"We could just be what we wanted to be": The role of leisure and recreation in supporting women's mental health during COVID-19

by

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Abstract

Women's mental health has been disproportionately impacted by the COVID-19 (C19) pandemic. Women have experienced higher rates of unemployment, domestic violence, caregiving responsibilities and reduced access to social supports because of public health measures related to C19. It is well established that leisure and recreation can support mental health, yet, the role of leisure and recreation in supporting women's mental health during C19 is relatively unknown. In partnership with the Canadian Mental Health Association-Yukon, the purpose of this community-based study was to understand how leisure and recreation might support women's mental health in Whitehorse, Yukon Territory during C19. Twelve self-identifying women between the ages of 22-65 years participated in one-on-one semi-structured interviews. A participatory data analysis approach was employed and the findings are represented by five themes: (a) focus on yourself, (b) facilitating feel-good emotions, (c) connection and support networks, (d) navigating the northern context, and (e) women-identified opportunities. Results from this study suggest leisure and recreation offer various processes that assist women with managing stressful situations that in turn support their mental health. These processes include promoting self-determination, generating positive emotions, and strengthening connectedness. This research presents women-identified barriers and solutions to participating in leisure and recreation in northern Canada, mapping out actionable steps to further support women's mental health in northern contexts.

Preface

This thesis is an original work by Lauren Ray. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, "Women's Mental Health, COVID-19 and Therapeutic Recreation in Yukon Territory" Pro00109096, May 20, 2021.

Dedication

For Chris…I think you'd be proud.

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To Marshal. I hope to have the perspective and humility you carry yourself with. Thank you for your steady support and endless reminders of what is important in life.

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CHAPTER 1: LITERATURE REVIEW

Introduction

COVID-19 (C19) has fashioned a collective experience; one felt and understood by all. Global citizens can all appreciate the stress and challenges C19 has presented to us. Since the inception of C19, one in four Canadians have screened positive for symptoms of depression, anxiety, or post-traumatic stress disorder (Statistics Canada, 2021). The World Health Organization (2019) defines mental health as "a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively, and fruitfully and is able to contribute to his or her community"[1] (p.1). Mental health affects one's overall health, as well as one's quality of life (Canadian Mental Health Association, 2015).

In Canada, women's mental health has been disproportionately impacted by C19 (Canadian Women's Foundation, 2020; Charnock et al., 2021) due to greater losses of employment, increased caregiving responsibilities, and higher rates of pre-existing depression and anxiety (Mood Disorders Society of Canada, 2009). However, it remains relatively unknown how the C19 pandemic has impacted women's mental health in northern Canada. Residing in northern Canada presents an environment for unique experiences with mental health. Prolonged winters, limited daylight, and a general lack of accessible mental health services (McLennan et al., 2020) are additional factors to consider. Young women living in remote areas of northern Canada in particular are impacted by these factors including young women living in remote areas (McLennan et al., 2020).

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[1] Throughout this proposal the term mental health will be used. However, mental "illness", "psychological distress" and mental health "recovery" are also used throughout the literature referring to a clinical population. When referring to pre-existing work the authors original language will be used.

While important to understand how women's mental health has been impacted in northern Canada, of greater importance is understanding how we can support them during C19. Leisure and recreation (e.g., physical activity, creative pursuits, etc.) are known to positively impact women's mental health (Parry, 2013). By way of strengthening self-determination, increasing connectedness, engaging in meaningful experiences, and assisting with stress-coping skills, leisure and recreation may play an important role in supporting women's mental health during C19 (Fenton et al., 2017; Iwasaki et al., 2015; Iwasaki & Mannell, 2000; Moxham et al., 2015; Newman et al., 2014; O'Connell, 1984). Leisure can be defined as, "experiences that are pleasant in expectation, experience, or recollection; intrinsically motivated; optional in nature; autonomous and engaging" (Hood & Carruthers, 2007, p.300). Recreation can be generally understood as any experience "that results from freely chosen participation in physical, social, intellectual, creative and spiritual pursuits that enhance individual and community wellbeing" (Framework for Recreation in Canada, 2008, p.8). A more detailed description of these concepts will be described ahead.

The ensuing literature review outlines the current understanding of how women's mental health has been impacted during C19, setting the contextual stage for the latter half of the review. Here, the mechanisms by which leisure and recreation can support mental health are highlighted as well as how leisure and recreation are currently supporting mental health in various populations during C19. This literature provides justification for this study which aims to understand how leisure and recreation might support women's mental health in Whitehorse, Yukon Territory during C19.

Women's Mental Health and COVID-19

In the early stages of the C19 pandemic, resources were allocated to address physical health implications and mental health was broadly overlooked (United Nations, 2020). Mental health has been outlined by numerous agencies, organizations, researchers, and political leaders as deeply impacted by C19 (Canadian Women's Foundation, 2020; United Nations, 2020; Xiong et al., 2020). Indeed, mental health experiences are changing across society as a result of the pandemic. For example, Xiong et al. (2020) highlighted increased rates of anxiety, depression, post-traumatic stress disorder, psychological distress, and stress in the general population across eight different countries due to C19. Likewise, Asmundson et al. (2020) confirmed individuals living with pre-existing mental health conditions are experiencing greater symptoms of stress than individuals without pre-existing mental health conditions as a result of C19. They also noted individuals with specific mental health diagnosis, such as pre-existing anxiety disorders (e.g., generalized anxiety disorder, social anxiety disorder, post-traumatic stress disorder, or obsessive-compulsive disorder) are reporting greater experiences of stress than individuals living with mood disorders (e.g., major depressive disorder or bipolar disorder). Additionally, socio-economic implications from public health measures are resulting in increased rates of loneliness and suicide attempts (McIntyre & Lee, 2020; Palgi et al., 2020). It is clear that C19 has impacted the mental health of many populations across all nations and must be addressed immediately.

While experiences with mental health are impacting society at large, women have experienced higher rates of unemployment, domestic violence, caregiving responsibilities and have reduced access to social supports that typically offset these factors (Canadian Women's Foundation, 2020). Indeed, women continue to experience worse mental health than men in Canada during C19 (Statistics Canada, 2020). In a study focused on North American residents

during C19, Zheng et al. (2021) examined the relationship between pandemic-related stressors and psychological distress. They found women to be at greater risk for experiencing depressive symptoms compared to men. In their review, Aknin et al. (2022) highlighted a significant rise in psychological distress reported in females and parents of children under 5 years of age. Further, Muro et al. (2021) conducted a longitudinal study assessing the psychological impact of the C19 lockdown on Spanish women. They found increased prevalence of anxiety and depression in this group after 40 days of lockdown measures. Lastly, experiences of loneliness during C19 are more common in women than men, as shown in a Canadian study sampling over 3000 individuals (Wickens et al., 2021). Broche-Perez et al. (2020) also found that women are more likely to report feelings of fear related to C19. Overall, women's mental health has been disproportionately impacted by C19 compared to the broader population.

Much of the literature regarding women's mental health during C19 focuses on mothers. For example, in their survey of over 600 Canadian mothers of children between 0-8 years of age, Cameron et al. (2020) reported that maternal anxiety and depression sat at 36.27% and 33.16%, respectively; significantly higher than previously reported. Anxiety and depression remain of increasing concern for mothers during C19. One study aimed to understand the impact of C19 on psychological distress for women residing in Quebec; women who were pregnant during C19 shared greater experiences of distress and psychiatric symptoms, specifically depressive and anxiety-related symptoms (Berthelot et al., 2020). In fact, women who are pregnant are at particular risk for developing mental health issues during C19 (Almeida et al., 2020). Lebel et al. (2020) assessed anxiety and depression symptoms in close to 2000 pregnant women during C19. Authors found that 57% of women reported anxiety symptoms and 37% reported symptoms of depression. Multiple international studies have demonstrated a marked increase in anxiety and

depression in pregnant and postpartum women during C19 (e.g., Ahmad & Vismara, 2021; Hessami et al., 2020; Iyengar et al., 2021; López-Morales et al., 2021; Puertas-Gonzalez et al., 2021). These findings suggest that mothers, especially pregnant and postpartum mothers, have been experiencing mounting difficulties with respect to their mental health during C19. Given that many women in society are mothers, it is important to understand how C19 has impacted women's mental health.

Some authors are finding that changes in physical activity participation is also impacting women's mental health. For example, through their online survey of 900 women, Davenport et al. (2020) found that pregnant and postpartum women exhibited greater rates of anxiety and depression during C19. However, they also showed that women who were participating in physical activity had lower scores of anxiety and depression. Similarly, Nienhuis and Lesser (2020) noted that women who experienced changes to their childcare services reported greater generalized anxiety than women who experienced no changes to childcare services. Moreover, women who participated in less physical activity due to these changes in childcare services, also reported greater rates of anxiety. These studies suggest physical activity (i.e., leisure and recreation) may play a role in how women experience their mental health during the pandemic.

Though the initial impacts of C19 on women's mental health have been explored in Canada, there is a dearth of knowledge with respect to women who reside specifically in northern Canada, such as Yukon Territory. A recent survey (Yukon Bureau of Statistics, 2020) found that over half of Yukon residents felt their mental health was "somewhat or much worse" since the inception of the pandemic. Yukon women specifically reported greater experiences of anxiety in the survey. Yukon residents have also reported feeling "extremely concerned" about their overall health (33%) during C19 (Larochelle-Côté & Uppal, 2020). However, with respect

to mental health before and during C19, the Public Health Agency of Canada reported individuals who reside in urban areas to have "somewhat or much worse" mental health compared to those residing in rural areas (Public Health Agency of Canada, 2021). Ultimately, little is known about the impact of C19 on Yukon resident's mental health, even less-so on women. Therefore, this project aims to center the experiences of women residing in Whitehorse, Yukon Territory.

Leisure, Recreation, and Mental Health

Leisure and recreation are known to improve experiences with mental health. For example, Iwasaki et al. (2015) highlighted the role leisure plays in fostering an inspired and engaged life for individuals living with mental illness. A comprehensive review of the theoretical underpinnings of leisure and recreation is outside of the scope of this review. However, it must be acknowledged that differences do exist between the two and a working definition for the purpose of this project will be described. At present, no single definition exists for leisure. Rather a consensus of general characteristics has been outlined. As noted above, leisure can be understood broadly as, "those experiences that are pleasant in expectation, experience, or recollection; intrinsically motivated; optional in nature; autonomous and engaging" (Hood & Carruthers, 2007, p. 300). According to Anderson and Heyne (2012), there are key elements that constitute a positive leisure experience; it should be pleasurable, engaging, intrinsically motivated, develop skill competency, and, autonomously chosen or non-obligatory. Often marked as a "state of mind", or "a meaningful experience", the theoretical underpinnings of leisure are slightly more abstract and typically include theories such as flow theory outlined by Mihalyi Czikszentmihalyi in 1975. Therefore, for the purpose of this work, the term "leisure"

will refer to experiences rooted in the key elements outlined above by Anderson and Heyne (2012).

Recreation is more concrete than its abstract sister, leisure (McCarville & MacKay, 2013; McLean et al., 2019). Recreation typically refers to "activities" and focuses on the functional outputs derived from activities (e.g., socialization, fitness) (McLean et al., 2019). Recreation is often structured, organized, and physical (e.g., basketball, rock climbing). However, the Framework for Recreation in Canada (2015) affords a more holistic understanding, where recreation is considered "the experience that results from freely chosen participation in physical, social, intellectual, creative and spiritual pursuits that enhance individual and community wellbeing" (p.8). This will be used as the working definition of "recreation" throughout this work. Scholars have identified over 600 mechanisms of action regarding how leisure and recreation activities affect health (Fancourt et al., 2021). However, with respect to mental health, common avenues for improving mental health include strengthening self-determination and connectedness (e.g., Coleman & Iso-Ahola, 1993), generating meaningful experiences (e.g., Iwasaki, et al., 2015), and improving stress-coping skills (Iwasaki, 2001). The ensuing literature discusses these processes in relation to experiences with mental health.

It is well established that self-determination and connectedness are highly important in fostering positive mental health (Balkir et al., 2013; Sato, 2001). In the context of leisure and recreation, self-determination refers to an individual's ability to make decisions about their own life (Caldwell, 2005; Dattilo et al., 1998) and connectedness refers to a holistic connection to personal, communal, spiritual, and cultural aspects (Iwasaki et al., 2018). Caldwell (2005) has gone so far as to suggest, "people who take personal responsibility for and are active agents in their development are the healthiest" (p.20). Self-determination is crucial to experiencing

autonomy (Newman et al., 2014) and connectedness is crucial to experiencing relatedness (Sato, 2001); both key factors in preventing mental health issues (World Health Organization, 2019).

Leisure and recreation provide a vehicle to experience self-determination and connectedness. For example, Hood and Carruthers' (2007) seminal Leisure and Well-being Model (LWBM) provide a useful framework for illustrating the relationship between leisure and self-determination. This model aims to achieve well-being through enhanced leisure experiences and personal resources. In this model, one contributor to overall well-being is mental health. Well-being is often used in tandem with mental health, but differences exist in the literature (Keller, 2019). Hood and Carruthers suggest a key component of well-being is self-determination. By strengthening personal resources through enhanced leisure experiences, self-determination increases and well-being can be achieved. Recently, Fancourt et al. (2021) conducted a narrative review on all documented mechanisms pertaining to improving health through leisure engagement. Specifically, they developed the "Multi-level Leisure Mechanisms Framework" (MLMF) for leisure scholars to use as a theoretical guide in their research. This model includes psychological, biological, social, and behavioural processes, as well as health behaviours. Notably, they identified that an increased sense of autonomy and individual choice coincide with psychological and behavioural health benefits, respectively. Similarly, Australian researchers Taylor et al. (2017) used participation in a therapeutic recreation recovery camp to examine the impact of leisure and recreation on one's self-determination. They reported increases in self-determination were achieved through an increase in self-awareness and decision-making power. Lastly, Moxham et al. (2015) found participation in a pilot therapeutic recreation mental health recovery camp was also associated with increases in self-determination, self-confidence, and symptom management. C19 has removed many traditional outlets women

typically turn to support their mental health (e.g., physical activity (Nienhuis & Lesser, 2020)). Therefore, evoking a greater sense of self-determination through participation in leisure and recreation may be important for supporting women's mental health during this time.

Iwasaki et al. (2018) outlined the importance of leisure in strengthening connectedness in stating, "above all, leisure can provide a context/space where people can maintain or promote a meaningful, connected life" (p.31). Similarly, Fenton et al.'s (2018) integrative review also underscored the role of recreation in generating experiences of social connectedness by increasing one's social network, social skills, socials interactions, and social inclusion. Likewise, through their Halifax-based Recreation for Mental Health Project, Lauckner et al. (2018) highlighted an association between the development of self-management strategies through leisure experiences and increasing self-determination. Additionally, this work underscored the importance of having a strong social component for individuals to feel connected before they participate in leisure and recreation. Fancourt et al. (2021) also identified through their MLMF model that leisure engagement can provide an opportunity to increase social contact, enhance social engagement, support social bonding and build social capital. Depression and loneliness are on the rise due to C19 (Palgi et al., 2020); therefore, increasing feelings of connectedness may be important for women during C19.

In addition to strengthening self-determination and connectedness, mental health can also be positively impacted by meaningful experiences (Iwasaki et al., 2015, 2018). Meaningful experiences can be defined as the process of someone discovering and deriving meaning from participation in an activity (Morgan & Farsides, 2009). Prominent scholars have documented the connection between leisure and recreation in generating meaningful experiences in the context of mental health. For example, Iwasaki et al. (2015) detailed the role of leisure in producing

meaning for individuals living with mental illness in the United States. They concluded leisure provides a safe, stable, and meaningful environment for persons with mental illness to be inspired and engaged in their lives. Stated by one participant in the project, "leisure gives me strength. It makes me stronger. In doing all this, I'm getting self-esteem. I'm full of hope and empowerment. And I can give hope to other people" (p.550). This pivotal study led to the development of Iwasaki et al.'s (2018) meaning-making model. This model provides a framework to conceptualize leisure's role in meaningful engagement, and outlines five contributions of leisure including living a: (1) joyful life, (2) connected life, (3) discovered life, (4) composed life, and (5) an empowered life. Through this model, one can envision how engaging in meaningful leisure and recreation can support women's mental health during C19. White et al. (2020) also reported on the importance of "finding meaning" through leisure and recreation for individuals living with mental illness. Participants found leisure and recreation to be meaningful when they were able to pursue an interest, contribute something, or be with other people. Fancourt et al. (2021) also documented a connection between engagement in leisure and improved psychological health by enhancing meaning in one's life. This literature surmises the importance of meaningful experiences in supporting mental health and presents an opening to support women who are experiencing changes to their mental health due to C19.

Lastly, in addition to strengthening self-determination, connectedness, and meaningful experiences, leisure and recreation can improve stress-coping (Coleman & Iso-Ahola, 1993). It is estimated that 75-85% of all health problems are related to stress (Seaward, 2014). Seaward (2014) describes stress as, "the experience of a perceived threat to one's mental, physical, or spiritual well-being, resulting from a series of physiological responses or adaptations" (p.3). Common mental health issues related to prolonged stress are depression, anxiety, and substance

abuse (Centre for Addiction and Mental Health, 2021). As highlighted above, anxiety and depression are becoming of increasing concern for women during C19. Additionally, Asmudson et al. (2020) found that individuals living with pre-existing anxiety or mood disorders reported greater rates of stress-related to C19. Thus, the ability to cope with stress positively during C19 is crucial in supporting mental health.

It is well documented that leisure assists with coping with stress (Iwasaki, 2001, 2005; Iwasaki & Mannell, 2000; Mannell, 2007). Iwasaki's (2001) study conducted among Canadian students aimed to compare general-coping strategies (e.g., creating a to-do list) with leisure-coping strategies (e.g., connecting with a friend). Authors found that leisure-coping strategies were useful in reducing stress by increasing a sense of empowerment, enhancing mood and, establishing social support networks. They stated, "leisure coping strategies provided more positive effects on the outcome indicators in dealing with a variety of stressful events than general coping strategies" (p. 194). This work reaffirms the previously mentioned processes (i.e., self-determination, connectedness) as strong avenues to engage in successful coping. They also noted that these strategies were more impactful in situations where individuals felt they had less control over their stressful situation. C19 presents many stressors that women have little control over (e.g., public health measures), suggesting it may be a good context to deploy leisure coping strategies. Moreover, engagement in leisure activities has also supported coping with stress by increasing resiliency and building psychological strength (Fancourt et al., 2021; Iwasaki et al., 2005; Lincoln, 2021).

Finally, with respect to stress coping, Kleiber et al. (2002) explored the relationship of leisure in recovering from a negative life event (e.g., natural disasters). They highlighted that leisure functions four-fold in this instance; leisure buffers the impact of a life event by creating a

space to distance oneself from the issue, leisure generates optimism and hope for the future, leisure creates a sense of "normalcy", and leisure creates a space for personal transformation. This work is highly relevant to the C19 pandemic. Society at large is experiencing a "negative life event" that is highly disruptive to all bases of normalcy. Leisure and recreation thus should be considered as an avenue to increase stress-coping skills for women in order to support their mental health during C19.

Leisure scholars have previously addressed how leisure and recreation has supported women's mental health pre-pandemic times. For example, in their chapter titled, *Leisure, Women, and Gender*, Diana Parry details leisure's role in supporting women's mental health three-fold: (1) by increasing a sphere of sociability, (2) creating survival strategies and, (3) preventing identity theft. The sphere of sociability refers to one's ability to make new friendships through leisure pursuits, leading to increased social capital. Survival strategies refer to leisure creating opportunities from women to cope with and process negative emotions, as well as create a sense of normalcy. Lastly, preventing identity theft speaks to leisure's ability to create a context for women to resist gender roles, focus on themselves, and create a sense of identity (Parry, 2013). These three mechanisms demonstrate the specific role of leisure in supporting women's mental health and are important conceptualizations for working with women during the pandemic.

Leisure and recreation activities have also been utilized to support the mental health of women experiencing challenging situations, such as women diagnosed with breast cancer (Kim et al., 2021; Parry, 2007; Petruseviciene et al., 2018), experiencing infertility (Glover & Parry, 2008), or navigating menopause (Parry & Shaw, 1999). More specifically, participation in leisure and recreation has been shown to provide reductions in anxiety and depressive-symptoms for

women living in stressful situations (Pondé & Santana, 2000). Leisure has also been conceptualized as analogous to "self-care", where women engage in leisure for benefits to their health and wellbeing (Son & Hutchinson, 2009) and to "overcome gender role expectations through acts of resistance" (Petty & Trussell, 2021, p. 334). Through her multiple integrative reviews, spanning over 20 years of leisure scholarship in relation to women, Karla Henderson has detailed how leisure literature has progressed from centering a women's "lack of entitlement" to leisure time, to women instead using leisure as a means of "resistance and empowerment" (Henderson & Gibson, 2013, p. 131). Further, women use leisure as means to improve their physical/mental health and build social support networks (Henderson & Gibson, 2013). This research is important to consider when seeking an understanding of how women might perceive their participation in leisure and recreation during C19, given the increase in caregiving responsibilities, changes to employment, and overall shift in social context created by C19.

Leisure, Recreation, Mental Health and COVID-19

Scholars and scientists have only just begun documenting how participation in leisure and recreation has supported mental health during the pandemic. Mirroring existing leisure literature, common avenues for supporting mental health during C19 include increasing social connectedness (Cosma et al., 2021; Rivera-Torres et al., 2021), creating meaning in life (Cruyt et al., 2021), and increasing stress coping capabilities (Jackson et al., 2021). For example, Rodríguez-Rey et al. (2020) addressed the psychological impact of C19 on the general adult population in Spain. They found those who engaged in leisure activities reported lower stress, anxiety, and depression scores compared to those who did not. Recent studies (e.g., Rivera-Torres et al., 2021; Wright et al., 2021) have also highlighted how leisure and recreation are

supporting mental health in more vulnerable populations, such as older adults and adolescents. For example, Wright et al. (2021) detailed how physical activity supported the adolescent population during C19 by reducing anxiety and depression.

Research has also been conducted with the general population, such as Cruyt et al.'s (2021) work examining how participation in meaningful activities affected mental health in Belgian adults during the C19 lockdown phase. They found a bi-directional relationship between participation in meaningful activities and mental health during the lockdown, whereby the more meaningful activities one engaged in, the better their mental health. Likewise, through their national survey, Shen et al. (2022) assessed leisure engagement and its association with mental health in a group of U.S. adults during C19. They concluded that leisure can be used as a means to reduce psychological distress and enhance wellbeing under stressful circumstances. Importantly, individuals who experienced changes in their leisure participation due to C19 public health restrictions are reporting reduced mental wellbeing globally and across the age-range (Casper et al., 2021; Cosma et al., 2021; Morse et al., 2021). C19 created disruptions to physical, cognitive, social, emotional, and spiritual needs; however, leisure activities have been frequently used as a substitute to fulfill these needs (Anderson, 2020). Though these studies are promising in furthering the understanding of how leisure and recreation can support mental health in the general population during the C19 pandemic, they also highlight the dearth of information pertaining to leisure and recreation and women's mental health during C19.

While scholars are just beginning to outline the role of leisure and recreation in supporting mental health during the pandemic, the role of physical activity in supporting mental health has been well documented (e.g., Callow et al., 2020; Jackson et al., 2021; Rivera-Torres et al., 2021). As previously stated, the scope of what constitutes as 'leisure' or 'recreation' remains

broad (Framework for Recreation in Canada, 2020; Hood & Carruthers, 2007). Operating under the understanding that leisure and recreation experiences are not defined by one specific "activity" but rather, a set of key characteristics, many different mediums can be employed to achieve the desired state. As such, physical activity is a common way one can participate in leisure and recreation. Additionally, the role of physical activity in supporting mental health and overall wellbeing is well understood and accepted (Canadian Society for Exercise Physiology, 2021; World Health Organization, 2020).

Scholars have highlighted the association between regular physical activity and positive mental health during C19. Physical activity has been shown to create reductions in anxiety and depression-related symptoms resulting from C19 (Wolf et al., 2021) and can counteract the negative impacts of fear related to C19 (Wright et al., 2021). Physical activity has also been tied to improvements in stress resiliency during the pandemic (Jackson, 2021). Additionally, physical activity can provide a medium to experience social connectedness (Casper et al., 2021; Rivera-Torres et al., 2021; Son et al., 2021), which can be helpful in offsetting the negative impacts of C19 public health restrictions. Physical activity is also one of the most common avenues used to support mental health during the pandemic (Coyle et al., 2021).

Interestingly, the amount and type of physical activity has been noted by scholars as important in supporting mental health. Wolfe (2021) highlighted in their rapid review that individuals who maintained a higher volume and frequency of physical activity during C19 also reported lower experiences of depression and anxiety. Detailing the relationship between physical activity amount and mental health status is important, given that physical activity levels have decreased across Canada since the inception of the pandemic (Statistics Canada, 2021), most notably in women (Nienhuis & Lesser, 2020) and youth (Moore et al., 2020). These studies

highlight that participation in leisure and recreation engagements (e.g., physical activity) are important considerations in supporting women's mental health during the C19 pandemic.

In conclusion, current studies point to leisure and recreation, specifically physical activity, as a useful means to support mental health during C19 in the general population. Moreover, previous studies have supported the notion of leisure and recreation supporting women's mental health pre-pandemic times. However, little is known about the role of leisure and recreation in supporting women's mental health during C19. Therefore, in partnership with the Canadian Mental Health Association (CMHA)-Yukon the purpose of this community-based research project was to understand how leisure and recreation might support women's mental health in Whitehorse, Yukon Territory during C19. Two exploratory research questions guided this project: (1) What is the impact of C19 on women's mental health in Whitehorse, Yukon Territory, and (2) What role might leisure and recreation have in supporting women's mental health during C19?

CHAPTER 2: METHODS

Guiding Perspective & Researcher Position

A constructivist paradigm informs this research project. A constructivist paradigm assumes ontologically that there is no universal truth (relativism), and epistemologically that human experiences are dependent on socially constructed interactions (subjectivism; Markula & Silk, 2011). Researchers working within a constructivist paradigm believe that participants create their understandings of reality, and researchers and participants work together in an interactive process of knowledge-making (Markula & Silk, 2011). This paradigm is important in acknowledging the various realities, circumstances, and accounts experienced by women, and how these differences may influence their participation in leisure and recreation and their mental health during C19. Although rooted in relativism and subjectivism, constructivism does not consider relations of power (Mayan, 2009).

In terms of researcher positionality, I am a caucasian, middle-class, straight, cis-gendered woman. My understanding of family is very non-nuclear. I was raised in a mixed family, with step-parents and step-siblings who I view as parents and siblings. My mother is an Australian immigrant, my father is a caucasian Canadian, my step-father is a refugee from Czech Republic, and my step-mother is French Canadian. Growing up, I split my time between a small mountain town and a rural community; both of which were mostly wealthy and mostly caucasian. Despite their divorce, my parents maintain deep respect and love for one another. I feel as though I have a very trusting and optimistic view of the world, given these formative experiences.

My interest in mental health is very personal. Three generations of women in my family before me have navigated mental illness due to trauma. I too must navigate the intergenerational impacts. I have dealt with panic attacks and anxiety since the age of 12. Often, when I was little,

my mom would express how important sport was to her in dealing with her traumatic childhood experiences. This approach was also passed along to me and what I also turned to in stressful situations. I became immersed in sport and was raised in a very active family. This early influence manifested as an educational interest in Human Kinetics. I started my education in a very clinical, dispassionate environment. It provided an excellent foundational understanding of health physiologically but lacked depth and nuance. As I matured and learned more of the world, a career as a Recreation Therapist became more enticing to me. I was originally not interested in the specialization of mental health *because* of my family history; it wasn't until my ex-partner passed away from a drug overdose that this shifted. I processed my grief by launching into a place of deep contemplation. I *had to* understand why this had happened. Through this journey I focused on topics such as power and privilege, institutional and structural power, poverty and social status, and how these factors might impact one's health. These topics altered my naïve and arrogant understanding that there was one "universal truth" that can be measured by the magic of science. These experiences have led me to uphold a constructivist world-view which will be intertwined throughout this work. Additionally, my current relationship prompted deep reflection on where I sit on the social spectrum. This relationship has instilled a sense of social responsibility in me, where I no longer ascribe to the notion of "a good intention", rather view action as the critical component to a more equitable society. This value has led me to select a community-based participatory research (CBPR) approach.

Ethical Considerations

This research was approved by University of Alberta Research Ethics Board (see Appendix A). This project adhered to the Tri-Council Policy Statement (TCPS) 2: Ethical Conduct for Research Involving Humans. Within the TCPS-2 three core ethical principles were

followed: (1) respect for persons (2) concern for welfare, and (3) justice. *Respect for Persons* included receiving and maintaining free, informed consent. Voluntary consent was obtained through signed and verbal confirmation. All participants received a document detailing their rights as research participants before signing the consent form (see Appendix B). In recognizing the potential for emotional upset during the interview, the Executive Director of CMHA and I agreed to share the CMHA's 24-hour Reach Out Support Line service should they require additional support. The sensitive nature of recalling personal experiences resulted in emotional upset from some participants, touching on the second principle of *Concern for Welfare.* In these cases, I provided the information to each woman to connect with the Reach Out Support Line. *Justice* refers to treating people fairly and equitably (Government of Canada, 2018). Addressing power imbalances between researcher and participant is a key piece of this principle. In keeping consistent with a CBPR approach, power imbalances were continuously addressed by myself through a process of reflexivity (see Quality Criteria section).

Research Approach

Community-based participatory research (CBPR) is recognized as a collaborative approach that equitably involves all partners in the research process from conception of the research question to translation of knowledge (D'Alonzo, 2010). CBPR emphasizes, prioritizes, and esteems local knowledge (Holland et al., 2010), challenges traditional approaches to research (D'Alonzo, 2010), and embraces values such as social justice, and self-determination (Cargo & Mercer, 2008). CBPR is theoretically guided by critical and social theory, embracing values such as social action and community empowerment (D'Alonzo, 2010; Wallerstein & Duran, 2008). Despite the primary implementation of CBPR in healthcare and health-related topics, leisure scholars have called for increased use of participatory approaches such as CBPR in leisure and

recreation (Fenton et al., 2016; Reid & Alonso, 2018). Moreover, Reid et al. (2013) recommended the use of CBPR to generate practice-based evidence in the field of therapeutic recreation. Challenging traditional positivist approaches to research, some core principles of CBPR include prioritizing community needs, using collaborative community-led approaches, ensuring shared decision-making throughout the entire research process, accepting diverse ways of knowing, and addressing power relations between the researcher and community (Fletcher, 2003; Wallerstein & Duran, 2008).

Leading researchers have acknowledged the strength of participatory approaches such as CBPR when working with women (e.g., Frisby et al., 2005; Ponic et al., 2010) and CBPR has been successfully used at the intersection of leisure, recreation, and mental health (Ariss et al., 2019; Reid et al., 2013; Reid & Alonso, 2018; White et al., 2020). The depth of disclosure around sensitive experiences (e.g., mental health) is highly dependent on trust, comfort, and connection between the researcher and interviewee (Smith & Sparkes, 2016). With its emphasis on relationship-building, trust, and respect, CBPR was an appropriate approach for this work.

Community Advisory Board

Consistent with the CBPR core principles of prioritizing community needs, using community-led approaches and ensuring shared decision-making, a Community Advisory Board (CAB) guided all phases of this project. CABs have been utilized in other research exploring the role of leisure and recreation in a mental health setting (e.g. Reid & Alonso, 2018; White et al., 2020). A CAB must consist of representatives of the community being engaged (D'Alonzo, 2010). Common constructs of "community" include joint interests, experiences, or perspectives, shared geographic location or place, or a communal experience (Hacker, 2013). A CAB should be comprised of members who can speak to formal and informal experiences, have an interest or

are impacted by the issue at hand, and can provide background knowledge and local context to the project (D'Alonzo, 2010; Hacker, 2013). CABs typically consist of 5-10 members (D'Alonzo, 2010). In the case of this specific project, the CAB consisted of the academic supervisory committee, the clinical supervisor of the CMHA, a recreation therapist, a woman with lived experience of mental illness, and a representative of the Yukon Status of Women Council. Self-identifying women were prioritized to sit on the CAB. In summary, a total of 5 women participated in the CAB.

As indicated in the letter of invitation to CAB members (see Appendix C), the CAB was welcome to participate in any stage of the research process. Examples of their involvement include providing feedback on the research question, shaping and designing the interview guide, reviewing the proposed methods, assisting with recruitment as known sponsors (described below) and agreeing to participate in the data analysis process (described below). The CAB met for an initial meeting in May 2021, whereby we discussed the research questions, the data generation process and ethical considerations prior to initiating the project. I provided email summaries every three months with updates on the project as requested by the CAB between the months of June 2021- Jan 2022. In February 2022 the initial findings were shared with the CAB through a group presentation conducted via Zoom (see Data Analysis section). The CAB was also updated via email correspondence if any major questions arose. For example, after receiving an invitation to a radio interview with the CBC, the CAB were emailed to receive permission and feedback on whether or not to participate.

Participants

A process of purposeful sampling was used to recruit 12 participants. Specifically, 12 adult women ages 18 years or older who have accessed mental health services in Whitehorse in

the last 12 months. To gather additional contextual information, each participant was asked, "can you tell me about yourself" at the onset of their interview. This allowed for self-disclosed demographic information to be shared. The final group was diverse in terms of age, ranging from 22-62 years, and ethnicity, with individuals who self-identified as Asian [1], Caucasian [4], Indigenous [4], Latina [1], and Mixed [2]. Education and self-stated income level were also shared, ranging from Grade 10 to Doctoral and "low income" to "high income", respectively. Marital status was also shared, with women describing themselves as either single, common law, married, divorced, or widowed. And finally, the number of dependents was shared, with nine women having dependents and three having no dependents.

Participants were recruited using a known-sponsor approach. Pseudonyms have been used throughout this work to protect anonymity of each participant. A known-sponsor refers to an individual with a legitimate relationship with the group of interest (Patton, 2002). The known-sponsor approach has been identified as a best practice for gaining access to a particular group (Patton, 2002). The known sponsors within this research were the clinical supervisor of the CHMA-Yukon, the executive director of the Yukon Status of Women's Council and a woman with lived experience with mental illness; both known sponsors were also members of the CAB. Each known-sponsor reached out to their networks differently. Specifically, the clinical supervisor invited me to share a brief presentation with her team of clinical counsellors. The clinical counsellors then selected specific clients and invited them to join the research study using a recruitment poster (see Appendix D). The Executive Director of Yukon Status of Women's Council personally emailed the Executive Directors of the local women's shelter and women's transition home to share a recruitment poster with their frontline workers. Lastly, the

woman with lived experience connected with her personal and professional network through email correspondence and text messaging.

Data Generation

In-depth one-on-one semi-structured interviews were completed with 12 participants between June-August 2021. Interviews are "an effective way for people to describe their experiences in rich and detailed ways, as well as to give their perspectives and interpretations of these experiences" (Smith & Sparkes, 2016, p. 108). The conversational nature of interviews provides an opportunity for participants to maintain control of their story, interpret meanings, and assert their power (Smith & Sparks, 2016). For example, through conversation, participants had the freedom to interpret what "mental health" meant to them, without having a definition imposed on them. Interviews have also been recommended for situations where sensitive topics are being discussed (Smith & Sparks, 2016). Given the sensitive nature of discussing one's experience with mental health, interviews were an appropriate method to use for this study.

Interviews were conducted face-to-face at the CMHA-Yukon office, outside in a local park, or via Zoom according to each participants comfort. Four women chose to meet in person at CMHA office, where the CMHA Executive Director provided a private space for us to meet. Six women chose to complete their interviews outside at a local park on a picnic table, and two women chose to meet over Zoom. Interviews lasted between 60-90 minutes in duration, and were guided by a semi-structured interview guide that was informed by the research literature and approved by the CAB (see Appendix E). At the recommendation of qualitative scholars (Magnusson & Marecek, 2015) the following format was used: (a) *introduction questions* (e.g., "Can you tell me a bit about yourself?"), (b) *focused research questions* (e.g., "How has C19 impacted your mental health?"; "What role might recreation play in supporting women's mental

health during C19?") (c) *closing questions* (e.g., "What else would you like to share that we have not yet discussed?"). All participants consented to having their interviews audio recorded. All recordings were transcribed using Otter.ai transcription software and checked against original recordings.

Data Analysis

All of the women who participated in this study were invited to partake in data analysis as a member of a Data Analysis (DA) team (see Appendix F). Four women agreed to join the DA team, including one member of the CAB. The use of participatory data analysis methods provides a crucial opportunity for participants to engage in the co-creation of meaningful and applicable knowledge (Cashman et al., 2008; Vaughn & Jacquez, 2020) aligning strongly with the core principles of CBPR (Wallerstein & Duran, 2008). Participatory data analysis methods have been previously implemented in the context of leisure and recreation (e.g., Ariss et al., 2019), mental health (e.g., Neill et al., 2021; Yap et al., 2020) and have been used with groups of women (e.g., Cashman et al., 2008; Jackson, 2008; Vaccaro, 2020).

Jackson's (2008) group-oriented analysis process was used to inform the four stages of analysis in which the DA team participated. In stage one, *the initial meeting*, the DA team was invited to a one-on-one meeting with myself, where a detailed outline and instructions of the individual analysis process occurred (see Appendix G). This meeting lasted less than one hour in duration. In stage two, *individual analysis*, the DA team engaged in Jackson's "preparing the data" phase. The DA team was instructed to complete an initial reading of their own transcript without taking any notes. Then, during their second reading, the DA team was instructed to highlight statements that were significant to answering the research questions (e.g., What are the impacts of C19 on women's mental health? What role might leisure and recreation play in

supporting women's mental health during C19?). Each team member then cut out the highlighted sections of text and assigned a "one-word descriptor" or more formally, a code, to the back of the highlighted snippet.

Stage three, *group analysis*, included Jackson's (2008) "grouping data and identifying themes" and "making sense of the data" phases. The DA team met in person at the CMHA-Yukon office. One of the DA team members did not attend this meeting, it remains unclear why they were unable to attend. However, the group was able to adapt smoothly. There was no precedent set for the group analysis; therefore, the group process was not affected by the person's absence. Instead, the women integrated the absent women's transcript into the findings. Merging Jackson's group-oriented analysis process and feedback from the CAB, I reviewed the purpose of the meeting, revisited the research questions, and outlined the stages of the meeting. Then, each person had two minutes to introduce and provide a high-level overview of their "codes" with the group. After sharing their codes, each person had ten minutes to "pair" their codes to a similar code. The group then came together and began to identify similarities in the pairs, with the intention of building clusters. Each cluster was then worked into five high level themes. I posed questions such as, "how are these codes similar/different?", "what does 'trapped' mean when you hear it?", "does 'connections' feel like the correct descriptor for this theme?". Additionally, one member did not complete their individual analysis (i.e., Stage two). This resulted in real-time analysis of her transcript by the DA team. The DA team was able to pose questions to her directly during the meeting to explore her experiences, feelings, and insights, as we moved through the various stages of the meeting. We wrote her answers on Post-It stamps and added her "codes" to the group snippets.

Having done my own analysis beforehand (described below), I participated in each stage of the process. I actively prioritized the DA team's interpretations, definitions, and descriptions of the codes, even when they were different to mine. For example, one cluster I had originally titled, "suicide" was identified as inaccurate. Instead, the snippets of text reflected a "desire to be out of the situation, not a desire to end one's life". The group analysis lasted three hours and was audio recorded for note-taking purposes. After the group analysis was complete, I integrated the additional six transcripts that were not accounted for. I built on the initial codes and themes established by the DA team then sent a two-page summary to the DA team for their review and feedback. The DA team supported the summary, and did not provide any additional feedback.

Prior to the above-described stage three (i.e., *group analysis* stage), I conducted my own analysis following Elo and Kyngas' (Elo & Kyngäs, 2008) three phase approach to content analysis. Content analysis is useful for creating description and increasing understanding of an unknown phenomena (Elo & Kyngäs, 2008). Having one individual analyze all the transcripts permits continuity between all of the transcripts and allows for broader connections to be drawn between the stories. I did not share my analysis explicitly with the women, albeit they did know that I took part in reading and analyzing all transcripts. Given the uncertainty regarding what to expect from the DA team's participation prior to the DA team meeting, I wanted to be prepared for the event that the DA team either 1) didn't show up, 2) didn't complete the initial analysis or 3) were not engaged. Therefore, in order to support the group analysis process. I completed phases one and two of Elo and Kyngas' three phase approach and used this analysis as a framework to pull from during group analysis process. During the *preparation* phase, I initially read each transcript once to deidentify it, and selected the unit of analysis; the words of the participants. Then I re-read each transcript to become "immersed in the data" (p.109). For the

organization phase, I began a process of open coding, whereby snippets of text were highlighted within each transcript and a "code" was written in the margin capturing the "essence" of the text. I coded all 12 transcripts, including those that were assigned to the DA team. I did not build any high-level themes prior to the group meeting, instead, I waited for the group meeting where I assisted the DA team in determining, describing, and finalizing the subthemes and themes. The final phase, *reporting*, was not completed prior to the group meeting with the DA team.

The final and fourth stage of the group analysis process, *group presentation,* culminated with a presentation of the findings to the CAB and the participants. Here, the final phase of Jackson's process was followed by *"telling the story"*. All twelve participants were invited to the presentation, three originally expressed interest in attending, however, none were able to make it. The women cited personal reasons for their change in attendance and requested a copy of the presentation to review at their convenience. The Executive Director of the Yukon Status of Women's Council also invited a colleague who is spearheading a similar research project to observe the presentation. Given the current C19-restrictions in Whitehorse, the presentation was held over Zoom in a webinar format, to ensure anonymity of any participants who wished to join. The presentation lasted approximately 45 minutes, with 15 minutes of questions and comments. The CAB asked a series of questions including some pertaining to background theory (e.g. "What definitions of mental health and leisure did you end up using?"), methods (e.g. "Can you describe a bit more how the interpretation process worked during the group analysis?"), and points of discussion (e.g. "Did you see any elements of leisure time impacting mental health negatively? Like substance use?"). After the presentation, the CAB expressed their gratitude for the research. In addition to sharing the presentation with their staff and board members, the

Executive Director of CMHA also committed to supporting a 6-month community-based TR pilot project described below.

Quality Criteria

I applied a relativistic approach to ensure quality in this work. A relativistic approach to determining the quality of a qualitative research project refers to the continuous identification of *characterizing traits*, or criteria that reflects the quality of one specific research study but is not necessarily applicable to another (Kowalski et al., 2018). Summarized by Kowalski et al. (2018), "every qualitative research study has a unique purpose with a unique context, and the criteria used to evaluate the merits of that study need to correspond to its distinctiveness" (p.194). In this sense, the use of pre-determinized quality criteria was not appropriate for the context of this particular study. Therefore, to determine quality, Schinke et al.'s (2013) *characterizing traits* were used. Specifically, in terms of *community driven research*, this research stemmed from a call from the Yukon Government to look at the impact of C19 across all sectors in the territory. Further, CMHA identified this topic as important, and wanted to address it well. CMHA co-created the research questions and played an active role in informing all phases of this research. Lastly, establishing a CAB assisted with ensuring this project was community driven at all stages of the research process.

Further to Schinke's (2013) characterising traits, *localizing research practice/methods*, can be used to assess if the methods align with local scholarship and approaches. For this project, I remained flexible in adapting my methods as the project evolved. For example, the CAB requested we use a recruitment poster, rather than a scripted email to reach out to some of their participants. I responded by making a recruitment poster and submitting to ethics as soon as possible to ease their needs. *Prolonged engagement* refers to long term commitments and

relationships between the researcher and the community. Extended relationships have developed since the genesis of this project in the summer of 2020. I remain in contact with the Yukon Status of Women's council and have good on-going relations with the organization. Additionally, the recreation therapist remains a close acquaintance and colleague of mine. I continue to update all 12 of the participants through email correspondence and will continue to do so until after the project is published. Finally, CMHA has agreed to support me in submitting a proposal to Yukon Government to establish a 6-month community-based TR pilot program.

The last characterising traits include *community capacity building* and *project deliverables*. These traits assess whether the community gains skills/knowledge and if the project outcomes are useful to the community in the long term. The DA team participated in the most "technical" aspects of the research process thereby increasing their research skills. Indeed, the CAB also participated in the research process, however, their role was often to provide feedback and guidance on the project in relation to the community. That said, I do believe the CAB gained exposure to new research methods (qualitative approaches), and the research process as whole. For some members of the CAB (e.g., Clinical Supervisor) this exposure to new methods and the research process is helpful for their professional development. Moreover, in terms of project deliverables, this project provided a medium for many women in the community to share their story. Every single woman I spoke with expressed gratitude and appreciation to have someone to talk to and hear their experience. This was an incredibly rewarding realization for me.

The final trait, despite my best efforts, did not occur to the fullest extent possible. *Decentralized university academics* refers to the centering of local knowledge and voices rather than the researchers. Given the requirements of degree completion, project timelines, and prior commitments from the CAB and the participants, it would not have been possible to fully realize

this trait. Likewise, during the participatory analysis, I believe my own interpretations came through a bit stronger during the integration of the final 6 transcripts into the findings, despite working off the framework the DA team established and sending them a summary. Lastly, given I was the facilitator of the group meeting, it is likely that I dominated the conversation to a greater extent than if one of the DA team members acted as the facilitator. Some aspects of decentralization did occur through the inclusion of the CAB in the development of the research questions, recruitment process and methods. As well as by establishing the DA team to interpret the findings. Lastly, the Executive Director of CMHA-Yukon is overseeing the next stage of the project by assisting with submitting a 6-month Therapeutic Recreation pilot project to the Yukon Government.

A crucial component of applying a relativistic approach to research evaluation is engaging in a continuous process of reflexivity. Reflexivity has been identified as a key component in participatory approaches (Baum et al., 2006; Reid, 2004). According to Kowalski et al. (2018), reflexivity consists of two parts: (1) reflecting on one's experiences with the issue and, (2) considering how these experiences shape the research process (p.184). Through the keeping of the research journal, I documented my reflections and thoughts during each stage of the research process. The stage that challenged me the most was the analysis process. During the crucial stage of interpreting the findings, I found myself having to "cut" voices to write up the results in their required format. I also had to integrate transcripts that were not discussed in the DA team meeting. This process was challenging for me as I felt as though my voice as researcher was becoming louder and louder as I was writing the results section. This experience touches on a key component of reflexivity in participatory research; power. Stated by Reid (2004), "at its core, reflexivity is about reflecting on power – a researcher's power to perceive, interpret, and

communicate about others" (p.11). Power is certainly something I held throughout this process, despite my best efforts at neutralizing it. I do not believe I was fully able to ameliorate it throughout this work. Indeed, engaging in a reflexive process does not entirely rid the researcher of power (Reid, 2004).

CHAPTER 3: RESULTS

The purpose of this community-based research was to understand how leisure and recreation might support women's mental health in Whitehorse, Yukon Territory during C19. The findings of this project are represented by five themes: (a) focus on yourself, (b) facilitating feel-good emotions, (c) connection and support networks, (d) navigating the northern context, and (e) women-identified opportunities. Though each theme is presented separately, they are inextricably linked to one another.

Focus on yourself

Leisure and recreation created opportunities for women to focus on themselves, ultimately supporting their mental health during C19. Participants described the role of women as always, "doing things for everyone else" (Angela) and feeling an increased sense of concern or worry for other people during C19. This deep sense of caring for others, or the "emotional burdens" women carry, was explained as negative for women's mental health, especially during C19. Bailey captures it well:

> We're talking about the emotional burdens that women carry, like we've been taught to placate everybody else's emotions, we have to put ours aside, make ourselves smaller, so that the men around us or our families, or our parents, or whoever it may be, feel better.

Indeed, the pandemic amplified these emotional burdens by displacing childcare options, reducing employment opportunities and restricting women's support networks.

Mothers in particular were challenged during C19. C19 took away Fatima's employment and childcare options, amplifying her depression. She shared, "When COVID started, that made my depression even worse from staying at home with the kids, all day every day...I'd be at home with the kids by myself." Yet, Fatima also described how leisure and recreation assisted with her

depression by taking her outside her role as a mother. She said, "Being out doing stuff, makes me feel like I have a sense of purpose in life and like I am not just a mom that only cooks and cleans." For Elsie, a mother of two, the pandemic put her in a position as a fulltime caregiver while simultaneously removing her mental health supports. She said, "I had no way to take time for myself, and to use my usual tools to regulate and to take care of myself." However, she recalled a time that her leisure and recreation offset her negative mental health experiences by providing space to "be what she wanted to be":

> I was in an organized run group once. And we would leave the kids with babysitters. It was amazing. It was very different from running with a stroller. I was suddenly running on my own, as a woman, with fellow women. We could talk about things other than our child's sleep cycles. We could just be whatever we wanted to be in that moment.

These quotes highlight that leisure and recreation created a space for women to focus on themselves in order to relieve the emotional burdens augmented by C19. This relief was especially important for mothers.

The implementation of C19 public health measures effectively blocked the traditional outlets, including recreation and leisure opportunities, that women used to focus on themselves and support their mental health. Having something "that is your own" was recognized as an important factor in protecting women's mental health during C19. For Rosalind, doing her "inside workout" exemplifies this:

> I was happy to be able to do that, because I felt like I was doing something for myself. I want to be a good role model for my kids. Do I want them to see me be depressed? Or do I want them to see me doing these healthy things?

Likewise, Ria shared how important her "personal wellness time" is for her:

I take personal wellness time to survive. I stay home, colour my greys. Read books, listen

to music, I really like Solitaire. I study Buddhist philosophy. I feel full. That makes me

feel good because I'm doing something for me.

Others expressed feeling, "proud of myself," and like, "this is my purpose in life," after

participating in leisure or recreation. Leisure and recreation also helped women find, "meaning,"

and like they still had "value."

The participants shared how experiencing "meaning" and "value" is particularly

important for women who are in abusive situations relationships. As Angela shared, "It was

really hard with my husband around because we've been having some challenges. He won't

admit to it but he is quite emotionally abusive… I was really uncomfortable having him around a

lot of the time." Angela further identified how important it is for women in these situations to

have access to meaningful activities:

I think it's important for women, especially women in abusive situations, to be able to

find meaning…or feel like they can do something that's good or that's important. I think

it's easy in an abusive situation to really get run down into and give up and lose all

hope…I swear my [leisure activity] kept me alive.

These testimonies demonstrate how women have recognized that leisure and recreation provide

an avenue to focus on themselves and how this is important in protecting their mental health

during C19.

For most women, the pandemic created more "emotional burdens." However, for Alina,

C19 actually created space for her to become *less* focused on others, "I've become so selfish in

an extreme way. Where I'm like, it's all about me. Fuck everybody else. And I'm not a people

pleaser anymore." Rosalind expressed similar sentiments, appreciating the additional time to

focus on her kids, "It has it's pluses and minuses actually, like it's been nice that I get to slowdown, and I sort of pushed everybody away and just worried about me and my own children." Though, Rosalind also described feeling predominantly, "alone and afraid" during C19. These diverse experiences suggest the emotional burdens delivered by the pandemic are highly nuanced and relative to each woman and their circumstance. Moreover, that understanding how each woman experiences these emotional burdens is important in providing effective relief through leisure and recreation.

Facilitating feel-good emotions

Participants explained how participating in leisure and recreation can support women's mental health during C19 by facilitating feel-good emotions. C19 has been particularly difficult for women, bringing additional stress and emotional challenges into their lives, some reported feeling, "extremely stressed," "anxious," and "depressed" throughout the pandemic. To cope with this stress, some participants described how they relied on unhealthy behaviours, like Alina who shared, "Drinking was the only way that I could really cope," and Ria who said, "I was smoking more than normal." However, women also stated that engaging in leisure and recreation were, "500% responsible for balanced mental health," (Alina) and, "a great way to process" (Sienna). Moreover, that it helped them by making them feel, "present," "relaxed," and "a sense of peace." Rosalind shared her experience losing her husband before the pandemic, and how her drinking was reignited by C19. However, for Rosalind, yoga was the thing she enjoyed to do in order to abate her drinking, "Yoga actually was something that I was trying to incorporate more into my life as a healthy alternative to partying or to drinking. I actually enjoy going to yoga classes so I can meet more like-minded people."

Elicia also shared how her leisure activities help her when she feels triggered:

[Leisure] makes me feel happier just being downtown taking the dogs for a walk. Sometimes I see the kid's father downtown drinking and it makes me want to drink but I just take deep breathes in and I just try to keep myself from crying. I go to counselling, drink lots of water, read books and that makes me feel happy. Just another day sober.

For Angela, her existing anxiety issues were "amplified more than they were before" due to C19. Though, Angela also shared how her passion for birding helped her navigate these issues:

I had this huge craving, like, as if a craving for chocolate, you know, like that kind of thing. And it was like this revelation, where I'm like, 'I could use birding, to replace binge eating', you know? Like it was maybe a different thing I could use for helping with my anxiety or, as a coping mechanism.

Anxiety was an emotion that was frequently mentioned by participants. Some women experienced anxiety for the first time during the pandemic, while others managed it beforehand and experienced additional challenges because of C19. For Sienna, her existing anxiety was impacted by C19, "I have anxiety. So yeah, it [COVID] definitely creates a lot of anxiety. It's been pretty negative." Though, when asked how she feels when she teaches [local] workshops, she said, "It was very meditative for me [engaging with people]. You're in a very powerful place and state of mind. You can have a lot of joy in that because you're very focused on what's happening right here." Alina also shared how she used recreation and leisure to facilitate feel good emotions during C19. Specifically, she shared how going for a bike ride helps with her anxiety, "It makes me feel better...and it's all about the head…if my head is in it, I'll be able to do it and be in a good space." Alina further explained,

We did 17k from Rotary Park to Miles Canyon. It was so hard for me on the uphill, I

wanted to die. I was like, 'Oh, I hate this shit. But I love this shit'…I need to suffer. This

is the kind of suffering I like, this is fun.

These quotes highlight how leisure and recreation have assisted women with managing their

anxiety during C19 by evoking feel-good emotions.

Indeed, a myriad of feel-good emotions were shared when asked how they felt when

participating in leisure and recreation. In addition to experiencing "fun," women also mentioned

that leisure and recreation created a sense of "joy" and made them "feel better" during C19. For

example, Ria mentioned, "When I'm studying Buddhist philosophy, my mind opens so much.

Then everything is okay. Everything will pass and it is okay. Everything is temporary. So, that

made me hope. I feel good." Others shared that their leisure and recreation "builds them up" and

helped them "feel accomplished". Angela mentioned that she felt, "More confident, a little bit

more powerful, and a little bit happier" after completing a CrossFit class. The participants

explained how feel-good emotions were critical to their mental health, particularly during the

"dark times" or when they were "falling apart" during C19. Elsie replied, "As I run or

walk…my thoughts are a bit aired out. What needed to be radically accepted or simply let go of,

just sheds off me…and I come back with more space." Similarly, London explained,

 Leisure really helps with the mental health stuff. Even to take an hour out of your day to

do something that it's gonna make you feel better. If I read for an hour, it feels a lot better

than doing nothing.

For these women, participation in leisure and recreation facilitated feel-good emotions which

supported their mental health during C19.

Participants explained how they experienced fear during C19 but recreation and leisure provided opportunities to facilitate much-needed feel-good emotions. Rosalind explained,

It scared me to think about what if this is the end of the world? What the fuck am I going to do? How am I going to get my kids out of town? What the fuck is gonna happen to this world?

However, when she participated in yoga, she said, "I felt like my blood actually flowing through my whole body. It just made me feel a whole lot better. And like a lot calmer." Other women reported feeling "done," "nervous," having "intrusive" or "crazy" thoughts, and felt "frustrated" with C19. Though, women also felt, "giddy, happy, and productive" after participating in leisure and recreation. When describing how she felt after doing a Cher online workout video Cecilia said, "I feel less tired. It actually gave me more energy. I thought I'd be tired but hers promotes energy and is exciting." Leisure and recreation experiences created a sense of peace for some women. These shared experiences exemplify how participation in various leisure and recreation activities provided opportunities for women to experience feel-good emotions during C19 resulting in improved mental health.

Connection and support networks

Leisure and recreation supported women's mental health by providing a chance to connect with others and build a support network during C19. For many women, the restrictions due to C19 made them feel "lonely" and "isolated". For London, the loss of her "girls' night" during C19 was particularly challenging and she found it "hard" when she "lost touch with people." For Bailey, C19 was described as "isolating" but she also explained how the pandemic, "Helped me look at my overall life. What's important to me, slow down, be creative and resourceful about certain things." While C19 public health measures made many women feel

alone and isolated, leisure and recreation allowed women to feel connected to others. Elicia, for example, described her connection to her daughter while engaging in creative pursuits. She said, "I like to sit there and do my own thing while she colours. I try to talk to her and she says 'I like to colour in peace'. So we sit there in the quiet together." Whereas Elicia connected through silence and sharing space, Sienna described how leisure and recreation connected her to other people through simple conversation. She said, "When you're experiencing conversation, intimacy, that brings a lot of joy …the research tells you people need connection. We are built biologically to need that…I know for myself that it [leisure and recreation] did make a positive contribution." Ultimately, this connection supported Sienna's mental health during C19.

Participants shared numerous examples of how recreation and leisure promoted positive connections during C19. Bailey explained:

I have a dog and we would go for hours every day. I also got a kick sled, so we go kick sledding. I would always run into someone. Or a neighbor would come by, or walk by…I felt like I actually had, you know, some kind of communication with people.

This connection with people in the outdoors was important for Bailey, as her workplace pushed her into greater isolation. She said, "Because of the kind of work I do, I didn't want to be going here there and everywhere and trying to like push myself into certain social situations where maybe people weren't being careful."

While C19 public health measures cut off many of the participants' regular support network and "strained" their relationships, leisure and recreation created a "safe space" for new groups to gather and share "similar passions". Fatima talked about how her leisure and recreation assisted with making friends during this time:

Leisure things, recreation things, help a lot. There is a role for it helping with your mental health. You make friends. Having somebody to talk to is so important. I feel like especially when you stay home, with the kids, it's so lonely.

Importantly, having a support network was identified as a protector of women's mental health. Fatima described how leisure and recreation builds a sense of community and that can help with mental health. She explained, "…the fitness classes I teach, it builds a sense of community. You get to see the same people every time and you get to make friends; you feel closer." Leisure and recreation also preserved existing support networks for some women, such as religious groups. As described by Elicia, "I felt good going to Church. They support us. They know everything about my life. They help out a lot."

Connecting with others and creating a support network was a motivator for women to participate in leisure and recreation. Elsie said, "I'm not great at doing things on my own. I like the collective community stuff. I love yoga classes and spin classes and runs with friends." Many women also described how having an "activity partner" created feelings of motivation and a sense of accountability when it came to leisure and recreation commitments. As suggested by Elsie, "Running on my own seems like, not efficient enough in a day. Ideally, that social piece comes into it, so unless I get this trifecta of checkmarks it falls through." Activity partners were particularly important when mental health created barriers to participate. For example, as stated by Alina, "It's so hard to get out of that bed or couch to find yourself on the trail…usually it takes someone to grab you and put you there. So if you're alone, it's so important." Having an activity partner, or a support network, was identified by some women as particularly important when engaging in new leisure and recreation activities. As Rosalind explained:

I would like to have somebody to participate with…It could also be my own mental state of mind. Like feeling judged or feeling like people might be doing better than I am doing. I don't want to be the only newcomer, you know?

Similarly, London described how she has a friend to help her go fishing:

I have a friend that comes[fishing] with me. She's like, 'we're going for pike or grayling'. I'm like, 'okay, just show me what to put on my rod'. I'm still learning, so she's been given me the 'what to do and what not to do'… it's important to have that person.

Participants shared how having an "activity buddy" facilitated participation in leisure and recreation, allowing them to maintaining their support network during C19.

Navigating the northern context

Participants described the various contextual factors that must be considered for women in Whitehorse when trying to access leisure and recreation to support their mental health during C19. Many of these challenges exist regardless of the global pandemic (e.g., long and dark winters, remoteness); however, the context of C19 has amplified their impact. For example, winter was mentioned by multiple women as a variable impacting their mental health. As shared by Angela, "Winter was really, really hard this year. It was extremely stressful. I got really depressed. I think it was just amplified by so much snow and then the darkness." Women expressed how participation in leisure and recreation supported their mental health during C19, particularly during such "long" and "dark" winters. However, barriers to accessing leisure and recreation services in Whitehorse were also mentioned. Bailey described a "divide" up north, highlighting why some people have access and others don't:

If I can be completely candid, there's definitely a huge divide up in the north between folks who can recreate and folks who can't. Some of it is tools. Like some people can't

afford a bike or a kick sled, or they don't have a lot of women in their life to go with, or don't have access to a warm coat. Or they might have a partner, who steals it. If you're going to get outdoors here, you're usually going for longer periods of time. Even the Millennium trail, which is probably the most basic of all trails is an hour and a half. And there's women who fear their safety. This is a small community. It's not always safe for women who've experienced violence to recreate because it is such a small community.

Many of these barriers mentioned by Bailey, such as finances and intimate-partner violence are amplified when living in northern or small communities.

Many participants described leisure and recreation activities in Whitehorse to be inaccessible because they are too intense for "the average Yukon woman" (Rosalind). For example, speaking about women who live with mental health issues, Alina shared, "Everything is so hardcore in Yukon. Like adventure and sports and stuff. That is not accessible for someone who's sick." Bailey also identified that, "Everything in Whitehorse tends to be a bit more extreme," suggesting that leisure and recreation opportunities are often inaccessible because one needs to be at a specific skill-level to participate. Understanding such barriers to participation is an important consideration when exploring how leisure and recreation can support women's mental health during C19.

Participants explained how women in the north have added "emotional burdens" when compared to women living in other areas of Canada. As Bailey explained, "It's crazy to think of that emotional burden that women are expected to take on. Particularly in the north. Taking care of your families with less resources and less information about those resources." However, participants such as Bailey also explained how residing in the north has a number of "positives" for navigating a pandemic. For example, she explained how she can access the outdoors without,

"worrying about being around people." Participants described how the barriers they experience as a result of living in the north were particularly challenging to manage during C19. However, the women were also very clear that there are indeed benefits of residing in the north.

Lastly, as mentioned in the previous theme, the women explained how C19 disrupted their usual connections and support networks. For many women in Whitehorse, families reside in "the south" or fly-in communities father north. For example, Alina's father typically travels internationally to visit her to assist with property maintenance. She said her father is a, "huge mental support" and not having him visit was, "really hard". Comparably, Angela's family is "all down south, so I don't have a huge support network up here". For Elicia, her mom lives up north, but she was unable to visit her. Due to C19 public health measures, these women have been unable to access a crucial support network during a stressful time. However, some women were grateful to be in Whitehorse. When speaking to the benefits of a remote access location and a small population, Selena said, "We've been so lucky in the Yukon. I don't think we have experienced the pandemic the way the rest of Canada has." These discrepancies again demonstrate the nuance in each woman's experience and perception of C19. These nuances are important to consider when understanding how leisure and recreation can support women's mental health, such as by establishing a new support network.

Women-identified opportunities

Women identified various opportunities, and solutions to barriers, for accessing recreation and leisure to support women's health during C19. For example, participants shared they would like to see less goal-oriented groups to address the "intensity" aspect of Whitehorse recreation. They also suggested creating more drop-in leisure and recreation programs to support women's mental health. Angela said, "I'd like to see gyms at least open for groups that really

need it. I think things to help with people's mental health would be really good – and leisure and rec does help." Bailey echoed similar sentiments, "We need more drop-in places that are specifically for women that are low barrier. Where it's 24/7. Where they can't be banned from it. That are accessible without fail." Rosalind also shared she would like to see programs available where Indigenous and non-Indigenous women can participate together, "I think we just need to have more resources for women and non-Aboriginal women alike. But if they could somehow be interwoven." Though, she also recognized having Indigenous-specific spaces available is important, sharing her personal experience attending a yoga class:

> I knew it was gonna just be Aboriginal women, so I wasn't as intimidated. Because sometimes I feel like a little bit intimidated when I go into a yoga class. You know, the white yoga women are...like I don't have any Lululemon. Sorry. So just because it was Aboriginal that made me feel better.

These women have highlighted potential solutions, such as increasing drop-in programs, that can assist women with participating in leisure and recreation, in order to support their mental health during C19.

Participants described the importance of women-focused recreation and leisure opportunities, and they also explained how it is important to have activities that are "open to everyone" As stated by Fatima,

> I feel like fitness classes would be a really good thing, but maybe arranging something for women that is a safe place, like anyone can come, you don't have to be somebody of like substance abuse or mental health or homeless or anything.

The development of leisure and recreation offerings to specific groups, with specific needs, was also identified. For, example, Angela suggested offering leisure and recreation activities for

women living in abusive situations. She described that leisure and recreation groups can "mask" support groups for women in abusive situations.

> I think if there was something for people in abusive situations to focus on that gives people their own little space away from the stress. Like a hybrid book club, where you actually are reading a book, but then you also talk about the really dark stuff. So there's a light and a dark side of it.

These women have expressed a need for more women-focused leisure and recreation services in order to support their mental health during C19.

The women also identified the importance of developing leisure and recreation activities specifically for men in an effort to support women's mental health. As stated by Rosalind, "I would also like to see more groups for men. I read this one study that when there were more supports for men, the violence actually went down. This way both women and men are supported." Likewise, Cecelia expressed concern for men in her community, "I do worry about some of the men out there. They've got nowhere to go, no one to talk to really. Their gender and everything being a male is geared that way that they're not to express their emotions." London shared how her "guy friends" help keep her engaged in her meditation, "There are a couple of my guy friends who use this meditation app and we like nudge each other when we haven't meditated for a couple of days." Participants explained that supporting men's mental health effectively supports women's mental health.

Women identified a need for more outdoor-focused activities, like Elsie who said, "It would be nice for the community to have more organized outdoor things." Women said that the outdoors was their "runaway spot." Others described feeling, "free" when they are recreating outside. For example, Bailey shared, "…so for me just like being in nature is really good for my

soul and connecting with that higher power and being able to get that clear head." Similarly, Selena stated, "When I think about nature, it feels like love to me." Being outside also created a sense of peace for some women, like Elicia, "It's just quiet being out on the land. It's good." In sum, women have identified an array of opportunities, such as accessing outdoor spaces, to offset the barriers of participating in leisure and recreation to support women's health during C19.

CHAPTER 4: DISCUSSION

Findings from this work have contributed to the understanding of how leisure and recreation can support women's mental health, specifically during C19. This contribution is critical given the disproportionate mental health impacts experienced by women, especially mothers, due to the pandemic (Canadian Women's Foundation, 2020; Davenport et al., 2021). This research also addresses the gap in knowledge pertaining to how leisure and recreation can support women's mental health in northern Canada during the C19 pandemic. Providing greater insight into this area is crucial considering the shortage of information pertaining to women residing in the north (McLennon et al., 2020) and the scarcity of women-specific mental health services available in northern Canada (McLennon et al., 2020).

The findings of this project are highly complementary to the existing leisure, recreation, and stress coping literature. This project highlights specifically *how* leisure and recreation supported women's mental health. Scholars have documented the many stress-coping mechanisms that lead to positive mental health outcomes by participating in leisure and recreation (Fancourt, 2021). Notably, recent studies completed during C19 have also identified that leisure and recreation not only assist with stress-coping during C19 (e.g., Shen, 2021), but use similar processes to do so, such as enhancing feelings of connection (e.g., Casper, 2021). Likewise, participants in this study explained that their leisure and recreation engagements created time for them to focus on themselves (exercising their self-determination), generated an array of feel-good emotions (positive emotions/mood regulation), and facilitated connectedness (social connections) during C19. Indeed, multiple "leisure coping strategies" (Iwasaki, 2001, p.165) have been described in detail, such as developing a social support network and enhancing mood in the general population. While women did not use the specific language of "stress-

coping" in this project, they did share personal experiences that detailed how leisure and recreation assisted with managing their stress. For example, women described how leisure and recreation assisted with establishing a sense of self-determination (Coleman & Iso-Ahola, 1993; Iwasaki, 2000, 2001; Mannel, 2007), generated positive emotions/mood regulation (Keiber, et al., 2002), and facilitated social connections (Coleman & Iso-Ahola, 1993; Fenton, 2017). Ultimately, these stress-coping processes were instigated by participation in leisure and recreation, and buffered the negative impacts of C19 to support their mental health.

The concept of self-determination was described by many women in this research. At the time of writing, no published studies have documented the links between leisure, self-determination, and stress coping for women during C19. However, it is well established that leisure-induced self-determination is important for stress-coping in the general population (Coleman & Iso-Ahola, 1993). Because leisure and recreation are rooted in experiences that are intrinsically motivated and are free of obligation (Anderson & Heyne, 2012), they are often the only opportunity throughout the day where one can exercise self-determination. As Caldwell (2005) surmised,

> Although leisure is not the only context for meaningful activity to occur, due to the perceived freedom that often accompanies leisure, it is sometimes the most important or even only context in which one can be his or her 'true self' and feel that what one does is personally meaningful and authentic" (p.18).

This notion of a "true self" could be represented by women in this study, who stated that when they were able to focus on themselves, they were able to "be what they wanted to be" and, ultimately exercise their self-determination by choosing exactly what they wanted to do in their leisure time. While women did not explicitly state that they were "self-determined" in their

leisure and recreation, the language they used was consistent with the concept of self-determination described within the leisure, recreation, and stress-coping literature. Indeed, leisure and recreation have been previously identified as a means for women to experience self-determination and autonomy, leading to positive mental health outcomes (Parry, 2013). Having the opportunity to exercise self-determination was particularly important for women given the various ways C19 public health measures restricted women's ability to tend to themselves (e.g., reduced childcare options, reduced public gatherings, reduced leisure and recreation service offerings) and amplified the "emotional burdens" of caregiving. Mothers, in particular, have described the implications from these public health restrictions (Davenport et al., 2021). In sum, this project contributes to the understanding of the importance of self-determination in relation to women's mental health during C19.

In addition to self-determination, this project also reaffirmed that leisure and recreation can assist with stress by increasing social support (Coleman & Iso-Ahola, 1993). Seminal work by Coleman and Iso-Ahola (1993) previously outlined self-determination and social support as primary coping processes, however, they did not hone in on *why* these coping processes might be of particular benefit to women during times of stress. The current research adds to this knowledge base by detailing how leisure and recreation create spaces for women to experience self-determination and social support, and how these processes can then enhance positive emotions. It is well-established that women demonstrate a greater "tend and befriend" stress response behaviour than men (Taylor et al., 2000). In this phenomenon women exhibit greater nurturing behaviours and greater mobilization of social support. Researchers have stated the "tend and befriend" response is, "one of the most robust gender differences that exist in adult human behaviour…and is the primary gender difference in adult human behavioural responses to

stress" (p.418). In the current study, women clearly delineated that maintaining a sense of connectedness and a support network was crucial to supporting their mental health during C19. Leisure and recreation were able to assist with this need when C19 public health measures restricted their typical access to their support network. This finding accentuates that it is important for women to maintain access to their leisure and recreation engagements to preserve their social support system in order to protect their mental health during times of stress.

Researchers have documented how leisure and recreation can create positive emotions that assist with coping (Iwasaki & Mannell, 2000; Kleiber et al., 2002). However, such studies are typically completed with the general population and are not specific to women. In the current study, women identified that positive emotions offset the difficult feelings (e.g., fear), situations (e.g., intimate partner violence) and perceptions (e.g., increased emotional burdens) they experienced during C19. Indeed, women in this research discussed many "feel-good emotions" resulting from their participation in leisure and recreation engagements that assisted with supporting their mental health. This work was similar to Denovan and Macaskill's (2017) qualitative study assessing how leisure can act as a positive coping strategy to stressful situations. They found that, "negative emotions acted in tandem with stress to deplete resources, whereas positive emotions occurred alongside leisure engagement and increased resources" (p.460). Positive emotions have been described as an important mediator of stress-coping by supporting mood enhancement (Iwasaki & Mannell, 2000). Therefore, this study adds additional insight as to how participating in leisure and recreation can assist women with experiencing positive emotions during C19, and how these experiences assist with supporting their mental health.

A primary strength of this study lies within further distilling the ways in which leisure and recreation supported women's mental health during C19. For instance, women in this project noted how leisure and recreation allowed them to "be whatever they wanted to be". This notion of escaping stressful emotional burdens generated by C19 by participating in leisure and recreation during C19 has not been described in the literature. Though, scholars have identified that leisure and recreation engagements have been used by women to resist gender roles pre-pandemic times (Petty & Trussell, 2021). Additionally, women in this project clearly described their need for a support network and connection during C19, to offset the experiences of loneliness, fear, and isolation. Indeed, having a support network has been identified as a protective factor for women's mental health during the pandemic (Almeida, 2020). Overall, this work provides greater insight into how women are managing the "women-specific" burdens of C19 (e.g., distribution of domestic labour) through their leisure and recreation engagements.

In this study, women shared how leisure and recreation generated various stress-coping processes that supported their mental health. These processes included time to focus on themselves, increased experiences with feel-good emotions, increased sense of connectedness and strengthened support networks. Existing literature suggests these processes are highly connected and interrelated (Hood & Carruthers, 2007; Iwasaki et al., 2018). In their conceptual paper Iwasaki et al. (2018) reflects on the reciprocal nature of the processes identified in their work, stating, "rather than seeing each element independently, it appears important to consider the possibility of deriving multiple meanings from a single [leisure] engagement experience…" (p.33). As noted in the Results section, the findings from this study are deeply interconnected despite their presentation as separate themes. Therefore, the Discussion section is also presented using interconnected literature and descriptions. This allows for greater situation of the findings

within the leisure and recreation literature and better reflects the multiple meanings derived from participation in leisure and recreation during C19.

The findings from this project also suggest that leisure and recreation can be used in a variety of stressful situations to assist with mental health. As outlined by Parry (2013), women create a "sphere of sociability" (p.219), "survival strategies" (p.220), and "prevent identity theft" (221) by engaging in leisure and recreation. These three mechanisms allow women to transcend negative life events (e.g., fertility issues) by building a support network, coping with negative emotions, creating a sense of normalcy, and constructing identity. Women in this study described the same three processes, but within the context of C19. The current study also complements Hutchinson et al.'s (2008) work, whereby women managed stressful situations using leisure and recreation to establish social support, exercise emotional regulation, sustain coping efforts, and validate their sense of self. Given the consistencies between the current study and existing scholarship, it seems that despite the stressful "context" presented to women (e.g., C19, breast cancer, fertility) the stress-coping benefits of leisure and recreation withstand circumstance. These mechanistic pillars enable women to protect their mental health, regardless of the stressful situation they are experiencing.

This study also contributes to the knowledge base pertaining to how women residing in northern Canada use leisure and recreation to support their mental health during C19. Cameron et al.'s (2020) study highlighted how women are experiencing greater rates of anxiety and depression than pre-pandemic times. This is similar to women in the current study, who shared greater experiences with anxiety, depression, and loneliness. However, women in the current study identified additional considerations of living in the north that amplified their situations. For example, given the geographical location of Whitehorse, women were particularly impacted by

the C19 travel restrictions and the long winters. Women in the current study identified that their leisure and recreation was highly conducive to facilitating processes that reduced the challenging aspects of living in the north which supported their mental health. Barriers to participating in leisure and recreation in the north (e.g., skill-level requirements, privacy concerns), were also noted by participants in this study, lending insight into how best to implement leisure and recreation services in this context. While these contextual factors are important to address when establishing leisure and recreation services for women in northern Canada, they also allow for greater transferability of the findings to similar situations, such as remote-access communities or communities with a culture that centres "outdoor adventure".

Another main contribution of this research was the presentation of solutions that might assist women in increasing their participation in leisure and recreation in northern Canada. This finding is exceptionally useful in executing the provision of leisure and recreation services to support women's mental health in northern contexts. For example, women in this study identified a need for an "activity buddy" or the requirement of a social component to engage in leisure and recreation in Whitehorse. This solution was similar to Hudson et al.'s (2019) research exploring Aboriginal youth's experiences with physical activity in northern Canada, where youth emphasised how social support was necessary for their engagement in activities. Additionally, women in the current study highlighted how participation in nature-based leisure and recreation was particularly helpful for their mental health during C19. This finding is similar to Jackson et al.'s (2020) study who found that regular physical activity in the outdoors was important in ameliorating stress for adolescents. While Jackson et al.'s (2020) work was not specific to a northern context, it does highlight the importance of engaging in nature during C19 to protect

mental health. In sum, this work contributes to the dearth of knowledge pertaining to how leisure and recreation can support women's mental health in northern Canada during C19.

Lastly, this research also supports previous findings outlining the importance of participating in leisure and recreation during C19 in the general population. Similar to women in the current study, Rivera-Torres et al.'s (2021) scoping review details how leisure and recreation participation supported the mental wellness of older adults during C19 by increasing social wellbeing. Further, Shen et al. (2021) stated that leisure "can be an important avenue for enhancing human well-being, even under a restrictive environment and sustained stress, such as C19" (p.16). They note that participation in leisure may be used as a means to "detach" from stressors and "recover" through leisure (p.15). Women in the current study described analogous protective benefits from participating in leisure and recreation during C19, where they came back with "more space" after their leisure and recreation experience. These findings add to the growing body of literature suggesting that maintaining participation in leisure and recreation engagements is important for protecting mental health during C19 in the general population.

This research also has a number of notable methodological contributions to the leisure and recreation literature. Firstly, leisure scientists have previously called for the use of more participatory approaches in leisure and recreation spaces (Fenton, et al., 2016; Reid et al., 2013). This study answers that call by embracing a collaborative approach throughout all stages of the research process. Specifically, the CAB's continuous involvement and feedback was paramount to ensuring the project was meaningful to the women and the CAB. As outlined by Vaughn and Jacques (2020), the goals of participatory research are knowledge production and real-world action. The findings of this research have achieved both these goals by producing knowledge pertaining to the role of leisure and recreation in supporting women's mental health, and real-

world action by outlining barriers and opportunities to participating in leisure and recreation that will be used by the CAB to inform future mental health programming in Whitehorse.

Of particular note, is the participatory nature of the data analysis stage. Strengths of engaging participants in the data analysis process include greater relevancy of action items, increased accuracy in the interpretation of the findings, as well as an increased research capacity for participants (Jackson, 2008; Vaccaro, 2020). Very little has been published in the field of leisure and recreation on *how* exactly to engage in participatory data analysis processes. This project was very successful in utilizing a participatory data analysis approach and provides great detail on how to implement a participatory data analysis process for future research. Finally, using characterising traits as a means to determine quality in the context of this research was helpful in determining the success of using a CBPR approach. As outlined above in the Quality Criteria section, while not without its imperfections, the project overall was successful in this regard.

Limitations and future directions

While this project has a multitude of strengths, it also has limitations. Participatory approaches to research are not without their challenges. For example, though all women were invited to join the participatory data analysis, only three women completed the entire process. This small number likely resulted in a greater influence of my own voice during the group meeting. Similar limitations have been documented in other participatory research in the field of mental health and physical activity. For example, Jackson et al. (2008) noted that the researchers in their project tended to "dominate the discussion" (p.167). Additionally, as outlined in the Quality criteria section, I do not think that the establishment of a CAB and engagement of the DA team completely resulted in decentralizing the academy (Schinke et al., 2013). In particular

during the aftermath of the group meeting, where I integrated the remaining 6 transcripts into the codes and themes created by the DA team. Despite my best intentions to do this project "with" participants, rather than "on" them (Vaughn & Jacques, 2020), I don't think my centrality in this research process was fully addressed.

Vaughn and Jacques (2020) outline "choice points" (p.5) where decision-making can be shared by researcher and participants. It seems that while many of these "choice points" included input from the CAB or women (e.g., identifying the purpose of the project) the CAB often defaulted to my initial recommendations or proposed ideas. For example, in determining the recruitment strategy, the CAB suggested using social media. However, I proposed using the known-sponsor approach to ensure a more relational recruitment process. The CAB changed their opinion and agreed to use this approach instead of a broad social media advertisement. This to me suggests that researcher influence was heavily woven into the proposal, methods, analysis, and findings of this project. This resulted in the various choice points of the participatory process shifting between the consulting to collaborating level of engagement, as outlined on the engagement continuum described by Vaughn and Jacques (2020). Consulting refers to simply receiving input from the community, whereas collaborating refers to the community acting as a partner in the research process (Vaughn & Jacques, 2020). Researchers might address this is the future by partnering with an agency prior to commencing any research projects in order to establish a relationship outside of the context of research. Once the relationship is established, the partners can reach out to researchers when they are ready to explore research options. Additionally, more detailed training workshops might be of use to remove any intimidation factors experienced by community members (e.g. data analysis team members).

In terms of additional future directions, researchers might want to consider the exploration of "negative leisure" particularly within the context of stressful situations, such as C19, breast cancer, fertility challenges or natural disasters. Described by Caldwell (2005), negative leisure refers to free-time engagements that result in deviant, addictive, or risky behaviours. Often these behaviours occur in times of boredom, loneliness, or stress (Caldwell, 2005). As noted in the findings, some women in this study found themselves engaging in unhealthy behaviours such as drinking. This aspect was not addressed directly in this study, but could be an important angle to explore given the circumstances created by C19.

Another area to consider for future directions explicitly relates to stress-coping through leisure and recreation. While the guiding research questions of this project did not explicitly focus on stress-coping, stress-coping clearly became the centerpiece of the findings. There are two explanations for this. First, one of the guiding research questions explored the impact of C19 on women's mental health. Naturally, when asked about how C19 impacted their mental health, women frontloaded the conversation with the "negative impacts" of C19. These negative impacts were overwhelmingly stressful for women; thus, the conversation centred around stress. The second research question explored the role leisure and recreation could play in supporting their mental health during C19. This effectively implies that leisure and recreation *do* support their mental health, and they just had to think of reasons why. Consequently, it is only natural that many of the experience's women shared related to how leisure and recreation supported their mental health. In other words, how leisure and recreation actually assist with coping with the impacts of C19. Therefore, it could be valuable to explicitly address this question and see if women could provide additional insight as to how leisure and recreation act as a coping mechanism during stressful events.

Finally, a crucial future direction in this study stems from the barriers and opportunities outlined by the women. Rather than suggesting more research in this area, the women in this project have clearly outlined actionable next steps in order to support their mental health. For example, creating networks for women to access so they can participate with an "activity buddy" is a relatively simple solution to removing the intimidation factor of participation in new leisure and recreation experiences. Additionally, providing more leisure programming for women that doubles as a "decoy" support group could be helpful for women to receive the mental health support they need. Lastly, increasing drop-in programs that provide the necessary equipment to recreate in cold climates (e.g., jackets, toques) would be helpful for women in tight financial situations.

Conclusion

Findings from this participatory research detail how leisure and recreation can support women's mental health in Whitehorse, Yukon Territory during C19. This research suggests that leisure and recreation offer various processes that assist women with managing stressful situations that in turn support their mental health. These include creating a space for women to focus on themselves, sparking feel-good emotions, and strengthening women's connectedness and support networks. This research also makes methodological contributions to the field leisure and recreation, specifically by utilizing a participatory approach at all stages of the research process. Finally, this research presents women-identified barriers and solutions to participating in leisure and recreation in northern Canada, mapping out actionable steps to further support women's mental health during C19.

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APPENDIX A

Ethics Approval

Notification of Approval

Date:	May 20, 2021
Study ID:	Pro00109096
Principal Investigator:	Lauren Ray
Study Supervisor:	Tara-Leigh McHugh
Study Title:	COVID-19, Women's Mental Health and Therapeutic Recreation in Yukon Territory
Approval Expiry Date:	May 19, 2022
Sponsor/Funding Agency:	Mitacs Accelerate Program Yukon Government Canadian Mental Health Association-Yukon

	Project ID	Title	Grant Status	Sponsor	Project Start Date	Project End Date	Purpose	Other Information
RSO-Managed Funding:	RES0053270							

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.

Approved Documents:

Consent Forms
Consent Form rev 4 May 20 CLEAN
Questionnaires, Cover Letters, Surveys, Tests, Interview Scripts, etc.
Group-oriented analysis process info sheet, Version 1, May 19, 2021
Interview guide rev2 may 18 CLEAN

Any proposed changes to the study must be submitted to the REB for approval prior to implementation. A renewal report must be submitted next year prior to the expiry of this approval if your study still requires ethics approval. If you do not renew on or before the renewal expiry date, you will have to re-submit an ethics application.

Approval by the Research Ethics Board does not encompass authorization to access the staff, students, facilities, or resources of local institutions for the purposes of the research.

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 (e.g., 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, Ph.D.
Chair, Research Ethics Board 1

Note: This correspondence includes an electronic signature (validation and approval via an online system).

APPENDIX B

Consent Form

UNIVERSITY OF ALBERTA
Informed Consent Form – Interview

You are invited to take part in the study: "COVID-19, Women's Mental Health and Therapeutic Recreation in Yukon Territory". Your participation is voluntary and is not required by any mental health program in which you may be involved.

Researchers: The study team includes:
Principle Investigator: Lauren Ray (laray@ualberta.ca). Lauren is a graduate student in the Faculty of Kinesiology, Sport, and Recreation

Investigator's Supervisor: Tara-Leigh McHugh (tara-leigh.mchugh@ualberta.ca).
Dr. McHugh is a Professor at the University of Alberta in the Faculty of Kinesiology, Sport, and Recreation.

This project is funded by Mitacs Accelerate Program, Yukon Government, and Canadian Mental Health Association-Yukon

Purpose and Procedures: This goal of this research is to help women's mental health during COVID-19. If you join in this study you will complete an interview in person, over the phone, or on Zoom. The interview will last around 1 hour. You will be asked about your experiences with mental health during COVID-19 and how you think leisure and recreation may help women. After the interview you will be invited to take part in an in-person group follow up conversation as an "Inclusion Researcher" to help develop the findings. **This follow up conversation is not mandatory.** If you are interested to join, it will take 2 hours of your time. We are hoping to have 5-10 people participate in this group conversation.

Will I be Paid to Participate?
The total time required of you for the study will be around 1 hour. Your time given to this research will be recognized by giving you a $50 honorarium for your participation. Should you choose to take part in the follow up conversation, you will be given an additional $50 honorarium.

Potential Risks: You may feel uncomfortable discussing your mental health during COVID-19. You are free to not answer any questions at any time. There is no penalty for not answering a question. If you would like to talk to a mental health professional you may contact the 24-hour Reach out Support Line (1-844-544-3030). In Yukon Territory, physical risks still remain due to the COVID-19 pandemic. Therefore, should participants choose to interview in person, physical distancing, mask-wearing, and hand sanitizing will be required. For participants who agree to participate as Inclusion Researchers all COVID-19 prevention measures will also be in place.

Potential Benefits: By joining this project, you may benefit by knowing that you have contributed to mental health services programs, and recreation programming for women. Some participants may experience no benefits for completing the study.

Confidentiality and Storage of Data: The following steps will be taken to protect your identity and the privacy of the experiences you share. Names or other identifying markers will not be discussed outside one-on-one interviews. Pseudonyms (made up names) will be used instead of real names in all study reports, presentations, and/or newsletters. Audio files and digital copies of transcripts, and consent forms will be stored on a password protected computer in Lauren Ray's office, and deleted after 5 years. If you chose to join in the follow up conversation as an Inclusion Researcher we cannot guarantee your anonymity due to the in-person group meeting. However, Lauren will review the confidentiality rules and the shared responsibility the group has to protect one another's privacy during this process. Inclusion Researchers will be asked not to share any information about the project outside of the group.

Right to Withdraw: You have the right to refuse to answer any question in the one-on-one interview. As well, joining in this study is voluntary and you may stop for any reason, without penalty, at any time. You will be able to keep your honorarium if you choose to end your participation in the study. You will have 30 days from the date of the interview to have any information you shared removed from the study and deleted from the research project.

Questions: If you have any questions about the study, please feel free to ask at any point. The plan for this study has been reviewed for its adherence to ethical guidelines by a 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 or at reoffice@ualberta.ca. As well, any questions you may have about this study may be directed to Lauren Ray or Dr. Tara-Leigh McHugh.

Consent to Participate: |

I have read and understood the description provided above. I have been able to ask questions and my questions have been answered. I consent to participate in the study described above. I know that I may withdraw this consent at any time. A copy of this consent form has been given to me for my records.

I consent to the use of otter.ai for transcription (voice to text) by the research team. I understand that this program has been approved for use by the University as a safe, and secure, transcription software. I understand that all information will be permanently deleted from otter.ai once the transcript has been created.

_____   _____
Participant's Name (printed) and Signature   **Date**

_____   _____
Name (printed) and Signature of Person Obtaining Consent   **Date**

APPENDIX C

Community Advisory Board Letter of Invitation

COVID-19, WOMEN'S MENTAL HEALTH AND RECREATION THERAPY

Background of Project:
In early stages of the COVID-19 (C19) pandemic, resources were allocated to address physical health implications and mental health was broadly overlooked. Globally, women have experienced greater challenges to their well-being due C19. Women have experienced higher rates of C19 diagnosis, unemployment, domestic violence, caregiving responsibilities and have reduced access to social supports typically offsetting these factors. At present, it is not known how the mental health of women has been impacted by C19 in Yukon Territory.

Therapeutic Recreation recognizes leisure and recreation as integral to quality of life and utilizes these engagements to improve health outcomes. Therapeutic Recreation in the context of mental health offers improvements in stress-coping skills, self-esteem, social connectedness, resiliency, depressive and anxiety management, and community engagement. Understanding the impact of C19 on women's mental health and the role therapeutic recreation services may play as a protective factor is important for program providers and policy makers who are currently allocating resources and developing supportive services.

Project Objective:
The objective of this community-based research project is to support the women's mental health in Yukon Territory during C19.

Current Research Questions:
these questions can be refined and modified pending CAB consultation
1) What is the impact of C19 on the mental health of women in Whitehorse?
2) What role might Therapeutic Recreation play in supporting women's mental health during C19?

Role of the Community Advisory Board (CAB):
The role of the CAB is to shape and guide this research project to ensure meaningful and impactful outcomes for women who live with mental health issues in Yukon Territory. The CAB will guide all phases of this research project including:
- Refining the research questions
- Shaping and designing an interview guide
- Providing feedback on the knowledge generation process
- Identifying appropriate participants and appropriate methods of recruitment
- Supporting and shaping the interpretation of the results
- Supporting and shaping the distribution of the results

Meetings will be chaired and facilitated by Project Leads. The CAB will advise and inform on all major decisions of the research project, however, final decisions will be made by the project leads as this project is connected to graduate study expectations outlined by the University of Alberta.

Commitment:
The CAB will be asked to meet once every three months for approximately 1.5 hours. Meetings will be held in person or via Zoom (to be determined by CAB). The project will commence as soon as the CAB is confirmed and will run until approximately December 2021. For those who wish to be more involved in the research process, opportunities to engage outside of the meetings will be made available.

Benefits:
The CAB is paramount to the success of this project; their guidance and feedback will greatly support the relevance and impact of the project. This project provides an opportunity for individuals to gain exposure to community-based research and inform future programming provided at CMHA.

Project Contacts:

Lauren Ray	Tara-Leigh McHugh	Tiffanie Tasane
laray@ualberta.ca	tmchugh@ualberta.ca	ttasane@yukon.cmha.ca
University of Alberta	Professor, University of Alberta	Executive Director CMHA-Yukon

APPENDIX D

Recruitment Poster

APPENDIX E

Interview Guide

Interview Guide

1. Can you tell me a bit about yourself?
   Prompt: Demographic info (education level, employment status, gender identity, familial status, household income, etc.)

2. Tell me about your experience with COVID-19 so far.

3. Have you experienced any life changes because of COVID-19? If yes, how so? If no, do you see people close to you experiencing life changes?
   Prompt: Confirm life changes are directly related to C19

4. How have these life changes affected your mental health? If not personally, do you see people close to you experiencing set backs in their mental health due to these changes?

5. What activities do you participate in?
   Prompt: Socialization? Working remotely? Scale 0-10

6. Why were you drawn to these activities?

7. What sorts of experiences and feelings do you have when you perform these activities?

8. Have these activities been positively or negatively impacted by COVID-19? How so?

9. What role do you think leisure and recreation play in supporting women's mental health during COVID-19?

10. Talk about how these activities contribute to your mental health.

11. What have we not discussed today, but you think is important to share?

APPENDIX F

Data Analysis Team Letter of Invitation

I hope this email finds you well and healthy.

You are receiving this email as you previously expressed interest in participating the in the analysis process of the research project titled: Women's Mental Health and COVID-19 in Whitehorse.

We have completed the interviewing stage of this research project, and are ready to move into the analysis process. We are seeking individuals to join our Data Analysis team. **This role is more time consuming than the initial interview and is completely voluntary. There is no obligation to participate.**

The following will be asked of the Data Analysis team:

1) **Initial meeting:** This meeting will last **at maximum 1 hour** and may be online or in person (depending on the group). I can also meet separately with you if we cannot come to a consensus time. The initial meeting will review in detail the analysis process, and will culminate in the assigning of your transcript from your interview. No one else will read your transcript.

2) **Individual analysis:** After the initial meeting, you will be asked to read your transcript. Each transcript is between 10-15 pages long. We will ask you to read your transcript once from start to finish without taking notes. After your initial reading, you will read your transcript again, highlighting statements within the transcript you feel are important to answering the following questions:

   a. What is the impact of COVID-19 on women's mental health?
   b. What role might leisure and recreation have in supporting women's mental health in Whitehorse?

   You will receive prompts to consider during the highlighting process. Once you have completed the highlighting process, you will assign one to two words that describe the highlighted statement. Then, you will cut the highlighted pieces into individual strips and write the one to two descriptive words on the back of the highlighted snippet. You will receive a package with all of the necessary materials and instructions for this process. This process can take approximately 2 hours, depending on personal reading and processing pace. You will have two weeks to complete this step before the group meeting.

3) **Group analysis:** After completion of the individual analysis, a group meeting will be set. The Data Analysis team will bring the individual highlighted snippets to the group meeting, where the group will describe and determine the major themes answering the questions. This meeting is set for a maximum 2 hours.

4) **Group presentation of findings:** Once the group analysis process is complete, **all** participants of the research project will be invited to a presentation where the Data Analysis team will share their findings and interpretations. We will consider feedback from all participants and integrate their feedback into the findings.

We are looking to start this process as soon as possible, and schedule the initial meeting **before the end of September.**

In recognition of the time commitment, we have set aside $100 for participation on the Data Analysis team. You will be paid if you participate in stages 1-3 listed above.

If you have any questions whatsoever, please do not hesitate to ask.

APPENDIX G

Data Analysis Team Instruction Materials

Individual Analysis Instruction Sheet

Ren cell – 250-864-3203 please text/call me if you have any questions at all!!!

1. Read the entire transcript through once without taking ANY notes or doing any highlighting. This is to "immerse you" in the story.

2. Step away from the transcript for a while (e.g., an hour, a day) before the next step.

3. Read the transcript a second time. While reading, highlight SIGNFICANT statements that *you think* address the following two research questions:
   a. How has COVID-19 affected women and their mental health?
   b. How does leisure and recreation support women's mental health during the pandemic?

4. After a statement has been highlighted, think of 1-2 words that DESCRIBE the statement. You can write this word in the margin of the paper for now. This word will be called a "code" moving forward. Note: you can have multiple codes for one segment

5. After you have finished "coding" your transcript, cut out the highlighted segments. Write the code on the back of the strip of paper containing the highlighted statement. Include as much text as you need to preserve the context of the statement.

EXAMPLE PAGE

- The highlighted areas below are examples of a "segment"
- The bold words under the passage are examples of "codes"

Example 1:

"I like to do Tai Chi, stretch, do yoga. Like anything that maintains my health. Like eating clean food. Stay away from all junk food. I feel less tired. I work out with Cher's online videos. Like her three hour workouts. And it actually gave me more energy and I thought I'd be like tired but hers is like exciting. But the pandemic made it hard because you're alone. And you don't have anyone to do stuff with. Like when the pandemic locked us all down, what else can we do?"

Possible codes: **Energizing, isolating, motivation**

Example 2:

"I think women still deal with the brunt of like, the stress, right? And the majority of people you ask, I know because of myself and friends, they are doing so much more around the home, you know? Cooking dinner, and looking after kids, or whatever that is, and then also doing a full time job. I think the other thing that we don't really talk about a lot, and that maybe it's harder to like, quantify, is just those things that keep you up at night that your brain is consistently busy, because you're trying to figure out like, if you need milk, or who's going to what sports practice or what your friend said, or that it's your mom's birthday, and generally speaking, for better or worse, men don't think that way as much. But I think that is a big thing. I think women forget to prioritize their own self care. Slowly, you know, you hear about it. And it's kind of becoming, I guess, like a catchphrase, but I think it's very different to talk about it, and then to actually live it. How do you carve out those hours in your week that are just for you? Because you might be missing one of your kids sports practices or something like that. Or how do you kind of balance that."

Possible codes: **societal expectations/norms, balance, choice, etc.**