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Jérôme Michalon

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Introduction. In February 1986, students at the *Association pour la Spécialisation, l'Enseignement et la Recherche dans les Thérapeutiques d'Approche Corporelle* (ASERTAC, the French association for specialization, education, and research in corporal-approach therapeutics) met, as they had every year since the late 1970s, to work and exchange views on a particular form of psychomotor therapy using the relationship with the horse. Convinced that this approach was distinct from *rééducation par l'équitation* (RPE, riding for rehabilitation), practiced until then, these trainees and psychomotor therapists composed a text clarifying the specificity of their practice:

1. *We are therapists.*
2. *We are doctors or paramedics and riders.*
3. *We possess essential theoretical and practical knowledge.*

This leads us to define our activities differently. We are abandoning "Rééducation par l'Équitation" (Rehabilitation through riding) to adopt the new formula of "Thérapie avec le Cheval" (Therapy with the horse):

"THERAPY" — this must concern therapists alone and constitutes an "additional opening" [...] being added to the possibilities whose main aim is to improve or cure.

"WITH" — in the place of THROUGH. The word WITH stresses a closer relationship, the complicity that the therapist strives to establish between the disabled person and the horse, whether riding or on foot, in horse care or other activities concerning them. Knowledge of horse ethology is essential.

"THE HORSE" — instead of HORSE RIDING. "Horse riding is, first and foremost, horsemanship. Horses, in TAC, represent all that the horse brings us as a living being, through its presence, its contact, its relationship that is both enriching and singular." (Martin; emphasis in original)

Introducing *thérapie avec le cheval* (TAC, hippotherapy), this text would lead to the creation of the *Fédération Nationale de Thérapies Avec le Cheval* (FENTAC, French national hippotherapy federation). As if to emphasize the will of these therapists to break with the equestrian world, it was sent to the *Haras nationaux*, the French national authority for the horse-riding world, which had, until then, financed equine-assisted therapy

practices. How could one fail to see a form of manifesto in this text? A manifesto that aims, on the one hand, to assert both the therapeutic potential of the relationship with the horse and the necessity of professional coaching from the medical and paramedical world to best exploit it. Reduced to this single dimension, the manifesto would be an interesting object for the sociology of professions, as it involves specifying the work activity, affirming the need for expert knowledge to accomplish it, and regulating its access *via* a specific status (that of “therapist”). But, on the other hand, this text also contains a discussion of the horse, above all described as a relational “living being” which is not limited to its role as a mount, as in horse riding. Thus, in redefining this activity (therapy *is not* horse riding), a specific vision of the horse is affirmed, which would be defended and made visible by making it serve the goal of human therapy. The sociology of human-animal relations would then also have a lot to say about this manifesto, which shows a social dynamic reconfiguring relationships between humans and equids.

In this article I will argue, based on the example of animal-assisted therapy practices, that there is a strong relationship between the evolution of professional identities and that of relations to animals. I will consequently defend the importance of analyzing professional dynamics to understand recent changes in relations to animals. And, symmetrically, I will strive to explain that the sociology of professions could benefit from studying the professional dynamics into which animals are integrated. A third, broader objective can be added to these first two, that of contributing to reflections on animal work. Indeed, I will illustrate that the professionalization of animal-assisted therapy is accompanied by significant ontological stakes concerning the animals involved in these practices. Simply put, the more these practices are oriented towards therapy, the more they characterize and perform animals like persons, like beings who are subjectively engaged in work. Again, I will defend the importance of the sociology of professions to thinking about animal work.

To back up these propositions, I will proceed in two parts. In the first part, I will discuss the development of canine-assisted therapy, retracing the major evolutions of these practices, especially the shift from the practice of canine assistance to a therapeutic practice (or “intervention” at least). I will analyze this shift as both the first act of a professionalization process and an important change in the representation of the dog. In the second part, I will refer to the way in which a therapeutic practice involving the horse was established in France and the United States, which, as in the case of the dog, promoted a new representation of the horse. This example will allow me to more clearly define the mechanisms that make such an evolution possible, building on several

notions from the sociology of professions (“segmentation,” “autonomy,” “prudential practices”). Based on these examples and these elements of analysis, I will conclude by introducing the idea that professional dynamics involve ontological stakes, perhaps underestimated by the sociology of professions.

1. From Assistance Dogs to Intervention Dogs

1.1 *Animal-Assisted Therapy: A Profession “In the Making.”*

There is a multitude of definitions and terminology to designate the subject of the matter (and this is precisely why it is of interest). “Animal mediation,” “animal-assisted therapy,” “animal assisted activities,” “equine-facilitated psychotherapy/learning (EFP/L),” or even “zootherapy”: these terms all correspond to the professional positioning needs of the promoters and practitioners of these activities, especially vis-à-vis the medical body and paramedical professions (Freidson), and vis-à-vis scientific knowledge justifying (or not) these activities. I have chosen, here and in previous work, to speak of “animal-assisted care,” to find a way to name these practices that is at once neutral, consensual, and empirically founded (Michalon, *Panser Avec Les Animaux*), a way of enabling me to understand how relatively close practices could seek to differentiate themselves. Defined schematically, animal-assisted care consists of linking (physically and/or symbolically) a living animal and a human, to the psychological, physiological, motor benefits of the latter. This is all supervised by a third party: a therapist, a mediator, a social worker, a psychologist, a nurse, etc.

Although traces of the therapeutic use of animals can be found sporadically throughout history, it was not until the 1950s, in Western Europe and North America, that these practices began to emerge, to form an object of scientific research, to acquire theoretical equipment, and, above all, to attempt to structure themselves, professionally speaking. Since the mid-1970s, when the *therapeutic* aspirations of these practices began to appear, several organizations came into existence seeking to federate practitioners, to provide them with the keys to practice legally, and to develop a market for their work. To give a broad overview of the results of these efforts, it can be said that, on various points, the results have been mixed. On the one hand, with several years of hindsight, we observe that the calls to come together, to obtain recognition from public authorities, from medical authorities, and to agree on common definitions and training are still regularly launched. On the other hand, it still seems difficult for practitioners to earn a living from their activity.¹

That said, today there is consensus on the way to claim the “therapeutic” nature of the activity. In 1996, the Delta Society, one of the organizations formed in the mid-1970s, published one of the first good-practices guidelines, endorsing the distinction between, on one side, “animal-assisted activities” (AAA) and, on the other, “animal-assisted therapies” (AAT). This distinction was made less on a cognitive basis than on the fact that some paramedical professionals looked unfavorably upon the development of practices claiming to be “therapeutic” without involving any specific training, any *ad hoc* professional organization, or any pricing (Arkow). These professionals wanted to keep the therapeutic label to themselves, a label that had proved difficult to obtain, which offered them a legal framework, and eligibility for reimbursement by private health insurers. This break between AAA and AAT, which is no longer contested, was thus a means to respect the professional jurisdictions in place. In the same way, a consensus emerged on animal-assisted therapy, considered to be a form of specialization linked to an already existing profession. To claim an animal-assisted therapeutic approach, it is first necessary to be recognized as a “therapist,” which means as a member of a medical or paramedical profession (psychotherapist, psychiatrist, psychomotor therapist, physiotherapist, or nurse), or support professional (social worker). Most animal-assisted therapy training requires this prerequisite.

In France, the opportunities to practice animal-assisted therapy thus take several forms: (1) the independent form, for professionals, recognized by their peers and trained by an “animal mediation” association, and who use this specialization in the context of their business activity; (2) the associative form, where several independent contractors establish a structure providing services to private individuals or institutions; (3) the institutional form, where paramedical professionals (speech therapists, psychomotor therapists, psychologists, etc.) under contract with a hospital or medico-social institution (for example, nursing homes) offer animal-assisted therapy within diverse activities. In all cases, the animal-assisted therapy economy relies on institutions: whether it involves services provided by an independent or an association, or a job integrated into the structures, it is predominantly the healthcare institutions that finance these practices (and thus indirectly health insurance). There seem to be significantly less private customers, as sessions are not reimbursed by health insurance providers. There is no *ad hoc* research on professional conditions within the animal-assisted therapy profession, nor even an official number of practitioners, precisely because the process of professionalization has not yet been accomplished, continually being repeated and translated into a phenomenon of segmentation (new practices are developed that claim a specificity and lead to the establishment of relevant training). The current fragmentation of this universe makes it difficult to define strictly the object which, in

my opinion, makes it even more interesting, since this forces us to focus essentially on the dynamics of professionalization.

However, quantification attempts have been conducted in France, led by the Adrienne and Pierre Sommer Foundation, an NGO seeking to federate and support animal-assisted therapy initiatives.

These censuses use the places where animal mediation is practiced as a unit of measurement. For example, they inform us that animal-assisted therapy is present in 36% of institutions for disabled or children with various disorders (CERPHI), that there is a permanent animal presence in 2,408 care and accommodation establishments for the elderly in France (out of 10,481 [Kohler and Handi'Chiens]), that equine mediation is practiced in one hundred or so French infant and child psychiatric facilities (Ansorge and Sudres), and that even 10% of French penal institutions put in place animal mediation programs (Sommer Foundation). Furthermore, the Sommer Foundation has released a directory of different institutions, associations, and local authorities offering and/or training in animal mediation practices, including 248 addresses throughout France.

While a strict definition of some professions can't be reified (Dubar and Tripier), animal-assisted care is not one of them. Even so, being linked to other professions while developing a specialty that it claims to be the only one to master (relations to animals in this case) brings animal-assisted care closer to Thomas Brante's definition of a "pre-profession" ("Professional Fields and Truth Regimes"). According to him, pre-professions (situated below established professions and semi-professions) incorporate innovative practices, supplementing what lies outside the expertise of established professions ("marginal" domains of established professions). In my view, the term "pre-profession" is pertinent, as it serves to designate as much the state of progress of a professional group in a dynamic of professionalization, as its aspiration to become an established profession. Speaking of "wanna-be professions," as Brante does, it is interesting to emphasize the will of some groups to structure themselves to resemble what they imagine to be an established profession.² Gunnar Oloffson (in "The Expansion of the University Sector") also speaks of pre-professions as "professions-in-the-making," which corresponds well to animal-assisted care, which, since its beginnings, has continuously attempted to establish itself as a profession. And it is precisely this constant dynamic of professionalization that seems important to describe. Let us begin the description with practices involving dogs.

1.2 *The Rise of Therapy: A New Professional Identity.*

In order to address the history of canine-assisted therapy, it is important to distinguish between two types of practices: assistance dogs (guide dogs for the visually impaired, listening dogs, and assistance dogs for people with motor disabilities); and those which we call “intervention” dogs (visitor dogs, alert dogs, resident dogs — inserted into more medical, support, or mediation activities and contexts). Assistance dogs have a continuous presence (day and night, over several years) with their owners, who also are the beneficiaries of the assistance provided. Intervention dogs are employed on an *ad hoc* basis (during sessions — hence the idea of *intervention*) by therapists, nurses, or social workers, who offer care or recreational activities to suffering people (here, the beneficiary *is not* the dog’s owner). These are the two branches, one of which, intervention, tends more readily towards a therapeutic dimension. Although these practices are today differentiated, they have a common history, which is worth outlining.

Historically, guide dogs for the visually impaired were the first canine-assisted practices to develop, at the beginning of the 20th century (Belin), first in Europe, then in the United States. In the post-war era, the concept was popularized, based on a training model that would be taken up by other similar initiatives across the world. This model consists of selecting puppies of a pre-determined breed (initially German shepherds, Golden Retrievers, now Labrador Retrievers), placing them in host families for the first months of their life, then teaching them to respond to human commands to accomplish the tasks necessary to their guide dog activity, during one or several training courses. The final step is the moment (often a training course) when the animal and the future, visually-impaired, owner meet, learn to work as a team, to appreciate one another. After passing several tests (Mouret), the animal is officially given (free of charge) to its owner. In the 1970s, based on this guide dog model, the concept of “listening dogs” for hearing-impaired persons emerged in the United States, then in the United Kingdom (Arkow). These dogs are trained to alert their owner through physical contact, when a sound is emitted (fire alarm, ringtone, doorbell). In 1975, the association Canine Companions for Independence (CCI) developed the concept of service dogs for people with motor disabilities. These dogs are trained to execute physical tasks (opening doors, picking up objects, etc.) that their owners, often in wheelchairs, cannot accomplish. The CCI and its methods of selection and training would inspire many other organizations across the world. Moreover, from very early on, the CCI defended the idea of using dogs to assist in cases of mental disability and closely followed the development of animal-assisted therapy, which began to emerge at the end of the 1970s. In their wake,

North-American organizations, like Therapy Dogs Incorporated, Therapy Dogs International, and the Delta Society, were created and provided training curricula explicitly designed for these practices. These curricula offered a different training model. It was no longer a case of training dogs independently from their owners and bringing them together to share their lives. It became a question of certifying a “team,” consisting of an owner (therapist or not) and a dog (of any breed), leading to a certificate of professional competence to *intervene* jointly in therapy or support situations. The curriculum focuses on the relationship between the animals and their owners, and it validates their common ability to evolve in a healthcare environment, for example a hospital setting, without posing a risk to patients.

Thus, there is a diachronic continuum between assistance and intervention practices: the guide dogs from the middle of the 20th century served as a model to assistance dogs for mobility impairment in the 1970s, which themselves enabled the development of intervention dogs in the 1980s. The meeting of animal assistance and care for human suffering began with the development of practices seeking less to treat than to assist, then evolved towards explicit care ambitions, with a therapeutic dimension. This “rise of therapy” process corresponds to the creation of a new form of activity: while assistance practices uniquely involved the redefinition of an already-existing activity, that of the dog instructor whose guide dog training was only a specialization, intervention practices led to the emergence of an unprecedented professional identity, consisting of being a “third party” between a patient/beneficiary and an animal. *This indicates that the shift from assistance to intervention, this rise of therapy, is at the basis of animal-assisted care’s dynamic of professionalization.*

Furthermore, in this rise of therapy, an evolution of behavioral models to be developed and enhanced with dogs took place. With the shift from assistance to intervention, dogs had to assimilate completely different specifications. This evolution of the dogs’ prescribed work also implies a significant ontological shift, relating to the evolution of human-animal relations observed in Western societies over the last decades.

1.3 *The Rise of Personhood: An Ontological Shift.*

One could say that the prescribed work for assistance dogs principally consists of accomplishing technical tasks. In a nutshell, guide dogs and listening dogs must “guide” and “alert.” For the guide dogs, this involves avoiding obstacles in the street, stopping before stairs and pavements, indicating pedestrian crossings close to traffic lights to their owner.³ As for listening dogs, they must recognize different sound signals

(an alarm clock, a fire alarm, the sound of a baby crying, various ringtones), indicate them to their owner, and guide the latter towards the sound source. Assistance dogs for people with motor disabilities also guide and inform, but additionally perform a range of physical tasks like opening doors, picking up and transporting objects, helping move a wheelchair, or even flicking a switch. Although these tasks are complex and varied, demand adaptability from the animal and owner, and thus rely on a strong relationship between the two, it is possible to make a list of them and to train the dog to execute them more or less on request. As a result, these tasks can be called “technical,” in the sense that they seek to help disabled persons to adapt to a physical and technical environment over which they have limited control. Moreover, these tasks are technical insofar as they are inserted into a relatively predictable course of action, which incorporates the procedures that the animals must follow. Regardless of whether these tasks are technical, the dogs must have interactional skills to learn to execute and accomplish them: on the successful socialization of the dogs, and thus on their interactional skills, depend all the dogs’ training by instructors, learning commands from the disabled persons, and the “sustainability” of the technical assistance provided. Nevertheless, this interactional dimension is not given prominence in public presentations on assistance activities: the realization of pre-determined tasks is the distinctive element of the assistance dog’s identity.

This is one of the differences with the specifications of intervention dogs, which are precisely characterized by the absence of such a list of tasks. The sole prescribed task for the intervention dog is to *interact*. Indeed, when consulting the literature, we notice that defining a “good intervention dog” proves to be difficult, uncertain, and vague, and that the very exercise often leads to general principles, formulated in behavioral terms, and not in terms of specific tasks to be accomplished. One speaks of the dog’s “character,” of its temperament, which must be simultaneously patient, imperturbable, but also playful, attentive, and joyful. One discusses its indispensable predictability as much as its capacity to initiate positive interactions, *when necessary*. The varying contexts, populations and activities (diverse games, walks, grooming) encountered by the dog entail versatility and adaptability. Thus, more than just the behavioral characteristics of a breed, the dog’s personality must be considered; even its *personhood*. This impression is reinforced when one examines the tests certifying intervention dogs,⁴ which evaluate the quality of the owner/dog team. To make good teams, owners must act appropriately with their dogs, with healthcare professionals and beneficiaries, and the dogs must act appropriately with these same people. Beside the question of the dog’s dangerousness, these different tests, borrowed from dog training practices, quite explicitly assess the dog’s “politeness,” “good manners,” and respect for a certain

behavioral etiquette (spontaneously greeting people in a room, without jumping on them, but putting its muzzle on their laps). Following the successful completion of these tests, the dog (and its owner) receives “*permission to interact*” (a common expression in these texts). Therefore, intervention dogs are expected to have individuality, but not of any type: it must reflect an attraction, self-mastered and controlled, to human interaction. We clearly see what is happening in this characterization of the animal as an interactional being: it involves departing from the image of a “conditioned” animal, that “responds” to commands, and instead valuing the dog’s capacity for initiative, autonomy, and self-control. These qualities correspond to the Western and contemporary definition of the individual. Moreover, the certification procedures for intervention dogs recognize both the animal’s individuality, and that of the relationship uniting it with its owner, while shaping this relationship according to general criteria deemed to be the basis of social life (“polite” face-to-face interactions). This is what leads me to say that it is the animals’ personhood, in the sense of *persona*, of social identity, that is validated through these certifications.

From the specifications of assistance dogs to those of intervention dogs, we shift from a vision of the animal as *technical support*, whose learning capacities are used to accomplish specific tasks, to the animal as an *intervenor*, whose interactional skills are themselves judged to be important as they pertain to relational work, both the goals of therapy and the means to achieve it. Thus, the more the intervention takes place in a context which values human individuality, human personhood, the more the dog is performed as a person. There is, therefore in my view, concordance between the rise of therapy and rise of personhood, between the creation of a new professional identity and the creation of a new social identity for dogs. The example of equine-assisted therapy will help us to understand these reasons, while allowing us to refine the description.

2. From Riding for The Disabled to Equine-Facilitated Psychotherapy/Learning. Like the example of the canine-assisted therapy, equine-assisted care emerged from meeting with physical disabilities. Indeed, it was in the middle of the 20th century that a form of horse riding adapted to people with motor disabilities, who wanted to practice the sport, either as a leisure activity or competitively, was developed. The first equestrian centers dedicated to the practice appeared at the end of the 1950s in Europe and North America (Griffith). The first associations supposed to federate the practice, like the North American Riding for the Handicapped Association (NARHA) in the United States and the *Fédération Handi’Cheval* in France, were born in the late 1960s. They came from competitive and leisure horse riding and thus promoted the learning and practice

of equestrian sports.⁵ They thus trained “classic” riding instructors to welcome and support people with motor disabilities, initially, and today, with mental disabilities also. The professionalization model of these practices is linked to that of riding instructors (Chevalier and Dussart; Chevalier; Tourre-Malen, “Évolution Des Activités Équestres”), who must have excellent horse-riding skills, and then specialize in riding for the disabled. This then follows the example of canine-assisted therapy, where dog instructors had to adapt their practice to a new specialty, without forming a new professional identity. Again, it was only with the development, in the 1970s, of more explicitly therapeutic practices that a process of professionalization like that the one observed in the case of dogs was initiated.

2.1 Changing the Professional World: Contesting the Equestrian Monopoly.

The development of riding for the disabled showed that horse riding could have beneficial effects on posture, tonicity, musculature, and motor functions for people with motor disabilities. As a result, *rééducation par l'équitation* (RPE) came into being in France at the end of the 1960s, under the aegis of physiotherapist Hubert Lallery and psychomotor therapist Renée de Lubersac: a practice, and terminology, that, several years later, would inspire the activities of “riding for rehabilitation” in the Anglo-Saxon world. RPE marks the first step of the “rise of therapy” in the relationship with the horse, in line with the activity’s necessary supervision by medical or paramedical professionals. The shift from riding for the disabled to riding for rehabilitation echoes the differentiation between assistance dogs and intervention dogs, and involves more or less the same professional rhetoric: the accomplishment of therapeutic objectives must be carried out by a recognized therapist. Anything else, like riding for the disabled, is relegated to the ranks of an “activity associating the animal.” However, despite this distinction, it is still about horse riding. Indeed, to treat motor impairments, riding for rehabilitation uses the virtues of horse-riding techniques: one must indeed ride a horse, according to specific classic horse-riding codes, to reap the benefits. It was precisely this linking of therapy to equestrian techniques that would be challenged by the arrival, between the early to mid-1980s, of new practices like “*thérapie avec le cheval*” (TAC) in France, or “hippotherapy” in the United States. In these two cases, the rise of horse-assisted care would translate into the accentuated affirmation by healthcare personnel of their status as fully-fledged therapists, and increasing distance vis-à-vis horse riding. Moreover, horse-assisted care practices could only develop with the help and market of competitive and leisure horse riding. The professional world reference is thus the equestrian world.

In the United States, discussions about “hippotherapy” started within the NARHA which, in 1986, created an ad hoc training course solely intended for physiotherapists. In France, it was the *Haras nationaux* (French national stud) that subsidized Lallery and De Lubersac’s research (Aubard), and supported the creation of the *Association nationale de rééducation par l’équitation* (ANDRE, French national association for riding for rehabilitation) in 1971. It would then emancipate itself from the professional horse-riding world, using somewhat radical methods and rather successfully. Driven by the first North-American hippotherapists, the American Hippotherapy Association (AHA) came into being in 1993 as a “Special Interest Section” within the NARHA. It would only become independent in 2004, after innumerable discussions about the possibility of asserting a new professional therapist identity while delegating part of its training to an organization outside the medical world.⁶ This dilemma was solved earlier in France, between the mid-1970s and the early 1980s, in a more radical way. Having taught a course on the use of the horse in psychomotricity at the Paris VI Faculty of Medicine over several years, Renée de Lubersac was able to develop a specific approach to horse-assisted therapy: *thérapie avec le cheval* (TAC). Although this approach uses the horse’s movement, like riding for rehabilitation, it differs on at least two points. Firstly, it is a psychomotor approach, which is not limited to the motor aspects of beneficiaries’ issues and integrates the mental dimension. Secondly, the movement of the horse, its body, and its rhythm are used, but not exclusively: being next to the horse, holding its tether, brushing it, feeding it, or simply being “co-present,” can also have therapeutic benefits. In other words: *riding the horse becomes optional*. The scope of this gesture must be measured in light of recent evolutions in relationships with horses (Digard, “Des Manèges”; Digard, “Qu’ont À Voir”; Roche). Indeed, since the middle of the 19th century, the Western relationship with the horse has experienced a profound transformation. At the beginning of the 19th century, horses represented the majority of equine livestock in France; however, due to the subsequent mechanization of means of transport and work, the work horse lost its function. Its significant demographic decline statistically highlighted the presence of the saddle horse (Digard, “Des Manèges”). As armies abandoned the use of equids in their operations, competitive and leisure horse riding became the main equine figure in the West. Thus, equestrian culture still largely dominates relationships with horses and, despite several recent evolutions provoking important debates,⁷ it is very difficult to envisage relationships with the horse outside of horse riding, and a fortiori from riding.

By asserting that riding is optional, and by revaluing elements normally considered to be “side aspects of horse riding” (Tourre-Malen, “Les À-Côtés De L’équitation”), TAC

thus positions itself as breaking with equestrian culture. Hence the purpose of the manifesto mentioned in this article's introduction, seeking to assert the differences between RPE and TAC. Firstly, the manifesto insists on the importance of a therapeutic positioning and status: it recalls that RPE instructors should not define therapeutic objectives, and even less supervise healthcare activities. Thus, in the same way that hippotherapy does not mention horse riding in its terminology, TAC has constructed its professional identity through a split with the equestrian world. Secondly, by emphasizing being "*with the horse*," the entire relationship with equids is also redefined: incorporating this relationship into a therapeutic framework allows it to be extracted from "rigid" horse-riding codes, from the obligation to ride and from learning equestrian techniques.

In my opinion, the two movements are connected. By defining themselves as therapists, by changing the professional world, these actors can legitimately promote other modes of relationship with horses; and an entirely different vision of the horse. As they no longer depend on frameworks of the equestrian world, and as respecting the orthodoxy of horse-riding rules is no longer at the heart of their activity, no longer an objective to be achieved, they can claim a new horse ontology: more than just a "mount," it is a "living being," who has a "presence," with whom one can engage into a "relationship." It seems important to me to associate this change in professional world, from the equestrian to the medical world, from sport to therapy, with the new ontological framework of horses; and to think about the related stakes, using concepts from the sociology of professions. The example of equine-assisted care wonderfully illustrates the quest for autonomy in which actors are engaged as soon as they seek to establish themselves as a professional group.

Autonomy, a notion both central and debated in the sociology of professions (Champy, *La Sociologie Des Professions*; Dubar and Tripier), is presented either as a legal and a de facto right of established professions (in functionalist perspectives), or as the result of complex social processes, involving power relations and negotiated according to specific contexts (in interactionist perspectives). In the case which interests us here, we must note that there is truly a desire for autonomy, going hand in hand with the assertion of a new professional identity, but which does not aim for a lack of subordination to other professional groups. Instead, the process of autonomization translates into a change of professional world: the will to be autonomous from the competitive horse-riding world, to then depend on the frameworks of the medical world. This is where Andrew Abbott's ecological approach to professional dynamics in *The System of Professions* becomes most relevant: no profession is really autonomous, but

all professions seek *relative* autonomy vis-à-vis certain professional groups, resulting in a dependence vis-à-vis other professional groups. The question is knowing what the professional groups who “migrate” in this manner from one professional world to the other are seeking and finding. Regarding equine-assisted care, my interpretation is the following: moving from the world of sport to that of medicine, a shift occurs towards forms of particular professional practices, prudential practices.

Developed by F. Champy (*La Sociologie Des Professions; Nouvelle Théorie Sociologique Des Professions*), the notion of “prudential practice professions” designates a form of work that is found in certain professional groups, especially among doctors and architects, and which allows them to claim greater autonomy than other professional groups. In line with Abbott’s analysis of the content of professional work, prudential practices consist, based on singular situations, of using abstract knowledge to establish a diagnosis, apply a treatment, and infer the evolution of the initial situation. But for Champy, the idea of “prudence” must be added to define what differentiates professional work from other work types. The singularity of the situations dealt with implies an *ethos* of prudence, which translates into a distancing vis-à-vis immediate action and into collective deliberation, between professionals, simultaneously concerning the diagnosis, treatment, and inference. Prudential practice professions put in place spaces of collective discussion, where only professionals can define what needs to be done, in the name of common cognitive frameworks. This is the dimension which, in my opinion, is important to understanding the shift from sport to health made by equine-assisted care practices. By moving towards the medical world, by accepting to depend on its frameworks, these practitioners first enlist the force of a superior common principle, that of human health (Dodier), which tends to erase any other imperative, and, above all, they draw closer to a world where it is possible for them to legitimately redefine relationships with the horse. Indeed, the medical world is a professional world of prudential practices, populated by the deliberative spaces mentioned above. In these spaces, equine-assisted care practitioners mix with other health professionals, who recognize their legitimacy to discuss actions to be implemented in order to accomplish therapeutic objectives. With them, it becomes possible to discuss modes of relationships with the horse that do not fit into the framework of the orthodoxy of equestrian practices, to envisage a wider range of interactions with horses. In a sense, as long as these modes of relationship serve therapeutic objectives, anything is permitted. This does not mean that equine-assisted care practitioners were fundamentally driven by a desire to remove relationships with the horse from the definitional monopoly of equestrian culture. However, by claiming

to be part of the medical world rather than the sports world, they clearly found both legitimacy (symbolic [Demazière and Gadéa]) and the professional form enabling them to do it.

I will return to the contribution of the concept of prudential practices later. Before this, I will demonstrate that the evolution of equine-assisted care practices provides additional elements to defend the existence of ontological stakes in professional dynamics.

2.2 The Effects of Equine-Assisted Therapy Segmentation.

The shift from the horse-riding world to the medical world, from sport to therapy, was thus accompanied by the assertion of new modes of relationship with the horse. Again, referring to the example of TAC, and to the 1986 manifesto, a specific horse ontology is clearly affirmed. Indeed, extracted from its exclusive role as a mount, the horse becomes first and foremost a “*living being*,” whose presence makes the “*relationship both enriching and singular*.” This commitment to the “horse being” is explained by the more psychotherapeutic orientation of TAC compared to RPE. In the same way that psychomotricity considers patients’ mental health, regarding their relationships with motor functions that the physiotherapist has already treated, the shift from RPE to TAC is a step towards the treatment of individuals’ mental disorders. The development, in the 2000s, of “*équithérapie*” (equine-facilitated psychotherapy/learning: EFP/L) in France would precisely mark the arrival of exclusively psychotherapeutic practices. Created in 2005, the Société Française d’Equithérapie (SFE, French equine-facilitated psychotherapy/learning society) defends a vision of *équithérapie* that is rather close to TAC: an insistence on the positioning of the therapist, and a distancing from learning horse riding. But the difference between the two approaches resides in their objectives: “*In équithérapie, the objective is to work on the patient’s psychological functioning, through mental (speech, feelings, emotion, desire, perception, the meaning given to life...) and corporal (sensoriality, movement, infra-verbal communication, gestural expression) means.*”⁸

It therefore involves working towards the psyche and not overall psychomotricity as in TAC. Here, the psychomotor element is considered in its instrumental capacity: it permits us to reach the individual’s psyche. But psychomotor improvement is not the aim. This positioning is explained by the original professions of the SFE’s founders (psychologists and psychotherapists) and their theoretical filiation, drawing on psychoanalysis, psychodynamics, and humanist therapies — a good example of professional segmentation (Bucher and Strauss). The notion of “segmentation” aims to reflect that professions do not develop *ex nihilo* but in reference to past practices, and

that, consequently, the stakes of professional dynamics are in the reappropriation and reinterpretation of the “gains” of preceding practices.

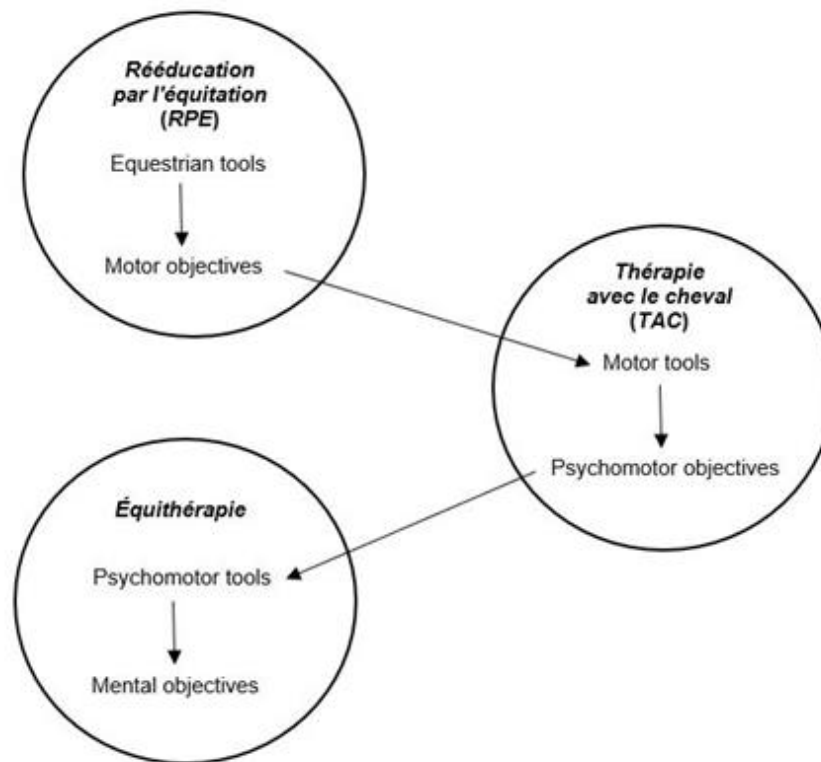


Figure 1: Professional Segmentation of Equine-Assisted Therapy in France

The above diagram represents this process of segmentation. Arranged chronologically, we can identify the borrowings that each practice claims vis-à-vis the previous one. The term “tools” covers the techniques used to achieve therapeutic “objectives.” When we observe the nature of these tools and objectives in each practice, several common dimensions are visible. Furthermore, a phenomenon converting “objectives” into “tools” during the shift from one practice to another can be observed. Thus, RPE uses “classic” horse-riding techniques to achieve motor rehabilitation objectives. As for TAC, it reappropriates certain motor rehabilitation techniques to accomplish treatment in which mental and motor aspects are combined, and where the aim is to improve both. Lastly, *équithérapie* lays claim to TAC’s conceptual framework, and the use of psychomotricity techniques, essentially with an aim to treat the psyche. Thus, an analysis in terms of segmentation enables the emergence of new professional identities to be included in forms of heritage and praxeological continuity, and to better identify

what drives the desire for rupture and differentiation. It is interesting to note here that what leads TAC to differentiate itself from RPE is of the same order as what leads *équithérapie* to distinguish itself from TAC: new therapeutic objectives defending a vision of the horse that is different from the previous one. Indeed, as an essentially psychotherapeutic practice, *équithérapie* offers an ontological framework of the horse that highlights its psychic presence: “The interest in using the horse is explained by its qualities as a *living being with its own psychic apparatus*.”⁹ We find the same evolution in the United States with the development, in the late 1990s, of equine-facilitated psychotherapy (EFP) and equine-facilitated learning (EFL), practices which, as their names indicate, essentially seek to address mental, emotional, and cognitive issues. In EFP/L, like its French homologue *équithérapie*, the horse is above all regarded as a mental and emotional catalyst: “Horses are sentient beings with feelings, thoughts, emotions, memories, and empathetic abilities.”¹⁰

The history of equine-assisted therapy is also that of the horse’s progressive departure from the equestrian activity (*équitation adaptée*/riding for the disabled), and a successive focus on the benefits of moving the body (RPE/riding for rehabilitation), then on the body and psyche (TAC/hippotherapy), and lastly on the psyche (*équithérapie*/EFP/L). It then seems that the more we move towards care practices with “mental” objectives, the more the vision of the horse, its ontological framework, highlights its “being,” its psyche, its individuality.

France	United States	Practice	Ontological Framework of the Horse
<i>Équitation adaptée</i>	Riding for the disabled	Classic horse riding adapted to motor disabilities	Activity (riding)
<i>Rééducation par l'équitation</i> (RPE)	Riding for rehabilitation	Classic horse-riding used therapeutically for motor disabilities	Activity (riding) + body
<i>Thérapie avec le cheval</i> (TAC)	Hippotherapy	Therapeutic practice for psychomotor disorders	Body + psyche
<i>Équithérapie</i>	Equine-facilitated psychotherapy/learning (EFP/L)	Therapeutic practice for psychic disorders	Psyche/being

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Table 1 : Chronological Evolution of Equine-Assisted Therapy Practices

As with dogs, the evolution of equine-assisted care practices, in France and in the United States, shows us a form of rise of animals' personhood, at least a rise of singularity and subjectivity, going hand in hand with a rise of therapy practices. But additionally, the type of therapy in question influences the way in which the animals are seen to be represented and performed within practices: shifting from practices endeavoring to treat motor issues through the motor benefits of animals, to practices treating the human psyche and emotions through the emotional, mental qualities of animals. There is a clearly a homology, a pairing, between the ontological framework of animals and the ontological framework of human beneficiaries of care practices. I will return to this phenomenon of pairing in my conclusions.

3. Conclusions. To conclude this article, I would like to return to what the analysis of professional dynamics can contribute, both to reflections on animal work and to the study of human-animal relations, before explaining what professional dynamics could also gain from them.

3.1 Animal Work through the Prism of Professional Dynamics.

Research on the question of animal work has emerged over several years (Porcher; Coulter), and constitutes an extremely encouraging horizon for both the sociology of human-animal relations and sociology of work. This research aims to question and qualify the nature of animal work and to envisage, from a normative perspective, adequate forms of compensation — or recognition — for animals. This article has shifted slightly from that perspective. Taking for granted the existence of a form of animal participation in production and service activities, I have rather sought to understand how this participation can be recognized, or not, as a form of work, and to document the professional worlds in which the question of animal work can be considered legitimate and pertinent. Such an approach seems complementary to the objectives of a sociology of animal work, aiming to consider the subjective engagement of animals in production activities and to recognise this engagement (Porcher). Regarding these two aspects, the detour via the sociology of professions may prove to be very useful. By focusing on the evolutions of professional identities, this approach, especially the interactionist tradition (Hugues; Strauss), centers its analysis on the way

in which workers collectively seek to give meaning to their subjective engagement in work: professional dynamics have significant identity stakes, which give the worker's subjectivity a high degree of public visibility. This is because professional groups, by constituting themselves as such, aspire, among other things, to a form of public recognition of their specific identity. I have attempted to demonstrate that these characteristics of the sociology of professions, forged from situations where animals were not really present, where thinking about relationship between humans (the professional and the client/patient/user) was at stake, have preserved their heuristic usefulness to consider work configurations where animals matter.

The two examples that I have just described illustrate that there was a real co-evolution of the professional identities of animal-assisted care practices and the representations of animals engaged in them. When we analyze this from a diachronic perspective, this joint evolution leads towards the singularization of animals. Regarding dogs, I referred to the notion of "person" or "living person" (Micoud) to emphasize both the interactional dimension of the skills demanded of them, and to indicate that an entirely new social identity is conferred upon them. The procedures certifying therapy dogs actually recognize the quality of the relationship between the master and dog, including it in a singular history, in a biography, while simultaneously endorsing a specific social function: intervention in care situations. I have especially insisted on this dimension to show that the analysis of professional dynamics enables the construction of animals' singularity, and the public recognition of their occupation, to be jointly addressed. With the example of horses, I was less interested in the animals' training (which is, moreover, a blind spot in literature concerning equine-assisted care) than in the evolutions of the practices themselves. I have shown that the claims to new professional identities, corresponding to segments, were accompanied by new ontological frameworks for horses, in which it is not so much their personhood that comes to the fore as their subjectivity, and their status as living beings (in conflict with the equestrian world, which instead accentuates a framework where the horse is a mount). Again, this involves public and repeated affirmations of the use of horses as singular beings, with a subjective relationship to the world and to the work activity in which they are engaged. To this extent, I believe that addressing the question of animal work through professional dynamics is a good orientation, which deserves to be tested on cases other than animal-assisted care, which is certainly very specific. Moreover, it seems clear to me that the professional universes described here are the most likely to see the emergence of animal work as a pertinent question, because a form of animal participation in work is already publicly recorded and displayed, to the point of structuring professional identities. However, we must note that, even in this

professional world, the question of animal work is still only tentatively addressed. In terms of respecting animals' work hours, not over-soliciting them, putting them "into retirement," the question of the effective compensation of animals, of the quantification of the added value created by their participation in care activities, is not explicitly and clearly asked. Concern for the animal tends to be formulated morally, ethically, or emotionally, and rarely from the angle of economic contribution, social justice, or equity. And we must note that, in the literature, there are some critical analyses of animal-assisted therapy, presented as a new form of animal exploitation (Zamir).

Through the prism of the sociology of professions, the question of animal work invites us to pay close attention to the evolutions of forms of human work. It should be noted that in the two cases studied, there is a shift from "technical" activities, in which animals are particularly envisaged as "doing" things, to activities where the relational dimension, the animals' presence and interaction are valued. This evolution is certainly symptomatic of the tertiarization of the labor market in Western societies, but even more it attests to the development of support, personal development (Marquis), and mediation activities, which place the relationship with one another at the heart of the work (Demailly), and which tend to emerge earlier in North America (Ehrenberg) and are exported through the global mutations of capitalism (Boltanski and Chiapello). This form of relational work necessarily implies the adoption of the human individual as the basic unit, and it is not surprising that by integrating animals, they are also themselves easily individualized, singularized, personalized. These activities gain importance, not simply due to the well-known dynamics of individualization prevalent in Western societies, but also due to evolutions regulating the labor market, which strongly influence the evolution of professional forms.

Indeed, the emergence of professions as a specific social form corresponds to the specific sociohistorical context from the middle and end of the 19th century (Siegrist), in Western Europe and in North America, a context that was not homogenous and which has significantly evolved since. Although, according to T. Brante ("Professional Fields and Truth Regimes") and G. Olofsson ("The Expansion of the University Sector"), established professions and semi-professions first benefited from the desire of states to control intermediary bodies in the mid-19th century, then from the development of the welfare state in the 20th century, the pre-professions (of which animal-assisted therapy is an example) themselves surfaced in a relatively neoliberal context. The fact that I have been able to similarly describe professional dynamics in the United States and in France attests to the neoliberal shifts and progressive deregulation of the labor market

experienced in France since the 1980s. Does this mean that the question of animal work is favored by a context of market openness and deregulation? I do not have sufficient evidence to assert this, but it can at least be noted that in the framework of industrial capitalism, with the development of animal production and industrial livestock farming, animals were completely de-singularized, reduced to their status as a resource, as meat and animal products, deprived of the recognition of any active role. Within this context, the question of animal work was purely and simply eliminated. Its (re)emergence must then be analyzed in light of capitalism's complex mutations.

3.2 The Singularization of Animals and of Professional Dynamics.

In contrast, I would like to emphasize the idea that recent developments in human-animal relations cannot be understood without resorting to the sociology of professions. This is especially the case when analyzing social dynamics aiming to singularize animals, who are still largely thought of as a sociological enigma. Indeed, research on this question is relatively limited, while singularity and singularization have become key objects in contemporary sociology (Bonny; Namian). Among the possible entry points to examine the process of animal singularization, the most obvious one is to understand the motivation of pet ownership. As surprising as it may seem, considering the significant and regular media coverage of this subject, French sociological works devoted to it are rare, and are limited to demonstrating the scope of the phenomenon in demographic terms (Verger, Grimmier and Herpin) and analyzing it in light of consumption habits (Herpin and Verger). But this research does not investigate the meaning that owners ascribe to pets¹¹ and does not tell us much about the way they are constructed as persons or as singular individuals (Lestel).¹² Some anglophone works are interested in animals in the family sphere (Greenebaum; Power; Staats, Wallace et al.), and highlight the construction of some animals as family members, included in a family project and biography. Although the process of animal singularization has been sufficiently examined in this restricted framework of the family, how can we think about it on another scale — a social scale? For example, the works of Adrian Franklin (e.g., *Animals and Modern Cultures*) describe a sociohistorical process, underway since the early 20th century, characterized by the rise of zoocentrism. Increasingly in Western societies, we seek to consider the views and interests of animals, as much in political decisions as in individual choices. The rise of zoocentrism is linked to the emergence of animal protection, as developed in the 19th century in Western Europe and in North America (Agulhon; Pearson; Pierre; Pelosse, "Imaginaire Social Et Protection De L'animal, 1re Partie" and 2e Partie), and which was characterized by a strong attachment to individual animals, and less to animal species, which distinguishes it

from environmental protection (Burgat, *La Protection De L'animal* and “La Mouvence Animalière”).

Works on the “concern for animals” (Dodier et al), “animal cause” (Jasper & Nelkin; Traïni) or “animal rights movement” (Jacobsson & Lindblom) may indeed prove to be good entry points to understand the social mechanisms through which the singularity of animals is defended and constructed. That said, these works may come up against an inherent limit to their object, and generally against the dynamics of collective action: the construction of any political cause implies forms of de-singularization (Boltanski and Thévenot), of a rise in generality. Thus, mobilization takes place in the name of an animal population (a category), rarely of individual animals. Furthermore, these works especially focus on the symbolic and legislative dimensions of struggles by animal welfare campaigners, and little on their effective protection practices, and even less on their concrete effects on animals.¹³ Put simply, if the approach via the family dimension enables us to understand the mechanisms of animal singularization, the approach via social movements considers the way in which this singularity is defended in the public space. Is there not an approach that could contain these two levels of analyses, representations, and practices?¹⁴ The sociology of professions appears to me to be one solution, for three reasons.

The first relates to the proximity between the sociology of professions, in its interactionist version, and the sociology of social movements. For Bucher and Strauss (“Professions in Process”), it is important to study the segments of a profession like social movements (political, religious, reformist), based on a community of practices and bearing common values. Their development corresponds to the affirmation of a professional identity in line with these values and practices. Starting from an already existing activity, each segment constructs specific frameworks aiming to redefine modalities and objectives depending on the underlying ideology, much as social movements make frameworks from the issues at stake (Contamin). Through processes of segmentation, we can interpret professional evolutions as forms of collective action aiming to jointly defend a particular identity and practice. The example of animal-assisted care developed in this article is quite illustrative: each new denomination, each new professional association, clearly affirms a specific ideology, as much regarding the objectives and form of activity (therapeutic, recreational, sports), as concerning the vision of the horse (mount, body, psyche), or the type of issue targeted by the activity (physical, mental, psychomotor). I thus defend the idea that these professional

dynamics should be analyzed as powerful operators changing human-animal relations, at least as much as animal rights movements.

The second reason relates to the fact that the sociology of professions enables representations and practices to be jointly addressed. Indeed, I have retraced the identity dimensions of the professional dynamics of animal-assisted care. Much has been said of terminology, of the names that actors give to themselves (Savoie). These words and their evolutions are clearly very important to understand the evolution of representations of animals. Nevertheless, it is important not to disconnect these symbolic dimensions from their practical stakes; and entry via professional dynamics can help us to do so, insofar as the professional identities are intrinsically linked to practices, which they are responsible for designating and regulating. I have tried to show, especially with the example of dogs, that terminological developments corresponded to specific modes of relationship with the animal, which had to be performed, even incarnated. For horses, the logic is similar: a specific vision of the horse and a new behavioral modality must be affirmed and reinforced through the promotion of new practices. In sum, professional identities are not just a question of representations; they involve forms of ontological frameworks of animals, which have concrete effects on the animals concerned. Lastly, I think that the sociology of professions can help us to better understand the processes of animal singularization as professions are, along with the family sphere, one of the places where singularity is made, which I will now develop.

3.3 Professionalism as Singularity Making?

The interactionist currents of professions have stressed that any dynamic of professionalization must firstly be understood in its identity dimension: attempting to establish a profession is a means to be defined as a specific social group, distinct from other social groups (Demazière and Gadea). From this perspective, professionalization is described as a process of identity transformation, of subjectivation of actors involved in it. But have we made it sufficiently clear that this process does not only concern professionals themselves but also their users, clients, and publics? It seems important to note, especially in the case of medical and paramedical professions, that professional identities are formed with respect to a specific dimension of the human body and psyche and their (dys)functioning. Through these frameworks (Dodier; Mol), professional identities thus provide patients with a specific identity linked to their pathology/issues/condition.¹⁵ The example developed here adds another dimension: professional identities are constructed not only in relation to patients' pathologies/issues, but also to those of the animals who participate in their treatment.

There is thus a joint evolution of three identities, human and animal. This specificity results from the fact that the means of characterizing human patients/beneficiaries/users corresponds to similar means of characterizing animals. Can this pairing phenomenon described in relation to animal-assisted care be observed in other professional dynamics? For example, we can certainly imagine this concerning any type of activity founding its professional activity on the specificity of a tool, technique, or technology, and on the effects produced by their use on clients/users/patients. Perhaps this dimension is more obvious when the tool in question is living (a plant or an animal). I would also like to highlight the value of exploring these specific spheres for the sociology of professions. Although they are still small in number, they could more clearly bring to light the ontological stakes of professional dynamics.

This proposition partially joins Thomas Brante's Foucauldian analyses ("Professional Fields and Truth Regimes"; "Professions as Science-Based Occupations") concerning the shaping of professional work. For Brante, the elementary form of operation for this work corresponds to the triangle formed by science, professionals, and clients — or "the object" in the author's terms. Science and professionals have a similar interest in "the object," but it does not assume the same form: science "constructs" the object with a desire for observation and knowledge represents it, informs it; whereas professionals work on this object, once it is defined by science. We find here the classical theory of professional work as the application of abstract knowledge, but Brante draws our attention to the ontological stakes of this operation. Through the science/professions/objects triangle it is as much a case of representing the world as shaping it in the image of this representation. Changing the world according to a theory is a fundamental dimension of professional work. This transformative aspect of professional work invites us to more seriously consider the proposition formulated above, which consists of saying that professional identities are not just a matter of representation, and that ontological frameworks have very concrete effects on beings. Brante himself mentions this ontological dimension of professional dynamics, but uniquely in terms of frameworks preceding the transformative gesture of the professional,¹⁶ without emphasizing the ontological effects of this gesture. This is what leads me to express a slight reservation regarding Brante's modelling. Although I understand the epistemological necessity of referring to an "object" (of science and/or professions), it seems to me that by using this term we miss what makes the specificity of certain professions: the construction of the subjectivity of clients/patients/users — of *beneficiaries*. Psychotherapeutic, psychoanalytical, psychiatric, or even social support and personal development practices clearly aim to help humans to reappropriate their

own lives, in one way or another, and to thus establish themselves as subjects. The purpose of these professions is clearly to construct subjects. This is evidently not the case for all professions. If we want to preserve the general scope of Brante's modelling, I think it would be interesting to emphasize the ontological effects of professional work (it transforms beings), rather than to uniquely stress the possible orientations of this transformation (objectivation).

The idea that professions *produce* ontologies seems to me to be very stimulating, and I would like to use it to respond to the sociological enigma of animal singularization. To do so, I will return to F. Champy's notion of prudential practice professions. All professions must decide on singular situations, and thus must qualify the way in which phenomena known by professionals (for example, through scientific knowledge) are incarnated in specific and uncertain configurations (regarding doctors, this involves detecting the existence of a pathology in a patient, understanding the form of the pathology as it develops in the individual). Prudential practice professions have a slightly different relationship with singularity. Their specificity comes from establishing prudential measures, not simply aiming to *welcome* the singularity and complexity of situations, to discuss them, but to really *bring them out*. The deliberative measures of prudential practices do not necessarily seek to reduce singularity and complexity, to better control them, but instead to leave them enough room to open, to express themselves, to blossom. Put simply: these are the spaces where singularity is qualified, where it takes shape. To this extent, professional work does not consist of acting against or despite the singularity of the issue/phenomenon in question, but of accompanying it in an alteration process ("treatment"). This in turn does not remove it from its singularity, but instead adds to it. Following intervention by the professional, the situations and problems are still singular.¹⁷ Professional prudential practice work thus acts *with* and *for* singularity. This leads me to think that prudential practice professions occupy a prominent place in the social mechanisms of the singularization of beings. Like the family sphere, they construct the singularity of beings (via prudential measures), and like social movements, they give this singularity a high degree of public visibility (via professional identities).

Somewhat situated at the interface between these two worlds, one shaping singular relations and the other promoting them, these professions, first and foremost transformative practices, enable us to refine the understanding of mechanisms of social change. Furthermore, speaking of professions as singularity production sites is a means to include professional dynamics at the heart of social change, to no longer consider the evolution of professions as a symptom of these changes, but as a source.

Notes

1. Cf. L'Institut de Formation en Equithérapie. Foire Aux Questions. Online.
2. In this case, the model of the medical profession (Freidson).
3. For detailed descriptions, see Mondémé; Mouret, "Iros" and "Apprendre À Prendre Soins."
4. This is based on the training tests of Therapy Dogs International, Therapy Dogs Incorporated and the Delta Society (see Michalon, *Panser Avec Les Animaux*).
5. It is important to distinguish the term "equestrian," which refers to horse riding, from the term "equine," which refers to the horse, and more generally to equids.
6. For an account of the birth of American hippotherapy see the American Hippotherapy Association website. Online.
7. I particularly refer to ethological riding (Digard, "Des Manèges Aux Tipis") or to "équipiétons": horse owners who do not ride their horses, leave them in the pasture, and come to clean, feed, and walk them on foot.
8. See La Société Française d'Equithérapie webpage; emphasis in original. Online.
9. See <http://sfequithérapie.free.fr/>. Online.
10. See <http://www.narha.org/SecEFMHA/>. Online.
11. Even speculatively (Yonnet; Héran; Brohm).
12. Baptiste Coulmont's research on dog names specifically encourages us to take greater interest in the signs of animal singularization.
13. For example, the millions of animals taken in by animal protection associations are subject to reclassification (Michalon, "From Sport to Therapy"; Michalon, "Fabriquer L'animal De Compagnie"), where they are given a new social identity, singular and

irreplaceable, a *persona*, aiming for adoption, and thus sustainable insertion into peaceful relationships with humans.

14. For an analysis of the media construction of the personhood of certain animals, see Gouabault, Burton-Jeangros, et al.

15. This is particularly striking when sick persons reappropriate this identity by forming associations.

16. Brante uses the notion of “ontological models” that influence the way in which scientists construct knowledge in a relationship between theory and significant facts.

17. This is even the very aim in some cases, like that of psychotherapies.

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