreational and sporting activities help to improve the quality of life of people with disabilities. Such activities help to reduce tension, increase self-esteem, improve physical health, and develop skills. In addition, it provides learning opportunities and offers a social context. This group has however limited access to recreational activities (Aitchison 2003; Patterson & Pegg 2009; Darcy & Taylor 2009; Johnson 2009).

Riding as a treatment method can be traced back to Hippocrates, who during the fourth century BC used riding as a means to strengthen patients' muscles, improve their physical condition, and stimulate their senses. In modern times, the two world wars, together with polio epidemics, created the need for different forms of rehabilitation. Riding therapy originated in England, but this form of treatment soon spread to Europe and North America. Polio-stricken Danish equestrian Lis Hartel's silver medal in dressage at the 1952 Olympic Games in Helsinki further highlighted the benefits of riding. There are today the following forms:

1. *Hippotherapy*—physiotherapy using the horse as the tool. A rather passive form of therapy where the rider adjusts him- or herself to the horse's movements, which are transmitted to the rider's body with the aim of relaxation and strengthening the muscles.
2. *Riding therapy*—riding as physical, psychological, or social therapy in which the physiotherapist, the special-needs teacher, the occupational

therapist, or the psychologist participates. Here, the rider does not just follow the horse's movements, but is more active.

3. *Recreational riding*—it is then mainly the rider who is doing the riding. Even if this form of riding is not really therapeutic, such results are often achieved (DePauw 1986).

Since 2005, Equine-Assisted Therapy (EAT) has been used within the European Union as the all-embracing term for various forms of horse therapy (Håkansson 2008). EAT is similarly used in this study.

Research

There are two prominent perspectives in research on people with disabilities and leisure: a medical and a social. Regarding studies on leisure from a sporting perspective, the medical perspective clearly dominates. Research has highlighted sporting activities as a tool for body development (Aitchison 2009). The same applies to research on people with disabilities who ride; however, this subject is not particularly well researched, although there is some.

Borck (1989) tested the strength and coordination of fifteen people with physical disabilities before and after an eight-week-long EAT programme. The findings showed improved coordination. A by-product of the study was that social and emotional behaviours could also be noted, however, without

scientific pretensions. The participants looked forward to the riding lessons and new friendships were made between them and between them and the horse-loving volunteers: 'Therapeutic horseback riding provides one of those rare and realistic situations where interchange with able-bodied peers occurred beyond the schoolyard fence' (Brock 1989: 11). Other studies have also shown that recreational activities in general facilitate interaction with able-bodied people (Devine & Parr 2008; Bedini 2002).

While Brock examined adults, children were the focus of another study, where sixty-four parents of children with various disabilities answered a specially designed questionnaire for measuring the effects of riding (Scialli 2002). The findings showed that after having started to ride, the children had, according to their parents, improved movement capability, balance, posture, self-confidence, self-esteem, and self-image. Even the amount of time was important: the longer they had been riding, the greater the improvements. Moreover, there are studies on simulated horseback riding that show that the horse's movement can, in itself, have a positive effect. In one study, sixty autistic children (aged between six and eight) participated in a twenty-week-long simulated development horse-riding programme. After the study, the children displayed improved motor proficiency and sensory integrative functions (Yee-Pay W et al. 2010). In another study, the horse's gentle, rhythmic movements are highlighted as important for factors, such as increased circulation and reduced muscle tension, for children with cerebral palsy (Sterba et al. 2002).

As for research on the effects of EAT on children with cerebral palsy, a systematic review of nine scientific articles in total shows, however, that they are not that conclusive. The findings of the survey demonstrate that there is modest evidence that EAT has a short-term effect on treating muscle symmetry in the trunk and hip, but it was no more effective than other therapeutic methods with regard to muscle tone (Snider et al. 2007).

Even riding as a treatment for psychological illnesses, mainly eating disorders, and for patients with chronic back or neck injuries has been observed in a study designed to examine the positive effects of EAT (Håkansson 2008). Anxiety reduction was one of the effects that EAT had on the first group. A change process could be observed how the participants went from not having been able to control their own bodies and life situations to an increased ability to do so. As for the patient group with chronic neck and back injuries, EAT triggered a positive process in several areas: a physical capability was experienced; the self-image was affected; and an improved movement capability was observed. In addition, it had an effect on such things as enjoyment and experiencing moments of joy and pride. Apart from riding as such, what was also of importance to the positive development was that people were given the opportunity to assume the rider role and by doing so reducing the patient role (Håkansson 2008). Other studies also indicate that riding has a positive effect on psychological disabilities (Bizub et al. 2003). In a small interview study conducted with five informants, not only riding but also being with horses was highlighted as good for psychological well-being (Favali & Milton 2010).

Identity Theory

As shown above, studies have examined EAT in relation to factors, such as, for instance, self-image and self-esteem, both of which are key elements of our identity. What then is identity? Well, even if identity is a topical concept within many scientific fields, identity research primarily is rooted in sociology and psychology. The focus here is on the interaction between the individual and the social context (Jenkins 2004). This study is based on identity theory, a social-psychological theory within the field of sociology that attempts to understand identity as an interaction between the individual and society. According to one of the advocates and developers of the theory, the sociologist Peter J. Burke, identity is the sets of meanings we use to define what it means to be who we are in different contexts. These sets of meanings are our identity standard, which serves as our reference point. In a situation, we choose the behaviour that is consistent with our identity standard. When we bring together meanings in a certain situation with meanings in our identity, we are verified, which makes us feel good and we develop our self-esteem. When we do not do this, distress is created and we can then abandon the non-verified situation in order to look for one where, based on our identity standard, we are verified (Burke & Stets 2009; Burke 2004).

The bases of identities are role, group, and person. These function partially in the same way in so far as we establish in all three an identity standard that serves as a reference and guide for how we act. However, they are differentiated by their social connection. A role identity is internalised

meanings of a role that someone acquires. For example, the parent role can include meanings, such as looking after and raising. This form of identity is partly culturally conditioned and partly dependent on the individual's own interpretation of the role. A group identity consists of the person's identification with a social group. Unlike the role identity, which is verified by what we do, this is about what we are: a woman, a university graduate, a socialist, or whatever it may be. What is typical for this form of identity is the creation of the other: what we are not. As for the personal identity, it is characterized by us seeing ourselves as unique individuals who are different from others (Burke & Stets 2009; Burke 2004).

Now, of course, we don't have one identity, but several during our lives, both diachronic and synchronic. At any time in our lives, we have a multitude of identities that can be activated; however, they are not all as prominent. Instead, we can speak of an identity hierarchy. The more prominent an identity, the more likely it is to be activated, i.e. it attempts to verify itself, whilst less important identities have to take a back seat (Burke & Stets 2009).

The fact that we have multiple identities means that they can be changed. By identity change, we mean here that the identity standard is reshaped. Burke suggests four reasons for the change: changes in the situation, identity conflict, identity standards and behaviour conflict, and negotiation and the presence of others. With regard to changes in the situation, they occur when something major happens, e.g. winning the lottery, becoming seriously ill, getting divorced, or someone close dying. The underlying cause is that the verification

of our original identity standard is impossible. Identity conflict means that a person activates multiple identities simultaneously. The identities are related to one another in so far as their standard contains the same dimensions of meaning, but they, nevertheless, find themselves in conflict with one another. This can happen when someone takes on a new role identity. If, for example, a person who has a female or male gender identity marries and assumes the identity role of wife or husband, the two identities can conflict with each other, which can, but not necessarily, result in the gender identity being changed. The third reason for change, identity standards and behaviour conflicts, can occur when there is a conflict between how we act and the meanings in our identity standard. For example, a person whose work ethic is generally good calls in sick although he or she is fine. As for the fourth reason, negotiation and the presence of others, it is linked to our ability to see ourselves from the outside. An example of this is a crying child, and since there is no parent around to comfort it, it takes on the parent role and comforts itself (Burke & Stets 2009; Burke 2006).

Regarding people with disabilities, they have, like everybody, several group identities. One of them is however having a disability. Naturally, how strong or dominant this identity is varies. Of interest to this study is what happens when they start, or resume, riding.

Method

Since the aim of this study is to acquire a deeper understanding of the importance of riding for identity construction, a qualitative method is used, which means that the objective is to capture perceptions, attitudes, behaviours, etc., so close to the informant or source material as possible (Sherman & Webb 1988). Qualitative studies can comprise different types of empirical material and data collection methods. What they have in common is the researcher 'attempting to make sense of, or interpret, phenomena in the term of the meaning people bring to them' (Denzin & Lincoln 2008: 4).

With a view to creating uniformity and structure regarding health and health-related domains, the World Health Organization made a classification, the International Classification of Function, Disability and Health (ICF), in which components of health are defined. The ICF broadly comprises a number of components: body functions and structures (physiological, psychological, and anatomical aspects) and activities and participation (the execution of a task or action by an individual and involvement in a life situation) (World Health Organization, 2001). All of these components can certainly be linked to EAT, but it is activities and participation that are the focus of this study.

The data collection method used in this study is interviews. Initially, the idea was to carry out focus interviews, the advantage being that the participants can help one another to remember various phenomena and together discuss and problematize them. However, focus interviews proved to be problematic because some of the informants could not hear well and others had fatigue and/or concentration problems, which made face-to-face interviews more

suitable. The interviews were semi-structured. The advantage of a lower level of standardization is that during the interview, the interviewer can further probe the respondent and, if necessary, pose follow-up questions that were not devised beforehand. Moreover, the interview questions are posed in the right order and the respondent can determine the sequence. An interview guide was produced based on the informants quite openly saying as much as possible. It comprised a number of initial questions designed so that the informants would become used to the situation, e.g. why they did start to ride and how long they had been riding for. Then they were asked to describe a typical riding lesson: what went on, their experience of it, and what they liked and disliked. They then often got on to the subject of the relationship with the horse, the riding instructor, and the rest of the group; however, questions were asked about this subject if they did not do so. The interview was concluded with questions that put their disability in relation to riding and identity. For example, whether riding in any way has affected their everyday life or the way they see themselves.

The interviews were between thirty and fifty minutes long, the length varying mainly because of the fatigue related to the informant's illness. With the respondent's permission, the interview was recorded and then transcribed verbatim. The place of the interview was determined based on what best suited each informant, e.g. at home, at work, or at the stable. What was important was that the surroundings were as relaxing and reassuring as possible. The participants were informed that their anonymity would be maintained and they

had the right to stop the interview at any time. One of the study participants is a minor, who when interviewed had a close older relative with her.

Informants

For selecting informants, convenience sampling was used. First, the Swedish Equestrian Federation was contacted for a recommendation on the riding schools that actively work with riding for people with disabilities. Through the federation, I came into contact with two riding clubs, one north of Stockholm and one to the south, as well as a physiotherapist who uses EAT as a form of rehabilitation. The riding instructors at the riding schools and the physiotherapists handed out an information letter to their students/patients. In it, the aim of the study was presented; examples were given of the types of questions that would be posed; and those prepared to be interviewed were asked to contact me. In that way, I came into contact with ten people and then a further five via them.

Fifteen people thus took part in the study, twelve women and three men, aged between fifteen and sixty-five, with various disabilities. Four of them have multiple sclerosis; two are stricken with polio; two have spinal injuries; one is a leg amputee; two have had a stroke; two suffer from rheumatic diseases; and two have limited movement due to balance disorders. What they have in common is that they ride, but at different levels. Their riding ability varies from professionals (two) who have their own horses and are members of the Swedish national team to someone who, at the time of the interview, had only

been riding for two months. Five people have been riding a lot; three of them had had their own horses, but have contracted diseases or been in accidents resulting in impaired riding ability. The rest have started to ride as part of their rehabilitation.

It should be noted that all of the informants have positive experiences of riding, otherwise they would not be doing it. It should, however, be borne in mind that there are people with disabilities who do not share the same positive view. This study thus cannot make generalizations, but will, instead, give a deeper understanding of what participating in this type of activity means to precisely these people.

Data Analysis

In qualitative studies, pre-understanding the examined phenomenon is the key to comprehension and interpretation. In this instance, the pre-understanding is identity theory and the informants' background. Since it is the statement that is analysed in the qualitative studies, I have, first of all, in the interview answers looked for patterns by identifying meaning units in the form of conceptions, experiences, and ideas, and then, based on identity theory, categorizing them into main themes. The two main themes are, firstly, the recapturing of a former identity and, secondly, the development of a new identity. These have then been categorized into sub-themes shared by both the main themes and concern the consequences of riding. The process is both deductive and inductive in so

far as the main themes derive from identity theory whilst the sub-themes are empirically based.

The transcriptions were carefully read through a number of times in order to, first, form an overall impression and then to identify the themes. These themes were noted down and given preliminary names. Next, the themes were compared with the theoretical point of departure, and those that were irrelevant were dispensed with. The transcriptions were then carefully read through again; this time based on the themes, I looked for meaning units for each one.

The meaning units were then combined together to form larger wholes. For instance, the fear of riding again is a larger whole under Theme One: Recapturing a Former Identity. Lastly, I looked for contradictory data in order to test the findings, which were subsequently revised somewhat. Since the statement is central to qualitative studies, the text contains a number of quotes, which are representative examples of how the informants express themselves regarding a certain theme.

Findings

Theme One: Recapturing a Former Identity

According to Burke (2006), identity change presupposes a change in the meanings of the self as a group member, in a role, and/or as a person. The change can happen slowly over time or quickly like some of the informants in this study who had been involved in accidents resulting in severe disabilities.

For some of them, the rider role constituted a large part of their identity prior to the accident and they had also been injured whilst riding, resulting in severe paralysis for some. One example is a forty-year-old woman who at the age of twenty-two was so severely injured during a riding competition that she was completely paralysed from the chest down. At that time, she had two horses of her own. However, she never contemplated giving up riding; it had, of course, been a part of her life for so long, and it was not something she wanted to stop doing. Nevertheless, she has been made to realise that she can never ride like she used to and she needs considerable assistance.

For others for whom riding was a major part of their lives prior to the accident, and who had also been injured whilst riding, it took a bit longer before they were back in the saddle. Some were initially afraid, so much so that they did not know whether they had the courage. They were afraid that memories of their accident would return and feared that they would not be able to keep their balance. However, when their fears had subsided, it felt like ‘coming home’, recapturing a part of their lives before the accident.

Despite this, they were frustrated that they could not do what they used to:

. . . it bothers me that I can't be independent. It's therefore frustrating. Having to always make sure that you've somebody with you. You can't really be spontaneous; instead, it requires planning. That somebody can help you when you want to ride.

For this group of informants, riding after the accident was thus not like it was before. However, they still have their hobby and, with that, a vital part of their earlier lives. Hence, it can be said that riding has become more important to them, but at a different level:

It's almost the case that I appreciate it even more now. Just getting out into the woods, because sand and the like now limit me a bit, you see. The wheelchair comes to a sudden halt. But just getting out, you're normal again.

Theme Two: Developing a New Identity

According to research (Håkansson 2008), EAT helps reduce the patient role, which the people in this group who had ridden before their accident or illness clearly express in the section above, namely being 'normal again'. However, the same also applies to those informants who had not ridden before. Also in this group, there are people who initially felt a bit afraid and unsure: horses are large animals and it is a long way down. But there are also those who experienced love at first sight:

And the first time I sat on one of her horses, I just felt, yes, now I have come home. I was just sold.

Others highlight that riding seems to be compensatory. Illnesses and accidents have deprived them of the ability to walk, run, cycle, or cross uneven ground, but here is something they are good at. What this group of informants has in

common is that they do not think about their disabilities very much when they are riding and they see themselves as a natural part of the riding school and the stable. They arrive there dressed in their riding gear and are among those who have a common interest, namely horses:

I think there's such a good atmosphere in the stable. You're a female rider even if you're seven or seventy. You've so much in common. Everybody talks to each other; everybody helps each other.

They feel that they are there on the same terms. That they see themselves on a par with able-bodied people thanks to horses and riding is expressed in other ways. A woman with MS describes the feeling of being able to be on an equal footing with her work colleagues when during the yearly planning days they get to try different kinds of physical activity, one of them being trail riding:

And then it was kind of cool because I don't participate in the other things. I've gone canoeing with the others once, but not activities involving walking. But there I went riding and I rode much better than all the others. It doesn't matter that I am better but I felt: I did it and I could take it easy and enjoy.

Or as another person put it:

It has kind of always been the case that I've been the worst one and others have to wait for me when I walk. But, you know, when riding, I'm able to.

The feeling of being able to is something that the competition riders in this study share. In riding, it is not unusual that people with disabilities compete in able-bodied classes, or, as they call it, 'healthy classes', and are allowed then to use aids. One example of this is dressage, where you are permitted to ride whilst holding one or two sticks in order to compensate for a lack of or no leg strength. Being allowed to take part in these classes and beating able-bodied people are seen as important and a psychological development. One man describes the horse as giving him a lift and getting him to do something that he otherwise would never be able to do: 'It's an incredible freedom!' Riding is thus a sport that, in certain instances, makes it possible for people with disabilities to be able to compete at a high level with their able-bodied counterparts.

It can be established that EAT has led to all those who had not ridden before the accident or illness acquiring a new identity: they know me first and foremost as a rider, and then as a person with a disability—in the stable, that is. For some people, it is also about being part of the stable culture, while others only highlight the riding and the contact with the horse. The fact that they get the horse to do what they want it to do when they are riding gives them a feeling of both power and humility. They are able to handle and control an animal weighing 500–600 kg. When the horse performs what they ask of it, this is an acknowledgement that they have succeeded.

The Consequences of Riding I

What role then does riding play in people wanting to continue to ride despite initial fear and setbacks? What they all highlight is the fact that it makes them feel good mentally. A reason for why they feel good is that they experience increased body awareness:

I feel what is happening in my body in interaction with the horse, depending on how it is moving.

According to the study participants, this is largely due to having a greater presence. They strongly experience riding as a time when they are really concentrating, a form of intense focus that promotes contact with the horse and also with themselves.

The feeling of increased body awareness and concentration seems to have a positive influence on the informants. The combination of physical activity and being around horses, ‘getting to know and to love horses’, as one informant puts it, contributes, according to them, to the experience of becoming stronger mentally, something that is also supported in the research (Bizub et al. 2003; Favali & Milton 2010). Those who used to ride and even owned horses before their illness or accident stress the importance of riding having become a way of being able to continue to live as normal a life as possible. Retaining their identity as a rider and horse owner was important, even if their riding was to take a slightly different form, as mentioned above. What this group and those who took up riding after the accident or illness have in common is that, at the

same time as riding functions as exercise and rehabilitation, it is described as ‘medicine for the soul’ or as ‘spiritual cleansing’. A woman who developed MS when she was only twenty and who was very ill at the time and on long-term sick leave tells how riding, and being able to be in the stable, became a necessity for her:

To survive, I had to be in the stable . . . I did not feel physically calm if I couldn't go there and I became an anxious individual.

The importance of feeling good inside in order to cope is emphasised by all the informants. Developing a chronic illness or being involved in a serious accident can lead to losing both your self-confidence and self-esteem. Going from being active and independent to becoming someone who feels like a worthless individual who cannot do anything is described as very difficult. Even if riding and being around horses have not made life the way it was before, they feel that they are happier and have begun to think more positively and constructively. Riding involves the freedom of moving around like other people, which makes them stop thinking that they are ill or injured. The rider identity takes over, which, in turn, boosts their self-esteem:

. . . you can sit on a horse and then gradually learn a bit about handling it. This is an experience in itself and it increases self-confidence.

Just not having to talk about the illness and living only for the moment are seen as good and aiding psychological development. The interaction with the horse is also stressed as being of value. One of the informants compares riding with cycling:

It's about the horse having lots of muscles and being another creature that has its own will that I have to learn to understand. Of course, that's not the case with a bike. That just involves pedalling. But, with the horse, I must follow its movements and the horse's temperament. And when things click, it's really fun. It feels like it's not just me enjoying myself, but also the horse. And this makes the experience much greater.

Since riding requires concentration and focus, the rider must be living for the moment for it to work. It is not possible to sit on the horse and think about something else because then it will not go well. This means that they stop thinking about other things, about their illness or how life was before, which is one of the strengths of riding. For those who started with EAT as a form of rehabilitation, this signifies also a kind of fresh start in the sense that they do not need to compare it with anything they have previously done. As one of the informants puts it:

I don't need to become the person I was before when I'm with horses.

A further aspect that is emphasised is the importance of social relations. Getting out and meeting people are particularly important for those whose illness has led to a certain amount of isolation. Patterson and Pegg (2009) believe that meaningful leisure activities can give these people what work gives to workers. This may involve getting out of the house for a few hours or being part of a network of horse lovers and making new friends. Among the informants, there are four people who are part of the same riding group. This is a group consisting of five people who have been riding together for a couple of years. For them, being together as a group means a great deal. They are happy when they meet up and feel at ease with each other. They chat and joke before and after riding and cheer each other on while riding. Everyone in the group has a different type and degree of disability but as one of the group members states:

Once we're finally on our horses, you can't see how ill we are. It's fantastic!

The Consequences of Riding II

Taking up riding is also an opportunity to fulfil dreams. Being as ill or injured as the majority of the informants in this study means, as previously mentioned, major changes to the way they used to live their lives. One woman suffering from MS told how, as the illness became worse, she thought to herself, 'will I never again be able to walk in the forest and fields?' Now she has been out riding a couple of times in the forest and dreams of being able to hike in the mountains again—but on horseback.

A man who suffered a stroke that left part of the left side of his body paralysed shares the same dream. Before he started EAT, he was very sceptical of horses and riding. The first time, two people were needed just to get him up on to the horse. Once he was up, he only barely managed to stay on while he was being led around. Slowly but surely, things, nevertheless, started to improve. One milestone was when he no longer needed to be led and it sufficed for someone to walk alongside. Another was when he could ride totally unaided and also trot and gallop. For him, the process was a battle that was sustained by the dream of being able to make day trips in the mountains again:

There was a dream behind it. If I can't walk in the mountains or get out into the countryside, how do I get out? I'm unable to walk. I can't carry a pack. So, I thought to myself that it would be fun to go out riding. There are actually horse-riding day trips in the mountains.

He has now come so far that he has been in Iceland and has made short trips riding an Icelandic horse. His dream is now to return to Iceland for longer horseback-riding trips.

A fifteen-year-old girl who had to have one of her legs amputated after a road accident has a different dream. Since she has only been riding for three months, she dreams firstly to be able to ride by herself at the riding school and then by herself out in the forest:

And then I can see a future when I can ride by myself. Then it won't just be riding around in a circle at the riding school. Then I will be able to go out riding into the forest and I can imagine that it will be great fun. So I'm looking forward to that.

But her great dream is at some point, together with her mother, to be able to hire horses. Then the two of them would be able to go out riding together, just the two of them without her needing anyone to lead the horse: 'That's what I am striving for'.

In the case of some of the informants, their dreams had already been fulfilled. One of these was a woman who wanted to be able to do things involving physical activity with her husband again. Before her illness, they had skied, ice-skated, and danced, but they can no longer do this. Now, however, her husband has also taken up riding and they have spent a number of weeks in the summer at a horse farm, with daily riding tours in the forests and fields.

Riding thus offers a link to life before the accident or illness, but it also means a path into the future. If we see the accident or illness as a gap in the individual's life, riding helps bridge this: the past is bound together with the future.

Discussion

In this article, the influence of riding on people with disabilities has been examined. It can be stated that it is important for both those who had been riding prior to their illness or injury and also those who began EAT as a means of rehabilitation. Riding has enabled them to experience a feeling of improved self-esteem and greater happiness as well as physical exercise. In addition, they have become part of a new or new-old social context. Linked with identity theory, the informants acquire either a new identity as a rider or resume the rider identity they had prior to their illness or accident. Once they are verified in the identity as a rider, this concurs with their new or reinvented identity standard, which increases self-esteem. Since we have multiple hierarchical identities, it is likely that a person who has ridden before and who at that time had a strong identity as a rider will find it easier to reactivate this rider identity and thereby allow the identity as a person with a disability to take more of a back seat. Even if being disabled is a very strong identity, it can thus be challenged.

Even those who have not ridden before and are using the horse to be able to pursue forms of physical activity they did prior to their illness or accident have their identity standard verified—albeit in a different way. By using the four extra legs and the body of the horse, their identity standard is transformed. Admittedly, they cannot hike or ski in the mountains as they did before, but they can go there on horseback or at least dream of doing so. Here, we could possibly say that the identity standard has been transformed as a result of the identity as an outdoors person taking a back seat when the illness or accident occurred but being resurrected when they started EAT. Even if they cannot

now do what they did before in exactly the same way, this way is not so different that the original identity standard cannot be verified. This may explain why they became horse lovers so quickly.

One interesting finding of the study is that the focus of the informants is, when they ride, more on what they can do than what they cannot do. To develop this idea, the view of people with physical and mental abnormalities has changed during the twentieth century. From being dependent on the goodwill of others for a long time, this group has become part of welfare policy. According to the Swedish disability policy, society must be ‘developed with an insight into the fact that people with disabilities, like any other citizens, want to determine their everyday lives, educate themselves, support themselves by working, make their voices heard, have a varied leisure time, and interact with others’ (The Swedish Government Offices 2005. My translation from Swedish). Here, there is a clear change in how people with disabilities are viewed. From having been regarded as recipients of charity and medical treatment, they are being portrayed as people capable of shaping their own lives on their own terms as active members of society.

The medical view appears however to live side by side with this. Research has created two models in relation to disabilities: a medical model and a social model. In the former, where disabilities are primarily seen from a medical and/or biological perspective, the definition of the disabled is dominated by what they cannot do. As a result of this, people with disabilities are often seen by others, and by themselves, as weak. Weakness becomes a basis of their

identity (Barnes et al. 1999; Huang & Brittain 2006; Bailey 2008). In the social model, the fundamental idea is that it is society that makes people with disabilities disabled, i.e. it disables them (Fitzgerald 2005; Bailey 2008). Over the past few years, however, the social model has begun to be questioned. It is certainly still seen as liberating, and it has had an impact on Western legislation—not just in Sweden, but is criticized for having excluded the body from the feeling of weakness (Patterson & Hughes 2000). Neither the medical model's pathologisation nor the social model's structuralisation can capture the individual feeling of pain, mobility difficulties, etc.

The people with disabilities who do sports defy the medical model's focus on weakness, helplessness, and passivity. Even if the disability identity is still a strong one, weakness need not constitute a basis for how they define themselves (Huang & Brittain 2006). This corresponds very much with the findings of this study. Taking control of a horse has nothing to do with helplessness and passivity. It could be said that the group identity takes a back seat to the role identity and the personal identity. The fact that despite still belonging to the disability group, riding helps create a unique identity in relation to this; one that provides the potential for a changed self-image and an increasing feeling of personal ability and power. Physical weakness can however be factored in. This is compensated for by the horse.

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