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Psychopathology (PSY503-AT)
Final Paper
November 2010

Report

Title of film: The Horse Whisperer

Based on a novel by Nicholas Evans
Directed by Robert Redford
Produced by Robert Redford and Patrick Markey (1998)
Music by Thomas Newman
Leading actors: Robert Redford, Scarlett Johansson, Kristin Scott
Thomas, Sam Neill, Chris Cooper, Ty Hillman, Catherine Bosworth, and
others
A Wildwood Enterprise Production
Distributed by Touchstone Pictures

*A million years before man they grazed the vast empty plains
Living by voices only they could hear
They first came to know man as the hunted knows the hunter
Long before he used them for his labours he killed them for meat
The alliance with man would forever be fragile
For the fear he'd struck into their heart was too deep to be dislodged
Since that Neolithic moment there were those among men who
understood this.....
They could see into the creature's soul and soothe the wounds they found
there.....
These men were known as the Whisperers*

Identifying Information

Grace is a thirteen year old student, who lives with her parents, in New York. She comes from a white, American, upper-middle class family. Her mother is an ambitious, successful and highly invested in her work, editor of a lifestyle magazine and her father is a lawyer. Grace seems to be closer to her father and she experiences her mother as controlling and demanding, which becomes more evident during their trip to meet the horse whisperer, when Grace tells her Mum that '*It's all about you..., it's all about you being right..., you act like you have all the answers*'. Furthermore, it becomes apparent as the story proceeds that Grace is also

aware of the fact that her parents have grown apart and even after her severe traumatic experience she is concerned about her parents' relationship. Finally, although the film focuses on Grace's life after the accident we are led to understand that Grace was a happy, well adjusted teenager, who loved riding her horse, Pilgrim, prior to the tragic events.

The Accident

The film opens peacefully as we watch Grace wake up in her warm bedroom, smiling from a dream about Pilgrim, already anticipating horse-riding with her best friend, Judith and unable to imagine the magnitude of the impact the following highly traumatic events will have on her life. Outside everything is covered in snow and although the ground is icy the two girls decide to take a short cut. However, Judith's horse, Gulliver, loses his footing and both horses slide down the slippery, icy slope. Judith's leg gets caught and Gulliver pulls her behind him. Grace tries desperately but unsuccessfully to grab Gulliver's reins in an attempt to pull them out of the road, but they are hit by a skidding truck on the road a few minutes later. Judith dies instantly and Grace's life is violently disrupted and tragically altered for ever for she will have to have the lower part of her leg amputated. Pilgrim is found later, in such a bad state that the vet tells Grace's Mum '*I have never seen an animal with injuries like this, still living*', and the horse whisperer also initially thinks that the horse is probably beyond redemption.

Presenting Problems, Discussion and Justification of Diagnosis

Introduction

Diagnosis is based on my interpretation of the film material because I do not have the ability to interview and gather additional information in terms of onset, duration etc. However in real life I would have interviewed/talked to Grace and her parents and I could have administered screening tests as well. For instance, I could use IES for children (Horowitz et al., 1988, cited in Dalgleish, 2008), which was pioneered with children survivors of a ferry sinking accident, and taps the three symptom clusters (*re-experiencing, avoidance and hyperarousal*). Alternatively, I could use CAPS (Blake et al., 1990, cited in Dalgleish, 2008), which focuses on frequency and intensity of symptoms as well (a children's version CAPS-C is also available).

Evidence from the film suggests that Grace is suffering from Post Traumatic Stress Disorder (PTSD). This is supported both by the severity

and multiple character of the traumatic incident she has experienced and the observable behaviours and symptoms we witness during the film. Furthermore, there is evidence that 30-40% of the individuals involved in road accidents will go on to develop PTSD, and although this is not a typical road accident it does involve been hit by a truck (Dalglish, cited in Brace, Westcott and McBurnie, 2008). Also, Woo and Keatinge suggest that loss of a friend or loved one increases the likelihood of developing PTSD (Woo and Keatinge, 2008). Research further suggests that PTSD is common in individuals who have undergone amputation especially following combat or an accident, and that residual pain after amputation is linked with higher rates of depressive and anxiety symptoms (25% prevalence of PTSD symptoms). It is also suggested that young age at the time of amputation is a further risk factor (retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2018851/> December, 2nd, 2010).

General information on PTSD

To begin with, reaction to traumatic events may involve *cognitive* (memory, concentration, cognitive processing), *behavioural* (insomnia, irritability), *emotional* (guilt, shame, anger) and *physiological* (pain, fatigue, impaired immune system, imbalances of neurotransmitters and changes in brain structures) problems. It further involves *psychological* problems, which can include anxiety, depression, PTSD and personality changes. PTSD involves profound, often debilitating levels of psychological stress and it is a label applied to a group of symptoms and problems, involving flashbacks, nightmares, intrusive thoughts and images, denial, avoidance, ongoing hyperarousal, exaggerated startle response, partial or total lack of memory. This may occur because people may not be able to fit overwhelming experiences into their existing mental representations of the world, so traumatic memories (or aspects of the memory) will not always be integrated into someone's awareness; they will be split off from consciousness and voluntary control; however, trauma will linger in memory and intrude in conscious awareness (Janet, 1925, cited in Brace, Westcott and McBurnie, 2008).

Moreover, chronic stress, as in PTSD, impacts neurochemical activity and brain structure. For instance, in trauma survivors the fear response to the original traumatic event is frequently reproduced because the amygdala becomes potentiated, and starts giving more emotional meaning to objects and experiences that would otherwise not have been perceived as scary. Additionally, the prefrontal cortex, which is responsible for extinguishing fear responses, is not as active as usual, and this is linked to the

reliving/re-experiencing aspect of PTSD. There is also increased production of noradrenalin in the brain, which results in increased levels of adrenaline in the rest of the body. Also, an increase in the production of cortisol further produces high levels of adrenaline in the body, which produce the symptoms and problems that people with PTSD experience, such as, increased heart rate, shortness of breath, nausea and dizziness, fatigue, muscle tension, stomach aches and headaches, fight, flight or freeze responses, poor ability to concentrate, etc. However, these changes are not irreversible if stress levels and other PTSD symptoms are treated and reduced (Cohen et al., 2006).

DSM-IV-TR criteria for PTSD

In terms of the DSM-IV-TR criteria Grace seems to qualify for a diagnosis of PTSD because she meets more than the minimal number of symptoms and problems required. To begin with she has both *experienced and witnessed traumatic events* involving herself and others. Her best friend was hit by a truck and died, her horse was seriously injured, and she has suffered multiple injuries and has had to undergo amputation. Therefore, we can assume that Grace must have *experienced intense fear, horror and helplessness*.

Furthermore, DSM-IV criteria require the individual to *repeatedly relive the event/s* (in at least one way). Grace has been having intrusive, distressing recollections and images. She has been experiencing flashbacks and has shown mental distress to internal and external triggers that remind her of the event. For instance, when Tom Booker, the horse whisperer uses a lash and Pilgrim gets on his hind legs this triggers memories of the event and she becomes distressed and turns her face away. Similarly, when she breaks her silence she experiences flashbacks of the accident. Moreover, in the car, while hauling Pilgrim to Montana, both Grace and the horse are triggered by the trucks rushing by. Grace also displays *avoidance behaviours*, retreating in a cocoon of silence. She is mute in relation to the accident and Tom's questions concerning the event or about how it feels to ride a horse cause distress and she either turns away or remains silent. Similarly, when the boy on the ranch asks her about what it was like to ride Pilgrim she refrains from answering. She further avoids activities that remind her of the event. For instance, she is initially afraid to ride a horse and coming in contact with Pilgrim is highly distressing.

Although no reference is made in the film in terms of *physical reactions* like rapid heart beat, elevated blood pressure in response to cues we can

logically assume that physiological responses linked to fear and stress or distress are present since we witness Grace's PTSD symptoms. Additionally, Grace definitely *experiences marked loss of interest and participation in activities* she was involved in prior to the traumatic events and further feels *detached and isolated* from people and wants to be left alone. For instance, she spends time alone in her room crying and watching videos of herself and Pilgrim. She further refuses to go to school or to go to a sports event with her dad. Concerning *symptoms of hyperarousal* she experiences mild angry outbursts and irritability and her relationship with her mum is further tensed. During their trip to Montana Grace is unresponsive, bad tempered and irritable and spends most of the time listening to music with her head phones on blocking everyone and everything out. She also displays *a startle response* when she becomes aware of the trucks going by. She is not interested in eating or visiting any of the sights her mother suggests. Grace also feels *life will be unfulfilled* because she says 'No one will want me' and later she tells her mum 'Maybe you should put me down, too; I'm not much use anymore'.

In terms of how long the symptoms have lasted it is not clearly stated in the film but by observing the change of seasons we can safely assume that it is well over a month. The accident occurred in winter, they arrived in Montana while it was still snowing and it seemed like summer or the end of spring when they left to return home. Apart from the seasonal changes, Grace has undergone a serious surgery procedure, has recovered enough to attempt to attend school, travelled to Montana, remained on the ranch for a substantial amount of time, so again we could conclude that her symptoms have lasted for over a month. Consequently, Acute Stress Disorder (ASD) would probably be ruled out. Another reason why ASD might be ruled out is that Grace does not seem to manifest depersonalisation or derealisation symptoms. Furthermore, it would not be specified with *delayed onset* because we witness Grace's problems and distress very early after the incident. However, we do not have sufficient information to decide on its *acute* or *chronic* nature because the film presents the initial period after the accident. Furthermore, a chronic specifier would require symptoms to have lasted more than three months and as I have mentioned above symptoms and problems probably have lasted over three months; however, it is not possible to define the length with precision.

Additionally, literature suggests a link between amputation and Dysmorphic Body Disorder but the disorder seems to be present before the amputation, which seems to be desirable and the result of the disorder itself. Personality changes may also occur but there is no reference or

adequate information in the film and this would have to be evaluated by Grace's psychotherapist as the therapeutic process progresses. Finally, Grace's GAF initially is quite low because her amputation has severely disrupted her ability to go to school, to go horse-riding or participate in other activities she had previously enjoyed (clinically significant impairment). However, her GAF at the end of the film is definitely higher because she is more positive and cheerful, seems far less detached and can interact with others. Moreover, she can ride Pilgrim again; she has danced, worn a dress and learnt to walk without crutches or a cane. However, we do not have adequate information on other aspects of her functioning because many areas of her life are not depicted in the film. For instance, we do not know what kind of difficulties she is having with bathing, dressing etc. Furthermore, we have no information about her readjustment when she returns home. However, on leaving the ranch there is definitely a significant positive change in Grace and Pilgrim, who both seem to be on their way to recovery.

5-AXIS DSM-IV Diagnosis

AXIS I	309.81	Post-Traumatic Stress Disorder, Unspecified
AXIS II	V71.09	No diagnosis
AXIS III		Amputation
AXIS IV		Involved in a severe accident Experienced death of friend Has had her amputated Her horse has been severely wounded
AXIS V	GAF =50	(current) **

**This assessment refers to the immediate period after the accident.

Treatment

Introduction

Although it is understood that a psychiatrist, who is not particularly effective, is seeing Grace it is not otherwise stated whether she will receive any kind of formal psychotherapy or readjustment treatment. However, the urgency of having to decide on whether or not to put Pilgrim down and what this would mean to Grace leads the mother to desperately seek treatment for the horse first, which proves to be a wise decision because Pilgrim's healing journey will set the foundation for the healing process to begin for Grace as well. We become aware that both

the horse and Grace are suffering intensely and that their lives and well-being are inextricably intertwined. They are tied together by guilt, shame, fear and anger, and it seems that one cannot heal without the other. Like Grace, Pilgrim seems to be suffering from PTSD or post traumatic symptoms similar to those observed in humans. For instance, Poole et al. have studied the disruption of complex elephant social structures and have suggested that animals may suffer from PTSD, much like humans (2005, retrieved from http://news.nationalgeographic.com/news/2005/06/0603_050603_elephants_2.html, 2005, November, 25th, 2010).

Finally, there are many possible therapeutic approaches that could be adopted in this case; however, most literature suggests that it is essential for every PTSD therapy to include therapeutic re-experiencing of aspects of the original trauma. Therefore, in order for Grace to learn to master the trauma and be able to revisit it without becoming overwhelmed, she will inevitably have to be exposed to Pilgrim and their bond will need to be restored. (This also applies to Pilgrim and much of the film is focused on this).

Part One: suggested treatment

Trauma Focused-Cognitive Behavioural Therapy for Children and Teenagers (Cohen, Mannarino and Deblinger, 2006)

I could suggest Trauma Focused-Cognitive Behavioural Therapy (TF-CBT) because it has strong empirical support in terms of its effectiveness and because it is carefully and sensitively structured and inclusive. Furthermore, it has been particularly created for children and teenagers to treat trauma and grief.

Judith Cohen and her colleagues suggest that it is important to initially gather a lot of information about the child's functioning across six areas in order to develop a case conceptualization that will facilitate the creation of an individual tailored TF-CBT treatment plan. The six areas include *cognitive* (e.g. self-blaming for traumatic event), *relationship* (e.g. hypersensitivity in interpersonal interactions, impaired trust), *affective* (e.g. inability to self-soothe, anxiety), *family*, *somatic* (e.g. physical tension, hypervigilance towards trauma cues) and *traumatic behaviour* problems (e.g. irritability, aggressive/oppositional behaviour). (Cohen et al., 2006).

The TF-CBT model includes particular components summarized by the PRACTICE acronym. One of the major components is ***Psychoeducation***. It is usually introduced at the beginning of treatment but should continue throughout the therapy process with both the child and the parents. It involves providing information about the common/natural emotional and behavioural responses to trauma to reassure the child (and caretakers) that these feelings are expected and that there are ways to deal with these painful feelings, which will then allow growth and healing. Cohen et al. suggest ways to simplify information to allow the child/teenager to understand *re-experiencing, avoidant and hyperarousal symptoms* (Cohen et al., 2006). Psychoeducation should also include description of treatment and additionally provide strategies to manage current symptoms, which usually instills hope and trust in the therapeutic process. Moreover, psychoeducation concerning effective parenting skills might be necessary because occurrence of traumatic events may put strain on the parent-child relationship and destabilize or leave parents hopeless and disorientated.

Secondly, ***Relaxation*** techniques are helpful in reducing the physiological symptoms of PTSD and acute stress, such as increased startle response, faster heart rate, irritability, sleeping disturbances, muscle tension, aches, nausea. *Mindfulness, focused breathing and meditation* can all produce a 'relaxation response', which reverses the adverse impact of stress both in adults and children (Benson, 1975; Kabat-Zinn, 1990, cited in Cohen et al., 2006). *Scripts* for focused breathing (for younger children), and meditation and progressive muscle relaxation (for teenagers) are applied. This would be especially helpful for Grace, who has suffered a severe body loss. Helping her stay focused on the moment and teaching her to relax the muscles in the 'wounded' area, in combination with some form of physical exercise and physiotherapy would all be beneficial and could help her work towards accepting the new reality.

The third component of this approach includes ***Affective Expression and Modulation Skills*** to help traumatised children both express and manage their feelings. The aim is to initially help the child/teenager identify and express difficult feelings. Depending on the age it may be helpful to introduce *thought interruption* and *positive imagery*. Although the aim of therapy is not avoidance but mastery of traumatic reminders it is helpful at times or early in treatment to divert one's attention from the traumatic thought/image to a replacement thought. Therefore, a *safe place* must be established early on in therapy. Children can imagine it, draw a picture if they are too young, talk about it or make a collage if they are older, etc.

Positive self-talk (e.g. ‘I can overcome this’ or ‘There are people who love me’ etc.) is also a useful coping and self-soothing skill. Affective modulation can also be assisted by enhancing problem-solving or social skills, for instance, which may involve *cognitive processing and restructuring, in vivo exposure* and other CBT components. Finally, the loss of a loved one might require special work and attention. In Grace’s case ‘survivor’s guilt’ is another issue that would definitely have to be addressed.

Furthermore, because most people assume that feelings come from inside of us and that we have no control over them, it is important to explain that usually we have feelings in response to our thoughts and thereby by changing our thoughts we can change our behaviour and feelings. Cohen et al. suggest therapists use the *cognitive triangle* (Cohen et al., 2006) to explain this to children and parents if necessary. This process could then lead to an exploration of possible inaccurate and unhelpful thoughts that lead to feelings that hurt and furthermore, to generating alternative more adaptive cognitions to replace these.

The creation of a *Trauma Narrative* (gradual exposure) has often been used in the treatment of traumatised children (Cohen and Mannarino, 1988; Pynoos and Nader, 1988; March et al, 1998, cited in Cohen et al., 2006). One of the reasons of creating a trauma narrative is to *unpair* thoughts, memories, triggers, etc from the overwhelming emotions. The child is encouraged to gradually talk and write about increasingly upsetting aspects of the event and associated feelings. Deblinger (1990, cited in Cohen et al., 2006) conceptualized the creation of the trauma narrative as an exposure procedure where through writing, re-reading and discussion the child becomes desensitized to reminders and consequently PTSD symptoms of hyperarousal are decreased. Furthermore, according to Pennebaker and Francis (1996, cited in Cohen et al., 2006) even though creating a traumatic narrative may not be sufficient to decrease PTSD symptoms it is essential in helping the individual integrate thoughts and feelings about the traumatic experience into a meaningful and consistent experience, in other words to integrate the traumatic experience into one’s larger, optimal sense of self.

Practically, Grace could create a book/diary about her experience, which could involve artwork to facilitate the expression of difficult feelings and allow her to process her losses. If she were reticent to disclose and express herself she could initially be given books to read about other teenagers who have suffered similar events and then go on to discuss the material. This approach allows the individual to realise that one is not

alone in suffering and also to witness others cope and transcend life's difficulties. For instance, this concept probably informs Tom's decision to talk to Grace about a sixteen year old Indian boy he knew, who snapped his neck while diving and suffered spine injury. Tom tells Grace that he let his mind or spirit go and eventually all that was left was anger, and that she should not allow this to happen to her.

Furthermore, it is suggested that the use of the Subjective Units of Distress Scale (SUDS) during each session to measure the degree of distress can, as the fear decreases, allow the child/teenager to become aware of their progress in a tangible way (Cohen et al., 2006). During the narrative creation phase *Cognitive Processing and Restructuring* can take place and children are helped to understand and deal with the fact that the past cannot be altered; however, they have some power over the present and the future. And although inaccurate cognitions may be part of an attempt to feel some sense of control they are not helpful in promoting adjustment. One way of tackling this would be to explore inaccurate and unhelpful cognitions in the written narratives and work on replacing them with more helpful alternatives.

However, exposure through narrative techniques alone may be insufficient to treat avoidance behaviour of perceived trauma triggers that do not serve the purpose of maintaining safety anymore and interfere with the individual's adjustment and functioning in the present. Therefore, *In Vivo Exposure* can be a powerful tool in allowing one to function and overcome fear, but of course care should be taken not to overwhelm the child/individual. This type of intervention is beautifully and clearly presented in the film and therefore, will be further discussed in the second part of the treatment section.

It is further suggested that some *Conjoint Child-Parent Sessions* are necessary to primarily enhance children's ability to discuss the traumatic experience with parents and allow them to share their narratives without fear of being judged or guilt about upsetting their parents.

The last PRACTICE component, which involves *Enhancing children's Future Safety and Development*, would not be particularly relevant in Grace's case because it is a one time occurrence trauma and it involves an accident. Therefore, this process would be more appropriate for those who have suffered abuse, domestic violence or other violent crimes.

Grief

Grief is a process that will probably last even after the stages of this therapeutic model have been completed and healing for certain traumatic experiences may be a life long process. Often initial absence of affect might be the result of PTSD avoidance symptoms, so in this case for instance, Grace would need to process her friend's death and let out her grief. This could begin by reading relevant and appropriate for her age literature and then discussing it in sessions. She could then go on to discuss her friendship, the things Grace will miss both about the past and the future (if Judith had not died). It could further include the creation of a memory box/diary/collage with treasured keepsakes, photos, gifts, etc (Cohen et al., 2006). Grace could alternatively write a poem/story or create a piece of artwork for her friend. Eventually this process could lead to actually visiting Judith's grave to leave some flowers and say goodbye. This process is painful but it would ultimately bring peace and acceptance and free Grace of feelings of repressed anger, guilt and sadness. Finally, she would have to be told that there will be times in the future that she will experience sadness about these events and she may sometimes be triggered by reminders, but the coping skills she will have learnt in the meantime would help her deal with the experiences.

Additional considerations

Another issue that would probably have to be dealt with is the post amputation pain that Grace will experience due to the procedure. One approach could be EMDR, where aspects of the amputation and the pain itself could be targeted during sessions until eventually the pain goes away or at least decreases.

Additionally, another area that the film did not cover probably due to time limitations but which is associated with PTSD and post traumatic stress is the experiencing of *intrusive and often repetitive, anxiety provoking dreams*. Seigel's therapeutic approach could be adopted and used alongside TF-CBT. His strategies involve identifying issues and hopeful signs, interpretation and finally, *dreaming the dream onward*. Seigel's approach allows processing of experienced trauma and gaining insight into hidden wounds that may prevent recovery, through the use of creative exercises (Seigel, 2003, retrieved from http://www.asdreams.org/magazine/articles/seigel_nightmares.htm, September, 7th, 2007).

Finally, group therapy would be helpful later on, in reducing isolation and stigma (Fay, 2002, retrieved from http://www.anxietyzone.com/conditions/post_traumatic_stress_disorder.html, November, 25th, 2010) and providing Grace with an additional support group.

Part Two: healing and therapeutic interventions in the film

The film is all about healing and it involves the whole family because, as is often the case, a child's severe traumatisation will bring about shifts in priorities and perspectives in other members as well. In the film the process of recovery occurs in a drastically contrasting environment to that Grace, her mother and Pilgrim have left behind. It takes place on a ranch in the mountains of Montana, where Tom Booker, the *horse whisperer*, will initially undertake the difficult task of healing Pilgrim, but will eventually 'touch' the whole family and mostly provide a safe environment and appropriate tools for Grace to start her difficult path of recovery. Tom's insight, sensitivity, understanding of human and animal suffering and recovery processes, proximity to nature and distance from their daily life and pressing issues and responsibilities will allow them to start their healing process. Finally, although Grace will eventually have to leave Tom Booker she will always be able to rely on their symbolic bond, even though he will not be present.

Tom works on restoring Pilgrim's trust in himself and others, for unlike Grace, who mostly seems to have withdrawn, he lashes out, fighting all contact to humans, including Grace. His resistance is fierce and for Tom it is like 'breaking' a wild horse. This maladaptive behaviour probably protects Pilgrim from his fear and anger and it has been suggested that when animals are traumatized perhaps many of the dynamics are similar to those of humans. Moreover, when Grace and Pilgrim come in contact they seem to trigger each other's memory of the accident and feelings of guilt about not having protected each other. Therefore, Tom exposes both Grace and Pilgrim to each other, to their feelings of fear and guilt (at least guilt is highly relevant to Grace). He creates the setting for the dynamics between Grace and Pilgrim to shift. By reconstructing an aspect of the accident scene in the ring he facilitates the creation of a new relationship of trust between Grace and the horse. Pilgrim is held to the ground and Grace is exposed to her fear and encouraged to overcome it by mounting the horse, stroking it and remaining on it long enough to re-establish the broken bond of trust between them. Furthermore, like in EMDR or other therapies it allows the construction of a new 'narrative', a new ending in some sense. Grace and Pilgrim are given the chance to relive an aspect of

the event in a safe context and change its course. By reconstructing the previous reality Tom enables them to return, to a certain extent, to the place they were before the accident. In a sense it is like unfreezing the traumatic moment for both Grace and the horse and allowing it to evolve differently. Equally important is the fact that it gives them both an opportunity to overcome their deep fear and reclaim an important part of themselves; through their ability to engage in an activity that was the basis of their bond. For Grace being able to ride Pilgrim again is particularly important since horse-riding was an important aspect of her identity before the accident.

Furthermore, Grace's bond and interaction with Pilgrim will probably facilitate her adjustment because literature and empirical evidence suggest that interaction with horses can be highly beneficial. For instance, it is suggested that *Equine Facilitated Psychotherapy* (a developing form of animal assisted therapy) allows children and adults to explore personal feelings, understand the self, nature, communication and relationships. Moreover, horses can enhance emotional growth, self-esteem and sense of self-efficacy, self-awareness and restructure maladaptive behaviours and thinking (Bizub and Davidson, 2003, cited in Quiroz Rothe et al., 2005). Finally, this therapy can address a variety of mental health problems, including depression and post traumatic stress (Beck and Katcher, 1996, cited in Quiroz Roth et al., 2005).

Finally, from the very beginning of their encounter Tom tries to get Grace involved in life on the ranch and in Pilgrim's recovery. Tom asks Grace to take part in chores, participate in activities and ultimately help become part of Pilgrim's recovery and consequently her own because he knows that mastering new skills and accomplishing achievements can restore one's self-worth and interest in life. Tom wins Grace's trust by giving her time and space but simultaneously believing in her ability to do new things. For instance, he teaches Grace to drive to boost her confidence and show her she can still do things and be useful despite her missing leg. This gradual, unforced building of trust will result in Grace being, at some point, able to let out her grief and pain over losing her friend, to finally break her silence and speak to Tom about the events and about Judith.

Prognosis

It is suggested that the more severe the trauma, the greater, the likelihood of developing PTSD and that 50% of clients with PTSD recover within a few months; however, others can experience years of incapacity and

suffering if untreated. For instance, research has shown that 17% of sexually abused women met full criteria 17 years later, WW II combat veterans met PTSD criteria 40 years later, Jewish survivors also met criteria many years later, and finally, 830,000 (out of the initial 1,700,000) Vietnam veterans still suffered from PTSD in the nineties (Kilpatrick et al., 1987; Davidson et al., 1990; Kuch and Cox, 1992; Weiss et al., 1992, cited in Dalglish, 2008).

However, various factors like resilience, developmental level, ability to learn tasks, severity of trauma, pre-amputation (in Grace's case) coping skills and external support systems influence both recovery from PTSD and further development. It is suggested that building up of social supports, individual psychotherapy, reinforcement of positive coping styles and participation in support groups are some ways to enhance resilience and facilitate recovery. Moreover, the more actively engaged the individual becomes after amputation the better the prognosis, whereas, pre-existing psychological disorders seem to indicate a worse prognosis (retrieved from <http://www.ncbi.nih.gov/pmc/articles/PMC2018851/> December, 2nd, 2010).

Taking all these facts into consideration would suggest that Grace seems to have a good prognosis because she is a determined, stubborn and resilient teenager (Tom says '*She's a strong kid...*') and despite her traumatic experience and the accompanying fear, she quickly adapts to life on the ranch and has the ability to form new relationships. Grace is also determined to do things on her own even if that means falling off a horse or tripping over things and is willing to try new things. Additionally, she has a good support system, which includes a new, temporary but sensitive and accepting environment (Tom and his family) that significantly facilitate her healing and help her restore her bond with Pilgrim. She also has caring, loving parents, especially a strong determined mum. Moreover, her parents' financial status and education also seem conducive to Grace receiving proper care.

Critical Evaluation

Unlike most Hollywood films there is not much audience manipulation and the people, who have worked on this project, seem to have approached the theme with sensitivity and accuracy. This film is mostly about love, respect, change and healing, and it primarily focuses on Pilgrim's journey of healing, which is portrayed beautifully and in detail. Moreover, the interconnectedness of all the people involved is also

adequately explored and emphasised. In some sense it is about the healing journey of the whole family, because no one remains unchanged from this experience, and many changes are made to accommodate their recovery and growth.

However, even though Grace has suffered a severe irreversible loss, inadequate reference is made to issues concerning her new embodiment and consequently her new sense of self and identity, because embodiment indicates that we live in and through our bodies and that they are our public representation of our identities and this becomes more evident when people have impairments.

Moreover, it has also been found that people who lose a body part will suffer from persistent post amputation pain and phantom limb pain (55%-85% experience PLP) (retrieved from <http://www.ncbi.nih.gov/pmc/articles/PMC2018851/> December, 2nd, 2010). Another cause of pain may come from the prostheses rubbing against neuromas formed at the severed nerve endings after surgery (Pavlou, 2008, retrieved from <http://www.oandpbusinessnews.com/view.aspx?rid=59006>, December, 2nd, 2010). These important aspects of Grace's experience are not sufficiently dealt with in the film probably due to time limitations. At some point Tom briefly mentions 'therapy', probably referring to exercise and physiotherapy Grace is receiving, but there is no further reference. However, these issues are partly explored in relation to Pilgrim. Tom uses water to heal the horse's external, physical scars, and then allows Pilgrim to run free to release pent up energy and experience his power and strength again, in order to restore a 'positive sense of self' again, indicating the important impact our body functioning and condition has on our physical and psychological well-being.

From a phenomenological approach it is suggested that as we go about our daily activities we are not conscious of our bodies and we usually take them for granted until we become ill. Sartre claims that 'our bodies are passed in silence' (1969, cited in Finlay and Langdrige, 2007). Max van Manen suggests that this unity of the pre-reflectively lived body is lost when one becomes ill (or in this case when one loses a part of their body) and Toombs suggests that illness produces a shift of attention (1990; 1993, cited in Finlay and Langdrige, 2007). Finlay explores these ideas in great depth in her case illustration of a woman (Anne), who is suffering from multiple sclerosis (2006, cited in Finlay and Langdrige, 2007). Anne's self/body and world unity is disrupted; her bodily intentionality is thwarted; she experiences feelings of body alienation and

becomes acutely aware of her embodiment for she has lost her pre-reflectively lived body; she scrutinizes her body; she experiences the absence of her previously experienced arm and has to learn to incorporate her new mal-functioning arm into her life. Mostly she has to learn a new way of being; a state Ponty terms 'restrictive potentialities' (cited in Langdridge and Taylor, 2007). Grace will undoubtedly experience similar feelings and sensations to one extent or another so an important part of her readjustment treatment should necessarily focus on the loss of part of her leg and her new experienced embodiment. It would therefore, provide greater depth to the film if this aspect of Grace's experienced was briefly explored.

To sum up, although additional aspects of post-traumatic experience like nightmares, post amputation pain and Grace's new/impaired embodiment and its impact on her identity, could ideally have been explored, films are defined by length limitations. So it is perhaps impossible to cover the complex and multiple aspects that this type of experience entails within a couple of hours. Therefore, despite its limitations the film is beautifully made and a sensitive and informed approach has been adopted.

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** No more information was available