

To Humbly Go Where No Psychologist Has Gone Before: Insider-Outsider Relationships in

Rural Practice

by

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Abstract

Canada's rural population is an important part of the country's national identity. And yet, this is a dwindling population which has become a rather marginalized group with unique challenges and needs. In terms of mental health, rural individuals face complex and multifaceted barriers to accessing and accepting professional psychological services. In addition to issues of availability (i.e., distance, cost, trained professionals, etc.), rural individuals also face decisions of whether to accept available services as legitimate and trustworthy forms of help. Psychologists living and working in or commuting to rural communities find it especially difficult to be accepted when they are considered outsiders to the rural community. Among other possible issues, lack of trust can negatively impact the development of helpful therapeutic relationships which in turn, influence therapeutic outcomes. What is key is the development of therapeutic relationships and yet there is a dearth of literature in this regard specific to rural professional psychological practice. With concern about good therapeutic relationships in rural areas, this project evolved with a desire to unpack beneficial processes for psychological services in rural communities. To learn more about this, I conducted an interpretive inquiry to explore the storied and complex understandings of how rurally located psychologists considered to be outsiders and insider rural clients experience the development of helpful therapeutic relationships that can lead to successful outcomes. Across both groups, the therapeutic relationship was enhanced with rural clients when the psychologist: acted as an ethnographer; earned trust with openness honesty, and authenticity; created comfort, caring, and common ground with clients; collaborated and empowered clients; became a stable base; and managed both connection and distance. Findings from the rural client group underscored the impact of a long journey in search of mental healthcare, leading to disillusionment and reduction in hope before they even met their psychologist. The rural

psychologists in turn, emphasized pressure to meet community and client needs and the necessity of self-care and networking to enhance their ability to engage in complex relational work.

Recommended activities for rural psychologists included the following: Address the client's past help-seeking experiences, past harm or iatrogenic effects, and possible disillusionment; take an ethnographic approach to learning about the client and their community; create common ground and comfort; take an egalitarian approach with authentic caring; empower through collaboration; balance safe connection and distance; and become a visible stable base for clients. The findings of this research have the potential to contribute to training, policy development, advocacy efforts for equitable services, and culturally competent and ethical psychological practice with rural clients. The implications are relevant for both rural and urban-based practitioners, given the explosion of telepsychology in recent times. Indeed, participants discussed telepsychology as this study occurred during the Covid-19 pandemic. As a result, these findings provide a strong foundation for future research in areas such as telepsychology with rural clients. A unique and contributory product of this research is a new culturally-grounded model, designed to guide outsiders to ethically develop stronger therapeutic relationships with rural clients, whether in-person or through telepsychology.

Preface

This thesis is an original work by Laura Friesen. No part of this thesis has been previously published. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name, “Interpretive Inquiry: Experiences of Rural Professional Psychological Practice in Alberta,” No. Pro00104048, November 2, 2020.

Dedication

To those who have gone before and to those who will come after. To the rural communities whose strengths and values inspired this project.



“Live long and prosper.”

(Pevney, Roddenberry, & Sturgeon, 1967)

Acknowledgements

I would like to express my sincere gratitude to my academic supervisor, Dr. Sophie Yohani for her help over the years. The first time I met with her was before I began my master's degree. In that meeting, I recall she mentioned that it seemed like I was already interested in pursuing a doctorate. She agreed to become my supervisor then and has supported me ever since. I value her patience, kindness, support, and expertise in cross-cultural psychology.

I would like to highlight two other truly exceptional people who sat on my dissertation committee and supported me over the years with expertise, encouragement, and patience: Dr. Judi Malone and Dr. Julia Ellis. Dr. Malone, with her expertise in rural psychology and leadership, inspired me to learn more about and advocate for rural psychology. She provided a wonderful example of an ethical and caring rural psychologist and mentor. Dr. Ellis shared her expertise in interpretive inquiry and spent many hours helping me better understand my methodology and the philosophies in which it is based. With kindness and careful attention, she offered ideas, feedback, and inspiration. She is a truly genuine and caring mentor.

A special thanks goes to Dr. Rebecca Hudson-Breen for agreeing to sit on my examination committee. Dr. Hudson-Breen was also one of my clinical supervisors in my pre-doctoral residency and has had a role in my development as a psychologist. I was grateful to have a clinical supervisor and examiner with a rural background and relevant experience.

I wish to thank Dr. Judith Guliffer, the external examiner of this dissertation. I am honoured to have an international expert in rural psychological practice evaluate the quality of my research. Her expertise and insight on this topic strengthened this and future contributions.

I want to thank my partner, Joel, for his support and patience. He continually encouraged me to keep working while also making time for fun and relaxation. Joel is a member of the Royal Canadian Mounted Police (RCMP) and as such, we will be transferred around Canada for many years. My status as a partner of an RCMP member will require that I have knowledge of insider-outsider rural relationships because I will often be moving to new rural communities as an outsider. Joel often reminds me that our moves may be challenging but will serve to give me real-life experiences and expertise in this topic, in varying rural contexts. With the humour he embodies, he noted that it will not *always* be a challenge. In his words: "*you may even enjoy it!*"

My family has also been a support during this time. They remind me to keep my sights set on core values including faith, hard work, humility, and love. Their experiences of rural life in the north inspire me to keep learning to be a helpful contributor to rural people. My close friends and colleagues, Dr. Terilyn Pott, Chayse Haldane, and Kirsten Timpany (all psychologists) provided an enormous amount of emotional support and academic and practice wisdom throughout these years. To the rural communities who inspired this research, I hope I am able to find helpful ways to share this knowledge so that the findings may be useful to you.

I want to give my appreciation to the participants who volunteered their time and shared personal stories with me. I was honoured that they shared their experiences and wisdom with me so that I might pass that along to others. I would like to also mention the volunteers who offered their time to help with transcription and/or a final reading of this document. Sara Gloekler, Erin Alexander, Kira Homeak, Zachary Nichols, Kirsten Timpany, Terilyn Pott, and Joel Talbot offered time, feedback, questions, and insights to support this dissertation document.

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Glossary of Key Terms

This glossary provides several of the most important key terms and their basic definitions, as they will be used in the context of this dissertation.

Community. Kloos et al. (2012) citing Tönnies (1887/1988), defines community by explaining the distinction between the German words *Gemeinschaft* and *Gesellschaft*. *Gemeinschaft* has been translated to the word “community” and refers to: “relationships that are multidimensional and are valued in their own right, not just as a means to an end” (p. 177). Kloos et al. observes that small towns “are dominated by *Gemeinschaft* relationships” (p. 177) and explains: “The members of the communities know each other in many different roles and work to maintain those relationships. There is a shared sense of obligation to each other—not for any specific reason but because of the shared relationships.” Conversely, *Gesellschaft* often translates to the word “society” and describes transactional relationships where relationships exist as a means to an end. Community thus, is defined using the *Gemeinschaft* conceptualization of relationships. Kloos et al. support this by quoting Sarason (1974, p. 1): Community is “a readily available, mutually supportive network of relationships on which one could depend.” While one agreed upon definition of community is not available, I have chosen the conceptualization set forth by Kloos and colleagues. I will use the word community in this dissertation to describe rural settings in general and also rural *Gemeinschaft* relationships, sometimes interchangeably when the context permits.

Insiders/outsideers in rural settings. This has been defined as “the degree to which community members, as a group, [accept] and [trust] individuals based upon their tenure in the community... rural people [have] organized their social environment around these concepts and determined who to accept and who to trust based upon variables such as length of residence, family history, and type of occupation” (Findholt, 2010, p. 375).

Interpretive inquiry. Interpretive inquiry is a qualitative guiding framework informed by constructivist and hermeneutic paradigms (Ellis, 2006). Researchers conducting interpretive inquiries hope to understand how individuals make sense of their lives and various phenomena. The aim of interpretive inquiry research “is to develop insight or new learning that transforms the researcher’s understanding such that he or she can think more richly and act more usefully in relation to the problem or question studied” (Ellis, 2006, p. 114).

Professional psychological services. Professional psychological services include professional activities conducted by a registered psychologist. These activities may involve assessment, diagnosis, counselling, consultation, or teaching, among various other roles and activities in which psychologists can be involved (see Canadian Psychological Association, n.d.).

Reflectivity. A process that involves “identifying and challenging existing assumptions and attitudes” (Le Gallais, 2008, p. 149).

Reflexivity. “The process of a continual internal dialogue and critical self-evaluation of the researcher’s positionality as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome” (Berger, 2015, p. 220).

Rural. There is no consensus on a definition of rural. Based on current literature and a multidimensional approach, the term rural can be defined using four broad dimensions as recommended by Halfacree (1993) and taking into consideration several key characteristics common to this heterogeneous group (Malone, 2011). Individuals may identify as rural based on the descriptive features of the land (e.g., I live X many hours from the closest urban centre). They may identify with the term rural based on social representation (e.g., I ‘feel’ like I am rural), based on locality (e.g., my community is agricultural or hunter-gatherer), or based in a sociocultural standpoint (e.g., rural people have certain values) (Halfacree, 1993). Key characteristics of rural include considerations about “access to health care, services, and amenities, the distinct rural lifestyle or culture, geographic disparity from urban centres, and any distinct socioeconomic concerns” (Malone, 2011, p. 4). The terms “rural, remote, and very remote” have been used to describe the varying degrees of rurality (as per Carey & Gullifer, 2021a). In this dissertation, I will use the word rural generally to encompass these varying degrees of rurality. For example, the service delivery model resulting from this research is a rural practice model that includes work in rural, remote, and very remote communities.

Rural Canadian Professional Practice in Psychology. The following definition of rural practice of psychology has been proposed by Malone (2011, p. 5) for rural, remote, and very remote areas in Canada:

Conditions in (a), (b), (c), and (d) must be present

a. Professional practice of psychology in, or for, a community where at least two of the following are present:

1. *Size* – The population of the community is less than 15 000 people. Communities of 15 000 to 40 000 people may be considered if they also meet the remoteness and resources criteria.

2. *Remoteness* – The community is outside the commuting zone of an urban centre by at least 150 kilometres. Alternatively, community residents are required to access an urban centre for health services but there is no public transportation to that centre or travel can be hazardous during inclement weather.

3. *Resources* – The government of Canada considers the community to have insufficient access to health care, mental health services, or amenities for the service demand. Alternatively, Statistics Canada lists the community as one currently experiencing socioeconomic distress.

b. Professional practice may be general in nature or in response to a wide range of presenting problems as community needs do not support specialisation outside of specific settings (such as schools or clinics). This can be due to insufficient health care services, a

small population base, or lack of suitable alternate community resources.

c. Adaptation of professional practice norms is often required to accommodate geographical barriers and resource limitations.

These may include: telephone services, travel to provide services, consultative service delivery, or specific assessment and treatment modifications.

d. Ethical issues could arise in relation to (a), (b), and (c).

(Malone, 2011, p. 5)

Therapeutic relationship. The therapeutic relationship is a relationship between a provider of mental/physical health care services and a client. Within that relationship, the therapist is ideally congruent, demonstrates unconditional positive regard and empathic understanding, and genuine (Rogers, 1957). The client must be able to perceive, to a reasonable extent, that the provider is empathetic and accepting (Rogers, 1957). Some sources quoted in this document use the word “alliance” but for consistency, I will use “therapeutic relationship” in my writing.

Trust. “Common essences of trust include that trust involves a trustor (subject) and trustee (object) that are somehow interdependent; involves a situation containing risks for the trustor (which also implies the trustor has goals); is experienced by the trustor as voluntary (implying autonomy, agency, and intrinsic motivation); and includes (or excludes) different types, forms, or sources of trust concepts, some of which may form the bases of others, and many of which involve or relate to positive evaluations or expectations” (PytlikZillig & KJimbrough, 2015, p. 8).

Chapter 1: Introduction

Perhaps you remember the Rosenhan experiment that was published in Science in 1973. The researchers admitted themselves to a mental hospital on the pretext they were hearing voices. Once on the ward, they proceeded to behave in a completely ordinary fashion, but the hospital staff continued to treat them as if they were insane. The real patients, however, knew. They would come up to the researchers and say, "What are you doing here? You're not one of us." Many therapists find ourselves in the same situation. We move to the country, adopt a few superficial rural ways, and our urban friends and family think we look genuine, but the real rural people know. They come up to us and say, "what are you doing here? You're not one of us." (Cohen, 1992, p. 14)

The title of this dissertation, "To Humbly Go Where No Psychologist Has Gone Before..." is based on the mission statement of the classic television series, Star Trek (Roddenberry, 1966-1969). In the series, humans travel into new territories in the universe to learn about new cultures and develop friendly relationships with new species. The mission statement of the starships was "to explore strange new worlds, to seek out new life and new civilizations, to boldly go where no man [later revised to "one"] has gone before" (Roddenberry, 1966-1969; Roddenberry, 1987-1994). The captain and crew engage in this mission with humility and a willingness to listen and learn. The title does not intend to imply literally that no psychologist has ever gone into a rural community or effectively developed relationships with rural clients. Rather, I hoped to capture how psychologists face unique challenges entering rural communities as outsiders. The "mission" of the outsider psychologist, like the Star Trek crew, requires continual openness, willingness to learn, and cultural humility. This research aimed to provide insight on how to enter these communities and develop relationships in helpful ways.

Chapter Overview

This chapter introduces my doctoral dissertation – a study exploring insider-outsider therapeutic relationships within the context of professional psychological practice in rural settings (i.e., including professional activities such as assessment, diagnosis, counselling, or

consultation conducted by registered psychologists). However, prior to discussing the research problem, the purpose of the study, the research questions, and the potential contributions of the study, I will first introduce and position myself. This has also been referred to as “locating the researcher” in relation to the phenomenon at hand. Locating myself works to introduce participants to my background and context. At the end of this chapter, the reader will find a brief description of the organization of this dissertation. Sections of this chapter are informed by my master’s thesis, where I previously provided definitions and discussions of related problems (Friesen, 2017). Sections informed by the previous thesis have been significantly updated in terms of current literature and are framed in light of the current research questions at hand.

Locating the Researcher

“Your grandmother doesn’t like the colour red.”

“Why?” I asked.

My mother answered, “I think it’s because that’s the colour that the Russian army wore when our people still lived there and were tortured because of who they were.”

I am a sixth-generation Canadian but these stories, these memories of intergenerational trauma, continue to be passed down to me. Historically, my ethnoreligious group of Mennonites were viciously persecuted and betrayed on multiple occasions by governments who had promised freedom. They had moved from country to country, attempting to find a quiet, safe place to live independently, within their values and beliefs, and without fear. When this was not found in Europe, and later (for my particular group of Mennonites) in Russia, they decided to move to Canada. Past generations of my family chose a remote, northern, and isolated area with the goal to remain free from the threat of governmental control. Some groups of refugees were initially placed by the government on land reserves. Given the lack of documentation that survived, I am

not certain if my family was one of these groups. I recall being told that Mennonite reserves created by the government had, without their knowledge, overlapped existing Indigenous reservations. These pacifist refugees seeking safety, peace, and freedom from control became colonizers. For more detailed information on Mennonites, please see Friesen (2017). My history has shaped me; however, it is not only my Mennonite heritage that has had an influence on my overall identity but my rural cultural identity, academic, and other experiences as well.

I am telling these stories because I think it may be helpful to give readers an idea of who I am and where I come from. By introducing myself, my identities, and some of my stories, I hope that the reader can come to see how and why I interpret the world the way I do. As Gadamer (1975/2013) observed, our history, contexts, and previous understandings are a condition of understanding. He stated that our understanding:

is continually in the process of being formed because we are continually having to test all our prejudices. An important part of this testing occurs in encountering the past and in understanding the tradition from which we come. Hence the horizon of the present cannot be formed without the past. (Gadamer, 1975/2013, p. 317)

Hermeneutic researchers, like myself, often engage in reflectivity and reflexivity in the form of autoethnography to position themselves and their forestructure (i.e., previous assumptions). Authors who model this include Langhout, (2006), du Preez (2008), Starr (2010), Greene (2014), and Pitard (2017). To challenge my previously held understandings, I first had to be willing to be vulnerable and open, taking time to reflect on my background and preconceptions. With this understanding of my history, I was better able to be open to new insights.

I have many identities and stories that shape how I have come to see the world. Yes, I identify as a Mennonite. However, I also identify as rural, as a woman, as a person of faith, as an academic, as a Canadian, as a partner of a first responder, and as someone who has a deep connection to nature (among other identities). I was raised in a small community about 25 minutes from the nearest remote town at the base of the Buffalo Head Hills in far northern Alberta. Living in the boreal forest, I was accustomed to watching out for wildlife while I was playing outside or walking to the big yellow school bus at the end of our long driveway. My connection to nature and the animal world is deeply rooted to this day. Having spent a decade in a city for education, I still appreciate taking time to “breathe” in wide open spaces. In my drives north to visit family, I frequently encounter black bears, wolves, coyotes, foxes, lynx, moose, owls, deer, and eagles on or around the road. Prior to more frequent forest fires and the paving of the primary road north, wild horses were a fairly common sight as well. Once I was fortunate enough to see an extremely rare black cougar; this sighting was corroborated by other people.

Until high school, I attended a small country school and even there, I recall discussions around “townies” (i.e., individuals raised in the small town rather than on the farm) and the perceived differences. The communities in my home county are made up largely of an ethnoreligious group (Mennonites) and multiple neighboring Indigenous communities (primarily Cree, and Dene). The divisions between Indigenous neighbors, outsider professionals, and “locals” of my community were clear. It frustrated me when individuals made discriminatory comments towards anyone who was “different.” “Love your neighbor” from the Bible is taught but it seems harder to practice in a world where division is so prominent. There is a tension between “love thy neighbor” and “stranger danger!” As I write this, it strikes me that while I consider myself an inclusive and accepting person, I often inadvertently and unconsciously

engage in many insider-outsider discussions and debates, highlighting how deeply engrained this is. Even as a young person, I often talked with others about whether a person was “rural enough” or whether they were “from here” or “not from here.” Translated from German, we often called outsiders “other-siders.” The “us verses them” phenomenon was strong and you often heard some of the following statements:

“Be careful. Don’t believe everything your teacher tells you. They will try and convince you your way of life is wrong. They will lie to you. Be very careful about new people in the community. They’re not to be trusted. They come in thinking they know everything, and they want to change us. We don’t need change. People from the city don’t know what it’s like here. They have different ideas about the world and their ideas threaten our way of life.”

Sometimes these things were said explicitly, sometimes less so. I argue that these are not just “simple folk” being ignorant, stubborn, or paranoid. Rural areas are largely comprised of Indigenous and ethnoreligious groups, both of whom have historical experiences and good reasons to be wary of outsiders and government control and betrayal (see, for example, Friesen, 2017 for a review). As illustrated by the opening exchange with my mother, I was taught life lessons about relationships with outsiders, trust, and belonging from a very young age.

What happens when you are both an insider and an outsider? I am a first-generation university student. It was not expected nor was it encouraged that I leave the community and attain higher education. In fact, it was seen as a threat: “Are you sure this is what you want? Be careful about what they try to teach you. Don’t let anyone fool you. Are you going to be safe living in a city? Are you going to come back?” Even now, I sometimes hear, “you’re different. You’re a city slicker now. You think you’re better than us now.” While some of this is said in jest,

I wonder if there is an inkling of sincerity beneath the quips. So, while I am an insider because I have a rural cultural identity and roots, it sometimes seems that I have almost “betrayed my people” in some way by leaving and allowing myself to be willingly taught and surrounded by those considered to be outsiders. Moreover, given that it is unlikely that I will return and work in my northern community, I am part of a phenomenon that has been termed “brain drain” (i.e., where youth leave rural communities and do not return) (Carr & Kefalas, 2009). As I write this, I catch myself wanting to defend rural individuals against urban stereotypes. When I speak to rural individuals, I can find myself defending urbanites. How interesting it is to live in two different worlds, always playing devil’s advocate depending on where I am (rural or urban).

I must acknowledge my own stereotypes and preconceptions about urban individuals. For example, at times I catch myself thinking: “What do you mean you didn’t learn how to drive until you were almost 30? You don’t know how to check your oil? There are people who walk up to wildlife without considering the dangers!?” I can catch myself making rather harsh assumptions and thinking that these things should be “common sense.” In my earlier context, knowing the difference between a coyote and a wolf howl was important, even as a child. We were not as afraid of coyotes as the packs of wolves that lived close to our home. If I knew it was a coyote, my walk home from my grandparent’s farm in the dark was not as frightening. In an urban context, this information and these values (e.g., self-sufficiency, self-reliance, toughness, independence, knowledge of nature, etc.) may not apply in the same ways. I know it took me a while to develop urban “street smarts” that did not come as automatically to me as it would for a native urbanite.

I also work to recognize my positioning in terms of my gender and race. I am aware that I have blind spots. I believe that all humans will have assumptions and unconscious blind spots,

*but it should be our goal to want to learn things, to be compassionate, and try to see what it might be like to walk in someone else's shoes. As other humans, I have many stories. I hope that the selected stories I shared will help the reader see where I am coming from and how I come to make sense of the participants' stories. Further, as you read, I invite you to reflect on your own history, contexts, experiences, and identities. Your understandings of the problem to be highlighted will inevitably be influenced by your past and present, just as mine were. This research is relational in many ways, mirroring the topic I wish to study and the style of writing in sections of this document. I am studying a relational topic and I view research to be relational as well – not only between myself and the participants, but also with you. As the reader, you have a role because what you take away from this research will be influenced by your interpretations of my work. In other words, the way you take the information and perhaps use it in some way, will be influenced by your interpretations of my interpretations. In *Braving the Wilderness*, Brene Brown (2017) talks about “holding hands with strangers” to decrease divisions and improve understandings and relationships. So, in the spirit of valuing human connection and relationship, I invite you now, to metaphorically take my hand and join me on this mission of gaining insight.*

Research Problem

In Canada in 2021, rural areas accounted for 6.6 million people in the population (Statistics Canada, 2022b). In Alberta, the site of the current study, rural individuals make up approximately 15.2 percent of the province's population; in other words, slightly less than one in five people in Alberta are rural. This introductory section will 1) define the term “rural,” 2) introduce the state of and main problems related to rural psychological services, and 3) specifically define the purpose of the current study. In brief, I explored insider-outsider

therapeutic relationships between rurally located psychologists considered to be outsiders and insider rural clients. The larger goal of better understanding this phenomenon is to aid in improving rural therapeutic experiences and outcomes.

Defining Rural

Rural areas have been defined in multiple ways as contentions exist about defining criteria and how the definition is used (Halfacree, 1993; Racher, Vollman, & Annis, 2004; Leipert, 2005; Malone, 2021a). For a detailed review of the complexities of defining rural, see Friesen (2017), Halfacree (1993), or Cloke (2006). A variety of definitions exist with different focuses. Certain definitions include a focus on population size. For example, Statistics Canada (2022a) defines rural areas as “all territory lying outside population centres” (para. 1), and their definition includes:

- small towns, villages, and other populated places with less than 1000 population according to the current census
- rural areas of census metropolitan areas and census agglomerations that may contain estate lots, as well as agricultural, undeveloped and non-developable lands
- agricultural lands... remote and wilderness areas. (Statistics Canada, 2022, para. 5)

Similarly, Garasia and Dobbs (2019) define rural areas as “regions with less than 400 residents per square kilometre” (p. 44). Caxaj (2016, citing du Plessis et al., 2002 and Betkus & Macleod 2004) defines rural based on population as well as the distance from urban settings: rural areas have “limited metropolitan influence (e.g., not living within a commuting zone of an urban centre) and limited population density (i.e., less than 400 people per square kilometre) and/or a

population of less than 10,000” (p. 31). However, definitions focusing only on distance from urban centers or population size miss important characteristics and experiences of rural life.

My preferred definition of “rural” is informed by the work of key individuals in the field, including Halfacree (1993) and Malone (2011). Halfacree (1993) recommends four broad dimensions to define rural in ways that account for varying perspectives and experiences.

- Individuals may identify as rural based on the *descriptive features* of the land (e.g., I live X many hours from the closest urban centre).
- They may identify with the term rural based on *social representation* (e.g., I ‘feel’ like I am rural),
- based on *locality* (e.g., my community is agricultural or hunter-gatherer),
- or based in a *sociocultural* standpoint (e.g., rural people have certain values) (Halfacree, 1993).

Having a broad definition considers varying perspectives from diverse groups (i.e., Indigenous and non-Indigenous). This broad definition allows for the inclusion of individuals who choose to define rural in one, a few, or all of Halfacree’s dimensions.

Specific to the field of psychology, a definition has been proposed for the *rural practice of psychology*. Malone’s (2011) definition of rural psychological practice in Canada is listed in the glossary of this manuscript. In brief, the definition includes criteria that must be met to be considered rural psychological practice. The criteria are:

- consideration of community size and level of remoteness,
- resources;
- the generalist nature of psychological practice in rural settings;

- adaptations required for rural practice such as the need for travel or telepsychology;
- and unique ethical considerations.

This definition also works to reveal the dynamic nature of attempting to define *rural*. A definition of the term rural should also include the following characteristics: “access to health care, services, and amenities, the distinct rural lifestyle or culture, geographic disparity from urban centres, and any distinct socioeconomic concerns” (Malone, 2011, p. 4).

Similar to Caxaj (2016), I will use the terms “rural community” and/or “rural area” when discussing “rural towns, villages, municipalities or related geographic units in which residents can be said to share local resources or services” (p. 31). Further, different language has been used for the varying degrees of rurality across the globe (e.g., rural and northern, rural and remote, rural and frontier). The terms rural, remote, and very remote are used in the *Handbook of Rural, Remote, and very Remote Mental Health*, edited by Carey and Gullifer (2021). My use of the term “rural” throughout this dissertation includes varying degrees of rurality.

Rural communities are also defined as *small communities of practice* within the field of psychology (Schank et al., 2010). This is evidenced by small population size and ethical complexities that often present themselves to rural psychologists. Rural communities, however, are not alone in being considered small communities of practice. Other communities, even when situated in urban contexts, can be considered small communities of practice, and often face ethical conundrums similar to those in rural settings. For example, other small communities of practice include, but are not limited to, military, disability, deaf/hearing impaired, faith-based, therapists who treat other therapists, sexual minorities, and ethnic communities. In the Canadian context, the culture and cohesiveness of members of the Royal Canadian Mounted Police

(RCMP), who serve the majority of rural Canada and are most often outsiders to rural communities due to frequent transfers, is an example for both small communities of practice and insider-outsider relationships.

Small communities of practice share certain experiences, including multiple relationships, complicated boundaries, high visibility in communities, lack of privacy, issues of confidentiality, out-of-therapy contact with clients or their family members, attending the same events as clients, or being sought out because the psychologist might identify as part of the community. However, while there are similarities that define groups as small communities of practice, each community has unique experiences and predicaments (Schank et al., 2010). The current study recognizes that rural small communities of practice may share similarities with other small communities of practice. Given that each community has unique cultural issues and the high need for more insights into rural psychological practice, I focused on experiences of rural small communities of practice.

Introducing the State of Rural Psychological Services

Individuals in rural areas face multiple, complex barriers to obtaining mental health services including issues related to accessibility, availability, and acceptability (Bischoff et al., 2014; Dyck & Hardy, 2013; Malone, 2021a). *Accessibility* refers to the degree to which rural individuals can reasonably access psychological services (Bischoff et al., 2014; Friesen, 2017). This could include issues related to geographic distance from services, whether individuals can afford services, or travel-related concerns (Bischoff et al., 2014; Malone, 2021a). *Availability* refers to the number of professionals available in rural communities, speciality areas of available providers, or wait times. *Acceptability* is framed in terms of how rural individuals view psychological services. Specifically, do rural individuals view services as appropriate or

adequate to meet their current needs (Bischoff et al., 2014)? Acceptability may be influenced by cultural views and norms. Indeed, members of cultural minorities may believe that providers who are not members of their group will not be able to help them (Bischoff et al., 2014).

Individuals who are members of rural communities may, at times, prefer care-providers who are also from that community (Bischoff et al., 2014). Bischoff et al. (2014) observed that individuals may prefer providers who demonstrate an understanding of the culture of the rural community. Perceptions of psychological services and access thereto appears to have greater influence than number of service providers (Bischoff et al., 2014). While a rural community may have providers, individuals may not be aware of them or may not accept support due to negative perceptions, experiences, or beliefs held regarding services or providers.

In rural communities, vulnerable populations with higher needs may have an especially difficult time accessing help. Specifically, rural individuals with severe mental illness (SMI) are an extremely high-risk group. Difficult SMI symptoms may be further compounded when rural insider clients access help from providers who are considered outsiders in their communities. I will address this complex issue in my review of the literature.

The current study builds off the research of Bischoff et al. (2014) who asked what rural mental health providers “need to know to successfully practice in rural communities” (p. 3). The researchers found that being culturally sensitive is essential to the provision of competent care in rural settings (Bischoff et al., 2014). The importance of being culturally sensitive and informed for successful psychological practice has also been strongly supported by Sue and Sue (2008). Bischoff et al. (2014) discovered that in addition to knowledge, skill, and competence, rural providers needed to consider engagement in the communities in which they work and the unique culture of care in those communities (Bischoff et al., 2014). The authors validated the difficulties

rural psychologists face when attempting to establish themselves as trustworthy helpers within rural communities:

Psychologists in rural communities have the deck stacked against them: Barriers to quality care are numerous, and suspicion of “shrinks” is high. Psychologists may be seen as stuffy, overly intellectual elitists as well. This perception (right or wrong!) does little to instill a sense of partnership and trust with the community. To be more effective in treating individuals in rural communities, psychologists must effectively combine their role as a mental healthcare provider with their role as concerned community member. (Jameson & Blank, 2007, p. 292)

Purpose of the Study

This study aimed to gain insight into what it is like for individuals navigating insider-outsider barriers within the context of therapeutic relationships. It explored how relational factors (i.e., trust, sense of community, belonging, etc.) may be fundamental to rural psychological practice, both regarding the successful delivery of services and the help-seeking behaviours of rural community members. This study asked: How do helpful therapeutic relationships develop between rurally located psychologists considered to be outsiders and rural clients considered to be insiders of rural communities in Alberta?

This study builds on the foundation established by my master’s thesis (Friesen, 2017), where findings supported rurality as a cultural construct and explored how rural individuals view mental wellness. I now ask, within these rural cultural settings, how does a practitioner develop relationships in order to be seen as an appropriate source of help? Current literature referring to this problem tends to be anecdotal in nature (see Weitz, 1992), or it describes other rural mental health problems (e.g., ethical practice issues) and only mentions problems related to the

therapeutic relationships. Literature that remarks on the development of therapeutic relationships in rural psychological practice reflects the importance of the problem and various factors that tend to be involved but a study focusing primarily on this issue had not been conducted.

Given my background, my own relationship to insider-outsider phenomenon, my identity as a rural individual, and as a psychologist who is working to develop an expertise in rural psychology, I am drawn to this topic. Perhaps if we look at both sides (insider and outsider) and at various stories and perspectives, we can learn how to improve situations for all. The findings of this research have the potential to contribute to promising practices for rural practitioners. Past research has tended to focus on deficits in rural mental health. This research was, to some extent, informed by a “grassroots” mentality where findings are grounded in stakeholder perspectives. This research also hoped to yield a strengths-based model of cultural competencies for rural psychological practice, and the final chapter shares a new model of rural psychological practice to improve therapeutic relationships. A key objective of this study is knowledge translation, where findings are widely distributed to directly influence current training, practice, and policy development. While this is clearly useful for rural practitioners, this is also highly relevant for urban psychologists because rural individuals, often lacking services in their own communities, travel to urban centres for treatment (Slama, 2004) or access services via telepsychology.

Regarding telepsychology, the COVID-19 pandemic forced many psychologists to move to telehealth modes of care. Indeed, Pierce et al. (2021) found that telepsychology practice rose from 7.07 percent to 85.53 percent. According to Pierce and colleagues, rural psychologists did not increase their use of telepsychology quite as much as urban areas. This was said to possibly be due to the fact that Covid-19 spread more rapidly in highly populated areas. Still, they project that rural psychologists will now use telepsychology to serve more individuals (Pierce et al.,

2021). Anecdotally, I have seen this to be the case to date and am fully virtual in my own private practice, currently serving clients across Alberta and the Yukon. Telepsychology appears to be here to stay. Where many people did not have the policies and procedures in place to provide this type of service, they now do. Burton et al. (2022) also observe that virtual services will continue to have a vital role in rural practice. However, they state that barriers (i.e., internet problems, quality of care, remuneration, etc.) will require both provider and system support. Still, this is good news for individuals in remote or isolated areas as it will likely decrease issues of access. Companies like Starlink (2023) now offer special sales to rural and remote Canadians to have more access to high speed internet. It has also been well established that therapeutic relationships can be established in telepsychology practice (Simpson et al., 2021a; Geller, 2021). However, telehealth services will still require cultural competency (Hilty et al., 2020). Indeed, Antle et al. (2021) found that distrust of outsiders still emerged as a barrier to telepsychology services in rural areas. The current research hoped to speak to the development of therapeutic relationships in rural telehealth encounters as well because in those cases, the provider will almost definitely be considered an outsider. Because the study was designed and approved pre-pandemic, I invited only rurally located psychologists. However, the COVID-19 pandemic was in “full swing” during the interviews, and the providers, having moved to telepsychology, now had additional experiences and spoke to this issue.

Dissertation Overview

Following this introduction, the reader will find an in-depth literature review of the topic and its various components. I then outline the methodology and methods of the study, followed by the findings. The dissertation will conclude with discussion and implication chapters and a final autobiographical reflection. My reflections are woven throughout the entire document and

are identifiable by the use of italics; an example is in the beginning of this chapter, where I situated myself as the researcher. The use of reflections in this way is an important element of work situated in hermeneutic and social constructivist paradigms and will be described in greater detail in the methodology and methods chapter.

Chapter 2: Literature Review

“A strong and prosperous Canada depends on a thriving rural Canada.”
(Federation of Canadian Municipalities, Federation, 2018)

Chapter Overview

Rural individuals face multifaceted and complex barriers to accessing and accepting psychological services. The current study explored how rural clients and psychologists experience therapeutic relationships and related acceptability barriers. Specifically, I wished to gain insight on how rural individuals and psychologists work through the insider-outsider phenomenon and the associated relational challenges that can act as a barrier to the acceptance of and/or successful provision of services.

This chapter provides a review of relevant literature on relational aspects of rural psychological practice. In particular, I reviewed literature on the following areas: rural culture; the status of rural mental health; barriers for rural individuals; the importance of therapeutic relationships; trust, mistrust, and suspicion; belonging; how cross-cultural encounters impact these relationships; a brief review of rural ethical considerations; and potentially compounded challenges for rural populations with severe mental illness (SMI).

The current literature review spans research in fields related directly to psychological practice but also in social work and nursing literature since other health care professions have been known to experience similar difficulties. Undoubtedly, this concept also likely applies to other professions who transfer for work such as teachers, military members, and Royal Canadian Mounted Police (RCMP) members in Canada. Generally, literature was reviewed if the context was similar to the present study. Global literature was reviewed but the summary is mostly limited to countries with a similar status as Canada since middle and lower income countries

have additional compounding issues not covered in this study. However, a study from an African country is included to demonstrate that this is a global problem.

What follows is an overview of possible factors involved in therapeutic relationship encounters between rural clients and rurally located psychologists (either living in rural communities or commuting to communities). From the start, I recognized and remained open to the possibility that my research findings may reveal other relational or contextual factors, not covered here.

Introducing Canada's Rural Population

In Canada, rural areas cover 90 to 98 percent of Canada's landmass (Federation of Canadian Municipalities, Federation, 2018; Williams & Kulig, 2012; Government of Canada, 2022). These areas have been stated to be home to 17.8 percent of the Canadian population (Statistics Canada, 2022b), a decrease from previously higher numbers citing 20-30 percent (Statistics Canada, 2015; Federation of Canadian Municipalities, Federation, 2018; Garasia & Dobbs, 2019). Conversely, Statistics Canada (2022b) found that Canada's rural population has increased slightly, now reaching 6.6 million people. Regardless, the nation's urban population continues to grow at a faster rate. Concerning population characteristics, while rural areas can be homogenous, they are known to have higher proportions of certain populations. For example, in 2016, an estimated 39 percent of Indigenous people live in rural areas (Garasia & Dobbs, 2019). Rural areas are also home to many ethnoreligious groups (Friesen, 2017) and recently, to more migrant groups (Garasia & Dobbs, 2019).

In Alberta, the site of the current study, approximately 15.2 percent of the population is rural, representing just under one in five people in Alberta (Statistics Canada, 2022). Even with a smaller proportion of the overall population, rural communities have a vital role in the growth

and stability of Canada's economy. In fact, rural areas generate 30 percent of Canada's gross domestic product (GDP) (Government of Canada, 2022). The Federation of Canadian Municipalities (2018) observed that, "rural areas supply food, water and energy for rapidly growing urban centres and sustain industries that contribute to Canada's economic prosperity. Rural communities also provide important recreational opportunities for urban Canadians and international visitors" (p. 4). In addition, Canada is known globally for its impressive tourist attractions including rural sites or regions like: Jasper and Banff in Alberta; communities, mountains and rivers in Yukon; areas across Prince Edward Island; the icebergs in Newfoundland; Whistler and other areas in British Columbia; and many others (Get Your Guide, 2023). While rural and natural places are an important part of Canada's national identity, the people living in these areas are now considered a minority group and indeed, a vulnerable population, with many of their needs going unnoticed (Williams & Kulig, 2012; Friesen, 2017; Malone, 2021a).

Numerous organizations and policies have put forth calls to action to address rural issues. In 2013, the World Health Organization (WHO) developed a Mental Health Action Plan for 2013 to 2020 and recommended that research be conducted in varying cultural contexts, including rural areas. In 2016, the Mental Health Commission of Canada also identified rural and remote settings as experiencing service gaps and requiring further research. More recently, the Canadian Rural Revitalization Foundation (2019) observed that:

At the provincial and territorial level, a clearer understanding is needed of how healthcare and the delivery of other services affect the health and wellbeing of rural and remote Canadians. This understanding would first require an

investigation into how health services are provided in rural and remote region. (p. 26)

The importance of studying rural issues within a cultural relevant framework has also been recommended (Friesen, 2019). In a recent qualitative study, Jensen, Weiling, and Mendenhall's (2020) findings reinforced the concept of distinct cultures in rural areas. They state that "culture—in the form of values, norms, religious traditions, and language—is distinct in rural communities. This background may be central to identity for some clients and will likely influence attitudes toward and presentations in therapy" (Jensen, Weiling, & Mendenhall, 2020, p. 60). They found that (1) individuals in rural areas face multiple barriers to mental health services, (2) that rural professionals experience challenges unique to the context, and (3) that new and creative ideas need to be developed to overcome these considerations. Clearly, viewing rurality as a cultural construct and as an issue of diversity is important for the field of psychology (Jensen, Weiling, & Mendenhall, 2020). Therefore, this study aimed to explore attitudinal and relational factors involved in rural psychological interactions, within a cultural framework. Context-based research is crucial for findings to be meaningful for rural practice, training, and policy development.

Rurality as Culture

The previous chapter defined the concept "rural." This section will describe rurality as a cultural construct. This is relevant for a study exploring experiences of therapeutic relationships since culture impacts individuals' worldviews and counselling encounters and outcomes (Sue & Sue, 2008). Matsumoto (2000) defines culture broadly as a:

dynamic system of rules, explicit and implicit, established by groups in order to ensure their survival, involving attitudes, values, beliefs, norms, and

behaviors, shared by a group, harbored differently by each specific unit within the group, communicated across generations, relatively stable but with the potential to change across time... what defines members of the same culture is whether they share the psychological phenomena. What distinguishes members of one culture from another is the absence of these shared phenomena. (pp. 24-26)

Culture and associated worldviews uniquely influence perceptions, relationships, attitudes, evaluations, opinions, values, and behaviours (Sue & Sue, 2003). In the context of psychological encounters, worldview impacts how both providers and clients perceive, relate, and react to each other, and the way they interpret and conceptualize problems (Sue & Sue, 2003). Worldview can also impact help-seeking behaviours (Sue & Sue, 2003). Minority groups especially, often hold worldviews that differ from larger, mainstream cultural groups and this is an important consideration if providers hope to provide equitable and sensitive services (Ibrahim, Roysircar-Sodowsky, & Ohnishi, 2001). For a more detailed description of worldview and culture, the reader is directed to Sue and Sue (2019).

Individuals may also hold numerous cultural identities impacting their worldview; these include, but are not limited to, religion, ethnicity, age, sex/gender, level of education, or location (Ibrahim, Roysircar-Sodowsky, & Ohnishi, 2001). The problems with which clients present must be understood with their cultural and social contexts, with an understanding that culture and related worldviews differ across various group but often also within groups. My study used an interpretive inquiry framework to gain insight into how rural cultural identities may impact the ways rural clients and psychologists practicing in rural settings experience therapeutic relationships.

Malone (2011), in a paper defining rural practice and subsequent recommendations for Canada, observed that “the professional and social milieus of rural communities position the practising psychologist within a context that may differ vastly from urban settings” (p. 289). Training for psychologists is generally urban based, with a focus on the urban context. As a result, many professionals are not prepared to consider the distinct contexts, characteristics, concerns, and needs of rural individuals. Seeing rural culture as homogeneous is short-sighted. Still, Malone noted that “the literature consistently suggests that psychologists should be sensitive to traits considered common in rural populations. Common traits include stoicism, conservatism, interconnection with others, and being from marginalized groups” (p. 290). I will elaborate on these characteristics in sections that follow.

Rural issues are not completely overlooked in the literature. A small, but growing body of research explores issues unique to rural areas and rural cultures across the globe. Even so, rural culture has been referred to as the frequently ignored “elephant in the room” (Farmer et al., 2012, p. 243). Farmer and colleagues explained how research often alludes to or implies a rural culture but that a loosely used term is not beneficial; rural culture needs to be formally addressed in research studying related rural issues. I will provide an overview of rural cultural identities but for a more in-depth exploration and review of the topic, I refer the reader to my own previous work and within that, the referenced works that specifically explore rural culture (Friesen, 2017).

The importance of including a cultural lens in research is well supported in the literature. Pierce (2001) warns that “problems can arise when health care services are implemented without a sound understanding of how the target population defines health and how they seek and utilize healthcare services” (p. 50). While many graduate programs aim to teach general cultural competency, this acknowledged need is often not adequately met due to insufficient empirical

evidence or structures and goals (Asnaani & Hofmann, 2012). Recently, the American Psychological Association (APA) (2017) developed updated guidelines for multicultural practice, and I have chosen to work from their framework for this study. Specifically, the APA (2017) states that “cultural competence does not refer to a process that ends simply because the psychologist is deemed competent. Rather, cultural competence incorporates the role of cultural humility whereby cultural competence is considered a lifelong process of reflection and commitment” (p. 8). The APA’s (2017, pp. 4-5) multicultural competency guidelines center identity as dynamic, complex, and fluid. Individuals exist in multiple social and physical environments that impact identity construction, perceptions of the world, communication, and relationships with others. As such, professionals must remain aware of historical factors that shape client experiences (e.g., oppression, power differences, etc.) and aspire to provide equitable care. The guidelines explain that interventions must be culturally appropriate or adaptable and that psychology may be practiced contextually with a strength-based approach.

In addition to the previously mentioned guidelines, the APA (2017) has proposed a conceptual framework to help psychologists implement the guidelines, called the “Layered Ecological Model of the Multicultural Guidelines” (p. 9). This framework is based on Bronfenbrenner’s (1977; 1979) ecological model and attends to the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. Using this model, psychologists are made aware of several nested systems that directly and indirectly impact their clients and themselves. For a detailed explanation and visual of this model, the reader is referred to APA (2017). The current research was informed by the guidelines and model and aimed to add specifically to rural cultural competency frameworks by answering lingering questions related to the query: “how is rural psychological practice done well?”

Common Characteristics of Rural Culture

Many people picture geographic locations when they think of the term rural, but Matsumoto (2000) noted that culture includes social and psychological phenomena. Before I describe common characteristics supported by the literature, it is also important to note that while rural areas can be fairly homogenous, using simple either-or definitions do not capture the complexities that may exist in various rural settings (Malone, 2021a; Malone, 2011; Stedman & Heberlein, 2001; Bryant & Joseph, 2001; Little, 1999). Likewise, Slama (2004) stated that rural people vary in “the degree to which they adhere to characteristically rural values, traditions, and customs, versus to those of urban life” (Slama, 2004, p. 9). Slama (2004) suggested that the smaller a community is, the higher the likelihood that the community holds traditional rural cultural views. With that said, “traditions and customs vary from small town to small town, as well as from farm to town... each area’s particular customs and traditions are a treasured part of how people from that place think and act” (Slama, 2004, pp. 9-10).

Characteristics common to rural settings include conservative norms, community values, self-reliance (Farmer et al., 2012), toughness, isolated conditions, connection with nature, and creative problem solving (Bracken, 2008). Rural areas are often also more traditional, “behind in times,” land-based, family and community-based, self-sufficient, religious, patriotic, and friendly but intolerant of differences or outsiders (Bracken, 2008; Greenberg Quinlan Rosner Research, 2002). Explanations exist for why certain characteristics occur in rural settings. For example, Slama (2004) suggests that the need for self-reliance may have resulted in or maintained conventional attitudes: “when you depend so much on yourself, you become more careful and considered in your decisions” (p. 10).

Williams and Kulig (2012) observe that rural settings in Canada tend to have more distinct religious groups and Indigenous people and possibly less immigrants and visible minorities. Given lower levels of education and high rates of unemployment at times, rural people may also tend to have lower socioeconomic statuses. Many rural areas have less people of working age and more dependents. A concept well known to rural researchers is the “fishbowl effect” that is often characteristic to rural culture. Slama (2004) described this as a phenomenon:

in which ruralites are aware that other people are very interested in their lives and in talking to others about them. This lack of anonymity or privacy results in certain conventional behavioral expectations, as well as pressure to conform to them. (p. 10)

Describing a study which asked rural individuals to describe rurality, Bracken (2008) identified that rural participants viewed rurality as related to population size, nature, access to services, and strong ties to family and faith. Rurality was defined as a preference, a right, and a way of being and not as a simple reaction to location. Rural individuals can be diverse in their perceptions and thus, it is important to maintain an open mind when researching and relaying narratives of rural experiences. With these considerations, I will now describe mental health conditions of rural individuals, how they may view mental health, and their current needs.

Rural Mental Health Needs

Rural individuals face significant health issues, some of which may be experienced at higher rates than in urban settings (Coughlin et al., 2019; Malone, 2021a). Indeed, Garasia and Dobbs (2019) found that rural Canadians “have poorer health status than their urban and non-metropolitan counterparts” (p. 44). Studies on rural-urban differences have found major

differences in access to health services, including mental health services, across the country (Garasia & Dobbs, 2019):

Perhaps the most alarming and least documented phenomenon is the incidence of mental health issues in rural Canada. Government reporting and surveys indicate that rural Canadians exhibit a higher propensity to abusing substances, living in isolation, facing poverty and experiencing domestic abuse compared to those living in more urbanized regions. The direct and indirect effects of the physical environment rural residents endure as well as the cultural influence may explain some of these disparities in mental health. The isolated nature of rural living may diminish an individual's ability to socialize as well as seek emotional support or professional health services. (Garasia & Dobbs, 2019, p. 45)

DesMeules and colleagues (2012) conducted a study to investigate the health of rural Canadians as compared to their urban counterparts. They found that while rural people reported a stronger sense of community and less overall stress than urban people, they tended to have lower educational attainment, lower socioeconomic status, higher engagement in unhealthy behaviours (i.e., smoking), and higher mortality rates. Though many barriers exist, a sense of community belonging viewed as social capital can act as a protective factor for rural individuals. Malone (2021a) describes the rural value of community and collectivism and noted that, "perceptions of rural health needs may underestimate the beneficial impact of informal community services, greater community involvement, and the capacity that derives from collective values" (p. 7).

In reviewing the literature, rural individuals are stated to have high rates of suicide, depression (Coughlin et al., 2019; Caxaj, 2016; Friesen, 2019; Williams & Kulig, 2012; Slama, 2004; Bischoff et al., 2014), substance abuse (McDonald et al., 2014; Bischoff et al., 2014;

Slama, 2004), traumatic stress (Slama, 2004), domestic violence, and child abuse (Bischoff et al., 2014; McDonald et al., 2014). In terms of high-risk behaviour, rural settings were also found to have higher rates of sexually transmitted infections (STIs) and teen pregnancy than individuals in urban centres (Slama, 2004). In comparison to urban individuals, rural males, especially young men, were found to be at a higher risk of suicide (Brannen et al., 2012). Leipert (2005) found that for rural Canadian women, mental health problems were as significant as their physical health concerns and included despair, depression, and psychological distress. In Ontario, Canada, Friesen (2019) writes that rural individuals tend to use emergency departments (EDs) twice as often for psychiatric problems than do urban individuals. Similarly, Mehl-Madrona (2008), in a quantitative study of two rural hospitals in Vermont, United States, found that “frequent users have a disproportionately high prevalence of psychiatric disorders (under-documented by their physicians), which may affect their pattern of emergency department use” (p. 22).

Prevalence rates for mental illness in rural areas may not differ greatly from urban individuals. However, unique contextual factors decrease help-seeking and reporting of mental health problems (Friesen, 2019; Malone, 2021a). Moreover, rural individuals are also more likely to delay seeking help longer than urban individuals, sometimes waiting more than double the amount of time exacerbating presenting problems (Cheesmond, Davies, & Inder, 2019).

While the current study focused on literature coming out of higher income countries (e.g., Canada, United States, United Kingdom, Australia, etc.), rural mental health is a global concern. For example, Matsea, Ryke, and Weyers (2017) conducted a mixed methods study assessing rural mental health services in Mashashane in the Limpopo Province in South Africa. They asserted that “the state of rural mental health services is appalling” (p. 1). In addition to

inadequate services, they identified a lack of training and explained that, “health care professionals are not well equipped to deal with people suffering from mental illness” (p. 21).

Working with Severe Mental Illness in Rural Areas

Rural psychologists, often being the only provider in small communities, may have a larger role with patients diagnosed with severe mental illness (SMI) than do urban psychologists who may choose not to work with patients with SMI (Johansson et al., 2019; Jameson & Blank, 2007). Often, less urgent cases are handled by informal supports, local physicians, or less-trained mental health workers in rural communities. Rural individuals with SMIs often have worse outcomes compared to individuals with SMIs who live in urban areas (Johansson et al., 2019). Individuals with SMIs are the most at-risk group needing services but may have an even more difficult time developing therapeutic relationships with providers in rural settings. The typical difficulties in therapy with individuals with SMIs may be further compounded by rural culture, contextual factors, and norms.

Views of Mental Illness

Given that cultural beliefs impact help-seeking behaviours (Sue & Sue, 2008), it is important to consider how rural individuals view mental wellness. Factors to consider may include cultural norms, community characteristics, attitudes, beliefs, and values. In addition to the possible contextual and cultural factors described above, rural individuals may hold views and opinions about health and illness different than those held by urban individuals (Elliot-Schmidt & Strong, 1997). Attitudinal factors in particular, have been found to influence help-seeking in rural settings (Judd et al., 2006). One example of differences is that rural people may be primarily concerned with the impact of illness on productivity whereas urban individuals may focus on the discomfort of symptoms (Elliot-Schmidt & Strong, 1997). If the aim of practitioners

is to provide culturally sensitive care to their clients, they must be aware of how rural individuals and their communities conceptualize health and illness (Elliot-Schmidt & Strong, 1997).

Of note, many rural individuals are said to hold various agrarian values that impact how they view psychological services and mental health in general (Judd et al., 2006). Agrarian values are attitudes related to stoicism (i.e., control, suppression, denial of emotions), self-reliance, self-responsibility, and the tendency to rely on family members rather than professionals. Judd and colleagues found that rural participants who scored higher in self-efficacy and stoicism were less likely to seek help for their concerns.

Slama (2004) found that individuals living in rural areas engage in self-abnegation, defined as denying your own needs (Dictionary.com, 2023). For example, “positive self-statements are perceived as boasting, and positive thoughts about oneself are equated with the sin of pride, or at least, being conceited” (Slama, 2004, p. 10). Self-abnegation may decrease help-seeking and when individuals do engage in services, they may find it especially difficult to work on topics such as self-compassion or self-esteem as this may be viewed as a selfish goal. Rural individuals may also have collectivist values whereas western psychology tends to have a strong individualistic approach. From a collectivistic perspective, the individualistic focus with an emphasis on self-development and personal growth may also be problematic. A therapist, for example, unaware of these aspects of rural culture, may casually introduce concepts such as self-esteem into therapy and unknowingly cause a therapeutic rupture; the client may feel the therapist is working in contrast to their values and consequently, may lose trust in them.

There are contradictory findings around the role of stigma and mental health in rural areas. While some find that stigma is a major barrier to help-seeking for rural individuals (Brannen et al., 2012; Dyck & Hardy, 2013; Leipert, 2005), Judd et al. (2006) found that stigma

may not always influence help-seeking. The authors suggest that this is an unclear area and there may be alternative explanations for this phenomenon. For example, rural individuals may be more likely to go to their general practitioners, an activity that may be viewed more acceptable than accessing a psychologist (Judd et al., 2006). Overall, Bischoff et al. (2014) observed that rural individuals' perceptions, attitudes, and beliefs about services seem to be more influential than the number of trained providers in the community.

The unique needs of rural individuals must be addressed with consideration of context, common views of mental illness, and the various barriers that rural individuals face. Given the unique cultural climate of each rural community, it is important that researchers and practitioners consult with community members and those with experience working in these communities (Brannen et al., 2012). Mental health services need to be viewed as both meaningful and useful for rural individuals and consultations and research in this area can help inform policy and practice recommendations.

Barriers to Psychological Services

In an overview of mental health in America, Gale et al. (2019) stated that mental health service delivery is impacted by “the “4As and an S”: accessibility, availability, acceptability, affordability, and stigma” (p. 1). Of these, it has been noted that “accessibility is one of the five pillars of the Canada Health Act. However, many Canadians still face significant barriers to accessing the healthcare that they need” (Friesen, 2019, p. 47). In reviewing the literature, the key barriers include a lack of available services, a lack of professionally trained mental health service providers, cost, preference for informal supports, preference for privacy, limits created by the “fish-bowl effect,” stigma, self-reliance, low mental health literacy, lack of culturally appropriate care, and attitudinal barriers such as distrust of services. Psychologists working in

rural areas also face barriers to providing services and are faced with issues of personal privacy and public identities, ethics, cultural differences, large case loads, isolation, and difficulties developing trusting relationships.

There is a clear lack of access to mental health services, programs, resources, and trained providers in rural Canada (Garasia and Dobbs, 2019; Coughlin et al., 2019; Johansson et al., 2019; Bischoff et al., 2014; Brannen et al., 2012; Dyck & Hardy, 2013; Leipert, 2005). Many rural and remote communities in Canada do not have any psychologists (Lints-Martindale et al., 2018). Psychologists who do work in rural communities face limited resources and tend to be put into leadership and consultation roles rather than in clinician roles (Lints-Martindale et al., 2018). A recent Canadian study found that rural residents often perceive rural mental health services as being inferior in quality in comparison to that available in urban settings (Caxaj, 2016). There is a documented need for more professionals who are trained in rural psychology, but it is rare that graduate training or residency programs offer this as a specialization (Dyck et al., 2008; Fifield & Oliver, 2016). As such, there is also a lack of support and guidance for rural professionals working with unique cultural concerns (Caxaj, 2016). Rural psychologists face isolation due to a lack of training and support as well as marginalization in the public health system (Malone, 2021a). It is clear that both rural clients and rural psychologists face barriers that prevent equitable, effective, and adequate services.

Cost and distance create additional barriers to services (Coughlin et al., 2019; (Garasia and Dobbs, 2019; Dyck & Hardy, 2013). Rural individuals who do not have services in their own communities may choose to approach urban practitioners who offer online or telephone support, but these individuals tend to be in private practice. In Alberta, the recommended fee by the Psychologists' Association of Alberta (2022) is 220 dollars per treatment hour. Rural individuals

tend to wait to access services until the problem is severe and one of the reasons for this appears to be a lack of coverage or inability to afford services (Slama, 2004; Brannen et al., 2012; Coughlin et al., 2019; Johansson et al., 2019). Travelling to services also results in being away from family and supports, creating additional problems.

Often when they do seek help, rural individuals go to their general practitioner (GP) instead of a mental health professional (Bischoff et al., 2014). Bischoff and colleagues noted the general practitioners' scope of practice and stated that the quality of care for psychological problems is generally low compared to what psychologists offer. Slama (2004) voiced similar concerns: "mental health needs are taken to family practice physicians, ministers, family, friends, and bars. Such resources, while important, are often inadequate to deal fully with mental health problems" (p. 11).

Accessing alternative forms of help is common in rural settings and can be helpful in certain situations. This may include talking to professionals in other fields, such as their family doctor, or it may be accessing informal supports. Hagler et al. (2018) conducted a mixed methods study of 170 rural individuals to explore the role of informal helping in rural communities. They found that less than 10 percent sought the help of health or mental health professionals. Instead, over 67 percent of participants reported receiving help from informal helpers. The most common informal help was obtained from family members who offered material and emotional support. While there are benefits to informal supports, many needs may not be met when specialized knowledge and care is needed (Hagler et al., 2018). Others have also found that rural individuals, with a preference for privacy, may tend to keep their psychological concerns to themselves or within their families; when this does not work, it can lead to greater isolation in an already isolated geographical region (Slama, 2004). Slama (2004)

suggested that rural individuals may experience an increased need for belonging and while that can be adaptive, family enmeshment may be common in rural areas (Slama, 2004). Thus, family connection can be either a protective factor or a problem.

Strong community connection, though also a protective factor, can be a barrier to accessing services. The powerful sense of belonging, support, and engagement in community experienced by many rural individuals has been defined as social attachment (DesMeules et al., 2012; Williams & Kulig, 2012). In 2011, Kelly and colleagues found that having a strong sense of community was an important form of social capital. Friesen (2019), like Slama (2004), however warned that the tight knit relationships found in rural communities can both be a protective factor and barrier for mental health. Specifically, living in a “fishbowl” (i.e., community involvement, “everyone knows everyone”) can be a benefit or a risk to mental health (Malone, 2011; Malone, 2021a).

Stigma towards psychological services, as briefly introduced earlier, has been cited as a problem in rural areas (Friesen, 2019; Brannen et al., 2012; Slama, 2004; Caxaj, 2016; Dyck & Hardy, 2013). Stigma may be slowly decreasing due to increase of access to social media, but is still considered a major problem (Jensen, 2019). In a qualitative study of stigma in rural areas, Crumb, Mingo, and Crowe (2019) found themes related to faking, needing to “get over it,” believing you only need God, feeling shame or fear, and being seen as weak or experiencing judgement about mental illness. Dschaak and Juntunen (2018) found that rural and urban stigma may have many similarities, however they identify various limitations to this conclusion. Like the prevalence of mental health issues, the rural context may add complexities to stigma.

While often seen as adaptive strengths, the rural values of self-reliance and hardiness or “toughness” may maintain stigma and lower help-seeking behaviours (Leipert, 2005; Caxaj,

2016; Friesen, 2019; Dyck & Hardy, 2013). Gender roles and norms have also been identified; for example, rural women tend to prefer practitioners who are also women; this could be problematic given the overall disparity of trained mental health professionals in rural areas (Leipert, 2005; Whyte & Havelock, 2007).

In addition to the above barriers, low mental health literacy and lack of information (Brannen et al., 2012; Caxaj, 2016; Malone, 2021a), lack of anonymity (Friesen, 2019; Caxaj, 2016; Brannen et al., 2012; Liepert, 2005; Dyck & Hardy, 2013), long wait times (Caxaj, 2016; Dyck & Hardy, 2013), cutbacks and reductions in services (Caxaj, 2016; Malone, 2021a), isolation and remoteness (Malone, 2011; Malone 2021a), and limited specialities available have also been identified (Morales, Barksdale, & Beckel-Mitchener, 2020). Moreover, rural areas have been found to lack culturally specific care, for rural culture but also for other cultural identities such as that of Indigenous people (Dyck & Hardy, 2013; Malone, 2011), ethnoreligious groups (Friesen, 2017), and sexual minority groups (Israel, Willging, & Ley, 2016). Caxaj (2016) describes that “recent research in Canada has found that rural residents may feel that their identities as rural people, women, or, as First Nations or ethno-cultural minorities are devalued” (p. 32).

The focus of this study is on attitudinal barriers, especially those related to relational aspects of psychological encounters: “Attitudinal barriers are significant indicators for mental health help-seeking and associated with the delay and/or absence of help-seeking behavior at times of psychological distress” (Cheesmond, Davies, & Inder, 2019, p. 45). Attitudinal barriers include stoicism, meaning, stigma, and distrust. This literature review draws attention to distrust as a barrier to the development of strong therapeutic relationships. While other factors could be

involved in the development of these relationships, trust and distrust in rural psychological encounters appeared strongly in the literature as an area of interest.

Distrust as a Barrier to Help-Seeking

Lack of trust, especially of outsiders, is one of the key barriers that may decrease help-seeking (Jensen, 2019). Cheesmond, Davies, and Inder (2019) conducted a systematic review of 11 qualitative studies to explore attitudinal barriers related to rural help-seeking. They found that distrust of psychological services was common:

For some, this distrust was limited to the professionals from outside of the community, who were considered to have little or no understanding of the issues and experiences of rural life, and thus were thought to offer treatments not suitable for rural residents... For others, however, the distrust was more endemic to the system as a whole, with high levels of fear associated with the possibility of entering into a substandard mental health service described in one study as: “a joke,” “low grade,” and “a laughing stock”... Fear of painful or humiliating treatment... discrimination... and forced removal of family... were all stated as reasons not to seek help. (p. 54)

Likewise, Williams and Kulig (2012) observed that in order to provide effective services, it is important that professionals work to establish trusting relationships with rural community members; developing trust may require that providers exert considerable effort and time. In her dissertation, Carter (2019) qualitatively studied the experiences of rural counsellors to help identify effective characteristics and practices. Carter (2019) found that having an insider status helped to develop trust. While she identified helpful strategies including educating the community, advocacy, reducing stigma, increasing training, and taking a multicultural approach,

Carter (2019) did not explore this in terms of rural culture explicitly. Exactly how trust is established, especially when the psychologist is an outsider, remained unclear.

As introduced in the above section, psychologists in rural settings face their own set of challenging barriers. To provide a service that is acceptable to rural individuals, rural psychologists must develop cultural competency, including developing knowledge about the unique local culture including values and beliefs (Jameson & Blank, 2007). A rural psychologist is also a public figure in the community and does not have the privacy that many urban psychologists are able to enjoy. Rural individuals are likely to observe the rural psychologist's public behaviour and draw conclusions about how that relates to the psychologist's professional practice, ethics, or morals.

The barriers identified in the literature are significant. In addition to problems with availability and accessibility, rural individuals and rural psychologists face problems with acceptability of services and attitudes towards mental health in general, views of the profession, and views of outsider professionals. The multiple barriers are complex and impacted by history, context, and culture. Further, political, global, and economic climates may also play a part in the complex relationships between the above barriers. This research explored how rural psychologists and rural clients experience therapeutic relationships. Specifically, how do rural psychologists and clients come to understand what works in the development of therapeutic relationships? With these questions in mind, it is therefore relevant to learn about issues related to acceptance of services, specifically with regards to attitudes of distrust and how psychologists can best work in these contexts to provide competent care. An important discovery in my review of the literature is that while research is still being conducted, many of the major core articles being referenced (i.e., Slama, 2004) are fairly dated. Thus, the reader will notice core research

cited multiple times. It may be that the barriers impeding rural mental health care are now considered well established and researchers now focus on specific barriers and their nuances – with the goal to improve practice in rural settings.

Insider-Outsider Phenomena

Much of the literature discussed above has suggested that rural communities may view outsiders to their community with suspicion. Suspicion of psychologists who are considered to be outsiders may impede the development of trusting therapeutic relationships, the latter of which has been found to directly impact therapeutic outcomes. Schultz et al. (2021) found that trusted insiders have a leg up in their work with clients and may be brokers (“go-betweens”) when outsider help is needed; however cultural brokers are not always available.

Findholt (2010) defines the terms insider and outsider as “the degree to which community members, as a group, [accept] and [trust] individuals based upon their tenure in the community” (p. 375). Further, she explains that historically, “rural people [have] organized their social environment around these concepts and determined who to accept and who to trust based upon variables such as length of residence, family history, and type of occupation” (p. 375).

Lunz Trujillo (2022) discussed the phenomenon of anti-intellectualism, found to be present in many rural communities. Anti-intellectualism is defined as “a distrust of intellectuals and experts” (p. 1509). This distrust of experts has been linked to rural individuals feeling that they are not considered or included by urban and/or educated policy makers. Psychologists are experts in mental health and intellectuals and therefore, may find themselves to be distrusted as such by rural individuals.

Naples (1996) conducted an ethnography of two rural Iowan towns and found that being an “outsider” or “insider” “are not fixed or static positions, rather they are ever-shifting and

permeable social locations that are differentially experienced and expressed by community members” (p. 84). Coming in as a newcomer involves a process and involvement in negotiations. How these negotiations occur between psychologists and rural communities needed to be further illuminated.

Insiders and outsiders are indeed relative terms. For the purpose of this study, insiders included individuals who have either been born and raised in a community or have spent enough time in rural communities to be considered insiders. Malone (2011) has defined rural psychologists as the following: “Some Canadian psychologists live and work in urban centres but occasionally commute to rural communities for work. Some may have worked in rural communities in the past” (p. 290). Outsider psychologists include those individuals who were not born and raised in the areas in which they work. In this study, psychologists were invited to participate if they had experience living in or commuting to rural communities.

Professionals from various fields have found it to be difficult to integrate into rural communities when they come in from the outside. For example, Leipert and Anderson (2012) conducted nursing research in Canada and found that “a nurse’s status as an insider or an outsider in the community can affect interactions, acceptance, and effectiveness” (p. 7). A participant in their study described the experience of entering a community to be challenging due to the close-knit nature of rural communities.

Anecdotal accounts from experienced rural psychologists have given voice to practitioner concerns around rural practice and, specifically, the insider-outsider phenomenon. For example, Enright (1992) wrote that “unless the practitioner is accepted as a member of the community, as a person with special expertise, his attempt to develop an independent practice will fail” (p. 8). Cohen (1992) also anecdotally described experiences of being an outsider in rural settings and

discussed the importance of community perceptions and the difficulties involved with being an outsider and not belonging to the community: “They may say this sometimes more, sometimes less explicitly. Or we may not hear the words spoken at all, but read it in a glance, in a gesture” (Cohen, 1992, p. 14). Factors that reinforce the status as an outsider or harm a psychologist’s reputation can include the use of “high talk” (jargon), or behaviour that represents an “urban lifestyle.” Cohen (1992) wrote that “the community perceives this type of behaviour as either acting “better than,” which is resented, or interpreted as simply not caring about local residents’ sensibilities” (p. 18). Factors that help outsiders become more accepted were said to be showing independence, commitment, contributions to the community, and understanding of rural culture (Cohen, 1992).

The insider-outsider phenomenon is prevalent in rural communities globally (McAlister, Scraton, & Haydon, 2010; Findholt, 2010). For example, in Northern Ireland, researchers found that “communities can be strong and accepting of those who ‘belong’ or ‘fit in’, but hostile to ‘difference’ ... In creating “strong ingroup loyalty” they may also create “strong out-group antagonism”” (McAlister, Scraton, & Haydon, 2010, p. 70). This phenomenon is said to be deeply engrained in rural areas. Explaining this, McAlister, Scraton, and Haydon state that, “these divisions are rooted in historical constructions of space, an understanding of which is passed down, both subtly and overtly, to children and young people.” (p. 70). Outsiders may learn the “rules” of the community and quickly realize who belongs and who does not which can establish “limitations on their movements and choices within, as well as outside, their communities” (p. 74).

Previous literature states that rural individuals may not view the offer of help from “outsiders as appropriate and may prefer to seek health care from *insiders*, persons with whom

they were familiar.” (Lee & McDonagh, 2010, p. 21). Lim et al. (2011) posited that a reason for distrust of outsiders might:

be related to the social and political views of rural families. Rural residents report higher levels of social and political conservatism when compared to residents from other areas. These deep-rooted cultural beliefs may lead to distrust if rural families perceive researchers do not share or respect their beliefs. (pp. 697-698)

To deal with insider-outsider barriers, Smalley (2017) suggested that professional involvement in rural communities can considerably improve community perceptions of psychologists and psychological services and increase help-seeking. This study was quantitative in nature and the qualitative aspects of these relational processes are unclear. Community engagement and involvement has been recommended by other practitioners working in rural settings (Enright, 1992). Enright (1992) stressed that along with community involvement, “old fashioned qualities of trust, dependability and expertise will make the difference” (p. 9).

While the literature maintains that rural individuals often distrust outsiders, some authors suggest that within psychological practice, some rural clients may be more likely to confide in a stranger since they may be perceived to be more objective or unbiased (Naples, 1996). Rural psychologists must recognize that some rural individuals may prefer accessing help from familiar people and others may prefer to talk to a stranger (Bondi, 2009); this is similar to experiences of ethnic minority people in urban settings (S. Yohani, personal communication, May 17, 2020).

Ethics in Rural Contexts

It would be remiss of me not to mention the ethics of psychological practice in rural settings, because ethics, especially relational ethics, impact the development and maintenance of therapeutic relationships and trust in providers.

Malone (2012) explored how psychologists experience professional ethics in rural contexts. She found that psychologists working in rural settings face distinctive ethical challenges. She also noted that professional graduate training programs typically do not prepare psychologists for rural context or ethical conundrums that may arise. Malone summarized key ideas regarding ethics within psychology:

For psychologists to practise ethically, they need to be aware of requisite ethical reasoning, knowledgeable about ethical, professional, and legal issues, and skilled at making ethically justifiable decisions... There are numerous components that should collectively develop ethical practice skills for psychologists. These include training, ethics codes, ethical guidelines, decision-making models, peer consultation, and ongoing professional development. Codes of ethics assist psychologists in understanding and identifying with the rich history and professional culture of psychology... Ethics codes for psychological practice are not human rights statements, professional standards of behaviour, or rules of conduct. Rather, they are sets of articulated principles, values, and standards for ethical behaviour and attitudes within a profession. (p. 465)

In addition to these standards for all psychologists, rural psychologists face additional complexities in their practice. Indeed, their context includes the small community of practice context, the unique cultural needs of the communities, and the question of how to develop professional relationships in rural communities in order to be considered an appropriate helper within the community.

Pertinent to the current study at hand are relational ethics. Malone (2012) stated that “psychologists work in the business of relationships. As such, they are continually immersed in

the complexity of human interaction and systemic professional considerations” (p. 463). Ethical concerns common to the practice of rural psychology include, “overlapping relationships, community pressure, generalist practice, interdisciplinary collaboration, and professional development concerns” (Malone & Dyck, 2011, p. 206). Addressing these in rural settings is not as simple as it may be in urban contexts. For example, simply telling a psychologist to avoid multiple relationships does not consider that these relationships, in some situations, may actually be therapeutic. By learning to manage overlapping relationships, psychological services may actually become more effective (Malone & Dyck, 2011). In fact, engaging in relationships in rural communities “can enhance understanding of community needs and community members, and can heighten the unique bonds between psychologists and clients” (Malone & Dyck, 2011, p. 208).

Ethics in rural contexts are clearly different than urban contexts where psychologists are often able to maintain professional distance from their clients. Rural and remote psychologists are visible and this can result in reputational, behavioural, and appearance-related pressures and expectations (Malone & Dyck, 2011). Malone and Dyck (2011) stated that:

[Rural and Northern] R&N psychologists are often expected to relate to community members at a social as well as a professional level. This may influence the ability of the psychologist to secure trust from key members of the R&N social network, many of whom will have considerable knowledge about the psychologist’s personal life... Although lack of anonymity may foster trust, lack of privacy increases pressure for the psychologist. (p. 209)

Recall from the introduction, my discussion of small communities of practice. While there are other communities who are considered small communities of practice and may experience

similar ethical and relational issues, each group has its unique cultural experiences (Schank et al., 2010). I focus on rural experiences in this study.

A detailed explanation of ethics as they pertain to rural practice is beyond the scope of this dissertation. Therefore, I encourage the interested reader to see Malone and Dyck (2011) or Malone (2012) for more information and resources. The current study sought to explore how psychologists can develop trusting and ethical therapeutic relationships in rural psychological practice. The following section provides an overview of the importance of therapeutic relationships in psychological practice.

Therapeutic Relationships

Creating and maintaining a strong therapeutic relationship has been identified to be a key component of effective psychological practice (Janeiro et al., 2018). A moderate relationship effect size between the therapeutic relationships and therapeutic outcomes has been found. Indeed, the quality of the relationship may be more important than the interventions or the therapeutic approaches taken (Ardito & Rabellino, 2011). The therapeutic relationship was first defined in 1956 and various versions have been offered since (Ardito & Rabellino, 2011). Carl Rogers (1957) in his famous work, outlined the conditions necessary for positive therapeutic outcomes. He stated that first, a relationship must exist between the client and therapist. Within that relationship, the therapist must be congruent, demonstrate unconditional positive regard and empathic understanding, and be genuine in the relationship. The client must be able to perceive, to a reasonable extent, that the therapist is empathetic and accepting. Other authors have built on Roger's seminal work. For example, reviewing Luborsky's (1976) work, Ardito and Rabellino (2011) further described that a therapeutic relationship involves shared responsibility in working towards agreed upon goals. They include Bordin's (1979) definition:

The therapeutic alliance consists of three essential elements: agreement on the goals of the treatment, agreement on the tasks, and the development of a personal bond made up of reciprocal positive feelings... any agreement on goals and tasks requires the patient to believe in the therapist's ability to help him/her and the therapist in turn must be confident in the patient's resources. (Ardito & Rabellino, 2011, p. 2)

Developing a therapeutic relationship "requires in-depth personal knowledge, which is acquired only with time, understanding, and skill" (Shattell, Starr, & Thomas, 2007, p. 274). Respect and seeing the whole person has been found to be key if one wants to develop strong relationships (Shattell, Starr, & Thomas, 2007). Trustworthiness has also been found to be an important component of the therapeutic relationship (Janeiro et al., 2018; Ardito & Rabellino, 2011; Skourteli & Lennie, 2011).

In a review of existing literature on therapeutic relationships, Ackerman and Hilsenroth (2001) investigated how the negative attributes of therapists and in session activities can adversely impact the therapeutic relationship, and consequently, therapeutic outcomes. They found that when the therapist is perceived as being uncertain, critical, rigid, tense, distant, or distracted, the therapeutic relationship can suffer. If therapeutic ruptures or differences are present, the therapist attributes and choice of techniques can worsen these. For example, a client with a rural cultural identity may view mental illness differently than the therapist. Existing divisions can widen when the therapist lacks understanding of contextual issues.

In terms of what works, Wampold (2015), identified common factors that are important elements in successful psychotherapy. Within the common factors model (i.e., the contextual model), the therapeutic relationship is necessary in order for any work to be done. Within the

therapeutic relationship, trust and attachment require careful attention. Quoting Borden (1979), Wampold (2015) wrote that, “some basic level of trust surely marks all varieties of therapeutic relationship, but when attention is directed toward the more protected recesses of inner experience, deeper bonds of trust and attachment are required and developed” (p. 270). In a study exploring the characteristics of effective psychotherapists, Heinonen and Nissen-Lie (2020) found that a therapist with a secure attachment style has better outcomes. Other common factors include cultural adaptation and competence (Wampold, 2015; Fischer, Jome, & Atkinson, 1998). Returning to the topic at hand, how to develop helpful relationships in rural practice, it appears that common factor elements are highly applicable and necessary for positive outcomes. It may be especially important that rural psychologists pay special attention to these elements.

Above, Wampold (2015) mentioned the importance of the development of attachment in therapeutic relationships. Important figures in psychology have spent much time on the topic of attachment (i.e., Bowlby and Ainsworth). Berry and Drake (2010) stated that:

Individuals have a basic psychological need to form attachments to others and to have at least one significant other whom they can trust and depend on. In support of this proposition, the development of meaningful relationships has consistently been shown to be a key factor in the recovery process regardless of any particular therapy brand, profession, model or approach. The development of meaningful social relationships is also a key component of recovery-oriented approaches to rehabilitation. (p. 308)

More recently, in a mixed methods study, Skourteli and Lennie (2011) explored the attachment relationship between therapist and client and findings suggest that attachment is activated by the therapeutic relationship. Therapists may be viewed as a stable base for clients. In related

research, Janeiro et al. (2018) conducted an evaluation of how a good therapeutic relationship can help to prevent dropout. They found that “participants who presented stable bond development at higher levels tended to stay in treatment, whereas those who developed stable bonds at lower levels tended to drop out” (Janeiro et al., 2018, p. 73). Sense of belonging (attachment) is important in rural culture and yet suspicion of outsiders is strong. How then, can strong attachment bases be built when perceptions of what constitutes a strong bond may vary?

Ullrich (2019) described that “when the therapist and patient are from different cultures, there may be impediments to the development of empathy and a therapeutic alliance” (p. 425). Culture is an important factor in the development of relationships as it impacts how individuals connect with each other. Cultural sensitivity can lead to rapport and the development of a therapeutic relationship, even when cultural backgrounds differ. A greater understanding, respect for belief systems, therapist flexibility, and openness and willingness to learn about culture have all been found to be important in cross-cultural encounters.

Similarly, Comas-Díaz (2006) states that “culture mediates psychotherapy” (p. 98). They described that the role of the therapeutic relationship is elemental for cross-cultural work: “Practitioners and patients negotiate their relationship not only in terms of their worldviews but also in terms of cultural variables that are permeated by subjective and contextual meanings” (Comas-Díaz, 2006, p. 84). Cross-cultural therapeutic practices are often laden with missed, subtle opportunities for understanding, empathy, and growth. In fact, clinician perceptions of their clients can negatively impact the therapy process. A helpful therapeutic relationship in cross-cultural encounters needs to be rooted in cultural sensitivity, understanding, and empathy. This “involves a process of perspective taking using a cultural framework as a guide for understanding the client from the outside in and the recognition of cultural differences between

self and other” (Comas-Díaz, 2006, pp. 98-99). Thus, psychologists coming into a rural community may need to be especially sensitive to cross-cultural differences in their work and attend to this in order to be accepted, trusted, and effective. An example of a factor that may be important in rural areas is that of familiarity. Malone (2021a) described familiarity to be an important aspect of rural relationships and that this plays a role in psychological services; however, while beneficial, too much familiarity can lead to the issue of multiple relationships.

Previously, in the barriers section, I discussed how some rural clients may prefer to work with someone they know rather than a stranger. Cross-cultural research on therapist and client matching (e.g., on variables such as race, language, religion, etc.) has been fairly inconclusive (Chu et al., 2016). The findings of the current research hoped to shed some insight into rural and non-rural therapy dyads. Specifically, it may not be necessary to match on cultural variables. Rather, based on current literature, it appears that it may be more important to develop cultural competencies to provide effective care.

The therapeutic relationship in counselling and assessment is key to positive outcomes (Janeiro et al., 2019). The development of a strong therapeutic relationship can be more difficult in cross-cultural encounters where worldviews and goals may differ (Ullrich, 2019). Asnaani and Hofmann (2012) posit that an “overall attitude of curiosity and respect towards clients, across treatment orientations, establishes a strong working relationship between the therapist and patient” (p. 12). Similarly, the work of Owen et al. (2016) showed a significant relationship between cultural humility (being open with nonjudgement) and therapeutic outcomes. There is a lack of research on therapeutic relationships in the context of rural mental health practice. Therefore, the current study took these relational and cultural factors into consideration when exploring rural psychological practice.

The Role of Trust in Therapeutic Relationships

As stated, trust is widely recognized as being critical in the context of developing relationships. However, there is a dearth of literature about this elusive and difficult to study concept with regards to psychotherapeutic relationships. Trust has been studied in many different fields including sociology, psychology, politics, and economics (PytlikZillig & KJimbrough, 2015). Within the field of psychology, the concept of trust is most clearly discussed by important individuals such as Erik Erikson (1993), Mary Ainsworth, and John Bowlby (Ainsworth & Bowlby, 1991; Bowlby, 1958). Erikson explained the concept of trust within the context of psychosocial development (Erikson, 1993; Martorell, 2020). Trust from Erikson's point of view is a psycho-biological process that is formed in the context of earliest relationships with caregivers (Martorell, 2020). Bowlby and Ainsworth (Martorell, 2020), in studies on attachment, identified trust, especially as it develops with our earliest caregivers, as being a foundation, a blueprint, or a template for future relationships. Going back further in the field of modern psychology, it becomes more difficult to find direct references to trust. For example, Sigmund Freud discussed concepts related to betrayal and relationships with caregivers (Bach, 2018) but when conducting searches using trust a key term and Freud as the author, I came up empty-handed.

Carl Rogers (1957) in his seminal article on the necessary factors involved in psychotherapeutic change and therapeutic relationships, brings in elements that can be assumed to be related to trust. For example, he states that clients must be able to see that the therapist is genuine and empathic for the development of a strong relationship (Rogers, 1957); this implies that the client must be able to trust in the therapist's intentions and feelings towards them, however, this is not explicitly stated. In research building on Rogers' work, Peschken and

Johnson (1997) investigated the relationship between reciprocal trust in the therapist-client relationship. They found an association between therapists' trust in their clients and helpful therapist attitudes like unconditional positive regard (Peschken & Johnson, 1997). How clients experienced therapist attitudes were also related to how much trust clients had for their therapists (Peschken & Johnson, 1997).

More recently, other authors have taken closer looks at the work of Rogers and Bowlby. Laughton-Brown (2010) found that a trusting relationship is foundational for therapy. However, the ability to trust in therapeutic relationships can be affected by cultural differences. Additionally, returning to the role of attachment in therapeutic relationships, the authors stated that:

The client's capacity for trust in the therapeutic relationship is thought to be affected by their early experiences partly because of a parallel between the start of a therapeutic relationship and the starting point of human relating in infancy... clients often need from therapists what infants need from their carers in the beginning of therapy and it may be that the development of basic trust is required before the client can move on to other 'achievements.' (p. 8)

It is clear that professionals need to be attentive to trust in therapeutic and especially cross-cultural contexts because trust between the patient and their provider is foundational for successful outcomes (Eaves et al., 2020). As with any other concept, it is imperative that we look at how trust is defined, and given the focus of this study, especially how it is defined in the field of psychology.

Defining Trust

There are several major approaches to defining trust including trust as contextual, trust as a process, and trust as a state. PytlikZillig and KJimbrough (2015) in a “review of reviews” investigated whether a consensus has been reached for a definition of trust. As with a definition of “rural,” there have been many complaints about the lack of a clearly agreed upon definition of trust. Ultimately, the authors stated that we have not reached a true consensus but suggested that we are closer than some literature leads us to believe. To study trust, PytlikZillig and KJimbrough recommended that researchers should “more precisely reference and define which trusting concept(s) they are investigating” (p. 31). Given the holistic nature of this study, I did not want to assume that trust would be of greatest importance for my participants. Still, since trust is said to be foundational in existing literature, I wanted to spend some time unpacking the ways in which trust can be conceptualized.

Trusting as a Process. Trust as a process can be considered in terms of an individual’s lifespan over time (i.e., developmental) or as a process of trust development that occurs specifically within the context of therapeutic relationships. Khodyakov (2007) defined trust as:

A process of constant imaginative anticipation of the reliability of the other party's actions based on (1) the reputation of the partner and the actor, (2) the evaluation of current circumstances of action, (3) assumptions about the partner's actions, and (4) the belief in the honesty and morality of the other. (p. 126)

Related to the developmental conceptualization of trust, Batra (2013) returned to original thinkers and applied Erik Erikson’s theories of psychosocial development to current issues in society. The author summarized Erikson’s first stage, trust verses mistrust:

In infancy, the human child first learns to discover the inner and outer meaning of fundamental trust based upon which Hope (or Withdrawal) emerges as the

necessary developmental virtue. For a child born into a family where love, economic security, play and happiness are available in abundance, the child learns to live with the feeling of being trusted and in turn learns to trust others. (p. 259)

Conceptualizing trust as rooted in Erikson's early developmental stages (defined above), Khodyakov (2007) differentiates between "thick" and "thin" interpersonal trust. Thick interpersonal trust is a trust that individuals develop (usually) with close family and friends. Whereas thin interpersonal trust is more of a superficial trust that is required for "trusting members of out-groups" (p. 121). Reaching deeper, or thicker, levels of trust requires the process of time and effort.

Trust as a State. Mayer, Davis, and Schoorman (1995) have defined trust as:

The willingness of a party to be vulnerable to the actions of another party based on the expectation that the other will perform a particular action important to the trustor, irrespective of the ability to monitor or control that other party. (p. 712)

Interestingly, these authors also discussed the concept of "propensity to trust." How likely is it that someone is willing to trust another? They stated: "people with different developmental experiences, personality types, and cultural backgrounds vary in their propensity to trust" (p. 715). This is relevant for cross-cultural research and thus, is applicable for the research on rural issues.

Trust in the Current Study. The current study is holistic and exploratory in nature and thus, I chose to remain open to see if and what types of trust factors might arise in participants' storied experiences of therapeutic relationships. It has been stated that this approach "requires inclusive attention to many different aspects, including the dispositions, perceptions, beliefs, attitudes, expectations, and intentions of the trustor; characteristics of the trustee; and features of

the context or situation in which the trustor and trustee are embedded” (PytlikZillig & KJimbrough, 2015, p. 29). Additionally, it requires a mind open to the possibilities of factors related or unrelated to the concept of trust.

Key shared concepts in definitions of trust have been described in the following statement:

Common essences of trust include that trust involves a trustor (subject) and trustee (object) that are somehow interdependent; involves a situation containing risks for the trustor (which also implies the trustor has goals); is experienced by the trustor as voluntary (implying autonomy, agency, and intrinsic motivation); and includes (or excludes) different types, forms, or sources of trust concepts, some of which may form the bases of others, and many of which involve or relate to positive evaluations or expectations. (PytlikZillig & KJimbrough, 2015, p. 8)

I positioned myself in relation to the concept of trust by taking a multidimensional view of trust (i.e., remaining open to the shared concepts mentioned above and to the various ways in which trust can be defined). I remained open to the fact that participants in my study may experience or conceptualize trust differently and therefore may discuss it in varied ways. Trust is a concept that is difficult to research but is of great importance. Indeed, going back to Wampold (2015) and the common factors, we see that trust is related to hope; the more trust you have, the more likely you are to have hope, and this can lead to better outcomes in therapy (S. Yohani, personal communication, May 17, 2020). It is for this reason that I have spent a great deal of time unpacking the concept of trust in a study of therapeutic relationships.

Trust in Psychotherapeutic Approaches

In my review of the literature, I became curious about how different therapeutic approaches conceptualize the role of trust. It quickly became apparent that while most or all therapeutic models will likely consider trust to be a necessary and inherent concept, it is primarily the approaches informed by attachment theory that are more likely to be explicit about trust. The approaches I came across in my review included schema therapy (Young, Klosko, & Weishaar, 2006), mentalization therapy (Fonagy & Allison, 2014), and of course, other general attachment therapies (e.g., Levine & Heller, 2010).

Mentalization based therapy (MBT) researchers explicitly explore the role of epistemic trust in therapy (Fonagy & Allison, 2014). Within MBT, epistemic trust is defined as the “trust in the authenticity and personal relevance of interpersonally transmitted information” (p. 2). The authors consider epistemic trust to be something that needs to be developed in cross-cultural encounters. MBT aims to “encompass the developmental significance of the transmission of epistemic trust in relation to social learning in the attachment context” (p. 2). Experiencing secure attachments is believed to allow for the development of mentalization (see Fonagy & Allison) and for the growth of epistemic trust, “that is, an individual’s willingness to consider new knowledge from another person as trustworthy, generalizable, and relevant to the self” (p. 4). This is important for this rural research study where professionals may be viewed with suspicion, compounded both by culture but also by contextual factors.

Schema therapy (Young, Klosko, & Weishaar, 2006) is an intentionally integrative model that expands on traditional cognitive and behavioural therapies to include early childhood relationships and experiences, emotional strategies, and a focus on the therapeutic relationship. The theory holds that maladaptive schemas rise when core emotional needs are not met in childhood (i.e., secure attachment, autonomy, ability to express needs, play and spontaneity, and

self-control and limits). If these needs are not met, this can result in schemas such as “mistrust/abuse,” “abandonment/instability,” and so on. For a full explanation of schema therapy and the various schemas and conceptualizations, please refer to Young, Klosko, and Weishaar (2006).

Interestingly, I also came across a therapy with which I was not familiar: Contextual or Trust-Based therapy (Boszormenyi-Nagy & Krasner, 1980). This therapy developed from a combination of individual and systems therapy. Its basic assumption is that trustworthiness is the primary dynamic in relationships. This approach, while often used in family therapy, has also been said to be valuable when working in individual settings or situations where the therapist’s level of trustworthiness is questioned.

Interventions to increase trust have also been used in body-centred approaches (e.g., using trust circles) (Martin, 2008) and in emotion-focused therapy (EFT) where attachment is again considered (Johnson & Talitman, 1997). I have only provided a few examples, but the overarching theme remains: the approaches that have a special focus on trust in their conceptualizations tend to consider attachment theories.

Trust in Rural Psychology

A very small body of research has been conducted on the factors involved in the development of therapeutic relationships in rural psychological practice, such as the role of trust. Much of the rural literature alludes to the importance of and issues around the development of trust but very little has been done exploring this intentionally. Three related studies are described here; one study is conducted in Scotland, the other in Australia, and the last in the United States. More research is needed on this topic in a Canadian context.

Berry and Rodgers (2003) conducted a survey of 969 rural individuals in Australia to investigate the relationship between distress and trust. They found that rural individuals who reported more community connections report more trust in others. They state that social trust (trust people have in strangers) predicted levels of psychological distress. This study reinforces the importance of rural connection to community as an important protective factor but also raises questions about distress when faced with situations involving distrust of outsiders.

In a qualitative study in rural Scotland, Bondi (2009) explored experiences of boundaries, proximity, and trust in psychological encounters. Psychological services like counselling are frequently seen as coming from “the outside.” These services are often not part of the social structure in rural areas and have differing values in terms of wellness. For example, “counselling [is] a distinctively modern, urban and feminised form of care” (p. 3). Bondi stated that an inverse relationship exists between trust levels and social proximity. In small communities, social proximity results in complex issues including but not limited to multiple boundaries, confidentiality, privacy, and knowledge of community members. For example, in terms of confidentiality, Bondi observed that “this is not just a matter of trusting the counsellor to hold the content of sessions confidentially but also about the way pre-existing knowledge of the counsellor by the client and *vice versa* may constrain and inhibit the client” (p. 17). Social proximity considerations are important for the psychological safety of both the professional and their clients. How trust is developed and maintained in rural communities where close social proximity is often a given, is an important consideration in rural psychological practice. However, this study does not answer the question of how rural psychologists specifically work to develop trust in small communities where social proximity is a given.

Eleven clinician participants in a qualitative study conducted by McNichols, Witt, and Gatewood (2016) in America spoke about how to succeed as a rural mental health professional. Specifically, “they spoke about the importance of working hard to build trust with the community and learning from others as the keys to successful practice” (p. 151). Again, while the findings of this study reinforce the importance of this issue, they did not answer questions about how trusting relationships are actually developed in rural psychological practice.

Working with Others for the Benefit of Rural Clients

Of interest in the study of rural psychological practice, is the concept of disciplinary collaboration. Collaboration is relevant given that rural psychologists may often work with others with the goal of treating their clients. Three common collaborative approaches include multidisciplinary, interdisciplinarity, and transdisciplinarity (Gibbs, 2015). Multidisciplinary approaches involve collaborations between professionals from disciplines that remain distinct in their role and breadth of knowledge; multidisciplinary work does not involve integration of methods, conceptualizations, or approaches across disciplines (Gibbs, 2015). Interdisciplinary collaboration has been defined as “the deliberate pooling and exchange of information and knowledge that crosses traditional disciplinary boundaries” (Crossley et al., 2008, p. 231). Taking a transdisciplinary approach involves collaborative work that is not bound by contributions specific to certain disciplines (Austin, Park, & Goble, 2008).

Nel and colleagues (2014) define transdisciplinary collaboration as an approach that can involve professionals who have specialized training and knowledge, non-professionals, the client and their family, and other gatekeepers who may have an important role in the life of the client. In this approach, all the stakeholders work together as a group, for the support and benefit of the

client. Stakeholders share and synthesize the expertise they hold and support one another to support the client:

Each group member's efforts need to be regarded as indispensable by acknowledging that everyone can make a unique contribution because of his or her resources and/or role and task responsibilities. Establishing a functional collaborative community should therefore be the ultimate goal of a collaborative approach ...the boundaries of a collaborative community or collaborative interdependence must be capable of being bridged and merged, and consequently need to accommodate a diversity of knowledge and skills, and must allow for authority-based contributions based not on status, but on knowledge and expertise. (Nel et al., 2014, p. 4)

An example of how transdisciplinary work can benefit rural areas is in order: As discussed earlier, rural individuals tend to use more informal supports and may be skeptical of outside professionals. Thus, if psychologists work with others in the community (e.g., an elder or a pastor) for the benefit of the client, the client may view the therapy as more of a safe place (J. Malone, personal communications, June 22, 2020). In this sense, transdisciplinary collaboration may be a factor involved in developing and/or strengthening therapeutic relationships with rural individuals. Beyond just impacting the individual, taking a transdisciplinary culturally responsive approach can improve community wellness (Malone & Stanley, 2013).

Interdisciplinary and transdisciplinary approaches are especially useful for complex, multifactorial problems and are helpful for achieving common goals (Austin et al., 2008; Van Vliet, 2009). Rural psychologists are commonly involved in professional collaborations, facing complex problems, and transdisciplinary collaborations have been found to be effective in

providing integrated responses in services (Bock & Campbell, 2005; Donoghue, Hodgins, Judd, Scopelliti, Grigg, Komiti, & Murray, 2004).

Summary

While Canada's rural population is now a minority group, they remain a vital part of Canada's national identity and for the maintenance of a healthy economy and food source for the entire population. It has been argued that rural communities experience a considerable amount of marginalization and have been labeled a vulnerable population (Bryant & Joseph, 2001). This special population is clearly underserved in terms of psychological services. Even though they experience many mental health problems, some of which may be experienced more intensely than by urban individuals, multiple barriers work against rural individuals (Slama, 2004; Bischoff et al., 2014). Having a rural cultural identity can influence help-seeking and help-accepting behaviours and attitudes (Cloke, 2006). Unfortunately, rural culture is something that has been frequently neglected in research and policy development (Farmer et al., 2012).

Along with the multiple barriers that rural individuals face that hinder the availability and acceptability of psychological services, the problems are worsened when professionals lack an understanding of rural culture and how that impacts services (Bischoff et al., 2014). This is something that must be considered since how rural individuals perceive services is more important than whether providers are available in communities (Bischoff et al., 2014). In order for professionals to provide effective services in rural communities, it is important that they practice within a culturally competent and sensitive framework. These considerations are not for rural psychologists alone. In fact, Slama (2004) argues that psychologists working in urban settings need to be aware of the considerations since rural individuals go to larger centres when services are not available in their own rural community. Now that many psychologists have

moved to online services due to the recent pandemic, many more urban psychologists may now be serving rural communities. Urban psychologists can also learn a great deal about relationships with rural clients from the experiences of rural psychologists who have worked directly with rural clients in their communities.

Along with the multitude of barriers for rural clients, rural psychologists experience difficulties being trusted and accepted as appropriate helpers when they are considered to be outsiders. Distrust is an example of a phenomenon that can hinder the development of therapeutic relationships. This is important since the strength of the therapeutic relationship appears to have a great deal of impact on the therapeutic outcome. More research is needed exploring relational aspects in rural practice and what this looks like within ethical parameters. The current study explored how psychologists and clients in rural settings experience the development of helpful therapeutic relationships that can lead to successful outcomes. Research findings have the potential to contribute to training, mental health policy, and psychological practice.

Chapter 3: Methodology and Methods

In this study, I interviewed six rural psychologists and four rural clients who had been clients of rural psychologists. I wished to better understand how therapeutic relationships are developed between rurally located psychologists who are considered outsiders and individuals considered to be local insiders of rural communities in Alberta.

The research was undertaken as an interpretive inquiry, situated in the social constructivist paradigm, with narrative and hermeneutic commitments (Guba & Lincoln, 1994). The research approach, including the data collection and analysis activities, was adapted from an interpretive inquiry protocol provided by Ellis (Ellis et al., 2013; Tine & Ellis, 2022). The protocol entailed: using a holistic question to guide data collection rather than only the research question; providing pre-interview activities and having these serve as the focus at the commencement of the interviews; preparing groups of open-ended questions beginning with a group of “getting to know you” questions followed by additional groups of questions with topics that either (a) move from the general to the specific, and/or (b) move from the past to the present. In my study, the topics of these subsequent groups of questions were “insider-outsider experiences” followed by “therapeutic relationships.”

This chapter presents: general ideas about interpretive inquiry; a discussion of the social constructivist paradigm; an explanation of key ideas from hermeneutics that informed the research processes; ethical considerations; an overview of data collection activities; an overview of data analysis activities; ideas about evaluation of the goodness of the study and of its interpretive account; and researcher reflections and reflexivity.

Interpretive Inquiry

Interpretive inquiry distinguishes itself from some other forms of qualitative research by being concerned with learning about the meaning of participant experiences. Moreover, interpretive inquiry differs from other forms of qualitative research in that it views stories as the unit of analysis (Mishler, 1986) and 1) is concerned with meaning in what is often taken-for-granted, and 2) aims to form new concepts (i.e., practical ideas and wisdom) rather than only applying existing concepts, to help organizations or researchers (Putnam & Banghart, 2017). An open and holistic approach to interpretation of participants' experiences of a phenomenon or event is expected to lead to understanding that supports helpful action (Packer & Addison, 1989, cited by Ellis, 1998b).

Patterson and Williams (2002) have argued that any discussion about how to engage in interpretive research must identify “the specific system of qualitative research principles being discussed” (p. 2). They asserted that a coherent and internally consistent set of research principles constitutes a paradigm and that the interpretive paradigm serving as a guide for the collection and analysis of qualitative data in their book is hermeneutics. The data collection and analysis processes employed in my research also claim a foundation in a hermeneutics paradigm. A number of the key guiding principles from hermeneutics are outlined in the section, “Hermeneutic Philosophy.”

Social Constructivist Paradigm

The social constructivist paradigm, informed by hermeneutic philosophy, is the major theoretical framework underlying this interpretive inquiry study. The ontological stance of the social constructivist paradigm is that there is no single humanly constructed truth or reality (Guba & Lincoln, 1994). Hermeneutic philosophy, described in detail below, further explains that since humans are finite beings, they are only able to see what their horizons (i.e.,

perspectives) allow (Gadamer, 1975/2013). Indeed, Heidegger maintained that all perspectives are partial, and the role of the researcher is to seek better understanding and to gain insight about people's experience of the phenomenon (Heidegger, 1927/1962, cited by Packer & Addison, 1989 and Ellis, 1998b).

Patterson and Williams (2002) hold that "the study of human experience and meaning is an interpretive activity" (p. 22). The process of interpretation involves a "fusion of two horizons of meaning" (Patterson & Williams, 2002, p. 22, citing Gadamer). The participant (the actor) represents one horizon of understanding, and the researcher (the listener or reader) represents the other horizon. The researcher's horizon of meaning can be explained by Heidegger's "forestructure of understanding" which argues that "we understand in terms of what we already know" (Patterson & Williams, 2002, p. 22). Indeed, often, "unless something is completely foreign, we approach it with a preliminary understanding that is shaped by past experience, life styles, and culture" (Patterson & Williams, 2002, p. 23). Patterson and Williams (2002), citing Gadamer, argue that acknowledging the researcher's preliminary understanding and potential biases and prejudices "is not a barrier to be overcome by science, but it is instead the positive possibility of interpretation" (p. 23). By acknowledging this forestructure intentionally and with humility, the researcher can ask open questions where the answer may provide new or differing insights.

Phenomena are therefore interpreted based on the participant's horizon of meaning (their own insights, understanding, and local context), the researcher's forestructure, and the larger context within which the phenomenon exists. Indeed, Patterson and Williams (2002) argue that:

The whole context in which behaviour must be interpreted is comprised of much more than the actor's structuring of the world and personal understanding of his

or her own motives (Terwee, 1990:123). Meaning and action are based in a context of situational influences, shared cultural practices, and social ideologies that might not be immediately apparent to the actor (Addison, 1989:52). As a result, it may be possible for the researcher to step back and, with the benefit of hindsight, see the whole situation and understand the meaning of actions more fully (or at least in a different light) than the individual actor (Hekman, 1984:339; Terwee, 1990:133). (p. 23)

To achieve a “fusion of horizons,” a dialogical encounter (i.e., questions and answers) occurs between the researcher and participant (Ellis, 2006, citing Smith, 1991; Patterson & Williams, 2002). This encounter involves “a to-and-fro movement” in which “both what we seek to understand and our prejudices are dynamically involved in each other” (Patterson & Williams, 2002, p. 23, citing Bernstein, 1986, p. 91). This dialogic encounter is characterized by an openness to new insights rather than an attempt to confirm previous assumptions (Patterson & Williams, 2002). As a result of this process, the openness about the researcher’s forestructure facilitates an openness to new insights and understandings that may or may not align with the preliminary understanding (Patterson & Williams, 2002). In-depth interviews with open-ended holistic questions, supplemented with pre-interview activities to allow for contextual information and deeper reflection, are data collection methods that invite the necessary “to-and-fro dialogue” required to accomplish a “fusion of horizons” (Patterson & Williams, 2002).

As the researcher establishes fusions of horizons with individual participants and the different parts of their experiences, their understanding of the whole can become more sophisticated (Guba & Lincoln, 1994). The aim of this research was to first work with individual cases (participants) and accomplish a “fusion of horizons” with the goal to gain insight into

individual experiences. Through dialectical engagement with participants and the to-and-fro dialogue of questions and answers, I learned about participants' forestructure, perspectives, and meanings (Guba & Lincoln, 1994; Patterson & Williams, 2002). In addition to participant forestructure, my own forestructure was identified prior to meeting any participants and is shared at the end of this chapter. I reflected on my forestructure throughout the process to continually remain open to new insights and alternative understandings. Along with the researcher and actor horizons of understanding, I took into consideration larger contextual considerations such as societal norms, the influence of culture, and current events (e.g., the Covid-19 pandemic which occurred during data collection).

Hermeneutic Philosophy

Hermeneutics is the philosophy of interpretation. Though influenced by even earlier thinkers, hermeneutics began formally in the 17th century with a focus on interpreting theological texts. In the 19th and 20th century, hermeneutics shifted to interpreting art and other texts, and finally, to interpreting phenomena in the human sciences (Moules, et al., 2015). Patterson and Williams (2002) refer to the final tradition as projective or productive hermeneutics. The term, "productive," expresses recognition that the interpretation that is sought in a study is not waiting to be discovered but is actively "produced" by the researcher in the process of analysis. Productive hermeneutics is associated most closely with the philosophies of Hans-Georg Gadamer, Paul Ricoeur, and Martin Heidegger.

Ellis (1998a, pp. 7-8) offered these reassurances regarding concerns about relativism and the value of interpretations resulting from hermeneutic inquiries:

Philosophical hermeneutics, elaborated by Gadamer (1989) in *Truth and Method*, has clarified that there is no reality "out there," no meaning or knowledge waiting

to be disclosed to the "mind's eye," until the act of understanding brings it into being. Knowledge is the product of human activity. We create rather than find meaning or knowledge. Therefore, we can relinquish any fear that we will somehow miss finding "objective reality." Nor is a uniquely correct interpretation possible since perception is interpretation and each person perceives from a different vantage point and history.

Sometimes new researchers feel uncomfortable about the idea that their interpretations can count as knowledge. The prospect of this responsibility raises concerns about relativism since each person perceives differently. Each person, however, has a consciousness open to a reality shared in a community. As Greene (1994) observed, "modes of interpretation arise from a community" (p. 437).

Moreover, each person communicates in language they expect others to understand: "To share in the world is to share in language" (Smith, 1993, p. 137).

Gadamer's foundational work in *Truth and Method* has identified what takes place in the act of developing understanding. Work by North American scholars such as Patterson and Williams (2002), Packer and Addison (1989), Smith (1991, 2002, 2010), Jardine (1998, 2000) and Ellis (1998, 2006) has highlighted how key ideas and metaphors from hermeneutics can inform thinking and practice in the conduct of self-consciously interpretive research. I provide an overview of some of these key ideas and metaphors in the next section.

Central Ideas in Hermeneutics

Three key ideas have remained central in hermeneutics since they were first introduced by Schleiermacher in the early 1800s. These include: "the inherently creative character of

interpretation, the importance of part-whole, micro-macro relationships, and the key role of language and history” (Ellis, 2006, p. 115 citing Schleiermacher, Wojcik, & Haas, 1978).

Interpretation as a Creative Activity. Interpretive inquiry is viewed as an inherently creative activity (Ellis, 1998b). Interpretation is creative in that the researcher works holistically and without imposing specific pre-determined concepts or classifications (Ellis, 1998b). Ellis (2006) explains that while the researcher is expected to be aware of existing literature and concepts, they must resist only seeing things from the perspective of their forestructure. The structure of the interview facilitates openness to gaining new insight and Ellis (2006) explains:

The purpose of interpretation is to discern the intent or meaning behind another’s expression. To do this, one uses everything one knows to inform interpretation.

So for example, as a teacher tries to make sense of a student’s question, he or she uses all of his or her knowledge of the student and context to inform her interpretation of the meaning of the student’s question. Researchers, on the other hand, often do not share daily life with participants. Thus it is helpful to engage in “getting to know you” activities to develop a backdrop that can inform interpretation of what the participant says about the research topic itself. (p. 115)

To use everything one knows to inform interpretation means that the researcher is working holistically rather than using a “categories first” approach that can reduce the complexity of a participant’s experience to a few pre-determined variables. So although related literature or theories may offer taxonomies or classification systems for interpreting participants’ experiences, a researcher proceeds with awareness of these but refrains from imposing them reductively. To be committed

to learning what the participant means by his or her expression is to be committed to learning about the wholeness and complexity of his or her experience. (p. 115)

Part-Whole Relationships. Hermeneutics places focus on part-whole, micro-macro relationships. Indeed, Ellis (2006) explains that “to understand the whole, one must understand the parts; to understand a part, one must understand its role in relationship to the other parts and to the whole” (p. 116). What results is what is known as a hermeneutic circle, a “back-and-forth movement between the part and the whole, a movement that has no natural starting point or end point” (Ellis, 2006, p. 116). The concept of the “hermeneutic circle” will be described in greater detail below.

The Role of Language and History. The important roles of language and history form the third key idea from Schleiermacher in hermeneutics (Ellis, 2006; Smith, 1991, 2002). Individuals use language differently based on contexts and histories. Thus, language can take on diverse meanings and can be used in varying ways. Ellis (2006) writes that “language both enables and limits interpretation” (p. 116). When the researcher and participant use or understand language in different ways, interpretation can be impacted. However, Ellis (2006) reminds that, “language used by participants provides a window into the discourses of communities in which participants live and from which they derive meaning” (p. 117).

To address the importance of language and meaning in interpretation, my interview protocol included “getting to know you” questions to learn more about participant context, history, preoccupations, and motivations. As a result, I was able to add holistic information into my hermeneutic circle process to enrich interpretations and understandings. Additional steps taken to consider language included avoiding the assumption of shared language and being aware of the

power of language while writing accounts. The open-ended questions in the interviews were pilot-tested to ensure they could capture different experiences and meanings. I understand that my own use of language is informed by my history and forestructure, and the findings and implications of this research are offered as a perspective. Though I try to emulate Hermes as a messenger between worlds (Grau, 2014), I am limited by my finite status as a human.

The Hermeneutic Circle

In hermeneutic inquiry, the process of analysis, or interpretation, is viewed as a cyclical and dynamic process; this process of analysis has been dubbed “the hermeneutic circle” (Packer & Addison, 1989). The hermeneutic circle process in an interpretive inquiry has been described by Packer and Addison (1989) as a three-part process. First, the researcher enters the circle in the right way, with an understanding of the role of their forestructure and “a workable perspective from which interpretation can proceed” (p. 3). The forestructure is the researcher’s initial understanding of the experience. Patterson and Williams (2002) state that “we understand in terms of what we already know... Knowledge cannot be constructed from scratch... The forestructure of our understanding (our prejudices) is the scaffolding upon which knowledge is built (p. 23). Second, the researcher works with conscious awareness of what is or should be taking place in the forward and backward arcs of the hermeneutic circle process (Packer & Addison, 1989). In the forward arc, the researcher attempts to initially understand the data being analyzed, based on their forestructure (Ellis, 1998b; Packer & Addison, 1989). The forward arc cannot be avoided and is a natural human tendency (Ellis, 1998b). However, it is in the backward arc where the researcher re-examines their initial understanding of the data. In re-reading the material after a first interpretation, the researcher looks for the surprises and the unexpected and

searches for the most comprehensive interpretation. To do so, researchers consider other possible explanatory conceptual frameworks. The researcher looks for a conceptual framework that explains more of what was expressed by the participant and also searches for anything that contradicts the first interpretation from the forward arc (Ellis, 1998b). Finally, the third phase involves reflection and evaluation of the outcome, the final interpretive account (Packer & Addison, 1989).

Ellis (1998b) describes interpretive work as taking place in “a series of loops in a spiral” (p. 19). Loops in the hermeneutic spiral may represent separate data collection activities or analyses undertaken by the researcher during the interpretive inquiry (Ellis, 1998b). Alternatively, in analysis, each loop can be a return to a section of a transcript with a different question. Loops might also include having follow-up interviews or naturalistic observations of site activities. Indeed, the researcher’s engagement in multiple and differing loops are attempts to gain new perspectives and understandings of a participant’s experience or of a phenomenon of interest (Ellis, 1998b).

The loops in the current study included searching the literature, interviewing participants, as well as several stages of analysis of participants stories. I approached each loop with a question and what I learned in each loop provided direction for the next loop (Ellis, 1998b). Indeed, in this study, each loop uncovered something interesting about the topic. By starting with an understanding of history and the current context and entering sequential loops in the spiral, “we accumulate a knowing that propels us into the future, all the while incorporating our understanding of the past” (Mayers, 2001, p. 12). In addition to recognizing my forestructure by writing reflections prior to data collection,

hermeneutic analysis began with reading the text to understand the “whole” (Patterson & Williams, 2002). An interview can contain a number of stories if participants are allowed space to share (Mishler, 1986). I interpreted each story in the light of all the other little stories shared throughout the interview. Through the process of engaging in the hermeneutic circle and in a series of different loops, I became aware of the relationship between previously held understandings and the new understandings that were being developed about the phenomenon of interest.

Another researcher, or myself in future research, may later uncover new insights that I did not uncover in this inquiry. Future research may draw upon or be informed by alternative analytic frameworks and therefore, may draw different conclusions about my research. While the future may hold alternative interpretations of a phenomenon, Patterson and Williams (2002) defend the integrity of hermeneutic research and state that it is a systematic method, “progressing through a cyclical analysis in which this position is evaluated (tested) and modified on the basis of empirical analysis” (pp. 27-28). Illustrative material is presented to substantiate interpretive accounts that are offered at the end of the research process (Ellis, 1998b). Ellis (1998b) explains the importance of illustrative material in interpretive accounts:

One way or another, the writers offer interpretations or arguments and they must support them by enough illustrative material to enable readers with different perspectives to form their own interpretations. The readers should have enough illustrative material to make sense of the research from their own standpoints while still understanding how the researcher could see things the way he or she does. (p. 32)

In the current research, I wanted to acquire new insights that might lead to helpful action. To accomplish this, I maintained openness to recognize new part-whole relationships. Throughout this process, I was acutely aware that I did not want to merely defend my original position on the topic. Hermeneutics requires movement and growth; to learn, I had to be willing to move in the circle.

Entering the Circle in the Right Way

The researcher's role in productive hermeneutics is active (Patterson & Williams, 2002) and has been labeled the "passionate participant" (Guba & Lincoln, 1994). The researcher approaches participants and the phenomenon with humility, openness, and genuine caring about the person and problem about which they wish to learn. Indeed, they go into the research wanting to learn something rather than simply validating their existing belief. Researchers enter the circle expecting that participants will teach the researcher what they know and how they see things. Packer and Addison (1989) explain this as "discovering an appropriate workable perspective from which interpretation can proceed" (p. 3). The researcher is not simply passive however, and the need for dialectical engagement to accomplish a "fusion of horizons" is an important component of interpretive work.

Ethical Considerations and Steps Taken

Interpretive inquiry research with human participants is relational in nature. Thus, a sound understanding of standard ethics and relational ethics is required. Moreover, research conducted in small communities of practice require special considerations. University ethics board standards can be considered the essential and minimal guidelines for research (Magolda & Weems, 2002). Standard ethical considerations included factors such as informed consent, confidentiality, anonymity, a discussion of risks and benefits, and the right to withdraw without

fear of consequence (see the Letters of Information and Consent forms in Appendices B, C, and D). Informed consent took place formally prior to the interview by having participants consent verbally and in writing (Yin, 2009). This study did not use any form of deception and, to the best of the researcher's ability, made certain that participants understood their rights.

Special consideration was given to developing ethical guidelines, over and above common ethical practices, to protect all who gave voice to their experiences in this project. When working with vulnerable or marginalized groups, Yin (2009) advises that preventative measures may need to be put into place. This study invited only individuals above the age of 18 and therefore, did not face issues related to interviewing minors. However, this study worked to explore experiences of rural individuals who have been identified as a vulnerable and minority group (Bryant & Joseph, 2001). Rural areas are also often home to Indigenous and ethnoreligious groups and special attention was given to respect, trust, and positions of power. Protocols to working with Indigenous, religious, and immigrant groups were followed according to current ethical standards and existing literature (for example, see Hall, 2014).

Additional relational ethical considerations included issues of confidentiality, anonymity, and boundaries (Wilson-Forsberg & Easley, 2012). "Fishbowl ethics" is a term describing what occurs in small communities when nothing can be easily hidden, and when everyone seems to know what happens within the community. All interviews were done via the Zoom video platform. While Zoom was chosen due to Covid-19 restrictions, telepsychology allowed for more privacy. Anonymizing transcripts was also done in a careful way as there are multiple demographic or situational issues that could easily identify a rural individual. Finally, I paid special attention to the sociocultural context like the values of family, community, toughness, stoicism, hard work, and traditional norms.

Magolda and Weems (2002) argue that qualitative research should be designed as, “a “lover model,” built on face-to-face contact, mutual respect, trust, and mutual negotiation, rather than a “rape model,” where the researcher takes what is desired and leaves” (p. 493). While this is a strong metaphor and many may react to the language, it works in that it is memorable. The truth is, it is harder to “do no harm” than to merely declare it (Magolda & Weems, 2002).

Researchers have multiple obligations, timelines, and so forth, and it can be difficult to spend the time to ensure the “lover model” of research. A researcher exploring rural topics must also be aware that the dissemination of findings to communities and beyond can cause “big waves in a small pond” (Wilson-Forsberg & Easley, 2012, p. 286). It is vital to be respectful of stories told and ensure findings are to be represented with the goal to support helpful action. A copy of the Research Ethics Board letter of approval is available in Appendix A.

The Questions

In interpretive inquiry research, there exist different types of questions (Ellis, 2006). There is typically a research question or interest and another holistic question to guide the development of data collection processes. To support possibilities for discerning part-whole relationships and more confidently interpreting anything shared about the research topic, the question guiding the development of interview protocols or observations needs to be holistic. In Tine and Ellis (2022, pp. 153-154), Ellis has explained why only using interview questions that are narrowly focused on the research question may not be productive:

In our research courses, some of the interview questions drafted by class members implied an expectation that interview participants could readily tell them the answers to their research questions. Within Heidegger’s concept of modes of engagement, the “ready-to-hand” mode of engagement reveals why this is

unlikely. Packer (1985, as cited in Patterson & Williams, 2002, p. 17) explained that the ready-to-hand mode of engagement is most closely associated with everyday personal projects and that human awareness during this form of activity is holistic. Patterson and Williams summarized these ideas in hermeneutics about how

much of our everyday experience occurs in the ready-to-hand mode of engagement, as practical activity in which actions and emotions are structured by (1) the situation, (2) cultural practices, and (3) current projects and concerns that include habitual responses that are so familiar they are taken for granted. (p. 17)

They concluded that as a consequence, “‘ready-to-hand’ modes of experience are most appropriately viewed as an emergent narrative rather than as predictable outcomes resulting from the causal interaction of antecedent elements” (pp. 17-18). Helpful interviews about everyday experience, then, will invite stories that can be reflected upon and interpreted in the light of all the other stories told (Mishler, 1986). Direct requests for analysis or for “the answers to the research questions” may fail to advance understanding if participants quickly (and perhaps unreflectively) reply with explanations or analyses that will simply sound sensible and competent within the current discourses of the time and context.

The primary research question guiding this study was: How do helpful therapeutic relationships develop between rurally located psychologists considered to be outsiders and rural clients considered to be insiders of rural communities in Alberta? The broad holistic questions that guide data collection and analysis included:

- How do psychologists in rural communities considered to be outsiders, experience the development of therapeutic relationships with insider rural clients?
- How do insider rural clients experience the development of therapeutic relationships with psychologists in their community considered to be outsiders?

Formulating guiding research questions allows for the opportunity to view participants' experiences of their situations, contexts, and experience in a holistic way (Ellis, 2006). Other related questions of interest to the study were:

- How do participants describe and define these relationships?
- What is the meaning or significance of psychological therapeutic sessions/encounters for participants?
- What are the concrete practicalities of how outsider psychologists and insider clients in rural settings form relationships?
- How long did it take for the relationships to become meaningful, comfortable, satisfying, or therapeutically effective?
- What are the indicators of growth in professional therapeutic relationships between outsider rural psychologists and insider rural clients?
- Are there any global general dynamics that provide a foundation for how rural psychological therapeutic relationships work?

Including questions of interest related to the main research question follow the model used by Small-McGinley (2000) and sub-questions have been adapted from the study to fit the current study.

The Participants

Ten individuals in total were invited to participate in this study and comprised two separate groups. Four rural individuals who have been the client of a rural psychologist in or around their community considered to be an outsider, agreed to participate in the study. To learn about experiences, strategies, and practices from the perspectives of practitioners, six psychologists considered to be outsiders, working in or commuting to rural areas, were recruited. Participants were 18 years of age or older and had the capacity to consent to research. Individuals deemed not competent (e.g., cognitively, in an active state of psychosis, or under the influence of a substance) were not to be interviewed, though this concern did not arise.

Of note, psychologists invited to participate were required to have a minimum of one year of practice in rural settings. The first one to two years of work as a rural psychologist have been described as an establishment period for developing a practice in rural settings (this includes aspects such as developing relationships with professionals in the community and starting to increase community involvement) (Enright, 1992). This is not a rule written in stone, but it provides a general timeline for inclusion criteria for the psychologists and their ability to speak about this phenomenon. Malone (2011) defines rural psychological practice in Canada as:

Conditions in (a), (b), (c), and (d) must be present

a. Professional practice of psychology in, or for, a community where at least two of the following are present:

1. Size – The population of the community is less than 15 000 people.

Communities of 15 000 to 40 000 people may be considered if they also meet the remoteness and resources criteria.

2. Remoteness – The community is outside the commuting zone of an urban centre by at least 150 kilometres. Alternatively, community residents are required

to access an urban centre for health services but there is no public transportation to that centre or travel can be hazardous during inclement weather.

3. *Resources* – The government of Canada considers the community to have insufficient access to health care, mental health services, or amenities for the service demand. Alternatively, Statistics Canada lists the community as one currently experiencing socioeconomic distress.

b. Professional practice may be general in nature or in response to a wide range of presenting problems as community needs do not support specialisation outside of specific settings (such as schools or clinics). This can be due to insufficient health care services, a small population base, or lack of suitable alternate community resources.

c. Adaptation of professional practice norms is often required to accommodate geographical barriers and resource limitations. These may include: telephone services, travel to provide services, consultative service delivery, or specific assessment and treatment modifications.

d. Ethical issues could arise in relation to (a), (b), and (c).

(Malone, 2011, p. 5)

Research participants had to fit criteria in Malone's (2011) model to be included in the study.

Some of the rural psychologist participants worked in larger rural settings, closer to urban settings and this was considered as a contextual factor during interpretation.

In response to the WHO's request for the collection of information at regional levels (see Chapter 1) (World Health Organization, 2013), and to provide a firm basis for future inquiry (across Canada, but also internationally), this research was restricted to the province of Alberta

as a starting point. This decision also considered feasibility factors, such as time and resource limitations. Rural areas can at times, tend to be homogenous in terms of cultural groups. However, diverse groups and people live in rural communities. For example, rural areas have a high number of Indigenous and ethnoreligious individuals (Friesen, 2017). Therefore, this research invited participants of all backgrounds to welcome diverse perspectives and stories. Attention was given to the sensitivity required to work with cross-cultural groups (i.e., Indigenous, religious, immigrants). General protocol guidelines based on the literature ensured ethical and moral guidelines were carefully followed. For example, Tri-Council Policy Statement guidelines were consulted for the inclusion of Indigenous participants (Government of Canada, 2019). The Tri-Council identifies three principles that convey core ethical values including “respect for persons, concern for welfare, and justice” (Government of Canada, 2019); the core ethical values were used for all participants and cultural protocols were consulted for various cultural groups whenever possible.

Data Collection

Recruitment

Following ethics approval, participants were recruited through purposive sampling. The following sections describe the recruitment process for the two groups involved.

Recruitment of Psychologists Considered to be Outsiders in Rural Settings.

Psychologists were recruited through self-nomination and nomination by others. In the original proposal, I had hoped that rural psychologists would be nominated by others (Jennings & Skovholt, 1999; Trotter II, 2012) whereby rural individuals or colleagues would nominate a psychologist considered to be an outsider who has also done an excellent job developing a reputable and effective practice in a rural setting. When insufficient nominations occurred,

consultation was undertaken and it was decided that due to rural psychologists in Alberta being such a small community of practice, we would also allow for self-nomination. An ethics amendment was approved for this on March 12, 2021. I sent notices via post to local health centres across rural Alberta including medical centres and primary care networks. I also advertised through online social media sites and postings on local community websites where appropriate. I expect that psychologists heard about this nomination process through a snowball sampling effect as well. Potential participants were contacted by the researcher or they contacted the researcher directly and were invited to participate if they met the selection criteria.

Recruitment of Rural Clients Considered to be Insiders. To recruit rural clients, I sent notices via post to local health centres across rural Alberta including medical centres and primary care networks. Advertisements were also placed on social media platforms and postings on community online pages, as appropriate. Potential participants were directed to contact me directly and at this time, I ensured the potential participant met inclusion criteria. A combination of advertisements and snowball sampling successfully and ethically recruited enough rural individual participants. Of note is that it was more challenging to recruit rural clients than rural psychologists. This is addressed in the limitations and considerations section.

Interviews. In interpretive inquiry research, interviews are often a key data collection method and are conducted with great preparation and caring. To explore participant experiences, individual semi-structured interviews were conducted and commenced with participants' presentations of any completed pre-interview activities (PIAs). Interviews were audiotaped and transcribed verbatim. I transcribed interviews along with three volunteer assistants (volunteers were trained and signed confidentiality agreements and I checked each completed transcript myself for accuracy). The interviews ranged from one to two-and-a-half hours across

participants. Participants were given a 25-dollar gift card for their participation to thank them for their valuable time and to cover any time away from work.

The interview protocols were adapted from the work of Ellis (2006; Ellis et al., 2013; and Tine & Ellis, 2022) and, as mentioned, are an important data collection method often used in interpretive inquiries. Researchers conducting interviews are inviting conversation and hope to create an environment of trust that can lead to an uncovering of new insights; they hope that the participants will not feel the need to conceal important information (Weber, 1986). Weber (1986) urges researchers to approach interviews with a genuine openness and humility: “We cannot and should not be unaffected by what is said, unless of course we are either not listening or are simply denying what we feel under the false and smug cloak of scientific objectivity” (p. 69). Attending to the interview enhances the likelihood that the researcher enters the hermeneutic circle in a helpful way (Ellis et al., 2011 citing Packer & Addison, 1989). The interview itself commenced with a discussion of pre-interview activities (described below), then moved to “getting to know you” questions; this further facilitated the development of rapport and an understanding of what the participant valued, what preoccupied them, and their motivations (Ellis, 2011). After getting to know more about the participant, what matters to them, and their context, open-ended questions were asked about insider-outsider experiences and then about therapeutic relationships. Sample interview questions underwent pilot-testing before data collection to determine if they could adequately invite participant experiences. See Appendices G and H for the Interview Protocols.

Pre-interview activities. In the week prior to the interview, individuals were asked to complete various pre-interview activities (PIAs) based on the interpretive inquiry interview protocol presented by Ellis in (Ellis, 2006; Ellis et al., 2013; and Tine & Ellis, 2022). All but one

participant completed and shared PIAs. Pre-interview activities involved having participants complete several activities of their choice from a list of options. These included diagrams, drawings, lists, or schedules. Participants were asked to bring completed PIAs to the interview to discuss prior to my asking the questions from the groups of semi-structured interview questions.

Including pre-interview activities is another method used to effectively enter the hermeneutic circle and provides contextual information that informs the interview and later interpretation. Having participants complete PIAs has additional benefits. Completing the PIAs can help participants to recall events related to the phenomenon of interest and viewing the ideas and recalled events portrayed in their own PIAs can activate their further reflection on these events and ideas. PIAs can also allow participants to express perspectives or emotions that are difficult to put into words. Following Berger's ideas (as cited by Ellis et al., 2013) the simple images in the PIAs may stimulate "a faster onrush of memories [than a more detailed image or colour photograph] because less has been given, more has been left out" (pp. 490-491). Further, Harper (as cited in Ellis et al. 2013) explained that "the parts of the brain that process visual information are evolutionarily older than the parts that process verbal information," and as a consequence, "images evoke deeper elements of human consciousness than do words" (pp. 490-491). Inviting participants to talk about their completed PIAs can also tell participants that you have a genuine interest in them, their life, and their experiences.

Lees et al. (2018) discusses the concern that having only one interview could be a limitation as it may represent one moment in time for a participant and may miss other contexts. While follow-up interviews were offered in case participants or the researcher wanted to clarify anything or gain additional context, no participant chose this option. In my study only having one interview was not necessarily a limitation. Indeed, the use of PIAs has been stated to reduce

the need for multiple interviews with participants as it allows participants to start reflecting on the topic prior to the interview date and provides context for their lives (Lees et al., 2018). The interviews in this study also tended to be lengthy and rich, and participants provided examples of context informing their horizons of meaning. Ellis et al., (2013) explains how PIAs also serve to get participants accustomed to talking at length in interviews:

At the same time, the researcher must succeed in diffusing power differences, supporting negotiation of social roles, and creating a “new kind of interpersonal context,” one that “violates many of the norms of everyday conversation” ([Brenner], p. 366). For example, in interviews, researchers need participants to do the majority of the talking and to provide lengthier, more elaborated stories than would be expected in everyday conversations. Brenner also suggested that it is helpful for interviewers to quickly learn the participant’s personal and cultural vocabulary and framework so that these can be incorporated into later questions about the general areas to be explored. (p. 362)

Prompts for PIAs were adapted from those recommended by Ellis in (Ellis, 2006; Ellis et al., 2013) and can be found in Appendix G and Appendix H. Participant materials, specifically pre-interview activities, are shared in this dissertation with the consent of participants.

Analysis of Interview Transcripts

For this project, interview transcripts were analyzed holistically within a hermeneutic, narrative framework following guidelines developed by J. Ellis and by whom this researcher has been trained. As explained and illustrated in Tine and Ellis (2022) this process entails: identifying individual stories or segments as units for analysis; identifying the topics and potential themes in each of these; grouping the units according to overarching themes; revisiting

key statements about important topics/research questions and interpreting these more confidently in the light of the prominent themes that were identified in this part-whole analysis.

Ellis (2006) cites Carr (1986) who observed that people can only tell about their experiences through the use of stories. Ellis (2006) also cites the work of Mishler (1986) who illustrated that participants share stories that hold meaning and that the narratives, rather than isolated phrases or words, should be considered the unit of analysis. Ellis (2006) explained the centrality of stories in analysis of interviews:

In many instances, research participants can best reveal their sense-making and experience narratively. Sarbin (1986) suggests that narrative is the most useful and coherent root metaphor of experience. Carr (1986) argues that people can relate their experience only through narratives and that the stories people tell themselves about their lives and the world are the realities with which they live. Mishler (1986) argues that in interviews, participants will offer responses in the form of narratives if allowed the space and that in analyses of interview transcripts, narratives should be the unit of analysis rather than key phrases or ideas of interest for coding. (p. 112)

As Brenner (2006) has outlined, 1) the type of interview employed gives direction to the possibilities for analysis steps and 2) common to all analysis approaches is the importance of being systematic in some way. Polkinghorne's (1995) protocol for narrative inquiry is an analysis method that aims to be systematic within hermeneutic philosophy and provided the guidelines for stages of analysis, in terms of 1) *narrative analysis* first for each individual participant, followed by 2) *analysis of narratives* among participants or between groups of participants.

Narrative Inquiry

Narrative inquiry is an approach to analysis that considers meaning in stories that people tell. It has been defined as, “a subset of qualitative research designs in which stories are used to describe human action” (Polkinghorne, 1995, p. 5). In Ellis’s (2006) work with narrative approaches she outlined a process for undertaking narrative inquiry with a child or youth in order to craft a “narrative portrait” (p. 121). The intention of the narrative inquiry process she described was to:

gain an appreciation of the child in terms of what is important to him or her – values, motivations, likes, dislikes, interests, pastimes, preoccupations, fears, hopes, aspirations, significant others – and how he or she makes sense of his or her own and others’ experiences. (p. 121).

This process entailed starting with pre-interview activities and “getting to know you” questions. She also discussed “adaptations of this process to extend interviews that would otherwise be focused on the research topic which is often just a single component of a child’s experience” (p. 121). Similarly, researchers use PIAs and clusters of open-ended questions (Tine & Ellis, 2022) to invite stories and study important experiences of adults. The purpose of this kind of narrative inquiry is to craft a narrative portrait. In the current study, the narrative portraits focus on the participants’ experiences, motivations, values, etc. related to the research question. Narrative portraits were used to introduce each participant in this study.

To work with the interview transcripts of individual participants and groups of participants, I also took guidance from Polkinghorne’s (1995) explanations about two types of analysis when working with narratives: **analysis of narratives** (aligning with paradigmatic knowledge) and **narrative analysis** (aligning with narrative knowledge).

Narrative Analysis. Narrative analysis entails working with all stories from a single participant to synthesize a coherent narrative. The end result of narrative analysis, a story, occurs through the use of hermeneutics. Specifically, “the creation of a text involves the to-and-fro movement from parts to whole that is involved in comprehending a finished text” (Polkinghorne, 1995, p. 16).

Analysis of Narratives. Analysis of narratives (aligning with paradigmatic knowledge) is intended “to locate common themes or conceptual manifestations among the stories collected as data” (Polkinghorne, 1995, p. 13). Paradigmatic analysis is undertaken to describe concepts that emerge across narratives (from an entire group of participants) and also the relationships between concepts or categories.

The argument to use both methods in analysis is to maintain the fruitfulness of understanding we can glean from individual stories while also describing a phenomenon based on the accounts of several individuals. In the case of the current research, I sought to understand individual experiences of clients and psychologists but also commonalities and differences across individuals and groups. Upon the suggestion of my supervisor, I used NVivo Software to analyze, manage, and organize the wealth and enormous amount of data that emerged given the large sample size. The analysis occurred in a series of phases and steps which I now describe (Polkinghorne, 1995).

Phase 1: Narrative Analysis. As per recommendations by Polkinghorne (1995), I first conducted a narrative analysis for each individual participant. The first step involved describing the unique experiences the individual has had. This process involves developing a narrative portrait for each participant and telling the story of their experiences of the phenomenon of interest. Each narrative portrait is constructed based on the semi-structured interview with the

participant (including discussion of the PIAs, the “getting to know you” questions, and the remaining interview protocol). I have created the narrative portraits by briefly introducing each participant (using a pseudonym of their choice), their demographics (limited due to the nature of rural considerations), and some context about their experience living in rural communities and experiences either as a client or as a psychologist. Values, motivations, or preoccupations that were revealed in the interview are described. The purpose of the narrative portrait is to show the coherence of an interpretation about the participant’s experience of the phenomenon (i.e., all the part-whole relationships). Narrative portraits provide substantiation (i.e., illustrative material) for any claims made in the findings. Honouring part-whole relationships through the creation of narrative portraits expresses respect and value to each individual’s experience.

The steps of the narrative analysis for individual participants are listed here:

- 1) The interviews were transcribed verbatim, and I read them several times to familiarize myself with the stories being told, keeping in mind the narrative as a whole (Ellis, 2006).
- 2) I identified and selected stories from the transcript. Specifically, this involved selecting meaningful units (stories) (Mishler, 1986). Certain stories were not selected to be included in the narrative portraits for the protection of privacy of the participants in “case study style research” (i.e., intensive research with small numbers, where people could be identifiable, especially in a small community of practice).
- 3) I identified the topics of stories, that is, what was each story about? To search for themes, I identified key motivations, aspirations, hopes, fears, likes, dislikes, values, beliefs, habits, preoccupations, and metaphors used by the participant that were revealed in the stories (Ellis, 2006). I then looked at which of these key ideas (i.e., potential themes) were commonly revealed across stories and especially in stories about different topics.

- 4) I collapsed the themes into higher level themes, sometimes referred to as “Big Ideas” (Kuzich, 2019).
- 5) Interpretations occur at all these levels and continue through the writing process. Cases are written in narrative form for each individual participant. An example of narrative writing in interpretive inquiry is Blackman (2016) or my own previous work (Friesen, 2017).

Phase 2: Analysis of Narratives. The purpose of the analysis of narratives is to identify common themes, patterns, key dynamics, or differences 1) first within each group and then, 2) across both groups (Polkinghorne, 1995).

Phase 2a: Within-Group Analysis. During the first part of the second phase, an analysis of narratives was conducted within groups. One group included all clients and the other group included all psychologists. In this phase, I studied the narrative portraits of all participants to identify shared experiences or differences within each group.

Phase 2b: Across-Group Analysis. In the second part of phase 2, an analysis of narratives was conducted across the two groups (clients as one group and psychologists as the other group) to identify commonalities and differences in the experiences across groups. In other words, I examined the themes or patterns identified in Phase 2a to identify those that were common or different when comparing the two groups—clients as one group and psychologists as the other group. The similarities and differences identified in across-group interpretations are described in the discussion chapter.

This was a sequential analysis process given that analyses for individual participants must be completed in order to conduct the within-group analyses. Likewise, the within-group analyses had to be completed in order to conduct across-group analyses. This is a challenging, enormous

task to undertake given my large sample size for an interpretive inquiry, but I believe it was well worth the effort. The findings chapters are written in a narrative style that takes the reader along the analysis journey, starting from the individuals first and then exploring within and across-group findings.

Evaluating the Goodness of Qualitative Research

Denzin and Lincoln (1994) have noted the criteria identified by qualitative researchers as being most relevant for evaluating the goodness of qualitative studies conducted with postmodern sensibilities. The criteria include personal responsibility, verisimilitude, emotionality, ethic of caring, political praxis, multi-voiced texts, and dialogues with subjects. These criteria are offered as being useful when asking the question: was the study as a whole well done? I kept these criteria in view throughout the study as I considered my role as researcher, my methods, the study's purpose, and my writing of the report on the study.

Evaluating an Interpretive Account

Evaluation criteria have also been put forth specifically for interpretive inquiry accounts (i.e., the findings). Ellis (1998b) observes that:

To evaluate an account, one should ask whether the concern which motivated the inquiry has been advanced. To judge whether an answer has been uncovered by an interpretive account, use the following six questions to direct attention to considerations we value:

1. Is it plausible, convincing?
2. Does it fit with other material we know?
3. Does it have the power to change practice?
4. Has the researcher's understanding been transformed?

5. Has a solution been uncovered?
6. Have new possibilities been opened up for the researcher, research participants, and the structure of the context? (pp. 30-31)

Ellis (1998b), citing Packer and Addison (1989), highlighted that an interpretive account is not evaluated as valid or invalid: “Validation” would imply the possibility of interpretation-free norms or standards. Instead, the question is whether the interpretive account can be clarified or made more comprehensive and comprehensible” (p. 29). Four ways to evaluate an interpretive account have been developed by Packer and Addison (1989) including, “requiring that an interpretive account be coherent; examining its relationship to external evidence; seeking consensus among various groups; and assessing the account’s relationship to future events” (pp. 279-280). Addressing criticism regarding these criteria, Packer and Addison (1989) explain that “the four approaches to evaluation stem from forms of persuasive reasoning that have developed over the centuries; reasoning we engage in when questions of veracity arise in our everyday interactions” (p. 291). A good interpretive account should present the “fusion of horizons” that was accomplished and that helps to answer the research question (Packer & Addison, 1989). Patterson and Williams (2002) have identified more succinct criteria for evaluating interpretive accounts including the level of persuasiveness, insight, and practical utility of the findings.

The product of interpretive research is by no means, viewed as an “endpoint.” Patterson and Williams (2002) posit that, “the metaphor relating research to a circle recognizes the possibility that our “scientific” interpretations may change as our historical, cultural, and technological understandings change” (p. 27). Given the existence of multiple realities, it is only logical that:

the conclusions expressed are seen as representing the researcher's understanding at the moment. This understanding is subject to revision as a result of future insights or as a result of changes in culture or technology that reshape the phenomenon being studied. (Patterson & Williams, 2002, p. 27)

In evaluating my interpretive accounts, I aimed to meet the aforementioned criteria through reflexive consideration and consultations. I consulted with my supervisor, Dr. Yohani, and committee members, Dr. Julia Ellis, who is an expert in interpretive inquiry, and Dr. Judi Malone who is an expert in rural psychology and rural ethics and who has also conducted qualitative research. Findings have been considered in light of current literature and its usefulness for the phenomenon under study. Critically, I evaluated the extent to which my interpretive inquiry account works to answer the research questions and aid in helpful action. I identify further questions, considerations, and limitations.

Researcher Reflections and Reflexivity

An area of great importance that is imbedded into the interpretive inquiry framework is that of researcher reflection and reflexivity through the entire process (Lincoln, 1995). Smith (1991) agrees and advises that:

Any study carried on in the name of hermeneutics should provide a report of the researcher's own transformations undergone in the process of the inquiry...
underscored here is a profoundly ethical aspect to hermeneutic inquiry in a life-world sense; namely a requirement that a researcher be prepared to deepen her or his own self-understanding in the course of the research. (Smith, 1991, p. 198)

Le Gallais (2008) defines reflection as a process that involves “identifying and challenging existing assumptions and attitudes” (p. 149). Berger (2015) defines reflexivity “as the process of a continual internal dialogue and critical self-evaluation of the researcher’s positionality as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome” (p. 220). Good qualitative research goes above and beyond systematically exploring a phenomenon; it also involves transparency and systematic reflection of what it is like to be a qualitative researcher; this enables deeper insight and understandings that otherwise might be hidden (Holloway, 2005). I aimed to make my interpretive account transparent and credible by sharing my forestructure with readers so they are able to witness my transformed understanding before and after dialectical encounters with participants. Readers will also come in with their own horizon of understanding and will interpret the findings accordingly. Just as my own understandings grew, so can the understandings of the reader as they follow the research process. Research in this sense can be viewed as a social process (Holloway, 2005). I drew on du Preez’ (2008) discussion and examples of reflective writing to accomplish this.

Researcher Forestructure: The Place from which I Began

The proposal, prior to gaining ethics approval, was a place in the research process that offered a unique opportunity for me to position myself and prepare to enter into the hermeneutic circle. It was an opportunity to lay on the table my current understandings of this issue and describe my expectations of what might come up in the findings. What follows in this section is a reflection I wrote before starting the data collection, discussing my own experiences and beliefs about how relationships are developed between psychologists and clients, especially in rural settings. By offering this storied reflection, it is my hope that the reader will be able to

understand my forestructure and then trace my movement and thought processes – as well as the bias I bring forward - as the research proceeded. Offering my prior reflections also allows for any potential for transferability in relation to the reader’s own reflexivity. It is often difficult to look back on the process and try to remember what we first expected to find. It is as Ralph Waldo Emerson stated: “The mind, once stretched by a new idea, never returns to its original dimensions” (original reference unknown, quote located in Towarnicky, 2017). Therefore, prior to the potential “stretching of my mind,” I wrote stories to show how and why I approached this project with an interest informed by experiences. In the introduction chapter, in the section titled, “locating the researcher,” I began the self-reflective journey and identified my cultural identities, and several childhood experiences growing up in a rural setting where an insider-outsider phenomenon existed. Based on that history, I wanted to describe in more detail how my rural background has met with my academic and career experiences. I have shortened the original account due to the sheer length of my reflections through the use of ellipses and deletion of examples that were not clearly relevant.

To begin, I started in healthcare as a health care aide working in a remote continuing care centre. While many of these centres across Alberta and Canada only house geriatric residents, the centre in which I worked, due to its remoteness, had a large variety of residents of all ages. Many were geriatrics but I also worked with younger and middle-aged residents who came to live in the facility due to spinal cord injuries or other physical or cognitive disabilities. I could fill hundreds of pages with how and what these wonderful residents taught me about life, hope, love, relationships, caring, compassion, pain, suffering, trauma, and dying... While some of the nurses were local, the more highly trained nurses tended to come from all over Canada and indeed, from all over the world. I am still connected to some of those “outsider” nurses who

came for contract work in northern Alberta. The outsider nurses, often not speaking the mother tongues of the older residents (e.g., Cree, Low German, Dene), had to work to build relationships with their rural continuing care residents. They had to demonstrate that they could be trusted, that they would be there for support, and that they could also be a sort of friend to residents. Many were accepted; some were not. While I loved the connections I made in that job, I decided to move out of my comfort zone, my community, and my family's expectations of me, and started university to study psychology.

My interest in this specific research topic (relationships between outsider psychologists and insider rural clients) was solidified in the fourth year of my undergraduate degree when I noticed that no one seemed to talk about rural people in psychology. However, I was informed that this was a dissertation level study and I settled on a smaller, simpler topic of rural experiences and perceptions of higher education attainment. In my masters, I studied rural experiences of culture which now provide the foundation (in addition to existing literature), for the current study which I was again strongly drawn back to.

Early in my graduate career, I took an ethics course and the professor briefly discussed how rural practice often results in more difficult ethical conundrums than what urban psychologists might face. Still, other counselling courses did not offer explanations about why things would be different or how to approach these differences in rural professional psychological practice. Indeed, rural psychological practice was rarely, if ever mentioned unless I brought it up with regards to course content and specific questions I had about what issues might look like in rural contexts; many times I did not get clear answers.

At an APA conference in Toronto during my masters program, I was presenting my past rural research on higher education attainment and two male participants at the conference came

up to me asking about my work. In this conversation with them, I mentioned that I was rural and that this was a factor in my interest in the topic. One of the men looked at me in surprise and said, "oh! You don't look rural!" The statement caught me off guard. How are rural people supposed to look? Why did he say it with such surprise and a hint of stigma? I recall feeling offended and later asking a friend if I should have gone to the conference with a piece of straw between my teeth so they would be able to tell that I was rural (I was being sarcastic of course). As a rural person, was I not supposed to have a place in academia? Was it more normal for rural people to be spoken of but not speak for themselves? My research at the time was about why rural individuals often do not go into post-secondary education and it seemed these men had their own low expectations and stereotypes of rural people. This brief encounter left me questioning the canyon that seems to exist between urban and rural individuals and the misconceptions and stereotypes they hold about each other...

I often feel caught between two worlds, but the worlds rarely seem to meet on common ground. When they do meet or interact, there are often questions, struggles regarding ideological beliefs, and tensions about power. On one hand, when I speak to my family in my remote home community, I am challenged to defend urban political decisions impacting rural individuals. They worry that living in an urban centre has somehow changed my core values and beliefs that were carefully instilled in me, from birth, in the safe small northern hamlet in which I was raised. On the other hand, in urban areas, I feel like a voice is often missing in universities, in research, and in practice - the voices of the ruralites. I find myself advocating for and defending traditional rural values and advising psychologists and students in psychology that work with rural individuals might be different and might require different approaches. However, even coming from a rural and remote community and studying psychology for over 10 years, I

cannot give them practical and evidence-based advice on what to do when they find themselves working in rural communities and how best to develop therapeutic relationships with their rural clients (this has happened on two recent occasions where new psychologists reached out to me asking for advice on how to approach entering a rural community and working with rural clients).

I know something is different. Research says something is different. What are the differences in relational aspects of rural psychological practice? How can psychologists best develop relationships with rural clients? How can the psychologist and client bridge the gap caused by the canyon that seems to exist? Based on research and experience, relationships and connection and belonging are important core values in rural cultures. And, based on literature, the strength of the therapeutic relationship in professional psychological work is the key to successful outcomes. One could imagine that rural people should then be the ideal client for psychologists since they share the core value of strong relationships. However, this does not appear to be the case and in fact, developing relationships in this context may be more difficult. This study is my way of asking what we can do in these situations when relationships are important but when there is a disconnect.

Based on my past experiences and trainings, I understand, or rather assume, that a relationship between an outsider psychologist and insider client may be laden with cultural differences and tensions. I imagine that while some rural clients may wish to talk to a stranger for privacy reasons, many would want to know that they could trust an outsider with their opinions, values, and norms. I have had interesting experiences in my own community of origin where people have either been supportive of psychology and me moving to an urban centre or they have been highly defensive, not only about psychology but also about whether I have been

changed by the city. Therefore, I am currently under the assumption that developing a therapeutic relationship may take a considerable amount of time, thought, creativity, and commitment. I expect that reputation and respect may be important if a psychologist wishes to be accepted. Having listened to many rural and remote individuals complain about people from the outside, I wonder if many assume that an outsider simply cannot understand how it is for them. Indeed, I wonder if rural clients may assume that the values of an outsider must be in opposition to their own (e.g., with regards to religious or political beliefs or community values, etc.) and therefore, often do not seek help.

It is my assumption that the rural clients who will agree to participate in this study may be more open to mental health services than many in their communities who are not open to meeting an outsider psychologist and likewise, will not be open to talking to an outsider researcher. Therefore, I wonder if the findings that come from this study will miss out on how to develop relationships with exactly the target audience I aim to learn about. With this in mind, I am very aware of the way in which I am inviting people and whether recruitment posters (available in Appendices I, J, K, and L) will cause an approach or avoidance effect. These current assumptions and questions form the place from which I start and the place from which I will move forward now, ready to be transformed.

Being an Insider Researcher: The Ins and Outs

Before concluding this chapter, one last piece to discuss about my forestructure is how a researcher can also have an insider or outsider status and how this might influence research. The position of the researcher and past experiences inescapably influences how he or she perceives narratives told, and how they retell those narratives to others (Greene, 2014). This is an important consideration for all research but especially for insider research which Greene (2014)

defines as “the study of one’s own social group or society” (p. 1). In my position as an individual who is from a rural area and plans to continue to provide care to those in rural areas (I already do so in my telepsychology private practice), I have the position of an insider researcher, to some extent. My life experience and past research on rural areas require the clear discussion of my forestructure, advantages, and disadvantages.

Advantages of insider research can include topics of knowledge, interaction, and access (Greene, 2014). Previous knowledge can help and Green (2014) explains that “unlike outsider researchers, insider researchers are free from the effects of culture shock; they are able to blend into situations without disturbing social settings” (p. 3). In terms of interaction advantages, insider researchers understand contextual norms resulting in more comfortable and natural conversations. They are also less likely to focus on stereotypes or pass judgements due to a misunderstanding of context. Insider researchers may also have easier access and be more accepted than researchers who are clearly outsiders. I found these considerations to be the case in the interviews I conducted with rural participants.

While there are multiple advantages, Greene (2014) also discusses disadvantages. It was important to identify these before data collection so that I could consider them throughout the research and remain reflective and reflexive throughout to mitigate possible issues. Possible concerns included researcher bias and subjectivity. Given my familiarity with the phenomenon at hand, this is something I was and still am keenly aware of. With the cautions in mind, Greene (2014) reminded me that outsider researchers can also hold bias that can limit research.

Biases, though often spoken of only in the negative sense, have also been defined as a potential source of insight. Greene (2014) offers insight into how a researcher can remain open to learning new things from familiar settings. Greene (2014) cites Lincoln and Guba (1985) and

describes techniques to aid insider researchers in their work. These methods include keeping field journals, preparing safeguards, consulting with supervisors, triangulation, debriefing, and keeping an audit trail (Greene, 2014; Lincoln & Guba, 1985).

My protocol to attend to my insider-outsider statuses as a researcher involved primarily memoing, reflecting, and consulting with my doctoral supervisor and committee members. Consultations involved debriefing and offering my interpretations with a posture of humility and curiosity regarding my insider position. While I have an insider status to the topic and context, each rural community tends to have their own culture (Friesen, 2017). I experienced the tensions of being an insider in a general sense but an outsider to the communities from which my participants came.

In the final chapter, I provide an epilogue of reflections. I have intentionally woven reflections from start to finish, identifiable by the use of italics. Like the characters in the classic television show *Star Trek*, I approached this research with the hope “to boldly go where no man has gone before” (Wallerstein et. al., 1968). Similar to the crew members of the starship, I knew I would require support, skills, creativity, faith in the process, and a remembrance of the whole picture and values that led me to depart on this journey of exploration in the first place. As I figuratively climbed into my own starship, ready to explore this topic, I reminded myself of this hopeful goal:

From interpretive inquiry we learn to think more fruitfully than we could before in our efforts to gain wisdom or find helpful approaches to difficult problems. The aim of interpretive inquiry is not to write the end of an existing story but to write a more hopeful beginning for new stories. (Ellis, 1998a, p. 10)

In the following chapters, I present my interpretations and share the combination of my forestructure and my participant's stories. Truly, as Surak, a Vulcan leader from Star Trek, stated: "I am pleased to see that we have differences. May we together become greater than the sum of both of us" (Daugherty, et al., 1969).

Chapter 4: Rural Client Findings

Picture this: the interviews are transcribed and I had started the analysis. What I experienced can only be described as weight. The responsibility of accurately sharing the important stories of my participants – of my rural people – weighed heavily on me. In my first write-up of the findings, I wrote a very lengthy account, trying to capture every contextual nuance, desperately trying to make sure I missed nothing that might be important to my participants. I found myself looking at the stories like jewels that I wanted to protect. While the following accounts are still considered by some to be lengthy, they have been shortened considerably. Lengthy, detailed narratives are typical and even encouraged in interpretive inquiry research, more so than in many other qualitative methodologies. What I offer now and in the following chapters are my insights and interpretations of the beautiful stories my participants shared. I am grateful they allowed me this honour and I hope they forgive me if I have, at any point, misunderstood their meaning. As I have done from the start, I continued to weave my autobiographical reflections in at different points to invite the reader into small snapshots of my process as I engaged in the hermeneutic circle. Autobiographical reflections can be identified by the use of italics and informal writing.

Rural Client Experiences

This findings chapter begins by presenting the ideographic rural client findings, followed by an analysis of the rural client group as a whole. In the next chapter, ideographic rural psychologist experiences will be presented, after which a psychologist within-group analysis will be presented. Common themes revealed across both groups, as well as any differences, will be

presented in the discussion chapter, along with relevant literature and recommendations.¹ The following table (Table 1) presents the general demographics of the rural client participants as a way to briefly introduce readers to all four rural clients.

Table 1

Rural Client Demographics

Rural Client General Demographics²				
Pseudonym	Age Range	Gender	Ethnicity/Race³	General Location
Christie	50-54	Female	White	Central-South
Kate	40-44	Female	Caucasian	Central
Wendy	25-29	Female	Caucasian	North ⁴
Meave	30-34	Female	Caucasian	North Central

The four client participants, Christie, Kate, Wendy, and Meave provided unique perspectives of the rural client experience. These women come from various rural communities across Alberta ranging from the far north to central south. One of the communities was remote,

¹ Participant quotes are provided to supplement the theme descriptions and provide depth and richness to the narratives. Ellipses (i.e., "...") have been used to shorten themes. Repeated words have been deleted to increase readability if necessary (e.g., if someone stated, "that that that's what I love"). Care was taken to maintain the meaning of the quotes, while also attempting to be concise. Each participant chose a pseudonym and only general demographics are provided to protect anonymity.

² Demographics are provided with a great deal of anonymity and lack of detail to protect participants from such small communities of practice. Due to easy identification in more isolated or smaller areas, Alberta has been broken down into large general areas without identified borders and include north, north-central, central, central-south, south. The arbitrary nature of this breakdown is intentionally protective of participant identities.

³ Use of participant language for race/ethnicity resulted in the listing of different terminology for the same race. I base this decision on self-determination theory (Soenens & Vansteenkiste, 2011), the first principle in the Canadian Code of Ethics for Psychologists ensuring autonomy: "Respect for the Dignity of Persons and Peoples" (Canadian Psychological Association, 2017, p.1), and in the spirit of hermeneutic research, knowing that language use and meaning differs amongst individuals.

⁴ Wendy's home community and services experienced there was the focus of the interview. She currently lives in an urban setting.

some were in close proximity to large urban centres, and others were several hours from the closest urban centre. Wendy was single, never married, Kate was previously married and single with children, Christie was married with an adult child, and Meave was married with one small child and one on the way. Three of the participants were employed and Kate was a stay-at-home mother. Some of the clients drove to a neighboring town to see their psychologist while others saw the psychologist in their home community. Wendy had the experience of having a travelling psychologist who met her in different areas in her county. This wide range of experiences in this small group provides rich context for the stories that come.

While the participants have varied and diverse experiences, I hoped to include more voices such as Indigenous, Black, Filipino, Chinese, South Asian, and any other individual who also identifies as rural Albertan. For example, Wendy had a Mennonite background, and it would have been good to hear from Hutterite individuals as well. Given that much of the rural population is comprised of Indigenous people, I had hoped to also learn from Indigenous clients. My assumption is that culturally diverse rural individuals may not have trusted a university researcher enough to share private experiences. I imagine an additional point of distrust may have been due to my appearance as a White academic. My partner, who is Metis but looks White experiences something similar in his own career. My research posters did not identify me as a rural individual so they may also have assumed I am urban. And, while my own cultural background originates from refugees, primarily with eastern European genetics and a small amount of Black heritage which my family honours dearly, visually, I am White. I must acknowledge how this may factor into my outwardly perceived trustworthiness. I hope that future research will add more diverse rural voices. Even so, the following participants shared unique and highly valuable accounts of their experiences.

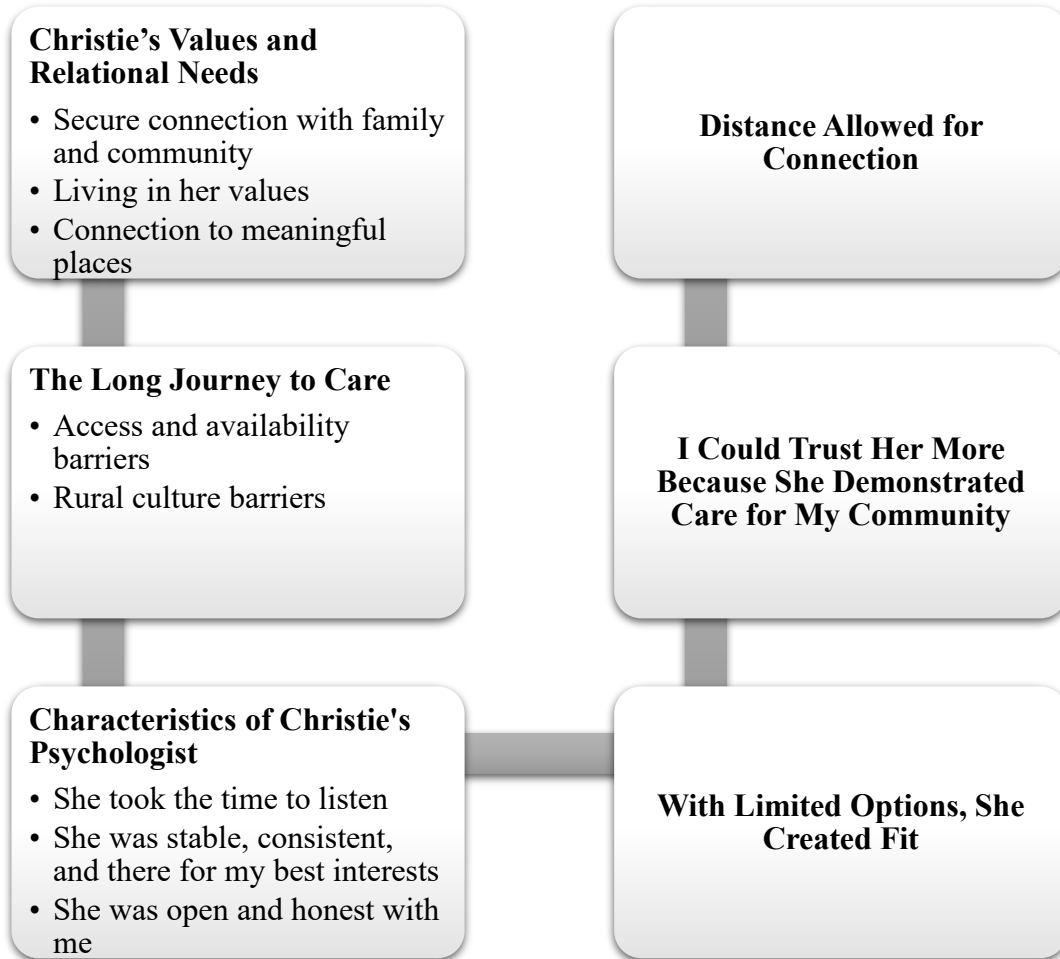
Introducing Christie

Christie is a White woman in her early fifties. She was born and raised on a farm in central Alberta, in a community over two hours from the nearest urban centre. She still lives in this town and is married with one adult child. She holds a post-secondary degree and works in the educational service sector. Christie described loving the small-town connection with others in her community. Being known and knowing others creates for her a sense of comfort. The psychologist Christie has been seeing is also seeing other members of her family due to no options in their community. Most recently, she sought therapy to address feelings of loss after her daughter moved away from home. Christie first started seeing her psychologist in a town approximately an hour away. Later her psychologist moved her office into Christie's town.

Christie's Themes. The following image, Figure 1, introduces Christie's themes of her experience of the therapeutic relationship. These themes will be described in detail in the following narratives, supported by quotes from Christie's interview.

Figure 1

Christie's Themes



Christie's Values and Relational Needs. Christie described how she is healthier when she is securely connected to her people (i.e., family and community), values, and important places. Disconnection and not having her values and needs met lead to psychological distress.

- **Secure connection with family and community:** Christie described her value of connecting with family and rural community members. Disconnection from valued people lead to feeling lost, isolated, and unsure. For example, she stated:

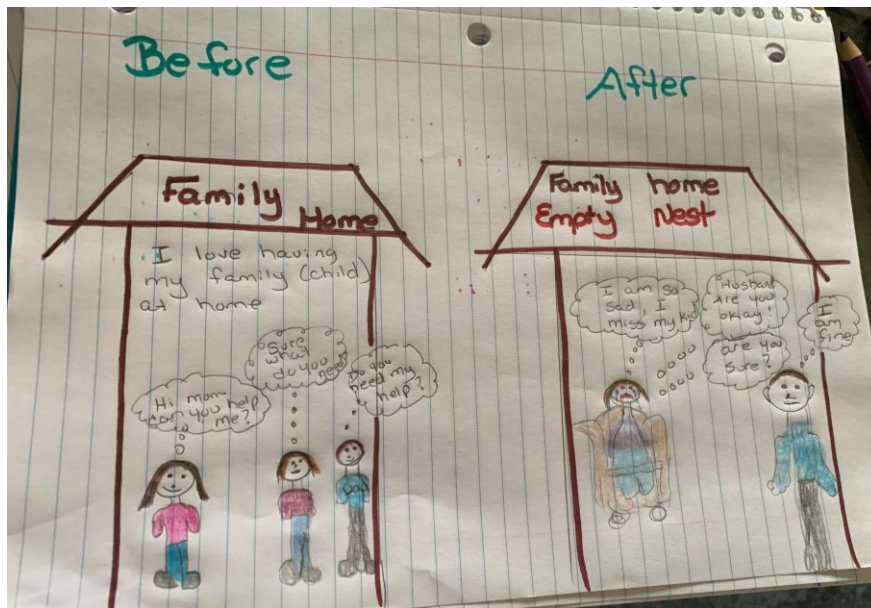
I spent 18 years putting all my time into my family... And then my daughter picked up and went off to college... so mom had a real empty nest syndrome going on... when my daughter left, I was trying to hold myself together and hold [husband] together and I

fell apart... I was just lost and so that's what sent me to go in to see somebody because I didn't know what to do with it... when my family wasn't there, I didn't know what to do.

Figure 2 shows Christie's drawing of how she was impacted by disconnection.

Figure 2

Christie's Drawing of the Impact of Loss, Stress, and Disconnection



- Living in her values:** In addition to her family, Christie values meaningful work where she can support others. Working in the education sector allows her to fulfill the value of having children in her life. Being surrounded by and supporting the community's children appears to bring her meaning and fulfillment.
- Connection to meaningful places:** Special places in Christie's rural community (i.e., the community itself, the lake, her swing, community stores) also create feelings of connection, comfort, and safety. Christie explained:

I like when you go to some of the smaller stores, they know who you are. You are not just a number or name... It's really that small

town feeling... people still wave to you. People say hi... when we go to the city of course you don't know anybody. Which is not unusual... But everybody, people don't make eye contact very much... It's just not the same as when you're in a smaller community.

She added: “...and that's the thing I like about my community is I don't feel like I need to be afraid. Yes, we have crime, yes. You also know where to not go in the community.”

For Christie, safe connection to people, to her values, and to special meaningful places results in good mental health. Indeed, it was disconnection that led her to connecting with her psychologist. Unfortunately for Christie, the road to finding a psychologist was long and filled with obstacles. As a result, many of her needs were not met for a time.

The Long Journey to Care. Prior to finding a psychologist, Christie (and her husband) faced many obstacles including access/availability barriers and cultural barriers (i.e., norms, community knowledge, stigma). These barriers are described as sub-themes in the following points.

- **Access and availability barriers:** Barriers to mental health services in Christie's community include lack of trained professionals, waitlists, a focus on the medical model, needing to travel for services, and cost. Individuals searching for help often must endure a grueling search for appropriate support. In Christie's words:

When you're in a small community, it is hard to find somebody to go see. Sometimes there is nobody... We do have a mental health building here, but to get in it was taking six months at times so not

having any timely access is... When you need it, you need it now, you don't need it, six months from now... And when you're told to reach out to somebody. Who do you reach out to if it's not there?

She added:

We do have some psych nurses here... Which is okay, it's just sometimes you need to go deeper than... just the medical feelings and stuff... It's not always dealt with as a mental health thing. It's kind of shoved off... they treat it from a medical perspective... You're either getting a medication... or you know, given some Ativan just to calm your nerves and you'll get past it.

Available providers demonstrated to Christie that they lacked the ability to listen and learn about patient experiences. Attempts at accessing help appeared to lead to a reduction in hope as her family encountered different healthcare providers and long wait times:

...Every time [husband] went to the hospital because he wasn't feeling good, he got a different on-call doctor. And everybody was changing his medication. That was their answer to his issues right. So, it was just "change meds, change meds." And I was so frustrated it's like, nobody's helping us... I think my husband probably spent, had 10, 12 trips to the hospital before we finally had a doctor who actually had him go to [hospital] for help.

Christie described how people often have to leave the community to get access to services. This, consequently, isolates them from their community and personal support network. In her words:

Access was almost impossible when we first started, we were traveling an hour outside of our community to see somebody... It's tough in a rural community because... if you're going to seek that counseling or you need inpatient care, you're being sent to another community, whether it be [city], [smaller cities] for us. That's a long way away, and then you're ultimately isolated from your family because most families are working. So, it's the weekend, maybe then you can get there right. So, you end up very isolated again... with your illness.

Prior to working with her psychologist, Christie had gone through an arduous process which included negative experiences, reduced hope, and frustration. When she finally connected with her psychologist, she was travelling outside of her community, which required her to leave her place of connection and safety.

- **Rural culture barriers:** Rural culture barriers for Christie and her family included community norms and values (i.e., toughness, stoicism), judgement and stigma, unwanted advice, and community knowledge of family history. Norms were also noted to impact how emotions are taught to be managed and expressed. Christie described the isolation that resulted from a disconnect between her needs identified in the earlier theme and her community's norms:

...the darkness of being in the depression to trying to hide it, that was a huge thing. And the nerves you're feeling. The scariness of just not knowing what's wrong with you. The sadness, of course... and then the tears of... not knowing where to go... the darkness, the hiding, the judgment, the advice. Every one of those [were things] that we went through searching for help.

Living in a fishbowl where other community members know, or believe they know, your history was seen to be challenging and added to the stigma and Christie stated:

...that stigma that comes from being in a community for a long time. Right? And then you get people who have memories like an elephant that they can remember everything that happened 80 years ago... and that's again where you get that, "oh that's just like those people... I remember when."

Taken together, access barriers, community values and norms, family history of how to manage emotion, and community knowledge, memories, or perspectives created layers of challenges for Christie and her husband before she even entered into a therapeutic relationship with her psychologist.

Characteristics of Christie's Psychologist. Christie described helpful therapist characteristics that assisted in the development of the therapeutic relationship with her psychologist, and these are presented as three subthemes:

- **She took the time to listen:** Before Christie had met her psychologist, she had hoped to talk to someone who would listen:

I really had hoped, just to find somebody to talk to that would just...listen to me. Don't start giving me a bunch of advice, throwing papers at me, try this try this try this. Just listen to me... Actually, having someone who's compassionate because the other thing that we also have dealt with in a small community is: "suck it up get over it move on" right? And I mean you can have a death in your family or death of a friend, or I mean people just think, "just deal with it move on it's over it's done with" right? So, it's nice to go talk to somebody who understands and has that compassion for what you're going through.

Christie explained that in general, lack of understanding and lack of ability to take perspective can get in the way of any relationship. To build relationships, she shared that people should be more open to listening to increase understanding:

They are so set in their own opinion that they can't look at it from another person's perspective... How you've been raised, how you look at the world is what is getting you stuck. Not to see what somebody else sees... I think people need to stop and listen to what the other person's saying. It's not that they're arguing with you. You just need to listen to what they're saying, maybe you'll understand more if you listen.

In her therapeutic relationship, Christie was given the space to talk without argument or advice. Her psychologist listened to her. After what she had faced in her search for help, having space to be heard was essential.

- **She was stable, consistent, and there for my best interests:** Christie described her therapist as a consistent and a calming force:

...it didn't matter if I was crying my face off or wanting to scream my head off, she remained calm and let me work through it and she worked through with me... She was just a calming force for all the anxiety I had... It took a long time to work through it, she was very patient. We just kept working at it a little bit at a time... She just didn't give up... and that was the big thing she just calmly kept working through.

Christie's psychologist demonstrated fidelity which appeared to create trust that she and her therapist were on a path to recovery. Christie shared:

The consistency of talking to the same person makes a difference... You go to the hospital, you get whoever... you get in emerg and same thing with the PCN or any of those places. Where, if you get seeing a psychologist at least it's consistent... Where when you go to the hospital or wherever you're not seeing the same person you're always in square one... you're explaining your past or whatever every time you go, but you never [get] past that spot.

Having a therapeutic relationship established was beneficial, not just for the present circumstances, but it created a comfort in knowing that if she struggles again, she knows where to go this time.

Christie shared that her therapist was fully there for her and present in the moment. Her therapist had been invested, consistent, and had given her the sense that she was not alone; they worked together. She explained:

There was never a time that I went to her that I didn't feel she wasn't invested in me at that time. Like there was never a day or a time where I felt like her mind was somewhere else or like it was just that consistency of feeling like you were the most important thing in the room at that moment... that was the one thing that was always consistent... and you know she's always been in the same building, which is nice. So, you know where she is right and that's a big thing for people. You know you're not having to track her down.

- **She was open and honest with me:** Christie's psychologist was open, genuine, honest, friendly, patient, and developed familiarity which created comfort. Being open and honest was demonstrated not only in the therapy room but also with Christie's rural community:

I think just... being that friendly and open with them, I think that is a big thing because if you feel like somebody is just treating you, as a number, you're not going to feel comfortable opening up. And that was the one thing I found with her like it was you know, "hi come on in." She introduced herself the first time and I mean it was all very, "okay, so this is, this is what I do this is, you know my education my background, you know I mean I've been doing this

for however long, and you know, so what do you do?" And like it was very much a just an open kind of how you would get to know anybody else.

With Limited Options, She Created Fit. For Christie, she had hoped to find a psychologist who was a good fit, but she knew this might not be an option. Her psychologist worked hard to be a fit for Christie and she felt lucky that she experienced a gender match with limited options:

The one thing in a bigger community, as opposed to us, is that if this isn't a fit [people] can move on. But that's not it's not an option in smaller communities. Because you're lucky... you're lucky, if you have one. You're super lucky if you have two.

She and her husband had positive outcomes in their experiences working with a psychologist and valued that the psychologist had been able to meet their needs. For Christie, she valued seeing a woman psychologist. However, her psychologist had also demonstrated skill (i.e., in therapeutic interventions and in the development of comfort over time). Christie described the feelings of ease and comfort over time:

I think the biggest thing is, the more you develop a relationship with her, the better and the easier it is to open up with what's going on... In a way, you almost feel like she's a friend as well. She's not... just that was the biggest thing is the relationship we built over time. You know... she would ask about my kids, "what's going on," and you know, "how's life," ...it just became less of just an appointment and more of a ... conversation... that's what was the big change after going for a while.

I Could Trust Her More Because She Demonstrated Care for my Community. Christie described herself as someone who gives people a chance unless they prove themselves untrustworthy (i.e., as harmful to the community). For her, outsiders who want to develop relationships should let the community and clients know they are interested in and care about the community. Christie's psychologist did this by making an effort to be part of the community and she provided an example:

She had put... a little wagon in the parade and things so just letting people know... you're here, you're part of the community. And I think that's a big, big part is to let people know that you want to be part of their community.

Becoming part of the community and allowing the community to get to know her increased individual comfort levels with Christie's psychologist. Christie recommended that psychologists "*get involved in the community, participate in the things that the community does... because that comfort level comes from people saying, "hey oh hey how are you?"*"

Christie's explanation that she wanted her psychologist to care about her community hit home for me. Indeed, thinking back to my own remote home community, when professionals, for example teachers, came into the community, we tended to accept them more when they took part in our community and showed caring. The outsiders who kept to themselves and did not visibly contribute did not stand out to us, nor did we pay them much attention.

Distance Allowed for Connection. Having a level of distance also fostered trust. For Christie, distance meant having a psychologist who was not raised in her community, having boundaries when there were multiple relationships, and having the office be distanced from main town routes. Distance created clarity and reduced preconceived notions or judgment, thus increasing deeper understanding.

Christie's psychologist was not originally from her small community and did not know family and community history. Christie described the benefits of this situation:

... it was nice to actually go to somebody that wasn't from here, didn't know all the background, whatever went on. They had that privacy, and you could build some trust in them because who are they going to tell? ...it didn't matter to them as in, "I'm going to go out and tell everybody..." She didn't know the history... Some families come with a lot of history that is not necessarily my history right like, do you know what I mean? There's generational history, but I want you to deal with my history... not go, "oh, I remember when your grandpa did this, everyone thought he was crazy" or... "your grandmother used to run around in her underwear all the time," or whatever right, I want to deal with my thing.

Having safe distance, along with connection, led to the development of trust between Christie and her psychologist.

Summary. Christie shared stories of her life with her family, at work, and in her community. Connection to her values is an important part of mental health. Barriers to mental health in her rural community included disconnection, lack of access, and cultural norms that prevent needs from being met. By the time she met her psychologist, Christie had been through a lot. In our discussion of what matters in relationships, Christie described disconnection and lack of understanding as obstacles. In her therapeutic relationship with her psychologist, Christie's psychologist took the time to understand her and her community. Understanding, connection, and safe distance were factors in their trusting relationship as well as openness, honesty, and comfort. Her psychologist demonstrated stability and beneficence, which increased the strength of their relationship. For Christie, having an outsider psychologist was a positive factor in the

therapeutic relationship. Transitioning now, the next client to share experiences about the therapeutic relationship is Kate.

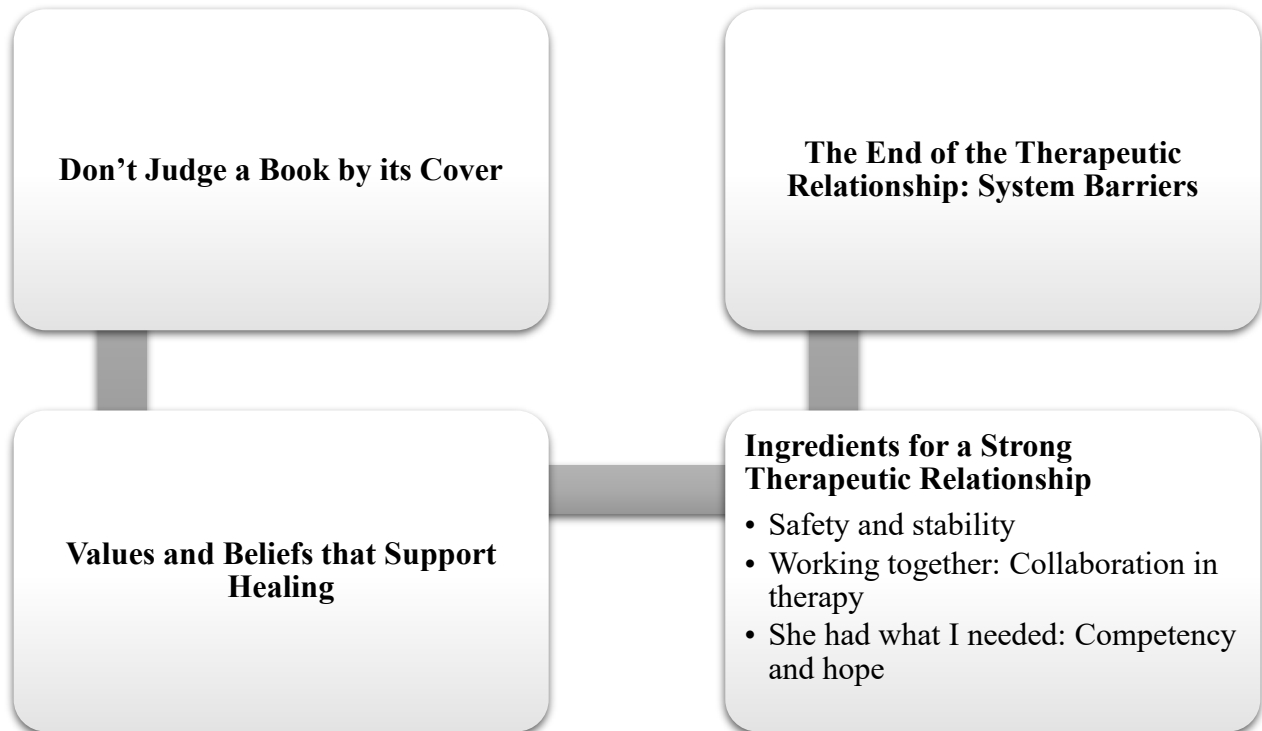
Introducing Kate

Kate is a middle-aged woman living in a mid to large sized rural community in central Alberta. The nearest urban centre is approximately an hour away. Kate moved to her current rural community approximately 10 years ago and overtime, has come to call it home. At the time of the interview, Kate was a single mother who is passionate about her children, her home, and her horses. Her home and barn make up her safe places. Traumatic life events initially brought Kate to see a psychologist. She was not able to access a psychologist directly in her community, so she briefly saw one in a neighboring rural county. Due to county rules, Kate's psychological services were abruptly terminated. However, she noted that the relationship, though time-limited, had been good. Now, she wants to use her experiences, both good and bad, to help others and she offered perspectives on what rural psychologists can do to work well with rural clients.

Kate's Themes. Figure 3 introduces Kate's themes about how she experiences relational needs and the therapeutic relationship with the psychologist she had worked with for a short time in a neighbouring community.

Figure 3

Kate's Themes



Don't Judge a Book by its Cover. For Kate, it was important that her psychologist worked to understand her situation. She recommended that outsider psychologists take their time getting to know their rural clients as well as the rural community, beyond just first impressions. She shared an example about how outsiders might have previous assumptions and racism about her community because they have a large Indigenous population:

I think they end up with a prejudice before they even come here. Even, I would even say, like a racist attitude, right, because like, oh it's [community], there's Natives there... I've lived here for nine years and it's like, that's all you hear, and it's like, well no, like, there's some amazing companies in this city, there's amazing people... don't be judgmental... we all have a story.

Kate also described various factors that can get in the way of relationship development in general, not just in the therapy context. Relationship barriers included history, preconceptions, and lack of understanding. Kate had not felt understood by the public system related to her domestic abuse situation, and shared:

I'm like, "okay, so people can beat the shit out of the kids emotionally, psychologically, mentally... Like all these ways, but as long as they don't have a bruise?" ...It gets swept under the carpet...

Insider views of outsiders can also be positive or negative and this is impacted by experience. As an example, Kate shared her gratitude for first responders in her community, many of whom are not originally local. By taking time and having an open mind, insiders and outsiders can learn about each other, beyond first impressions. Kate's psychologist had taken the time to listen to her "tell [her] story" and learn about her experiences.

Connect with Us. Like Christie, connecting with the community is a value for Kate and a factor in her wellness. Since her own psychologist was in a neighboring community and their time was limited, Kate spoke about what she believes would help psychologists enter rural communities and establish relationships.

Kate was raised rurally but at one point, was also a newcomer in her current rural community. She shared how having community connections had been helpful for her:

So, and they've been here a lot longer than me, and so they connect me with other things that are going on in the community, right, so that, it's like I get exposure to like, positive things that are going on.

Connecting with others was noted to be supportive and healing. She offered a story of connecting to local women and noted: *"It's just being surrounded by strong women... and not be around*

people who are threatened by each other. Like, let's build each other up... I don't want any one person to feel alone.”

Kate shared that a way for outsiders to connect with the community is to find the local “diamonds” in the community. This might be an amenity, or something otherwise special or unique. She shared memories of outsiders finding diamonds:

...having those kind of established places are really great for people who are coming, especially from [city] and bigger places like [city]... my brother almost died when... he's like, “Oh my gosh” when I showed him, so he's like, “I'm from [city]” and he's like, “I'm going to [rural community] and they have amazing [food]” ...It's kind of like the diamond in the rough... There's more diamonds than people allow themselves to see... [people] can gravitate to, with other people, right, like it's the atmospheres of those places are really awesome.

Kate described the value of small-town living and shared that outsiders can benefit as well. As a result of engaging, outsiders can build a positive image of community and connect with community members.

Values and Beliefs that Support Healing. Kate described many situations related to her life outside the therapy room that contributed to her healing. Many of these factors seem to be connected to the following theme about what worked in therapy for Kate and her psychologist. Therefore, they are described here as foundational information about Kate's values and health beliefs. For Kate, having and creating safe spaces, discovering meaning and purpose behind the pain, believing in yourself, taking care of yourself, and working towards mental health prevention were all factors in her healing journey.

With regards to creating or finding safety, Kate has made a purposeful effort to have safe places for herself and her children. For example, she described her home:

I have all of these things, like security, and questioning, support, independence, healthy relationships... grief and mourning, which is part of healing, peaceful, confidence, open honesty again... So, in this house, which is my house that I'm in now, is our happy place... when [my children] come in my house, they take that breath and they just let it all out, and they can just be.

Kate's other safe place is with animals, and she described the healing factors to be nonjudgement and acceptance. She explained:

Horses have the inability to place blame or guilt or, like any of those things. And so, I've always been really connected with my horses, and so [the barn] is a place that I can go...

In addition to safety, purpose, and helping others, other subthemes I identified throughout our conversation included hope, connecting to safe people, believing in herself, self-care, self-efficacy, and empowerment.

Ingredients for a Strong Therapeutic Relationship. Kate described her experiences with the psychologist in a neighbouring large rural community and shared what worked for them to have a strong relationship. Factors included ensuring safety and stability, a collaborative approach, and competency. These are described as sub-themes in the following points.

- **Safety and stability:** Kate had initially hoped for therapy to be stable and safe. She had grown comfortable in the office, the space, the atmosphere, and she had wanted to stay there. Her life had changed so much due to trauma, and she did not want more change. She shared her established comfort and subsequent grief at the loss of the relationship:

I was comfortable in her office and her space, and it was a good atmosphere, and... I had in my mind like, I was so done with change... so I was like yes, I can like bank on [psychologist]... But, the long term thing is what I really had hoped for, and I'm grieving [the] loss of my psychologist... Because I didn't want to tell my story again...

Kate experienced barriers to services due to county boundaries and recommended that stability is key. Indeed, if rural psychologists are in the rural client's community, she advised they commit as long as they can:

They need to commit... like don't come out here being like, "Oh, I'm just going to do like a short term stint." ...I mean nothing in life is guaranteed... like I get it, life happens, but, just really provide the support that's required and just don't give up on the people.

Kate's therapist had been down to earth, factual, easy to talk to, confident, non-judgmental, and validating. Familiarity with the service and her psychologist had been important for her:

I'm a small-town girl so I'm like, if I can get connections to somebody... it makes me walk into this situation a lot easier... I knew [name], like I knew the office, I was like, you know, this is a great place, they took care of my kids... Kind of like that comfort zone, I guess, that I'm just really scared to get out of.

- **Working Together: Collaboration in therapy:** In her work with her psychologist, Kate described stories about shared goals and working together towards those goals. She stated: *“She really connected with me on that level, and she's like, “you need to deal with [this] ...we can do this.”*

Kate’s psychologist had understood trauma and had been willing to work with Kate and “get dirty” with her in the healing process:

One of the really important things is that she got my trauma, she got things on a professional level that nobody in my day to day life got... I mean, we can talk to friends, and we can talk to family but it's just not the same as like a psychologist actually walking you through your trauma. And healing from that and working through that and just really getting dirty with it, and just being able to, like you know, work through it.

- **She had what I needed: Competency and hope:** Because her community did not have local resources, Kate had been willing to travel outside of her community for the right psychologist. She had experienced hope because the psychologist had demonstrated competency and specialization in the treatment of trauma. She described difficulty accessing psychologists who have specialized training and stated: *“In smaller areas [EMDR is] something that’s specialized... it wasn’t something that I wanted to go through with someone who really didn't know what they were doing.”*

In addition to challenges finding specialized psychological services, Kate explained that non-psychological treatments are often the primary option for rural mental health treatment:

In [my mother's town]... a town of like, what, 700, maybe 1200 people, like, you had a medical doctor... "here, I'll give you some medicine to suppress your crap, and then just go through life." And that was I think, for me too... I've been on antidepressants forever. And I'm like, why am I on these? ...I talked to my doctor and I talked to my psychologist... And so, I am like, medication free... I mean, it has taken me, you know, quite a while, but I'm like, you know, I take a really great multivitamin, I work with a naturopath and I'm like, I cry because I am not suppressing...

Like Christie, Kate had hoped that competent psychological services could offer alternative options for healing.

When considering Kate's earlier theme of contributors to healing, it appears that she was able to, for a short time, access competence, safety, stability, hope, connection, collaboration, and non-judgment. These factors contributed to her relationship with her psychologist.

The End of the Therapeutic Relationship: System Barriers. Kate faced many barriers to receiving services in her rural community, mainly related to cost and lack of available local public supports. However, the biggest problem she faced was being set up with public services in a neighboring community, only for it to be taken from her. She shared:

It's like... snaring a fricken gopher... "Here, we're going to give" you know and it's like, "We're just going to take it away," right, like it's gone...they're like, "No, you don't live in our county"... like all of these boundaries then became problems... [Service] was just like, "well whatever, I guess you have to find somebody then." And that's where it was left off, so I'm like okay... How do I deal

with my trauma like, how do I deal with it? ...I've googled all this stuff because I have no one to help me.

Consequently, Kate felt “abandoned” by the public system and described experiences of disillusionment and false hope. This again overlaps with Christie’s experience of searching for help only to feel let down. Indeed, Kate described grieving the loss of her psychologist after her services were discontinued:

The long term thing is what I really had hoped for, and I'm grieving [the] loss of my psychologist... I was comfortable in her office, and her space, and it was a good atmosphere... I had in my mind like, I was so done with change... you're grieving something that you created in your mind, and what it would be like.

She expressed the belief that helpers should “be there for you” and that the system and inflexible siloed care prevented this. In addition to external barriers, internal barriers made it difficult to find alternative support. She shared:

I have all of these things, like shame, rejection, vulnerability, resentment. I'm lost, I'm weak, I'm dealing with PTSD, I'm dealing with grief, I'm dealing with pain, physical, emotional, and anger, so I've got all these things that are bringing me to a place where I have no resources to help me.

The hope she had felt when she was connected with the psychologist was diminished by system decisions and perceived lack of system support in her time of need. What resulted was grief at the loss of her therapist and a continued search for psychological support. Still, Kate described positive factors that came from her time with her psychologist as well as healing that has begun.

Summary. Kate told a story of needing support, finding support for a limited time, and being faced with multiple barriers to gaining psychological services in the public system. During

the limited period of support, she connected with a psychologist in a neighboring rural community and was able to experience a good, albeit short, therapeutic relationship. Kate shared that in general with outsiders, there can be challenges to building relationships. History, preconceived notions, and negative first impressions may taint future interactions. Ideas on how to improve insider-outsider relationships included going beyond first contact and first impressions and taking the time to get to know and connect with the community. Kate described contributors to healing in general, as well as what she believed helped in the therapy room. Contributors to healing included safety, meaning and purpose, empowerment and self-efficacy, and prevention of mental health problems. Regarding what worked in her therapy with the psychologist, she noted validation, non-judgement, hope, whole-heartedness, being down-to-earth, comfort, stability, and collaboration. I will now transition to sharing Wendy's stories.

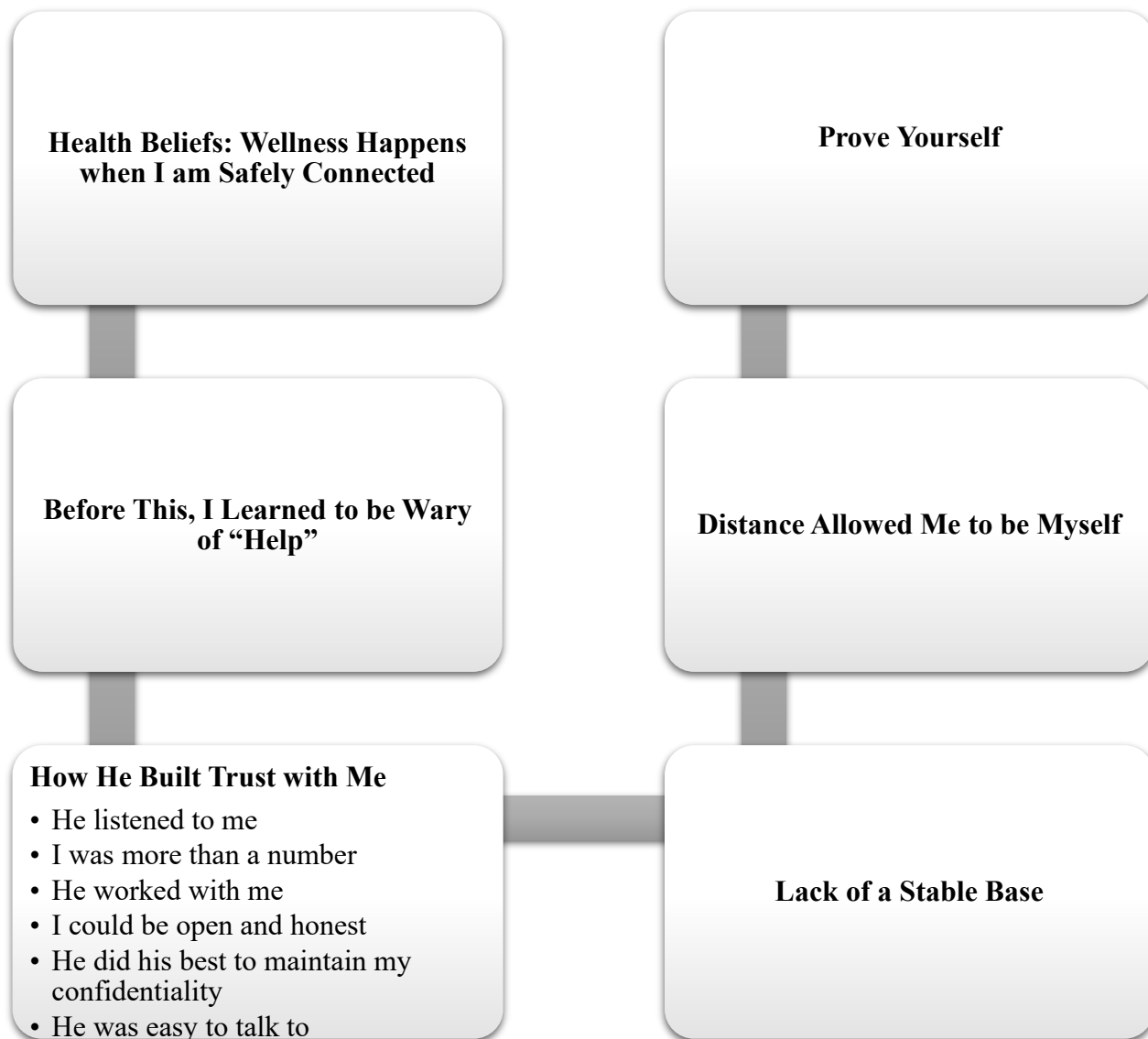
Introducing Wendy

Wendy was born and raised in a rural community in remote northern Alberta. She later moved to an urban centre as a young adult and has experienced psychological services in both settings. At the time of the interview, Wendy worked in the field of mental health as a mental health aide. She shared that personal experiences struggling with her mental health help her better understand and support her patients. Wendy's stories focus on her memories of working with a rural psychologist in her adolescence in and around her rural home community.

Wendy's Themes. The following image (Figure 4) introduces Wendy's themes about her wellness needs, past harmful experiences, and how she experienced the therapeutic relationship with her rural psychologist in northern Alberta when she was an adolescent.

Figure 4

Wendy's Themes



Health Beliefs: Wellness Happens When I am Safely Connected. Like the two participants before her, for Wendy, wellness is possible in connection to others and to nature.

She shared about the feeling of togetherness:

Everything, whether it’s Sunday dinners, whether it’s going to school with your family on the school bus, like you stick together. Whether you’re working in the fields, whether you’re at the grocery store, you see people, That closeness, that

connection. That sense of family and friends is really big. ...the family and friends who are genuinely family and friends and who had each other's back. When someone is in a hard time, the community pulls together and supports you through it, whether it's a death or a birth or they've had a surgery or stroke. Family and friends typically stand together.

For Wendy, certain places, especially in nature, hold special memories for her and are linked to wellness:

The farms... the hills. A lot of good memories on the fields. Like harvest season, we had lots of meals on the field with all the family and friends, it's good memories. The lake... Whenever we would be at any of those places, my family was doing good. Everyone was healthy, you were able to do those things.

Before This, I Learned to be Wary of "Help." Wendy shared that in her community, insiders often feel that outsiders come in with a different "mindset." She noted that they do not trust that outsiders will understand or respect their deeply held community values and beliefs. Indeed, perceptions and fear lead to mistrust and Wendy shared that this holds for outsiders but also for insiders who leave and return:

You have someone coming in and the education level is also not very high in the population. Some more than others, but the understanding of like, even the way we talk sometimes. If we use bigger words people put their backs up. They're scared... they raise their guard. They're like, "what are you talking about? What do you want from us?" kind of thing. "Why [do you think you] are you better than us?" That kind of mentality... And then it's like: "What are you talking about? Just because you moved away. You're not better than us." ...And it's not

necessarily meant that way but that's how it's taken or it's perceived and I think everybody kind of feels that.

Wendy described how distrust impacted her own early experiences:

I remember having to see a counsellor when I was a teenager, and it was an outsider... It's always the fear...when social workers were first introduced to our family, they took our [foster children] away. And that's how we viewed social workers. And then when I was supposed to start seeing a school social worker/counsellor... there [was] no trust. I only viewed help in a way that they'll take me away from my family...

In addition to community level of distrust towards outsiders, Wendy also learned through her own experiences to be wary. From an early age, she had been connected with health and mental health services in both her community and in urban centres. In addition to feeling misunderstood, Wendy also described stigma, lack of awareness, lack of appropriate services, power imbalances, lack of confidentiality and privacy, boundary violations, and lack of stability to be barriers in her rural community. Indeed, she came to view services as threatening and unsafe. With the threat of involuntary admissions hanging over her head, she had not felt she could be open and honest with providers. In Wendy's words:

I guess getting help was very scary for me as very often when I would tell people what was going on, they would not help. I would be admitted to the hospital without explanation, without being understood... [it] was terrifying.... I have to be very careful what I say... If I'm being honest with them, they won't... they won't let me go home.

Even on a “good day” getting mental health services, Wendy had often felt like she just needed to say what the professional wanted to hear. She shared:

Very often I've found that when I would see someone, they wanted to hear only certain things... As long as things were going well, they felt like they were doing all the work. I felt like I was just there to encourage them to do their job.

She added:

When I went to see the counsellor, they talked to me, I answered questions that they gave me, it wasn't an open-ended... I couldn't talk about what I wanted to. There [were] certain questions I had to answer and that was kind of the conversation... they didn't learn about me in the sense that I could tell them what I wanted to or what was going on. They would ask me questions, and those were the ones I was supposed to answer.

Before Wendy met with her rural psychologist, a combination of community wariness and personal wariness and distrust was already deeply engrained.

How He Built Trust with Me. Wendy shared approaches her psychologist had taken that helped her trust him. Factors included being listened to and understood, feeling like he was there for her as an individual, working together collaboratively, being easy to talk to, allowing her to be open without consequences when possible, and doing his best to maintain confidentiality. The following points describe these sub-themes in greater detail.

- **He listened to me:** Similar to what the other participants shared worked, Wendy's psychologist had provided a safe place for her to share her experiences and help him understand what was happening for her:

[With rural psychologist] actually for the first time I was getting help. [He] let me talk... “what is bothering you, what would you like to work on, what stops you from getting help. Like what helps you, what doesn’t help you?”

- **I was more than a number:** Wendy’s psychologist had created a safe, client-centered space where she could feel like the service was there for her benefit, an experience she had not had in other situations. She shared, *“it was about me. Yeah, it was patient-centred yeah that’s probably the word that we use now... He treated me like a person not like a number on a chart.”*
- **He worked with me:** In their work together, Wendy had felt that she was allowed to go at her own pace and have choice in the sessions. She described:

He was actually working on me. He let me, like if I was having a bad day... or I was stuttering a lot or something, we would just talk about something else and it would just be like an easier session and then maybe next time we’d work on something else. But it was like at my own pace. Obviously, he was encouraging me to go on and stuff and which I was open to, but I wasn’t pushed. I wasn’t asked questions, and I wasn’t stopped if I was just talking for too long...

The need for collaboration is also a theme that emerges across participants.

- **I could be open and honest:** Before she started to work with her rural psychologist, Wendy had hoped she could finally be herself, without consequences. She stated:

I hoped that I would have a chance to actually be able to be me and get the help that I needed and be able to be open with this person freely... Being able to be honest without consequences, I guess.

- **He did his best to maintain my confidentiality:** In many of her rural mental health service experiences, Wendy had faced lack of confidentiality, privacy, and power. She described the exposure she had felt:

The hospital in (town) is so small, people still see you go towards the mental health hallway... And it wasn't confidential. And if you're supposed to see someone in (hometown)... it would be at (building) where everyone could see you... walk into the room... And it was very obvious, and everyone knew it... And [community members would] offer you a hug and it was like, really not confidential... Having to meet in public places. I didn't feel like there was a lot of confidentiality. [When you] would register, they would very clearly say, "what's going on?" And the whole waiting room could hear, and you could see the looks on you.

Her rural psychologist had done his best to respect her privacy and Wendy described how this had created a sense of trust:

I knew it was between me and him unless it was serious... And it stayed the same throughout the whole time that I saw him. Even if we ended before... we were supposed to do, the confidentiality piece stayed the same with him. He didn't share information with

my mom and my doctors unless he had to... so I felt like I could trust him.

- **He was easy to talk to:** Similar to what Kate and Christie had found, Wendy's psychologist had created comfort by being easy to talk to and she shared:

Conversations were always easy. Like the first ones were obviously a little bit hard trying to like see, can I trust this person, can I not? But once I was in the room and the door was closed, the conversations were always easy. He was very easy to talk to.

Lack of a Stable Base. While Wendy had experienced the start of a good working relationship with her rural psychologist, it lacked stability. The locations of therapy often changed which led to feeling vulnerable and like she needed to assess the security of each location, each time. She described:

It was always a different place, and I was kind of on edge. It wasn't... you never knew where you'd be next, or who would be around. It was always like the unknown... I think with a lot of people with mental health, the fear of the unknown is very scary... Always different offices, always different chairs, and simple things... like sitting in the same chair when you go to do therapy or the same pictures around the room... the noise outside, whether it's cars or whether it's in the hospital... That wasn't there, but that wasn't his choice either. But being in the rural community, [you] kind of got what you got... I think just again, a stable place to see the person.

In addition to changing locations and offices, it was hard to get appointments and when she did, she felt that his attention was divided. Wendy explained:

...he wasn't often available because he was often very overworked or I don't know if overworked is the right word, but there wasn't a lot of appointments available... and then sometimes it'd be a lot of interruptions like there'd be phone calls coming in... I don't think it was his fault, but he was in charge of a lot of things so... it felt like he was always doing more than one thing.

This stands in stark contrast to Christie's experience that her psychologist focused only on her during their sessions.

Wendy's relationship with her therapist had suddenly ended when he left the position, without proper termination. She described the consequences of this:

And then also the sessions got cut off. Like he got put somewhere else and I never was able to finish... It was just kind of like another, I open up, start getting help, and it gets cut off and I never see him again. So, you start getting the help, you start building rapport, you start trusting someone and all of a sudden... Dude's gone... ...it feels like your book is left open and who knows where it's ending.

Again, Wendy was left with unknowns and the fragile trust that had started to grow was threatened again. She described having felt vulnerable as a result of the termination and advised that rural clients are provided with a stable base.

Distance Allowed Me to be Myself. Wendy's experiences needing mental health services in a small town had been wrought with stigma. She shared: *"As I got older, people started to know me for mental health and that's just kind of how you were treated."* Even when she saw counsellors in her rural community, she had been made to feel like she was being watched by them outside the office. She described:

It was the school counsellors and stuff that would see me out in the community and be like “oh good job you’re touching the grapes without, like gloves.”

...Things like that always, always happened so I was always scared... So, things like that I guess... broke my trust and I didn’t want to be in public. I was always worried about being watched because I was being watched!

Being able to see her psychologist in a different community at times, and knowing he did not live in her community, had allowed her to feel free to be herself in her home community:

So I guess for me, having help on the outside, away from, not in my personal space was good because I didn’t feel like... [I] always had to be someone else. I could just be me sometimes and I could work on myself but I didn’t have to be watched to work on myself... Well that’s how it felt. I... always had to be someone else...

Having distance created safety and trust and Wendy added:

...I guess my trust had been broken many times so I don’t think I would have been able to trust [psychologist] if I knew he was around. I would see him... if I were to see him with my teachers or friends from church or something, would I trust that he’s not talking about me? Probably not from the experiences I had had.

Trust was viewed as bidirectional. Due to having distance, Wendy had also felt like her psychologist had trusted her to practice skills on her own, without having to be monitored.

When I asked Wendy what she would recommend to a psychologist living and working in a rural community, she shared that:

The community [is] a very small place and it’s very easy to say it’s impossible not to run into your clients if you’re living in the same community. I would seriously,

say don't practice your therapy skills unless you're in a session. Don't practice them at the grocery store. Don't applaud someone secretly for touching grapes without putting gloves or sanitizer on. Don't go to their workplace and see how they're communicating with other people or how they're watching the floor and stepping on lines. Like those kind of things were a big setback for me. And I always felt like I needed to prove myself and to this day I catch myself having to prove myself.

Prove Yourself. Wendy shared how outsiders, especially mental health providers, had to prove themselves to her before she would trust them enough to open up to them:

There was a big stigma with (community) and mental health and outsiders. It was like you have to, they had to gain our trust, they had to prove to me that they were okay, and they were safe before I could open up to them... I think starting out with seeing someone it was because I had to, and I didn't trust. Looking back... she got 5% out of the 100% that was available.

Prior to her work with the rural psychologist, when she did open up to providers, Wendy had found that her providers misunderstood and misused her information, without her knowledge or assent. She shared that it would have been better if the providers had been open and honest with her and had made more of an effort to learn about what was happening for her, *with* her.

Both community levels of distrust towards outsiders and personal distrust due to experience played a role. With regard to community distrust, Wendy described how her community is often welcoming to outsiders as a way to gauge their trustworthiness:

Often I think about it as the community is very welcoming. So if someone comes to town, to help, or to be of service there, the community will offer gifts, or food, or

soup, or a place to stay, or an opportunity to come see their farm. It's very welcoming. But it's on the community's terms... It's to find out about them. Not necessarily to find out any dirty deeds or bad but it's like, is this someone we can trust [or] is [this] someone we can't trust? Is this someone who's going to understand our values? Or is it someone who's going to leave the community after and talk bad about us?

Wendy advised that outsiders wait to be invited rather than pushing too hard to engage as this can raise suspicions. Rather, she recommended that outsiders be open to learning about the community and accepting community offers for engagement. By being patient and engaging gently with respect for insider wisdom and beliefs, outsiders can be accepted in time.

I found Wendy's discussion of insider distrust of outsiders to be very interesting and frankly, validating to my own worldview. My belief that trust must be earned is likely implicated in my analysis here. My own history of being raised in a community where outsiders were often viewed as threats most certainly made her statements ring out to me more loudly than it might for others raised differently.

With regard to building trust with rural clients on a one-on-one basis, Wendy recommended that psychologists be open and honest about their role, for example, sharing information with clients about confidentiality, the process, and differences from other professions. She explained:

If you don't know what this person's job is... what they can do, what they can't do. Why they do it. If you don't know that, how can you learn to trust them? So just the knowing... What is the time that we have together look like? This is what we're going to do, this is where I'll see you. If I see you here, what should I do?

...things that people don't necessarily know but often are expected to know.

Because in healthcare we think these things are just common knowledge, but if you go to a small community, some things aren't common knowledge.

Wendy shared that rural individuals may look at the mental health profession as “odd” or “different” and that it is important to provide information and engage rural clients in collaboration as they discuss the terms of the relationship.

Summary. Wendy described how mental wellness comes from genuine connection to people and places in her rural community. Before she started working with her psychologist, she had seen school counsellors and medical doctors, as well as mental health professionals (i.e., psychologists, psychiatrists) in the city. Negative experiences including misunderstandings, provider ego, different mindsets, stigma, lack of awareness, and lack of services shaped her perception of mental health services from an early age. She had come to see “help” as threatening and harmful, with power imbalances, lack of control, lack of confidentiality, and lack of boundaries. By the time she met her rural psychologist, she was wary and distrustful. Wendy’s relationship with her psychologist had allowed for some trust to be rebuilt and he did this by listening, showing understanding, being easy to talk to, respecting her confidentiality, and being collaborative. In addition, having physical and/or psychological distance led to a better relationship with her psychologist and herself. She also recommended that outsider psychologists develop relationships by being open, honest, respectful of community and client autonomy, empowering, accepting, a stable base, humble, and open to needing to prove themselves as trustworthy. Transitioning again, the last rural client is Meave.

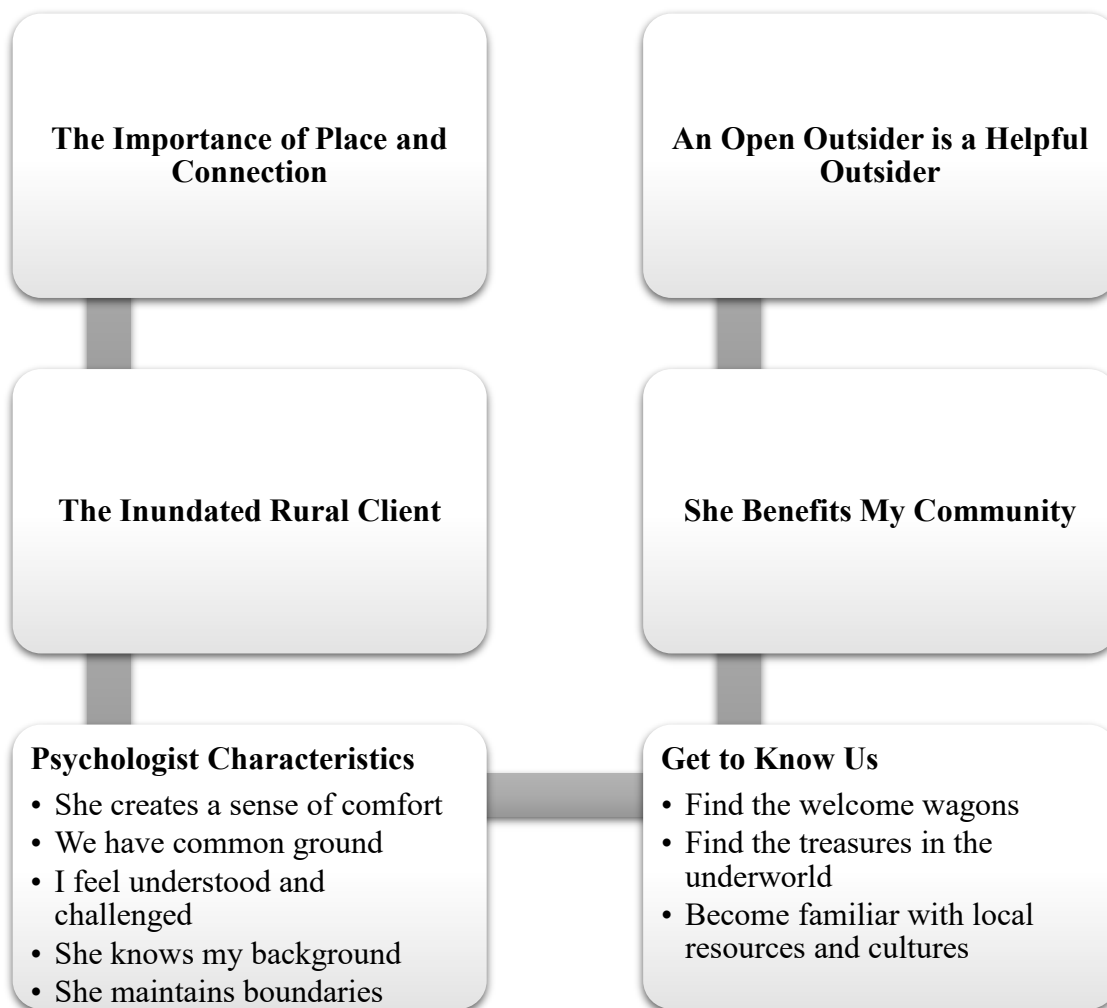
Introducing Meave

Meave is a Caucasian woman in her early thirties. She is married and at the time of the interview, had one child and one on the way. Meave adds a particularly unique perspective to this study as she is not only a rural client, but she is also a provisional psychologist working in the public health system in her rural home community in central Alberta. She left her community for several years for higher education and then returned. Meave described her enjoyment being back in her rural community and raising her children with the support of her extended family. Meave sees a psychologist who moved to her rural community and described it as going for self-care. Before she saw her psychologist, she had low expectations for their work. However, she said that going to therapy “totally paid off.” Based on her own experiences, she advised on how an outsider psychologist can develop good therapeutic relationships with rural clients.

Meave’s Themes. Figure 5 below introduces Meave’s themes of how she experiences the therapeutic relationship with her rural psychologist. Unique to Meave’s experiences compared to the other participants is her status as both rural provisional psychologist and rural client of an outsider therapist. Throughout our interview, Meave brought in stories of her own work with her rural clients. Her own therapeutic relationships with her rural clients and her rural background appeared to impact how she experiences the relationship with her rural psychologist and what she perceives client needs to be in that relationship. For this reason, I have included stories related to her work in a psychologist role as it provides context to her stories about her relationship with her own psychologist.

Figure 5

Meave’s Themes



The Importance of Place and Connection. Like the others, Meave shared many stories involving important places in her community and how they help her connect with herself and with others. Places in her community included a favourite coffee shop, public paths, a pond, a park, the community centre, and a chair in her home. Losing special places has a large impact on rural community members. She explained:

Losing the coffee shop was really hard... It was that place where people went for comfort. It was that place where people went to connect. It was that place you know where you could go in and they knew who you were, and they knew your order and all that stuff. And so, the loss of that was really, really felt in the

community... Unfortunately, there just hasn't been a replacement for it. And I don't know if ever will be, not to that same extent... It was... really hard on a lot of people and still I know there's lots of people are like, "we don't even know how to fill this gap."

Belonging and connection to the rural community were described as resources and Meave stated: *"I like the smallness of it. It's not so small that you feel suffocated, but it is small enough that you feel connected."* Indeed, having important places helps remedy disconnection and loneliness in her rural community and she noted that, *"so many times, people are talking about like the disconnect or being lonely or just wanting to see someone. ...Those spaces create opportunities to do that."*

The Inundated Rural Client. While connection to family, friends, places, and community members was seen to benefit mental health, being tightly connected may also have unpleasant effects. For Meave, it is important for outsider psychologists to understand how "inundated" rural clients may be. For example, rural clients may experience lack of privacy, scrutiny, stigma, social comparison, unwanted advice, and reputational factors. She explained:

There are so many people involved and usually the people in the rural communities are looking for help, have been overwhelmed with opinions and ideas by all the people in it... I think a lot of people in the urban communities don't realize like how inundated you can be by your community, especially when you're going through something that while, you would love it to be personal and private in so many times, it is not personal or private. Everybody knows your [expletive] business... ...by the time they go and see somebody. They're so overwhelmed by all of it that they just need to purge for a bit and be heard and

have space before they are even ready to take any steps into actually dealing with anything.

With these challenges in mind, both psychologist insider and outsider statuses can have advantages. For example, Meave shared that clients may prefer an insider psychologist or someone who knows the community and the challenges. However, other times, an outsider psychologist is beneficial because the rural client feels they can share their experiences without the psychologist knowing about different information from the community. Thus, having some distance was noted to reduce possible biases and may take the burden off of the already inundated rural client. Meave explained:

I think sometimes when you go and they don't know you and they don't know any of your history and stuff like that it's kind of nice right? You're able to lay everything out the way that you experienced it, the way that you saw it, and you're able to tell your story and feel heard and use that information versus all the other little tidbits you can't necessarily control.

Psychologist Characteristics. Meave described her psychologist as skilled and stated, “*the relationship between the client and therapist is literally the number one indicator of success. She's got that down pat.*” Factors that helped their therapeutic relationship grow included a sense of comfort, common ground, knowledge of client background, feeling understood as well as challenged, and having healthy boundaries. These needs were also described by the three previous rural clients.

- **She creates a sense of comfort:** For Meave, comfort is created in a comfortable office space, trust in the professional’s competency, and feeling a reduction in stigma. For example, she described the impact of stigma in rural communities and the important role

rural psychologists can play. Psychologists can create comfort in their relationship if they find ways to “ease the sting of stigma.” Meave described:

Anything that a therapist can do to ease the sting of the stigma is going to be their best bet to helping somebody. So, if that means you start with an over the phone and work your way into an in person or whatever you need to do, it's worth it. To give someone, even if you don't necessarily maybe get the work done that was intended, but a positive relationship was created and experienced. That can do so much more for someone in the long run, than six sessions [of] CBT following protocol.

Even just providing a corrective experience and a positive therapeutic relationship appears to be enough and can be helpful.

- **We have common ground:** Having common ground and a common mindset with her psychologist led to feeling understood. Meave explained:

Honestly, I think the fact that her and I are similarly minded really helps... she is a nice person to talk to who's outside of the system, but also a part of the system right like she's not a part of where I work, but she is a part of the world of psychology. And so I find like she's able to understand things that like literally nobody else can understand in my life so that's really valuable... one of the reasons that I'm able to do such good work with her is because she gets it. She really gets it and she's not asking me to do things or

look at things in a way that like I can't right? ...I think that's a big piece.

Meave also gave an example of having common ground with her own clients in her role as a provisional psychologist. Meave's stories of her client work provide context for how she, as a client, experiences needs in her therapeutic relationship with her psychologist. She shared:

I've had clients who are glad that I know the community, I know what school they went to. I went to that school... it allows us to build a relationship really quickly usually. Which is nice and it also provides an opportunity for us to like build on some common ground and really understand some of their experiences and challenges.

- **I feel understood and challenged:** Meave described her psychologist as relatable and likable, who regularly brings a positive perspective into the room, and challenges her, which she appreciates. She shared how she envies how skilled her psychologist is and described, *“you walk away and you'd feel heard and understood, but for me also challenged, which I think is really, really important.”*
- **She knows my background:** For Meave, having her psychologist get to know her background helps in maintaining the relationships even if sessions are few and far between. In her own words:

I don't have to explain very much because she knows all the background so that's really nice. And so we're able to kind of like

narrow things down to what I want to focus on, which is why we're able to do such intermittent sessions.

- **She maintains boundaries:** Due to limited professionals, dual relationships and having family and friends who also see her psychologist is a factor in their relationship. Meave's psychologist maintains boundaries which leads to a sense of safety and comfort. Meave shared:

Living in a small community... any friend or family member I have who needs therapy sees [my psychologist]. ...it's great on one hand because it's like you know I'll have a friend who goes and has a session and then they're just like "oh, you know she helped me bla bla bla, and we talked about this" and stuff. But at the same time, it's just like, then, when I go sometimes if I bring up something about a particular friend... I know she knows more than I'm saying, but she can only work what I'm saying, and it just creates a bit of a complicated mind dynamic for me because I am so conscious of all of the things... But she does a really good job at maintaining boundaries and bias, so it's never been an issue.

Get to Know Us. Meave advised that outsider psychologists get to know the rural community by learning and engaging. Finding the "welcome wagons," exploring the "underworld," and becoming familiar with local resources and cultures are all ways psychologists can get to know the rural community.

- **Find the welcome wagons:** Meave described that for outsiders, it can be hard to know where to start. She stated that, "...networking the community can be a bit

overwhelming... I think it's just like when you're moving into a new community... it's just kind of like, "who do I talk to for what?" Meave advised that outsiders work to find the “welcome wagons” to make the unknown known. Welcome wagons could include visitor centres, community places, or community Facebook pages. By finding the welcome wagons, newcomers can find the important places, mentioned in a previous theme, to connect with community members.

- **Find the treasures in the underworld:** Meave shared how outsiders are often unaware of what the community actually has to offer:

I think [my community] can be really overwhelming because there's so much, but it's not what you see when you drive through town. Like almost like an underworld of stuff... there's like all kinds of places, and places for connection and neat things, that just people have no idea exist.

Finding the underworld can be difficult, in part because of the nature of rural communities such as odd business hours, lack of resources, and being off the main path. She shared, “*so I think that that can be a little problematic... and it's too bad because there are some really great things and I think people miss [out] ...*”

- **Become familiar with local resources and cultures:** Meave recommended that outsider psychologists familiarize themselves with the local cultures and resources in order to provide good services to rural clients:

The culture of the community is really important too like... if you're working with an Indigenous community or if you're working with a community where there's a lot of people who are

immigrants or you know anything like that, I think it's so important to be cognizant of that... Even if you are online.

Knowing about local cultures could include the culture of the rural community, cultures of subgroups, or health system cultures. Specific examples Meave provided included the public health system, local businesses, private practice psychologists, cultural practices of Indigenous or Mennonite groups, connection to community members, internal resources, and important places. Knowing about the local setting can help a psychologist understand different ways in which a rural client might be negatively impacted or conversely, how they are supported. Meave described:

I think if you're going to offer services in a community regardless of if it's in person or online, you should at the very, very least, like understand what the basic services are. Like you know if you're asking a client who's in financial distress to book an appointment with the bank manager to talk about budgeting. And they can't get to the bank because it's actually an hour and a half away. Like you're kind of setting that client up for an incredible amount of frustration right. So I think sometimes like knowing your demographic.

“Having your finger on the pulse” of the community can help psychologists to provide quality services. Not knowing about the community and resources was described as doing rural clients a disservice. Meave advised that outsider psychologists educate themselves and put in the effort required.

She Benefits My Community. The theme of “benefiting the community” emerged throughout Meave’s stories of life in her rural community and what she believes is needed for good relationships between outsider psychologists and insider rural clients. For example, she described how her community is lucky to have her psychologist and stated, *“I just really like her... I think she's an awesome, awesome lady. Our town is very lucky to have her for sure.”* Knowing that her psychologist benefits not only herself, but also her rural community appears to be a value for Meave. It seems that if an outsider cares on a broader level, and puts in the effort to demonstrate that caring, it can positively impact therapeutic relationships with clients.

An Open Outsider is a Helpful Outsider. Meave stated that an outsider can do good work in a rural community if they are open to learning and willing to put in effort. She shared:

One thing I think that's important to acknowledge is that someone outside of the community is very capable of providing quality services to somebody. You know you don't have to be a 15 year old veteran from the community to be able to provide good services to people... if the therapist or psychologist working with the client is open to not only the client, but their community and what comes with it... then they can definitely figure it out, I think it's very, very possible, not to say it's not going to be challenging, because sometimes it's really hard to find information in a community. And it sometimes requires like a lot of digging and calling and stuff like that, and like that can seem like a lot of outside work but in my opinion, like figuring out how the community can play into improving and caring for someone's mental health is usually your best bet for improvement...

Being open included openness to community culture, subcultures, norms, and perspectives. With that in mind, Meave shared that sometimes it is also nice to have an outsider

psychologist who does not have insider views because they may have more of an openness, without preconceptions, to listen to the client's perspective. She recommended that outsiders "check their biases" to ensure continuing openness:

I would say, like the biggest thing is check in with your bias. Because, sometimes in a small community, things that seem small or irrelevant or like, why is that a big deal? [They] are a big deal... and it's because there are so many people involved... So, I think like that's a really big thing is like sometimes your first couple sessions really are someone just needing to vent and be heard, and although that's not necessarily as therapeutic as we'd like it to be with regards to like, "oh yeah I totally use this approach." At the same time, like I think it's one of the biggest things if you're going to establish a [relationship with a] client... in a rural community, especially if you're urban based, because I think a lot of people in the urban communities don't realize like how inundated you can be by your community.

Finally, being open and honest with rural clients about being an outsider was recommended:

Say you start seeing someone and you're like, "okay yeah like we're going to be working together for a little while," you get a better idea of what's going on for them and what could help them, and maybe you don't know the services in the community yet. Sometimes you just got to be honest about that and say like, "hey I'm not familiar with what might be an option for you."

Before starting this analysis, I was aware that I may tend towards a bias against outsiders being able to "do the job properly" in rural areas. I think somewhere deep inside, I felt that only psychologists with a rural background could really understand and be helpful to rural

clients. Of course, my logical brain told me that anyone open to learning and growth can be helpful. But my gut fought me on this notion. Meave's emphasis was a good reminder for me of the fact that cultural competency, humility, respect, and connection can lead to positive outcomes even in cases where therapist and client are not culturally matched (Steinfeldt, Clay, & Priester, 2020). There is mixed research on ethnic matching and though it has been found to benefit outcomes in some cases, Alladin (2002) cautions that rigid ethnic matching may encourage segregation. It is interesting for me to think of the idea that having differences may actually bring people together and that the tendency to assume that cultural matching is best may actually simply increase segregation if it rigidly becomes the "only" or "best" option.

Summary. For Meave, special places in her rural community support connection and therefore, wellness. While connection is vital to wellness, sometimes being too connected can lead to overwhelm, unwanted advice, opinions, and stigma. Outsider psychologists may not realize just how inundated rural clients are by the time they attend therapy. Meave's psychologist created a sense of comfort, was relatable, direct, likeable, knowledgeable of Meave's background, maintained boundaries and confidentiality, and benefited the greater rural community. Meave described challenges outsiders might face coming into a new community and recommended they put in effort to find the "welcome wagons" which can help direct them to the many local resources. Learning about the community can also reveal a rich underworld, full of "jewels." When outsider psychologists are open to learning about and connecting with the community and the rural client, they can develop helping relationships.

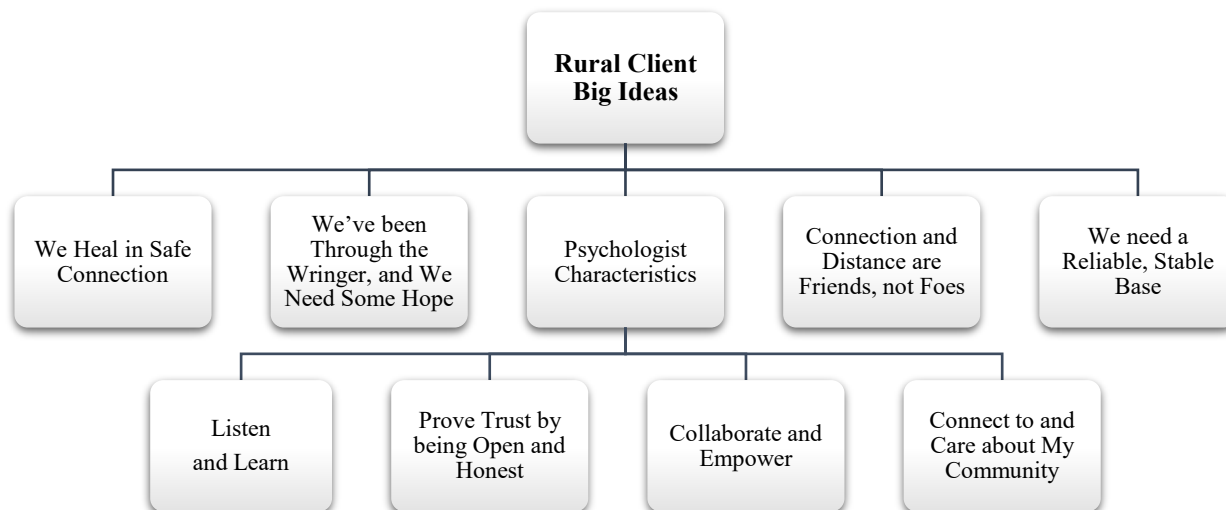
Rural Clients: Big Ideas

The following section describes five common themes found across the rural client narratives. The themes tell stories of health beliefs and how healing happens in safe connection.

Indeed, disconnection appears to lead to negatively impact mental health. The rural clients described how inundated and overwhelmed rural people can be by the time they meet their psychologist. The long road to care can be rough and painful and several came to the therapy room with the baggage of history, past help-seeking attempts, and for some, iatrogenic experiences. What they needed when they got to their psychologist was hope and the ability to trust that someone was competent, truly there for their best interest, would listen to them, and learn about them and their rural community. Helpful characteristics also included the psychologists proving their trustworthiness by being open and honest, and showing that they care about the client as well as the client's community. Given past experiences that lacked privacy, power, or control, empowerment and collaboration became healing elements. Clients appeared to want their psychologists to provide a safe, familiar, connected, stable base, while also respecting confidentiality and having safe distance. Distance and connection were not viewed as opposites, but rather as factors that could work together to enhance the therapeutic relationship. Figure 6 below lists the within-group rural client themes that will be described in greater detail below.

Figure 6

Rural Client Within-Group Themes (Big Ideas)



We Heal in Safe Connection

The rural clients in this study shared that full, healthy lives and healing occur when conditions of safe and meaningful connection are met. They described the values of family, connection to nature, importance of places, and doing meaningful work that helps others and makes a difference. For example, Christie, like the others, described special places in her community and how they help people connect:

Our community has put in a ton of walking trails, like we have walking trails that go all the way around our community... And it's nice... you can go on the trail you meet people... there's flowers they put everywhere it's just... it's relaxing... there's activities like we have a great swimming pool, and you know, a huge arena and lots of outdoor parks and all that type of stuff... I think that there's lots of

activities that you want to be involved that are very welcoming that you can go to, it's open to anybody.

Connection to their rural communities and experiencing familiarity with others led to feelings of safety and comfort. Meave described how she actively works to connect with her community, and she described, “...*trying to connect with the community, work with the community, be a part of the community.*” In contrast, disconnection and lack of stability and safety were reasons why the rural clients came to seek psychological services in the first place.

We've been Through the Wringer, and We Need Some Hope

The rural clients in this study described long, difficult journeys to care before they connected with their rural psychologist. Factors that got in the way of receiving effective mental health services when they needed them included inaccessible services, ineffective services, cost, lack of services, feeling alone in the search for services, stigma, lack of awareness, lack of privacy, discontinuity of care, a medical model focus in available treatment options, and community values of toughness and stoicism. For example, as noted in this quote, Christie described how her community's norms of toughness contributed to a build-up of distress over time because the issue was not dealt with:

I guess I pulled up my bootstraps and I was moving on and that's the way it is... and it was like okay well that's the way it is. But I guess it wasn't exactly the way it was... Then the next thing just builds on the first thing...

Getting help sometimes required participants to travel outside of their community which resulted in isolation from family and community. Isolation then, became an additional stressor on top of the mental health concerns already being experienced. Power imbalances, threats of becoming an involuntary patient, misunderstandings, and lack of trust were emphasized in Wendy's stories.

Meave, who also happened to be a provisional psychologist, noted system red-tape issues and lack of professional collaboration which can impact accessibility and effectiveness of services. She described, as the others had, how “inundated” clients can be in and by their communities before they get to a psychologist.

Across the participants, there were stories of multiple attempts to get help, feeling disillusioned and let down, and not having needs met. When participants finally found a psychologist who worked effectively with them, they came in with a history of negative help-seeking experiences. On the other hand, Meave also advised that she sometimes sees that rural clients do not seek help until the issue has grown and they can come to therapy with an advanced problem. She stated, “*unfortunately, by the time you're even looking at a problem going, this could be with this... Oh it is!*” The participants in this study generally hoped for something more in their work with their psychologist, though several expected very little at the start due to past negative experiences.

Psychologist Characteristics

Wendy, Christie, Kate, and Meave described psychologist characteristics they believe have been helpful and cultivated comfort, healing, and a strong therapeutic relationship. The participants used words like “whole-hearted,” “relatable,” and “nonjudgmental” to describe positive characteristics. Other factors included being friendly, calm, down to earth, present, accepting, and genuine. Ingredients for positive experiences within a therapeutic relationship also included the creation of hope, meeting expectations, creating comfort, consistency, structure, and a sense of familiarity. Having good outcomes and feeling that their goals were met also helped to increase positive impressions of their work with their psychologist.

Four characteristics were especially emphasized and are described below as subthemes. These include 1) taking the time to listen to the client and make them feel heard, understood, and validated, 2) proving trustworthiness by being open and honest, 3) collaborating with and empowering clients, and 4) showing clients that they are connected to and care about the client's rural community. These recommendations were drawn from the positive experiences they had with their psychologists as well as negative previous experiences with other medical and mental health providers.

Take the Time to Listen and Learn. The rural clients provided examples of things that can get in the way of relationship-building. Disagreement and blocks to connection were seen to result from misunderstandings, miscommunications, lack of perspective taking, different mindsets, strong opinions, personal history, vulnerability, shame, and feeling threatened by top-down approaches. Lack of agreement or seeing things differently may also prevent safe connection. The clients spoke of this in the general sense and as it relates to working with a psychologist. For example, Wendy described many instances where her providers did not seem to understand her, and this led to a breakdown in trust. She had not trusted her providers when they did not show genuine understanding and would therefore not be open and honest with them out of fear of how the information might be used against her. She advised, "*learning. Don't just assume... Appreciating the person for where they come from.*" Meave described that outsider psychologists, especially if they are urban based, may not realize how flooded rural clients can be by their community and rural factors. She, mirroring what other participants shared, advised allowing space to let clients just talk and having an openness to learn about their experience.

Trust: Prove it by Being Open and Honest. Trust is a key factor in developing a strong therapeutic relationship with an outsider psychologist. Trust must be proven, built, and

maintained. The clients, especially Wendy and Christie, described how their communities are welcoming but they also want to know that outsiders are trustworthy. Wendy stated:

There was a big stigma with (community) and mental health and outsiders. It was like... they had to gain our trust. They had to prove to me that they were okay and they were safe before I could open up to them.

Wendy described how in her community, outsiders may receive invitations from community members but that this may also be a way for community members to assess outsider trustworthiness and character. Meave also described the importance of community perceptions and the importance of reputation in a rural community when she shared, “*how you're perceived in your community really matters. Word of mouth in [community]... it is either your best friend or the most potent poison.*”

In addition to developing a good reputation, Christie’s psychologist had given her the sense that she could be relied upon, and she shared:

I remember when I first met her... And we drove to her community and her office... we went in, and of course I'm a wreck and she just said, “it's okay, I've got [child], you go, I've got her.” And it was like... okay somebody else's has got her... So that was a big, big thing.

For Christie and the other rural clients, it seems that the seed of trust can be planted from the start and grow over time, as the relationship strengthened.

Ways to develop trust included showing up in the relationship but also in the rural community. Letting the community know you are there, being friendly, showing an interest in the community, learning about the community and their unique characteristics and needs, and

taking part in community events all seemed to help create familiarity and comfort with clients. In Christie's own words:

I think if you're individually working with them be honest with them... I was very appreciative that she introduced herself she told me her history, her education, why she went into what she did, and that kind of thing. Like no feeling of judgment coming from her or, you know I only went into this because I can make good money or whatever right? And I think that's how you build trust in the community. And... even if you're just out and about, like just being friendly and saying hi and you know, and if you're new you can just introduce yourself... "I'm just new here," ...You know, some people want to tell you about their community. I can tell you, if you see an old farmer, you can ask them so how's the crop going? And you'll get like a two hour story on how the crops are going. And yet, they don't forget you.

It was also stated that community values and norms should be respected and that outsiders should take a humble, egalitarian approach. For example, Wendy explained:

But, if you come in and... not willing to go down a level to see this community, this is how the community sees it, as you're [saying you are] higher than them. If you're not willing to drop your ego to their level, then they can't trust you.

Honesty and openness, providing education on what psychologists do, listening to and getting to know the client, treating the client like a human being, and working collaboratively were all described as important. Getting personal and vulnerable information from clients can require a good deal of trust and clients described how this process may require time.

Collaborate and Empower. Rural communities, as described by the clients, value connection and working together. However, living in a fishbowl also comes with lack of privacy and sometimes judgement when you are going through mental health challenges. Wendy described her experience and stated, *“it wasn’t confidential. Everyone knew and you already immediately felt like you were being judged... There was always talk... I preferred to go to (neighbouring town) but it just wasn’t always an option.”* Mental health problems often come with unknowns and when unknowns about services are added to this, it appears that rural people can feel like they lose control or have no power or autonomy. Toughness is a strong rural value, as emphasized by the participants. Being exposed in the community as someone who needs professional help when you should be able to “pull up your bootstraps” (Christie) appear to lead to feelings of being judged or shame. Not having control of where in the community you will see your psychologist and not knowing what a psychologist does can also lead to a sense of powerlessness.

The participants shared stories related to the need for empowerment, control, getting back power/autonomy, making unknowns known, confidentiality, working together, growing self-efficacy, and trusting the client. The likelihood that clients will run into psychologists at the grocery store or other location in small communities is high. Informed consent about boundaries and agreeing how to deal with “run-ins” was stated to be a good approach. Wendy had never been given a say about this and experienced resulting harm. She described her experience with various mental health providers prior to her psychologist:

...well it was never on my terms... the client is your client but the client is also a human, also has rights, also has wishes and beliefs and feelings. Like it’s not just a piece of paper that you’re dealing with... You didn’t have power.

Giving clients a say and working together were described as essential to the relationship.

Connect With and Care for my Community. The clients appreciated when psychologists connected with and showed care and concern for their rural community. By connecting with, learning about, and benefiting the community, it appears that the rural psychologist can demonstrate beneficence and trust. Thus, the relationship becomes larger, between two people, but also connected to the wellbeing of the larger rural community. Respecting and acknowledging existing foundations, local wisdom, and local supports were noted by the rural clients to be important for relationship building. Wendy described how important it is to approach local wisdom with humility:

Well they also feel like they've worked all their life very hard, physical labour but they... didn't have an opportunity for education and then also they feel... "less than" often, and that is a very big trigger in small communities I find.

In addition, being more connected to the community can aid in quality of care. For example, Meave recommended that outsider psychologists put in effort to get to know the community culture and resources to provide quality services. She explained:

Whether you've worked in a community or you've lived in that community and grown up in it. You do have a better... finger on the pulse of like where things are. Who do you go to for this? Who do you call for this? Who don't you talk to about this? And so I think that that's an advantage when working with some clients, because they really do need those community resources that they're looking for you know, "how do I get this, what do I need this," you know that kind of stuff... And I know all those things I'm able to provide them a really good quality of service... Even if you'd been in the community for a handful of years or we're just

doing general online services, like that information is hard to find and so it would be really hard to provide that level to clients without doing like an exceptional amount of outside work... Like I think it's six of one half dozen, of the other.

Connection and Distance are Friends, not Foes

The rural clients in this study described the strong value of connection to family, community, and wanting to have a good connection with a psychologist. They advised that outsider psychologists take the time to get to know the community, beyond preconceived notions and first impressions. Participants described how outsiders can create connections with the rural communities by seeking out the “local diamonds” like restaurants or unique local events. The participants described how their communities are generally welcoming to outsiders, as long as outsiders do not prove harmful to the community. Christie, Wendy, and Meave described the value of the “small town feel” where people know you and genuinely care about you. It appears that they want to feel a sense of this in the therapy room also.

While connection is vital to healing, too much contact outside of the therapy room can be unhelpful. For example, Wendy described her experience of being monitored publicly by her school counsellors who would then make public comments about her progress. This only worked to diminish trust and she described how she wished she could go to the neighbouring town for services, but it was not always an option. She advised that rural psychologists keep therapy in the therapy room; this is related to the theme of empowering clients and respecting their rights and autonomy. She also described an example of how constant monitoring by her school counsellors made her feel as though they did not trust her to make good decisions and make progress on her own:

...and not that I wouldn't be practicing, but I would want to practice stepping on tiles and not, like, not stepping over or in between the lines. But then have to report back to him and like to be able to be trusted to say I'm actually doing it. Now it was like do they actually trust me to practice on my own or do they have to come watch me? Do they actually believe anything I say?

Sometimes, having distance meant seeing a psychologist in a neighbouring community. Other times, clients described the value of having an outsider psychologist in their community who did not know family or community histories. Christie described for example, how having a family mental health history can lead to community members making assumptions and judgments (i.e., “he is just like his aunt”). Having a psychologist come without these previous assumptions or memories helped to develop more understanding in the therapeutic relationship, privacy, non-judgment, and added clarity to situations. Wendy described how when she saw a psychologist who did not physically live in her community, she felt she could just be herself in the community and did not feel monitored. Therefore, distance led to increased safety.

We Need a Reliable, Stable Base

The rural clients shared stories about times when they did not have stable mental health services and how this had led to challenges. Wendy described how her experience with her rural psychologist literally involved changing locations regularly. This left her feeling like she was constantly adjusting and assessing safety and confidentiality. In her words:

...the first part of the session was to get used to where you are... Who's outside? Who's that talking outside the door? Most buildings and offices aren't soundproof and trying to always figure out, what can I say here? How loud do I speak? All of a sudden, it's in a hospital. It's like, they'll put me in the hospital again because

I'm in a hospital right now. It's like all those [worries]: do I feel safe, do I not feel safe? I think a stable office or place, not continuously being in a different place, different office, different chairs every time.

Her physical space itself was not consistent nor stable. She also described how while her psychologist had been effective, he had been so overloaded with work that his attention was divided at times.

Several clients discussed the impacts of discontinuity of care. Wendy's relationship with her psychologist was suddenly terminated and she was offered no chance to say goodbye to him or process the end of their work and professional relationship. She explained:

Well, you're starting to trust somebody and work through things and then it's gone and you're like "where did all my information go?" ...It was just like he got a different position... He was done. Like I just never got to find out. I felt like my information was all in his hands and now I have no idea where it is. Very vulnerable I guess... If it had just ended, if he would've explained to me what was going on, rather than just never seeing him again... Or just even like, "hey I'm getting a new position and I'm leaving this, I won't be seeing you again..." There was none of that. It was just done. And I could never rebook again, it was just done, it was just like the open ended piece was just there.

Similarly, Kate described feeling devastated when she was no longer allowed to continue services with her psychologist due to jurisdictional issues. Still, she also explained how she valued that her psychologist was consistent and was there for her while they worked together. She expressed frustration and disillusionment towards the system who had first offered her support and services and then proceeded to take it away from her.

The therapeutic relationship, the location, consistency in approach, structure, dependability, and comfort and familiarity were important factors to improve experiences of psychological services. Christie mentioned how her therapist had given her the sense of “I’ve got you” which she had found to be comforting. Christie also described her therapist as a “calming force” which seems to have added to the sense of stability and safety. Kate noted that her psychologist was her “comfort zone” and she had hoped for long-term services and had grieved the sudden loss of her psychologist. She recommended more system support and that rural psychologists commit to the rural community. Being a stable base for rural clients where they can be safely and respectfully supported may be vital; this element also appears to be in line with the rural value of having strong roots.

Chapter Summary

Christie, Kate, Wendy, and Meave all described that safe connection is key to healing. They shared stories about their therapeutic relationships with their psychologists and provided examples about what worked and what did not work. Importantly, past experiences with the health and mental health systems and rural culture were key to include as they provided context about expectations and hopes. Indeed, not having mental health needs met appeared to lead to feelings of disillusionment, isolation, and reduced hope. Factors that worked to develop a strong therapeutic relationship included safety and stability, a collaborative and empowering approach, the intentional use of both connection and distance, and a competent psychologist who is open, honest, who listens and learns, who is willing to earn trust, and who goes out of their way to connect with and demonstrate caring for the client’s rural community. In the upcoming chapter, the rural psychologists in this study speak about their experiences of the therapeutic relationship with rural clients and their perspective of what works well and what does not work well.

Something that stood out to me in these findings is the reminder that the therapeutic relationship between the psychologist and the rural client is not isolated to the dyad. It is impacted by context, culture, collectivist values of community, health-seeking history and experiences, and more. Often when we think of the relationship, we picture a therapist in a room with a client. Now when I imagine the therapeutic relationship, I picture a multisystemic model of interacting and overlapping factors. The small town feel seems to enter the psychologist's office so that comfort, safety, and healing can occur.

Chapter 5: Rural Psychologist Findings

Rural Psychologist Experiences

This second findings chapter focuses on the experiences of the rural psychologists in this study. Just as the previous chapter, it begins by presenting individual findings, followed by a within-group analysis of the group of psychologists. In the next chapter, themes revealed across both groups will be discussed. The following table (Table 2) presents general demographics of each participant, based on what they were comfortable sharing and using their own language.

Table 2

Rural Psychologist Demographics

Rural Psychologist General Demographics⁵					
Pseudonym	Age Range	Gender	Ethnicity/Race	Born/Raised	General Location(s)
Alfred	55-59	Male	Caucasian (British Ancestry)	Rural	North-Central
Paula	45-49	Female	Caucasian	Rural	Central
Anya	35-39	Female	Caucasian	Urban	North and Central-South
Taylor	30-34	Female Cis	White	Rural	Central-South
Sally	45-49	Female	Indigenous - Cree	Rural	Central
Grayson	40-44	Female	Not provided	Rural	Central-South

⁵ Demographics are provided with a great deal of anonymity and lack of detail to protect participants from small communities of practice. Due to easy identification in more isolated or smaller areas, Alberta has been broken down into large general areas without identified borders and include north, north-central, central, central-south, and south. The arbitrary nature of this breakdown is intentionally protective of participant identities. Please refer to the explanation in the previous chapter regarding use of participant language for ethnicity/race.

The six psychologists who volunteered their time spoke from unique contexts. The group was comprised of one male and five females. Only one participant (Anya) had an urban background while the rest identified as being born and raised rural. Sally, Anya, and Taylor described a special interest in working in Indigenous communities but only Sally identified as Indigenous herself. Anya travelled to different communities while the rest lived and worked in specific communities. Four out of the six shared they were parents and they explained the impact of rural practice on their family life. The psychologists described experiences across rural Alberta, ranging from far northern communities to central south communities. The areas identified also ranged in their degree of remoteness, with some clearly being isolated and remote to others being large rural communities in close proximity to urban centres. All the psychologists spoke to their experience with caring and passion for their rural work.

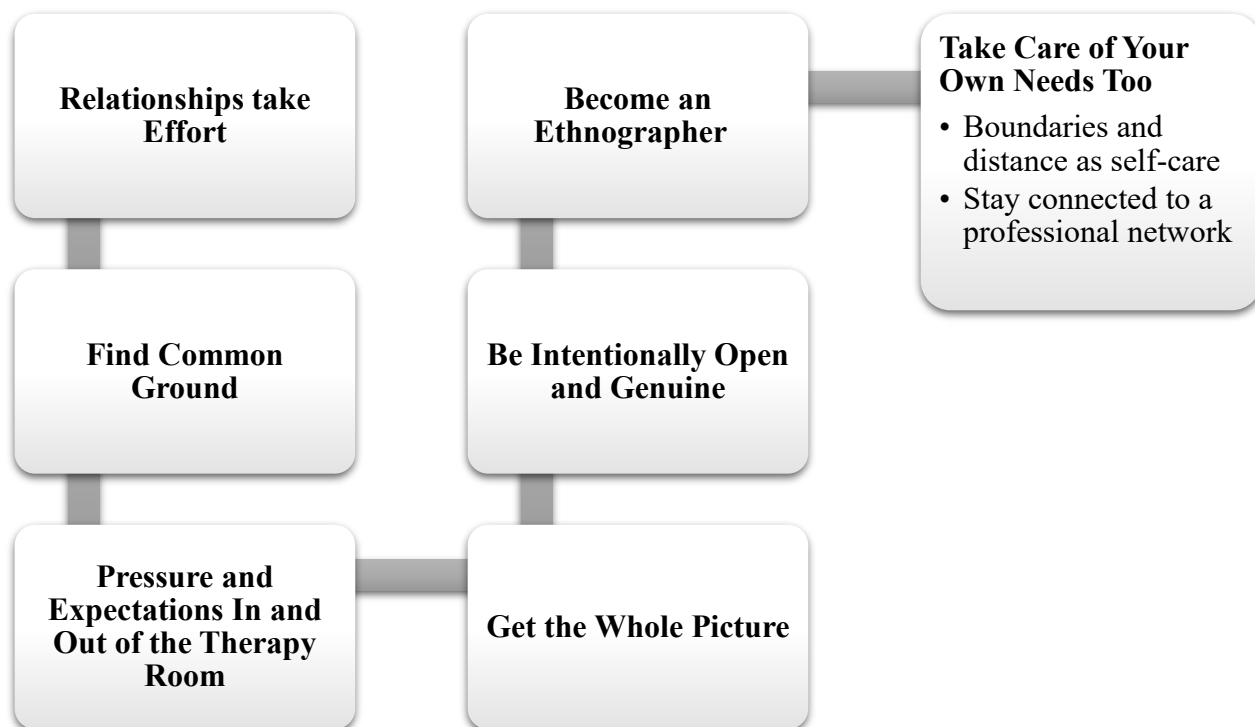
Introducing Alfred

Alfred is a White male psychologist who has worked in a variety of rural communities in different mental health roles through his lengthy career. Alfred is married with children and values his family. He was born and raised in a rural farming community and described how in his hometown, relationships seem to develop naturally. Growing up he wanted to become a psychologist to help others. Later, he recognized that to help others, being a psychologist is largely about developing relationships and that this requires intentional effort as an outsider. Alfred currently works as an educational psychologist in central Alberta, several hours from the nearest city.

Alfred's Themes. Figure 7 presents Alfred's themes that summarize his experiences with therapeutic relationship with his rural clients. These themes are presented in the following narratives and summarized at the end of Alfred's section.

Figure 7

Alfred's Themes



Relationships take Effort. Alfred described that when you are born and raised in a small town, relationships seem to naturally happen. Growing up, it had not required concerted effort to develop relationships with others in his community. In his own words:

I grew up in this little town... but it's different when you grow up in a town where everybody knows you. Like relationships... I think there's less of a conscious effort in building relationships, that you just naturally have relationships develop... Even though I then went on to work in rural areas, I guess I hadn't appreciated that I would need to rebuild relationships in each of those places.

And that there's a difference when you grow up in the place, as opposed to moving into the place... it just was a lot of that like, "who are you?" And I'd never had to worry about [that] before.

Alfred also described how he finds it harder to connect with people who do significantly different types of work than with which he is familiar. For example, some rural communities have a farming focus while others focus on oil and gas. Other causes of disconnection or disagreement included cultural differences, lack of understanding, or value differences.

Find Common Ground. Alfred described how outsider psychologists can create connections with rural clients by finding and sharing common ground. This recommendation overlaps with the identified rural client desire to work with a psychologist who connects with them and their community. Alfred described how he is more comfortable in his ability to connect with rural farming communities because this is an area in which he has more familiarity. Alfred explained how rapport improves when he has had experiences similar to his clients:

I think it's like any kind of relationship. The more you have in common with somebody or... at least having similar kind of things... when it's possible to find those kinds of things... that helps. I think I can build relationships, sometimes by... sharing yeah, "I went to school with 60 people in the high school," ...there's some ways to find those... those common grounds.

Rural clients may feel more comfortable, understood, or safe if they feel their psychologist "gets it." Alfred explained:

...trying to help them appreciate, I come from a rural base and... even though I provide services in several communities around [town]... I always mentioned that

I'm from [town] because they're very happy I'm not from [city]... Somehow, I get extra points for that.

To build relationships with his clients, in addition to sharing that he is from a rural background, Alfred also likes to gain an understanding of the client's rural community. Individually, he invites clients to share their personal interests. Finding common ground in the therapy work itself is also important. For example, Alfred described how being on the same page in terms of goals is important:

I don't know if this is really a rural thing but it's... the goal alignment and communication where I felt like I was on track... with what the client is looking for and we were understanding each other in a solid way... That [is] when I felt like we were making progress. The client also felt like we were making progress.

Pressure and Expectations In and Out of the Therapy Room. Pressures and expectations impact how Alfred experiences the therapeutic relationship with his rural clients. For example, he noted the pressure that can arise from both the rural community and from his own expectations of himself. Specifically, pressures can arise both from being the main mental health provider in the community and being expected to provide services for a broad range of concerns. Pressures can also arise based on feelings of obligation to the community, having a large caseload, seeing the impact beyond just the one client, having to be a fit for diverse clients due to lack of options, and having clients approach him in public settings to discuss challenges.

Regarding obligations, Alfred recalled how he stayed in one rural community longer because he felt he owed the community and knew that historically there was a high turnover rate. He shared the impact of staying longer on the relationship:

The community was very transient and the people I worked with were very transient... I worked in the school system... about a third of the kids would turn over in a year and half the teaching staff... and so I found that a new challenge, especially... in terms of building relationship. Like I ended up staying in [town] for eight or nine years but part of it was that I felt like I owed people that... And in terms of building relationship at least that felt like... I had a better basis when they felt like we could start to develop a relationship and I wasn't going to disappear right away. I'm not sure... personally, that was the best thing for me to stay there that long but from a professional standpoint it was helpful.

Alfred has a large workload and often supports clients who are connected to each other in some way. Consequently, he shared how he can see the impact on not just the one client, but on multiple people involved:

...it's really hard when people are demoralized and lacking in resources and... maybe that also creates more of a strain because of the smaller community... We had with a student that I was trying to work with, and I also know the teacher on a on a personal level... I guess it feels like a double failure at times.

Alfred also described feeling bad that people do not have other options if he is not a good fit for them. For this reason, he said it is essential to really hear the client and to be open to their concerns. Finally, boundaries and therapy outcomes also result in pressures for rural psychologists and Alfred explained:

When you know [that] parents have more concerns than you can meet and that they have trouble with the boundaries... It's... why I needed to shop at the [store] instead of the [store] for a while. It's because... even if the parent was

comfortable having conversations with me in the bakery aisle, I didn't think that their child would be comfortable with me having those conversations there... If it's a good day and I've been able to provide the right kind of support. And people are feeling relieved, then those kind of blurred boundaries aren't as bad.

Thus, the pressure to meet client goals increases in rural settings. Clients may reach out to discuss private issues publicly when goals are not met, or further yet, an outcome may have a larger ripple effect across the community.

Get the Whole Picture. Over time, working in rural communities, Alfred shared that he has come to appreciate the multitude of factors that might be at play in a client's presentation. In his words:

I think maybe understanding some of the biological kind of things. In that I was probably more CBT focused to begin with... And I guess there's more than just thoughts... some of it was appreciating the intellectual capacities and strengths and weaknesses... When I first started working with kids I was surprised how many of the kids I was seeing also had special ED kind of related issues and I had not thought about how that connection would be there, but I think even evolving like how I appreciate things like asking about people's or kids' sleep, screen time, even physical kinds of things you know, like just gastrointestinal kind of things... I have more appreciation for how those things go together... not just understanding their perspective, but also to understand all of the factors kind of influencing and kind of figuring out how all those pieces fit together.

Alfred shared an appreciation that what appear to be unrelated factors may impact the mental health of his clients. He gave an example of the impact of rain:

Sometimes you don't think about things within your scope like, how does the lack of rainfall affect the general mental health of the community... Like for me, it just means I mow my lawn less... it actually is a stress reliever in some ways for me... not appreciating how much that impacts a lot of other people.

Alfred shared the benefits of longer stays in rural communities. For example, he shared how extended time allowed him to learn about his clients over their lifespans:

Well, it was certainly nice to work with them over an extended period of time. That you got to see how they would grow and change and develop and you know I think sometimes people who work with clients short term don't appreciate what that looks like or even to understand how something appears differently, you know that depression of a nine year old looks different than a 13 year old and... a 16 year old... and so it was nice to be able to have that extended contact and, and because it was a smaller community they weren't moving to different place or you know many of them weren't if they stayed in the community, I saw them.

Understanding and being flexible to community needs is also important. For example, being in a farming community, Alfred recognized that people may cancel sessions if they need to get the crop off the field during clear weather. He shared that he also came to realize how very isolated rural families can be if they have a lower socioeconomic status. Taking a broader look at what might be impacting the client and the context in which they live seem to influence the depth of the relationship.

Be Intentionally Open and Genuine. Alfred described that both rural psychologists and rural clients can be socially or emotionally guarded. For the rural psychologist, they may not wish to engage deeply in the community to maintain boundaries, to maintain a good reputation,

and to avoid being “under the microscope (Alfred).” In his experiences, rural clients may mistrust the psychologist’s intentions and commitment; he recalled *“there was definitely a guardedness, like “are you going to be gone next year?”*

Over time, Alfred has come to realize more fully that relationship building and being genuine are key to his work with clients and he shared:

I think more just the genuineness and the relationship, and I know that sounds silly... When I think about being a psychologist those seem like obvious things but I think I'm a lot more conscious of those things than maybe I was to begin with.

Alfred has worked to be comfortable being himself with clients, within professional parameters.

He noted:

I think I also am more genuine than maybe I had been before... When I started ...this is the role I was in... whereas I feel now it's more important to just be who I am and be comfortable with... you know them trying to share who they are... I think it's just more of that being genuine and less guarded maybe.

Alfred recalled that he had to accept that he cannot be perfect in his profession and that the acceptance of this helped to make his work easier. He shared, *“I feel like I have a better acceptance of my own lack of perfection. Not great [laughing]. But I think I was much more perfectionistic, not appreciating that I was in a profession that doesn't allow perfectionism.”*

Regarding reputation, Alfred shared the benefit to just being himself and noted: *“it connects with that, “everybody knowing everybody else” kind of thing... that's why I have appreciated maybe genuineness more... because people are going to share what their experience has been and it might as well be the real you.”* Growing up and at the start of his career, Alfred had wanted to be

a psychologist because the element of helping others appealed to him. He shared how over time he learned that the way to do this was to build relationships in a truly genuine way.

Become an Ethnographer. Alfred shared that it can be challenging connecting with people from different cultural backgrounds:

The culture was certainly different... some of the parent contacts [had] quite macho aggressive kind of responses... These are guys who go out in 40 below and wrestle with, you know, machinery and I sit on the floor and play with kids.

Indeed, when he first started his career, Alfred described how he had been surprised about how challenging it was for some people to open up about their experiences as it had come more naturally to him. In addition, different rural areas will have unique cultures and Alfred advised that a psychologist learn about the communities in which they work. He explained:

There's just a whole a bunch of cultural things... I think it might just be trying to understand the community culture and values. And appreciating that there is a culture... Like I said, the [town one] culture is different than the [town two] culture, which are both a little bit different than the kind of rural [province] I was familiar with. Because without understanding that, then you do run into those value kind of conflicts... I've mentored people coming into the community... sometimes people don't appreciate within the [town] setting how everybody can be related to everybody else. That the school secretary is the sister of the postmaster... those kind of connections. Some of that, that's a confidentiality thing, but some of it's also just you know what you say, or opinions you express...

In the interview, as Alfred described his experiences, I checked my understanding with him and asked him if this compares at all to the idea of an ethnographer coming into a new culture. Alfred

agreed with my use of the word ethnographer to explain his experience and this language was chosen to best capture this theme.

Take Care of Your Own Needs Too. Alfred described the importance of taking care of your own needs as a rural psychologist to be able to provide quality services to rural clients. Self-care included having good boundaries and distance as well as preventing isolation by staying connected to colleagues and supports. Further details on these two subthemes are described next.

- **Boundaries and distance as self-care:** While he has now lived in his current rural community for 20 to 25 years, Alfred does not know everyone and is not known by all, like he was in his own hometown. Due to boundary issues and multiple relationships, he finds he is "less likely to mingle." He described:

I think because of working with boundaries. ...I know other people who are comfortable really being out there in the community... I found that really hard... I find it's almost made me pull in, in terms of what I do within the community.

He recalled uncomfortable multiple relationship situations that have occurred in his work as a rural psychologist. For example, the people in his personal life are also sometimes people he has seen at vulnerable times because he may have supported them in his job. Another reason Alfred keeps a "low profile" in town is because of the importance of his reputation:

Maybe that's also why I keep a lower profile in town, is because... I think sometimes it's easier to get a negative reputation, you know if you get a negative reputation in some way it's harder to get rid

of that so. So maybe it's.... I don't know if it's anxiousness or safety or good... planning.

Alfred explained that being in a rural community can feel like you are "under the microscope." Travel is a way he disconnects and enjoys anonymity and he shared:

I feel like when I travel it's... an opportunity to completely... disconnect and have anonymity and you know it's not that I danced naked in the streets, but at least you know you're not under the microscope of being watched by people...

Finally, getting emotional distance was also noted as important and Alfred shared: "As I was able to less personalize some of the feelings and anger and frustrations and things like that... made that easier." Thus, to maintain therapeutic relationships with rural clients, having a certain amount of distance is important for Alfred.

- **Stay connected to a professional network:** Alfred described how it is important for rural psychologists to connect with a team or a professional network to combat isolation. A network was said to be important so the professional can feel supported and validated. Working as part of a multidisciplinary team is something Alfred has come to value. He shared a story of a time multidisciplinary collaboration improved the outcomes for a client who had initially presented for an autism assessment:

...the OT and I went out, we both walked away and said "well, this is not autism but there's something there."The OT suddenly said, "you know the mom was talking about her bowel movements," she said, "I want to explore that more." And she went back and this little preschool kid had not had a solid bowel

movement in her entire life. And so, she sent her back and they did an x-ray and found out that she was severely constipated. And then we saw the mom and I think it was the first time we've seen the mom smile...I think that's what I got with more the holistic thing is that you know I could have done a whole lot of strategies, but it was nice as a multidisciplinary team that we that we were able to do something that was effective...

For Alfred, developing a network as a rural psychologist is much easier than it was in the past. He stated, *“I feel like that's probably better now. You know, just the whole Covid has taught us some ways to connect with[out] them being physically present.”*

Summary. Being rural himself, Alfred shared that he had not originally appreciated that he would need to effortfully develop relationships with his rural clients when he moved to different rural communities. He described how differences can cause disconnection and that finding common ground can be a remedy. In addition, internal or external pressures and expectations (i.e., at individual and community levels) impact the quality of relationship with rural clients. The relationships with clients were described within the context of the rural community. Learning about the community, the client in a holistic way, and being intentionally open and genuine result in better therapeutic relationships. With that said, balancing both connection and intentional disconnection and engaging in self-care and networking also creates space for Alfred to have healthy relationships with his rural clients. Transitioning now, the next rural psychologist is Paula.

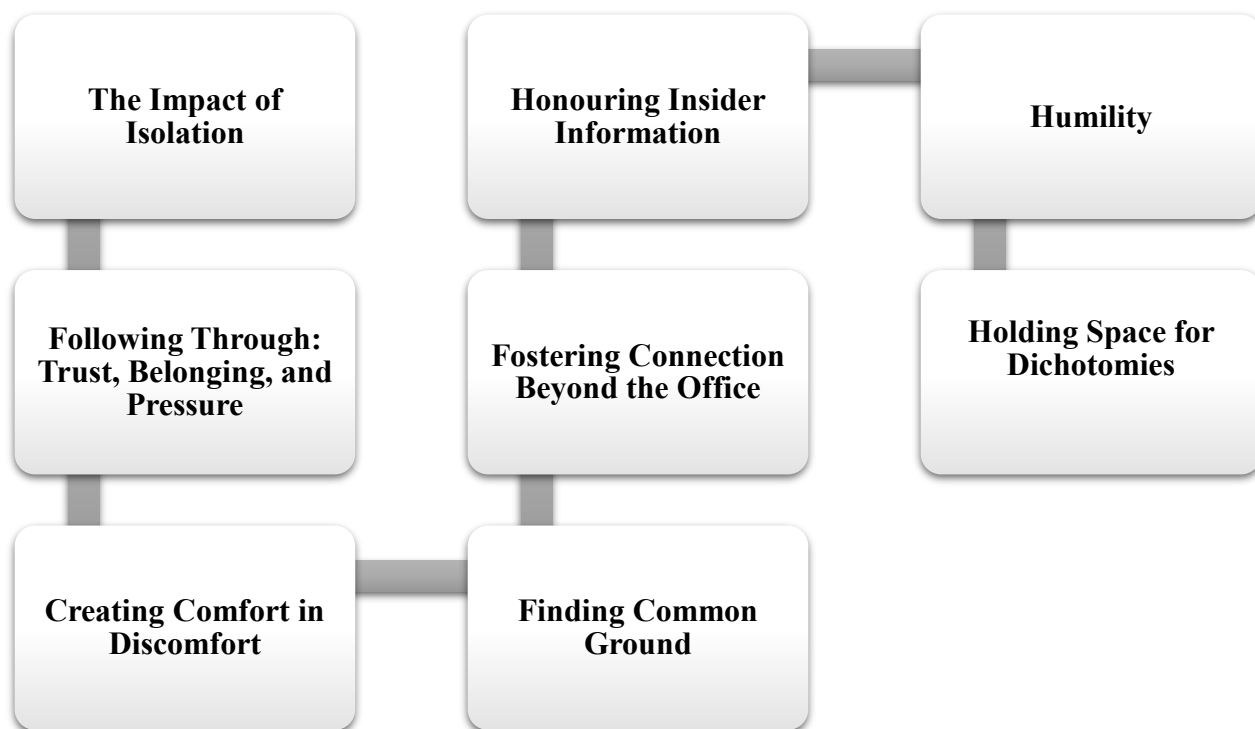
Introducing Paula

Paula was born and raised in a rural farming community in a different province in Canada and identifies as Caucasian. She currently lives on a farm in central Alberta with her husband. Paula has worked as a psychologist in several rural communities. One of the reasons she became a psychologist was because of a powerful personal therapy experience. She wanted to help people have healing experiences like the one she had. At the beginning of her career, Paula worried: “*What if I can’t connect; what if I don’t fit in; can I do this?*” For Paula, providing psychological services can be heavy and complex but also uplifting and bright when she sees clients benefiting and progressing. Paula holds a deep passion about advocating for mental health and supporting her rural clients.

Paula’s Themes. Figure 8 below introduces Paula’s main themes of how she experiences the therapeutic relationship with her rural clients.

Figure 8

Paula’s Themes



The Impact of Isolation. Paula described how being the only psychologist in a community can be very isolating. Moreover, due to the lack of other options or services, her caseload is often large, and she is frequently forced to say no to people looking for services. She regularly considers ethics because there are no other local referral resources. Being the only psychologist in the area results in pressure to meet the needs of the community. She explained:

Feeling isolated, I guess, and probably struggling with having that balance and that's on myself of, you know, saying no and recognizing that first of all, you're not here to save the world, and you can't, even if you are here to save the world, you can't do all of that... I think a lot of that also has to do with perhaps rural work... because there's very limited places to refer people to, or literally none,

right? ...that part I find really frustrating too, is the isolation as a condition and then the isolation for resources, for, you know, clients to go to who have specialized needs or just you know, I'm sorry, I can't fit you on my caseload right now. And where do I send you? Yikes. Right? So that's draining.

To meet her own needs for connection, Paula engages with her support systems and self-care. Yet, the longer she stays in the community, the more her social circle shrinks. People who could have been friends can no longer be so due to having become clients. She stated: “*Your social circle gets smaller and smaller... because there's, you know, very few other professionals in the community... if you want to socialize with professionals... But now if they're my clients. No, that's not gonna work.*” Challenges also include gaining continuing education and an available network of other psychologists. Connecting with other psychologists requires considerable effort when they are not in the same rural community. Paula described that while her family is supportive, they do not always understand the professional factors. Thus, the professional who desires to show up as her “best self,” experiences challenges in finding her own support. In her words:

Our families and some of our support systems. Even though they're our support system, they don't know psychology and they don't know even you know, you know professional kind of business and world. So, I think that can make it more difficult to show up as your best self, right?

Following Through: Trust, Belonging, and Pressure. Paula described client trust and belonging as important to the therapeutic relationship. However, along with belonging and trust come pressures and expectations on the rural psychologist to follow through and be beneficial to

the community. For example, due to being one of the only providers in the community, Paula described how clients sometimes place their trust in her out of necessity:

...if you build it, they will come. Like yes, I have a very full caseload, and I have to turn a lot of people away, but let's face it, I'm the only psychologist in the community, so it's not hard to be the best when you're the only one... So that really works. It works well to be the only one... That makes it really easy to have a thriving practice when you're the only one... People were... it was almost like to them, it didn't matter, they just wanted someone... They just wanted the support and you know people are coming to you in a vulnerable state most of the time, and so they just want someone to hold space... I think I was surprised that they were okay that it was me... so that was good.

An additional factor is that Paula feels acceptance and belonging in the rural community.

She explained:

Without sounding like, you know, all unethical with dual relationships and such, but... it feels like almost like family-ish. Like it feels like a family... I don't know if that's unique to rural, but I feel like it is amplified for me... that sense of feeling like I belong and I have, like a family almost, like I'm part of this... that ability to feel like you're part of the community when you're not. That is kind of cool.

Being part of a small community and feeling like she belongs, Paula is aware of her reputation and a pressure to meet people's expectations and needs. Psychologists are more visible in rural settings and Paula provided an example of the impact of word of mouth:

I've had people call me and say, "my buddy told me that you know what you're doing." ...the pressure, Yikes. Oh boy... I try to just be really humble about that.

In fact, I will say, you know, when I get that phone call, “my buddy told me you really know what you're doing,” and I say to them, “okay, well... the pressure is on. Like no guarantees! I can't guarantee anything, that I know what I'm doing.” ...Almost like self-deprecating in a way, but not... that makes it easier to not come across as like, “I'm here to tell you and I know everything” and ...I mean, that's applicable to every psychology practice.

Creating Comfort in Discomfort. Paula described challenging and uncomfortable situations that rural psychologists can find themselves in that may negatively impact the therapeutic relationship. The challenges include dual relationships, proximity issues, confidentiality, and having different perspectives and life experiences than clients.

Regarding proximity issues, Paula advised that rural psychologists be prepared for dual relationships:

Pay a lot of attention to that dual relationships stuff... You can get caught up in ethics because you're just trying to help and do the right thing... So you have to be very careful about dual relationships. ...it's like a daily thing almost. ...I don't know if that's something that [urban psychologists] encounter as much. But I'm assuming probably not almost daily.

She further advised creating comfort for clients, as well as for the psychologists, in a variety of ways. First, she does not live in the same rural community in which she works. Rather, she lives in a neighbouring community. This distance has created comfort and space, both for herself and for her clients. She described the benefits and challenges around having distance:

I would almost try to drive to another community or make sure that I got, you know, my groceries where, you know, I live and not where I work. Because where

you work, you're more likely to see more people that way. ...I kind of liked for that anonymity sake... I kind of liked being an outsider, like getting to leave that, that little microcosm of some of the stuff that's like, all you know that you don't want to know, right? So, I kind of liked getting to leave that. But then I also sometimes don't feel grounded... in my home in [town]. Like so I almost feel like a wayward child a lot of the time. So again, it's like I like it, but I don't like it all at the same time.

Another technique to create comfort is to empower clients and ensure they have choice. Paula shared that she goes through an informed consent process in which she empowers clients to choose how to interact with her should they run into each other in public. She stated that this approach appears to make her clients more relaxed:

One of the things with every new client... I don't remember when I started this, but I've been doing it for years... I also add, "you know, because this is a small community, and you know, rural area, there's a very good chance that, you know, we may run into each other at the [store] ... if you want to, if we make eye contact and you want to ignore me in public, I completely and totally respect that and I will not come up to you and be like, oh hey, how you doing? I'll just take that as a sign of now isn't a good time."

Paula shared that different perspectives, worldviews, and life experiences can make it difficult to create a therapeutic relationship with rural clients. To work with this and to create comfort, Paula recalled that she took the time to learn about the local culture and to adapt to it. Regarding stigma, she takes time to normalize mental health to create comfort. She explained:

I feel like you have to be more sort of like, “yeah, this is natural. You know, like it's natural for you to be here. It's fine.” Like you also have to go over and above for clients, especially rural men.

Finding Common Ground. As mentioned, a barrier to developing a therapeutic relationship can be different experiences and perspectives. To combat this, Paula effortfully develops common ground to connect with her clients. One of the methods Paula uses is “playing the farm card.” She explained:

I think I play the farm card a lot more. I think I used to try to keep that... I was so nervous and I wanted to appear very smart and learned and professional... but now I'm like, I will play that card so quickly. ...I'm probably just more comfortable with my roots and who I am, and showing up and knowing that yes, we have some differences, and we have some similarities... we're going to sort that out and make all that work.

Having a “rural mindset” also seems to result in clients seeing Paula as more relatable:

I've just never known anything else besides rural. But I think... well, I know I also have a rural mindset, like how can you not, but I think that I'm also relatable in a sense to, you know, rural clients, because even though in [town], they know I'm not from [town], they know I'm, you know, a rural person and I think that there's like just an unspoken, kind of, familiarity, comfortability with that... I've had the director call me and say, “someone has specifically asked for you. They don't want a city person. They don't want someone who's coming from the city.” ...I think the rural roots in a rural area, working in a rural area, I think make it somehow more digestible for the clients.

Rural clients appreciate that she “gets it.” For those outsiders who may not “get it,” Paula recommended they learn about the community and take up hobbies to have some common ground. She advised:

Think of taking up some hobbies that... involve either you know nature, or you know a lot of like... not shopping. Like things that are more sort of rural-based, you know, like hiking, or even like fishing or boating or ATVing or, you know, things so that you have something, 'cause there is that, that element of small talk in every session, so that you sort of had something to bring to the session to share. ...Like with the therapist self-disclosure that isn't like, yeah, you know something big, right? Just to have something like that in your back pocket.

Paula described being occasionally surprised at how she can find ways to relate to people who differ from her. While it is easier for her to relate to certain clients more than others, she actively works to connect with clients who may differ as this appears to be vital for the relationship.

While this stage of the analysis was the idiographic narrative analysis (i.e., looking at one individual separately without comparison to others or to current literature), I found myself thinking of my own bias that rural individuals can probably connect with rural clients more easily along with Meave's statement that outsider psychologists can also be helpful. Based on my former understanding, and with what Paula shared here, my updated understanding is that outsiders, especially urban individuals, may find it more challenging to connect, but that with effort and finding some common ground, this is very possible.

Fostering Connection Beyond the Office. Paula described fostering connection with her clients and with the wider rural community. This enhances her ability to engage with and support her clients. Paula shared that she has connected with her rural clients at a deeper level by

learning about and getting involved in the community. She advised that getting involved might be especially important for psychologists who do not have a rural background. Connecting and staying up to date with local rural resources has also helped Paula feel like she belongs to the community and can provide a better-quality service, which is similar to the recommendation made by Meave. Community connection helps Paula make appropriate referrals and support clients with goals outside the scope of psychology. For example, she described her role with integrated health goals:

You know, when you got your physician, you've got your physiotherapists, maybe you've got a massage therapist, you've got a psychologist and maybe you've got, you know yoga program or teacher or something or gym instructor that, those kinds of things exist out here... there's still such a sense of those things are separate, especially when it comes to physicians, and the work that they do seems so removed. ...then the onus is on us, a psychologist, particularly rural psychologist...

While connecting appears to be key to the relationship, Paula noted the danger of “too much of a good thing” when it comes to connecting with clients and the rural community. She explained:

That dichotomy started to get difficult, right? So, then my social circle got like, really, really small, and it wasn't that... I avoided people or situations, but it was just almost easier to do that. And... I don't know if this was like, because of my introverted nature, or because I also just wanted to really respect that confidential space for people. But... it was like, okay, I don't want to go to the grocery store and say hi to five to 10 different people and talk about the weather

with five to 10 different people. And then you know potentially or realistically, then see them tomorrow and have a more deeper conversation. ...it almost got to be again, too much of a good thing.

She cautioned that becoming too familiar and connected to clients can pose risks to the therapeutic relationship:

...there's caution there about, don't allow that to then sort of cloud your judgement, and you know this isn't a friend, person, right? ...As a clinician... this is great... But don't let too much of a good thing ruin a good thing.

Regarding telepsychology and fostering connection, Paula described how at first, she was worried that the move to telepsychology during Covid-19 would impair her ability to connect with her rural clients. Fortunately, she found she was able to connect with clients virtually.

I recall how when Covid-19 started, I was disappointed that my research had only been designed to look at in-person experiences. Telepsychology was the norm during Covid-19 and seems to be sticking around for good post-Covid-19. This will likely have implications for rural practice permanently. During the interviews, I was able to prompt additional questions about the current context and often, telepsychology came up as a topic without me asking. Therefore, I am happy that this study starts to address virtual relationships with rural clients, but I am aware that this will be a starting point to be further explored in future studies.

Honouring Insider Information. Paula advised that rural psychologists hold space for insider information to maintain therapeutic relationships and grow trust. She described: “Be prepared to have a lot of inside information or knowledge about, you know, even you know prominent people in the community and be prepared to hold that space.” She further explained that psychologists often become privy to community issues from different perspectives:

I don't know why "underbelly" is coming to mind, because it's not necessarily the underbelly, but like the... the private nature of, like, this is a small town, right? And everybody knows everybody... and you just get invited in... almost like they don't even realize that you are kind of an outsider. They're just like here's my stuff... So, that aspect of it, ...knowing things about people that they don't know that you know. Because you've talked to somebody else and you can't bring that up.

Paula likened getting to know clients and the community to “playing clue.” While she noted this can be interesting, she also works to be very diligent so that additional information does not cloud her judgment with individual clients.

Humility. Paula shared that factors that can get in the way of a relationship include inflexibility and rigidity regarding having different perspectives. Paula advised that psychologists have the flexibility to hold different perspectives and show up with humility.

As Paula discussed the need for flexibility and humility, I found myself excited. I was eager to hear another psychologist discuss concepts related to growth and psychological flexibility. Years ago, at a large conference, I heard Stephen Hayes (the developer of acceptance and commitment therapy) talk about the dangers when therapists are not willing to make space for discomfort and the resulting harm this can cause clients. Or, in the least, unwillingness to experience takes away an opportunity for growth or healing. With that in mind, I found myself nodding enthusiastically as Paula spoke.

Specific recommendations for humility from Paula included not being “too fancy,” being professional but relaxed, and not being too clinical or too top-down. In her own words:

I really feel like you have to have a, you know, a real, sort of like humble, non-clinical but professional kind of like, just be yourself, it's okay... the clinic itself, to not be too shiny... and not come across as too clinical, like wearing you know a formal suit and heels every day... be willing to sort of breathe a little bit in the atmosphere. I think would be a really important aspect when clients are first, you know coming into the space... I do try to have a casual yet professional kind of presentation... I think that applies to most if not all psychologists, but I think there's a little bit more importance placed on that in rural.

Holding Space for Dichotomies. Paula shared how in doing one of the pre-interview activities, she realized that dichotomies emerge in rural practice that require flexibility:

I did lots of opposites, right, like oh it's so complex but it's so simple, it's everyone, it's neglected, but it's important... and I couldn't believe the dichotomy that happened for me, and I was like, well, that's just very interesting.

One of the explicit themes that Paula named herself was the importance and presence of dichotomies in rural work. She described issues like connecting and having boundaries, desire for an uncomplicated life while also being committed to complex work, the benefits and challenges to being an outsider, and mental health as simple and complex. In addition, she discussed how mental health is both neglected and important. Even the emergence of more telepsychology during the COVID-19 pandemic was described as a dichotomy, being both beneficial and challenging. Another example is that of being a generalist but also being required to work in specific areas. Paula reiterated that the theme of dichotomies was strong:

So then again... getting rid of the commute made my work more satisfying, but at the same time then I miss my home. So I guess the common theme... coming up

*here with is like, yes, this and this, right like the whole like, no, this and yes this.
Yeah, so that's interesting.*

Even Paula's own passion for her work was represented as a dichotomy, as described in the below quote and her PIA image (Figure 9).

So, I chose black and blue and yellow for like, black for like, darkness and heaviness, and then blue for like, like sadness and melancholy, but also like relief in terms of like, tears and water. If, as you can see, I've also incorporated that, and then of course the yellow for like, the light... and the hope and the, you know, the- the good stuff flying around, which is also incorporated into the picture. So then, yeah, so there's like the flame... and for me, the flame represented too, like I just have this passion about working with, in mental health, being a psychologist that is, thank God, still burning like, it's been a lot of years... I'm like, "okay, so the fire is still there." And then also the fire represented for me just like the fire of mental health right now... in our society and globally. ...I love the idea of a fire for like me and my little heart. And then also just like it's on fire, right? And then I wanted the rocks like, so there's this groundedness. And then, you know, the fire is erupting from there and the fire includes all of the darkness, all of the... melancholy, sadness, but there's light in there as well, and I kind of tried to layer it. Like, I feel like the lights on the top and then all the darkness is on the bottom. And then I love the idea of like the tears being blue, coming and like, perhaps, you know, calming the fire a little bit? Like, they're not enough tears to put it out ... 'cause I don't want to put out the fire in my heart for mental health, but I'd like it to be less inflamed. And then the little yellow ones flying around, was like

either, like sparks of light like coming from the fire in the darkness or just also, you know... being spread around, so like, the lightness gets spread around...It's kind of a really like dark and optimistic thing at the same time.

Figure 9

Paula's Drawing of her Work as a Psychologist



Paula described her PIA as representing how she can have both heaviness and lightness in her work, and still be on “fire” for her work.

Summary. Paula described factors, both directly related to individual rural clients as well as contextual, that impact her therapeutic relationships with rural clients. Being an outsider, an isolated professional, feeling pressure to meet many needs, and knowing additional insider

information about community members impacts the relationship. To combat these challenges, Paula works hard to maintain perspective with individual clients, and honour the trust they place in her. With inevitable discomforts arising in rural practice, it seems important to Paula to create comfort for both clients and for herself. She described doing this by finding common ground to aid in fostering deeper, safe connections with rural clients. Paula recommended taking a humble approach to create safety and comfort with rural clients. Finally, she described a theme she noticed of “dichotomies.” For rural psychologists to develop strong relationships with their clients, it seems important they grow their psychological flexibility. In comparison to Paula’s rural background, the next psychologist, Anya, provides a unique urban-origin perspective.

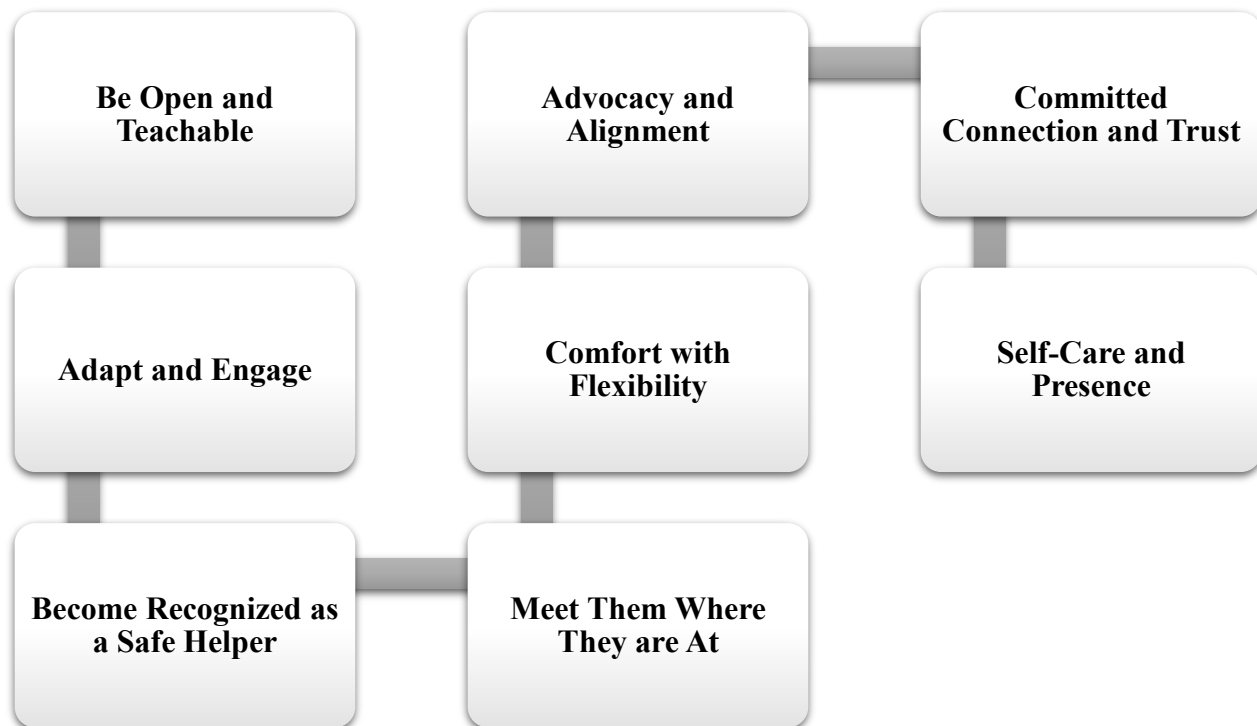
Introducing Anya

Anya was born and raised in an urban centre in Canada. She is married with young children and identified as White. She started in the field by working in an urban location with Indigenous clientele. Next, she began commuting to a rural town to provide services. She and her husband then moved to a remote northern rural location for over five years. She described her husband as a “superman” in the way he supports her and their family. Over the years, Anya has commuted to various rural communities across Alberta. While she has worked in diverse rural settings, she described a passion for working with First Nations⁶. Currently, Anya lives in an urban centre and commutes to several First Nations communities to provide services.

Anya’s Themes. Figure 10 introduces Anya’s themes which will be described in detail below.

Figure 10

⁶ Participant terminology for Indigenous people is used throughout the findings sections. Primarily, participants used the terms Indigenous, First Nations, or Nations based on their experiences in these communities.

Anya's Themes

Be Open and Teachable. Anya intentionally works to be open, teachable, respectful, ready to listen and learn, have empathy, be congruent and honest, and transparent. In her words:

Go in open minded. Don't be afraid to ask questions... Be naive. Go in and say, "I don't know... please teach me." Because everyone would much rather be taught... So going in and saying you know, "I've worked with Indigenous, but I have not worked with every Indigenous I can't say, "Indigenous people." I can't paint you all with the same brush." So going in and asking questions: "Have I offended you?" Let them know like, "I'm learning. I'm new to this community. If I've offended you... let me know, call me out on it, because I'm not going to

learn.” ...Honestly, just go in, open blank slate... Follow protocol and [be] honest when you don't know... and learning more about Mother Nature and that kind of stuff too because I've been to feasts where you don't throw food away, you have to put it on the north side of a tree. I've learned a lot of different things... If you don't understand what's happening, ask. Because they love to explain why they're doing it.

She added a note of caution:

They know when you're BSing them. They know when you're not being congruent and honest. So being honest in the moment... Being genuine, authentic. Don't bullshit any of them, pardon my language, but it's true because they call you on it.

Anya described steep learning curves in her work in different rural communities. She noted that it is helpful to observe, follow community norms, and have a willingness to try new things:

Be willing, welcoming, to try new experiences. Don't shut anything down... You may feel on edge inside. But go for it. You know what, you may not like that moose stew or that whatever, but you know what? You're being part of that community. You're showing that connection, that trust, and they're loving that you're trying... honestly being open, honest. Trying. Be brave. It's scary. Be brave and go home and reflect.

Anya further described that different communities have unique cultures, and this can be a bit of a culture shock. Cross-cultural differences could be work culture (i.e., working for a private service vs the public health authority). Or it could be the difference between working

with First Nation, Mennonite, Jehovah Witness, or oilfield clients. She recommended taking time to listen and learn to build relationships even if you differ, and when doing so feels scary:

I knew I wanted to do it. But doing it and actually doing it was scary. It was super scary and to immerse yourself into a culture where you're not, well we'll go with First Nations, well you're White, is scary.

Anya's experience of entering an Indigenous community as a White person caused me to pause and reflect. Interestingly, it partially mirrored my own experience when I entered an Indigenous community as part of my master's research. I remember driving up to the band office extremely nervous. All the stories of White researchers coming into communities and taking the sacred stories away in a disrespectful way made me worry that I would be viewed as one of those researchers. I was so very welcomed into the community. Even as I was in the waiting room during the first meeting, an older man was cracking jokes with me. When I offered tobacco to the band manager, he laughed and said it was not necessary. They did not seem to care that I was White, and they were relaxed. I was so worried I would do something accidentally disrespectful that I went in unnecessarily hypervigilant. Given my experience, I empathized with Anya as she shared about her feelings of vulnerability going in as a majority member. I think there may be a narrative where the majority is confident and marches into situations without vulnerability. I think that when we really do care and want to work alongside minority groups, we can be hesitant. On the other hand, perhaps these feelings are connected to humility and an awareness of the damage that has been done in the past. A professor once told me that imposter syndrome may ensure one stays ethical, because we continue to question ourselves and remain open to learning (D. Truscott, personal communications, date unknown). I wonder if that applies here.

Adapt and Engage. Anya shared the importance of engaging adaptively with the needs of her rural clients. She described that the ways psychologists are formally taught to develop rapport may not work for all clients:

Well, obviously, when you first start, [you think] this is how you rapport-build. This is what they say in the textbook, this is what you do. ...that may work, for you know 10% of your clients... So as I said earlier, you just adapt... Engage, engage, engage at their level and you'll create that rapport. And you may have kids who don't want to make that rapport and you refer on if you can. And if not, then you just you just try... a lot of... adaptation.

Anya finds that both the therapist and the client must engage to develop a relationship. Indeed, she finds it more challenging to develop a relationship when the client is not engaged. Still, to do her part, Anya develops rapport with her rural clients and their communities by engaging in interests (individual level) and events (community level). She shared that living in the community even just part-time helps develop trust and rapport more rapidly:

I lucked out when I first started in [Nation]. I lived in Nation] for three days a week... I think that's really what helped that baseline. If I would have travelled in and out I wouldn't have made those connections... You become part of that community... I feel that's what really helped that rapport and trust start in that Nation... You do things because you're part of that community. You're not just this professional and that way more people will come, more people will feel connected, and they'll maybe refer say, "hey you know what... she's a nice White person. You can go talk to her. You can trust her." And I feel that was the best way to get in there... I loved how welcoming it was... I attended a lot of sweats,

I've gone to so many powwows and round dances... I think that'd be the best part of being with the clients is having them accept you and want to show you and teach you...

When she only commutes to communities, Anya described connecting with rural clients using knowledge she has gathered from other rural communities and actively engaging with the community. When working with individual rural clients, Anya's approach involves learning about and engaging in client interests to develop rapport.

Anya takes a person-centered approach when needed to engage with unique clients and follow where they need to go. For example, she described that she works best with youth but that she can adapt her approach and engage with adults when needed. It appears that while therapist-client fit may be easier, rural psychologists may not have the option of only working with certain clientele. Finding resources for clients who do not fit may not be possible and Anya shared that she works to adapt accordingly to maintain engagement and rapport.

Become Recognized as a Safe Helper. It appears to be important for Anya to *want* to be in the community and to *want* to help the community. She described how an outsider can be visible in a small community and consequently, it is important to show caring. She explained the curiosity and concerns rural clients may have about a newcomer and shared: *“you're the outsider and everyone is staring at you and they're looking at you, and “who are you, and what are you doing in our Nation?””* She described being welcomed by the community once she was recognized as a safe helper and as someone who wanted to help and noted: *“I'm really lucky. [Nation] was phenomenally welcoming... So just being seen more in those communities, in [the] school.”* Being seen and known has helped Anya to develop trusting relationships. She shared that trust could result in long-term relationships if the outsider is helpful:

...You make those connections... When you get welcomed to a community, you're welcomed. They don't want you to leave. They're like, "no stay, we got our claws in you." Like, unless you do something horribly bad or to irk them, then they get rid of you really fast. But if you want to benefit the community, they want you there... Once you're accepted, you're accepted. And I guess that's another piece of advice for new people. If you make that connection, you're set for life. Because, if you want, if you make good for their community, they're going to want you to keep coming back and staying, so don't mess it up. You can be employed forever.

Anya has found that her reputation as a safe, helpful person has spread by word of mouth. Indeed, recommendations by community members has aided in the development of rapport with clients. Overall, more trusted connections can be developed throughout the community by being seen and known.

Meet Them Where They are At. Anya meets rural clients where they are at to develop rapport and a trusting relationship. She explained:

Live in the moment and be with the client in that moment... You go and you think, "okay, I went to school, I have this process. I'm going to have this lovely agenda setting. CBT..." yeah no. Not going to work when you go work in a Nation... So it's really just, you have to throw everything out the window like yes, I have all my core principles, but I really had to go back to being Rogerian. Be client centred 100 percent...

Anya finds it important to be "that safe person" for people. Her other methods of meeting clients where they are at include use of telepsychology, creating comfort by being casual, understanding

cultural time construct differences, matching language style, using humour, and bonding over food, music, or television. For example, she shared:

Indian time, that is what I run on. I book clients... Maybe 50 percent of the time at that time we actually talk, I will get text messages throughout the day, "oh I forgot" or... "I had no minutes last week." ...the oilfield slogan, "it is what it is," you have to fly by the seat of your pants.

Like Paula, finding common ground creatively and flexibly was found to be helpful to build relationships and Anya explained:

I'm not that psychologist who... I had an adult that I met recently go "Well you're not like a typical psychologist." I'm like "well no I'm still a psychologist but I'm not that one that fits in that box. I'm going to meet you where you're at."

By meeting rural clients where they are at, Anya described how they start to talk to her more as their comfort grows. She described how this is different from her urban experiences:

The biggest difference [between urban and rural] is that I get to choose how I work, when I work. I don't have to fit in that box of, "this is what counselling looks like in an urban centre." That's the biggest... difference is I get to meet the client where they're at, how they're at... Again, you're meeting the people where they're [at], where they're safe. If they don't feel comfortable or they need to just talk on a step, or whatever, then that's what you do.

Comfort with Flexibility. Anya's approach in rural work and rural relationships is flexible, according to the needs of her clients and the community. She stated: "*Rapport building is different, depending on who it is and just continue being flexible is the best thing I've got from it.*" She recalled how she will sometimes take on different roles, such as acting as a guidance

counsellor and supporting youth by advocating for them. She shared that her practice in Nations does not always happen in the office:

Therapy is not just in the office... Therapy can be you guys watching cartoons and laughing at something and talking about what that triggered... I may go outside, we may walk down around the Rez. We may go walk on the track outside... Who knows where we may go. It's not in the office all the time... because you know what? Therapy doesn't have to happen in here... A lot of more adaptation.

Working independently in private rural work has proven beneficial for Anya as she finds she has more flexibility to adapt to client needs than when she worked in a public system.

Recall that Wendy advised that rural psychologists keep therapy in the therapy office. The meaning of these recommendations appears to be different in that Anya often finds her clients to be more comfortable in other settings whereas Wendy felt watched and her privacy betrayed when counsellors (outside of session time) talked to her publicly about her mental health challenges. Thus, it is my understanding and my view that adapting here depends on the ethical contract created with the client, safety, and expectations and needs in the relationship.

Advocacy and Alignment. Anya shared that she sees the challenges that rural communities, especially First Nations, experience, and she views advocacy as an important role for rural psychologists. For example, Anya described her worry about system issues and how community distrust in the system could be transferred to her:

There's no trust for the government. And they don't want us to share anything... The Nations are, I think they're just really all done with the government and they're like "no, you don't share that information." And now you're caught in a

tough place... it's a balancing act because I need to go out and get paid to do my job, but I also want to go out there and do my job and help the clients.

By learning about challenges, standing with the community, and taking an advocacy role, Anya works to develop trust with her rural clients.

Committed Connection and Trust. As described, Anya shared that when she first entered one of the rural Nations, she knew that the people did not trust her:

And then you're this White person. "Why are you here?" And then, "who are you?" And then, you have the young kids. Somebody new. Oh, we love new people, are all over, and then we have the adults going, "why? Keep away. Don't talk to them, they're going to do something bad." Because they don't know.

Anya described that an important way to develop trusting relationships is to demonstrate commitment to the community. For example, one community had expected her to leave them when she became pregnant, and she shared how she had approached this situation:

...everyone's like, "you're going to leave" and I'm like, "I promise you guys. I will bring him to meet you guys." And all the adults and everything, said like "don't make promises. You can't keep them." Like why would I lie about this promise? Like I'm coming back... And that connection... [Anya's] trustworthy. She's coming back to our community, she's not leaving. And leaving was the hardest thing I did pre-Covid. I cried as hard as the kids cried... I think the best would be like having that real connection...

Anya shared that she is still as committed as possible, even if the commute is not convenient:

And that's the irony. I have the ability to not go away. I could work... here, but I don't want to give it up... I don't love the commute. I love going out and working

in [community] in that nation... I'll stay there till they get rid of me. Like everyone's like [Anya] there's so many Nations around [city] but I don't want to. You make that connection, as we talked [about] earlier. You have that connection with the community where you're part of that community and you're going to stay until they don't want you or you retire... So, there's the positives of working in the rural once you've made that connection with the community.

Being a stable base in the community and for clients appears to be important in Anya's work.

She described, *"I was there when shit was hitting the fan, and we worked through some horrible stuff and that helped them get there."*

In the spirit of transparency and the value of sharing my forestructure, I want to share that I hold tightly to the strong research on attachment theory. This is implicated in the way I understand safety in relationships and the need for stable bases.

Anya recommended that outsider psychologists be genuine and follow-through if they make a promise or commitment:

Being genuine, authentic. Don't bullshit any of them, pardon my language, but it's true because they call you on it. They know you're lying. They're so good... at calling you [out]... transparency. And if you say something, follow up... If you don't follow up on that next session they're done. Engagement's gone. They don't come back and you may have missed your chance. You may luck out and they may try it again, or you know you see in the hall and you can say, I'm so sorry. But [you] can't rub them the wrong way.

While Anya has left communities for other work and for moves with her family, she described how she still thinks about the previous communities in which she has worked and hopes they are well and have support.

Self-Care and Presence. Anya emphasized the importance of professional self-care to ensure healthy therapeutic relationships with her rural clients. Challenges of rural work include high need, heavy caseloads, stress of dealing with no shows, feeling depleted, psychologist turnover, challenges being away from her family, commuting, and difficulties with challenging cases. Anya illustrated a “not so good day” in Figure 11 below and she shared:

Then my not so good day, my hair is a little crazier and my face is not happy and there's a lot of... I could write you a book on not so good days [laughs]... The kids are driving me crazy... Why do they keep texting me at night... Everything annoys me. Why won't the social workers call me back?

Figure 11

Anya's Drawing of a Not So Good Day



Anya shared that during hard days, she will sometimes have the following thoughts. She described, “I feel depleted... I'm exhausted... Why do I do this job?... What's the point?” To avoid feeling resentful about rural work, it appears to be important for Anya to engage in self-care to be able to take care of her clients. Self-care methods included remaining connected to various support systems, setting healthy boundaries, having self-compassion, and maintaining a passion for work. She shared:

So, you have to really focus on those resources and having that downtime and remembering to have that downtime and giving yourself that permission to have it... And then utilizing the time... you know my commute to [town] at that point, it was just over an hour, so that hour was, you listen to music, you scream, you yell,

you do whatever you need to depending on that day. So, I've really found now that driving is a big part of my self care... Take that time for you.

While it is challenging due to a busy life, Anya shared that she does her best to fit self-care into her schedule because it allows her to be more present with her rural clients. With passion and self-care, Anya described her work as fulfilling when she feels like she has helped, that she is making a change, when she feels relaxed, and when she has more patience (illustrated in her drawing of a good day in Figure 12).

Figure 12

Anya's Illustration of a Good Day



Finally, self-care also extends to Anya's approach with her clients. For example, she described the how she advises her clients of the importance of "filling up" after therapy sessions:

After therapy, you always fill up because when you go to therapy you purge it all. Get all that bad out. So, they're feeling empty. So when you come see me in school, my office has water bottles, I have fruit snacks I have cookies, I have granola bars. So, once we're done talking, you get a snack. If you don't want one, great if you do great, but I find that so important too.

The therapeutic relationship benefits when both the psychologist and the rural client have support and caring.

Anya's statement on the need for clients and therapists to fill up after therapy has impacted my own work with my clients. I now also advise my clients that therapy may be draining and that "filling up" after is important. I also have increased my own efforts to engage in self-care. Research changes the researcher.

Summary. Anya goes into rural communities open and willing to listen and learn. Adapting to and engaging with the community helps her develop good relationships. It is also helpful to be visible and recognized in the community as a safe helper. By demonstrating commitment, connection, and caring towards the community, her therapeutic relationships have improved. Anya has found that rural communities are often welcoming if they believe you are helpful and not harmful. Standing with the community, understanding their challenges, and helping to advocate where possible was also noted as helpful. Anya described that rural work requires a great deal of comfort with flexibility and meeting rural clients where they are at. Finally, self-care appears to be foundational to create space for healthy client relationships.

Introducing Taylor

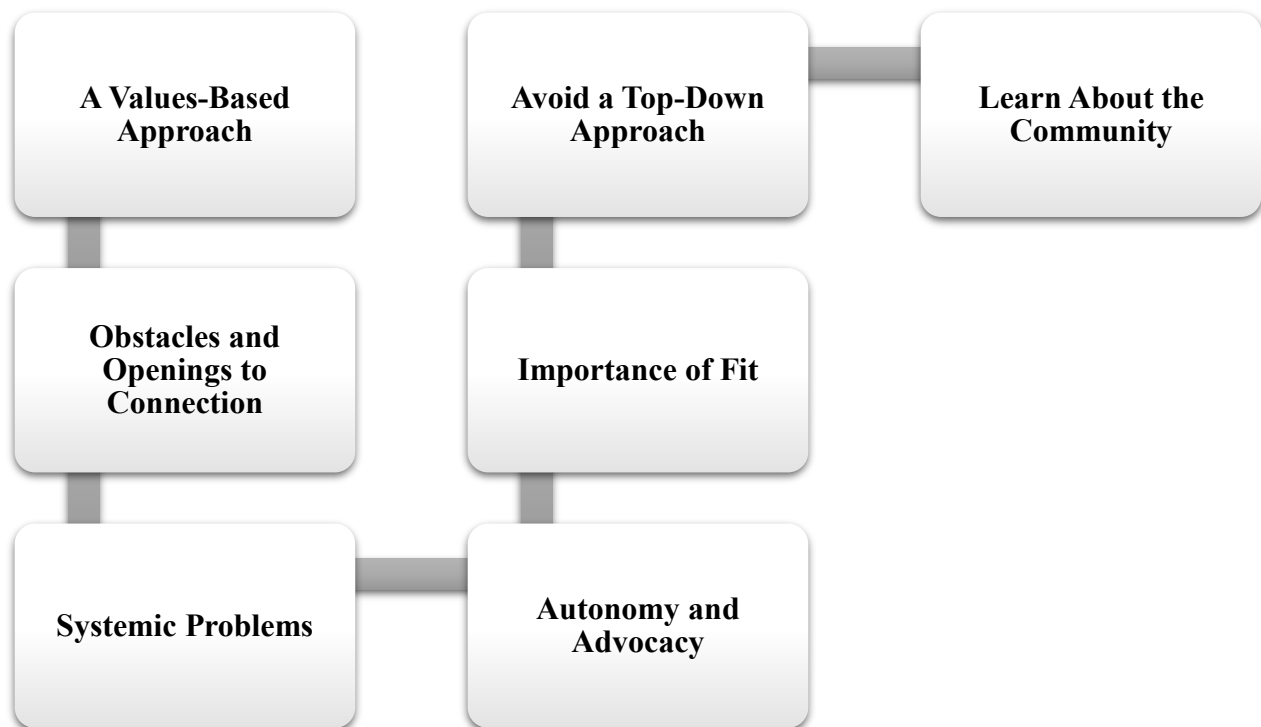
Taylor identified as a White female psychologist who was born in a small rural village on the east coast of Canada, in the Maritimes. She shared how in her late teens, she moved to

Alberta for opportunity, given limited options in her home community. She worked in a variety of mental health roles prior to becoming a psychologist, including urban and rural sites. Taylor worked in a group home in a rural site, then as a counsellor, and subsequently as a provisional psychologist at an urban not-for-profit site with a large focus on trauma. She then moved to a public health position in a large rural site close to an urban centre. Taylor has recently moved to private practice in that same large rural location.

Taylor's Themes. The following image (Figure 13) introduces Taylor's themes which will be described in greater detail below in following narrative.

Figure 13

Taylor's Themes



A Values-Based Approach. Taylor views her work with rural clients through a lens strongly influenced by feminism and social justice. She described preferring to work with employers, colleagues, and clients who share her values. Issues identified that Taylor believes impact urban and rural clients included systemic issues, privilege, racism, and other forms of discrimination. She described that now in her private practice work, she identifies her approach and values from the outset, and this has improved fit with clients:

I'm pretty out there with being an intersectional feminist transpersonal psychologist so I think people see that and it builds attachment. It's just like, "oh, she has the same values as me." So the values creates an attachment transfer. That can be really nice 'cause then we can get all 'rah rah rah' the first session

about maybe some social movement stuff and then we can ease into what we need, yeah. Also makes it easier for BIPOC clients to maybe disclose discomfort with me being White if they've chosen and so we can already start on repairing some of the rupture of just me being White.

She described challenges that can come about when clients have a different worldview or values:

And then harder part being that because I am a feminist psychologist, maybe if things are disclosed or maybe homophobic or racist, then I will address them because that is part of my values. So sometimes that can be tricky, but clients seem to be able to roll with it once we have enough attachment.

This values-based theme was a large focus of Taylor's stories and provided context and information for Taylor's subsequent themes and her approach, experiences, and recommendations with her rural clients in the large rural centre. Having a fit with clients and having the ability to work towards these values was important for Taylor.

As Taylor shared her experiences and values, I recognized where I hold differing worldviews. I spent some time mulling over this as I wondered if Taylor's values-based approach would work with many of the rural individuals with whom I have worked. I took some time to challenge my own assumptions and returned to the fact that rural communities are not homogenous, especially in larger rural centers, which is where Taylor works. Her approach and recognition that fit is important is exactly what some rural clients need for healing. I really appreciated being able to include Taylor's perceptions and beliefs because it highlights the importance of diversity in rural communities and challenged my own vision of the "typical rural client." Moreover, her discussion of attachment transfer and similar values can apply to a wide range of clientele, regardless of values, political beliefs, experiences, or any other stance. For

example, in my own work with first responders and veterans, I am able to better connect with them by appropriately disclosing that I have “skin in the game and have their six” (to use the language of the client base) as I am part of the “blue family” (i.e., with personal connection to the police and veteran world). Even just having my firearms license has helped significantly with my rural and military clients and they seem to feel more comfortable sharing experiences with me.

Obstacles and Openings to Connection. Taylor shared that she feels she can develop trusting relationships with rural clients. In her words: *“I don't know. I really just felt like the clients were good, as somebody who grew up rurally, [I] felt confident and did well with clients.”* Taylor also feels welcomed and trusted within the large rural community in which she works. If she feels there is no trust, Taylor attributed it to ruptures caused by systemic issues.

Taylor did note that prior to becoming a psychologist, she had worked in a smaller rural setting. In this location, she had worked with Indigenous clients and had to put more work and effort into being a trusted outsider. One of the ways she developed trust in the smaller location was by acknowledging her position as a White individual in a First Nations community and following their lead.

Attachment was a key factor as Taylor described relationships with clients. She described getting positive feedback from her clients and stated: *“for the most part I felt pretty welcomed in and attached to... [Another thing that helps is] attachment transfer, so if they've been referred to me other than finding me, that can be really helpful.”*

Taylor finds that employer support is a factor that either hinders or supports her ability to help and to develop relationships with her clients. As described in the previous theme about values, Taylor said that it is easier for her to develop relationships with individuals, including

colleagues and rural clients, who share her values and worldview. For example, she faced challenges while working with colleagues who had different political views. We discussed how many rural individuals may hold faith beliefs or conservative political approaches and I inquired about her approach with these clients. She shared:

So, I was raised Baptist, so I have a pretty good working understanding of the Christian faith. I'm not anymore and haven't been since I was a teen, but I would just use that if they brought it up. And, you know, and I would talk about different passages in the Bible or stories or, you know, you gotta meet God halfway. Like I was just like, you know, trying to get in there with them. And then with the conservative stuff, I would just sidestep that. I don't in private because... I want to work values based, so I don't need to take on clients that don't align with that. And then in rural, like, you know, that's their prerogative and they can do whatever they want as long as it had to do with the session, we could talk about it, but if it didn't, I'd be steering it back to emotions and why they were there... But for religion, I would dive into it because I think spirituality is a strong resource so if we could build that in any way whatever it is, I don't care what it is.

Again, having similar values appears to create space for deeper connection with her clients. In addition, Taylor described strong boundaries and engages in self-care to be present in her therapeutic relationships.

Systemic Problems. Taylor shared that she believes systemic problems are a primary contributor to her work with clients. She recalled that she had worked in a public mental health clinic in a large rural community. In this workplace, she had felt prevented from being able to provide evidence-based psychological services due to system barriers. Often, she had felt that

she was unable to work within her value system due to “red tape.” Lack of system support led to feelings of being “gaslit” or reprimanded for taking a longer-term, attachment-based approach with clients. Taylor noted distrust and lack of hope in the system. As mentioned, Taylor felt that if clients distrusted her, it was due to hurt caused by the system and the unhealthy attachment transfer. She explained:

I think if there was distrust it was because of how the system was set up and so attachment transfer wasn't that helpful because their attachment is with the system and then they're transferring disorganized attachment or avoidant attachment to the clinician because it wasn't good services. They've been... hurt before.

Taylor described a lack of accountability in the system which led to clients being directed to inappropriate services and potentially having poor experiences due to lack of training:

...the non-profit would end up getting all these severely complex mental health clients that they had no right or funding or capacity to deal with and they often were being sent by the health authority... They're the ones that have psychiatrists and doctors in-house and they should be taking on complex clients, not sending them to non-profits that have no business dealing with those types of concerns.

This mirrors the experiences that several of the rural clients noted about system barriers which resulted in disillusionment and reduced hope.

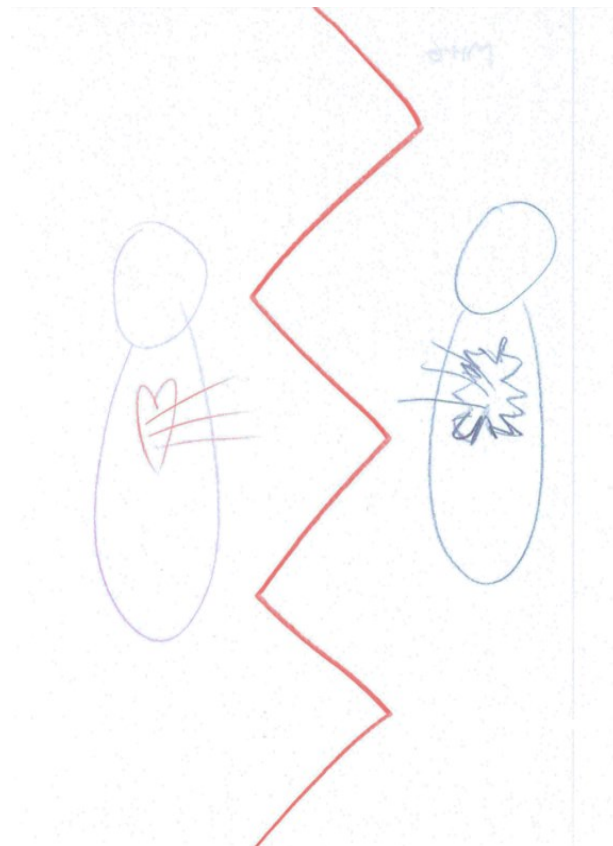
Additional system problems named included privilege, ignorance, racism, sexism, and other forms of discrimination. She felt that she often had to fight for her clients and that the public model was not compatible with psychological ethics. She reiterated:

It was disgusting and it wasn't ethical and so that really started to bother me because you would have to fight for clients... Just constantly feeling like you're protecting the clients from the system that's pretending to help them. And I think probably fed into my desire to quit...

Taylor's pre-interview activity (shown in Figure 14) shows her trying to help her clients with red tape blocking their connection.

Figure 14

Taylor's Drawing of System Barriers to Supporting Clients



Autonomy and Advocacy. Taylor's work with her clients often involves advocacy for her clients. She shared that she can best develop a good relationship when she has the freedom to advocate and support clients as needed. To Taylor, the system places too much responsibility on the client and she explained:

So many of our clients are impacted by what's going on in society... I feel like this system works in silos and puts it all on the client but a lot of this is not on them, what they're experiencing, and I think that's really unfair. And a lot of gaslighting like, "no if you try you can do it." It's like...that's not really true.

For Taylor, social change is an important part of her role as a psychologist. She described that change requires autonomy to provide advocacy. When she has more autonomy, she feels she has more freedom to do healing work with her clients. As an example of the impact of rules, Taylor noticed she stopped being as creative in her work due to fear. She explained:

I think as you get further in your career, we end up becoming fear based and so that was a big part of why I wanted to leave [employer] is that I was being silenced and a lot of fear was being created in my system and I just thought I don't need this. I can do whatever I want. You know with ethics and consent. ...I just need that freedom.

Importance of Fit. Taylor shared stories about how services meet or do not meet client needs, how she fits in with different agencies, and how her values-based approach does or does not fit with rural clients. She shared the negative impact on clients when they are inappropriately referred to unequipped or non-specialized services. She described that this leads to people working beyond their scope which can prove iatrogenic. Indeed, she named lack of specialization in rural communities as a problem. Taylor stated that she is the only trauma specialized therapist in the rural community in which she works and gets severe cases as a result.

In addition to receiving appropriate referrals, for Taylor, it is important to work with clients and colleagues with similar views and values. Now that she is in private practice, she

shared that she finds her clients to be more of a fit with her approach and that this is helpful to building therapeutic relationships. She believes clients should be able to choose their therapists:

In an agency, in that health authority, the client doesn't get to pick you. And I think that's so dumb. And that's something that I realized going into private. I was like, oh, why are all my clients a fit? And it's like, oh, because they [expletive] picked me.... I do the work that they want and I just think there should be some sort of systemic change where agencies allow clients to pick you 'cause it creates far more buy in... And you're just not fit for everyone.

Avoid a Top-Down Approach. Taylor shared that an important way for systems and individual psychologists to develop trusting relationships with rural clients and communities is to avoid the use of a top-down approach. This overlaps with what other participants have shared about egalitarian and humble approaches. Taylor described her approach and shared, “[I am] easy going, so I think that helped. Not uppity... typically people say I'm fairly approachable... Humour. Approachability. I think my wardrobe too... I dress very casually... So I think that was helpful.” Taylor also works to develop trust with rural clients by taking a direct approach, using ethical self-disclosure regarding her life and emotions in session, and humour. She provided examples:

And then with the rural, though I do think rural people like this, I was way more up front, just like, “what are you doing, man?” ...My favourite ways... I think I use a lot of humour to build rapport. Yeah, often cracking jokes or you know trying to ease the tension... I use self-disclosure as needed to build connection. And not like intensive self-disclosure but just like I'm going here this weekend or like just different things so that they know I'm a person.

Taylor explained that she validates client experiences with system difficulties and meets them where they are at by aligning with them and “throwing the system under the bus.” She again noted that system decisions can cause ruptures in her work with clients:

...I stopped being trusted because I was never available or allowed to do anything... and they can just see me sitting there not doing anything but I wasn't allowed to be helpful to the community, so the ruptures just kept happening. I would be shocked if they will ever be able to repair some of the ruptures that they created in those communities.

Learn About the Community. Like other participants, Taylor shared that if a rural psychologist is located within a rural community, it is important for them to immerse themselves in the community:

Spend time in the community. Go to community events, talk to people when you go to the stores, to the cafe, start to immerse yourself in the community so that you can be a face that's seen. Create buy in, go for walks. Be around. Yeah, I think that's the only way... I think because you have to live in the community to be accepted in that community. And if you're only working in the community or even if you move there, but just to work and you just stay connected to your own little thing, it's not, there's no buy in... It takes years and so you have to live in the community and that means doing community shit.

Like Alfred, Taylor stated that every rural community has a different rural culture:

I don't think we can ever be fully community or culturally competent, like that's totally being de-mythed. So like that should never be the aim but you should be

able to have some working knowledge of that particular community. You're never going to be rurally competent because every rural community is different.

Taylor also advised that psychologists who are seeing rural clients via telepsychology be open and curious about learning about the community and rural experiences. She shared:

...I've had some clients rurally contact me just for virtual and it will only ever be virtual 'cause they live so far away even after Covid... I think it that was really actually helpful for clients. And you can always be curious with your client and ask that community, what's it like to grow up there and different stuff to build in. But I think if you're working with a lot of clients from a certain community... you should get to know that community better.

Openness to learning about the community, immersing in the rural community, and including cultural practices are ways that Taylor has worked to develop therapeutic relationships. Taylor noted the importance of not appropriating cultural practices. Instead, she shared that she works to connect with her own heritage and then uses that to connect with her clients.

Summary. Taylor shared a values-based therapeutic approach with a focus on advocacy. She described systemic issues at play in rural practice that harm clients and the therapeutic relationship with psychologists. In addition to wanting freedom to advocate for her clients and to practice in ethical and evidence-based ways, Taylor values connecting with her clients. In her work, she has found that matching clients with services or psychologists is key when possible. Instead of taking a top-down approach, she described the importance of being easy-going, approachable, direct, and using self-disclosure and humour. She advised that outsiders learn about the community in which they work. Being mindful of culture and privilege is a factor for Taylor in her work and her values were evident through all the stories she shared.

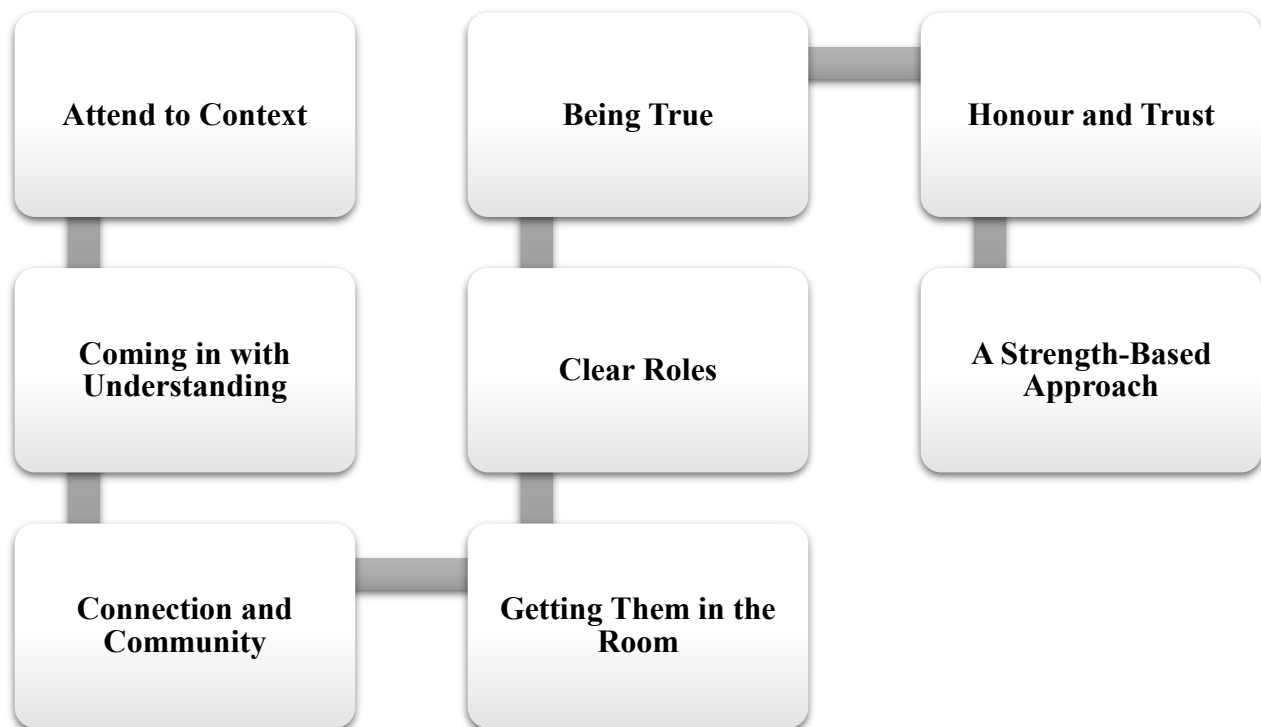
Introducing Sally

Sally is an Indigenous Cree middle-aged female who grew up on a farm in rural Alberta and is now working in an Indigenous community in central Alberta. She described a passion for mental health and supporting communities. She shared that her passion stems, in part, from personal relationships with individuals who have struggled. Sally shared valuing being on the land and connecting with spirituality. She has worked in two Indigenous communities as a psychologist and was an outsider in both. She shared her experiences developing trusting relationships with rural clients, specifically regarding her Indigenous clients.

Sally's Themes. The following image (Figure 16) introduces Sally's themes which are described in greater detail in the subsequent narrative.

Figure 15

Sally's Themes



Attend to Context. Sally described the importance of attending to the various contexts in rural communities. She has worked primarily in Indigenous communities and the context of her work includes factors impacting Indigenous people and how they can impact therapeutic relationships. For example, Sally has learned that different communities have different norms:

And there is a difference too in [other community] and then coming here it's... a matriarchy here in [community] so the oldest female you know kind of takes care... whereas that kind of stuff didn't really... as far as my understanding of [the other community] it was not... Also, the grief. When it comes to grief and their cultural grieving... And how their ceremonies are different.

Sally noted she attends to the community's history and the context of her clients' lives to gain a better understanding of how they may be impacted. For example, she described the importance of understanding family dynamics. She explained: "*just knowing the family dynamics in the community, yeah the different families... it's a challenge but it's also important.*" Sally, like Anya and Taylor, also described systemic barriers that create barriers to mental health services:

To be honest I would say that's the challenge. [It] hasn't been so much with the clients, the people that I work with, more so the challenge has been the other staff as well as the systems that govern, like the people that pay me... In both communities... they face the same... systemic racism and barriers.

Like previous participants also shared, contextual factors also include challenges accessing local resources and services. She shared that clients may struggle to come to a session due to economic barriers and explained what clients might say or think: "*I don't have a ride there, I don't there's no way to even book an appointment because then I have no way to get there or I don't have a phone.*"

Coming in with Understanding. Sally shared that it has helped her to come in with an understanding of rural and Indigenous communities:

I myself didn't grow up in [an Indigenous community]. I grew up [a]... farm girl, rural Alberta on a farm... it's not any different than I expected it to be. If that makes sense. Just because like I grew up in a rural community. I think I would probably struggle more going into working in a big city.

Like Paula, Alfred, and Taylor, Sally found that having a basis of understanding helped her understand some of the common issues that can arise in small communities:

I guess to me, I understand the lateral violence, where it comes from. Like I said the lack of connection, the lack of trust... that piece it's not a surprise...

Sally shared that she also benefits from having pre-existing connections and this has helped to develop relationships with rural clients. She explained:

And then going in there... I did have a little bit of [work experience] there. Probably 10 years before I actually started working there. So, I did have connection with one of the Elders there, and that was the, you know, that was the most important piece in my opinion of going to work in [community], is knowing that I have that that connection already. But... another part of it, too, is that's where my best friend who had died, that's where she's from... and so, for me that was a very huge piece of it to of why I chose [community].

Connection and Community. Sally, like Paula, shared that, although she is an outsider, she feels like she is part of the community, and that this is an important piece of relationship building. She described that connecting to the community and building community relationships is important to the way she builds relationships with rural clients:

So then going in there and then trying to build relationships, you know as an outsider... that's a good thing... I've tried to build more relationships with the Elders here in this community and with the staff, like healthy relationships.

To learn more and to become more connected to her Indigenous community, Sally connects with the Elders. She shared that she would like to spend more time learning about their world and their knowledge:

It's that spiritual connection they have, it's that connection to something bigger than ourselves. ...spending time with Elders and just knowing. Just even getting to

know you know a little bit of their world, a little bit of their knowledge, a little bit of what they offer. And it's so healing, it's so therapeutic just to spend time with Elders... Get to know, you know the... Elders, get to know them... like what are what's important to them.

Sally described how a few of the Elder women have taken her in and are trying to “marry her into the community:”

It's kind of funny because I always think of some of the Elder women here. They're always trying to connect... me with one of their community members, you know, to marry me off... they're awesome.

In addition, connecting with nature and spirituality were described as important for Sally. This overlaps with how the rural client participants described connecting to place as being part of wellness. For example, regarding connection to nature, Sally shared:

[I love to] be out on the land, like where there's nothing, just like... out there in nature and absolutely, be with Mother Earth... that's like a full day for myself, without anything absolutely. No buildings in sight, no other person in sight. Just myself and maybe my significant other, to go out there and just disconnect.

Disconnecting from the business of life and reconnecting with nature seems like an important component of self-care for Sally. Sharing values with the community and her clients also seems to lay the foundation for relationship building.

Moreover, regarding her connection with clients, Sally finds that when she can develop a secure connection with clients, she can be seen as a helper and will be sought out as needed by clients. She shared:

Well, despite a lot of the barriers that you know, kind of prevented them from coming in, they would come in and then they would be, you know I wouldn't see them for a while, and then they'd pop up again, you know? You wouldn't think you'd see them again, but then they're there they come back. And pop up for a bit and then they're gone again, you know, like just yeah that's one of the you know, like the amazing things that they still keep contact in their own way.

Getting Them in the Room. Sally shared that a significant problem is just getting people in her community into the therapy room. Once they are there, she feels like things go well and she shared: *when they are with me in the room, I haven't found any challenges. But I would say there's a lot of barriers to getting them in the room.*” Barriers to getting clients to services included stigma and lack of trust. Sally explained: *“it's like, “I don't want people knowing I'm going there.”*” She added: *“of course, the lack of trust is a barrier... even getting someone into the building is a challenge.”*

This finding that getting rural people into the therapy room is a huge challenge mirrors my experience as I tried to recruit rural clients to the study.

Sally also shared that disconnection in the community is a barrier to mental health: *The lack of connection between people and to me the lack of...I guess it's just and the lack of including the cultural component... Like the spirituality piece of it so for me that that's the big one and I know that's probably different from a lot of other answers you may have had. ...I mean it was a big surprise, but then again it wasn't but then it still was... Lack of connection to others... others and spirituality.*

To counter barriers (e.g., getting people in the door) and disconnection, Sally advised creating a community of support. Within a community of support, Sally described how referrals from local people are helpful: *“What makes it easy too is having other community members you know, saying “Yeah!” You know? Just encouraging them to come in and having some positive words about coming in here. That helps a lot.”*

Clear Roles. Dual relationships can cause problems and Sally explained that she keeps clear roles to protect the relationship:

That's the piece too is... that's part of the ethical piece to a working in a small community is, you may see them in other roles, right? ...like being a hockey mom and you know some of the clients... you can see them around.

Another challenge requiring clarity with her rural clients included client misunderstandings and expectations about therapy:

...for those who don't understand it, they come in and they think “okay, I'm gonna be fixed, you're going to give me all the answers” that's kind of one of the challenges... Them coming and thinking that we can wave the magic wand...

Being clear about boundaries can also be done in a collaborative and empowering way. Sally explained:

So being very clear right? Being very clear on how would they want to interact with you if seen outside of the office right? So, would you like me to say hi or would you rather me not even acknowledge you? You know that kind of thing it's kind of keeping the roles very clear.

Due to the nature of rural settings, Sally shared how being an outsider can be a positive factor and she noted: *“And you know... it's a good thing to go into a community and not be related to*

anyone or have previous connections.” Balancing connection with clear roles and ethical distance appears to be a factor in maintaining therapeutic relationships with rural clients.

Being True. Sally described the importance of being true (genuine) with rural clients and explained: *“knowing that you care and then also... just being yourself, be true to yourself [and] being true to them.”* Sally said she was drawn to the helping profession to genuinely make a difference. She shared that having humour and being a human helps in sessions with rural clients. Indeed, being open and honest and real as an outsider is an important way Sally develops trusting therapeutic relationships with her rural Indigenous clients.

Honour and Trust. Sally shared how rural clients in the communities in which she works often lack trust in services. She explained: *“To me the biggest surprise working with Indigenous people is, well my people too [laughter], is... I guess it’s the lack of trust, of course I know that’s huge... Getting them to trust other resources is a challenge...”* She described that to develop trust, she carefully and diligently honours the ethical agreements she has with them and honours clients as individuals:

Of course, part of the consent right is it's, you know, explaining to them and having that part of the ongoing conversation... Honouring their consent.

Honouring the limits of confidentiality. Honouring that part of them yeah.

Honouring them as an individual right?

This mirrors what Paula shared about honouring insider information and honouring client preferences in the consent agreement. Sally also honours cultural practices and being present with clients in the therapy room. While it can take time for rural clients to trust services enough to attend, Sally shared that once clients are in the room, work flows more automatically. To Sally, it means a great deal when clients indicate that she has their trust. This trust is something

be deeply honoured. She shared: *“Of course, them saying, “I feel safe with you, I feel, you know, that I can trust you” that I’m trustworthy I guess, my words. But that piece.”*

A Strength-Based Approach. Sally recommended taking a strength-based approach when working with rural clients to build the relationships. She shared that her clients continually demonstrate strength and resiliency:

To me it's the strength and resilience... it's so amazing despite everything... life's thrown at them... I'm just in awe at how much strength and resilience and determination and so forth, that people have without even realizing it.

Sally observed that rural clients may not be open to wording, like “strengths,” “resilience,” “courage,” or “determination.” She explained how she tries to find palatable language:

They don't want to hear well you know, like the word strong and resilient is not... to them it's not a positive thing... But to me I'm trying to figure out a way so that I can word it in a way that it's to them, you know the courage. You know, all of that stuff that they have within them. But yeah, I see it every day and at the beginning, you know I it was really...yeah don't know that's just it everyday. Continually we see that. I see that.

Sally shared that tapping into personal resources is a way to “tap into” relationships with rural clients:

There are so many amazing people there. There's, there's a lot of gifted people there for sure. Their own gifts, to tap into that and go from there... Just I guess strength-based. Like looking for... what are their gifts in? What are their strengths and then getting to know them in that way and knowing whatever it is,

whatever it may be... I think that's probably that's the norm but that's how I build relationships, getting to know them that way.

Summary. Though Sally entered rural Indigenous communities as an outsider with some level of understanding from her own background and some links to the community, she still advised being open to learning about the unique cultures of the community, history, and dynamics that may exist. Sally has experienced various barriers, including lack of trust and stigma, that get in the way of even just “getting people in the door.” Factors that help her develop relationships with rural clients include creating connections in the community and taking a genuine approach. She also works to remain true to herself and her clients, identifies clear roles, and honours her clients and her commitment to them. With Sally’s stories shared, the last psychologist is Grayson.

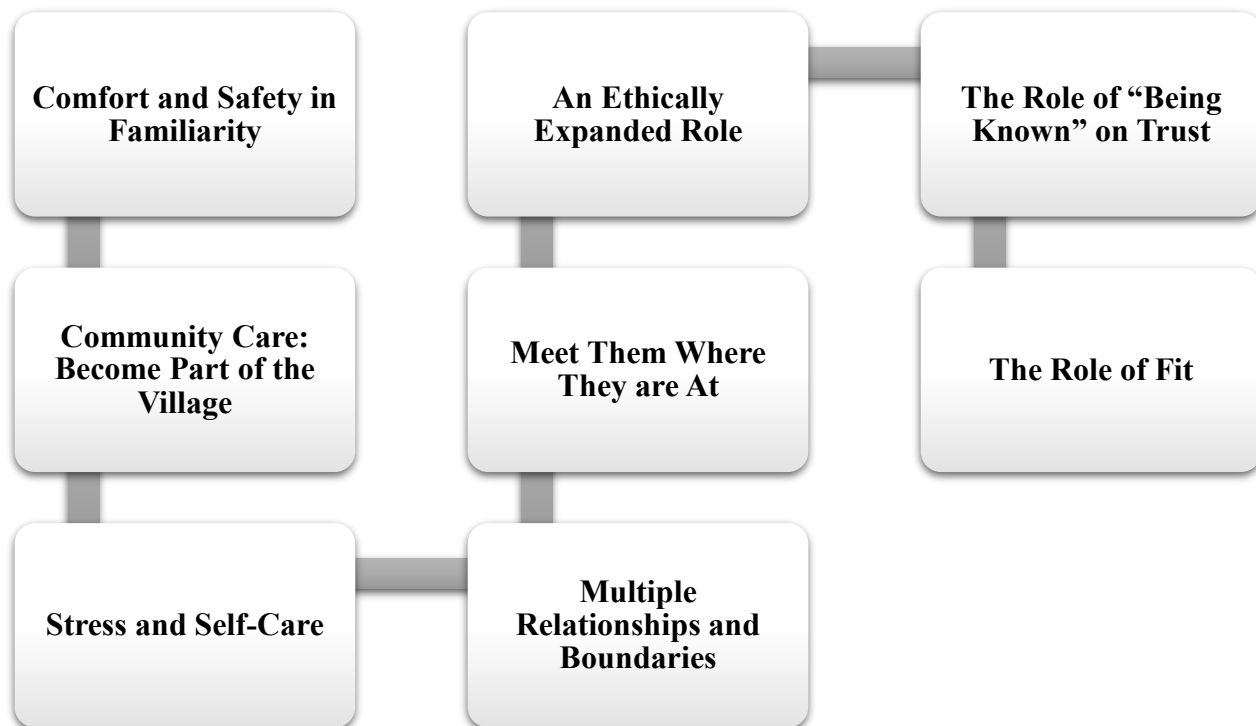
Introducing Grayson

Grayson is a female psychologist who was born and raised in a rural community in a different province in Canada. Following her training, she has worked in both rural and urban locations. She shared her passion for working in and advocating for rural communities and described rural work as a practice “niche” requiring the right type of psychologist. Grayson currently works in a southern Alberta rural community an hour from the nearest urban centre. She described that her interview would likely be influenced by her exhaustion resulting from working through the Covid-19 pandemic. Grayson shared that the research topic is: “*near and dear to my heart. I love working rural Alberta.*”

Grayson’s Themes. Figure 16 presents Grayson’s themes that were identified from her interview and are further described in the following narrative.

Figure 16

Grayson's Themes



Comfort and Safety in Familiarity. Grayson described how, in her experience, rural locals seem more comfortable seeing a psychologist they consider “one of their own.” She shared:

One of things that I think is imperative in rural Alberta, is that... they want to hire their own or they want to know that... you have a stake in the game... Like the community, they want to know that you know what they're talking about right? That you feel what they feel... And I think that's huge for working in rural Alberta. Probably rural anywhere.

Indeed, locals in various professions, not just psychologists, are viewed as outsiders, even if they have been around a long time. Grayson recalled:

...the person who was like born and raised here, like been here like 20 years... to talk about her like she's a mother... and the other... just like the tone... I don't think it's intentional, but just the tone is like. Like almost like disengaged or standoffish or just again I don't think it's intentional, but they just seem less connected to that person or, and or that [service] than this this woman who has been here, you know, like her whole life... it's interesting.

Having come in as an outsider, Grayson described how having a rural background and living in the community gave her a "leg up:"

If I was like commuting in, it might be a different perspective... I feel like I have a leg up because I live here, even though, like I wasn't born and raised here, but like as soon as you say... "I live and work here," they're like, "oh great." That happened too like before I was a psychologist I worked in a different rural community and I didn't live right in that community but I lived like in a another community... it was like basically like a neighbouring community. Same thing though... when they first heard I was hired like there was like sort of like [not] community uproar but, just like, "why would they hire outside this community?" And because they didn't know where I was coming from at first... but then as soon as I said... "I just live in in xyz" and they're like "oh okay," and then it was just like... I was one of the team. I was one of the village.

According to Grayson, rural community members also seem to want to stay in the community instead of driving for services. As a local provider, Grayson builds relationships with her clients by creating familiarity, comfort, and safety. She explained:

I think it's maybe comfort, like safety... I think it's safety around like yeah we take care of on our own... When we know our own... So, I think it's safety and... we feel safer... If we know that... because even when I've said, like "oh yeah I wasn't born and raised here," whatever if I say, "I'm from a different rural community." Even that is enough to just be like "oh okay"... So, I would say it's safety. Whether it's perceived safety or actually a threat.

She uses various methods to create safety and comfort including ethical self-disclosure, humour, being real, and being part of the community. Grayson noted that this might look different than it would for an urban psychologist since rural psychologists may tend to be more flexible about self-disclosure to create safety and comfort.

Community Care: Become Part of the Village. Grayson described “a different atmosphere” that comes with the rural value of community and that as an outsider, she needs to show the community that she is there for them. This is demonstrated when she works to advocate for rural mental health and when she shows up at community events. In her words:

You have to show them that... you're going to dig in. You're going to go to the events, you're going to shovel cow poop, although I've never done that. You know you have to sit on a few boards or something... You have to give up your lunch hour... You have to go into the schools or like, if you think you're just going to sit in the office and see people it's not going to work.

Grayson shared that she stands with her rural community. For example, she described how she chose to wait for the Covid-19 vaccine until others in her community could also access it:

I remember when we first started getting vaccine... And we didn't get it in our community, for a long time. I actually stuck my feet in the ground, and I was like, "no I'm not going to [city] to get my vaccine if I can't get it in my own community with the rest of my people... I refused to drive to [city] for the vaccine and I could I do it absolutely but we've got people here who absolutely can't get there... so I refused to do that.

Another way Grayson is part of the village is by working as part of a multidisciplinary team. She described:

That community care... it takes a village... at times it's like, "this is why I work rural." Because... all these people come around you and, even though we don't have all the resources, you know, we're still here and we're still in it for you... ...having like the village... community care... would be great in rural settings across the board.

Grayson shared that additional benefits to multidisciplinary care include multiple perspectives that can add richness and improved continuation of care.

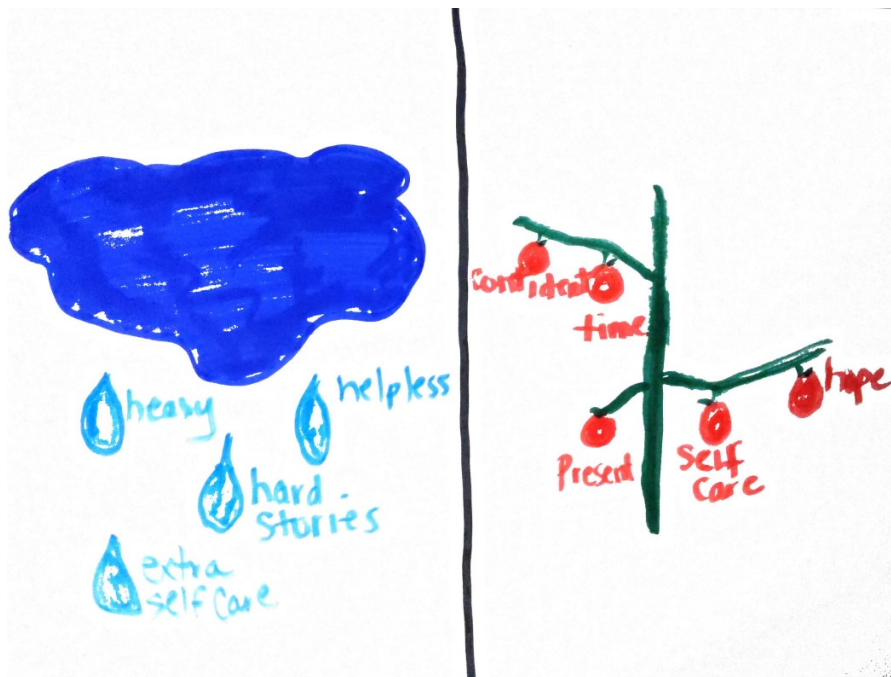
Stress and Self-Care. Grayson explained how stress can negatively impact relationships and since rural psychologists carry heavy loads, it is important to engage in self-care to make good relationships with rural clients possible. She expressed that though relationships with rural clients are generally easy, stressors include administration and policies, caseload, multiple relationships, isolation, complexity of cases, heavy work, lack of resources, lack of trained professionals, a strained public system, lack of anonymity, and waitlists. Grayson noted that

urban individuals do not seem to understand the challenges faced by rural communities: “*rural communities don't have the things that urban centres do and urban centres... it's not even a clue to them like they just don't understand...*” Grayson illustrated stressors by sharing her pre-interview activity (see Figure 17 below) of a “not so good day” and explained:

On the side here is the not so good day and I drew a cloud with some rain drops and yeah when it's not so good day it feels heavy. It feels sometimes helpless. If I've had a really hard story day... I've had lots of people come in with hard stories so that makes it really heavy and then extra self-care.

Figure 17

Grayson's Drawing of a Good and Not So Good Day at Work



Ways to combat the stressors included finding balance, connecting with family, consultation with other psychologists, rest, social connection, self-care, support for providers, and providing access to more trained professionals. Grayson again referred to her pre-interview activity (see Figure 10 above) about a less stressful day and stated: “*On the other side is*

supposed to be a tomato plant... The other side is like a good day. So good day is,,, confident, time management, I'm feeling very present. Self-care is still in there and hope." As mentioned by other participants, appears that when Grayson takes care of herself, she can better serve rural community members.

Multiple Relationships and Boundaries. Grayson described the complex issue of multiple relationships and the need for healthy workable boundaries in the therapeutic relationship. As a result, she has experienced isolation as a rural psychologist, and shared: *"I think the longer I live and work here, the more isolating it is... the bubble is getting smaller and smaller and smaller and smaller."* While rural psychologists must set boundaries, Grayson aims for balance because if she has too rigid of boundaries, the community may see her as inaccessible and unavailable. In her words:

...Eventually you're going to run out of people to see. Or people are going to start saying you know, "I tried to go to her, and she just told me she couldn't see me" ...and then word of mouth happens... and then it's like "okay, no we're not going to go see her."

Grayson shared that at first, she had been "naively aware" that multiple relationships would be a challenge and had struggled to determine which multiple relationships were acceptable. Over time, she became more familiar and comfortable with her college's recommended ethical decision-making model to make difficult decisions.

Grayson described the need to balance becoming a connected community member with maintaining a certain level of professional distance. She described that the community and clients may not be aware of how hard this can be and noted: *"so on one hand yeah they want you to be a part of the community and on the other hand, I don't know if they understand how hard*

that is to do that.” One of Grayson’s boundaries is the safety of her home which she keeps separate from her work with rural clients. She described that she protects this safe place for herself and her family. In addition, another boundary to maintain the therapeutic relationship includes explicitly discussing issues with clients. This overlaps with what other participants have shared. Grayson explained:

...and that's one of the things I tell my clients is that “if I see you on the street,” because I say to them, “I live and work here, so I go to the local pharmacy that's where I get my prescriptions too. You know I go to the Post Office right.” So, I always tell them in my consent, I say like, “I may run into you on the street... so I don't say hi, but if you want to say hi I will totally engage in conversation with you and talk to you or whatever, but know that you have to say hi first right.”

...Not that urban psychologists don't think about that, but... I mean it's just so big you would never run into your... I mean if you ran into them, it's probably very slim... whereas I do it all the time.

Meet Them Where They are At. Grayson expressed that she works hard to meet rural clients where they are at. Meeting clients where they are at can include meeting in person or via telepsychology, considering culture, working on client goals, capitalizing on rural values and norms, trusting clients, recognizing client resilience, being real, being aware of your own preconceptions, and gaining a good understanding of where clients are coming from.

As an example of community values and norms, Grayson described how rural clients are often self-sufficient and tough:

We are tough cookies... You probably will not find tougher people than [than those who] live in rural Alberta and probably even like rural remote is probably

even tougher... I find that although we're very limited in resources here, people also like rurality, they figure shit out... They just make their own resources, or... they'll figure it out. Which I love about rural too.

Trusting rural clients to choose their goals and not fragilizing them is important in Grayson's work. Similar to Sally, she explained that she works with clients to build upon their strengths.

Like the other psychologists, Grayson is real with her clients. For her, this involves demonstrating a shared humanity and using tools like humour or ethical self-disclosure. She advised against formality, rigidity, and condescension. For example, Grayson described how her informed consent process has changed from having clients simply sign a paper to now also having a real conversation with them.

Meeting clients where they are at for Grayson also involves gaining a better understanding of where client stress or distress is coming from. Grayson described the therapeutic relationship as the agent of change in psychological work. She added that barriers to the relationship can include "bringing your own stuff," biases, preconceptions, wanting to be heard, and lacking communication skills. As the psychologist, she noted she works hard to understand her clients and demonstrate these skills.

When Grayson first started in public health, her employer defined her role as needing to be focused on behavioural change. She described how clients did not all seem to benefit from this approach. She noticed more positive change when she started doing formal counselling and better developed her professional identity as a registered psychologist. She stated:

When I interviewed for this position here as a provisional psychologist... one of my answers to their interview questions... "think how do you think people change." ...And I said... my role is to build relationships. That's what I do. Yeah.

I build relationships and I'm a support for people... and that's how people change. People can't change if they don't have a relationship with you, and... if they don't feel supported, if they don't feel heard.” ...Like if I truly believe that then that's what I hang my hat on. Like that's really the beacon of light right? Whether it's rural or [urban private practice] right, but I think in rural... those relationships are I think bigger.

An Ethically Expanded Role. For Grayson, it is important that people provide services within their scope of practice. Like Taylor, she described how sometimes, professionals can problematically overextend their scope in rural settings. She advised that rural areas need more trained mental health professionals as she often sees other professions attempting to do the work of a psychologist. She shared that rural clients also want qualified providers:

I think that at least the clients I've seen really appreciate... just having that... professional that knows what they're doing in that role. [It] is so important to them. Like they don't want the nursing diploma student doing counselling...

While working outside of your scope can be a problem, Grayson described that ethically stretching your scope in rural settings a little bit can benefit the client and meet unique needs. She explained:

[If] the nurse stretches her scope a little bit and I stretch my scope a little bit and the exercise specialist stretches their scope a little bit, you know, we can sort of come together right? So, I think that that's a really great piece.

As an example, Grayson shared how her role as a psychologist has grown and she helps where she is needed whenever possible. This growth and flexibility have led to the development of strong relationships. In her words:

I think that our roles as psychologists... grow a little bit. Like there are things that I do that probably wouldn't be categorized as you know, psychologists... I saw this patient for I don't know like maybe once or twice, he was really struggling... calls a few weeks ago and... he's just like, "I just had my credit card number stolen and I don't know what I'm supposed to do." ... And I was like, "okay... tell me what happened." ...I spent probably an hour... going online and like, "okay, this is what you have to"... and I was like "okay how about if I call you back three days to see how that went?" ...but who else would do that? Who else would take that call and at the drop of a hat and help this person... just things like that... and that's just what we do in rural, like we just, okay let's dig in let's do this.

The Role of "Being Known" on Trust. Grayson described how "being known" in a rural setting is both an agent in developing therapeutic relationships and, if things go badly, can result in the breakdown of relationships, which mirrored what the other psychologists discussed. Specifically, in addition to clients wanting to know the psychologist, Grayson shared how the clients want to be known:

I know more about my patient's lives... what their life is like and who they are, then I do my [urban practice]... And I think that that's the difference in that relationship is that they want that ... they want you to know their stuff. Like they want you to know... "my neighbour lives two doors down, you know the one, red hair and he's got like the tractor in his front yard."... or like, "you know that place in town where... if you just go down there and around the corner and like you know that's where we hang out."... they want you to know their lives... But that only happens if you build that rapport. They have to trust you.

It appears that rural clients also want to know that the psychologist is aware about their communities. Grayson has learned about the community and is open to the values and preoccupations in the community. She described how it can help to embrace the local culture:

I think it really depends on personality... I think if you're a person who can embrace like rustic... farming, ranching... that's what's around here... I think you have to sort of find what the thing is in that community. I think you have to sort of be willing to go there.

According to Grayson, when clients have good experiences, they remember the psychologist as a helper. This can help in continuation of care, crisis management, and effective care. Grayson described an instance where an elderly man reached out to her for a non-psychology issue because she was known to him as a helper:

He remembered talking to me (whether I was helpful or not), maybe. I must have been helpful if he remembered to call me or he kept my business card... that's the beauty of relationship, and the beauty of rural Alberta.

It appears that the clients want to be known, they want their community to be known, they want to know the psychologist, and these levels of knowing impact trust or distrust. Grayson stressed that she believes that all psychologists should have some training in rural practice. Having knowledge of community needs and rural practice factors was said to help to develop relationships and become known in a healthy way.

As a note of caution, because she is visible in the community, Grayson explained that she must behave accordingly. She shared that while she has not yet experienced highly negative reviews, she knows that word of mouth travels quickly in rural communities and a negative review could impact her reputation. She explained:

You have to be nice to everyone, and like you can't go to the bar and dance on the table... I mean I've never done that... you can't do that... I think in rural that's hard. Like that can be your downfall... you are done if people start talking about you in a negative way...

Given her high visibility, Grayson reiterated the importance of her home as a safe, protected space. Even though it comes with challenges, the value of being known as a trustworthy healer was worth the effort for Grayson. She noted:

Or that whole like, "I know that [Grayson] has my best interest at heart, she would never intentionally hurt me. And so I'm going to call her because she's going to... help... She's gonna walk me through." ...And that's the beauty of a relationship.

The Role of Fit. Like the others, Grayson described how finding a fit is still important in rural practice, though it is not always easily done. For example, she explained that psychologists who work in rural settings need to have the right personality because it is a “niche” area of practice. Additional areas of fit that Grayson discussed included client-therapist fit, level of training, personality differences, different worldviews, or different ways of working. Regarding rural practice as a niche, Grayson shared:

I think there's a niche to it. Like I think you really have to have the personality and the ability and a great family... but I love working in a rural setting... And you definitely build like a bigger understanding and... resourcing... you have to... I think it's definitely... a niche to work here.

Certainly, Grayson has found that matching a therapist with a client can be a challenge in rural settings due to lack of available providers. She explained:

...Which is really hard again in rural psychology. I mean we have a private practitioner here in town. A psychologist. And so you know, like there is somebody else I can send somebody to. [Public health] does have a therapist that sort of like comes in... So there are other people. So if I'm absolutely like you know, "I don't think this is going to work." Or they say that, like "meh I don't think this is going to work." ...I do have a couple options, but again... in rural Alberta like you don't have many options... My private practice in [city] like there's seven of us that work right in that clinic, which is more than my mental health team here right so... I could just send them down the road... In rural Alberta... you don't have a lot of options.

Fit overall then, is important but may require effort, creativity, or referrals when possible.

It appears that the psychologist must have the right personality to work in rural settings. The client and therapist may have an easier time developing a relationship if there is a clear fit in session. Developing a working relationship with someone when there is not a good fit, and no referral option, was said to take additional effort and rapport building.

Summary. Grayson's themes illustrate what she believes are factors in developing strong therapeutic relationships with rural clients. She described how stress can negatively impact relationships. Since being a rural psychologist comes with a great deal of stress and a heavy workload, self care and rest are necessary. Becoming "part of the village" must be balanced carefully with boundaries. Indeed, while rural clients were said to deeply value comfort and safety that comes from familiarity, being known, and knowing the psychologist, the choice about whether to engage in multiple relationships must be navigated carefully. Grayson described the value of fitting into the rural community and therapist-client fit. When she and her client are not

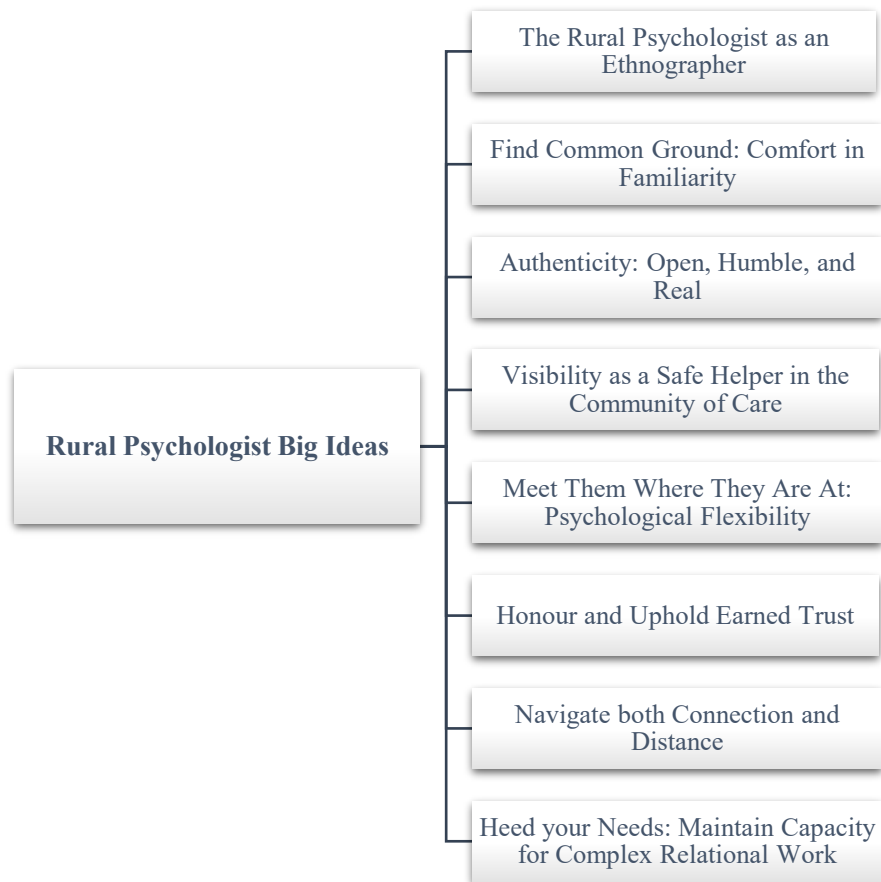
a clear fit and there are no referral options, meeting clients where they are at and developing comfort and rapport is key. Finally, a psychologist's role expands in rural settings and doing so ethically can also aid in the development of trusting relationships.

Rural Psychologists: Big Ideas

The following section describes common themes identified across the six psychologists who shared their experiences of therapeutic relationships with rural clients. The key factors involved in developing a sound therapeutic relationship with rural clients included: learning about the client's community; developing comfort through common ground; being authentic; becoming known as a safe community helper; having psychological flexibility and meeting clients where they are at; honouring trust that can develop with time; engaging in both connection and distance; and taking care of your own needs to increase the ability to be present and connected to the client. Figure 18 below introduces the within-group rural psychologist Big Ideas, to be discussed in greater detail.

Figure 18

Rural Psychologist Within-Group Themes (Big Ideas)



The Rural Psychologist as an Ethnographer

Many of the stories told by the rural psychologists in this study circled around the need to learn about the communities in which they have worked. This leads to the insight that outsider psychologists need to be open and teachable. The psychologists discussed the importance of the context and history of rural communities and the importance that this is recognized. For example, this could include honouring Indigenous history or the foundational work of farmers, as Sally noted: *"To me it's attending to some of the stuff that happened here within the community."*

Alfred, along with others, described how it is helpful to learn about the community, local culture(s), and norms to "get the whole picture." Although Alfred has a rural background, he shared that his eyes were opened to rural issues he had not considered before. He explained:

Something that I hadn't considered... is that I never thought about more marginalized families that only had one vehicle... I'd never appreciated how isolated some families were just because of transportation needs or even gas money to come into town... I think that's taken for granted when people look at urban services...

If learning and openness are not present, Paula shared how lack of understanding can lead to the breakdown of relationships:

I think it's because we all have our own lens that we see ourselves and others in the world from, and if the vision doesn't match what my lens wants to see, I think conflict can happen when we're not flexible enough to be able to be open to whatever that differing perspective is.

Find Common Ground: Comfort in Familiarity

The rural psychologists, like the rural clients, described how having different views or disagreements can hinder relationship development. The participants explained that it is important for outsider psychologists to work to find some common ground with their rural clients. Finding common ground could include disclosing your own rural background if you have one or engaging in local activities to gain lived experience (i.e., ranching, quadding, sweats, powwows, etc.). Lived experiences, when possible, appear to increase a sense of understanding and provide topics for relationship-building conversations. For example, Paula described how she plays “the farm card” to develop rapport with her clients. In the experience of these psychologists, rural clients appreciate when their psychologist “gets it.” Understanding rural lifestyles and norms, creating a professional level of familiarity, and similar experiences appear

to lead to an increase in comfort, safety, and client satisfaction. Taylor described using relaxed humour to develop comfort:

...more humour and different things like that just to like ease it. ...they might be like [a] 75-year-old man that's never been to therapy. So, you just gotta like be his bro a little bit and you know create comfort in that way.

Participants also described how clients in their community were more comfortable coming to them rather than accessing services in an urban centre or from an urban psychologist. For some rural clients, having a local psychologist or someone with a similar background may be preferable or easier.

Authenticity: Open, Humble, and Real

To build strong therapeutic relationships with rural clients, the psychologists advised that psychologists be intentionally open, genuine, honest, humble, and true. Grayson explained, *“it's just being human with them, like just being real... It's just talking to them, you know, at their level like where they're at. And being really real about that... And not being condescending.”*

The psychologists discussed how self-disclosure may look different in a rural setting. Self-disclosure is related to the previous theme of finding common ground and psychologists may describe more about their own life to connect with clients on a human level. Participants, as illustrated in the above quote, also discussed the need to work *with* rural clients and to avoid a top-down approach. The need for collaboration and empowerment was noted by participants.

Anya does this by asking rural clients directly to teach her so that she can learn:

In this new community, Nation wherever I am in a small [community]... ...I don't want to irk anybody or hurt anybody or push anyone's buttons. Because when you come from a major centre you have this routine that you fit in... “oh I'm going to

this new spot. I'm going to do this." That's not going to work. But you don't know that. But everybody there knows it's not going to work. And they may tell you that and you're like, "no no. I'll make it work." And then you learn. So really just be open. Be vulnerable. And learn and take every day as a learning opportunity and grow and it's going to shape you into the person that you're meant to be.

Use of humour, common language, and for some, more casual work clothes, was a way to develop comfortable relationships with rural clients. Grayson shared her approach:

But just like... "I really want you to know that, like you don't have to tell me anything. You can get up right now, and you can walk out and I'm okay with that, like I got broad shoulders." So yeah so humour, just making it very real for them. Like they're already vulnerable, scared, and nervous so just really making that space, you know as safe as I can... it just goes from there. That's the big part of relationship building is just like, "I care. I'm here to support you. And I'm gonna do my best to help you. Sometimes I can't." I tell them that, like "sometimes... I can't be helpful."

Visibility as a Safe Helper in the Community of Care

The psychologists in this study expressed the importance of engaging and connecting with the community, a need also identified by the rural clients in this study. For example, Grayson described the need to "become part of the village." Anya described how she has engaged in the communities:

I attended... cake walks, I've been to smudges.. I'm not [Anya] who comes in and does counselling and I live in this little box in this house. I'm [Anya] who goes to work, I go back home and I eat, then I may be outside playing with the kids or I

may be doing this or making a cake for the cake walk or whatever. Maybe there's a drumming circle or there's women's club or there's kids club after school... they need help with cooking.

Developing relationships with rural clients may therefore not be limited to the client alone; community trust in a provider may play a role in whether services will be accessed or trusted by rural individuals. Indeed, several participants discussed the power of word of mouth on the psychologist's reputation. Paula explained:

But I think there's also a real sort of like word of mouth aspect that I think does exist more for rural psychologists than... urban or city psychologists. I mean, I know word of mouth is also a thing there, but it's, I think it's more, more visible for lack of a better word, in rural areas.... You know once, once they start telling each other about, "here's this person and you should go and it's okay and, you know, she actually knows what she's doing."

Rural psychologists have high visibility which can lead to feelings of pressure to meet expectations and result in professional isolation. However, positive visibility and identification as a safe helper appears to lead to community and client trust.

Meet them Where They are At: Psychological Flexibility

The psychologists in this study emphasized the importance of meeting rural clients where they are at. Often, being the only provider in a rural community, rural psychologists may need to be creative. Sally shared the struggle to simply get clients in the door. If a psychologist does get a client through the door, it is important to be flexible and to take the time to meet them where they are to build rapport. For example, Alfred shared:

Even looking at timing like you know, like if you know if dad's working away for two weeks, can we reschedule a meeting so that we can have both parents there? Or you know if it's harvest time and the sun is shining that you know, maybe somebody is going to call and say we can't get together today and those kinds of things. [Make hay while the sun shines] is not just a saying.

Creating comfort when rural clients may feel great discomfort attending therapy emerged as a key factor. The psychologists shared stories where they were required to adapt to client needs.

Anya explained:

I have all my other tools and I will pick solution-focused, I'll pick CBT, but when you're working in a Nation, I can't come in with that prescribed agenda of "I'm going to help you so let's identify those distortions right now." "Peace out, I'm never coming back." ...that's been the biggest learning piece of just meeting the clients where you're at, and you know what maybe I'm just listening to these horrible YouTube videos for many sessions before you feel comfortable to talk to me or you know, maybe I'm going to sit in kindergarten with you and you're going to play with my hair and make me "look beautiful," as you say, and you're going to feel comfortable with me so when we go talk in my office I'm not so scary. So yeah just taking that prescription out. And even with adults in the First Nations too. Like just coming in and [saying] "what brings you here today, how can I help?" ...meet them where [they're] at. You just treat them all with respect.

Not every client is a fit for a psychologist and while participants shared that better fits often lead to stronger relationships more quickly, they sometimes have to work with clients who are not a fit and must adapt accordingly.

Using palatable language was also described as a helpful approach and Anya explained:

If you're... [speaking in] colloquialism, and all we're doing is swearing about this, and you say something... "that was [explicit] stupid," I'll agree with you, "yeah that sounds like it was [explicit] stupid." "Oh, you said that!" I'm like, "well, do you want [me] to... say, "oh, it sounds like that was really hard for you, would you have preferred that?" "Well no." And I'm like... "that's where you're at. [I'm] meeting you and using your terms."

Participants also described how their role often expands based on client needs in the moment. Examples shared included helping clients with university applications or with credit card frauds. Anya described how in her work in a Nation, therapy does not always happen in the therapy office. Therapy can look differently in a rural setting and psychological flexibility can lead to better relationships when done ethically. Indeed, the rural psychologist navigates and holds space for multiple complex dichotomies.

Honour and Uphold Earned Trust

Rural community members seem to want to know that providers genuinely care about them and their community, and this was expressed by both client and psychologist participants. The psychologists described being committed to helping and standing with their communities, through good and bad. Several of the participants have left rural communities to work in others. Still, they described the importance of aligning with the community and standing up for the community when needed. Some participants discussed issues with the public health system and equitable access to care for rural clients. Taylor, along with several rural clients and psychologists in this study, added the impact of harmful previous care on her relationship with clients and she stated:

Because they are taught to be generalists and so they end up working with trauma when they shouldn't be, which is very disturbing to me 'cause I would get some of those clients that had been very traumatized by the treatment they were receiving, which was very frustrating as somebody that spent, I don't know, over \$10,000 to get trauma specialized outside of my education.

Empathizing with clients about local challenges and having a healing space to deal with current problems along with past treatment experiences has been beneficial for the rural psychologists.

Trust was generally described as an earned factor in a rural community and honouring that trust was described as paramount. For example, Sally described how it is important to honour agreements made during the informed consent process with clients. Anya advised following through if you make a promise to rural clients or rural communities to increase the levels of trust in rural communities. Paula shared how in rural communities, psychologists will often know more about situations than one client will share, due to connections to others in the community. She explained the inherent challenges that come with this knowledge:

I really liked having that, almost like the capacity to sort of hold space for people, but then it was, it's also a rural area, right? ...I've only ever worked rural... you might see them, you know, out in the community in other places... I felt like such a sense of like honour, and just humbleness that people would trust me to hold that space for them.

Honouring insider information and client autonomy appears to be vital when the client lives in a fishbowl community.

Navigate both Connection and Distance

Emphasis was placed upon learning about and engaging with the community to “become part of the village.” Along with this need for connection was the need for intentional boundaries and distance. Sally framed it as defining “clear roles” with her clients from the start. Due to the prevalence of multiple relationships, boundaries were seen as inherent to the work of a rural psychologist. While rural communities appear to desire connection with providers, to see the providers as “one of us,” several of the psychologists stressed how they intentionally distance themselves in different ways to create comfort for themselves and their clients, thus improving the relationship. For example, Grayson described having safe spaces separate from work:

I think my biggest space that's most important to me is my home... Anyone who works in rural psychology will understand why this is. But the words that I kind of put on the side to describe are like, “sanctuary, protection, safe place.” I also put “hiding” because I think sometimes I do that too... I protect my home. It's pretty sacred to me.

Boundaries and distance were discussed as a caring act, to maintain healthy relationships with rural clients. Several participants described how they empower clients during the consent process to allow them choice if they run into each other publicly. Though distance and connection sound like opposites, it appears that successful rural psychologists creatively reconcile these two needs to create comfort and safety for both them and their clients.

Heed your Needs: Maintain Capacity for Complex Relational Work

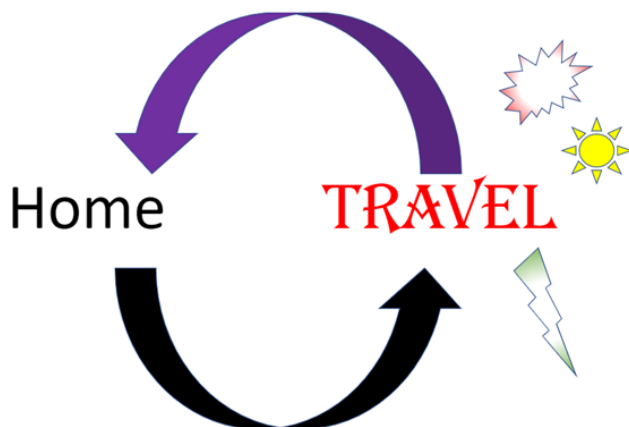
Rural work is relationally challenging, and the workload is large. Psychologists in rural settings can be isolated, overworked, and can face internal and external pressure to meet the abundance of needs. Anya described how she remains connected to her family and support systems to avoid feeling resentful for having to leave her family for periods of time to work in

rural communities. Grayson described how she hopes her children will forgive her for moving them to a rural setting due to the pressures that come with being a visible helping professional. Alfred shared how his wife sometimes sets up social events and it turns out to be a colleague he just emotionally supported in a professional capacity. In that situation, he stated: *“something that should have been relaxing and casual was not relaxing and casual.”*

With all these, and other challenges, the participants described the vital importance of self-care and connection to support systems. Support systems can be family and friends but also connection to other psychologists through consultation and networking. Alfred shared how traveling and getting distance from the rural community and doing something different than his day-to-day tasks is also a way for him to energize and helps him feel better able to deal with his job. He explained: *“and I enjoy something different... it's kind of like I come back different than I leave and that it's energizing and exciting and it... helps deal with some of the more monotonous kind of tasks.”* His pre-interview activity in Figure 19 illustrates his story.

Figure 19

Alfred's Illustration of the Importance of Self Care



By maintaining their own needs through self-care and connection, the rural psychologists appear to maintain their capacity to engage in complex and challenging relational work.

Summary

The six psychologists in this study shared different experiences of therapeutic relationships with their rural clients. Across these unique perspectives, eight major themes were identified. The psychologists described how they learned about both the clients and the clients' community and found common ground with their clients. They also described how relationships improved when they were authentic, humble, and open with their clients. Becoming visible in the community as a safe helper and meeting clients where they are at also strengthened the bond. Due to the nature of small communities, the psychologists described the importance of honouring trust that they have earned. Rural practice was seen as dichotomous, especially in terms of how rural psychologists navigate connection and distance, with the application of both seen as the best approach. Finally, with the pressures and isolation that come from rural practice, self-care and maintaining professional connections with other psychologists was deemed necessary. By engaging in self-care, psychologists could be more present with their rural clients. The following chapter presents the shared and differing themes that were revealed when both groups were compared. Relevant literature will now be included regarding shared and differing overarching themes, now that idiographic and within-group stories have been shared.

Chapter 6: Discussion

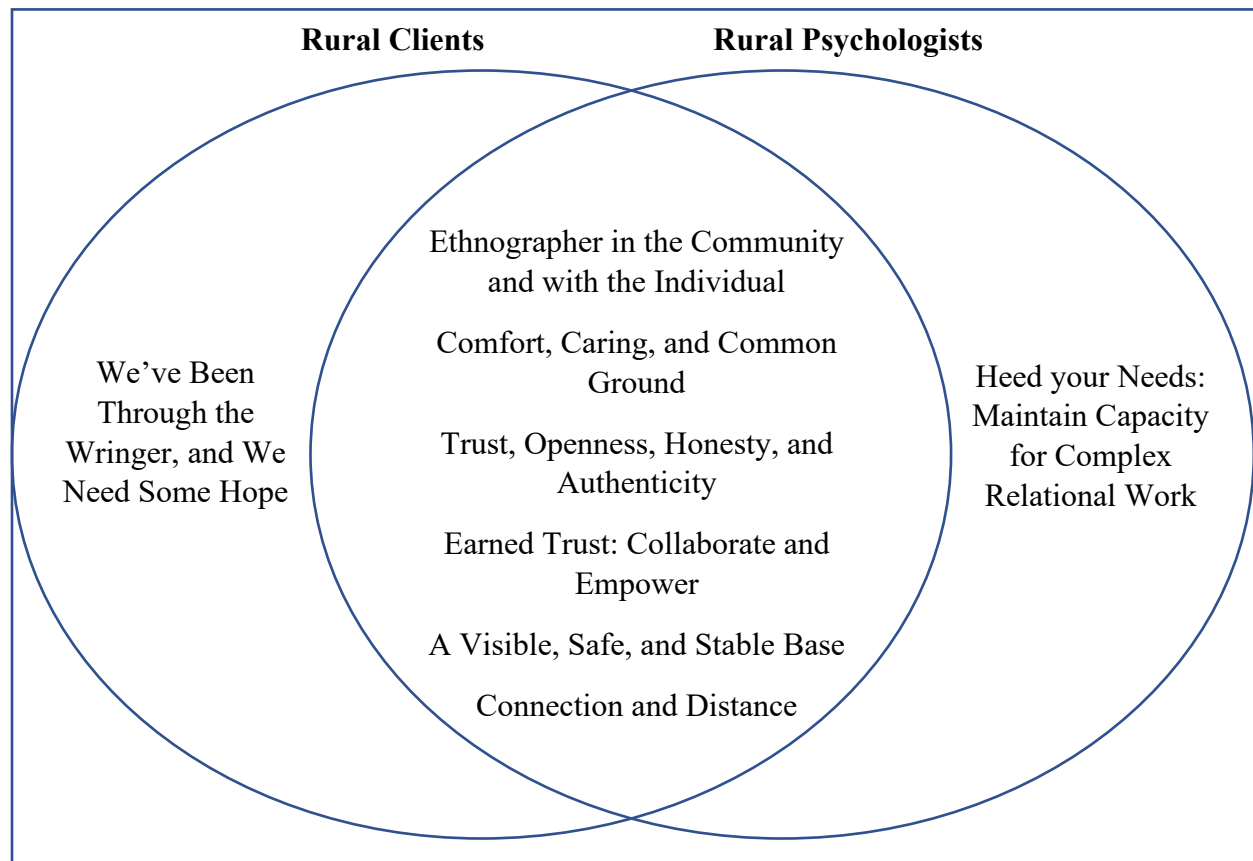
In this chapter, I discuss six “Big Ideas” that were identified across both the rural client and psychologist groups. I also describe two differing Big Ideas emphasized by each group. Common themes or “Big Ideas” across both groups regarding the therapeutic relationship included: the psychologist as an ethnographer; the importance of openness, honesty, and authenticity for the development of trust; creating comfort by caring and finding common ground; collaboration and empowerment; safety and stability; and the navigation of both connection and distance. The Big Idea emphasized by the rural clients was that their journey before finding their psychologist was often challenging and painful, which appears to have resulted in feelings of disillusionment and reduced hope. The rural psychologists in turn, emphasized the pressures and stress that can come with the demands of rural practice. To mitigate this, the psychologists described nurturing their own needs for self-care and maintaining connections to other professionals who understand their unique circumstances. I will now present relevant literature to explore common and differing findings and highlight areas where this research appears to fill gaps in knowledge. In the next chapter, I will present implications, including a new model of rural psychological practice for the development of therapeutic relationships between insiders and outsiders. I also describe practical recommendations and the considerations and limitations of this research.

The primary research question in this study was: how do helpful therapeutic relationships develop between rurally located psychologists considered to be outsiders and rural clients considered to be insiders of rural communities in Alberta? This research question developed from an interest and passion to advocate for improved rural professional psychological services. The hope I had at the start of this research was that the findings would provide some guidance on

what outsider psychologists can do to develop trusting relationships with rural clients. The following Venn diagram (Figure 20) introduces the shared and unique Big Ideas that were revealed in the analysis of this research. They will be discussed in the following sections of this chapter.

Figure 20

Across-Group Theme Comparison



Big Idea 1: Ethnographer in the Community and with the Individual

The rural clients and psychologists in this study expressed how important it is to listen to and learn from one another. The clients described how deeply they value safe connection to important people, places, and to their home communities. Past experiences with providers seemed to result in feeling invalidated or unheard. The rural psychologists specifically described

the importance of openness and learning when entering a community. This was interpreted by me as taking an ethnographer role, not just with the client but also in the rural community. It appears that rural psychologists can best develop a relationship if they work to better understand their clients, their client's culture, and adapt to the culture as needed to meet unique needs of their clients. This recommendation is supported by Wampold's (2015) work on common factors which examines the relationship, cultural adaptation, having differences, the need for empathy, and importance of working collaboratively on goals and expectations. Cultural competency has clearly been described in the literature as an important part of a psychologist's work (Asnaani & Hofmann, 2012). The APA's (2017, pp. 4-5) multicultural competency guidelines discuss the need to be keenly aware of the context of clients and use interventions that can be adapted to the cultural needs of the client.

The conceptualization of practitioner as ethnographer has been explored by Harvey (2015) in the context of the prisons where the author incorporated ethnography concepts of insider-outsider phenomenon and the importance of "keeping contexts in mind" (p. 390). Harvey (2015) defines ethnography as, "...understanding the experiences of a particular group of people, the contexts in which they live and the relationship between their experiences and the context in which they are embedded" (p. 390). Harvey (2015) recommended an "ethnographer-practitioner model" employing an actor-observer approach so that understanding can become a primary goal. Another research team, Alverson et al. (2007), explored the different ways European Americans, Puerto Rican Americans, and African Americans experience mental illness and also recommended taking an ethnographic learning approach to develop the therapeutic relationship. However, returning to my study topic, the role of *rural psychologist* as ethnographer did not appear in scans of the literature. Limited research exists on this topic in general. Thus, this Big

Idea appears to add to the rural psychology research by proposing an ethnographic stance as an important component of the therapeutic relationship between this insider-outsider dyad.

Big Idea 2: Comfort, Caring, and Common Ground

The rural clients in this study described how they heal in safe connection to important people and places and that differences in culture, values, or opinions cause disconnection. Across the interviews, comfort and connection appeared to be possible within the therapeutic relationship when the psychologist and client were able to find common ground. A case study conducted in South Africa explored the value of developing common ground between a clinician and client who differ (Coetzee, Adnams, & Swartz, 2019, p. 287). Sharing common experiences was described as “creating a cultural bridge between clinician and client” (Coetzee, Adnams, & Swartz, 2019, p. 287). The authors note that it is important to both recognize differences and identify common ground. This is exemplified in the study by Paula, when she shared that she uses the “farm card” to disclose her rural experiences with her clients. Many of the psychologists discussed how they used ethical self-disclosure to enhance the relationship and it was said that self-disclosures may be used more by rural than urban psychologists. This interesting finding would benefit from future research. Moreover, participants described different preferences regarding working with an insider versus an outsider. A preference to work with insiders was noted by Lee and McDonagh (2010). It appears that when common ground is sufficiently established, insiders are more open to working with outsiders. This finding would also benefit from further exploration.

Wampold’s (2015) common factors appear to be similar to what was recommended in this study and include empathy, the therapeutic relationship, cultural adaptation, therapist differences, and expectations. Though common factors were not named explicitly by

participants, the psychologists shared stories related to the concepts. For example, they were able to communicate genuine empathy with their clients. They were also able to develop comfort through common ground, thus addressing how to connect when there are differences, and enhance the relationship. The therapists acknowledged the need for cultural adaptation and sensitivity and working collaboratively with rural clients on goals. Wampold's approach is but one example of a therapeutic model that can be adapted well for rural clients. Wampold's common factors overlap with the person-centered principles developed by Carl Rogers (1957) introduced in the literature review and discussed by participants. The purpose here is not to prescribe modalities but to encourage the cultural adaptation of modalities to enhance the relationship with rural clients.

There is a gap in knowledge related to the Big Idea that the rural clients want their psychologist to care about their rural community. Finding common ground appears to extend beyond shared goals, background, and hobbies to the value of the greater rural community. While the current literature discusses the need for rural psychologists to advocate for rural communities (Malone, 2021a; Letvak, 2021), there appears to be a dearth of literature on the rural client's desire for the psychologist to genuinely care about their rural community as a specific factor in the development of the relationship. Again, the current study uniquely adds to the literature by offering these initial insights.

Big Idea 3: Trust, Openness, Honesty, and Authenticity

The rural clients in this study discussed how, in positive interactions with their psychologists, the psychologist was able to prove trust by being open, honest, and genuine with them. For several clients, trust had been broken in past experiences where providers had not been open, did not seem to care, where boundaries were violated, and where promises had not been

kept. Along these lines, Sutherland (2021) discussed how services that lack continuity of care may not be deemed acceptable by rural communities; this is especially applicable for psychologists who commute and/or serve multiple communities. The rural psychologists in this study also noted that it is vital to follow through on agreements, expectations, and promises. Returning to the discussion of the types of trust outlined in the literature review, it appears that in therapeutic relationships with rural clients, trust as a process may first be required for trust as a state to exist. Trust as a process involves the assessment or expectancy of the other's reputation, actions, honesty, morality, and the current context (Khodyakov, 2007). Trust as a state, on the other hand, describes how willing one individual is to be vulnerable to another individual and expect that they have their best interests at heart (Mayer, Davis, & Schoorman, 1995).

Both the rural psychologists and the clients stressed the importance of being real with clients, genuinely caring, transparent, and using ethical self-disclosure. The therapeutic components identified here are generally in line with conditions set forth by Carl Rogers (1957) which included congruency, unconditional positive regard, empathy, and genuineness. Therapist self-disclosure was identified by participants as a way to be open and to establish common ground. Malone (2021b) discusses self-disclosure as ranging from a healthy boundary crossing to a dangerous boundary violation. She defines boundaries as the "psychological spaces between people in relationships" (Malone, 2021b, p. 139). While clients want to see their psychologist as an authentic person, they also wanted appropriate distance and trust. Therefore, it is important for rural psychologists to assess healthy disclosure versus disclosure that could reduce trust and cross into boundary violation. As Paula shared, while the relationship may feel like a friendship or even "family-like," it is not and remains a professional relationship. There is a lack of literature on how self-disclosure pertains directly to the establishment of the therapeutic

relationship. Malone (2021a) notes the value of familiarity in rural practice. Navigating the importance of creating comfort and familiarity, along with ethical limits is an important area of rural practice. The current study starts to contribute to the current gap in the literature by providing insights and opening the door to further questions.

Big Idea 4: Earned Trust: Collaborate and Empower

Common to all the participants was the role that collaboration and empowerment play in the therapeutic relationship. The importance of collaboration for good psychotherapy outcomes has been well established in the literature (Bohart & Wade, 2013; Norcross & Wampold, 2011; Lambert & Barley, 2001). Client participants who had negative experiences noted how they felt powerless. On the other hand, positive experiences were collaborative and provided the clients with choices. It appears that taking an egalitarian approach with rural clients can help to create safety and space for healing. Psychologists in this study described making sure they uphold the trust that is earned over time and work *with* their clients, avoiding top-down approaches. While this is applicable to the dyad relationship, earning trust and collaboration may also apply to the client's rural community because news travels quickly in small communities. Similar to this finding, Letvak (2021) described how rural psychologists must build relationships and work with community members as peers to earn the trust of community members. Again, this describes trust as a process, earned over time (Khodyakov, 2007).

Collaboration in cross-culture work has been explored and recommended by authors like Asnaani and Hofmann (2012). Feminist psychologists perhaps speak most explicitly about egalitarianism and empowerment and their concepts may be applicable to rural practice. Jodry and Trotman (2008) argue that incorporating feminist principles is important in multicultural practice in general and that within this model, a goal in services is to empower the client.

Thacker and Gibbons (2019) explored the use of feminist therapy to support rural Appalachians and argued that it can align well with the rural Appalachian value of egalitarianism. Thacker and Gibbons (2019) however, note the challenges between insiders and outsiders and recommend community involvement to develop trusting relationships in the community so that a feminist approach can be better received. It could be that adapting approaches that encourage egalitarianism, using feminist therapy as an example, could be helpful to empower rural clients.

Bondi (2009) discussed the impact of rural social proximity and the need to maintain trust to increase safety. However, Bondi did not provide specific examples on how to do this. The current study offers specific recommendations of collaboration and empowerment to attempt to answer the question of how to build trust and safety with clients in rural settings.

Big Idea 5: A Visible, Safe, and Stable Base

The clients in this study described the need for their psychologist to be consistent, reliable, calm, and stable. I interpret this in the context of attachment theory (Ainsworth & Bowlby, 1991; Bowlby, 1958) and believe the participants were describing the psychologist almost as a stable attachment base. Taylor explicitly discussed the importance of attachment styles and attachment transfer in her relationships with her rural clients. The rural psychologists described their visibility in the community, and several discussed the importance of being viewed as a safe, consistent helper to clients and their communities. Again, the relationship persists outside the walls of the therapy session. Psychologists are often known to the greater community and appear to be held to high standards of behaviour. This is exemplified in this study when Grayson described the pressures on her and her family to behave properly. When Anya described how when she was able to establish herself as a safe community helper, the community wanted to hold on to her and she was able to better connect with her clients.

The understanding of the therapist as the attachment figure is not new (Mallinckrodt, 2010). However, I could not find literature specifically pertaining to general rural practice (i.e., including both Indigenous and Settler cultures). Community attachment (Goudy, 1990) and place attachment (Raymond, Brown, & Weber, 2010) have been studied in rural communities. The impact of attachment ruptures of colonialism and the use of traditional wisdom in Indigenous on the therapeutic relationship has been studied to an extent (Dupuis-Rossi, 2020; Bojuwoye & Edwards, 2011). However, specific research exploring community, place, and therapist attachment and their roles in the rural therapeutic relationship context is limited and therefore this study begins to address this knowledge gap.

Big Idea 6: Connection and Distance

This final shared Big Idea circles around the concept of holding space for two seemingly opposite things. The specific dichotomy in this Big Idea is that both the clients and psychologists in this study described wanting to connect with each other but also wanting a healthy and safe distance. This is in line with research by Bondi (2009) who described the need for safety in rural areas where social proximity is unavoidable. While the clients in the current study appear to want to see their psychologist active in the community and while psychologists liked to belong to the community, the need for distance remained. The idea identified was that connection and distance can be viewed through the lens of “and” rather than “or.” To maintain secure connection, common ground, and safety, *and* also having space for privacy and autonomy, the previous themes of collaboration, empowerment, openness, comfort, and trust must also be present.

There is a great deal of literature on how rural psychologists might navigate multiple relationships, boundary crossings, and boundary violations (Malone, 2021b). The participants in the current study advised what Malone calls appropriate boundary crossings. Boundary crossings

may occur when there is some level of appropriate connection that can enhance the relationship (i.e., ethical self-disclosure or deviations from a “removed-professional” stance). Conversely, the participants advised against boundary violations that could cause harm (i.e., recall Wendy’s discussion of how her counsellors had discussed her treatment in public). Malone, like the participants in this study, observes that healthy boundary crossings can be therapeutic in nature and can improve outcomes. This finding adds to the discussion by offering unique client perspectives to the existing literature and exploring this concept as a dichotomy necessary for the therapeutic relationship.

Different Preoccupations and Emphases

Though several psychologists described how access and system challenges create barriers for rural clients, the clients provided much more detail on what this experience was like for them prior to even meeting their rural psychologist. The psychologists, in turn, described the pressures and stress of providing rural services and the need for self-care and professional connection to maintain their ability to connect with clients. These two Big Ideas will now be discussed in relation to current literature.

Rural Clients: We’ve been Through the Wringer, and We Need Some Hope

The four clients described the difficult journey to care that many rural clients face; this finding is supported by many examples in the literature (Slama, 2004; Bischoff et al., 2014). Based on this finding in the current study, it appears that iatrogenic or even mildly negative experiences can result in the reduction of hope and feelings of disillusionment. By the time many of the rural clients in this study accessed services, they had been through a great deal of challenges. Even Meave, who is a provisional psychologist, shared with me that she did not initially have high expectations of her psychologist; she appeared to be relieved at being proven

wrong. Many of the clients described negative past experiences as focusing on the medical model, third party complications, lack of willingness to listen and understand, and lack of competency in mental health services. The rural clients described how when they got to their psychologist, they just wanted someone who would really care about them and listen.

Client negative histories with system challenges is common for marginalized groups (Robinson, Ravi, & Voth Schrag, 2021; Lorenc & Oliver, 2014). What may be unique in rural practice is the collectivist nature of the communities, the impact of reputation and word of mouth, and consequently, the impact on being viewed as a safe helper. Moreover, the rural values of stoicism and toughness and tendency to avoid help-seeking until absolutely necessary may further be compounded by negative or even harmful experiences and reduce likelihood of future help-seeking. These issues would benefit from future research. The rural client's discouragement and experiences with health systems both results from and contributes to their marginalized status in the broader Canadian societal context. Psychologists must be aware of these dynamics in rural settings.

Acharya and Aguis (2017) described hope as a major factor that makes recovery possible. Hope appears to be a big part of what rural psychologists can offer their rural clients within a safe relationship. Spandler and Stickley (2011)'s aptly named article, "No Hope without Compassion," explored what they termed a "compassion deficit" in mental health care and recommended that this needs to be better nurtured (p. 555). As this relates to rural practice and the relationship specifically requires additional research and the current study's introduction of this topic adds to what we know.

Rural Psychologists: Heed your Needs: Maintain Capacity for Complex Relational Work

The six psychologists in this study described many stressors they face in their rural practice including: navigating boundaries; multiple relationships; isolation; large case loads; lack of supports; community and client pressures; high visibility; and lack of privacy. These challenges have been confirmed in the literature (Malone, 2021b; Schank, 1998). The psychologists described that to do challenging relational work, they need to engage in self-care, professional connection, and connection with personal supports. It seems that the therapeutic relationship can be stronger when psychologists take care of themselves.

A common analogy is when airline attendants advise parents to put on their oxygen mask before taking care of their children. By being their healthiest, best selves, the rural psychologists appear to have a larger internal capacity to work in complex circumstances. Carey and Gullifer (2021b) address this topic in the *Handbook of Rural, Remote, and very Remote Mental Health*. Carey and Gullifer (2021b) describe the many demands on rural psychologists that can lead to burnout and recommend self-care as vital to resilience and ongoing service provision. Nissen-Lie et al. (2013) explored the impact of therapist personal stress on the therapeutic relationship and found that clients are sensitive to the therapist's level of stress. Indeed, therapist levels of distress can lead to the deterioration of the relationship (Nissen-Lie et al., 2013). The in-depth interviews in the current study provided additional insight into this issue and support the work of Carey and Gullifer (2021b) and Nissen-Lie et al. (2013). The findings further stress the need to understand and address the impact of burnout and self-care on therapeutic relationships with rural clients. As outsider psychologists this may be even more urgent to address given the added pressures of developing trust and gaining buy-in, and the lack of familiarity with rural ethical dilemmas and the prevalence of boundary crossings.

Summary

This chapter has provided a summary of the eight Big Ideas that were identified in this research. How then, did insider rural clients and outsider rural psychologists experience therapeutic relationships and what is recommended? In short, both groups shared themes of learning, trust, creating comfort, openness, honesty, authenticity, collaboration, empowerment, stability, and connection and distance. The rural clients had experienced many challenges before this therapeutic relationship, so history was a contextual factor that entered the relationship with them. The rural psychologists experienced stress and pressure from the complex work and found that self-care increased their capacity to maintain rural practice and good therapeutic relationships. While many of the findings have been discussed in the past anecdotally or have been referenced in general psychology research, the findings of this dissertation provide new information to the rural psychology literature base. In writing up the final results and returning to the literature, I again found that this particular research has not been done before. Some of the Big Ideas that seemed like “common sense” findings at first glance did not come up in a scan of the literature. With that said, the implications and recommendations chapter will apply these findings in practical ways by describing a new model of practice, promising practice and training recommendations, recommendations for future research, limitations, and considerations.

Chapter 7: Implications, Recommendations, and Limitations

The previous chapter described the Big Ideas I identified when both groups were compared and contrasted. The Big Ideas have implications that I frame within broader practice issues that arose in interviews including 1) rural collectivism, 2) dichotomies and psychological flexibility in rural practice, and 3) telepsychology. This chapter includes: a description of the broader practice issues that arose; a new comprehensive, culturally sound, and ethically grounded model; practice, training, and research recommendations; possible considerations and limitations of the study; and concluding comments.

Collectivism in Rural Practice

The American Psychological Association (2023) defines collectivism as: “the tendency to view oneself as a member of a larger (family or social) group, rather than as an isolated, independent being” (para. 1). Collectivism as a rural value is evidenced by the current findings and supported by existing literature (Malone, 2021a; Friesen, 2017). I have chosen to categorize collectivism as a practice issue due to its prevalence in many of the stories. Not only did clients describe a desire for individual caring, but they also wanted to know that their psychologist cares for and connects with their rural community. It appears that while the therapeutic relationship is still a confidential space between client and psychologist, safety and comfort is increased when the psychologist connects with the context surrounding the relationship (i.e., the community). By showing care for the larger rural community, the rural psychologist engages in the client’s value. As a result, the therapeutic relationship with rural clients is strengthened. A scan of the literature did not turn up a great deal of information regarding collectivism and rural therapeutic relationships. As such, this research contributes to a gap in knowledge.

Dichotomies and Psychological Flexibility in Rural Practice

The Big Ideas that were revealed were often presented as dichotomies. Not only did clients want competent psychologists who could provide specialist services if needed (i.e., EMDR therapy), they also wanted a psychologist who was simply real and comfortable to be around (see previous chapters for an unpacking of this finding). Clients appear to want to have a therapeutic relationship with someone who can do Rogerian counselling micro-skills, what some consider to be “the basics,” very well. Clients and psychologists also described the need for both connection and distance. Paula explicitly described her work as dichotomous and provided various examples in her section of the findings chapter. The way I interpret this interesting practice issue is that rural psychologists are required to have a healthy capacity for psychological flexibility. Psychological flexibility has been defined as being especially important for challenging situations and is the ability “to respond to situations in ways that facilitate valued goal pursuit” (Doorley et al., 2020, p. 1). In support of this supposition, Carey and Gullifer (2021b) also describe psychologist flexibility as a requirement of complex rural work.

Telepsychology and the Therapeutic Relationship

Given that telepsychology appears to be a norm now in the delivery of professional psychological services, this is and will be an important topic for future research as it pertains to insider-outsider research. The participants in this study discussed telepsychology and recommended that outsiders who employ virtual methods should put in a considerable effort to learn about the community culture, local resources, and other relevant context. The psychologists described a range of experiences with telepsychology, but it appears that the development of a relationship is certainly possible. Several psychologists stated that the use of technology was a way to meet rural clients where they are at, and this was found to improve the relationship.

Future research is required on this important and timely topic but the stories about telepsychology in this study were encouraging. Also encouraging is the chapter by Simpson, Richardson, and Reid (2021b) where the authors describe the benefits of using telepsychology in rural mental health. They describe how telepsychology can reduce barriers for rural clients, increase access to specialized services, and importantly, they cite research that states that telepsychology has *not* been shown to be harmful for any specific subgroup. Simpson, Richardson, and Reid also cite research supporting the development of strong therapeutic bonds via telepsychology.

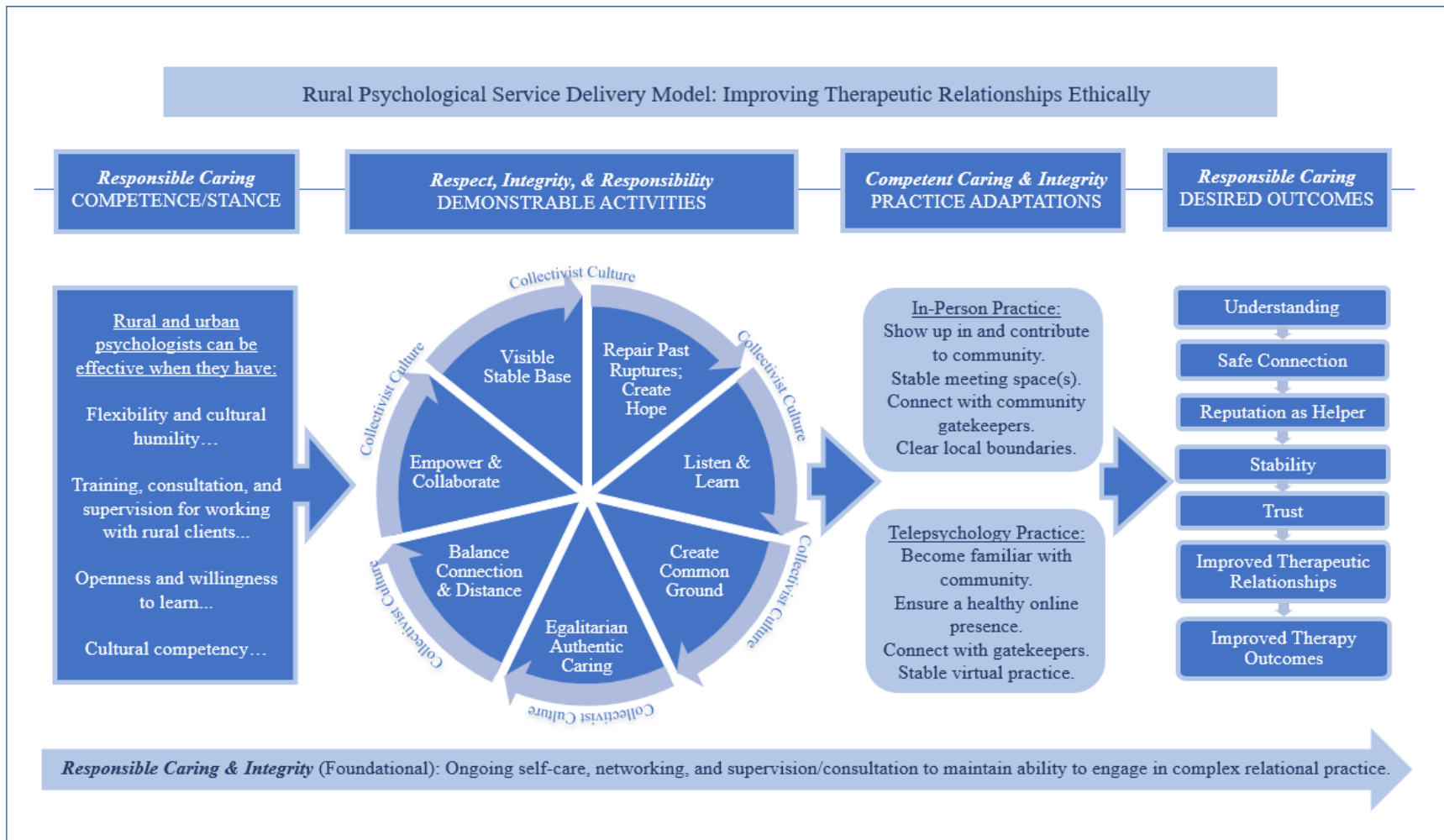
A New Model of Relationship Development in Rural Psychological Practice

The following model (Figure 21 below) is anchored in the Big Ideas and practice issues revealed in this study as well as the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2017). The model outlines the process through which rural or urban psychologists can develop relationships with rural clients. The model begins by outlining how a psychologist might prepare to work with rural clients, whether in person or virtually. It then illustrates how, within a collectivist culture, a psychologist can engage in various activities to build the therapeutic relationship. Importantly, the relationship between psychologist and client is not restricted only to activities within the psychology clinic. Rather, engagement and caring for the client's community are key. Adaptations for in-person or virtual practice are outlined in the model, as well as the desired outcomes that can come to fruition when rural clients feel understood and supported by psychologists. Each section of the model highlights practice ideals from the Canadian Code of Ethics for Psychologists. Following the presentation and description of the model, I present more specific "how-to" recommendations that elaborate on the points in the model and describe examples of activities that can occur when one engages in the practice

model (see Table 3 and Table 4). Subsequently, I provide additional recommendations for training and research, considerations and limitations, and concluding comments.

Figure 21

Process Model of Rural Psychological Practice for the Enhancement of Therapeutic Relationships



Note. The process model formatting style has been adapted from Rhem (2016). As per Jun et al. (2009), choosing an appropriate process model with usability and utility is key for knowledge translation. Jun et al. (2009) found flow-charts to be most highly favoured by consumers. The model is grounded in the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2017) and practice ideals are identified by headings in bolded and italicized font.

The model above illustrates the process a psychologist can follow to develop better therapeutic relationships with rural clients, especially if they are considered to be an outsider psychologist. The use of the term rural in the model and throughout the document, as introduced in the glossary, encompasses varying degrees of rurality (i.e., rural, remote, and very remote). The model begins with recommendations on how a psychologist can prepare to work with rural clients. Entering this work in the right way (i.e., with preparation and a healthy stance) can improve the psychologist's ability to connect with rural clients in ethical ways. Indeed, the Canadian Code of Ethics for Psychologists (Canadian Psychological Association, 2017) highlights the ethical principle of *Responsible Caring* which emphasizes competency, self-knowledge, maximizing benefit, and minimizing risk. This model in many ways illustrates ideas from hermeneutics used in this research to develop better understanding and connection with rural clients. Having an awareness of your forestructure (i.e., previous understandings, biases, preconceptions) is an important starting point. Engaging in a series of different activities (i.e., loops) can lead to a deeper, more helpful understanding. Along with an awareness of preconceptions, rural and urban psychologists can work effectively with rural clients when they prepare and grow flexibility and cultural humility. These characteristics can help manage the challenges and multiple dichotomies of rural practice as well as cultural differences (i.e., value differences). Training, supervision, and ongoing consultation on rural cultural practice is recommended in the preparation stage but also as an ongoing activity (see the arrow at the bottom of the model). Having an openness to learn and developing ongoing cultural competency is advised for psychologists working with rural clients.

The model progresses to various activities a rural psychologist should attend to and are based on the themes found in this research across both groups. The demonstrable activities

section of the model is grounded in the Canadian Code of Ethics for Psychologist's ideals of *Respect, Integrity, and Responsibility* and emphasize genuine caring, cultural competence, confidentiality, general rights and respect, fair treatment, informed consent, non-discrimination, protection for vulnerable people, openness, straightforwardness, and honesty (Canadian Psychological Association, 2017). These practice ideals fall under the major ethical principles of Respect for the Dignity of Persons and Peoples, Responsible Caring, Integrity in Relationships, and Responsibility to Society. The words "collectivist culture" surround the activities to demonstrate the context within which a rural client lives and their potentially related needs.

Recommended activities (within the circle) include the following:

- Address rural clients' past experiences with mental healthcare, past harm, and possible disillusionment. There may be a need to develop hope through positive corrective experiences.
- Take an ethnography approach with both the client and their community by intentionally listening and learning.
- Create common ground with rural clients. This can range from sharing common interests, knowledge of the rural communities, shared hobbies, etc. Ethical self-disclosure can become part of developing connection and common ground.
- Take an egalitarian approach and demonstrate authentic caring (i.e., be a "real person," not "stuck up," dress appropriately, etc.).
- Empower rural clients through collaboration in the consent and therapy processes. Often past experiences lead rural clients to feel disempowered and this can help to repair ruptures and give clients back a sense of control.
- Balance client and psychologist needs for both safe connection *and* safe distance.

- Become a visible stable base for clients. For example, work to create stability and comfort in your physical workspace and follow through on agreements you have made with rural clients.

With each activity, the psychologist can learn more about their clients' needs. Additional questions or unexpected benefits or challenges may be uncovered as the psychologists engages in the non-linear activities. Since a hermeneutic process does not start with concepts or specific classifications, people could argue this model is not truly hermeneutic. Still, this process model is founded in the spirit of the philosophy and aims to help psychologists gain insight into the relationship. Additional specific recommendations to build on the model activities are listed below in Table 3.

Given that psychologists may be providing in-person rural services or virtual services, adaptation recommendations have been provided in the model and in Table 3. Adaptations for rural practice (i.e., in-person or virtual) align with the ideals of *Competent Caring and Integrity* and fall under the ethical principles of Responsible Caring and Integrity in Relationships. These principles emphasize caring, competence, maximizing benefits, minimizing harm, openness, accuracy, and honesty (Canadian Psychological Association, 2017). For in-person rural services, the psychologist is recommended to “show up” in the community and contribute to the community. This contribution can demonstrate to the community and to clients that the rural psychologist is invested and contributory. Having a stable meeting place and connecting with local gatekeepers (i.e., spiritual leaders, Elders, peer support leaders, etc.) and local health service providers can also contribute to improved in-person practice. Finally, having clear collaborative boundaries for working with rural clients when the psychologist lives in or near the community is key. For telepsychology services, adaptations include becoming familiar with the

rural communities in which clients live, developing a healthy online presence (rural clients seem to want to learn about their psychologists' lives), connecting with gatekeepers and health service providers, and having a stable virtual practice (i.e., strong internet, familiar office background or conversation to increase comfort and familiarity if the background changes, etc.). Throughout this process of developing healthy therapeutic relationships with rural clients, it is important for the psychologist to engage in self-care and connect with personal and professional supports. These continual activities are illustrated by the arrow at the bottom of the model and align with the ethical ideals of *Responsible Caring and Integrity* in the code.

Finally, the right side of the model lists desired outcomes of this process model. The outcomes align with the ethical practice ideal of maximizing benefits competently under the principle of *Responsible Caring* (Canadian Psychological Association, 2017). The list describes goals that, when the right conditions are met, become possible outcomes. Outcomes can include greater understanding, deeper connection, a reputation as a safe helper with the client and their community, stability, and trust, all of which contribute to the therapeutic relationship as suggested by participants in this study. The therapeutic relationship, in turn, contributes to positive therapeutic outcomes.

What follows are specific recommendations that elaborate on the process model and provide additional specific ideas about what psychologists working with rural clients can do to strengthen the relationship. For a rationale of each recommendation, the reader is encouraged to review the discussion chapter where main points have been described in greater detail.

Practice Recommendations

The following table presents practical strategies in which psychologists can engage when working with rural clients. The recommendations take into consideration the professional's

development and personal needs, the client’s needs, and the collectivist context within which this work is often situated.

Table 3

Practical “How To” Recommendations for the Professional’s Development, Work with Rural Clients, and Work in the Client’s Rural Community

“How To” Meet Your Own Needs: Personal and Professional Needs and Competencies	“How To” Connect with Rural Clients: Relational Needs and Promising Practices	“How To” Engage with the Rural Client’s Community: Engagement, Interest, and Advocacy
Maintain self-care and connection to personal supports.	Validate client history, including previous help-seeking attempts that may have been iatrogenic, and create space for healing and hope.	Establish a visible reputation as safe helper in the rural community.
Maintain professional connection. Do not isolate from colleagues.	Learn about what matters to the client and demonstrate caring.	Learn about and demonstrate caring for the community.
Engage in continuing education.	Find common ground including therapy goals, rural experiences, or other similarities.	Develop a familiarity of local “jewels” and values in the community.
Engage in supervision and consultation as needed.	Take an egalitarian, empowering approach. Do not take a top-down approach.	Maintain a friendly professionalism, balancing connection with the community and safe distance.
Balancing the many dichotomies is challenging. Engage in self-compassion.	Take a relaxed, genuine, approach. Be real with rural clients and use ethical self-disclosure to increase comfort and familiarity. They may wish to know more about you than an urban client might.	Develop a familiarity with possible challenges and barriers the community faces.
Earned trust takes time, effort, and patience.	Dress appropriately. A suit and tie or heels and formal dress may come across as intimidating or distant.	Advocate for the rural community and stand by them.
Grow psychological flexibility to live with the demands and dichotomies.	Establish safety and stability by being consistent and following through.	Engage in community events when appropriate.
If practicing virtually, maintain a healthy online presence. Clients want to	Having consistency in your office space is useful. If this is not possible, create familiarity	Connect with local gatekeepers and other professionals when possible. Learn about

know about you – make sure you are aware of what and how you post on social media and beyond.	to enhance comfort and collaborate with clients on how to increase comfort in different spaces.	community resources. This is possible virtually but may require research and effort.
Your cultural background, beliefs, and values may differ. This will require cultural humility and unconditional regard.	Collaborate with clients on boundaries and what to do if you cross paths publicly.	Create a list of local resources, including professional, paraprofessional, or community-level (i.e., peer groups, spiritual support, Indigenous supports, etc.). Ask clients what is available to them (to their knowledge) and what they might wish to access.

Training Recommendations

The following Table presents recommendations for the training of psychologists who wish to work with rural clients. I advise both rural and urban psychologists to engage in training and continuing education if they wish to work with rural, remote, and very remote clients.

Table 4

Recommendations for the Initial and Ongoing Training of Psychologists Working with Rural Clients

Training Recommendations	
1	Incorporate rural trainings and courses into graduate training programs to develop cultural competency.
2	Encourage training and continuing education courses for rural and urban psychologists about rural practice. Given that urban practitioners often see rural clients, this is not for rural psychologists alone (Barbopoulos & Clark, 2003). This is especially relevant due to the rise of telepsychology.
3	Advocate for the revision of standards of practice by licensing boards as appropriate regarding rural relational ethics to become less urban-centric and take into consideration contextual needs.
4	Supervision is especially recommended for psychologists who have no foundation in rural settings and for those requiring additional training. Ongoing supervision is useful even for seasoned rural practitioners. Telepsychology may be an answer to supervision inequities for isolated practitioners and could reduce boundaries to receiving specialist supervision in a timely manner. Working with licensing boards to advocate for increased supervision by telepsychology may be necessary if current requirements have strict in-person requirements.

5	Do not underestimate common factors and micro-skills in professional practice. Without the “basics,” there can be no relationship (Rogers, 1957). In supervision, checking in on the use and inclusion of micro-skills is important in addition to more advanced skills.
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Future Research Recommendations

The final table (Table 5) lists recommendations for possible future research, based on the curiosities and needs that were revealed in this research and the limitations that will be described in the subsequent section.

Table 5

Recommendations for Future Research

Future Research Recommendations	
1	A challenge of rural research is accessing rural voices, especially given issues related to trust and insider-outsider phenomena. Future research is needed to find effective and trustworthy methods of recruitment.
2	Explore therapeutic relationships in rural sub-groups not covered in this study. Examples of possible groups to study include Indigenous, ethno-religious, military bases, police (i.e., since in Canada, Royal Canadian Mounted Police are largely rural, are transferred regularly, and experience insider-outsider phenomena in a variety of ways), farmers, seasonal workers, and visiting workforces.
3	Research telepsychology as it pertains to therapeutic relationships with rural clients.
4	Conduct further research on collectivism and rural cultures to better understand the impact of collectivist values on the one-on-one relationships with psychologists in the therapy room.
5	Replicate research with additional qualitative explorations (for additional insights) and subsequent quantitative or mixed-methods research (for frequencies, comparisons, and for mixed methods, a contextual understanding of statistics).
6	Additional exploration is advised regarding the rural psychologist as an ethnographer.
7	Future research is recommended on the use of ethical self-disclosure in the development of therapeutic relationships with rural clients and how this may compare to self-disclosure used in urban settings.
8	Study of the use of therapy models like person-centred, common-factors, or other attachment-based therapies with rural clients may help to clarify which factors are most likely to result in stronger relationships.
9	The finding that rural clients want the psychologist to care about their rural community would benefit from additional research.
10	The rural psychologist as an advocate of rural communities would benefit from future research.

11	The finding that an egalitarian approach may be best suited to strengthen the relationship would benefit from future research.
12	Attachment theory and rural therapeutic relationships requires additional research.
13	The finding that dichotomies exist, especially in terms of both distance and connection being required, would benefit from future research.
14	The past harmful or iatrogenic help-seeking experiences and disillusionment rural clients may experience is an important topic of future research.
15	Psychologist self-care and its relationship to relationships with rural clients is an important area of future research.

Limitations and Considerations

As with any study, there are certain considerations and limitations that must be identified. One of the largest challenges and limitations is that of diversity across participants. Recruitment of rural clients was especially challenging and based on literature around trust and distrust, it is my assumption that many rural clients did not reach out even if they saw my poster due to distrust. Even so, I was able to invite nine females, a male, Caucasians/Whites (client language was used), a Mennonite, and an Indigenous participant. I believe this is a very good start for exploratory research. I was also able to recruit participants from regions that ranged from very remote to large rural communities near cities.

Regarding rural clients in this study, where each was at in their own treatment may have impacted the stories that they told. For example, were participants reflecting in a state of peace or were they still experiencing distress from life or a less than satisfactory therapy experience? I interpreted stories within context as much as was possible. However, where participants were at in terms of their therapy journeys or healing was not a specific inclusion or exclusion criterion.

Another limitation of this research was created by the Covid-19 pandemic. By the time I started recruitment, services had moved primarily online. Had I foreseen this pandemic, I would have ensured the questions considered telepsychology and the relationship, along with in-person services. Fortunately, I was able to prompt to include current context and telepsychology came

up naturally at times. However, I would have liked for this to be part of the design as I am certain there is much more to learn about this topic.

The length of this document for many, will certainly be seen as a barrier to readability and absorption of the information. This was much discussed in the revision process amongst the committee members. Our core committee was advised by our methodology expert J. Ellis, that the findings as they stand, are compact for an interpretive inquiry dissertation and are in line with similar studies. Unlike other qualitative methodologies, participants in interpretive inquiry often have longer narratives to ensure the rich description of context and meaning. An example dissertation is by Janine Tine (2021). Indeed, in Tine's dissertation, the three participant dyads each received their own chapters. In the current study, this was not possible due to having a very large sample size for an interpretive inquiry study. The benefit of a rich, lengthy document with great detail is that for years to come, the author can return and make use of the rich content in future articles, teachings, edited book chapters, presentations, and policy documents without losing meaning (J. Ellis, personal communications, April 15, 2023).

A consideration to note is that different paradigms have different purposes and different evaluation criteria (as was outlined in the methods chapter). Each paradigm has unique benefits and limitations. I recall that J. Ellis once described a story of the "true hero" in a course on interpretive inquiry. I added her metaphor into my master's thesis and believe it is relevant here as well:

Many people celebrate the inventor of the mousetrap for fixing a problem.

However, it took someone to study the mouse's movements, his patterns, his motivations, his preoccupations, to truly understand the mouse. Once the mouse is understood, anyone can develop a better mousetrap. The true heroes, she said, are

not always those who aim to solve the problem, but rather those who aim to increase understanding around the problem because that understanding can inform helpful actions and decisions (Ellis, 2016, personal communications, described in Friesen, 2017).

Concluding Comments

So how then, can outsider psychologists, whether working in-person in rural communities or virtually via telepsychology, develop helpful therapeutic relationships with rural clients? The creation of a new process model for rural psychological service delivery along with expanded and specific recommendations help to answer this question. What has stood out to me in this research is that while this study explored experiences of outsider psychologists located in rural settings, the Covid-19 pandemic impacted this research and psychological practice globally. This rural research is highly relevant to rural *and* urban practitioners given the rise of telepsychology. Indeed, rural cultural practice is a competency not to be neglected. Just because we can access certain clientele now with more technology does not mean we are sufficiently equipped to work with them. I encourage both rural and urban psychologists to consider how well they are equipped to practice with rural clients and to respond ethically and intentionally. We are in the business of relationships (Malone, 2012) and when clients share with us how to improve relationships with them, I believe we have an obligation to try our best, within reason and ethics, to meet their needs.

Epilogue: Final Autobiographical Reflections

Around the year 2013, I was in a meeting with my undergraduate thesis supervisor, and she asked me what topic I would like to research. I described a rough version of the current study, and she immediately told me that the research question was a dissertation-level study. So, we chose a different, simpler project which ended up being a very good introduction to qualitative research. Later, as I started my doctoral program, I returned to the same question and now here we are, 10 years later, at the end. And yet, the end is really only a beginning. In the following final sections, I reflect on major considerations that arose during this project.

My Forestructure

Given the metaphors and quotes in this dissertation, you have likely gleaned that I have a fondness for the TV series Star Trek. You are likely asking yourself how this could possibly be related to the topic at hand. Here it is: I love the concept of going into new cultures as outsiders and attempting to develop trusting relationships for the betterment of humanity. This is probably why I am attracted to cross-cultural work. There have been many times that I have compared Star Trek to this current research project in conversations. Indeed, Captain Kirk's following statement aligns with Heidegger's (Huttunen & Kakkori, 2020) concept of aletheia (i.e., uncovering) when he said: "You know the greatest danger facing us is ourselves, and irrational fear of the unknown. There is no such thing as the unknown. Only things temporarily hidden, temporarily not understood" (Sargent & Sohl, 1966). The value of exploring to gain insight is at the core of the classic television show. Describing a fear I had during this research, Captain Kirk's dear friend Spock acknowledges biases when he stated: "In critical moments, men sometimes see exactly what they wish to see" (Wallerstein et al., 1968).

I started this research with an awareness, even a fear, that I would only see what I wanted to see and ignore experiences that did not fit my assumptions. Therefore, I attempted to expect the unexpected and to be proven wrong so that I could experience growth and exercise psychological flexibility. This was not easy. We do not know what we do not know. The stories shared by the participants uncovered insights about the relationship between the insider and the outsider. Some of these Big Ideas are topics that have been discussed anecdotally. Other Big Ideas seem so simple and yet are so critical that naming them gave them the power they rightly deserved. For example, “be genuine.” That seems like an obvious statement for all mental health providers but sadly, the rural clients in this study had not always experienced genuine caring by previous providers.

What I Uncovered

As I was analyzing the stories and writing up the findings, I kept wondering why it was so challenging to only write about the client’s individual experience with their rural psychologist as an isolated relationship. Other stories about relationships in general, community values, and past experiences with health providers kept emerging as strongly intertwined. As I continued to explore participant stories, I realized it is because these relationships are simply not isolated. They are connected to the context and to history. The outsider rural psychologist is not just tasked with the job to develop trust and a healing relationship with this one rural client. They are also tasked with helping the client heal from past iatrogenic situations or unpleasant relationships with previous health providers. Moreover, the rural client is also connected to their rural community, and this becomes yet another attachment variable in the relationship between these two people. The rural client wants to know that their community matters to the psychologist.

The long and the short of it is that it is not just between these two people. There is much more at play. The outsider is not simply trying to develop trust based on their status as an outsider, they are also working with complex, multi factored variables and past experiences that are now part of their relationship. Being an outsider professional becomes an additional challenge, but it can also bring positives, like distance from community enmeshment, community knowledge of history, and the fishbowl. When this understanding was brought to light, the stories the participants shared started to become clearer and my writing became easier. For brevity, this is but one example of what I uncovered and how it impacted me.

Pressure to Honour Stories

As I mentioned at the start of chapter four, I felt enormous pressure to present the findings in a “perfect” way on behalf of my rural people. The risk of misrepresenting stories felt too great a burden to bear. As Alfred shared his stories, he described how he had struggled with perfectionism in a field that does not allow for it. He described how he had to be self-compassionate, and this spoke to me. Since stories can be presented in a multitude of ways, there is a chance someone else would have uncovered different insights. However, I believe the findings are reasonable, have practical utility, and contribute to the field. The more times we tell these stories with new frameworks and experiences, the more insights we uncover.

This is only the Beginning

I am thankful to my participants for the stories they shared with me, and I am excited for how their wisdom can provide foundations for future research on this and related topics. I recognize that my research is but one interpretation of the stories and other, different representations or corrections are absolutely possible and welcomed in the future. The more research that can be done with rural people, the more sophisticated our knowledge will become

and as a result, knowledge can then be used with wisdom. Knowledge alone does not suffice and can be applied incorrectly. I urge readers to apply the findings with wisdom and collaboration. Be the ethnographer as I was encouraged to be throughout this process, always learning and open to new or old ways. As Anya stated:

...just be open. Be vulnerable. And learn and take every day as a learning opportunity and grow and it's going to shape you into the person that you're meant to be.

Indeed, in completing this dissertation, my horizon of understanding has expanded through engagement in different loops in the hermeneutic circle. The stories shared updated my previous understandings of the topic. As Ralph Waldo Emerson stated: "The mind, once stretched by a new idea, never returns to its original dimensions" (Towarnicky, 2017).

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Appendix A

Letter of Approval from Research Ethics Board

Notification of Approval

Date:	November 2, 2020	
Study ID:	Pro00104048	
Principal Investigator:	Laura Friesen	
Study Supervisor:	Sophie Yohani	
Study Title:	Interpretive Inquiry: Experiences of Rural Professional Psychological Practice in Alberta	
Approval Expiry Date:	November 1, 2021	
Approved Consent Form:	Approval Date 2020-11-02	Approved Document Consent Form_All Participants_v2.docx
Sponsor/Funding Agency:	SSHRC - Social Sciences and Humanities Research Council	SSHRC

Thank you for submitting the above study to the Research Ethics Board 1. Your application has been reviewed and approved on behalf of the committee.

Approval by the Research Ethics Board does not encompass authorization to recruit and/or interact with human participants at this time. Researchers still require operational approval as applicable (eg AHS, Covenant Health, ECSD etc) and where in-person interactions are proposed, institutional and operational requirements outlined in the [Resumption of Human Participant Research - June 24, 2020](#) must be met.

Sincerely,

Anne Malena, PhD.
Chair, Research Ethics Board 1

Note: This correspondence includes an electronic signature (validation and approval via an online system).

Appendix B

Letter of Information for Psychologists

LETTER OF INFORMATION

Title of Study: Experiences of Rural Professional Psychological Practice in Alberta

Principal Investigator: Laura Friesen; Email: Lsfriese@ualberta.ca

Why am I being asked to take part in this research study? You are invited to take part in a study that aims to understand what it is like to be a psychologist working in or commuting to rural communities and developing helpful relationships with rural clients.

What is the reason for doing the study?

- 1) To learn more about how you experience being a rural psychologist.
- 2) To learn about how you develop therapeutic relationships with your rural clients.

You can take part in this study if you:

- 1) Are 18 years or older.
- 2) Have at least 1 year of experience living and working in or commuting to rural communities to practice as a rural psychologist.
- 3) Are not originally from the rural community(ies) in which you work.

What will I be asked to do? If you decide to take part in this study, you will be asked to take part in an in-person, online video, or telephone interview. Two interview sessions may be required to complete discussions about the prepared questions. The one-on-one interview(s) will happen at a date and time and that works for you. If possible, the interviewer will travel to a place of your choosing for the interview. Otherwise, the interviewer will set up a Zoom 5.0 video meeting so that you can do the interview from the privacy of your own home or other location. Interviews are generally scheduled to take approximately 90 minutes. The researcher will ask you questions about your experiences being a rural psychologist who is working with clients in rural communities. During the interview, the researcher will collect some of basic information, such as age and gender. They will not ask you for any information that could identify you. Before the interview, you will be asked to complete several pre-interview activities (PIAs). The pre-interview activities will ask you to prepare at least four diagrams, drawings, or other visual images to represent your experience of the topic. The PIAs take on average 15 to 30 minutes to complete but you can spend as much or as little time on them; the amount of time you spend on the PIAs is your choice. The researcher will send you the instructions a week before your interview by email (or by mail if you prefer). You will be asked to bring the completed activities to the interview for discussion. If you are taking part in an online video interview, the researcher will ask you to photocopy, photograph or scan and email the PIAs to her so that you can both see them and discuss them in the interview. As long as there is no identifying information on the material you create, the researcher will ask to take a photocopy of each item.

The researcher will ask your permission for a follow-up phone call in the days following your interview to clarify points and give you the opportunity to add recollections or information after the interview.

Do I have to take part in the study? Being in this study is your choice. If you decide to be in the study, you can change your mind and stop being in the study at any time, and it will in no way affect the care that you are entitled to. You can also refuse to answer any questions. If you wish to withdraw your information from the study, you may do so within 4 weeks of your interview date.

Will my information be kept private? During the study we will be collecting data about you. We will do everything we can to make sure that this data is kept private. No data relating to this study that includes your name will be released outside of the researcher's office or published by the researchers. Sometimes, by law, we may have to release your information with your name so we cannot guarantee absolute privacy. However, we will make every legal effort to make sure that your information is kept private. When typing up the interview, the researcher will use a made-up name for you. You can come up with this made up name if you like. The researcher will remove any information that may identify you. The only information that will be reported are major themes that come out of the research. These themes may be supported by quotations from your interview.

The interview will be audio-recorded using a digital recorder. Following the interview, the audio file will be loaded onto a secure computer. It will be deleted from the digital recorder. The audio file will be stored on the researcher's secure computer. Only the immediate research team will have access to this information (generally this is only the researcher and her supervisor – if a research assistant is hired to help with tasks, they will be required to sign a confidentiality form). The research team will store identifying information (consent form, contact information) and the interview data separately to protect your privacy. The research team will not be using your name, address, phone number(s), email, or any identifying information in any report of the findings. The research team will only use your name and contact information to set up the interview and follow-up phone call. The research information will be stored in a locked cabinet and/or secure computer for five years and then will be destroyed.

What are the risks or discomforts? We do not expect that there will be any significant risks to you taking part in this study. You may experience some emotional discomfort if discussing upsetting experiences in your past. If you experience any discomfort, you are welcome to stop the interview. You can call a family member or close friend for help or support.

What are the benefits to me? By taking part in this study you are helping this doctoral student completed her program and your information may help to develop better services. You are not expected to get any benefit from being in this research study. However, you will have the opportunity to talk about your experiences in a safe and confidential manner.

The researcher will make a final report. If you would like a copy of the report, you can ask the researcher to contact you when the report becomes available.

This study will be reviewed for its adherence to ethical guidelines by the Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

What if I have questions? If you have any questions about this research now or later, please contact Laura Friesen (primary investigator) at (587) 599-5649 or by emailing her at Lsfriese@ualberta.ca. If you have any questions regarding your rights as a research participant, you may contact the Health Research Ethics Board at (780) 492-2615. This office has no affiliation with the study investigators.

If you would like to participate in this study, please call Laura Friesen (primary investigator). If you would like more information, please contact Laura Friesen or Dr. Sophie Yohani (Supervisor). You will find their contact information below.

Sincerely,
Laura Friesen,

Primary Investigator:

Laura Friesen
University of Alberta
Email: Lsfriese@ualberta.ca
Telephone: (587) 599-5649

Supervisor:

Dr. Sophie Yohani
University of Alberta
Email: sophie.yohani@ualberta.ca
Telephone: (780) 492-1164

Appendix C

Letter of Information for Rural Clients

LETTER OF INFORMATION

Title of Study: Experiences of Rural Professional Psychological Practice in Alberta

Principal Investigator: Laura Friesen; Email: Lsfriese@ualberta.ca

Why am I being asked to take part in this research study? You are invited to take part in a study that aims to understand what it is like to be a client of rural mental health services when the psychologist is not from your community.

What is the reason for doing the study?

- 3) To learn more about how you experience rural mental health services.
- 4) To learn about how you developed a helpful relationship with your psychologist(s).

You can take part in this study if you:

- 4) Are 18 years or older.
- 5) Have seen a psychologist in your rural community who either commutes in, or who lives and works in your community but is not originally from the community.

What will I be asked to do? If you decide to take part in this study, you will be asked to take part in an in-person, online video, or telephone interview. Two interview sessions may be required to complete discussions about the prepared questions. The one-on-one interview(s) will happen at a date and time and that works for you. If possible, the interviewer will travel to a place of your choosing for the interview. Otherwise, the interviewer will set up a Zoom 5.0 video meeting so that you can do the interview from the privacy of your own home or other location. The interview is generally scheduled to take approximately 90 minutes. The researcher will ask you questions about your experiences being a rural client with a psychologist who is not from your community. During the interview, the researcher will collect some of basic information, such as age and gender. They will not ask you for any information that could identify you. Before the interview, you will be asked to complete several pre-interview activities (PIAs). The pre-interview activities will ask you to prepare at least four diagrams, drawings, or other visual images to represent your experience of the topic. The PIAs take on average 15 to 30 minutes to complete but you can spend as much or as little time on them; the amount of time you spend on the PIAs is your choice. The researcher will send you the instructions a week before your interview by email (or by mail if you prefer). You will be asked to bring the completed activities to the interview for discussion. If you are taking part in an online video interview, the researcher will ask you to photocopy, photograph or scan and email the PIAs to her so that you can both see them and discuss them in the interview. As long as there is no identifying information on the material you create, the researcher will ask to take a photocopy of each item.

The researcher will ask your permission for a follow-up phone call in the days following your interview to clarify points and give you the opportunity to add recollections or information after the interview.

Do I have to take part in the study? Being in this study is your choice. If you decide to be in the study, you can change your mind and stop being in the study at any time, and it will in no way affect the care that you are entitled to. You can also refuse to answer any questions. If you wish to withdraw your information from the study, you may do so within 4 weeks of your interview date.

Will my information be kept private? During the study we will be collecting data about you. We will do everything we can to make sure that this data is kept private. No data relating to this study that includes your name will be released outside of the researcher's office or published by the researchers. Sometimes, by law, we may have to release your information with your name so we cannot guarantee absolute privacy. However, we will make every legal effort to make sure that your information is kept private. When typing up the interview, the researcher will use a made-up name for you. You can come up with this made up name if you like. The researcher will remove any information that may identify you. The only information that will be reported are major themes that come out of the research. These themes may be supported by quotations from your interview.

The interview will be audio-recorded using a digital recorder. Following the interview, the audio file will be loaded onto a secure computer. It will be deleted from the digital recorder. The audio file will be stored on the researcher's secure computer. Only the immediate research team will have access to this information (generally this is only the researcher and her supervisor – if a research assistant is hired to help with tasks, they will be required to sign a confidentiality form). The research team will store identifying information (consent form, contact information) and the interview data separately to protect your privacy. The research team will not be using your name, address, phone number(s), email, or any identifying information in any report of the findings. The research team will only use your name and contact information to set up the interview and follow-up phone call. The research information will be stored in a locked cabinet and/or secure computer for five years and then will be destroyed.

What are the risks or discomforts? We do not expect that there will be any significant risks to you taking part in this study. You may experience some emotional discomfort if discussing upsetting experiences in your past. If you experience any discomfort, you are welcome to stop the interview. You can call a family member or close friend for help or support. Following is a list of professional services that you can contact, should the need arise:

- info@mentalhealthcopilots.org (Edmonton-based free referral resource)
- 1(877)-303-2642 (Alberta-wide toll-free Mental Health Help Line)
- 1(800)-232-7288 (Rural Distress Line)

What are the benefits to me? By taking part in this study you are helping this doctoral student completed her program and your information may help to develop better services. You are not expected to get any benefit from being in this research study. However, you will have the opportunity to talk about your experiences in a safe and confidential manner.

The researcher will make a final report. If you would like a copy of the report, you can ask the researcher to contact you when the report becomes available.

This study will be reviewed for its adherence to ethical guidelines by the Research Ethics Board at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615.

What if I have questions? If you have any questions about this research now or later, please contact Laura Friesen (primary investigator) at (587) 599-5649 or by emailing her at Lsfriese@ualberta.ca. If you have any questions regarding your rights as a research participant, you may contact the Health Research Ethics Board at (780) 492-2615. This office has no affiliation with the study investigators.

If you would like to participate in this study, please call Laura Friesen (primary investigator). If you would like more information, please contact Laura Friesen or Dr. Sophie Yohani (Supervisor). You will find their contact information below.

Sincerely,
Laura Friesen,

Primary Investigator:

Laura Friesen
University of Alberta
Email: Lsfriese@ualberta.ca
Telephone: (587) 599-5649

Supervisor:

Dr. Sophie Yohani
University of Alberta
Email: sophie.yohani@ualberta.ca
Telephone: (780) 492-1164

Appendix D

Consent Form for all Participants

PARTICIPANT CONSENT FORM

Title of Study: Experiences of Rural Professional Psychological Practice in Alberta

Principal Investigator: Laura Friesen

Telephone: (587) 599-5649

Doctoral Supervisor: Dr. Sophie Yohani

Telephone: (780) 492-1164

Why am I being asked to take part in this research study? You are invited to take part in a PhD student's dissertation study. The aim of the study is to understand what rural mental health services are like for rural clients and for rural psychologists (who are not originally from the rural communities in which they work).

What is the reason for doing this study?

- 1) To learn more about what is like to experience rural mental health services.
- 2) To learn about rural client experiences of getting treatment from a psychologist who is not originally from the rural community in which they work.

What will I be asked to do? If you decide to take part in this study, you will be asked to take part in an in-person, online video, or telephone interview. Two interview sessions may be required to complete discussions about the prepared questions. The one-on-one interview will happen at a date and time and that works for you. If possible, the interviewer will travel to a place of your choosing for the interview. Otherwise, the interviewer will set up a Zoom 5.0 video meeting so that you can do the interview from the privacy of your own home or other location. The interview generally takes approximately 90 minutes. The researcher will ask you questions about your experiences being a rural client with a psychologist who is not from your community. During the interview, the researcher will collect some of basic information, such as age and gender. They will not ask you for any information that could identify you. Before the interview, you will be asked to complete several pre-interview activities. The pre-interview activities will ask you to prepare at least four diagrams, drawings, or other visual images to represent your experience of the topic. The PIAs take on average 15 to 30 minutes to complete but you can spend as much or as little time on them; the amount of time you spend on the PIAs is your choice. The researcher will send you the instructions a week before your interview by email (or by mail if you prefer). You will be asked to bring the completed activities to the interview for discussion. If you are taking part in an online video interview, the researcher will ask you to photocopy and email the PIAs to her so that you can both see them and discuss them in the interview. As long as there is no identifying information on the material you create, the researcher will ask for your consent to take a photocopy of each item and may add copies of the images to research documents (e.g. publications, conference posters). By consenting to share your PIA materials with the researcher anonymously, you are agreeing that you do not wish to be attributed for the work (e.g. drawings, lists, sentences, etc.) and that the copyright will be the researcher's for publications and dissemination purposes. If you wish to be attributed as the

author of your PIAs, this will take away your anonymity in the study; in this case, the researcher will not use your PIA materials for findings and publication purposes.

The researcher will ask your permission for a follow-up phone call in the days following your interview to clarify points and give you the opportunity to add recollections or information after the interview.

What are the risks or discomforts? We do not expect that there will be any significant risks to you taking part in this study. You may experience some emotional discomfort if discussing upsetting experiences in your past. If you experience any discomfort, you are welcome to stop the interview. You can call a family member or close friend for help or support.

What are the benefits to me? By taking part in this study you are helping this doctoral student completed her program and your information may help to develop better services. You are not expected to get any benefit from being in this research study. However, you will have the opportunity to talk about your experiences in a safe and confidential manner.

Do I have to take part in the study? Being in this study is your choice. If you decide to be in the study, you can change your mind and stop being in the study at any time, and it will in no way affect the care that you are entitled to. You can also refuse to answer any questions. If you wish to withdraw your information from the study, you may do so within 4 weeks of your interview date.

Will my information be kept private? During the study we will be collecting data about you. We will do everything we can to make sure that this data is kept private. No data relating to this study that includes your name will be released outside of the researcher's office or published by the researchers. Sometimes, by law, we may have to release your information with your name so we cannot guarantee absolute privacy. However, we will make every legal effort to make sure that your information is kept private. When typing up the interview, the researcher will use a made-up name for you. You can come up with this made up name if you like. The researcher will remove any information that may identify you. The only information that will be reported are major themes that come out of the research. These themes may be supported by quotations from your interview.

The interview will be audio-recorded using a digital recorder. Following the interview, the audio file will be loaded onto a secure computer. It will be deleted from the digital recorder. The audio file will be stored on the researcher's secure computer. Only the immediate research team will have access to this information (generally this is only the researcher and her supervisor – if a research assistant is hired to help with tasks, they will be required to sign a confidentiality form). The research team will store identifying information (consent form, contact information) and the interview data separately to protect your privacy. The research team will not be using your name, address, phone number(s), email, or any identifying information in any report of the findings. The research team will only use your name and contact information to set up the interview and follow-up phone call. The research information will be stored in a locked cabinet and/or secure computer for five years and then will be destroyed.

What if I have questions? If you have any questions about this research now or later, please contact Laura Friesen (primary investigator) at (587) 599-5649 or by emailing her at

Lsfriese@ualberta.ca. If you have any questions regarding your rights as a research participant, you may contact the Health Research Ethics Board at (780) 492-2615. This office has no affiliation with the study investigators.

CONSENT

Title of Study: Experiences of Rural Professional Psychological Practice in Alberta

Principal Investigator: Laura Friesen

Telephone: (587) 599-5649

Doctoral Supervisor: Dr. Sophie Yohani

Telephone: (780) 492-1164

	Yes	No
Do you understand that you have been asked to be in a research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read and received a copy of the attached Information Sheet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the benefits and risks involved in taking part in this research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an opportunity to ask questions and discuss this study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you are free to leave the study at any time, without having to give a reason and without affecting your care (you have four weeks from your interview to withdraw your interview data)?	<input type="checkbox"/>	<input type="checkbox"/>
Has the issue of confidentiality been explained to you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand who will have access to your study records?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to share your pre-interview activity materials with the researcher and allow the researcher to make a copy provided that all personal information is removed?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to allow the researcher to use your anonymized PIA materials in publications and other methods of dissemination and that you will not be attributed to this material in research findings (the researcher will hold the copyright)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that your information will be kept confidential unless you report abuse of children or other vulnerable persons?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that the researchers may publish the findings in academic journals or make community presentations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you agree to be contacted for a follow-up phone call?	<input type="checkbox"/>	<input type="checkbox"/>
Use of my research information beyond this study		
Do you understand that if the researcher wants to use this information in future studies, that it will have to be approved by a Research Ethics Board first?	<input type="checkbox"/>	<input type="checkbox"/>

Who explained this study to you?

I agree to take part in this study:

Signature of Research Participant

(Printed Name)

Date: _____

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator or Designee _____ Date _____

**THE INFORMATION SHEET MUST BE ATTACHED TO THIS CONSENT FORM
AND A COPY GIVEN TO THE RESEARCH PARTICIPANT**

Primary Investigator:

Laura Friesen

University of Alberta

Email: Lsfriese@ualberta.ca

Telephone: (587) 599-5649

Supervisor:

Dr. Sophie Yohani

University of Alberta

Email: sophie.yohani@ualberta.ca

Telephone: (780) 492-1164

Appendix E

Rural Client Demographic Form

Participant Demographic Form

Rural Client Information

Instructions: Please fill out this form before we begin the interview. You may skip any questions you do not feel comfortable answering. The researcher may ask questions verbally and fill in form for you if the interview is not in-person.

Chosen pseudonym

Age range category* (circle)

18-24 years	25-29 years	30-34 years	35-39 years	40-44 years
45-49 years	50-54 years	55-59 years	60-64 years	65 years and over

**Age ranges are generally based on ranges provided by Statistics Canada (2020).*

Gender

Length of time lived in community (years)

Ethnicity

Education

Employment

Primary language(s)

General location (please circle the general area where your community is located)



Thank you for taking the time to answer these questions! This information may assist the researcher during your interview.

Appendix F

Rural Psychologist Demographic Form

Participant Demographic Form

Rural Psychologist Information

Instructions: Please fill out this form before we begin the interview. You may skip any questions you do not feel comfortable answering. The researcher may ask questions verbally and fill in form for you if the interview is not in-person.

Chosen pseudonym

--

Age range category* (circle)

18-24 years	25-29 years	30-34 years	35-39 years	40-44 years
45-49 years	50-54 years	55-59 years	60-64 years	65 years and over

**Age ranges are generally based on ranges provided by Statistics Canada (2020).*

Gender

--

Ethnicity

--

Education (highest degree and year graduated)

--

What are the previous sites at which you have worked as a psychologist?

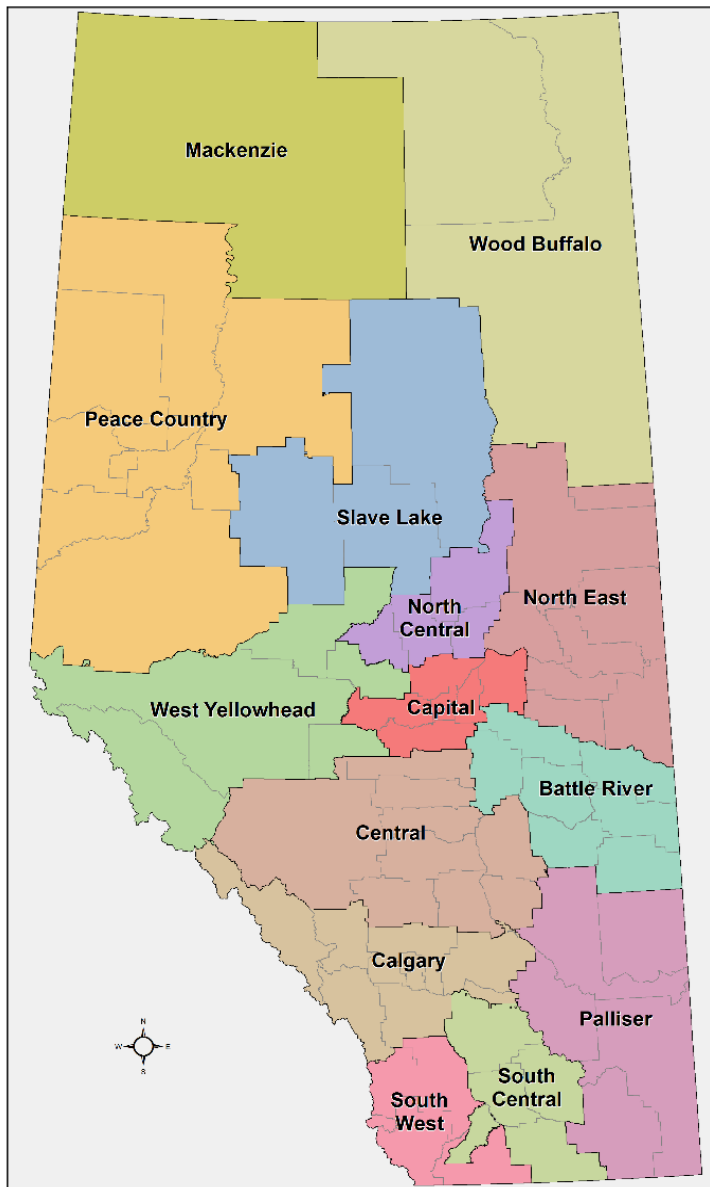
Site Name/Location	Approximate Start Date	Approximate End Date

How long have you worked in this rural site? (specify if you live in area or commute)

--

Primary language(s)

General location (please circle the general area where your community/the community or area in which you work is located)



Thank you for taking the time to answer these questions! This information may assist the researcher during your interview.

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Appendix G

Pre-Interview Activities and Sample Open-Ended Questions: Rural Individuals

Template for PIAs and Open-Ended Questions adapted from J. Ellis (EDEL 665/667, 2016; 2006; 2011)

Dear Participant:

Thank you for agreeing to participate in an interview with me for my research.

Purpose of the interview:

My research interest is in the area/topic of rural mental health. More specifically, I am interested in the way that rural Albertans experience receiving psychological services from a psychologist who is not from the community. In our interview I hope to learn something about how you experience/have experienced psychological services with a provider not from your community.

There are two parts to the interview:

- Pre-Interview Activities (PIAs) and
- Open-ended Questions

Pre-Interview Activities (PIAs)

In my research, I ask that participants prepare at least two diagrams, drawings or other visual representations to represent or explore:

- 1) some aspect of what is generally important to them in their lives, and
- 2) something that has been important to them regarding the research topic.

Please use pens, pencils and preferably colored markers on blank paper when completing these. We will begin our interview by having you show me these and tell me about them.

There are a number of purposes for using the PIAs. For one, by completing these PIAs in a quiet time you may have a better chance to remember more ideas or details to include. And for another, if I can look at the diagrams or drawings while you talk about them it can help me see how your ideas fit together and what you mean by some of the words you use. The PIAs can give us a better chance for you to tell me about your experience.

Open-ended Questions

After we finish chatting about the Pre-Interview Activities you bring, I will ask some open-ended questions that may help you think of other memories or stories you might be able to share. The

first group of these will be “getting to know you” questions that can help me get a sense of some of your interests and what is important to you. The other groups of questions are about the research topic or larger experiences leading up to the research topic. For example, if I were interviewing a mother about parenting adopted children, I might first ask about personal childhood experiences and about what it is like being a mother in general. By learning more about the “big picture” in this way I will better understand what the person says about parenting adopted children.

So in preparation for the interview can I please ask you to complete at least two Pre-Interview Activities (PIAs)—at least one from each of the groups below.

Thank you again for your time!! Here are the PIAs:

Pre-Interview Activities (PIAs): About your life in general

Please **complete one or more** of the following visual representation activities and bring it to our interview. Please use pens, pencils and preferably colored markers on blank paper. We will begin our interview by having you show me and tell me about the ones you completed.

1.	Draw a schedule for your day, week, or year and use colours to indicate how time is spent. Make a legend to explain the colours.
2.	Draw a picture or diagram of a place that is important to you and use key words to indicate the parts or what happens at each part
3.	Draw a diagram or images to show where your support or support systems come from.
4.	Think of an important event or change in your life. Make two drawings showing what things were like for you before and after that event or change. Feel free to use thought bubbles or speech bubbles.
5.	Think of an activity or component of your life that is important to you. Draw a timeline listing critical times or events that changed the way you have experienced that activity or aspect of your life. Examples of activities or aspects might be: how one experiences money/children/travel/home/teaching/being a student/sports/food, etc.
6.	Think of an activity that is important to you. Use three colours to make an abstract drawing that expresses how you experience that activity.

Pre-Interview Activities (PIAs): About Receiving Mental Health Services from an Outside Psychologist

Also please **complete one or more** of the following visual representation activities and bring it to our interview. Please use pens, pencils and preferably colored markers on blank paper We will begin our interview by having you show me and tell me about the ones you completed.

1.	Make two drawings: one showing what things are like on “a good day” as a client seeking psychological services and one showing what things are like on a “not so good” day. Feel free to use thought bubbles or speech bubbles.
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2.	Think of an important event that changed the way you experience mental health services. Make two drawings showing what things were like for you before and after this event.
3.	Make a timeline listing key events or ideas that changed the way you have experienced being a rural individual seeking mental health services.
4.	Please complete these two sentences: Before I sought services from a psychologist who is not from my community (either new or commutes in), life was..... After seeking help from a psychologist who is not from my community (either new or commutes in), life is...
5.	Make a list of 20 important words that come to mind for you when you think about the idea or concept of “ <i>mental health</i> ,” then divide the list of words into two groups in any way that makes sense to you. Please bring the long list and the two short lists to the interview.
6.	Use three colors to make an abstract drawing that expresses what it is like for you to be a client of a psychologist who is either is new to your community or who commutes in.

Groups of Sample Open-Ended Questions

Group 1: Getting to know you questions

- Are there any favourite places you like to go to or spend time in? What do you enjoy about those places?
- Have you done anything different from what most people your age have done, made something, read up on something, planned something, tried something?
- In the year ahead, what are some of the things you'd like to accomplish or try for the first time?
- If you could pick something thing that you wouldn't have to worry about anymore, what is one of the things you might choose?
- If you had one week off a month, what are some of the things you would like to do with your extra time?
- If you could spend two weeks with someone who does a special kind of work, what kind of person would that be?
- I'm going to ask you a different kind of question now, a question about how you see things. For example, when people disagree over something, why do you think that usually is?
- In all of the things you're interested in or you've thought about a lot, what has puzzled you the most?

Group 2: Questions about daily life in community

- When you think about daily life in this community what are some of the favorite activities or events that come to mind for you—ways that you like to spend your time when you can.
- What are some of the places [or some more of the places] in this community that are good to go to or spend time in.
- Thinking back over time, were there some changes [or any other changes] in the community that made it nicer to live here?
- Were there any changes in the community that you did not like as much?
- When each new week starts, what are some of the parts of the week that you look forward to in terms of how you will spend your time here in this community?

Group 3: Questions about the community as a place to live

- What are some of the things you like or appreciate about living here instead of somewhere else?
- What are some of the things about living here that you don't like as much?
- What changes do you think could make this community a better place to live?

Group 4: Questions about outsiders who come to their community

- What's it like when someone new comes to the community to start living here?
- What's it like when someone new comes to the community for a short time—like a visitor or someone coming here to do some work or service?
- What helps things to go better or work well when visitors or service people come to the community?
- When things don't go so well with visitors or service people, why is that?

Group 5: Questions about their particular psychologist who came to the community

- Before you met the psychologist who came to work in your community, what were some things you hoped for?
- In your work with the psychologist who came to work in your community, what were good things that you liked?
- In your work with the psychologist who came to work in your community, what kinds of things did you find challenging or not like so much?
- Over time in your interactions with your psychologist, what kinds of things stayed the same a lot or changed a lot?
- In your work with your psychologist, what kinds of things did you find to be important?

Appendix H

Pre-Interview Activities and Sample Open-Ended Questions: Psychologists

Template for PIAs and Open-Ended Questions adapted from J. Ellis (EDEL 665/667, 2016; 2006; 2011)

Dear Participant:

Thank you for agreeing to participate in an interview with me for my research.

Purpose of the interview:

My research interest is in the area/topic of rural mental health. More specifically, I am interested in the way that psychologists who come from outside the community experience providing psychological services to individuals within rural communities. In our interview I hope to learn something about how you experience/have experienced providing psychological services to rural individuals.

There are two parts to the interview:

- Pre-Interview Activities (PIAs) and
- Open-ended Questions

Pre-Interview Activities (PIAs)

In my research, I ask that participants prepare at least two diagrams, drawings or other visual representations to represent or explore:

- 3) some aspect of what is generally important to them in their lives, and
- 4) something that has been important to them regarding the research topic.

Please use pens, pencils and preferably colored markers on blank paper when completing these. We will begin our interview by having you show me these and tell me about them.

There are a number of purposes for using the PIAs. For one, by completing these PIAs in a quiet time you may have a better chance to remember more ideas or details to include. And for another, if I can look at the diagrams or drawings while you talk about them it can help me see how your ideas fit together and what you mean by some of the words you use. The PIAs can give us a better chance for you to tell me about your experience.

Open-ended Questions

After we finish chatting about the Pre-Interview Activities you bring, I will ask some open-ended questions that may help you think of other memories or stories you might be able to share. The first group of these will be “getting to know you” questions that can help me get a sense of some of your interests and what is important to you. The other groups of questions are about the research topic or larger experiences leading up to the research topic. For example, if I were interviewing a mother about parenting adopted children, I might first ask about personal childhood experiences and about what it is like being a mother in general. By learning more about the “big picture” in this way I will better understand what the person says about parenting adopted children.

So in preparation for the interview can I please ask you to complete at least two Pre-Interview Activities (PIAs)—at least one from each of the groups below.

Thank you again for your time!! Here are the PIAs:

Pre-Interview Activities (PIAs): About your life in general

Please **complete one or more** of the following visual representation activities and bring it to our interview. Please use pens, pencils and preferably colored markers on blank paper. We will begin our interview by having you show me and tell me about the ones you completed.

1.	Draw a schedule for your day, week, or year and use colours to indicate how time is spent. Make a legend to explain the colours.
2.	Draw a picture or diagram of a place that is important to you and use key words to indicate the parts or what happens at each part
3.	Draw a diagram or images to show where your support or support systems come from.
4.	Think of an important event or change in your life. Make two drawings showing what things were like for you before and after that event or change. Feel free to use thought bubbles or speech bubbles.
5.	Think of an activity or component of your life that is important to you. Draw a timeline listing critical times or events that changed the way you have experienced that activity or aspect of your life. Examples of activities or aspects might be: how one experiences money/children/travel/home/teaching/being a student/sports/food, etc.
6.	Think of an activity that is important to you. Use three colours to make an abstract drawing that expresses how you experience that activity.

Pre-Interview Activities (PIAs): About Providing Mental Health Services to Rural Individuals in their Communities

Also please **complete one or more** of the following visual representation activities and bring it to our interview. Please use pens, pencils and preferably colored markers on blank paper We will begin our interview by having you show me and tell me about the ones you completed.

1.	Make two drawings: one showing what things are like on “a good day” as a psychologist providing services and one showing what things are like on a “not so good” day. Feel free to use thought bubbles or speech bubbles.
2.	Think of an important event that changed the way you experience providing mental health services. Make two drawings showing what things were like for you before and after this event.
3.	Make a timeline listing key events or ideas that changed the way you have experienced being a being a psychologist in rural communities (either having developed a practice or commute in).
4.	Please complete these two sentences: Before I worked as a psychologist in rural areas, I thought about my work as being... After providing services in rural areas (either coming in from the outside and developing a practice or commutes in), I thought about my work as being...
5.	Make a list of 20 important words that come to mind for you when you think about the idea or concept of “ <i>mental health</i> ,” then divide the list of words into two groups in any way that makes sense to you. Please bring the long list and the two short lists to the interview.
6.	Use three colors to make an abstract drawing that expresses what it is like for you to be a psychologist for rural individuals.

Groups of Sample Open-Ended Questions

Group 1: Getting to know you questions

- what are some of the great things about being your current age? What are some of the aspects you don't like as much?
- Have you done anything different from what most people your age have done, made something, read up on something, planned something, tried something?
- In the year ahead, what are some of the things you'd like to accomplish or try for the first time?
- If you could pick something that you wouldn't have to worry about anymore, what is one of the things you might choose?
- If you had one week off a month, what are some of the things you would like to do with your extra time?
- If you could spend two weeks with someone who does a special kind of work, what kind of person would that be?
- I'm going to ask you a different kind of question now, a question about how you see things. When people disagree over something, why do you think that usually is?
- In all of the things you're interested in or you've thought about a lot, what has puzzled you the most?

Group 2 of Questions: About experiences as a psychologist over time (5 or 6 questions will be selected from the following once it is known how long the psychologist has been engaged in working with clients and whether they worked at multiple sites over time.)

- At the beginning of this career, what were some of the things you looked forward to or hoped for in your work with clients?
- When you first began working with clients independently (or more independently) what were some of the surprises. Were things different from what you expected in any way?
- As time moved on and you worked with more clients what made some clients easier to work with or more challenging to work with?
- Over time, were there any changes [or any other changes] in the way you experienced working with clients?
- Over time would you say that you changed any of your approaches or changed any of your thinking about how to proceed with clients?

If the psychologist worked at multiple sites

Group 3 of Questions: These questions would be about first site

- What was it like to be a psychologist at [name of site]?
- Maybe add question: Over time, did you change the way you approached things or thought about things in your work with clients at this site
- If you were to offer advice to a psychologist starting to work at [name of site] what are a couple of the things you would you say?
- What were some of the things you liked about working with clients at [name of site]?
- What were some of the things you didn't like as much about working with clients at [name of site]?

Group 3 of Questions: These questions would be about second site

- What are some of the ways your work with clients at [name of second site] was the same or different from your work with clients at [name of first site]?
- Over time, would you say you made any changes to the way you approached your work with clients at [name of second site]?
- What were some of the aspects of working with clients at [name of second site] that make/made your role more satisfying or less satisfying than at [name of first site]?

Group 4 of Questions: These questions would be about third site

- Compared to the first two sites how is your work with clients [at third site] easier or more challenging than it was at [first two sites]?
- Are there any other big differences in your work with clients at [name of third site]?
- Over time and across all three sites, how would you say you have changed the way you work with clients...or what has become more important to you in the way you approach your work with clients?

Group 5 of Questions: Work with rural community clients

- What was it like for you when you first started working with clients in [name of rural site]?
- What were some of things that were easier than you expected or more difficult than you expected?
- If you had to compare your way of working with clients at this rural site compared to other sites you have worked at, what would be the same and what would be most different?
- When you have felt most successful in your work with clients in the rural site, what do you think contributed to that success or helped to make good progress more possible?

Group 6 of Questions: About building relationships with clients

- Looking back over all of your experience in working clients at all sites, what have been some of your favourite ways of establishing or building relationships with clients.
- What are some of the circumstances that that make it easier to initiate relations or more challenging to build relationships with clients?
- Over time do you think you made changes [or any other changes] to the ways you try to develop or strengthen relationships with clients?
- Working in the rural site what was it like to establish relationships with clients?
- Can you share any other ideas about what worked well or what didn't in terms of building relationships with clients?
- Is there any special advice you would offer to a new psychologist coming to work with clients in this rural site?

Appendix I

Psychologist Nomination Poster

RESEARCH PARTICIPANTS NEEDED: NOMINATE A RURAL PSYCHOLOGIST!

Experiences of Rural Professional Psychological Practice in Alberta

I am looking for rural individuals or service providers (e.g. social workers, nurses, psychologists, etc.) to nominate 1-3 rural psychologists in Alberta who are considered to be an outsider of the rural community in which they work (not originally from that community) and who has done an excellent job developing a reputable and effective practice in a rural setting.

The research aims to learn about what it is like to be an outsider rural psychologist who aims to develop therapeutic relationships with insider rural clients. The psychologists I am hoping to talk to can either live in the rural community in which they work, or commute.

To nominate a psychologist, ensure they meet the criteria below and provide publicly available work emails and phone numbers for up to 3 psychologists. Send this information to the primary researcher by phone or email.

Is the psychologist you are thinking of nominating:

A registered psychologist who works in a rural community in Alberta?

Someone who has worked with this population for at least one year?

Working in a community in which they may be considered an outsider?

If so, you are invited to nominate them to take part in this study.

If you nominate a psychologist to be part of this study, they will not be required to participate. A nomination will lead to an invitation to participate, and they can either accept or decline at that time. They will not be informed of who nominated them. Your participation as a nominator is voluntary. By taking the time to nominate a psychologist, you are helping us learn more about rural psychological practice with the aim to improve services.

To learn more about this study, or to nominate a psychologist, please contact the primary researcher:

Laura Friesen (Primary Researcher)	Email: lsfrieese@ualberta.ca Telephone: (587) 599-5649
Dr. Sophie Yohani (Supervisor)	Email: sophie.yohani@ualberta.ca Telephone: (780) 492-1164

This research is supervised by Dr. Sophie Yohani at the University of Alberta whose contact information is listed above. The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta.

Appendix J

Psychologist Recruitment Poster

SO, YOU HAVE BEEN NOMINATED TO BE A STUDY PARTICIPANT! WHAT NOW?

Study Title: *Experiences of Rural Professional Psychological Practice in Alberta*

Someone has nominated you as being a rural psychologist who does great work! What does this mean? A nomination means that you have been identified as a psychologist in Alberta who would be able to share their experiences with the aim to improve rural professional psychology services. Only your publicly available contact information was provided to me. A nomination does not require you to participate in this study.

In this research project, I am looking to invite psychologists who work in rural areas in Alberta from which they do not originally come. You can either live in the rural community or commute for work. This research aims to learn about what it is like to be an outsider rural psychologist who aims to develop therapeutic relationships with insider rural clients.

In order to participate, you must be:
 A registered psychologist who works in a rural community in Alberta.
 Someone who has worked with this population for at least one year.
 Working in a rural community that you did not originally come from.

Your participation is voluntary. If you take part in this study, you will be asked to take part in a one-on-one, in-person or Zoom 5.0 video interview. Two interview sessions may be required to complete discussions about the prepared questions. The interview would take about 1 to 1.5 hours. A week before the interview, you will also be asked to complete pre-interview activities. These activities are not hard. They will help you think about and remember your experiences. You will be asked to bring the completed activities to the interview. By participating in this study, you will help us to in our goal to develop better psychology services for rural people.

To learn more about this study, or if you would like to participate, please contact the primary researcher:

Laura Friesen (Primary Researcher)	Email: lsfrie@ualberta.ca Telephone: (587) 599-5649
Dr. Sophie Yohani (Supervisor)	Email: sophie.yohani@ualberta.ca Telephone: (780) 492-1164

This research is supervised by Dr. Sophie Yohani at the University of Alberta whose contact information is listed above. The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta.

Appendix K

Psychologist Email/Telephone Recruitment Script

Greetings,

My name is Laura Friesen. I am a doctoral student at the University of Alberta, and I am running a research study exploring how rural psychologists and rural clients in Alberta experience therapeutic relationships. I am especially interested in how these relationships are experienced when the psychologist is not originally from the community in which they work (either living in the community or commute for work).

Study Title: *Experiences of Rural Professional Psychological Practice in Alberta*

I am reaching out to you because you have been nominated as a rural psychologist located in Alberta who has been recognized as someone who has done an excellent job developing a reputable and effective practice in a rural setting (either in public health or private practice).

I am inviting you to be a part of this study to share your experiences of what it has been like to develop therapeutic relationships with your rural clients.

There are a few criteria that are required to participate in this study:

- Are you a registered psychologist who works in a rural community in Alberta?
- Have you worked with rural clients for at least one year?
- Are you working in a community in which you may be considered an outsider (i.e. you are not originally from that community)?

If you agree to be part of this study, you will be asked to take part in a one-on-one, in-person or Zoom 5.0 online interview. Two interview sessions may be required to complete discussions about the prepared questions. A week before the interview, you will also be asked to complete pre-interview activities to prepare for the interview. These activities are not hard and are meant to get you thinking about your experiences. You will be asked to bring the completed pre-interview activities into the interview for a discussion.

This research is supervised by Dr. Sophie Yohani at the University of Alberta who can be contacted at sophie.yohani@ualberta.ca or (780) 492-1164. The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta: University of Alberta Ethics ID: TBD

If you are interested in learning more about this study or being a part of this study, please contact Laura Friesen. You will find the research poster attached to this email.

Thank you for your time,

Laura Friesen

Email: Lsfriese@ualberta.ca

Telephone: (587) 599-5649

Appendix L

Rural Client Recruitment Poster

RESEARCH PARTICIPANTS NEEDED: RURAL ALBERTANS WHO ARE/HAVE BEEN A CLIENT OF A REGISTERED PSYCHOLOGIST IN THEIR COMMUNITY

Experiences of Rural Professional Psychological Practice in Alberta

I am looking for volunteers to share their stories about what it is like to be a rural client of a psychologist who has come into their rural community to provide services. I am hoping to learn about how you experience(d) the therapeutic relationship with the psychologist.

Are you:
 A rural Albertan who has been a client of a registered psychologist in your community?
18 years or older?
 The psychologist you worked with did/does not originally come from your community.

If you take part in this study, you will be asked to take part in a one-on-one, in-person or Zoom 5.0 video interview. Two interview sessions may be required to complete discussions about the prepared questions. A week before the interview, you will also be asked to complete pre-interview activities. These activities are not hard. They will help you think about and remember your experiences. You will be asked to bring the completed activities to the interview.

Your participation is voluntary. The interview would take about 1-1.5 hours. By participating in this study, you will help us to in our goal to develop better psychology services for rural people.

To learn more about this study, or to participate in this study, please contact the primary researcher:

Laura Friesen (Primary Researcher)	Email: lsfries@ualberta.ca Telephone: (587) 599-5649
Dr. Sophie Yohani (Supervisor)	Email: sophie.yohani@ualberta.ca Telephone: (780) 492-1164

This research is supervised by Dr. Sophie Yohani at the University of Alberta whose contact information is listed above. The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta.