

BEHAVIOR AND MISBEHAVIOR OF THE HORSE

Chapter from new
vet book. See page
382. Hope you're
both well. Bob

Robert M. Miller, DVM

For decades after the discipline of psychiatry had been established as an accepted specialty, many medical schools continued to fail to train their students in the fundamentals of this discipline. That situation no longer exists. Medical students all have at least cursory exposure to psychiatric principles and basic psychology.

Unfortunately, the veterinary profession has lagged behind human medicine in this regard. Until recently, veterinary students received no training in animal behavior, and there were no available residencies within our schools for developing board-certified behavioral specialists.

That deficiency has now been corrected. Several North American schools offer residencies in behavior. Some schools still do not have any courses in animal behavior; of those that do, some are elective rather than mandatory. The problem with this is that the students who elect to take a course in behavior are those who least need it. They are already interested in the discipline, and even if they do not receive training as students, they are likely to pursue this interest after graduation and acquire a measure of expertise in it. The disinterested student, on the other hand, needs to be exposed to ethologic principles to become an optimally effective veterinarian.

I have long held the opinion that every veterinary student should be formally trained in rudimentary ethology and that proficiency in basic behavior-shaping methods should be demonstrated in state board examinations before a license to practice is granted. Why?

Each species of animal, including the wild ancestors of our domestic

From Private Practice, Thousand Oaks, California

VETERINARY CLINICS OF NORTH AMERICA: EQUINE PRACTICE

VOLUME 17 • NUMBER 2 • AUGUST 2001

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species, adapts to its environment in three ways, or it is doomed to extinction. These three methods of adaptation are anatomic, physiologic, and behavioral. Indeed, behavior is a physiologic function, enabling the species to survive and perpetuate its kind.

Even if the economic foundation of our profession were not companion animal medicine as it is today, I would feel as I do. Even if veterinary medicine were dependent on food animals and draft animals as was the case a century ago, I would still maintain that expertise in animal behavior is essential for the practitioner to best serve his or her patients and their owners.

Clinging to tradition and reluctance to take on new disciplines has cost our profession prestige and income in the past. Examples of this shortsightedness include poultry practice, artificial insemination, and physical therapy. Because we admitted behavioral science to our curricula belatedly, there are far more people in the field with degrees in zoology and psychology than there are veterinarians. Yet I maintain, the doctor of veterinary medicine is the best academically qualified behaviorist if that individual's training included a suitable course in animal behavior. I say this for the same reason that the best-trained human behaviorist is the person with a degree in medicine, a person who has gone on to obtain certification in psychiatry.

Why do I say this? There are several reasons.

Many behavioral problems are organic in origin. For example, endocrine disturbances commonly include behavioral aberrations as part of the presenting signs. The behaviorist whose training has included physiology, endocrinology, and pathology is best equipped to recognize and cope with such behavior problems.

Many problems respond to one or more of the wide variety of drugs now available to modify animal behavior. Obviously, only those individuals thoroughly schooled in the discipline of pharmacology can properly use such compounds, and many of the most effective of these drugs are available by law only by the prescription of a licensed doctor of veterinary medicine.

Of course, a mandatory course in ethology would not alone prepare every practitioner to handle all cases. Referral to board-certified specialists would obviously be necessary, but without basic training, many veterinarians do not refer. They are unaware of the need for referral or of what can be done to control and eliminate problems.

Although I have campaigned journalistically and as a speaker for veterinary behavior involvement, I am a bit dismayed by one aspect that has developed, and that is a tendency to rely too soon, and often exclusively, on behavior-modifying drugs. I should have anticipated this, because it happened in the human medical field. So many patients who could be helped with correct behavior-modifying techniques are kicked out into society today with a prescription that they may or may not take. The same tendency is happening in small animal medicine. It may be quicker and more profitable to send the client home with medication

for a pet with a behavior problem, but are we always rendering the best possible service by doing so?

It is interesting that in equine practice—and most horses today are companion animals—superb results are being achieved with behavior-shaping and -modifying techniques. Why? It is simply too expensive to control these problems chronically with medication. What is happening in equine behavior proves dramatically that most animals with behavior problems can be changed to make them more tractable, safer, more manageable, and more enjoyable to their owners.

The horse presents a unique problem to the veterinary practitioner. It is the only common domestic animal that depends on flight as its primary survival behavior in the wild state. It is a large, muscular, physically powerful creature, and when these qualities are combined with its timid flighty nature, its extreme perceptiveness, its remarkably fast reaction time, and its swiftness, we have a potentially dangerous animal.

Although food animals like cattle are of similar size and strength, it is customary to use physical restraint to manage them. This might include chutes or crushes, stanchions and headgates, nose rings, and nose tongs. Zoo practitioners often rely on squeeze cages to protect themselves from injury caused by unruly patients. When necessary, small animal practitioners use muzzles and other physical restraint devices such as a "cat bag." The equine practitioner, on the other hand, is usually expected to step up to a frightened animal that outweighs the doctor many times and do whatever is necessary.

For these reasons, competence in the science of equine behavior is essential for the veterinarian who is going to work with that species. In the past, most of that competence was gained by means of experience. This was sometimes painful, literally. Today, most students have little or no experience in handling difficult horses, and it is necessary that training in behavior shaping and modification be a part of basic veterinary education. This applies to all the species we commonly treat, but it is especially important in the horse.

When I graduated from veterinary school in 1956, the horse population of the United States was down to 2.5 million (this from a 1910 high of 22.6 million horses and mules). Today, we are back up to about 7 million horses. The increase is entirely in recreational horses. Indeed, the number of working horses has continued to diminish.

Increasingly, pleasure horses are owned by women. Most women are much less coercive than men typically are in handling horses, which is no doubt one reason why this easily intimidated species bonds readily with women (and children). It behooves us as practitioners to use methods of handling horses that are humane, as gentle as possible, and avoid presenting an image of brusqueness and insensitivity.

Originating in the Pacific Northwest of the United States a couple of decades ago, a revolution in horsemanship swept the country, which had reached the far corners of the earth by the end of the century.

Actually, there is nothing new about the kind of horsemanship we

are talking about. It has always been used by talented trainers; however, for the first time, this nonconfrontational, humane, swift, and effective training philosophy, is becoming popular worldwide. Why? It is because today's horse owners are better educated and more receptive to the science of psychology and because of the information explosion that is occurring in most technologies.

Video, publications, and jet travel, which allow clinicians to travel rapidly, are spreading the word. Below are some of the better-known trainers who are masters at behavior shaping in the horse. These people have produced books and videos and also do clinics all over the world.

If you are involved with horses professionally or recreationally, I urge you to become familiar with as many of these fine horsemen as possible. After 6000 years of domestication of the horse, these people are advancing the art of horsemanship so rapidly that most of the traditional methods of the past have become obsolete.

This list is by no means complete. There are other progressive horsemen, but it is my policy to only recommend those whom I have personally seen work with horses and students and whose techniques are particularly valuable to the veterinarian:

1. Alfonso Aguilar, APDO, Postal 20-6, Morelia, Mich, CP 58193, Mexico
2. Buck Brannaman, 642 Highway 14, Sheridan, Wyoming 82801 (telephone: 307-672-5876)
3. Ray Hunt, Rocky Bar Stage, Mountain Home, Idaho 83647 (telephone: 208-587-4192)
4. Marty Martin, PO Box 379, Lafayette, CO 80026 (telephone: 303-665-5281)
5. Dr James McCall, PO Box 90, Mt Holly, Arkansas 71758 (telephone: 501-554-2450)
6. Pat Parelli, PO Box 5950, Pagosa Springs, CO 81147 (telephone: 970-731-9400 or 800-642-3335)
7. Dennis Reis, 411 Highland Avenue, Penngrove, CA 94951 (telephone: 800-732-8220 or 707-792-0629)