Kinship and Community: Stories of Rurality and Mental Wellness in Northern Alberta

by

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Abstract

While nearly 20 percent of Canadians live in rural areas, many face barriers to accessing and accepting mental health services including cost, distance, stigma, lack of anonymity, lack of information, availability of services, and cultural differences. While a growing body of research explores ethics in rural mental health care, little research has focused on rurality as a cultural construct and how this influences experiences and perceptions of mental health care. To explore this further in my master's thesis, I conducted a comparative case study of two cultural groups living in northern and isolated, rural Alberta, namely, Cree and Mennonites. Through attending to each community's cultural protocol, seven participants were recruited by community contacts to participate in individual semi-structured interviews followed by individual member checks. Interviews were analyzed within constructivist and further, hermeneutic paradigms, following interpretive inquiry guidelines for analysis and evaluation. The findings suggest that while each group has their own unique within group experiences, there is a shared experience of rurality across groups impacting experiences, attitudes, and beliefs about mental health. These include the importance of community and belonging, responsibility to community, living in and relying on nature, and the fishbowl effect. In addition, the study also identified rural values and norms that may act as barriers to help-seeking, such as self-sufficiency and self-abnegation. This research has both scholarly and practical implications for researchers, students, and practitioners and is relevant for both rural and urban practitioners given that rural individuals frequently seek help outside of their communities due to lack of available services. The findings of this research support existing literature by stating that cultural sensitivity is required when working with rural populations.

Preface

This thesis is an original work by Laura Friesen. No part of this thesis has been previously published. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board, Project Name, “Rurality and Perceptions of Mental Wellness in Rural Northern Alberta: A Comparative Case Study”, No. Pro00057328, July 14, 2015.

I would like to dedicate this thesis to those individuals in my communities who inspired and supported me throughout this journey. To my parents, my siblings, and extended family. I also especially want to dedicate this to Rosalind and Norman Petzold and Eva Hale. You encouraged me to attend higher education in a community where it was neither the norm nor an expectation, particularly for a woman.

Thank you.

Acknowledgements

I would like to express my sincere appreciation and gratitude to my supervisor, Dr. Sophie Yohani, for her continued support and guidance. This thesis would not have been possible had it not been for her encouragement, patience, insight, and immense knowledge. Many times, when I could not see the forest for the trees, she helped me step back and look at what was important, often in a new light. Dr. Yohani's careful editing and input in this thesis have greatly contributed to this final product. I have been so fortunate to have a supervisor who cares about this topic and about my growth as a researcher.

My sincere thanks also goes to the second readers of this thesis and members of my committee, Dr. Julia Ellis and Dr. Kevin Wallace. I am so grateful for the time and energy they took to carefully consider my research and offer helpful advice and input for the betterment of this project.

I would like to thank my parents, John and Susan Friesen for supporting my decision to continue my education and for welcoming me to come home to the north over the holidays, even though much of my time was spent writing. I am also thankful for close friends like Terilyn Pott, who helped me brainstorm when I felt stuck, listened to me when I was overwhelmed, and celebrated with me when exciting findings emerged in my research. Without the support of family, close personal friends, and colleagues, I am sure this process would have been much more difficult. While I often worked in solitude, with only my two dogs and a seemingly always full cup of coffee by my side, I could feel the support of all the aforementioned individuals, encouraging me to continue on in this pursuit.

I would also like to thank the Social Sciences and Humanities Research Council for funding this work. Among other aspects of this project, their financial support made it possible for me to travel many hours to meet with my participants in person and hear their stories. This was a vital component of this work.

Finally, to my Heavenly Father, from whom I was given the ability to learn, wisdom, patience, and a love for people, I am eternally grateful.

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Laura Friesen

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An Invitation to the Reader

> *The story is one that you and I will construct together in your memory. If the story means anything to you at all, then when you remember it afterward, think of it, not as something I created, but rather as something that we made together. (Card, 2002)*

What does it mean to be rural? How does being rural change the way people view the world? Inspired by Mayers (2001) and her thoughtful consideration of all the individuals involved in the collection, dissemination, and reception of research (the participant, the researcher, and the reader), I first wish to invite my readers to approach this work with an interpretive mindset before diving headfirst into the telling of this research story. First, what is it that I mean by interpretive? In a further section, I will go into additional detail regarding the constructivist, hermeneutic paradigm from which I conducted this research. But briefly, this research works from the view that individuals experience the world based on their histories, contexts, language and all those factors that result in the uniqueness of individuals. As you read this research, your own history, cultural frameworks, and language will factor into the way you process the information. Rather than me, the researcher, using this written work to impart some final truth to the reader, I ask that the reader join me in a "dialectic and multilayered conversation that is continually in flux, changing, evolving, and shifting" (Mayers, 2001, p. 3). The conversation will involve the telling of participants' stories constructed first by myself and the participants, and then by you, the reader, as you make meaning in what you read on the pages. In reading this, you join me in the multiple conversations about the rural individual and their experience (Mayers, 2001). The purpose of this research is to better understand the stories

of rural individuals while accepting that this understanding can, and most likely will, change over time (Mayers, 2001).

Researcher Position

In my aim to be a transparent researcher, I here acknowledge my position as a researcher as this is of utmost importance to maintaining the integrity of the research. I am a rural Albertan who was born and raised in the region where the study was conducted. Further, I identify as Mennonite which is one of the groups being studied here. The Cree community that agreed to participate in this study is located close the La Crete, the Mennonite community. While this gives me an insider perspective to some extent, I am an outsider to the internal history and experiences of the Cree community and I have stood back to understand my own community from a perspective previously not taken. I have taken an open stance to this research and have worked to build upon, revise, or completely change my previous understanding of the experiences being explored. Given my own history and context, working from a hermeneutic perspective allows me to use my previous knowledge but to welcome new information as it surfaces, recognizing that understanding of experiences is never final.

Throughout this experience, I have grappled with my own previous understandings about the rural experience, the Mennonite experiences, and the Cree experiences. It is not possible to separate my own identities (contexts) to try to understand the rural experience from a completely objectivist standpoint. Given that it is impossible to remain separate from my work, I acknowledge my identities as a woman, a Mennonite, a rural individual, a student, among many other identities, that impact the lens through which I interpret participant stories. In the same way, I ask that you acknowledge your own identities and take a few moments to ask yourself: in

what way might this change the way I approach and enter into a dialogue with this research and the stories of the individuals?

Chapter 1: Introduction

Nearly 20% of Canadians live in rural areas (Statistics Canada, 2015), and many face barriers to accessing mental health services (Bischoff et al., 2014; Dyck & Hardy, 2013). In addition to being geographically distanced from many psychological services and long wait times, individuals in rural areas face psychological barriers such as stigma, issues regarding lack of anonymity, a lack of information (Dyck & Hardy, 2013), and cultural differences (Bischoff et al., 2014). While a growing body of research explores rural mental health care, little research has focused on how rurality as a culture influences experiences and perceptions of mental health and mental health care. This is an important consideration since cultural beliefs and practices relating to mental health influence both help-seeking and experiences with services (Sue & Sue, 2008).

Research Problem

As I earlier stated, many rural individuals face unique barriers to receiving quality mental health care services. In addition to problems of *accessibility*, rural individuals may also face barriers of *acceptability* regarding mental health and mental health care (Bischoff et al., 2014). Accessibility has been defined as the extent to which members of communities have realistic access to mental health services (Bischoff et al., 2014). For example, accessibility-related barriers might include the number of available professionals in communities, whether or not individuals are able to afford care, and the need to travel to different locations to receive care (Bischoff, et al., 2014). Acceptability is defined as the extent to which individuals see mental health services as sufficient or appropriate means by which to meet their needs (Bischoff et al., 2014). An example of an acceptability barrier could be that cultural minorities may not believe that providers who are part of the cultural majority will be able to help them in appropriate ways (Bischoff et al., 2014). Similarly, and in terms of cultural barriers, members of rural communities

may prefer providers who themselves come from rural areas or who understand the unique culture of the rural community they reside in (Bischoff et al., 2014). On top of these barriers, rural individuals' perceptions of access to mental health services are suggested to be more influential than the actual number of providers in rural areas (Bischoff et al., 2014). That is, even if there are psychological services in rural communities, individuals may not be aware of those services or they may actively avoid seeking help from those services for a variety of reasons.

A 2014 study conducted by Bischoff et al., examined accessibility and acceptability as it pertains to rural mental health care with the main research question being: "what do mental health therapists need to know to successfully practice in rural communities?" (pp. 3). They found that cultural sensitivity is an essential component to providing competent care. Culturally competent care refers not only to clinical knowledge and skill but also the extent to which providers engage in communities. For example, they suggest that providers need to be aware and sensitive to rural culture, recognizing that each rural community has a unique culture. Moreover, providers need to be aware of the culture of the provision of care within communities. Bischoff et al. (2014) found that the successful delivery of rural care includes spending more time with clients/patients, practicing as a generalist, collaborating with other professionals, and knowing about various community resources.

The current study builds off of the research of Bischoff et al. (2014) and I collect stories through the use of case studies to gain a better understanding of rural perceptions of mental health. A limitation identified by Bischoff et al. (2014) was that they interviewed only certain gatekeepers of the rural communities (local health care providers); I addressed this limitation by working to invite any members of rural communities to participate regardless of whether or not they are gatekeepers to the communities.

Purpose of the Study

Since both accessibility and acceptability are important factors in the implementation of successful mental health care in rural areas (Bischoff et al., 2014), the purpose of this research was to invite participants from two cultural groups (Cree and Mennonite) and explore what it means to have a rural cultural identity. Additionally, I explored how rural Albertans perceive mental health and mental health services. The main research questions in the current study are 1) how do Cree and Mennonites experience being rural in Alberta? And 2) how do rural Albertans perceive mental health and mental health services? For the purpose of this study, the rural Alberta experience was limited to the above-mentioned cultural groups. Comparing two cultural groups who also identify as rural and isolated, allowed me to explore and identify ideas that are unique to *being rural.* Throughout this thesis, I will refer to the individuals who accepted the invitation to join this study as Cree participants or Mennonite participants as opposed to only identifying them as participants, as in many other studies. This is done intentionally since I have been given the opportunity to compare two distinct cultural groups and wish to represent the unique experiences as well as the shared experiences. The participants have multiple identities and the identities that will be the focus of this study will be their rural identities and their ethnic/ethnoreligious identities. However, as the reader will observe in the findings, identities such as helper, woman, family member, etc. will emerge since these are also important aspects of their experiences. Below (Figure 1), readers can find a map of Alberta highlighting the locations of the communities involved in this project.

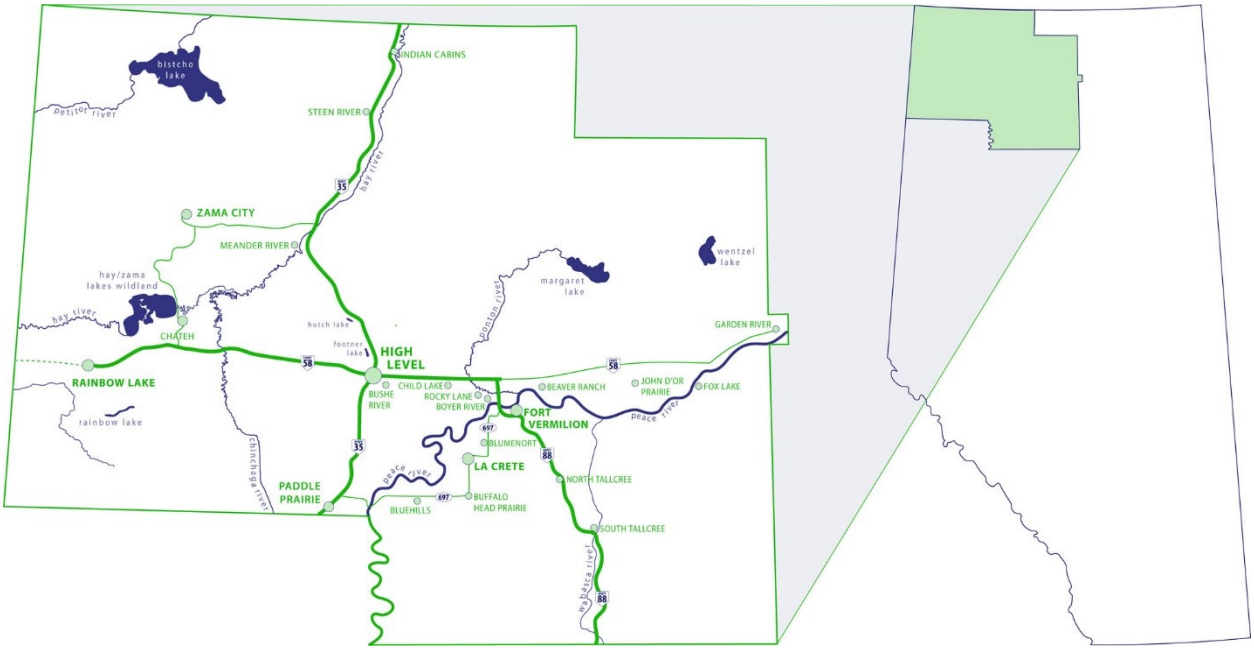

Figure 1. Map of northern Alberta (Regional Economic Development Initiative, n.d.).

Chapter 2: Literature Review

According to Williams and Kulig (2012), rural areas make up 90 percent of Canada's landmass and approximately 19 to 30 percent of Canadians reside in rural Canada. As stated in this thesis' introduction, the 2015 census survey results found that approximately 20 percent of Canadians reside in rural areas (Statistics Canada, 2015). In 2011, Alberta's rural population stood at 17 percent, a number that has drastically decreased since 1901, when 75 percent of the population in Alberta was rural (Statistics Canada, 2011). While 17 percent seems a small number, it represented 614,855 people in 2011 (Statistics Canada, 2011). Although urban locations have become areas of greater focus, remote and rural places remain part of Canada's national identity (Williams, & Kulig, 2012). Now a minority group, both provincially and nationally, rural individuals in Canada are said to have different needs than urban individuals; these needs will be described following definitions of rurality and culture.

Williams and Kulig (2012) describe several characteristics of rural areas, including that these areas tend to have less visible minorities and immigrants, distinct religious groups (i.e., the Anabaptists) and more Aboriginal Peoples. Generally, individuals in rural areas may also have lower socioeconomic statuses as a result of lower levels of education and high rates of unemployment (Williams & Kulig, 2012). Further, rural areas are likely to have higher numbers of dependents and less individuals of working age (Williams & Kulig, 2012). This research explores rurality as a cultural construct and as a specific target population for culturally sensitive mental health services. Citing Weinart and Long (1987), Pierce (2001) warns that "problems can arise when health care services are implemented without a sound understanding of how the target population defines health and how they seek and utilize healthcare services (p. 50). Given that it is necessary to understand rural culture and how it impacts perceptions about health and health

services (Pierce, 2001), individuals identifying as either rural and isolated Cree or Mennonite were invited to discuss their experiences of rurality and perceptions of mental wellness. In this way, the current study addresses two groups common to rural areas as mentioned by Williams and Kulig (2012) and explores experiences of rurality that emerge across the two groups to better understand how mental health care may be provided in culturally sensitive ways within these areas.

Definition(s) of 'Rural'

One simple definition of what it means to be rural may not be feasible given that the definition may change depending on the way the term "rural" is used or experienced (Halfacree, 1993; Racher, Vollman, & Annis, 2004; Leipert, 2005). However, many authors have worked to develop definitions of rural and consequently, many debates have surfaced. According to Halfacree (1993), there are four categories that can be used to define rurality. The categories are *descriptive* (i.e., geographical, population size/density), *socio-cultural* (i.e., the environment produces character), regarding *locality* (i.e., agricultural), and *social representation* (i.e., "it feels rural to me") (Halfacree, 1993). Halfacree himself focused on locality and social representation explanations in his 1993 and 2006 work. While a detailed discussion on the varying opinions regarding the definitions of 'rural' is beyond the scope of this thesis, I provide ways of defining rural from a social constructivist lens, taking into account the fact that some individuals may view themselves as rural (and create that reality) based on a variety of factors. For example, some rural residents may identify as rural based on the population size and geography of their community (e.g. "I am from a small town") whereas others identify as rural more strongly from a locality perspective, for example, based on the use of land (e.g. "I am a from a farming community").

Coming from a British point of view, Halfacree (2006) still provides internationally relevant information regarding rurality, specifically that which pertains to rural space. He views space as socially produced and writes that, "space does not somehow 'just exist,' waiting passively to be discovered and mapped, but is something created in a whole series of forms and at a whole series of scales by social individuals" (Halfacree, 2006, p. 44). Building off his previous 1993 work, Halfacree (2006) defines rural space as made up of three interrelated components: rural localities which take into account production and consumption activities, formal representations of the rural which include the way rurality is framed and commodified (this factor dominates the other two), and lives of rural individuals, which is the cultural aspect of rural space, including individual and social elements.

Similarly, Cloke (2006) understands the difficulties in defining the rural and he stated that,

> While cities are usually understood in their own terms, and certainly without any detectable nervousness about defining or justifying that understanding, rural areas represent more of a site of conceptual struggle, where the other-than-urban meets the multifarious conditions of vastly differing scales and styles of living (p. 18).

Additionally, while traditional rural culture is still seen in many areas, urbanization can be seen through the influence of media such as Facebook, Hollywood, Google, and Twitter (Cloke, 2006). In fact, globalization, often through widespread media, is in many ways, urbanizing many rural areas to varying degrees (Cloke, 2006). Therefore, Cloke (2006) argues that the line between urban and rural can be greatly blurred. More specifically, he writes that

> Rural society and rural space can no longer be seen as welded together. Rather, rurality is characterized by a multiplicity of social spaces overlapping the same

> geographical area, so while the geographic spaces of the city and the countryside have become blurred, it is in the social distinction of rurality that significant differences between the rural and urban remains (Cloke, 2006, p. 19).

Not only are rural areas becoming somewhat urbanized, so are urban areas being influenced by rural areas (Cloke, 2006). Cloke (2006) cites Mormont's (1990) example of Edmonton, Alberta's West Edmonton Mall as taking on rural features and celebrating those features. Cloke (2006) further writes that,

> Regarding rurality as socially constructed suggests that the importance of the 'rural' lies in the fascinating world of social, cultural and moral values which have become associated with rurality, rural spaces and rural life. Such an approach invites study of how practice, behaviour, decision-making and performance are contextualized and influenced by the social and cultural meanings attached to rural places (p. 21).

Accepting Cloke's (2006) invitation, the current study explores how experiences of rurality as a cultural construct impact perceptions of mental health and mental health services. By developing a better understanding of how mental health is perceived within rural cultures, this study aims to further understand help-seeking behaviours and other decisions rural individuals make around mental health. In this way, this study hopes to lead to helpful action based on a greater understanding of rural experiences and conceptualizations.

My working definition of rurality is as follows. From a social constructivist theoretical framework, experiences of rurality can be viewed as constructed and multiple, based on history, context, and language. Individuals may identify as being rural based on Halfacree's (1993) four

broad ways of defining rural. For example, individuals may construct their reality of what rural means based on descriptive features of the land (e.g., I live this many hours from the nearest city), social representation (e.g., I 'feel' rural), locality (e.g., we are an agricultural community), or from a sociocultural standpoint (e.g., it seems that being rural creates hardworking, independent people) (Halfacree, 1993). Instead of using only one of the four ways to define rural, I prefer to take a more overarching theoretical approach which hopes to take into account the many different ways people define what rural means *to them*. What the word rural means to me may not be sufficient to capture different experiences of rurality. This definition also takes into consideration the fact that rural communities in Canada are composed of two distinctive groups – indigenous and non-indigenous settler groups. This study works to explore what rural means to those individuals living in two small, isolated communities in northern Alberta. Individuals may use one, several, or all of the four ways to define their rural cultural identities.

Definition(s) of Culture

This research explores experiences of rurality as a cultural construct. Therefore, it follows that a definition of culture is provided. As with the term rural, many authors have offered definitions of what culture means. I prefer the following by Matsumoto (2000) as it is a broad description whereas others work to be more specific and, as a result, may leave out important elements that could be important to human experience. From a social constructivist, hermeneutic framework (to be described in the following methods chapter), I work to understand the *whole* experience. My understanding is that culture can be experienced in a variety of ways, depending on an individual's context. Matsumoto (2000) defines culture as a

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

> shared by a group, harbored differently by each specific unit within the group, communicated across generations, relatively stable but with the potential to change across time. (pp. 24)

Matsumoto (2000) also states that "what defines members of the same culture is whether they share the psychological phenomena. What distinguishes members of one culture from another is the absence of these shared phenomena" (pp. 26). The two cultural groups included in this study are Cree and Mennonite and the purpose of this study is to identify experiences that could arguably be considered to be part of a rural cultural experience, shared by both groups, (albeit possibly experienced differently). Although culture is not the only way in which to understand individuals, it is an important factor requiring careful attention (Matsumoto, 2000).

Impact of Culture on Perceptions

Every individual holds a worldview that impacts their perceptions, evaluations, and behaviours (Sue & Sue, 2003). Worldview has been defined by Sue and Sue (2003) as “how a person perceives his or her relationship to the world (nature, institutions, other people, etc.)” and are “composed of our attitudes, values, opinions, and concepts” which “may affect how we think, define events, make decisions, and behave” (pp. 267). Worldviews impact the ways in which mental health providers interpret their clients’ needs and behaviours and also the ways that consumers of psychological services perceive mental health and mental health services. An important consideration mental health providers need to take into account is that the worldviews of minority groups are often quite dissimilar from those of the mainstream cultural group.

The value-orientation model described by Sue and Sue (2003) lists four dimensions by which worldview can be captured. Time is one way in which cultural groups often differ. For example, different groups “may emphasize *history* and *tradition*, the *here and now*, or the distant

future (Sue & Sue, 2003, pp. 268). Attitudes and beliefs regarding activity also differ according to worldview. Individuals may focus on simply *being* (just being is sufficient), on *being and in-becoming* (a focus is placed on the development of the inner self), or on *doing* (rewards come when an individual works hard). The way individuals view relationships with others also differ between various groups. Relationships may be seen as *lineal* (the world consists of leaders and followers), *collateral* (relationships tend to be equal), or they may be *individualistic* (a worldview in which individual control/autonomy is vital). Different cultural groups may also differ with regards to the way in which they view their relationship with nature. Where some see themselves as *conquerors* of nature, others may see themselves as being *harmonious* with nature. Other groups may believe they are to *subjugate* to nature (i.e., external forces such as God or fate determine life). In addition to the value-orientation model's four dimensions, cultural groups also view the nature of human in different ways. Some may view humans as being innately good, others may view humans as innately evil, and still others may view humans as neutral (Sue & Sue, 2003).

Worldviews can also be considered in terms of locus of control (Sue & Sue, 2003). Individuals will hold one of two worldviews within this standpoint: they will either have an internal locus of control (the individual has control) or an external locus of control (an external force has control). Based in attribution theory, worldviews can also be understood by how individuals place responsibility or blame. Individuals who hold to an internal locus of responsibility place the responsibility on the individual and the individual's characteristics and traits while those who believe in an external locus of responsibility tend to place responsibility on the environment or on a system.

An understanding of worldviews is essential so that providers of psychological services can use their knowledge and skills in culturally competent and sensitive ways (Ibrahim, Roysircar-Sodowsky, & Ohnishi, 2001). Cultural identities (this is not an extensive list) to be considered may include ethnicity, religion, age, level of education, location, sex, among a variety of others. Client's presenting problems must be understood within their worldview (i.e., taking into account culture and social context). Moreover, not only do worldviews differ across various groups, but they also differ within groups. Therefore, it is naïve to make assumptions about an individual based on an understanding of their culture's stereotypical worldviews. For example, an individual of a minority may come from a group whose worldview commonly differs from the majority, but that individual may actually view the world and others in it, in mainstream ways.

This research works to develop a more sophisticated understanding of how a rural culture might impact the way individuals experience mental health and mental health services and uses the case study approach to demonstrate unique perspectives as well as several shared experiences across individuals and groups. Developing a more sophisticated understanding is the aim of hermeneutic research (Patterson & Williams, 2002). Understanding can be created when researchers reveal some information that might have been hidden or obscured and when they find a way to show meaning and importance in what may seem obvious, boring, or ordinary (Jardine, 2000). This is a way in which case study research can result in rich knowledge generation as they offer an opportunity for new stories to be told about familiar experiences (Jardine, 1998). However, while researchers aim to increase or change understanding, they must also be aware that the understandings they have painstakingly developed will likely be changed by others, by time, or by changing contexts (Jardine, 2000).

Rural Cultures/Identities

Although a growing body of research examines unique rural issues, there is little in the literature with regards to what a rural culture actually means to those living in rural areas and how rural individuals experience and perceive this in terms of cultural identities. Based on my review of the literature, rural mental health research has been studied in different contexts across the globe, including North American and Australian contexts. Farmer et al. (2012) refer to culture in rural health as an often ignored "elephant in the room" (p. 243). According to Farmer et al. (2012), the literature often implies a rural culture but uses the term loosely and they emphasize that more research on rurality as a cultural construct is required. In this project, I studied rural individuals as a distinct cultural group while being aware of plural identities, including ethnocultural identity.

Although the term 'rural' often invokes images and/or ideas of geographic locations, Matsumoto (2000) states that culture is a social phenomenon as well. Some perceptions of rural areas include conservative values, traditional norms, self-reliance, community values (Farmer et al., 2012), connection with nature, toughness, creative problem solving, and isolated conditions (Bracken, 2008). There appears to be an understanding that although homogeneity is a common factor used to define rural areas, simply defining rural areas in stereotypical ways does not fully comprehend how complex within-group differences may actually be (Little, 1999; Bryant & Joseph, 2001; Stedman & Heberlein, 2001). While stereotypical definitions of rurality can be limiting, the rural idyll is still widely held by both urban and rural residents and may impact behaviours (Stedman & Heberlein, 2001) and thoughts. For example, Bracken (2008) reviewed several studies in the United States that explored perceptions of rurality. One of the studies discussed was a Kellogg Foundation funded survey where participants across America were randomly selected to include fair distributions of gender, race, socio-economic status, and

location (rural, urban, and suburban areas were targeted) (see Greenberg Quinlan Rosner Research, 2002). The report found that rural individuals associated rurality with qualities such as being traditional, friendly, behind in times, intolerant in terms of differences and outsiders, agriculturally-based, safe, less complicated, believing in the importance of family, being committed to the community, having strong work ethics, self-sufficient, tough, holding strong religious beliefs, and strong patriotism (Bracken, 2008; Greenberg Quinlan Rosner Research, 2002). Some of the identified perceived challenges included lack of opportunities, isolation, education, brain drain, and issues related to transportation (Bracken, 2008; Greenberg Quinlan Rosner Research, 2002).

Bracken (2008) summed up her own previous research in 2006 (original paper unavailable) where she had asked rural individuals to define rurality; for this study, Bracken (2008) recruited individuals from rural areas in Northeast and Southeast, United States of America. Bracken (2008) stated that her findings had included perceptions related to nature, population density, difficulty accessing health services, and green space. Strong ties to family and faith were emphasized and challenges included drugs, crime, brain drain, and poor quality of education (Bracken, 2008). Rurality was seen as a way of being, a preference, and a right rather than just a reaction to being located in an isolated area (e.g., toughness, self-sufficiency). In contrast to the findings of the Greenberg Qinlan Rosner Research (2002), Bracken (2008) stated she had found that rural individuals were quite diverse in their perceptions, for example, in political views (Bracken, 2008). Therefore, it becomes important to explore perceptions of both the dominant narratives of rurality (often the idyll), and non-dominant narratives (the diversity within and between communities) (Bracken, 2008). The idyll view of rurality is one of the many experiences of being rural and therefore, is still one part of the diverse nature of rurality. It is

important to recognize that rural areas are more than idyll stereotypes but it is also important to recognize that rural individuals may in fact, cherish the idyll and experience rurality in those terms.

Individuals living in rural areas hold multiple cultural identities, for example, an individual may identify as being part of a certain religion or ethnicity and also identify as being rural. The rural identity appears to be an important part for many individuals and as a result, influences the way they view the world. My past research on education attainment of rural youth suggested that individuals have a pride in their rural identity and experience a unique 'rural quality' (Friesen & Purc-Stephenson, 2016). For example, one participant stated,

> I loved the rural experience...I wouldn't give it up for going to a, a city any day. It's made people who they are today. And like I said, a lot of people are better because they go to a smaller town or things like that. It's... different personalities, they're not, they do things for other people instead of for themselves to get themselves ahead, and that's what I find is different... I don't know if that's probably the schooling and the parenting, but it's something out there that just makes people better. (Friesen & Purc-Stephenson, 2016, p. 145)

Taking into consideration Halfacree's (1993) four ways of defining rural, this person's quote suggests a socio-cultural perception of rurality in that the rural environment somehow creates a good character in people.

In a paper describing rural Americans, and specifically the Minnesota context, Slama (2004) describes rurality within a diversity framework. Slama (2004) views rurality in terms of several continuums; first, concerning the extent to which individuals are assimilated into mainstream culture and second, based on the size of communities. Regarding the

assimilation/acculturation continuum, rural individuals vary in "the degree to which they adhere to characteristically rural values, traditions, and customs, versus to those of urban life" (Slama, 2004, p. 9). For example, individuals may assimilate by following influences from media that now reaches many isolated locations. With this in mind, Slama (2004) argues that professionals need to assess the level of acculturation when working to provide services just as you would with any other cultural group. In terms of a continuum based on population density, Slama (2004) describes that there is a tendency for the prevalence of more traditional rural culture as community size becomes smaller on the continuum. She then makes clear that rural areas are not homogeneous and states that "traditions and customs vary from small town to small town, as well as from farm to town… each area's particular customs and traditions are a treasured part of how people from that place think and act" (Slama, 2004, pp. 9-10).

Slama (2004) further describes rural areas broadly in three large categories: conventional attitudes, isolation, and poverty. Conventional attitudes, independence, and self-reliance (survival mechanisms taught early in life), lead to conservative thoughts and actions; "when you depend so much on yourself, you become more careful and considered in your decisions" (p. 10). Additionally, Slama (2004) discusses the well-known "fishbowl" effect, or as she terms it, the "goldfish bowl effect" (p. 10) that occurs in areas with smaller population sizes and defines it as a phenomenon,

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

In terms of isolation as a way to describe rurality, Slama (2004) states that distance, population, and lack of services are common factors in rural areas. Poverty is the final category Slama (2004) uses to describe rural individuals and areas. In addition to similar problems poor urbanites face, rural individuals also deal with less access to services, including transportation, availability of services, and may also be less likely to access health insurance or welfare as they feel others will find out about it and it will be widely discussed within their community.

Taking into account different rural cultural experiences, the question then becomes, how do diverse experiences of rurality, including the rural idyll, impact the way individuals experience the world around them? Further, how do experiences of rurality influence their perceptions of important aspects of their life such as mental health?

Mental Health status of Rural Individuals

In a study asking whether or not rural individuals are less healthy than their urban counterparts, DesMeules et al. (2012) collected data through the Canadian annual mortality data, the Canadian Community Health Survey, and the Canadian Cancer Registry. Using quantitative methods including multivariate regression analyses and bivariate analyses, the results suggested that although rural individuals reported less stress and a stronger sense of community than did urban individuals, rural individuals were found to have lower socioeconomic status, lower education attainment levels, increased unhealthy behaviours (i.e., smoking), and higher mortality rates (one of the reasons being that rural individuals are at a higher risk of suicide). Given the various risk factors in rural areas, a sense of community or of belonging can be seen as social capital and can contribute to the health of individuals within rural communities as a sort of protective measure.

In terms of mental health, rural individuals have high rates of depression, suicide (Williams & Kulig, 2012; Slama, 2004; Bischoff et al., 2014), domestic violence, child abuse, (Bischoff et al., 2014), substance abuse (Bischoff et al., 2014; Slama, 2004), and traumatic stress (Slama, 2004). Rural areas also tend to have higher rates of teen pregnancy and sexually transmitted infections (STIs) than urban areas (Slama, 2004). Working in Minnesota and describing rural Americans, Slama (2004) also found that self-abnegation, denying one's own needs (Dictionary.com, 2017), appears to be common in rural areas. Specifically, she states that, "positive self-statements are perceived as boasting, and positive thoughts about oneself are equated with the sin of pride, or at least, being conceited" (Slama, 2004, p. 10), making things like therapeutic work with self-esteem and self-compassion difficult.

In contrast, Brannen et al. (2012) found that rural individuals in Canada may be less likely to experience mental illness than urban Canadians. Still, they stated that young rural individuals are at a higher risk of suicide, especially males; this was partially explained as being due to a lack of available care in rural areas (Brannen et al., 2012). In an overview of rural women's health issues in Canada, Leipert (2005) discusses the prevalence of mental health issues within this group. Rural women's mental health issues were suggested to be as substantial as their physical health issues and include depression, despair, and psychological distress (Leipert, 2005).

Barriers to mental health care. In a paper discussing the rural American mental health experience, Slama (2004) "[makes] the case that there are some significant differences in factors affecting rural people's mental health, as well as the manner in which [professionals] can most effectively provide mental health services to them" (p. 9). Citing past research (see Slama, 2004 for list of authors), she writes that rural individuals are receiving less mental health assistance

than urban individuals. Slama (2004) further argues that in addition to professionals working in rural areas, those working in larger urban centres also need to be aware of differences given the prevalence of rural individuals going to larger centres for help not readily available in their home communities.

As supported earlier by DesMeules et al. (2012), rural individuals tend to experience a sense of belonging which has been defined as a social attachment created by social and community support and engagement (Williams & Kulig, 2012). While sense of belonging can be seen as a protective factor for mental health, rural individuals face many barriers to accepting and receiving mental health supports. Rural areas have inadequate mental health services available to them in their communities and individuals tend to seek help first from their primary health care practitioner (family doctor/general practitioner) rather than from a mental health professional (Bischoff et al., 2014). The quality of mental health care by primary care practitioners is usually below guidelines and low in comparison to the quality of care provided by mental health professionals (Bischoff et al., 2014). Slama (2004) agrees and states that often, "mental health needs are taken to family practice physicians, ministers, family, friends, and bars. Such resources, while important, are often inadequate to deal fully with mental health problems" (p. 11). Additionally, in rural areas, problems tend to stay in families and, given the common norm of emotional suppression, individuals become further isolated in already geographically isolated regions (Slama, 2004). Perhaps related to an increased need to belong, family enmeshment is suggested to be common to rural areas (Slama, 2004). In terms of methods of treatment, for those in more isolated rural areas, there also tend to be less opportunities to develop social circles, making psychological treatments such as social anxiety exposure or encouraging recluses to expand their experiences, much more difficult (Slama, 2004). From a

financial perspective, rural individuals also tend to access services when problems have gotten much worse due to lack of coverage or other means of paying for services (Slama, 2004).

Brannen et al. (2012) also identified barriers to mental health services in rural areas including low literacy with regards to mental health, increased stigma, and inadequate professional services. In addition, a lack of economic resources, lack of anonymity, travel costs, and a lack of information contribute as barriers (Brannen et al., 2012). Likewise, Slama (2004) found that rural areas tend to have more stigma towards mental health and mental health services. Rural values such as hardiness and self-reliance appear to maintain stigma about mental illness, thereby decreasing help-seeking behaviours (Leipert, 2005). In a study of rural women, the issues of lack of anonymity and lack of available resources were again described as barriers to mental health care (Leipert, 2005). Leipert (2005) also describes that, in terms of accessing health care, rural women often face problems with regards to receiving respect and being seen as equal contributors. Additionally, rural women tend to prefer female practitioners and, due to overall small numbers of health and mental health providers specifically, they have difficulty accessing this in rural areas as well (Leipert, 2005; Whyte & Havelock, 2007). Related to stigma and the acceptance of mental health services, an additional concern is that effective mental health provision requires that professionals build relationships and establish trust with community

members to deliver effective care and treatment (Williams & Kulig, 2012) and this may take more time and effort on part of professionals.

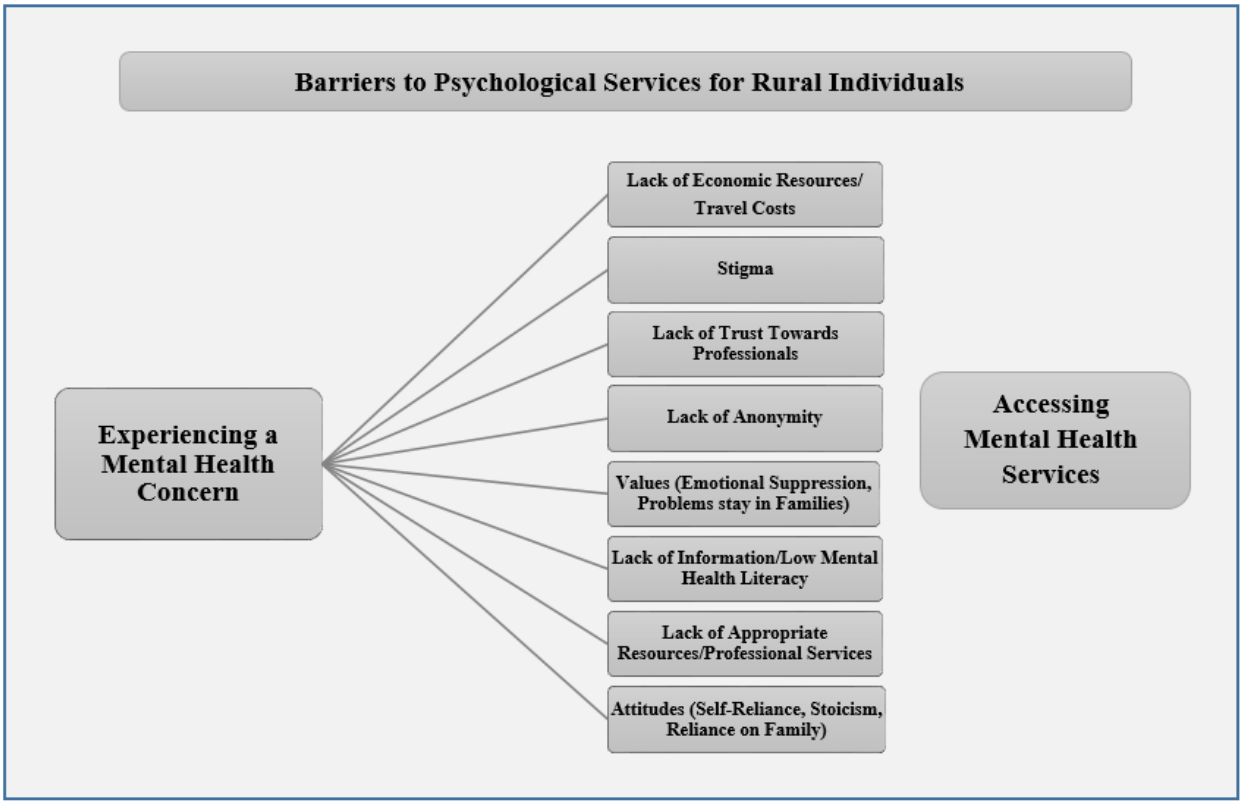

Figure 2. Barriers to accessing and accepting psychological services for rural individuals. Original image based on literature review (Leipert, 2005; Brannen et al., 2012; Bischoff et al., 2014; Slama, 2004; Judd et al., 2006; Williams & Kulig, 2012).

Rural concepts of wellness. As stated earlier, cultural beliefs influence help-seeking behaviours (Sue & Sue, 2008). Judd et al. (2006) conducted surveys of 467 rural Australians to determine how agrarian values and stigma impact the way individuals seek help from psychological services. Agrarian values were defined as attitudes of self-reliance, stoicism (emotional denial, suppression, and control), a reliance on family over professionals, and self-responsibility for health-related problems (Judd et al., 2006). The research was conducted in farms and small town where agrarian values were commonplace (Judd et al., 2006). The authors found that individuals who scored higher in stoicism and self-efficacy were less likely to engage

in help-seeking behaviours (Judd et al., 2006). Surprisingly, and somewhat contradictory to other research (Brannen et al., 2012; Dyck & Hardy, 2013; Leipert, 2005), the authors found that stigma did not influence help-seeking but suggested this was an unclear area as most people tend to seek help from general practitioners and available local mental health resources tended be associated with less stigma (Judd et al., 2006). Whereas this research focused primarily on agrarian values, suggesting an agricultural lifestyle, my definition of rurality includes those individuals living in rural areas who do not use agriculture to mark their experience. More specifically, while the Mennonite group in this study is traditionally an agricultural group (Global Anabaptist Mennonite Encyclopedia Online, 2014), the Cree group in this study usually identify more as an isolated, hunter-gatherer group rather than an agricultural group (M. Cardinal, Personal Communication, 2015). Further, whereas the Judd et al. (2006) study was quantitative in nature, the current study is qualitative, looking at the stories and including context to support findings.

Given that attitudinal factors also determine levels of help-seeking in rural areas (Judd et al., 2006), it is important to note that rural individuals may hold different attitudes towards health and illness than urban individuals (Elliot-Schmidt & Strong, 1997). For example, while urban individuals may tend to abide by a more clinical model of health and illness (attending to discomfort and symptoms), rural individuals may be concerned primarily with the impact of illness on productivity (Elliot-Schmidt & Strong, 1997). To provide culturally-sensitive and successful services, providers need to be aware of the motivations of individuals and their communities as reflected by their concepts of health and illness (Elliot-Schmidt & Strong, 1997). The review paper by Elliot-Schmidt and Strong (1997) was written from the perspective of Australian occupational therapy. My research will build on this by providing a Canadian context

of psychological/mental health services in general and within the Counselling Psychology discipline.

Mental health needs of rural areas. Progressively more research suggests that rural areas need ways to address the many barriers to accessing and accepting mental health services. In fact, rural communities appear to require individualized service provision because of the diversity of each rural community (Brannen et al., 2012). To accommodate this need, service providers and researchers need to consult with rural communities about the types and delivery methods of mental health services. This is necessary so that services become useful and meaningful for rural individuals and their communities. Consulting with rural community members will not only address unique issues and barriers, but will also aid in the development of working relationships by building trust. Given that I intend to return to northern Alberta following my education (due to return-service bursaries I received), this research in one way, acted as a consultation with two communities in which I may provide care in the future.

According to Dyck and Hardy (2013), there have already been several initiatives aimed at overcoming the various barriers Canadian rural and northern individuals face in terms of access to mental health services. The initiatives include providing telepsychology and recruiting and retaining psychologists to northern and rural areas. The provision of telepsychology address the barriers of distance, lack of anonymity, and lack of local mental health care providers. Telepsychology has shown to be effective for rural and northern individuals in general, but also for Aboriginal Peoples living in rural and northern areas. However, telepsychology has several limitations. For example, studies on the use of telepsychology have been limited due to small sample sizes. Moreover, studies in the past have only compared rural and northern individuals' experiences with telepsychology with urban individual's experiences with face to face services.

There is a lack of research comparing face to face experiences with telepsychology experiences in northern and rural areas. Other limitations include the skeptical perceptions of telepsychology as well as the time and costs involved in building relationships.

Considering this last limitation and the recommendations by Bischoff et al. (2014), I would argue that telepsychology might not address the need to build relationships and trust within rural communities in order to provide culturally competent care. An additional barrier to accepting telepsychology services is that certain cultural groups, such as Old Colony Mennonites, do not use many technologies including the internet; the use of the internet is for some, not acceptable, similar in some ways to the Amish in Pennsylvania.

In terms of recruiting and retaining more psychologists to northern and rural areas, Dyck and Hardy (2014) state that most of the literature in Canada has focused on recruiting and retaining medical physicians to rural and northern areas. Even so, training programs for psychologists are said to be moving towards including more rural and northern training opportunities (Dyck & Hardy, 2014). Dyck and Hardy (2014) found that coming from a northern background increases the possibility that those psychologists will return to rural and northern areas. However, given decreasing population sizes in rural areas and the common barrier of lack of education, few individuals may attain a post-secondary education and of those who do, some may choose to remain in cities to work (this is what is referred to as brain drain). Recruiting and retaining psychologists, when successful, addresses the barrier of lack of available services/providers and travel concerns (Dyck & Hardy, 2014). Moreover, rural and northern psychologists may be able to advocate for psychology which may have impacts on amounts of services offered, the prevailing stigma surrounding psychology and mental health services, as well as mental health literacy (Dyck & Hardy, 2014). Nevertheless, recruiting more

psychologists does not address all of the barriers. For example, psychologists in these areas tend to work in several communities rather than only in one community which may have implications on the amount of trust and collaboration psychologists can build in the communities (Dyck & Hardy, 2014). Additionally, Bischoff et al., (2014) suggest that recruitment of additional mental health providers might not be the final answer to addressing barriers to mental health services. They state that perceptions about rural mental health services and perceptions and beliefs about access to those services appear to be more impactful than the number of mental health professionals available in the communities (Bischoff et al., 2014). My study addresses issues of acceptability along with the issues of accessibility Dyck and Hardy (2014) focused on.

Who are Canada's Aboriginal People?

I conducted the following summary of Canada's Aboriginal People as part of a project in a cross-cultural course (EDPY 542, University of Alberta, 2015) and have updated it for the purpose of this research. Additionally, it is supplemented by my meetings with the Band Manager from Tall Cree First Nations (M. Cardinal, 2015). The definition "Aboriginal" includes Inuit, Metis, and First Nations (Aboriginal Affairs and Northern Development Canada, 2013, para. 1). Other common terms used to describe this population include Aboriginal Peoples, Natives, and Indian, though this last term is at times, and in certain locations, considered to be offensive (Allan & Smylie, 2015). There is no single term for Aboriginal Peoples and self-determinism allows that each group have the freedom to define their own community/group as they see fit (Allan & Smylie, 2015; Blue, Darou, & Ruano, 2010). This study primarily uses the term Aboriginal or Aboriginal People(s) as it is currently the legal term used in Canada. However, increasingly, the preferred term is "Indigenous" (S. Yohani, personal communications, July 14, 2017).

As a non-Aboriginal person, describing a cultural group that is not mine comes with several limitations that need to be addressed. For example, I may unintentionally describe and place focus on stereotypes as opposed to lived realities for group members. Additionally, I may overlook important factors that are imbedded in a lived experience I have not had. Finally, another example of a limitation is that I may overestimate the importance of an experience based on theme repetition as opposed to something that is not much spoken of but is an important component of the cultural group. Given that this is interpretive research, it is vital to be transparent and open to learning of other cultures. I have done my best to describe general experiences as described in the literature and in personal communications but openly welcome the possibility that Aboriginal individuals have different lived experiences and identify differently than described here. My own understanding of Aboriginal culture has grown exponentially through the course of this project and I am grateful for the opportunities I have been given to learn. However, I acknowledge that I have so much to learn and will never fully understand the experiences of another cultural group. Still, I look forward to continuing to develop my understanding of the shared group experiences as well as the many within-group differences of Canada's Aboriginal People.

A large number of Aboriginal People live in rural and northern and areas and there is a need to provide more informed mental health care to these groups in addition to non-Aboriginal settler groups living in rural areas (Dyck & Hardy, 2014). This project addressed this by including one non-Aboriginal settler group and one Aboriginal group. My aim was to ensure that perspectives of Aboriginal individuals are included in the rural stories being told.

According to Statistics Canada (2013), the 2011 census revealed that 4.3 percent of the Canadian population identified as being Aboriginal, which is approximately 1.4 million people.

Aboriginal Peoples are one of the fastest growing groups in Canada (William & Kulig, 2012). The Aboriginal population grew at a rate of 45 percent (in comparison to the non-Aboriginal population's growth of 8 percent) from 1996 to 2006 (William & Kulig, 2012). This increase has been attributed to the high levels of fertility in Aboriginal populations and an increase in sense of Aboriginal identity (William & Kulig, 2012).

Before colonialism, Aboriginal Peoples were composed of self-sufficient societies with regards to both material needs and spiritual needs (Aboriginal Affairs and Northern Development Canada, 2013, para. 5). In the 11th century, European explorers begin exploring and travelling to what is now called Canada, first arriving at the shores of what is now called Newfoundland (Aboriginal Affairs and Northern Development Canada, 2013, para. 45). This was the beginning of colonization in Canada. What started as alliances with Aboriginal Peoples leading to a profitable fur trade and many peace-seeking treaties, resulted in the 1763 Royal Proclamation which initiated the establishment of boundaries between the British colonies and Indian Territory (Aboriginal Affairs and Northern Development Canada, 2013, para. 49-56). Although this proclamation is seen by some as an attempt to ensure that Aboriginals had the right to both title and land (Aboriginal Affairs and Northern Development Canada, 2013, para. 56), it can be argued that this was the beginning of the ghettoization of the Aboriginal Peoples of Canada. Over time, ever more land was taken for settlement which led to smaller reserves and an increasingly lower standard of life for Aboriginal Peoples (Aboriginal Affairs and Northern Development Canada, 2013, para. 63).

The Indian Act of 1876 placed further restrictions on Aboriginal Peoples in Canada (please see Allan & Smylie, 2015 for a more complete history). Residential schools, which worked to assimilate Aboriginal Peoples and free up land for settlement purposes (Trevithick,

1998), were put into place by the government who hoped that by assimilating the Aboriginal Peoples, they would become contributors to the economy (Elias et al., 2012). Even though the system failed to do this, residential schools remained in effect for many years (Elias et al., 2012) causing a loss of connection to family and culture, a loss of pride and respect for their culture and for themselves, abuse, and even death for many children (Truth and Reconciliation Commission of Canada, 2015). The Truth and Reconciliation Commission of Canada (2015) cite the first Prime Minister, John A. Macdonald, who in 1883, defended the residential schools by stating,

> When the school is on the reserve the child lives with its parents, who are savages; he is surrounded by savages, and though he may learn to read and write his habits, and training and mode of thought are Indian. He is simply a savage who can read and write. It has been strongly pressed on myself, as the head of the Department, that Indian children should be withdrawn as much as possible from the parental influence, and the only way to do that would be to put them in central training industrial schools where they will acquire the habits and modes of thought of white men. (p. 2)

One hundred and thirty-two residential schools were established to assimilate and civilize Aboriginal children by forcibly teaching European culture and prohibiting anything related to their traditional culture (Aboriginal Affairs and Northern Development Canada, 2013, para. 82). Beginning in 1857, more than 150,000 Aboriginal children were forced to attend these schools (Aboriginal Affairs and Northern Development Canada, 2013, para. 82).The goal of residential schools was to "kill the Indian in the child" (Allan & Smylie, 2015, pp. 13). Children were removed from their homes, taken from their families, and experienced physical, sexual, spiritual,

cultural, and mental abuse; many did not survive (Allan & Smylie, 2015). Residential schools were in effect for over 100 years (Allan & Smylie, 2015) and the last residential school only closed in 1996 (Aboriginal Affairs and Northern Development Canada, 2013, para. 82; Truth and Reconciliation Commission of Canada, n.d.; Allan & Smylie, 2015).

The government of Canada acknowledged their role in the demise of Aboriginal culture and quality of life in 1998 and issued a formal apology in 2008 to ensure continuing support to address the past (Aboriginal Affairs and Northern Development Canada, 2013, para. 108-111). The implementation of residential schools has been considered a cultural genocide that aimed to take away an individual's identity (Blue, Darou, & Ruano, 2010). The forced education separated children from their families, causing ruptures to not only the immediate family but also in the way knowledge is passed along, thereby depriving future generations of their traditional culture (Blue, Darou, & Ruano, 2010). In a study investigating direct and indirect exposure to residential school experiences, Elias et al. (2012) found that intergenerational contact with the residential experience through interactions with parents and grandparents may result in increased abuse and suicidality, especially among females, youth, and single individuals (Elias et al., 2012). Blue, Darou, and Ruano (2010) suggest that, based on First Nation beliefs regarding multigenerational trauma, it may take seven generations to heal.

Colonialism is understood as the primary determinant for the current health and well-being of Aboriginal People on a global basis (Allan & Smylie, 2015). Colonization has led to the loss of culture including the loss of language, land, spiritual beliefs, governance, and education (Alberta Mental Health Board, 2006; Allan & Smylie, 2015).

Spiritual beliefs. Aboriginal beliefs commonly focus on the theme of harmony. Traditionally, Aboriginal Peoples believe that the Creator first made the physical part of the

world, the physical part of the world then created the plant world which in turn created the animals (Blue, Darou, & Ruano, 2010). Lastly, the animal world created humans meaning that humans were the only group not to create something (Blue, Darou, & Ruano, 2010). Humans are therefore, seen to be dependent on everything (Blue, Darou, & Ruano, 2010). Living on the land and having a close connection with the physical world is stated as being central to Aboriginal identity (Berry, 1999). In terms of wellness, the circle of life holds great importance to Aboriginal Peoples and it is commonly believed that as long as the circle remains unbroken, the people will do well (Royal Canadian Mounted Police, 2010, para. 5). This idea of community and connection is seen in many Aboriginal values, discussed next. Aboriginal individuals believe that traditions and values are given by the Creator and are passed down to younger generations through the oral tradition (Aboriginal Affairs and Northern Development Canada, 2013, para. 39).

Cultural values and norms. The concept of maintaining balance and harmony can be seen as the foundation for many of the following Aboriginal values. Aboriginal Peoples believe that it is important to avoid conflict and to maintain harmony (I. Spelliscy, personal communication, February 26, 2015). For example, standing up for oneself is not something that occurs on a normal basis (I. Spelliscy, personal communication, February 26, 2015). In order to promote harmony with everyone and everything in the world, Aboriginals teach the values of respect, love, bravery, honesty, wisdom, humility, and truth (Aboriginal Affairs and Northern Development Canada, 2013, para. 44; Blue, Darou, & Ruano, 2010). The value of non-interference holds that it is important to avoid interfering with others because each of our realities are based on our own personal experiences (I. Spelliscy, personal communication, February 26, 2015). It is highly discouraged to attempt to coerce anyone to do or engage in

anything (Blue, Darou, & Ruano, 2010) and it appears rude and intrusive when you try to interfere in someone else's business (Brant, 1993)**.** In order to meet group goals, individuals need to have voluntary participation as any instructions or persuasion are seen as disrespectful (Brant, n.d.). The need to maintain harmony to avoid rivalry and embarrassment for anyone (Blue, Darou, & Ruano, 2010) leads to cooperation being valued over competition (I. Spelliscy, personal communication, February 26, 2015).

A term that embodies several of these concepts and beliefs is "all my relations" which refers to the interconnectedness of everything and everyone in the universe (First Nation Pedagogy, 2013, para. 1). Just as in many other collectivist societies, Aboriginal individuals are required to set aside their own needs for the benefit of the family (I. Spelliscy, personal communication, February 26, 2015). In other words, community needs are the focus, not individual needs (I. Spelliscy, personal communication, February 26, 2015). An individual's extended family, blood relation or not, makes up the family unit (I. Spelliscy, personal communication, February 26, 2015; Blue, Darou, & Ruano, 2010). This greater family unit takes on an important role by caring for and teaching children (Blue, Darou, & Ruano, 2010). The greater extended family, "all my relations," can act as a support system for an individual by providing material resources, knowledge, and emotional support (Vicary & Bishop, 2005). The influence that elders have in their communities is great and is considered to be an overriding value (Blue, Darou, & Ruano, 2010). Individuals are seen to be leaders in their communities when they have earned respect and demonstrated outstanding effort and ability (I. Spelliscy, personal communication, February 26, 2015). Having earned respect in the community, these individuals are respected for their wisdom (Blue, Darou, & Ruano, 2010). In a qualitative study on culturally sensitive therapy with Australian Aboriginal Peoples, Vicary and Bishop (2005)

found that elders were called in to be of assistance when immediate family members could not handle a situation alone. This is an example of the importance of the community in Aboriginal mental health and demonstrates how elders can be viewed as traditional counsellors in their communities.

In some Aboriginal groups, the acceptance of suffering is viewed as something positive (I. Spelliscy, personal communication, February 26, 2015). Individuals are expected to promote self-control and repress strong and/or violent feelings (Blue, Darou, & Ruano, 2010). This type of emotional restraint can be adaptive but also has the potential of going awry (Brant, 1993). For example, when someone drinks excessively, all the pent up anger may result in an explosion of hostility resulting in violence or abuse (Brant, 1993). Emotional restraint may also at times, lead to depression after a significant loss (Brant, n.d.). It is also important to note within-group differences when it comes to the value of emotional restraint.

To outsiders, it may not be apparent that there are any rules (such as the value expectations mentioned above) in an Aboriginal community, but it is because one does not speak of these directly; to describe rules would be to interfere and impose rules on others (Brant, 1993; Blue, Darou, & Ruano, 2010). One example of a rule that may not be spoken of, but nevertheless exists, is the importance of listening. In many Aboriginal cultures it is important to be a listener rather than a talker (I. Spelliscy, personal communication, February 26, 2015).

Although the above values are seen as being positive within the communities, when an individual lives, works, or attends schools outside of their community, they may experience distress when their values differ from values of the dominant society (N. Merali, personal communication, April 13, 2015). For example, non-verbal behaviour including lack of eye contact and shyness may be a way that an Aboriginal person shows respect but may be

interpreted as rudeness by a member of another culture. Similarly, if an individual who perceives a strong handshake as being respectful, shakes the hand of an Aboriginal elder, this may actually be perceived as being antagonist or threatening by the elder who may prefer a gentle shake of a hand. These norm and value differences can lead to cultural misunderstandings and negative stereotypes between groups.

Concept of mental health and illness. Aboriginal Peoples do not have a formal concept of mental health in their languages (Mussell, 2006). Rather, Aboriginal culture places a focus on harmony and balance and values relationships with family, community, and nature (Mussell, 2006). Well-being, including mental well-being, is connected to the well-being of the family and larger community (Mussel, 2006; van Gaalen, Wiebe, Langlois, & Costen, 2009). For many Aboriginal individuals and communities, the medicine wheel "symbolizes the cyclical nature of change and transformation and the interconnectedness of all beings and things" (van Gaalen et al., 2009, pp. 10). If there is a lack of balance leading to mental health issues, Aboriginal individuals may decide to take part in a cleansing or thanks-giving ceremony to restore balance in a specific area (McCormick, 2009). Just as there is diversity within Aboriginal groups in general, there is also diversity in the ways Aboriginal Peoples view mental health (Vukic, Gregory, Martin-Misener, & Etowa, 2011). Although there may be differences between individuals and groups, Vukic, Gregory, Martin-Misener, and Etowa (2011) allude to general Aboriginal views of mental illness and how those differ from contemporary Western views.

> The interaction and balance of the mind, emotions, spirit, and body and its interconnectedness with all its relations is contrary to the individual mind/body dualism found in paradigms addressing mental illness as a biological entity. The Aboriginal wellness model involves the physical, emotional, mental, and spiritual

> aspects of a person in connection to extended family, community, and the land. (Vukic, Gregory, Martin-Misener, & Etowa, 2011, pp. 69)

In First Nation culture, optimal health can be attained when one includes the individual, family, and community (Alberta Mental Health Board, 2006). Healthy functioning implies that one is in complete balance (Blue, Darou, & Ruano, 2010). When there is an issue at one level, imbalanced emotions (poor mental health) will be the result (Alberta Mental Health Board, 2006). Therefore, for an individual to be well, the goal is to attain balance with regards to the physical, emotional, spiritual, and mental (La Rochelle, 2013; van Gaalen et al., 2009).

There is a focus on the entire lifespan, keeping the past a focus in the present, with an understanding of how it will affect the future (Allan & Smylie, 2015). This makes it important to consider how the history of colonization has shaped the current state of Aboriginal Peoples (Allan & Smylie, 2015). Aboriginal Peoples have shown a desire to have mental health services available that will recognize how the history of colonialism has and is still impacting them (Alberta Mental Health Board, 2006; La Rochelle, 2013). Some of the barriers Aboriginal Peoples face regarding mental health care include difficulty accessing services, limited amounts of services available, and the possible occurrence of therapists failing to note the common experiences faced by many Aboriginal individuals. (McGabe, 2007).

Presenting issues. One of the primary reasons for oppression and mental health issues in Aboriginal Peoples is colonization; an example of a mental health issues is addictions (Blue, Darou, & Ruano, 2010). What makes colonization different from other large scale traumatic events, such as the Holocaust, is the ongoing nature of colonialism (Elias et al., 2012). Although it appears that the rates of addiction might actually be the same across varying groups, Aboriginal individuals tend to binge drink when they do drink (Blue, Darou, & Ruano, 2010).

Though there is a common stereotype that Aboriginal Peoples cannot tolerate alcohol based on genetics, this has not been a supported hypothesis in the literature (Blue, Darou, & Ruano, 2010). Substance use continues to be a problem for Aboriginal Peoples (Alberta Mental Health Board, 2006; Allan & Smylie, 2015). Berry (1999), found that substance use was for many, a way to "escape from or deny their cultural identity" (pp. 24). Suicide, especially among the younger population is also a major concern (Alberta Mental Health Board, 2006; Allan & Smylie, 2015). The rates of suicide for Aboriginal Peoples are 37 out of 100,000 in comparison to 13 out of 100,000 for the general Canadian population (Blue, Darou, & Ruano, 2010). Residential schools specifically, have resulted in a cycle of trauma and abuse leading to suicide and suicidal ideation on an inter-generational level (Elias et al., 2012).

In addition to addictions and suicidality, Aboriginals also experience high rates of abuse, violence, and depression (Alberta Mental Health Board, 2006; For the Cedar Project Partnership et al., 2008; Blue, Darou, & Ruano, 2010). Family violence, including both physical and sexual abuse, is also a consequence of the residential schools (Alberta Mental Health Board, 2006). For the Cedar Project Partnership et al. (2008) found that trauma, including sexual exploitation and abuse, result from both history and from current circumstances and is related to HIV occurrences in Aboriginal Peoples. Individuals who experience sexual abuse are more likely to experience homelessness, require medical attention, and either self-harm or attempt suicide (For the Cedar Project Partnership et al., 2008). A form of depression that is difficult to treat also appears to be related to colonization and is believed to be the result of issues such as the loss the land and loss of people through epidemics (Blue, Darou, & Ruano, 2010).

Aboriginal Peoples also face issues related to unemployment (Allan & Smylie, 2015). Not surprisingly then, individuals also experience poverty and homelessness (Allan & Smylie,

2015). Moreover, Aboriginals are overrepresented in incarcerations as well as in child welfare (Allan & Smylie, 2015). Aboriginal women are marginalized to a greater extent than even Aboriginal men (Allan & Smylie, 2015) as is shown in the high rates of illness and diseases, high rates of incarceration, severe forms of violence, poverty, sexual exploitation, and homelessness (Allan & Smylie, 2015; Kubik, Bourassa, & Hampton, 2009). Youth-specific concerns include drugs, gang involvement, school violence, and experience with and exposure to racism (Alberta Mental Health Board, 2006).

Current determinants impacting Aboriginal Peoples include continuing impacts of colonization, the legacy left by the residential schools, housing and health issues, self-determinism and community control, and environmental concerns such as how climate change is impacting Inuit health (Alberta Mental Health Board, 2006). Focus on genetics as the issue, rather than on determinants such as poor living conditions, increase stigmatization about the groups (Allan & Smylie, 2015). The stigma around these presenting concerns only serve to reinforce racism and maintain poor treatment of Aboriginal Peoples (Allan & Smylie, 2015).

Acculturation and identity. Efforts to assimilate Aboriginal individuals through colonization have caused several issues related to acculturation. While some individuals have become biculturated (e.g., Canadian Cree), thereby identifying with both mainstream Canadian and their Aboriginal identity, others have become understandably bitter against the dominant society who previously attempted to forcibly assimilate Aboriginal Peoples (Berry, 1999). Due to forced assimilation efforts such as the residential schools, many Aboriginal individuals came to feel embarrassed about or hate their Aboriginal identity (Berry, 1999). Some believed that in order to have a future or to remain safe from acts of hate, they needed to hide who they were (Berry, 1999). However, Berry's (1999) study on Aboriginal cultural identity also found that

many were proud of their cultural heritage and wanted to maintain their cultural identity. Living in two different world becomes an issue when an individual feels they are not accepted by the groups to which they belong (the dominant culture and their Aboriginal community). For example, a participant in Berry's (1999) study on identity stated that due to having married a non-Aboriginal, she no longer felt welcomed on the reserve. The process of acculturation has resulted in what Berry (1999) terms *acculturative stress* and is the source of many of the previously mentioned presenting issues.

The First Nations Band that agreed to participate in this research, and with whom I developed a collaborative research agreement to ensure that the data remains theirs, is the Tall Cree First Nations of northern Alberta. This group will be introduced in the Aboriginal findings chapter.

Figure 3. Tall Cree First Nations Logo (Tall Cree Tribal Government, n.d.)

Who are the Mennonites?

Before I introduce Mennonites and their history, I would like to position myself as someone who was born, raised, and still identifies as a Mennonite. I was raised in the Mennonite community discussed in this project and therefore, I must be aware of any potential biases or predisposed assumptions I may have. I recognize that my own history and context as a Mennonite will likely impact the manner in which I pull together the findings of this research. I am a sixth-generation Canadian and while I have much assimilated with mainstream culture in a variety of ways, growing up in a traditional conservative Mennonite community has shaped my own norms, values, motivations, and preoccupations. While this interpretive account aims as much as is possible to tell the stories as the participants intended, I know my own understanding of language and my history may well impact the way I create meaning out of the stories. To remain transparent throughout this study, not only as a Mennonite, but also as a non-Aboriginal, I consulted with my research supervisor and colleagues and worked within hermeneutic and constructivist paradigms, returning to the stories and recognizing my own contributions to creating understanding.

Williams and Kulig (2012) state that among various minority groups, there is scant research on religious communities in rural areas which has created a gap in the literature. In response to this limitation, the current research project conducted research with rural Mennonites living within the Mackenzie County No. 23 of northern Alberta.

History and beliefs. Mennonitism is a monotheistic, religious system that grew off of the Anabaptist movement as a part of the Protestant Reformation in the sixteenth century (Francis, 1948). Anabaptists are so called because originally, the group was comprised of members who

had been baptized as infants and later chose to be rebaptized (Becker, 2008; Ediger, 1983). Becker (2008) further defines Anabaptists as Christians who,

> Believe in a personal three-in-one God who is both holy and gracious, in salvation by grace through repentance and faith, in the humanity and divinity of Jesus, in the inspiration and authority of Scripture, in the power of the Holy Spirit, and in the church as the body of Christ. (pp. 1)

Anabaptists were part of the Reformation who separated from the Catholic Church in Europe in the 1500s (Ediger, 1983). The Anabaptists, dissatisfied with the Reformers, separated again to follow their beliefs which included separation of church and state, religious volunteerism, and religious freedom of conscious (Ediger, 1983).

Mennonites are named after Menno Simons who, between 1530 and 1566, established a distinct system of beliefs, uniting Evangelical Anabaptists (Francis, 1948). Mennonite doctrine holds that "the true church was a voluntary brotherhood of the saved and that, consequently, baptism as a symbol of church membership should be administered to adults upon personal profession of faith and proof of sanctity" (Francis, 1948, pp. 102). From 1527 to 1560, the Anabaptists experienced severe persecution (Ediger, 1983). Ediger (1983) references *The Anabaptist Vision* when he wrote of the decree of 1529 that stated that "every Anabaptist and rebaptized person of either sex should be put to death by fire, sword, or some other way" (Bender, 1944, pp. 7). As a result of the decree, many Anabaptists became martyrs for their beliefs (see Bender, 1944 for a more detailed account).

Due to counter-reformation efforts, Protestants began to seek refuge in West Prussia (Francis, 1948). The Mennonites began to relocate to Prussia around 1544 (Francis, 1948). During their time in Prussia, the Mennonites established themselves as a distinct cultural group

including dress, customs, and language. For example, although German became the official language used in churches, the daily spoken language became assimilated with West Prussian language which was composed of various Low-German dialects. Original cultures of the Mennonites were maintained but were now associated with the religion rather than their Dutch-Frisian heritage. Mennonites were assimilated into West Prussia but remained distinct based on their religious identity. Group cohesion and wishes to remain segregated were maintained and reinforced as the Mennonites experienced religious persecution.

After 1772, Prussian kings issued laws that discriminated against the Mennonites (Francis, 1948). Catherine the Great took advantage of the Mennonite's discontent and invited them to farm the land in Russia (Francis, 1948; Zacharias, 2013). The tsarist offered the Mennonites incentives, including the creation of homogenous communities (Francis, 1948) Other incentives included free land, freedom of religion, cultural autonomy, military exemption, and autonomy over their education (Zacharias, 2013). The Mennonites were very successful in Russia, however, when new policies in Russia began to push assimilation and privileges were revoked, Mennonites again felt the need to relocate in order to hold onto their beliefs and traditions (Francis, 2013; Zacharias, 2013).

Mennonites have a long history of being immigrants, seeking refuge when their way of life and fundamental beliefs were threatened and Epp (1987) describes how Mennonites immigrated to Canada in three large waves. (It is unclear in the literature whether official refugee status was given to all the Mennonites as they migrated to Canada.) The first wave happened from 1874 to 1880, during which 7000 individuals arrived in Canada. From 1923 to 1930, the second wave of 21,000 Mennonites immigrated. The third wave, from 1947 to 1960, saw 8000 Mennonites to Canada. The decision to leave Russia in the 1870s was based on issues related to

education and non-resistance. Moreover, leaving Russia was also based on decisions related to anger and distrust aimed at the Russian government. The motivations to leave during the second wave included issues threatening tradition and faith but were also influenced by the threat of the "destruction of all Germans in Russia" (Epp, 1987, pp. 109), forced army recruitment, the civil war, murder, rape, and typhoid. Of 130,000 Mennonites living in Russia, only 25,000 were able to emigrate, thereby fulfilling the motto of "get out before it is too late" (Epp, 1987, pp. 109). Another large reason for the second wave was that the Mennonites had lost hope for any sort of future in Russia.

After 15 years of trauma in Russia, the third wave of immigration occurred (Epp, 1987). Mennonites had lost their private schools and institutions and only had their churches left. Between 1921 and 1935, Mennonites fought to maintain their principles of non-resistance, in other words, to remain conscientious objectors in times of war. Only 10 to 20 percent of Mennonites surrendered to military pressures while many others died in 'Labour Army' camps. From 1934 to 1935, all their churches in Russia were closed. Simultaneously, non-resistance no longer became an option when the Stalin Constitution of 1936 stated that military involvement to defend the government was mandatory. More than 100,000 Mennonites living in Russia were no longer allowed to be conscientious objectors. All Russians suffered during this period but Mennonites were one of the minorities groups who especially suffered during this time. Many Mennonite men were called to duty in 1939 and 1940 when World War II began.

Following much trauma during the war (see Epp, 1987, pp. 110-116 for a more detailed account of Mennonite experiences of World War II), the motivation behind the third wave of Mennonite immigration was based in fear. Epp (1987) stated that the faith of Mennonites worked to preserve them as a unified community even throughout persecution. In their desperate search

for an empty, safe land, free of disputes and oppression, the Mennonites contributed to the colonialism of Canada's Aboriginal Peoples (Zacharias, 2013).

In the third wave, large reserves were designated for Mennonite immigrants in the 1870s and again in the 1890s (Third Way, 2017). Mennonites did not use all the land in the reserves and so non-Mennonites eventually also moved into the areas (Third Way, 2017). Additionally, there were many who decided against living on the land reserves and set up independent homesteads (Third Way, 2017).

Although many of the 'original' Mennonites that came in the three major waves live in North America, Mennonites are now present and identified as a diverse and dynamic ethnoreligious group on a global scale (Elias, 2011). In 2015, the Mennonite World Conference compiled statistics for baptized Mennonites across the world. It is estimated that there are 2.1 million baptized Mennonites worldwide (Mennonite World Conference, 2015). Africa has the largest percentage of Mennonites at 34.8 percent (Mennonite World Conference, 2015). Within Africa, the two countries with the largest number of Mennonites are the Democratic Republic of Congo and Ethiopia (Mennonite World Conference, 2015). North America (Canada and the United States) have 32.3 percent of Mennonites and Asia, the Pacific, and Australia have 20.4 percent (Mennonite World Conference, 2015). Within Asia, the Pacific, and Australia, the two countries with the greatest percentage of Mennonites are India and Indonesia (Mennonite World Conference, 2015). Latin America and the Caribbean have 9.5 percent and the two countries with the highest number are Mexico and Paraguay (Mennonite World Conference, 2015). Finally, Europe is estimated to have 3.1 percent of Mennonites with Germany and the Netherlands having the highest populations of Mennonites out of the European countries (Mennonite World Conference, 2015).

Like Elias (2011), I will also be focusing on Germanic Mennonites but it is important to recognize that currently on a global scale, most Mennonites do not speak German and are not Caucasian (Elias, 2011). This is an example of the dynamic nature of the Mennonite cultural group. Moreover, I want to make clear that representations of Mennonites as I describe in this paper will likely not be representative of all Mennonites due to the diversity across Mennonites on a global scale. I will present general beliefs, values, and norms of Low-German Mennonites from northern Alberta in this research but it is vital to acknowledge within-group differences. For example, even in Alberta, Old Colony Mennonites may follow different rules of living than do more mainstream Mennonites who are more assimilated into mainstream modern society. Similarly, while some Mennonites choose to live as part of the larger community (e.g. in an urban center), others prefer to live in small homogenized rural communities.

Cultural values and norms. Neufeldt (2011) lists core Mennonite values in the way they impact the development and provision of Mennonite mental health services. The values listed are not necessarily practiced by all but are deeply rooted in Anabaptist/Mennonite tradition and beliefs (Neufeldt, 2011). The Anabaptist belief that all humans are children of God is the basis for the value that all humans are deserving of moral treatment (Neufeldt, 2011). Becker (2008) refers to a core principle of the ethic of love. Essentially, Christian compassion and love are to be shown to both group members as well as outsiders (Neufeldt, 2011). 'Mutual aid' is a term describing the Mennonite value of "community [coming] to the aid of the person or family experiencing a significant trouble or loss" (Neufeldt, 2011, pp. 192). The value of community is seen to be defining of the Mennonite people (Becker, 2008) and the church especially is often viewed as a family (Neufeldt, 2011). Furthermore, non-resistance and pacifism are core principles based in Anabaptist theology and reflect the values of maintaining peace and

promoting justice (Becker, 2008; Neufeldt, 2011). Within communities, Mennonites hold that spiritual leadership is a vital component (Neufeldt, 2011).

Elias (2011) refers to Mennonite history as a "multi-generational refugee experience" which has shaped and contributed to common characteristics among Mennonites. For example, many Mennonites tend to be melancholic, concerned with issues of injustice, hardworking, resolved to surviving, concerned about the future of the family and community, sober, and self-disciplined (Elias, 2011). Moreover, Mennonites may be reserved and rational which Elias (2011) attributes to being a result of experiencing disappointments in the past. Additional traits may include a focus on personal responsibility, sincerity, self-control, repression at times, and being orderly (Elias, 2011). Although assuming that all Mennonites share these traits is naive, many of these traits reflect common values shared by many Mennonites.

Elias (2011) suggests that Mennonites have been greatly assimilated into North American culture. However, many groups of Mennonites are still considered to be collectivist in nature (Andrews, 1998) and prefer to remain apart from "the world." For example, some Mennonite communities are somewhat closed-systems. Hunter (1983) described the closed nature of Mennonite communities as a protective measure based on their historical oppression and moves from country to country in order to maintain their way of life. Moreover, the focus often placed on community members first is also reflective of the boundaries set up to protect the Mennonite beliefs and lifestyle (Hunter, 1983).

Concept of mental health and illness. Elias (2011) explains Mennonite mental health in terms of Sigmund Freud's definition of mental health being a composition of love and work (Lieben und Arbeiten). He states that Freud's description of mental health "suggests that, to be healthy, a person needs a balance of love and work, of creativity and productivity, of freedom

and commitment, of spontaneity and organization, of leisure and duty" (Elias, 2011, pp. 207). When considering Mennonites within the bounds of this description, Elias addresses the Mennonite issue of often being preoccupied with work and how Mennonites lack a leisure culture. He states that Mennonites are often hard on themselves. Elias emphasizes that although a focus on work is not necessarily a bad thing, Mennonites tend to lack balance between work and play. Mennonites, not unlike the North American Aboriginals, believe that the emotional, mental, physical, and spiritual aspects of humans are interconnected and that humans need to be disciplined in all four aspects of being human in order to be well. Similarly, Aboriginal Peoples believe that the mind, body, soul, and spirit are connected and require balance in order to achieve wellness.

In terms of mental health, many Mennonites tend to place a greater focus on self-responsibility and a reliance on community rather than on professionals (Elias, 2011). However, historically, Mennonites have had a hand in the development of mental institutions (Elias, 2011; Neufeldt, 2011). For example, in 1910, Mennonites founded their first mental health hospital in Bethania, Russia (Elias, 2011; Neufeldt, 2011; Ediger, 1983). The largest current Mennonite organization is the Mennonite Central Committee (Elias, 2011).

Presenting issues. Elias (2011) identifies several mental health issues that are experienced by Mennonites. He states that some of these are unique to the Mennonites and some are experienced by Mennonites as well as by the larger society (Elias, 2011). In terms of depression (or melancholy as Elias labels it), Mennonites tend to experience average rates of biologically-based depression (i.e., hormonal or chemical), below average rates of reactive or situational depression (i.e., due to loss or failure), and above average rates of a resistant form of character-based depression (Elias, 2011). Elias (2011) contributes the last form of depression,

character-based depression, to levels of guilt often experienced by Mennonites. For example, some Mennonites believe that salvation must be earned and that our works may not be enough (Elias, 2011). Additionally, many are taught "not to enjoy this life too much because, after all, it is short and leads inevitably to death" (Elias, 2011, pp. 210). The term character-based depression is an old term for what was known as a depressive personality disorder (S. Yohani, personal communications, July 15, 2017).

In addition to melancholy or depression, Elias (2011) states that Mennonites experience mental disorders like many others in society including schizophrenia, bipolar, addictions, and obsessive compulsive disorders. Mennonites especially experience despair, depression, suicide, and self-harm. In addition to disorders such as Alzheimer's disease and autism, Elias (2011) finds that stress is a major problem for Mennonites who are often multi-tasking and stressed. One of the issues of stress have been attributed to the overstimulation as a result of constant connection through the internet (i.e., Facebook, Google, email). Another concern for Mennonites is the amount of emotional, physical, sexual, and verbal violence, especially in isolated communities. There is a lack of information and research concerning this issue. The abuse of power and judgmental attitudes often contribute to the violence. According to Elias (2011), victims of violence tend to be women and children.

Though the church is a source of support and guidance for many Mennonites, Elias (2011) also describes how many churches have been unequal in their discipline of certain sins (i.e., sexual misconduct verses greed). Though many Mennonites are said to have embraced the clinical model of mental health and tend to neglect the spiritual aspects (Elias, 2011), my experiences growing up in a Low-German Mennonite community have shown me the opposite: for some, the clinic/psychological model of mental illness is rejected and only spiritual

explanations are accepted, often resulting in spiritual bypassing. This is another example of the diversity within the Mennonites.

Identifying Gaps and Goals

The rural population in Canada has declined noticeably over the years and the once predominant group of individuals has now become somewhat marginalized (Bryant & Joseph, 2001). The literature is consistently clear that rural areas are underserved in terms of mental health care even though rural individual have high rates of mental health problems and face multiple barriers to accessing and accepting help (Slama, 2004; Bischoff et al., 2014). Within a social-constructivist framework, it is understood that having a rural culture influences decisions and behaviours such as seeking and accepting help (Cloke, 2006). Farmer et al. (2012) state that rural culture is often neglected and that more research in this area is needed to clarify rurality as a cultural construct.

In addition to a lack of available psychological services in rural areas (Brannen et al., 2012; Slama, 2004; Bischoff et al., 2014), problems with delivery and acceptance of care in rural areas are further compounded by a lack of understanding by professionals about rural culture. This is an especially important consideration since Bischoff et al. (2014) suggest that individuals' perceptions of mental health is a more influential factor than the availability of services. Quantitative research has been conducted in the area of rural perceptions and help-seeking within an Australian context (Judd et al., 2006). This qualitative study aims to bring more Canadian accounts of the experience of rurality and related perceptions of mental wellness to supplement, clarify, or add to current understandings in the literature. Within a mental health context, gaining an understanding of what it means to have a rural identity/culture and exploring how this identity impacts perceptions of mental health is important so professionals in rural

areas, and those providing care from a distance, may practice more competently within a culturally-sensitive framework.

The Mennonites from La Crete, Alberta (and surrounding area) and the Cree from North and South Tall Cree, Alberta will be briefly introduced in narrative portraits prior to presenting the findings. Narrative portraits are brief introductions to participants that provide some history and context. In this project, I will also provide brief portraits of the communities involved in the research to provide additional context. Prior to presenting the findings, the following chapter will describe the methodology and methods used in this study.

Chapter 3: Methodology and Methods

In this research study, I conducted qualitative case studies with seven rural individuals to explore cultural experiences of rurality and perceptions of mental wellness among two cultural groups, Cree and Mennonite. Interviews with these individuals had an emphasis on interpretive inquiry as opposed to a descriptive or evaluative approach (Merriam, 1998). Whereas descriptive approaches focus on details, and evaluative accounts focus on judging or explaining, interpretive approaches aim to increase, confirm, or change what is already known or assumed (Merriam, 1998). I will discuss these approaches further in my section on case study research. Given that the methodology is qualitative interpretive inquiry, this research is situated within the constructivist paradigm (Guba & Lincoln, 1994). Further, as stated by Guba and Lincoln (1994), a commitment to narrative and hermeneutic methods is required when working within the constructivist paradigm. This methods section is based largely on a placeholder paper I wrote for a graduate level qualitative research course (EDEL 667, 2016). However, it has been adapted and revised significantly for the current study.

Constructivist paradigm

The major theoretical framework guiding this research is the constructivist paradigm. Guba and Lincoln (1994) define a paradigm as "the basic belief system or worldview that guides the investigator, not only in choices of method but in ontologically and epistemologically fundamental ways" (p. 105). The ontological question according to Guba and Lincoln (1994) is, "what is the form and nature of reality and, therefore, what is there that can be known about it?" (p. 108). In other words, what does 'reality' mean in any given paradigm? The epistemological question asks, "What is the relationship between the knower or would-be knower and what can be known?" (p. 108). Finally, the methodological question as it relates to paradigms is, "how can

the inquirer (would-be knower) go about finding whatever he or she believes can be known?" (p. 108).

Assumptions in the constructivist paradigm. As stated earlier, this research is situated within the constructivist paradigm. In the constructivist paradigm, the answer to the ontological question is that there is no one true reality, rather there are multiple realities (Guba & Lincoln, 1994). Guba and Lincoln (1994) state that "realities are apprehendable in the form of multiple, intangible mental constructions, socially and experientially based, local and specific in nature, and dependent for their form and content on the individual persons or groups holding the constructions" (pp. 110-111). Human constructions therefore, are "more or less informed and/or sophisticated" (Guba & Lincoln, 1994, p. 111) and change as they become more informed.

In terms of the epistemological question, constructivism holds that the knower and would-be knower are linked and construct the end-result, the "reality" together (Guba & Lincoln, 1994). Guba and Lincoln (1994) write that "the investigator and the object of investigation are assumed to be interactively linked so that the "findings" are literally created as the investigation proceeds" (p. 111). The answer to the methodological question describes the way in which the "reality" or findings are co-constructed: "Individual constructions can be elicited and refined only through interaction between and among investigator and respondents" (Guba & Lincoln, 1994, p. 111). Guba and Lincoln (1994) clarify this by stating that "constructions are interpreted using conventional hermeneutic techniques, and are compared and contrasted through a dialectical interchange" (p. 111). The final goal of research based in the constructivist paradigm is to have an end-product, a constructed "reality," that is more sophisticated and informed. More specifically, the goal of constructivist inquiry "is understanding and reconstruction of the constructions that people (including the inquirer) initially hold, aiming toward consensus but still

open to new interpretations as information and sophistication improve" (Guba & Lincoln, 1994, p. 113). While researchers may complete their research study with co-constructed findings, they are ever aware that an alternate or more sophisticated interpretation exists.

The role of values and ethics in constructivism. Values are seen as inherent to research conducted within the constructivist paradigm. Values shape and inform the creation of the co-constructed findings. Since values are included in constructivist inquiry, ethics are seen as central. Guba and Lincoln (1994) state that "hiding the inquirer's intent is destructive of the aim of uncovering and improving constructions" (p. 115). While the methodology prevents deception in this type of research, "the close personal interactions required by the methodology may produce special and often sticky problems of confidentiality and anonymity, as well as other interpersonal difficulties" (Guba & Lincoln, 1994, p. 115). Therefore, the nature of constructivist research aims at increasing understanding based on both the inquirer's previous construction and the previous construction of the participant and this in fact, welcomes the inclusion of values. However, it is important to be aware of the close interpersonal nature of this type of research, a research where objectivity is not seen as possible.

The researcher's voice. The researcher working within the constructivist paradigm is seen to be a passionate participant. The researcher is viewed as a participant in that they are "engaged in facilitating the "multivoice" reconstruction of his or her own construction as well as those of all other participants" (Guba & Lincoln, 1994, p. 115). This type of engagement in the research is not allowed in positivist research where objectivity is the goal. However, in constructivism, acknowledging the researcher's construction of reality is important if that knowledge is to be addressed, built upon, or possibility revised completely as new information and constructions come from participants (Guba & Lincoln, 1994).

Qualitative Case Study Research

Qualitative research is inductive, uses multiple methods, and is interpretive in that those conducting qualitative research "are interested in understanding the meaning people have constructed, that is, how they make sense of their world and the experience they have in the world" (Merriam, 1998, p. 6). Qualitative research aims at "[revealing] how all the parts work together to form a whole" (Merriam, 1998, p. 6). The search for constructed meaning of a phenomena calls for work within constructivist and hermeneutic paradigms.

The design of this qualitative study was a comparative case study. Merriam, (1998) defines qualitative case study research as "the process of actually carrying out the investigation, the unit of analysis (the bounded system, the case), or the end product. As the product of investigation, a case study is an intensive, holistic description and analysis of a single entity, phenomenon, or social unit" (p. 34). As I will further explain in a following section, "case studies are particularistic, descriptive, and heuristic and not to be confused with casework, case method, case history, or case record" (Merriam, 1998, p. 34).

Purpose of the case study. The case study research design is chosen when "researchers are interested in insight, discovery, and interpretation rather than hypothesis testing" (Merriam, 1998, pp. 28-29). Merriam (1998) further explains that "by concentrating on single phenomenon or entity (the case), the researcher aims to uncover the interaction of significant factors characteristic of the phenomenon" (p. 29). Case study aims to describe findings in a holistic, context-specific way. Consistent with the constructivist paradigm, readers of case study research develop new and more sophisticated understandings of a phenomenon when new case study information is added to their previous knowledge and assumptions. While case study is context-

specific, the findings are generalized when the readers can relate the information to a population they may already have in mind as they read the case.

Features of case studies. Merriam (1998) states that special features work to additionally define case study research. As stated in the introduction to case studies, these features are that case study research is particularistic, descriptive, and heuristic. As written by Merriam (1998), case study is *particularistic* in that it focuses "on a particular situation, event, program, or phenomenon" (p. 29). This type of focus in a study makes case study research "an especially good design for practical problems – for questions, situations, or puzzling occurrences arising from everyday practice" (Merriam, 1998, p. 29). Therefore, while case study may be more difficult to generalize than other types of research, it is a unique and helpful design aimed at exploring how individuals or groups approach problems or issues in a specific context. The case study is also particularistic in that it may offer suggestions for what to do or what not to do in specific situations.

Case study is *descriptive* because the result of the research "is a rich "thick" description of the phenomenon under study" (Merriam, 1998, p. 29). While case study is not bound to any one method of analysis, the end results are usually narrative, qualitative accounts working to be "holistic, lifelike, grounded, and exploratory" (Merriam, 1998, p. 30). Case study is descriptive because it shows just how complex and multi-factored situations can be, showing not only multiple points of view but also different personalities and how they influence different issues. Furthermore, case studies can cover time, and while they may look back over history and its influence on an issue, they can still be relevant to present situations. Another advantage and descriptive feature of case study research is that it often employs multiple sources of data. For example, a researcher may conduct interviews, may ask to look at personal artifacts, ask

participants to complete pre-interview activities, or look at other sources such as newspapers and articles.

Finally, Merriam (1998) states that case study is *heuristic* when it "[brings] about the discovery of new meaning, [extends] the reader's experience, or [confirms] what is known" (p. 30). Again, this is an example of how case study works within a constructivist paradigm, always aiming to co-construct new and improved understandings of phenomena. The heuristic feature of case study research aids in explaining the "why" of an issue, phenomenon, or situation. Additionally, case study research can "discuss and evaluate alternatives not chosen" and "evaluate, summarize, and conclude, thus increasing its potential applicability" (Merriam, 1998, p. 31).

Comparative case studies. This research involves looking first at the experiences of multiple individuals separately, and then across those individuals. More specifically, I first looked at how individuals identifying as Cree or Mennonite experience rurality and mental wellness. Following individual analyses for each participant, I looked within the groups to explore trends or differences among individuals from each group. Finally, I compared the two groups to look for similar or unique experiences. According to Merriam (1998), multiple case studies occur when researchers study more than one case. These studies are also called comparative case studies, cross-case studies, or collective case studies, to name only a few. Specifically, Merriam (1998) stipulates that comparative case studies "[involve] collecting and analyzing data from several cases and can be distinguished from the single case study that may have subunits or subcases embedded within" (p. 40). In terms of evaluating qualitative case study research, Merriam (1998) additionally writes that "the inclusion of multiple cases is, in fact, a common strategy for enhancing the external validity or generalizability of your findings" (p. 40).

Methods used in case studies. Whereas other types of research are bound to specific data collection and analysis methods, case study is not. Specifically, "unlike experimental, survey, or historical research, case study does not claim any particular methods for data collection or data analysis" (Merriam, 1998, p. 28).

Researcher as bricoleur. Denzin and Lincoln (1994) state that "the multiple methods of qualitative research may be viewed as a bricolage, and the researcher as *bricoleur*" (p. 2). A bricoleur is an individual who takes a variety of methods to construct something useful and meaningful. "A bricoleur produces a bricolage, that is, a pieced-together, close-knit set of practices that provide solutions to a problem in a concrete situation" (Denzin & Lincoln, 1994, p. 2). In terms of how the researcher, or bricoleur, goes about constructing something useful, "the choice of which tools to use, which research practices to employ, is not set in advance" (Denzin & Lincoln, 1994, p. 2). Rather, the bricoleur must make pragmatic choices dependent on the questions he or she asks. Given the multimethod nature of qualitative research, researchers can achieve triangulation, "an alternative to validation" (Denzin & Lincoln, 1994, p. 2), to add rigor to a study. Therefore, the bricoleur is skilled in a wide range of activities including gaining a knowledge of the literature, collecting data, and constructing a product. Denzin and Lincoln (1994) state that "the product of the bricoleur's labor is a bricolage, a complex, dense, reflexive, collagelike creation that represents the researcher's images, understandings, and interpretations of the world or phenomenon under analysis" (p. 3). Taking the role of a bricoleur, I chose to include the interpretive inquiry framework into the case study design, especially for the analysis portion of the study. I will discuss this in detail later in the chapter.

What is the value of focusing on the individual case? Research that aims to sever and bracket from instances or specific cases, familiar or otherwise, can learn and make claims only

about the frequencies of occurrences, not about further understanding experiences (Jardine, 1998). Interpretive research maintains that severing oneself from the incident results in leaving out a truth about the incident or experience as a whole (Jardine, 1998). Interpretive inquiry thus holds that researchers take instances (or cases) "as a "text" which must be read and reread for the possibilities of understanding that it evokes" (Jardine, 1998, p. 41). This form of interpretation causes instances or experiences to seem familiar because we are often able to relate it to our previously held knowledge (Jardine, 1998). Our relationship with these familiar experiences can appear to be new or even strange when we take a different perspective (Jardine, 1998). In this way, "small events thus become potentially "fecund," presenting themselves as gates or ways to the luscious roil beneath the skin of familiarity" (Jardine, 2000, p. 106-107). By taking this approach to specific instances and being open to new perspectives, researchers have the ability to keep stories about familiar experiences going (Jardine, 1998), rather than letting familiar instances fall to the wayside, ripe with stereotypes and assumptions. Researcher, therefore, have the opportunity to add new knowledge by changing the stories about familiar experiences (Jardine, 1998). Jardine (1998) cautions, however, that while the researcher is linked to the interpretation, the main focus of the interpretative research is the topic, not only the connection between researcher and topic: "Even though interpretive work is not possible without a living connection to its topic, it is the topic, not the fact of a living connection, that is the center of interpretive work." (Jardine, 1998, p. 58)

Patterson and Williams (2002) also stress the importance of case study research. They state that aggregate data, in looking at groups, will only result in findings that pertain to the group, not to individual experiences or behaviours. While case study research can involve more than one individual, Patterson and Williams (2002) write that it is important "to begin analysis

with individual cases first (ideographic level analysis) and then to combine (aggregate) across individuals (nomothetic level analysis) only at a later stage and only where and when the ideographic analysis indicates it is appropriate" (p. 26). I will later describe how I followed Patterson and Williams' (2002) advice in my own analysis process.

Additional strengths of case study research. Merriam (1998) writes that, "the case study offers a means of investigating complex social units consisting of multiple variables of potential importance in understanding the phenomenon" (pp. 41). In agreement with the constructivist paradigm, case study research allows for the development of new insights that may build upon, confirm, or entirely change previous assumptions, knowledge, or beliefs about a phenomenon. A case study can offer a "rich and holistic account of a phenomenon" (Merriam, 1998, p. 41) under study. Whereas quantitative studies may be abstract in examining humans, case studies offer concrete descriptions of humans in their contexts and is therefore, especially useful in applied fields. Additionally, case study research has the potential to fuel future research as insights develop; these insights are taken as possible hypotheses. Merriam (1998) also states that "case study has proven particularly useful for studying educational innovations, for evaluating programs, and for informing policy" (p. 41).

Limitations of case studies. While there are many benefits to using a qualitative case study design, Merriam (1998) describes several limitations of which to be aware. First and foremost, case studies can be costly and lengthy. The final written results also tend to be quite lengthy so that busy stakeholders may not have the time to read the entire document. Merriam also states that case studies are open to exaggeration or oversimplification of a phenomenon which may lead to wrong conclusions about a phenomenon, institution, or group of people.

Additionally, readers of case study might assume that the written account is describing the situation in its entirety.

Another issue is that of the method of data collection and analysis. Since "the researcher is the primary instrument of data collection and analysis" (Merriam, 1998, p. 42), the results mostly depend on the researcher's integrity and sensitivity. Given the lack of guidelines in conducting qualitative case study research, Merriam (1998) writes that "the investigator is left to rely on his or her own instincts and abilities throughout most of this research effort" (p. 42). In terms of possible ethical conundrums, a researcher could, unethically, choose what information to present and what information to leave out. Since the research is mostly based on the subjectivity of the researcher, some have stated that the research design lacks rigor (Merriam, 1998). To attend to this cautionary note, I work to be transparent and descriptive in all my steps, inviting the reader to follow along as I work to find my way through the backcountry that is case study research.

Interpretive Inquiry

As stated in the above section on limitations of case study research, the lack of guidelines can lead the researcher to be biased (intentionally or unintentionally) in how they shape the findings (Merriam, 1998). To counter this limitation and to work within a set of guidelines, this qualitative case study research, especially the analysis, is conducted within an interpretive inquiry framework. Interpretive inquiry is an appropriate framework for this project given the paradigms in which I work, constructivist and hermeneutic; analysis in interpretive inquiry is clearly a hermeneutic process, co-constructing meaning of a phenomena (J. Ellis, Personal communications, 2016). Citing other authors, Ellis (2006) writes that "in general in qualitative research, the researcher's purpose is to learn the thinking and feeling behind people's actions and

in so doing come to see how their thoughts and behaviour are reasonable and coherent" (p. 113). By conducting interpretive inquiries, we open new doors to understanding the way in which other people make sense of their lives. We come to understand why individuals act in certain ways or make certain decisions.

What is the purpose of interpretive inquiry? According to Ellis (2006), "the object of research is to develop insight or new learning that transforms the researcher's understanding such that he or she can think more richly and act more usefully in relation to the problem or question studied (p. 114). We are not only reiterating what the participant has said, we are also refining our knowledge about the subject matter.

Key Ideas from Hermeneutics informing Interpretive Inquiry

According to hermeneutic philosophy, and in line with constructivism, there are "multiple realities that vary across time, cultures, and individuals" (Patterson & William, 2002, p. 14). In fact, the construction of a reality is viewed as an "interrelationship" between a person and the world in which they live (Patterson & Williams, 2002). Key assumptions in hermeneutics include "the inherently creative character of interpretation, the importance of part-whole, micro-macro relationships, and the key role of language and history" (Ellis, 2006, p. 115). In the creative process of interpretation, the researcher tries to make sense of the information according to the whole story, including what the participant is saying about their experience, and the researcher's previous knowledge on the subject. The second component of hermeneutics are the part-whole, micro-macro relationships. Ellis (2006) states that "to understand the whole, one must understand the parts; to understand a part, one must understand its role in relationship to the other parts and to the whole" (p. 116). This results in a hermeneutic circle, which is the "back-

and-forth movement between the part and the whole, a movement that has no natural starting point or end point" (Ellis, 2006, p. 116).

Language and history are the third important considerations in hermeneutics. Ellis (2006) states that "language both enables and limits interpretation" (p. 116). Language used by individuals in varying contexts take on diverse meanings and is used in different ways. Due to this, interpretation may be limited when the researcher and participant use vastly different forms or ways of understanding language. The history and contexts of participants and researchers will also influence the meaning derived from statements. Ellis (2006) says that "the language used by participants provides a window into the discourses of communities in which participants live and from which they derive meaning" (p. 117). Since language and histories of participants may be vastly different from that of the researcher, the researcher may need to spend time in the communities of participants, avoid assuming language is shared, use open-ended questions, and be aware of language used while writing interpretive accounts. Taking these steps allow for more accurate interpretations of participant experiences.

Hermeneutic research should have as its goal, the "intent of illuminating something new, different, and compelling" (Mayers, 2001, p. 2) about the topic of interest being explored. Further, the purpose of inquiry "is to make meaning and in some way to impart that meaning in a pedagogic and transformative way" (Mayers, 2001, p. 2). Given that there are multiple realities and therefore, multiple possibilities in terms of interpretations, Mayers (2001) writes that the product of our research is one perspective of an experience or situation and we "offer" this perspective to our readers.

Researcher preconceptions and interpretive inquiry. Patterson and Williams (2002) argue that all science, not just qualitative research, relies on interpretation. In fact, "we

understand in terms of what we already know… Knowledge cannot be constructed from scratch… The forestructure of understanding (our prejudices) is the scaffolding upon which knowledge is built" (Patterson & Williams, 2002, p. 23). The hermeneutic approach holds that it is impossible to bracket our past experiences and preconceptions (Patterson & Williams, 2002). Instead, researchers as interpreters have an active role in helping to produce meaning (Patterson & Williams, 2002). Indeed, interpretations also change depending on the questions asked and Patterson and Williams (2002) add that,

> Interpretations may vary because the question asked by the interpreter may vary. These preunderstandings necessarily sensitize researchers to certain issues and obscure others. Also, the possibility of multiple interpretations exist because no one understanding can capture all elements of experience. (p. 32)

In hermeneutic research, the analysis and interpretation starts with the researcher's understanding of the experience, however, as the researcher engages in the hermeneutic circle, knowledge becomes context-dependent and therefore, co-constructed (Patterson & Williams, 2002). Hermeneutic researchers work intentionally to allow for new knowledge to develop through co-constructed interpretations (Patterson & Williams, 2002); "Rather than merely trying to defend a position or confirm prejudices, the dialogue is an open conversation devoted to developing an understanding of an issue rather than testing pre-existing propositions" (Patterson & Williams, 2002, p. 24). Mayers (2001) similarly addresses concerns about preconceptions and argues that,

> We always begin from a perspective and carry with us our history, language, purposes, and convictions… But this admission need not frighten us, for it is a path of honesty and hope… It is rather about the interplay between experience

> and understanding, between situating what is new in relation to what we may already surmise and where our understanding may already be. (p. 5)

Jardine (2000) argues that it does not make sense to attempt to sever all ties and separate oneself from the research data; as human beings, researchers are already deep-rooted in predispositions and past relationships and experiences. Smith (2010) agrees with Mayers and Jardine as he writes that, "it is impossible to live *outside* tradition. There is no pure place in which to start a totally new life, because one always carries what went before into the present, which works into the future. The challenge lies in dealing with one's old life in a new way" (Smith, 2010, p. 4). Specifically, individuals may experience structures in their environment very differently than other individuals in that same environment; this is what results in the existence of multiple realities (Patterson & Williams, 2002).

The current study requires hermeneutic methods for several reasons. First, as seen in the literature review, there is some existing research on rural individuals and their mental health needs. Additionally, I identify as rural and as a Mennonite who lived in the La Crete area and in close proximity to the Cree Nation who agreed to participate in this study. As Smith (2010) states, there is no way to come at this topic with completely fresh eyes. Rather, my goal is to look at these communities and rurality's influence on perceptions of mental health in a new way, being open to things that I did not expect or realize where there. Having an insider perspective to an extent (more so with the Mennonite community than with the Cree community), requires that I remain transparent and work within the hermeneutic circle, going back and forth from my past understanding, to new information coming from participants. In this process, I also need to be open to within-group differences given that humans have multiple realities of phenomena (Patterson & Williams, 2002). My goal is not to test my previous assumptions, but rather, it is to

develop a better understanding of rural mental health through conversations with rural individuals. Together, my participants and I will co-construct meaning.

Hermeneutic analysis. Researchers interpret meaning by engaging in the hermeneutic circle, defined by Mayers (2001) as a "process of questioning and understanding, reflecting and questioning again" (p. 12). By following in this process "we accumulate a knowing that propels us into the future, all the while incorporating our understanding of the past" (Mayers, 2001, p. 12). Hermeneutics describes research as a circle and this metaphor is used to describe the analysis/interpretation process (Patterson & Williams, 2002). Specifically, "the hermeneutic circle refers to the inter-relationships between the part and the whole. Phenomena are seen as parts depending on a larger whole, and an understanding of the parts relies on preconceptions about the whole" (Patterson & Williams, 2002, pp. 26-27). Analysis in hermeneutics involves first reading the text to understand the whole (Patterson & Williams, 2002). This global, or whole, understanding of the text is then used to look at each of the individual parts (Patterson & Williams, 2002). The goal is that the researcher can come to a changed or altogether new understanding of the experience by looking at the individual parts within the context of the whole understanding (Patterson & Williams, 2002). By engaging in the hermeneutic circle, the researcher is able to identify and be aware of the interaction between what is known or understood (previously held knowledge/preconceived notions) and what they are trying to better understand in a new or changed way (Patterson & Williams, 2002).

In tune with the understanding that there are multiple realities, "the metaphor relating research to a circle recognizes the possibility that our "scientific" interpretations may change as our historical, cultural, and technological understandings change" (Patterson & Williams, 2002, p. 27). Patterson and Williams (2002) write that "the conclusions expressed are seen as

representing the researcher's understanding at the moment. This understanding is subject to revision as a result of future insights or as a result of changes in culture or technology that reshape the phenomenon being studied" (p. 27). However, they also state that this does not imply that hermeneutic research is a sloppy form of research. In fact, it is a systematic form of analysis "progressing through a cyclical analysis in which this position is evaluated (tested) and modified on the basis of empirical analysis" (Patterson & Williams, 2002, pp. 27-28).

Where were the Research Sites?

The research sites were briefly introduced in the literature review and included La Crete, Alberta, a rural, northern town (including attached surrounding communities) and North and South Tall Cree First Nation (two small Aboriginal reservations in northern Alberta). A more detailed introduction to each community will be given in the findings chapter to provide background and context for each individual in their respective groups.

Who are the Participants?

Seven individuals, aged 18 years or older, were recruited by community contacts (intermediaries) to participate in this research study. Tables of participant demographics are included below. Four participants identifying as rural, Mennonite were recruited from the La Crete area and three participants identifying as rural, Cree were recruited from Tall Cree. Recruitment was restricted to participants who identify as rural and Mennonite, coming from La Crete, Alberta and surrounding area and to those identifying as Cree and rural, residing in North or South Tall Cree.

Table 1

Demographics of Tall Cree participants.

North & South Tall Cree Participants

Pseudonym	Age	Years in Community	Gender	Education Attainment	Language(s)	Religion (if any)
Rose	58	39	Female	Diploma	Cree; English	ChristianAlliance
Amber	42	42	Female	Grade 9	Cree; English	Catholic
Marguerite	54	48	Female	GED; Adult Education; Certificate Programs	Cree; English	Catholic

Table 2

Demographics of Mennonite participants.

La Crete & Area Mennonite Participants						
Pseudonym	**Age**	**Years in Community**	**Gender**	**Education Attainment**	**Language(s)**	**Religion (if any)**
Andrew	32	32	Male	Grade 12	Low German; English	Evangelical Mennonite Christian
Phoebe	33	33	Female	Grade 12	Low German; English	Christian
Sara	25	25	Female	Grade	Low German; English	Christian
Katherine	40	34	Female	GED	Low German; English	Christian

Ethical Considerations

Several steps were taken to ensure that the research was conducted in an ethical manner. Ethical considerations such as confidentiality, right for participant to withdraw without any fear of consequence, and anonymity were strictly adhered to. Informed consent involved going over the consent form and having discussions with participants as to the nature of the research; I obtained written and verbal consent as recommended by Yin (2009). Letters of information and informed consent forms for Cree and Mennonites can be found in Appendices E, F, G, and H,

respectively. To avoid any potential harm to participants, I avoided any use of deception and made certain, as much is possible, that participants understand their rights as participants (Yin, 2009). Issues of privacy and confidentiality are vital so that participants are not opened up to aversive experiences as a result of contributing to the research (Yin, 2009). A copy of the Research Ethics Board Application can be found in Appendix J and a copy of the Research Ethics Board Letter of Approval can be found in Appendix K.

In cases of work involving vulnerable populations, Yin (2009) stated that special precautions may need to be taken. My research invited only those aged 18 and above and I did not have issues related to minors. However, my study focused on two specific cultural groups and required appropriate sensitivity. Therefore, I worked to establish trust in the communities by following cultural protocol. Specifically, in alignment with university research ethics requirements and protocol within the Cree community, I developed a collective agreement with the Tall Cree First Nations and this was signed by myself and the Band Manager (see Appendix B). I met with Mike Cardinal, the Band Manager of the Tall Cree First Nations to propose the research project. He agreed to the study and also agreed to help recruit participants in North Tall Cree and South Tall Cree; specifically, he assigned community contacts who would recruit participants on my behalf. The collective agreement with the Tall Cree First Nations outlines the research intentions and plan and also ensures that the Cree data belongs to the Nation and will be returned to them following the completion of the project. After the completion of this project, I will compose individual findings for each participant, made up of their personal stories and brief summaries of the findings. I will then offer the individualized results to each participant. Results (a report of the findings along with recommendations) will also be offered to leaders in both communities (the Band in Tall Cree and the Mackenzie County, the governing body over La

Crete). In terms of the Mennonite group, I worked to remain particularly sensitive to faith beliefs and possible impacts of their historical context. While participants were given the opportunity to speak in the language of their choice, the interviews were conducted primarily in English. I am fluent in Low German so I was able to translate stories told to me by Mennonites who went back and forth from English to Low German throughout the interviews. None of the Cree individuals opted to speak Cree with the assistance of an interpreter as they were also all fluent in English.

Wilson-Forsberg and Easley (2012) address additional or overlapping challenges that may arise when conducting health research in rural and remote areas in Canada including issues of anonymity, confidentiality, overlapping roles (boundary concerns), and the sociocultural context (i.e., values of hard work, family and community ties, and traditional norms). Issues of anonymity and confidentiality have been referred to as "fishbowl ethics;" as a reminder, this terms refers to communities where everyone knows everything and nothing can be easily hidden (Wilson-Forsberg & Easley, 2012). For this reason, I ensured that participants understood that interviews could take place in the location of their choice (where they felt comfortable). In addition, any information provided in the interview that could possibly identify participants was removed from the final manuscript.

In terms of boundary crossings, I was especially aware of my various roles (e.g. student, friend, daughter, neighbor, employee etc.) in the communities I researched since I grew up in the area. Researchers must work to build trust within rural communities (Wilson-Forsberg & Easley, 2012) and I may have had an advantage over a complete outsider, having built relationships while I lived in the area. It is impossible to avoid dual relationships in rural research (even if the researcher comes from the outside as they will likely soon develop relationships with members in the community) (Wilson-Forsberg & Easley, 2012). So, the issue changes from avoidance to

ethical management of dual relationships (Wilson-Forsberg & Easley, 2012). To manage dual relationships that could have arisen in this research, community contacts (intermediaries) were approached by myself (in La Crete) and by the Band Manager (in Tall Cree). These community contacts then were in charge of recruiting participants for the study, thereby creating some distance between myself and those who were selected. In taking this approach, I hoped to have less selection bias occur. Given that I was raised in the La Crete area (Buffalo Head Prairie), no close friends or family were invited to participate in the research. The assistance of community contacts was also important culturally, to establish trust with people who viewed me as an outsider since I have not permanently lived in the area for some time and since I am a full outsider to the Cree community.

The study proposal first underwent review by the University's Ethics Board (REBO 1) and data collection did not commence until approval was granted. In addition to ensuring confidentiality and informed consent, I informed participants that they had the option for debriefs and additional resources should they require these. Meeting with participants a second time to check interpretations of the data also worked to ensure that the findings were co-constructed by myself and the participants (with the participants' views as the focus).

As I have completed this project, I will now go on to write articles for publication and present on this research, at academic conferences and in the communities as required. In small communities, disseminating research in the communities may cause "big waves in a small pond" (Wilson-Forsberg & Easley, 2012, pp. 286). Therefore, I will continue to be respectful of how the research will be presented to continue to protect anonymity and work *with* the communities as opposed to *about* the communities.

How was Data Collected?

Individuals were invited to participate in one-on-one in-person interviews in a place in which they felt comfortable. Copies of the recruitment notices for Cree and Mennonite participants can be found in Appendices C and D, respectively. While some individuals asked me to come to their homes for the interview, others invited me to come to their workplace, and one individual met me at her home and then asked me to come with her to her favorite place beside the river. The interviews were audio-taped and transcribed verbatim. Interviews took approximately one to two hours and participants were given a 25 dollar honorarium for each interview (the main interview and the member check meeting) as a thank you for their time and to cover any travel costs or time that could have been spent working (50 dollars in total for each participant who met with me twice). The primary interview focused on clusters of open-ended questions, starting with questions about rurality, moving into questions around mental wellness, and then closing with questions about identity. Interviews were semi-structured and I followed an interview protocol adapted in part from the work of Yohani and colleagues (S. Yohani, Personal communications, 2015). The interview protocol is provided in Appendix A. Several open-ended probes adapted from Ellis (2006), were incorporated when needed to glean additional context.

In addition to the open-ended questions in the interview, I also asked participants to come to the interview having prepared a story that would introduce themselves to me as someone who is from rural Alberta. I also asked them in advance (or through community contacts) to bring in artifacts, such as items or images to supplement the discussion and provide additional context about the individuals. Multiple methods of data collection, as discussed early, aid in the triangulation of the data.

Guiding interpretive inquiry questions. Ellis (2006) writes that there are different types of questions in research; there are the research questions and then there are the questions guiding the research. Asking research participants questions directly about your research question may in fact, limit the information you gather. Furthermore, "the desire to ask such go-for-the-throat questions arises from a failure to respect the difference between one's research question and the question that guides data collection" (Ellis, 2006, p. 112). In my research, my first research question asks: how do rural individuals experience rurality as a cultural construct?" The second question asks: how to rural individuals from two additional cultural groups perceive mental wellness? More appropriate questions to guide data collection are: "how do individuals experience living in a rural area and how do these individuals experience mental wellness?" This approach to data collection can allow for a more holistic view of participants' experiences of a situation, context, or phenomenon (Ellis, 2006).

What was the Analysis Process?

Case studies have no prescribed analysis method and therefore, the researcher can choose which approach best fits their intention (Merriam, 1998). Within an interpretive inquiry framework, Ellis (2006) writes that "research participants can best reveal their sense-making and experience narratively" (p. 112). Narrative approaches have a vital role in the interpretive inquiry framework. Therefore, given the search for co-constructed meaning of rurality and mental health, with an aim to retell the experiences shared with me by participants, I have chosen to use hermeneutic, narrative analysis. Narrative inquiry (a narrative approach to analysis) has been defined as, "a subset of qualitative research designs in which stories are used to describe human action" (Polkinghorne, 1995, p. 5). Ellis (2006), further states that

> The intention of the narrative inquiry process described is to gain an appreciation of the [participant] in terms of what is important to him or her – values, motivations, likes, dislikes, interests, pastimes, preoccupations, fears, hopes, aspirations, significant others – and how he or she makes sense of his or her own and others' experiences. (p. 121)

Polkinghorne (1995) distinguishes between two types of narrative inquiries: analysis of narratives (paradigmatic-type inquiry) and narrative analysis, (narrative-type inquiry). Qualitative research is considered paradigmatic when researchers analyze their data by looking for common themes in statements that can be placed into higher level categories. Analysis of narrative aims to demonstrate how categories relate to each other. In contrast, narrative analysis works to understand human actions and "whereas paradigmatic knowledge is focused on what is common among actions, narrative knowledge focuses on the particular and special characteristics of each action" (Polkinghorne, 1995, p. 11). By looking at specifics and individual differences, narrative analysis, otherwise known as narrative-type inquiry, keeps rich description and emphasizes the complexities of different contexts and situations. This thesis employs both types of inquiry in that the individual cases are first approached in a narrative fashion and then compared and contrasted within and across groups to search for commonalities and differences. The rationale to employ both types of analyses is to maintain the unique stories told by each participant within their contexts and still describe shared phenomenon as it relates to a rural culture. The use of paradigmatic analysis is important in this project as it works to describe concepts that emerge across individual narratives and also invites interpretations of the relationships between concepts or categories.

Phase 1: Individual analysis. Following Polkinghorne's (1995) distinction, I first conducted a narrative analysis as opposed to an analysis of narratives. This process involved telling a story about the participant's experiences of rurality as a cultural construct and perceptions of mental wellness including aspects such as history, experiences with the phenomenon over time, and context (Polkinghorne, 1995). My first step was to describe the unique experiences for each participant. To supplement the research and show this narrative work, I developed narrative portraits for each participant and narratives of each person's experiences with the research questions in mind. Each narrative portrait was constructed based on the participants' responses to interview questions. Briefly, I introduced each participant, their demographics, and some context about how long they lived in the community and some of their motivations, values, and preoccupations based on interview data gathered. The narrative portraits work to introduce the participant to the reader and provide some context for the story to follow.

Phase 2: Analysis of narratives. Following this creation of a narrative analysis for each participant, I then conducted an analysis of narratives to see if indeed, there were any shared experiences within and across groups (Cree and Mennonite). I travelled back and forth in the hermeneutic circle to increase, refine, or change my previous knowledge based on my own experiences and the experiences of the participants. Results were further analyzed using multicultural counselling theory (MCT) (Cheatham et al., 2002) and literature on mental health service delivery in rural communities.

Step 1: Individual analyses. The analysis process, based on the interpretive inquiry framework (involving hermeneutic, narrative analyses) is as follows: 1) the interviews were transcribed and I read them over to become familiar with the stories. 2) I selected stories from the transcript. 3) I identified key motivations, preoccupations, values, and beliefs present in the

stories. 4) I developed possible themes that emerged from the stories (data). 5) I collapsed the themes into higher level themes or "Big Ideas" (J. Ellis, Personal communication in EDEL 667, 2016). 6) I conducted within-group analyses, comparing and contrasting Big Ideas within the Cree and Mennonite groups. 7) I conducted an across-group analysis (comparing and contrasting Big Ideas from the within-group analyses). Specifically, in step 7, I compared the Cree and Mennonite experiences. 8) I developed a final co-constructed interpretation of the data with regards to the research questions.

To further explain the analysis process, I now present additional detail about the individual analysis, including examples of analysis tables to illustrate the process. Following Ellis' interpretive hermeneutic guidelines for analysis, (J. Ellis, Personal communication in EDEL 667, 2016) I worked my way through each transcript, pulling out individual stories and placing them into tables. Stories in this case are defined as paragraphs or sentences that describe an event or attitude or belief etc. that are pertinent to the questions guiding the research. I then considered each "sub-story" within the context of the participant and their "whole story" and identified key motivations, preoccupations, values, and beliefs; these resulted in a list of key ideas (or themes). To illustrate my analysis process, please refer to the below table which represents Step 1 of Katherine's analysis.

Table 3

Example of Step 1 of hermeneutic analysis for participant, Katherine. Table adapted from Julia Ellis, EDEL 665, Class Handout, 2016.

Story No.	Context: PIA or Interview Question	The story (with some ellipses)	Topic of Story	Key ideas expressed (motivations, beliefs, values, preoccupations)	Memos regarding participant s values etc.
1.	Can you tell me a little bit about your family and I know we talked about it on the drive over [to the river]…	We are raising three boys… on a farm, farm setting… we did a lot of uh raising cows and stuff like that and for a couple of years and that's kind of where they got their work ethic from… Did a lot of fencing together and just working around the yard… just tending to a farm… with them trying to raise them… that work is important and yet…well like my husband always says, "We work hard and we play just as hard"	Raising a Family	The importance of a strong work ethic The importance of work and play The importance of learning life lessons	Her appreciation that being able to raise the boys on a farm has taught them good lessons

I then compiled all the key ideas and further collapsed them into several "Big Ideas" that describe what is most salient to the participant, their life, and primarily, the research questions. Refer to the following image that illustrates a portion of step 2 of the hermeneutic analysis table for "Katherine." Following the narrative analyses, I conducted analyses of narratives to look for shared and unique experiences across individuals within the two groups and then across the groups.

Table 4

Example of step two of analysis for participant, Katherine. Chart adapted from Julia Ellis, EDEL 665, Class Handout, 2016

Big Idea 3: Nature as Healer	
Context: PIA or Question	**Abbreviated quotation (use ellipses…to shorten quotation if necessary)**
So in the letter of information I asked you to bring an image or an item or just think of one that you would associate with as being from Rural Alberta. Did you have one for that or can you think of one for that?	That's why I brought you here… It's peaceful, the sereneness of this place because you know in cities you have to go sometimes you have to go very very far to find something like this… I've been to Mexico, I've been to uhm Cancun, I have been to Toronto…and there is just nothing like this… The smell, everything, the fresh air we're breathing in now it's priceless and you know uhm I truly believe fresh air is huge for health and wellness as well… I guess it can get very very polluted in cities you know… it has a huge impact on people.
Is being rural from the country important to you?	I seriously believe body health is mental health.
Is being rural from the country important to you?	Experiences as far as people on the outside right uh that come into your life or does have a big impact as well right but I believe if uhm your body works the way God intended it to and if we're not abusing certain things you know…food, uh drugs…namely prescription drugs, I do not believe in prescription drugs... I believe prescription drugs does have maybe a part sometime or other uhm and it and I believe in a mental health way as well… because hormonal imbalance is a huge in women… but I do believe uhm ..that …more of a natural way..there is a reason why God made plants… The products that I have are just have been amazing as far as uhm bringing a body into balance you know…and so that is for me that's huge

Step 2: Within-group analyses. After each of the seven interviews had been individually analyzed following the above-defined steps, I compared all the Mennonite interviews to each other and all the Cree interviews to each other by looking for common themes/big ideas. While I wanted to look for similarities, I also looked closely for distinctions among group-members, knowing that while cultural groups have similarities, there will also be differences in context and experiences. These commonalities and differences are explained in the discussion chapter.

Step 3: Across-group analysis. The final step in analysis was to compare the groups, Cree and Mennonite to look for commonalities and differences in experiences of rurality and

how this might impact perceptions of mental wellness. This research analysis was sequential in that the individual analyses were required to conduct within-group analysis and the within-group analyses were required to conduct the across-group analyses.

Evaluating the Goodness of Qualitative Research

According to Peshkin (1993), qualitative research has been criticized for failing to be "theory driven, hypothesis testing, or generalization producing" (p. 23). Rather than defending qualitative research in terms of what have been called failures, Peshkin explores the goodness of qualitative research by looking at what it can indeed produce. He states that,

> 'The heart of morality' lies in respecting – not defending – the integrity of the qualitative paradigm and that this respect does not derive from taking as one's starting point the issues and premises as defined by nonqualitative proponents. It derives, rather, from taking qualitative inquiry as the starting point and asking, what qualitative research can generate that will be helpful in the furthering research or practice (Peshkin, 1993, p. 23).

Peshkin (1993) discusses four major outcomes of qualitative research. These are *description, interpretation, verification,* and *evaluation*. To fully understand an issue, a situation, or phenomenon, and before making generalizations or decisions about it, we must first have an understanding of the issue, situation, or phenomenon (Peshkin, 1993). In terms of the current study, before additional programs or plans can be put into place to better serve rural people, it is important to understand what they perceive their needs to be and to better understand their experiences. Descriptions can be about "processes, relationships, settings, and situations, and people" (Peshkin, 1993, p. 24). Peshkin (1993) states that the outcome of interpretation can "*explain or create generalizations, develop new concepts, elaborate existing concepts, provide*

insights, clarify complexity, and *develop theory*" (p. 25). According to Peshkin (1993), qualitative researchers often hesitantly make generalizations about their research while others believe that generalization occurs when the reader decides to apply the research to different contexts or situations. Interpretation can lead to an issue, perhaps already researched and understood in a certain way, being understood in a new light. Looking at rurality through a cultural lens, I hoped to look at rural mental health in a new way, perhaps uncovering something of importance that could aid in helpful action. Peshkin (1993) uses the term verification as an alternative to 'testing validity' because "testing, in its customary association with quantitative research, requires particular procedures. These are not the procedures of qualitative research" (p. 27). Rather, "verifying – or establishing the utility of – assumptions is one type of outcome in this category" (Peshkin, 1993, p. 27). In addition to verifying assumptions, Peshkin also discusses the usefulness of verifying theories and generalizations as an outcome of good qualitative research. In terms of the evaluative component, qualitative research can help researchers, practitioner, educators, and policy makers by providing insight into what works, what does not work, and suggestions for improvement.

My graduate qualitative research instructor once told my class the story of a "true hero" and it went along these lines: Many people celebrate the inventor of the mousetrap for fixing a problem. However, it took someone to study the mouse's movements, his patterns, his motivations, his preoccupations, to truly understand the mouse. Once the mouse is understood, anyone can develop a better mousetrap. The true heroes, she said, are not always those who aim to solve the problem, but rather those who aim to increase understanding around the problem because that understanding can inform helpful actions and decisions (Ellis, 2016, personal communications). Just so, my aim with this research is to better understand how individuals

experience rurality and mental wellness. It is only with increased understanding that we can better develop new ways of meeting the needs of rural individuals.

Evaluating an interpretive account. Given that this case study research used the interpretive inquiry framework as taught to me by Ellis (Personal communications, 2016), it follows that I also take into consideration evaluative criteria commonly used in interpretive inquiry. Packer and Addison (1989) discuss four methods of evaluating an interpretive account. These methods include "requiring that an interpretive account be coherent; examining its relationship to external evidence; seeking consensus among various groups; and assessing the account's relationship to future events" (pp. 279-280). (For a more detailed discussion on the four approaches please see Packer and Addison (1989).) While each method has been criticized by more traditional qualitative researchers as being insufficient for validation, Packer and Addison (1989) see value in the four approaches and state, "the four approaches to evaluation stem from forms of persuasive reasoning that have developed over the centuries; reasoning we engage in when questions of veracity arise in our everyday interactions" (p. 291). The authors suggest that "a good interpretation, ones that gives an account we can call true, is one that answers the concern that motivated our inquiry in the first place" (Packer & Addison, 1989, p. 290). Similar criteria have been developed by Patterson and Williams (2002) who state that evaluative criteria for interpretive accounts should include the insightfulness, persuasiveness, and the practical utility of the research.

In evaluating my research, I worked to create a coherent, insightful, and persuasive account by consulting with colleagues and especially with my research supervisor, Dr. Yohani. Following the analysis procedures, I returned to the literature and compared and contrasted my findings to what is currently in the research. In terms of the research's connection to future

events and practical utility, I have included recommendations for future research and implications for practice in the Discussion chapter of this thesis. These recommendations are based on past research, consultations with my supervisor, and questions and factors arising from this research. Finally, I worked to evaluate the extent to which my findings have answered my research questions. Though the questions have been sufficiently answered and I learned a great deal from my participants, this research process and findings have also shown me areas that could have been revised to result in even richer accounts of rural experience and subsequent perceptions of mental health. Refer to the limitations section of the Discussion chapter for these considerations.

In the following two finding chapters, the accounts of the rural Mennonites and Cree have been described. I have chosen to present the Cree and Mennonite findings in separate chapters to ensure that the unique perspectives of individuals and groups were maintained, especially given that the stories are told in different contexts. After unpacking the findings for each group, the Discussion chapter will describe across-group comparisons and final interpretations along with recommendations for future research and practice and possible limitations of the study.

Chapter 4: Findings

Cree Perceptions of Rurality and Mental Health

This chapter describes the findings for the Cree from Tall Cree First Nations in relation to the research questions. First, two Cree communities, North Tall Cree and South Tall Cree, will be introduced to provide background context for the three Cree participants who agreed to share their stories of rurality and perceptions of mental wellness. Following this, I will introduce each participant and a summary of their experiences of rurality and mental health. I will then unpack their major themes, otherwise known as Big Ideas, individually. Finally, at the end of the chapter, I will combine and present the within-group comparisons for the Cree group. In terms of participant anonymity, it is necessary to take several precautions. Specifically, in many small rural communities, neighbours, and even acquaintances, tend to know a fair amount of detail about other community members (e.g. where people work, how many children they have, who their parents and grandparents are, and so on). Accordingly, specific details are not included in these findings to protect the identity of all participants who were so kind as to share their time and their stories.

Welcome to Tall Cree, Alberta

The Anishinabe Tall Cree First Nations is composed of seven reserves in total and the total population is recorded at 1,044 with over half of the population living off-reserve (Tall Cree Tribal Government, n.d.). As stated earlier, this research was conducted in two neighboring Tall Cree First Nations communities, North Tall Cree (173A) and South Tall Cree (173). The population of South Tall Cree in 2016 was 250 (Statistics Canada, 2016) and the population of North Tall Cree in 2011 was 224 (Statistics Canada, 2016). According to the Tall Cree community website, many residents can trace their origins to Montana and it is written that their

group was led to Canada by Sitting Bull or Ogimak Big Bear when they were driven out of their homes following the war that occurred from 1868-1886 (Tall Cree Tribal Government, n.d.). The Band is currently composed of a Chief along with four Councillors who work together to govern the Tall Cree First Nations (Mackenzie County, 2015). In 2011, the median age in South Tall Cree was 20.3 with 60.4 percent of the population being over the age of 15 (Statistics Canada, 2016). In 2011, the median age in North Tall Cree was 22.5 with 68.4 of the population being over the age of 15 (Statistics Canada, 2016).

As I learned from my conversations with the Band Manager and from the participants who told their stories, both communities have no gas stations or grocery stores and are dependent on neighboring towns for basic necessities (M. Cardinal, personal communications, June 2015). While the community has landlines, community members generally do not have access to cellphone service. According to the Band Manager, the community is a hunter-gatherer community and community members suffer when there is a lack of wild game in the area. When I met with him early on in the project, he shared that many in the community were living below the poverty line. There are also limited job opportunities in the community. While there are many challenges, my conversations with participants also highlighted the many benefits of living in these communities.

Cree Participants

Meeting Amber. Amber is a middle-aged female and has lived in Tall Cree her whole life. She speaks both Cree and English and identifies as Catholic. She completed some of her secondary education and is employed. . Most of her family lives in Tall Cree. She is a mother, a grandmother, a partner, and a friend. As we sat at a table together, Amber shared stories about what it is like living in an isolated rural community. For example, she described the difficulty

those without transportation face and how there is a need to plan ahead to ensure you have enough resources on hand. She told me stories of family and life in the quiet community. Amber described the sense of freedom she feels in her community to do with her time what she wants. Her stories also included accounts of time spent with her mom and auntie, working with meat and hides from hunts and playing croquet and traditional hand games with family.

Amber's big ideas regarding rural identity and mental wellness. For Amber, having a rural identity means being deeply connection to nature. Time spent in nature is a way to be grounded and as a result, more mentally well. Traditional Cree activities and values are also nurtured in natural areas. Living in an isolated community appears to require a dependency on others, thus strengthening the need for connection and responsibility towards others, and most importantly, to her family. Connection to others, balanced with self-care are important factors for mental wellness. In fact, mental problems are seen to be more likely when you are disconnected from nature, from others, and from self.

The benefits of being in nature. Based on my conversation with Amber, being in nature is beneficial for mental health as it is a good place to be grounded, to rest, and to spend time with family. In terms of her rural identity, Amber discussed having a reliance on nature (e.g. hunting) but also taking the time to enjoy nature and its beauty. For example, in addition to sharing stories of camping, when I asked her what came to mind when she thinks of rural and isolated Alberta, Amber replied, "The scenery…along the river… it's nice, I went with my brother we went on a canoe from the blue bridge to right where we live, it was nice and calm." It seems that individuals can achieve mental wellness by living a quiet life, surrounded by the calming qualities of nature.

Being there for family. Having a close connection to family was spoken of by Amber as a protective factor with regards to mental health. She shared that, "family is the most important support… I have a big family and we are close together, I don't know anybody [that]…doesn't have siblings…" As Amber spoke about her family and how they took care of each other in difficult times, I began to understand that in her small community, family members have a duty and responsibility towards each other; this idea also extends later to the idea of community. There is almost a danger in being alone, to be without family. Amber shared that she believes it is important to actively bring the family together to spend time connecting and caring for each other. Having her family live in the same small community was seen as being important for her well-being as it allowed for a closer connection. While there is some availability of counselling, Ambers held that, "family can do the most good." She felt however, that there can be a tendency to leave people undergoing stress alone as there is a lack of knowledge on how to support family members. She reasoned that people try to show their support in instrumental ways instead of trying to talk about problems (i.e. more direct emotional support). For example, support is shown by playing games together or making meals for people. She maintained that instrumental support is also a good way of helping since it is important to *just be there* for the person needing help.

Taking time to play. Many of Amber's stories included themes of play. Taking time to play with others appears to be a factor in maintaining mental wellness. Not only is play enjoyable and relaxing in the moment, it also helps to maintain relationships with others and those relationships can help you later if you face distress. In this way, play acts as a protective factor. Amber had not brought in items or objects to talk about in our interview but she described particular items that were important to her. For example, she described the game of croquet and a

drum used in traditional hand games that she likes to play with her family and other community members.

> In the summer time we go… camping… that's when we have our croquet games and in the summer time we have hand games….yeah so the hand games is the most popular in the communities… They have a drum, I'm not sure you've seen the drum, it's made out of moose hide or deer or whatever and they hit that drum and then there is two teams that play like they would be sitting like this, could be six could be eight players, and then there is a shooter… one shooter and then they hide and that shooter would try and…yeah…

Cherishing of the traditional. Part of mental wellness for Amber is having purpose and meaning in one's life. One of Amber's roles in the community is to help her parents and other elders with things such as translating Cree to English and vice versa; this is her way to give back and uphold valued traditions such as Cree language. A responsibility to her community and to her People arose as an important value in our conversation. The previously mentioned hand games also represent to me the desire to maintain important Cree traditions that nurture connection.

The challenges of isolation. While Amber spoke about the benefits of nature and living in a quiet area, the challenges that come with isolation were also discussed. Living in an isolated location is linked to her rural identity in terms of survival and Amber told me about the need to be dependent on other communities given the lack of resources and services in Tall Cree. Mainly, there is a dependency on the neighboring community, La Crete (and sometimes also Fort Vermilion) for groceries, fuel, and other basic necessities. In terms of her perception of mental wellness, those who are more isolated in the community, those who either cannot leave or do not have a strong family unit in the community, might struggle more to heal from grief, stress, or other mental health concerns.

Meeting Marguerite. Marguerite is middle-aged and has lived in Tall Cree for most of her life. She speaks both Cree and English and identifies as being Catholic. After completing her education, she gained employment in her field. Marguerite's other roles include being a wife, a mother, and a grandmother. She enjoys outdoor activities, making crafts, cleaning, cooking and baking, and would much rather go to the bush rather than take a trip to the city. Marguerite described how, if she had more time, she would like to go camping more often or work on tasks that seem to pile up at home. She shared stories of how she enjoys spending time with other women in the community and enjoyrs sewing and quilting. She advised that those who decide to come and live in their small community have to "do a lot of learning" to get used to the isolated lifestyle.

Marguerite's big ideas regarding rural identity and mental wellness. In terms of her rural identity, Marguerite discussed her appreciation and preference for life in a slow, quiet environment, surrounded by nature. Isolation, while challenging at times, results in increased feelings of belonging and interdependence. Based on my conversations with Marguerite, mental wellness in her small community comes from a combination of family connection, professional help, religion, and traditional ways of healing. Family however, appears to be the most influential and accepted support. Other methods of support need to be provided in creative ways, particularly when professional services are not viewed as appropriate sources of help and/or when the stigma about mental health is a barrier. According to traditional Cree teachings, being connected to the ground and taking in nature's restorative qualities leads to mental wellness.

Connection with nature. Marguerite spoke of avoiding long times spent in city given her fondness of a slow, quiet lifestyle. Her rural identity involves a deep connection with nature and this is continually nurtured. Rather than being seen as something separate, for example, one

accesses nature in urban parks, rural areas are seen as *being more natural*. It is a "living with nature" as opposed to "visiting nature." Maintaining a connection with nature is also an important component of maintaining mental wellness. Marguerite discussed with me her belief that there are restorative qualities in nature, not only in her preference for natural treatment using herbs, but also just being in nature. Traditional teachings about nature say that people need the ground to be connected.

> I go out to the cabin… I enjoy the peace and quiet… I like going to the rivers, same thing, peace and quiet… I like being connected to nature… that's the way I was brought up, that's my culture and that's my belief… that you need the ground to be connected.

In our second meeting, Marguerite shared with me a picture she had created representing her community and her joy of living in the community. The image to me, also represents a connection with the land. A sense of interconnectedness and wholeness seems to be depicted in her art.

Figure 4. Marguerite's representation of her community; it is important to who she is.

Adapting to isolation. For Marguerite, a rural identity comes with a sense of isolation and this is reasonable given the geographical location of the community and lack of resources. She shared with me how it is necessary to go through a learning process to adapt to the needs of an isolated community.

> I live in a small community… and sometimes it's hard but sometimes, most of the time, it's really nice… So if you… decide to come and live I guess you would have to do a lot of learning…like by my [family member], she moved from… the town… where they have grocery stores. But [when] she first moved here with my [family member]… she had a hard time like because [you] got to prepare yourself… like… to buy … Groceries yup and gas. For gas it's really hard for us, like for me I work, I go to the other community… and I can only do two trips and then I have to make a trip into town… Yeah so you have to… prepare yourself… and then at times too like if you buy too much and then you're just wasting. It's really hard some days but … you learn to live with it…. And then you have to depend on neighbors too… Sharing, like if you're going to make something, [or] like you're going to you run out of milk for the kids, you will have to, you can't go to town and grab it because it's seventy kilometers away… Yeah people don't even think about that hey? Like I was saying my, like my son, they moved home and they kept running out of stuff like, they have to learn to …plan ahead I guess.

Marguerite also shared with me her concerns about disasters or accidents because of the location of the community. For example, she told me a story of how the community had experienced a flood in the past.

> There is no cell phone service… We have landlines... sometimes the landlines go down and the internet goes down and we have no communication… Yeah that's what I always dread like even if we had an accident like how… That's another challenging thing, we had a flash flood one year and … coming out, going out of the community, the river is right there, but it was at the highest part and we couldn't…drive through. But you have to drive through water coming out of my place so like… Yeah we would be trapped in this area because there is only one way out.

While isolation likely leads to a closer connection with the land, it is also a source of stress in terms of survival. To maintain mental wellness in an isolated community, it is important to remain prepared and connected to others, knowing you may need to depend on them in times of need.

Family as a healing resource. Marguerite shared how while other services, such as counselling, are accessed sometimes, it is her experience that family involvement is the most influential in healing from mental health problems, especially since counselling does not seem to be seen as an appropriate source of help by many.

> [People] counselling… but it isn't always, doesn't always work... Mainly just family. Family involvement and there is also lots of religion in families… Yeah religion… traditional medications… We don't do much medicine bags, it's mostly just herbs.

As it pertains to her rural identity, it would seem that there is an expectation for individuals to have family living in close proximity in rural areas.

Creating safe spaces. As stated, there is some availability of counselling in the community. However, Marguerite shared that unfortunately, counselling is not always impactful or seen as a trustworthy resource. There is some help-seeking outside of the community but there are also travel-related barriers. In addition to distance, other barriers she mentioned included denial about the problem, stigma, lack of education on mental health, and fear of mental health services. To address stigma and fear of mental health service providers, Marguerite shared creative ways to provide mental health care to community members. She shared how have safe spaces where people can openly share and receive support is important.

"Being here for my community." Marguerite's passion for her community shone through in our meetings together. She shared her desire to be a support and teach the young about tradition, while also providing mental health support in any way she can. She actively chooses to remain in her community even though isolation can prove difficult from time to time;she appreciates the small community to which she belongs. I got a profound sense that Marguerite feels a sense of responsibility to be a helpful, contributing member in her community. When I asked her what she would like to be known for, Marguerite answered, "Just…being here and

being here for my community. That's how come I've been here for [more than 20] years… I like to help people. Community support… just being helpful."

Meeting Rose. Rose is also a middle-aged woman and has lived in Tall Cree for almost 40 years. She speaks both English and Cree. She told me she was raised in the Christian Church and maintains her faith. Rose completed her education and is now employed in her chosen field. Mental health is very important to Rose as she has experienced challenges herself and has a family member with a mental illness as well. Even though many other people consider her community to be isolated, Rose has access to transportation and leaves the community often. The times Rose does feel isolated are related to the lack of access to medical care and mental health services. Connection to others is of utmost importance to Rose and she committedly ensures that she connects with family, her Tall Cree community, her faith community, and outside neighboring communities as well.

Rose's big ideas regarding rural identity and mental wellness. For Rose, being rural is linked to being in nature and having freedom and space to *just be*. While being in an isolated area results in challenges, it also comes with a deeper connection to others and feelings of responsibility towards her community. Close relationships and a sense of belonging appear to be nurtured in rural areas and are also a necessary component of being mentally well. According to Rose, to be mentally healthy, individuals need to be continually growing and balanced, like a rock; this is connected to traditional beliefs about wellness.

Comfort in connections with others. Based on our conversations, it appears that Rose finds comfort in connections with others. These connections can be found in her community but also with family members, outside of the community. For Rose, connectedness does not appear to be solely linked to physical space. While connection with regards to physical space

(community connections) are important, expansion outside of her community is important for her mental wellness. Specifically, she travels outside of her community to maintain relationships with family members. It does not seem that she leaves the community because of the community, but rather, she needs to be connected to her family and therefore, needs to leave for her own mental wellness. For Rose, being connected to others is part of her rural identity and a component of mental wellness. Connecting with others and belonging to communities was seen as a way to ward off problems such as being depressed. Being disconnected was seen to result in problems such as loneliness, stress, and being less physically healthy. Rose shared with me her personal experience of being isolated from support systems and the negative consequences that followed. She reported that when she was with family, who do not live in the community, she experiences less stress and less physical symptoms.

> I like going to [the city] because I notice I'm totally different … mentally, physically, emotionally… Better… I feel free… I'm not alone because I'm with my kids or grandchildren or I think maybe…when I'm alone here I just, I don't know, I probably was experiencing empty nest syndrome (laughs)... In the end I enjoy to come home, I like after spending a week there then… I like to come home and just relax… I feel comfortable sitting in my house alone… sometimes people say "how could you do it?" …this is my home.

Rose appears to enjoy a balance of being with family and being alone. In our follow-up meeting she shared, "it doesn't matter where you go in life, people will connect, it's comforting." While she holds that she can leave the community and still be connected to others, connection seems to be an especially nurtured value in rural areas. For example, having a close-knit community is also important as this provides a level of safety given that people look out for each other. Rose described to me her favourite part of living in her community,

> The best part is… everybody looks after each other like uh if I am not home I know people will watch my house like… and you know like… talk to each other and just stop by and go visit and don't have to lock my house when I go somewhere, and stuff like that… For each other, even the kids are watching out

> for each other… Yes, everybody watches everybody like uh a community kind of uh…watches others peoples kids when you know… yeah.

Rose also indicated how she values spending time in neighboring communities and developing relationships with people in those communities. She stated, "I just like to go browse around, as something to do right… and I always go, and I know a few people in La Crete like … the store people. Yeah. And they know me by name." From Rose's perspective, it appears that there are many communities to which people can belong; families, faith groups, and geographical locations are a few examples.

Connection with nature. For Rose, being connected to nature was a component of her rural identity. For example, rural areas were associated with clean air, fields, and rivers and these aspects of rurality are a part of life for Rose. Being in natural places also gives her a place to rest, which is a condition of mental wellness. While she stated that she was busy a lot of the time, Rose also explained her value of taking some time to *just be*, especially in nature.

Self-care and mental wellness. Rose shared with me her personal story of having experienced anxiety and grief and the steps she has taken to achieve mental wellness. She described the importance of taking care of yourself, taking the time to play, and taking part in calming activities. Additionally, she recommended, "just talking out [your] feelings, just talking... And I guess learning to trust somebody… we need to learn to trust each other." In terms of other ways that she takes care of herself, Rose showed me her jewelry as something that is important to who she is. She said that enjoying beauty is part of taking care of herself. She also pulled out her scrapbook of achievements, including different certificates and examples of crafts she had created. Rose has a large focus on helping others but she also held that this needs to be balanced with self-care. She stated, "You need to be healthy in order to help somebody else. By helping someone you are helping yourself."

"Solid like a rock." When I asked Rose for an item or image that would represent rural Alberta, she answered,

> A rock maybe. Yeah… I think probably, because the rock comes from the earth and it's more solid I guess it's not easily… crumbled, or whatever, or it's …it's solid you know like solid like a rock you know. That's the way we want to be right…

Rose described her view that in order to achieve overall wellness, you need to be balanced and strong - solid, like a rock without holes. This includes being balanced spiritually, mentally, emotionally, physically; if one is not right, you are unbalanced and this leads to mental health problems. She shared about her own struggles with mental wellness and how she feels that she was more solid, more like a rock, in the past.

> I always think that I was like, that five years ago like, I would say that I never had any problems or any holes in my …in the four areas of your life, spiritual, physical, mental and that and physical like…I was solid then…you know now I have these little holes, these areas… Spirituality, physical, mental and emotional.

Rose told me that she also believes in human growth and described a broad view of mental health including a clinical conceptualization, valuing counselling, and traditional ways; she described seeing a return to traditional healing in her community.

Helping in the community. Like Marguerite, Rose also cares deeply about the health and wellbeing of her community. Her passion for helping to develop a healthy community is reflected in how she identifies herself – as a helper. Rose's stories had a theme of responsibility towards her community. For example, one story of helping those in her community thrive focused on education attainment. While she values life in her community, she also believes that it is good and healthy for people, especially the youth, to leave the community and receive opportunities they might not have if they stayed, such as higher education. She shared, "I want to be known that I made an impact on somebody's life… I guess I'm thinking more [about] the

youth right. I want them to continue going further in their education." Rose described how many in the community fear letting their children leave the security of the home community to live in large cities, full of unknowns. However, she stated that she encourages youth to leave for school because she wants them to know that there is more out there in the world beyond their small community. In taking this role, she believes she is working towards building a stronger community with more opportunities. Rose shared how she wants the best opportunities for the youth of her community, even if they choose not to return.

The impacts of isolation. For Rose, having a rural identity is tied to geographical isolation as it results in having to manage with limited resources. However, since she often travels, she does not feel confined to the community. She stated, "I don't think I consider myself isolated. No… I travel lots." Rose shared that she primarily felt isolated when faced with a lack of medical and mental health services. Given her stories around the need for connection, it seems that the mental wellness of community members may be challenged when they cannot leave the community due to lack of transportation or finances, especially if they do not have close connections with other community members. While there are definite challenges, there are also benefits to being isolated. For example, Rose pointed out that she appreciates the freedom and space in her community.

Help-seeking attitudes in community. Rose disclosed that she personally values help-seeking for mental health problems but she sees that other community members have negative attitudes or fears about mental health services.

> Nobody really wants to …I don't know if it's a stigma or… people are not willing to come out and talk... because it's just a small community when [the psychologist comes]... everybody knows who she is so when someone says she's parking there, it's like "Oh she's gone to see" you know and I think that's one of the barriers to people accessing mental wellness…

A lack of anonymity when privacy is needed leads to fears about accessing services. This is related to the idea of fishbowl communities where everyone can see what is going on in the community. Part of Rose's rural identity appears to be linked to life in a fishbowl community. In addition to lack of anonymity, embarrassment about mental health problems, and a lack of awareness appear to lead to less help-seeking. Rose stressed to me the importance of encouraging help-seeking and the need for additional programs, mental health outreach, and education. She believes multiple sources of help is best, including professional services but also family and friends. Her recognition of the need for trust arose several times in our conversations and it seems that she views trust is an important foundation for mental wellness.

Cree Experiences of Rurality and Perceptions of Mental Wellness

Three Cree women shared their stories and across those stories, several experiences or big ideas emerged that appear to be shared. As you can see in Table 5, these are a) a connection to nature, b) family involvement in healing, c) belonging and connection to communities, d) responsibility to communities, e) the impacts of isolation, and f) the barriers to seeking professional help.

Table 5

Themes shared by the Cree participants.

Cree Group: Shared Themes/Big Ideas
Connection with Nature
Family Involvement
Belonging to and Sense of Community (Connection to others)
Responsibility to Community
Impacts of Isolation
Barriers to Help-Seeking (e.g. stigma, lack of education, self-reliance, lack of trust)

For the three Cree individuals, being rural involves having a deep connection to nature. Not only is the Cree community reliant on nature for hunting, but being connected to nature is also a component of mental wellness and for some, spirituality. Nature was also seen as being restorative, a place to rest and be grounded. A connection with nature was interwoven with a connection to others and this is shown when Amber described a time she spent with family in nature; she stated, "The scenery…along the river… it's nice, I went with my brother. We went on a canoe from the blue bridge to right where we live, it was nice and calm."

As another component of rurality, the impacts of isolation were discussed by the Cree participants. Given the lack of access to basic necessities, there is a need for the members of North and South Tall Cree to be dependent on neighboring communities. Being isolated also requires a focus on connecting to others in order to survive, not only for basic needs but also for psychological support. Disconnection and isolation from important social supports were perceived as leading to mental health problems. The more isolated an individual is, the greater the risk of experiencing mental distress. Rose summarizes this idea well when she shared her perception of how Henry (from the mental health scenario in the interview) was being impacted by his isolation from others.

> It's affecting his, his actions, his daily living…. he's not being [in] contact with people… He likes to be alone, he doesn't like the interaction or …maybe he… maybe he's not afraid but [he] … doesn't know how to act maybe? He's afraid to do something wrong… he's… closed off, closed off. …He's not open to express his feelings… There will be negative impacts on him, he either won't grow as a person and eventually he can get worse. It can lead to depression.

Belonging to communities and subsequently, having a responsibility to your communities arose as a major theme within the Cree group. Not only will your community be a support in times of need, but you also have a responsibility to support others in your community. For the Cree participants, family was spoken of as one of the most important communities of which to

belong and was the most accessed resource when an individual faces a mental health problem. A product of belonging to communities appears to be a sense of security that acts as a protective factor for mental health.

All the Cree participants spoke of the barriers to seeking mental health in their community. In addition to stigma and lack of understanding, an underlying value and expectation of self-sufficiency appeared to emerge in the discussions. Living in a small community can lead people to feeling exposed as everyone seems to know what is going on (i.e., a fishbowl community). In subtle ways, it seems that people try to take care of their own problems due to wanting to maintain their privacy, having a lack of understanding about mental health, distrusting professionals, and/or having a fear of being labeled as crazy. For example, Marguerite spoke of why people might not ask for help or even talk about it for fear of being seen as "mental." Family, then is the preferred support network for those experiencing distress. According to Amber, many times, family members do not know how to respond but do their best for their loved one, often by just being there or making meals. While socio-economic status was not a focus of this study, poverty arose as an important factor impacting the people of Tall Cree First Nations. The lack of financial resources and lack of access to resources are important lived experiences that need to be named in the stories told here by the Aboriginal participants. It appears that the mental health and wellbeing of many Cree in these communities are influenced by poverty. The band manager talked to me about the socio-economic status of many Cree community members and the subject arose in my conversations with participants as well.

It appears as though there are many barriers to accessing and accepting mental health services in this community. However, there are also many protective factors for mental wellness, namely connection to family and the greater community, connection to nature, and for many

spirituality and religion. The components of rural identity as experienced by these Cree individuals include a connection to nature, security in connection with others, levels of isolation, and life in a fishbowl community,

Chapter 5: Findings

Mennonite Perceptions of Rurality and Mental Health

The experiences and perceptions of the Mennonite participants will be presented in this chapter. To begin, the community will be introduced to provide context for the Mennonite participants. Following this, each of the participants will introduced in a narrative portrait and I will summarize the experiences of rurality and perceptions of mental wellness for each individual. I will tell each of the participants' stories in additional detail as they relate to their experiences of rurality and perceptions of mental wellness. Finally, the within-group analysis will be presented comparing the Mennonite participants' experiences. Just as I did for the Cree participants, specific details will not be shared to protect the identities of participants who shared their time with me and their personal stories of identity and wellness.

Welcome to La Crete

La Crete is a hamlet in northern Alberta. This research took into account La Crete the hamlet and the surrounding communities given the agricultural and the interconnected nature of the area. According to the La Crete & Area Chamber of Commerce (2016), the hamlet now has almost 3500 residents and including the surrounding farming communities brings that number to approximately 8000 (La Crete & Area Chamber of Commerce, 2016). La Crete came to be in 1918. Although the founders of La Crete were non-Mennonites from Quebec, later, a large population of Mennonites moved to La Crete in the 1930s, mainly from Saskatchewan, choosing the isolated area to "escape the 'modernization' of the developing world" (La Crete & Area Chamber of Commerce, 2016, para. 2). Today, Mennonites are the primary group in La Crete and surrounding area and most are bilingual in English and Low German/ Plautdietsch (La Crete & Area Chamber of Commerce, 2016). La Crete, while still considered to be fairly remote, is

now connected to the rest of the world through "high speed internet, cell phone coverage, cable and satellite television, and many other popular amenities" (La Crete & Area Chamber of Commerce, 2016, para. 6). Despite these links to the external world, many Mennonites in La Crete hold to traditional faith values and work to remain "set apart from the world."

Mennonite Participants

Meeting Andrew. Andrew is in his 30s and has spent his life in the La Crete area. As we sat at his kitchen table, Andrew told me that being rural was a lifelong experience, claiming that, "it's all [he knows]." He speaks English and Low German and identifies as an Evangelical Christian. Andrew was born and raised on a farm outside of La Crete. He recalls having to do a number of chores around the yard and house as a child which, upon reflection, he now appreciates. The chores included feeding the cattle and pets after school and helping his mother set the dinner table. After he graduated from high school, he continued working on their farm on a seasonal basis. In the winter months, he works in logging camps. Andrew is the youngest of five siblings. He shared that he loves nature, especially the open sky and the sunsets out in the country.

Andrew's big ideas regarding rural identity and mental wellness. For Andrew, a rural identity is linked to the land, to his value of hard work and personal development, and to close connections with others. Rural areas for Andrew also offer a sense of safety through distance from large world events. Andrew sees mental wellness as being maintained by having faith and belonging to supportive and nurturing communities. Belonging fulfills conditions needed to heal including being loved, accepted, validated, and wanted. Additionally, his perception of mental wellness is also viewed through a medical lens whereby allopathic treatment is necessary at times. He is able to integrate both modern and traditional approaches to health and wellbeing.

The value of hard work. For Andrew, having a rural identity is linked to being raised in a rural area and having been afforded him the opportunity to be taught valuable lessons which have benefited him in his adult life. For example, he shared that doing various chores on his family farm taught him responsibility and respect. He described his appreciation of being taught to work hard and believes that children need to be taught these values to be able to contribute to society. In addition to character development, it seems as though his value of hard work is linked to purpose and motivation, thereby being a component of how he perceives mental wellness; hard work leading to character development is seen as a healthy value and preoccupation to have in order to live a good life. Andrew also shared with me a story about a time he was able to teach others about his way of life. Chuckling, he described "I've given two ladies, friends… [their] very first combine ride which was a big thrill for them so it was for me too. Not growing up on the farm for them… [resulted in] lots of questions." Andrew perceives farming as an important part of his rural identity. An image he shared with me as something he associates as rural Albertan was a picture of a combine (see Figure 6).

Figure 5. Picture of a combine on field, provided by Andrew.

Enjoyment and respect of the land. Andrew's rural identity is also linked to the land and space. He spoke of an enjoyment and respect of the land, appreciating the space not available in urban centres. He shared that, "there is more…opportunity to explore… I know I don't spend a lot of time outside but I love nature… I love the open sky and the sunsets out in the country…" When he thinks of rural areas he thinks of, "close-knit families….red barns…. [and] wheat fields." While he likes exploring nature himself, he also loves sharing farm life with others as illustrated in the above story where he gave friends a ride on the combine. Moreover, in addition to being linked to his experience as a rural individual, exploring nature and having space appear to be activities that could improve one's mental wellness.

Supported healing. In terms of his mental health, Andrew shared with me his personal story of having anxiety for many years. He recalled a time his mother had encouraged him to go off of his medication for fear of addictions and helped him to go on a natural program to heal his anxiety disorder. Being off his medication had resulted in a terrible time for Andrew and his value of allopathic (i.e. mental health professionals and of pharmacological) treatment methods increased. He discussed with me how mental health awareness is fairly new and how there is a fear and a need for increased understanding. In his community, in addition to problems of remoteness, there is a tendency for people not to deal with mental health issues. Additionally, spiritual bypassing is a danger he has experienced personally. Spiritual bypassing has been defined as "the use of spiritual practices and beliefs to avoid dealing with our painful feelings, unresolved wounds, and developmental needs" (Robert Augustus Masters, PhD, 2013, para. 1). Andrew gave an example when he said, "some of my friends … they blamed it all [on] spiritual [things]…demons… and I wasn't sure……[it] set me back even more."

While he discussed the difficulties he had faced, Andrew also shared stories of what had helped him in his mental health struggles. He spoke of his experience as life-changing when he found supports and was prescribed an effective medication. He said, "I don't mind sharing my story… It's sort of a testimony to me." He explained how he valued diagnosis and treatment, education, listening to professional opinions, awareness of mental health, and the availability of resources. He also expressed an additional desire for Christian-based counselling to take into account his faith. Part of his conceptualization of mental wellness is the need to have support systems. In terms of how support systems can help, Andrew shared that supports should, "make them feel loved… Accepted… For me often when I was in the middle of a panic attack I felt like I was the only one in the world and I felt abandoned." He described how he appreciated that his friends would take time to listen to him when his anxiety had been worse in the past. He has now taken on the role of "listener" for his friends as his way to return support. In addition to being supported by others, taking care of yourself was also an important component of being mentally healthy.

Belonging to communities. For Andrew, a great factor of being mentally healthy is feeling that you are part of a community and it is this belonging that better prepares people to heal. To have supports and to be supportive in your communities is of vital importance. The different communities Andrew spoke of include his friends, family, Mennonites, his church family, and his town/region. For example, Andrew shared with me the importance of his faith and talked about belonging to the church and greater family of believers. He showed me his baptismal certificate while stating, "I've accepted Jesus Christ as my Lord and Saviour… and attend a local [church body]… [I am] part of the family of God." His faith allows him to be connected to something greater and the connection with his faith community appears to be one of

his key support systems. A factor in healing was also feeling as though one is not alone. Therefore, being supported by the communities to which you belong can help in the healing

Figure 6. Certificate of baptism with Andrew's personal information removed.

process.

As belonging pertains to his rural identity, Andrew spoke of rural areas having "close-knit families." Close connections with the various communities to which he referred may be a part of how he experiences rurality.

Meeting Katherine. Katherine is a middle-aged woman and has lived in the La Crete area for 34 years. She speaks Low German and English and identifies as a Christian. She considers her fulltime job to be a mother and wife and her part-time job to be her employment outside of the home. As a teenager, she resented that the small community did not have more opportunities for activities; consequently, she spent time engaging in risky behaviours, in her words, "partying." Now, she is passionate about providing activities and resources for community members, especially for youth. In line with her value of increased opportunity for

youth, education for her children is important to her, especially given that both she and her husband had not completed their secondary educations in their youth. However, Katherine persevered and completed her secondary education while her children were young. She currently lives on a farm with her husband and children and believes that being rural encourages human character growth and instills values such as a strong work ethic. Balancing work with rest is significant and she shared that her husband frequently states, "We work hard and we play just as hard."

Katherine's big ideas regarding rural identity and mental wellness. Katherine's rural identity is composed of having a connection to community, her faith, valuing hard work, having a reliance on nature, and valuing relationships. "A balanced life" is overarching theme for Katherine and when it comes to mental health, she said that being mentally healthy requires being made whole, in terms of your body, mind, and soul. Nurturing relationships are balanced with self-care, hard work is balanced with play/rest, and self-sufficiency (natural health) is balanced with professional services. In addition to talking about rurality and mental health generally, Katherine also brought to the table many stories about being a woman in a rural setting.

Nature as a healer and safe place. Katherine's rural identity is made up, in part, of a connection to and reliance on nature. Her love for nature and belief that nature, animals, and natural products are healing resources came up consistently as a value, motivation, and preoccupation. Additionally, and in relation to her concept of mental wellness, natural places can also be safe places that she believes give her a greater connection to God. The following excerpt is Katherine's description of the riverbank where our first meeting took place. As we sat on large smooth rocks by the water and listened to the geese flying overhead, Katherine shared,

> During the summer this is a very busy place here, everyone docks their boats and just… and you know to be on the water like this and during the summer time it's like plus thirty and it's just amazing. [I] love sunshine. I love water... And the colors in fall are just amazing. There is no person on this earth that could paint a portrait …like the one of nature… pictures don't do [it] justice.

Figure 7. Riverbank where Katherine brought me for our first meeting.

When I asked her if she had an item or image that represented rural Alberta, she referred back to the river saying,

> That's why I brought you here… It's peaceful, the sereneness of this place. Because you know in cities… sometimes you have to go very very far to find something like this… I've been to Mexico… I have been to Toronto…and there

> is just nothing like this… The smell, everything. The fresh air we're breathing in now it's priceless and you know, I truly believe fresh air is huge for health and wellness as well… I guess it can get very very polluted in cities you know… it has a huge impact on people.

Katherine had a large focus on natural health and wellness and shared that she prefers alternative medicine to western medicine. While she held that prescription medication has its place, she lamented at what she saw as the overuse of "quick fixes," when people turned to the medical system before considering natural ways of healing. Katherine stated that she believes God has provided nature for the good of humankind and she supported this saying, "in those places… nature tells us that… God is real… I always get a peaceful [feeling] when I'm in nature."

Belonging and community. For Katherine, being surrounded by a supportive community promotes mental health. She stated,

> Love of people… having a support group surrounding you… praying for you… people that you can go to and trust… and it's usually family right? And of course friends; you have to have a group of friends that you can go to.

Being connected to communities was also a component of her rural identity and encouraging connection in her rural community arose as an important value. For example, Katherine discussed new ways in which social media is fostering connection and facilitating mental wellness in rural areas. From her perspective, prior to social media, people were more isolated on farms and didn't have supportive groups, especially women (who often are stay-at-home mothers in this community). While the connections on social media may not be as close and personal as human contact, it is allowing those in isolated locations to have some level of connection. Social media like Facebook have worked to connect more people who may have otherwise only smiled at each other and said a brief hello at the local grocery store. While more traditional Mennonites

in the community do not have or want access to the internet and technology based on their beliefs, for those who accept it, it can be a way to connect.

Katherine's stories were also filled with recollections of family activities and memories of her childhood. For example, she recalled that growing up, she had felt that she didn't have a good sense of a whole family. Her father had worked away from home and her mother had raised the five children mostly alone. Having a supportive family appears to be an element of mental health and her family now actively works to spend time together. For example, they try to have at least one meal together daily to connect. She said, "Just spending that time is just so important…and that's where …for me …that's where health comes in, body and mind you know." For Katherine, having a sense of belonging to family is important for a person to feel 'whole.'

Katherine's discussions of family mainly focused on her husband and children and the way her children were being raised and nurtured. However, at a broader level, she also spoke of her church family and of humans across the globe as deserving of love. For example, Katherine described her pride in her Mennonite identity and the community of Mennonites in which she lives. While like-minded individuals were an important aspect of community for Katherine, she held it needs to be balanced with a love for all people. Belonging to different communities can result in having support systems. However, Katherine also discussed the importance of being a contributing member to her communities, providing support to others. She shared that it is important 'to reach out, to concentrate on someone that maybe is in way worse shape than you are… to take focus off of yourself."

A relationship with God. For Katherine, her spiritual beliefs are a source of hope for mental wellness and lead to healthy relationships as well.

> I think the most important [thing] for me is to have a healthy relationship with God because I truly believe if you have a healthy relationship with God then all the rest is going to fall into place right? You will have healthy relationships with your husband, you will have healthy relationships with your children, with people around you.

In our discussions, Katherine expressed a desire that Christians such as herself have more culturally safe spaces to heal. Finally, Katherine insinuated that being rural requires more of a dependency on God given the reliance on nature, especially in terms of farming and natural health.

Self-abnegation and mental health. Katherine described values and attitudes about mental health that she perceives as widely-held in her community. In addition to fear of outsiders and lack of education around mental health, Katherine spoke about a phenomenon commonly referred to as *self-abnegation* in the rural psychology literature. Specifically, she referred to a belief in her community that holds that self-focus is selfishness and is therefore, sinful. Similarly, life is supposed to be about serving others and Katherine described how people can lose sight of their own health, she especially sees this in women. This concept appears to be related to collectivism but also seems to be further compounded by gender-related roles. When people experience mental health issues, it is seen as shameful to talk about it (especially if, as a Christian you have God and should not need more than that). Self-sufficiency is another common value and when paired with self-abnegation appears to lead to or maintain distress. The values that are beneficial in many ways to developing a sense of community seem to be detrimental if taken through a lens of mental health.

Coming from a background where women are often held in a lower position than men, Katherine also shared that women and girls face many challenges. While she sees positive change, she also believes there is more work to be done. For example, three young girls who she

knows engage in self-harm. She shared, “we don’t realize [the need] to have self-esteem and self-confidence, and not to have a negative mind to drag us done. As women especially. What we allow in our mind, what we allow ourselves to think about ourselves.” Katherine shared with me that while community is important, this needs to be balanced with self-care. Getting your issues out, either by talking or writing, seeking different forms of support, gaining self-awareness, and resting were examples of ways to care for yourself.

Meeting Phoebe. Phoebe is in her early 30s and has lived in La Crete her entire life. Identifying as a Christian, her faith is important to who she is. She completed her secondary education and works in the community in a supportive role. She is married and has several small children. Her extended family are all Mennonite, including her husband’s family. While some Mennonite women wear a head covering in place of a wedding band, Phoebe does not, describing that there are many differences among Mennonites. She shared how she grew up on a farm and used to get up at five in the morning to milk three cows and feed the pigs. Phoebe values helping others and having a safe and friendly community, especially now that she has children who are a great priority to her.

Phoebe’s big ideas regarding rural identity and mental wellness. Phoebe listed characteristics she believes rural individuals possess, including being hard-working, having faith, valuing family, being traditional, self-sufficient, friendly, and connected to the land. In terms of rurality, she shared how fishbowl communities can have challenges but this phenomenon also comes with a variety of benefits including an increase in belonging due to tighter connection with people. In fact, a lack of anonymity was actually seen to lead to safer communities. For Phoebe, mental wellness is composed of having a strong faith to get you through difficult times,

all the while acknowledging that there may be other reasons for mental health problems beyond the spiritual realm. She is open to medical/allopathic treatment choices for mental problems but also has an appreciation for natural ways of healing. Finally, support is viewed as a major component of mental wellness.

Faith as a priority. Phoebe's spiritual beliefs were seen as being necessary for mental wellness. Faith came up as a focus in many of Phoebe's stories and she framed it as a priority in her life. She believes that it is important to share her beliefs with others and to represent her faith. Phoebe shared a story about a time that her faith and faith community were a great help to

Figure 8. Having a Bible is important to who Phoebe is.

her family. She described how when her youngest was seriously ill, her immediate family and church family had set up prayer chains and prayed together; she attributed his healing to her faith

and the power of others praying. Phoebe believes that the church can be a great support system, specifically where spirituality is concerned. She showed me her Bible and described its importance in keeping her accountable. In terms of mental health, Phoebe shared that it would likely be beneficial for Christians to have a counsellor who shared their beliefs.

While faith and the church can often be a support system, Phoebe discussed barriers to accessing mental health support in the church.

> Very often… people are scared to go to a pastor because it means… The preacher is.. gonna judge me now too or… it ends up.. they feel maybe it would be a big thing. So yeah, here there aren't a whole lot of options… I think… [pastors] do the best they can. And they do keep it quiet. I think that they're very trustworthy. But their qualifications too are… some of them feel that depression or anxiety is not.. an issue… They see it as you struggling with God… a spiritual battle definitely… [people] would be told to pray more… We've bordered around these conversations with pastors and they say someone that has anxiety has not given all their cares to the Lord and someone in my opinion who has anxiety sometimes needs a little help… it is still a brain thing, it can be an illness in your brain that needs… medication.

The church family appears to be a support system in many ways and is respected as such but Phoebe acknowledged the dangers of spiritual bypassing that occurs when mental health problems arise.

The problem with self-sufficiency. Phoebe taught me a great deal about how the rural value of self-sufficiency can impact help-seeking for mental health concerns. In addition to problems of availability and subsequent cost and distance, Phoebe believes that rural people do not tend to seek mental health care. Rather, they value being self-reliant, not having to depend on medications, and also often dislike when others tell them that they may need additional help.

> I think a lot of Mennonites are against finding help for mental wellness because they're very old-fashioned and feel everything can be handled at home… And not everything can be.

Mental health issues are also not well accepted or admitted to due to lack of education and a fear of criticism, judgment, and shame for needing help. She explained,

> If someone would say I'm depressed and I'm taking antidepressants, you would definitely be taken… to school for that… Not literally school but you would be in trouble for that. You shouldn't be taking that… because it's mind altering. They're not understanding that mental illness is.. just like… if you get sick with something else, you take something for it… [But with mental health], you shouldn't be.. taking stuff… Like you need to deal with your own stuff… I think people would say "oh can't you control your feelings?" Or "only you can deal with it, take your feelings into your own hands…" That's what I was told like, "get over it." "Only you can get over it, it's not a big deal"

While Phoebe takes pride in many rural values, self-sufficiency is a value that while good in many ways, can discourage mental health help-seeking. Living in a small community also creates a fishbowl phenomenon and it can be difficult to maintain anonymity for help-seeking. Location, the fishbowl phenomenon (lack of anonymity), and lack of resources lead to a sort of conditioning of self-sufficiency. People are expected to take care of their own problems and when they do seek help, they feel judged by other community members.

A need for understanding. Phoebe posited that while there seems to be a growing willingness to seek help, her community would benefit from increased understanding and acceptance of mental health; she stated there is a need for advocacy and education. She also expressed a hope and desire that outside professionals would make a genuine effort to understand Mennonites, the various types of Mennonites, taking into account language barriers, and being culturally sensitive around customs, beliefs, and norms. A common fear she sees is that community members worry that they will be misunderstood by professionals who might misconstrue cultural norms. She later clarified that she believes many rural people experience these fears and lack of understanding, not just Mennonites.

Hard work and honesty. Phoebe shared several rural values as she experiences and perceives them. These values included faith, hard work, and family. She shared with me the canned goods she had worked with on the day we met, products of her hard work in the garden.

Figure 9. Home-canned goods in Phoebe's kitchen.

When I asked Phoebe how values might factor into how people understand mental health, she said that the value of hard work and honesty come into play in the following way. People think that if you have a mental illness, you might have a bad character. So, a person may choose to work hard and be honest so that they will be seen being mentally healthy. In a story about mental health in children, Phoebe posited that admitting that children have mental health issues might reflect poorly on parents in terms of how they will be perceived in the community. Worry about

how others perceive you and worries about your reputation might also at times deter help-seeking or acknowledgment of problems. Again, this appears to be more of a problem in a community where people may feel exposed.

Belonging to communities. Phoebe shared with me stories about the different communities to which she belongs and listed her faith group, family, and town/neighborhood. In a conversation about what it means to be rural, she shared,

> I can't imagine being anywhere else… I just think that we have a tighter connection with each other here. You grow up here, you see people that have grown up here and … when you send your kids to school, it's cool. You see the same teachers that you had when you were a kid that are teaching your children… And I think it's important to know who your children are hanging out with. It would be harder to do that in the city. To keep track of who knows who and who your children are friends with… Definitely safety. I feel that right here I know there are things that happen here too but, it's easier to, um to know. It's not as secretive or as, as wide so.

For Phoebe, being connected to a community and knowing people in the community is important in terms of rurality but also with regards to mental health. She said to me, "I need to know what is going on in my community." It seems that living in close proximity and knowing people leads rural people to try to be friendly and connect with their neighbors; after all, you may need their support someday. Losing a support system can be detrimental for those with problems and it appears that belonging to communities can act as a protective factor.

Meeting Sara. Sara is in her late 20s, is married with children, and works as a stay-at-home-mom. However, she also has a home-based health business that she is very passionate about. She has lived in the area her whole life, speaks English and Low German, and identifies as a Christian. Sara completed her ninth grade education and described parenting as form of continuing education, stating that it, "takes you above and beyond." For Sara, family is of utmost importance and she spends a great deal of time with her immediate family in bonding activities.

She described feeling rooted to her home and is appreciative of the safety in her small community.

Sara's big ideas regarding rural identity and mental wellness. To Sara, rural individuals are reliant on the land and self-sufficient due to a lack of resources. They tend to live quiet, safe, simple lives, with a focus on their families. In fishbowl communities, there is a reliance on community with an expectation that you also have a role to help when a need arises. Sara discussed how mental wellness is something that comes about when certain conditions have been met. These conditions include good nutrition, spirituality, biological factors (she used the term "chemical imbalance"), and helpful support systems including, first and foremost, family, followed by church communities and professional services. Finally, there is a need to be compassionate for others and for yourself if you want to achieve mental wellness.

Relying on the land. For Sara, being rural is directly related to agriculture and a reliance on the land.

Figure 10. Sara had chosen some of her children's toys to represent rural Alberta.

> [Farming] ties into our life a lot… Like it's not so much just… hobby farming. We rely on it very much. Like this year, some of the grain markets are going down and so we definitely feel that… we depend on it. Like I said about 50 to 75 percent of our income comes directly from, from agriculture.

To represent her conceptualization of rurality, Sara set some of her children's toys onto the table where we sat. The above image (Figure 10) shows the toys she set up for me. For Sara, farming is a family endeavour and is closely linked to close connection and belonging. Mennonites, and arguably rural individuals in general, are traditionally self-reliant and given their historical reliance on the land, many still choose to turn to home remedies rather than western medicine. For Sara, learning about and using natural health products is also a way to be more connected to God's intentions for humans. She views natural products like herbs to be God-given and believes that western medicine may be required at times but would choose natural ways first if they are available.

Belonging to communities. Sara experiences belonging most intensely in her family unit. She explained,

> We like to spend a lot of quality time together… we don't usually go out much or whatever but just at home… [and] do lots of stuff together, try to incorporate, like my husband farms so, [we try to] incorporate family time with his career… lots of time on the field. Like on the truck or even like hauling grain or [things like that] we would all get on the truck and go… Or on the field. Like we have supper on the field pretty much every day during harvest season. Yeah it makes it quite a bit busier but, making memories… on the field, like my kids get educated… early on… They know what's important to our family.

While her family takes priority, Sara also shared the sense of community she feels with other Mennonites. She described how Mennonites started primarily as a faith group but then evolved into an ethnoreligious group. For Sara, it is important that Mennonites be seen as a separate culture from her faith. While she knows that many Mennonites identify as Christian, she believes that identifying as Mennonite does not automatically make you a Christian. However,

belonging to a community of Mennonites is comforting to Sara. She shared that she can leave and go to the city and if she sees the visible dress of Mennonites, she automatically feels more connected, even if they are strangers in a strange place. Another group that Sara feels a belonging and connection to is farmers; just knowing that they understand the farming lifestyle gives her a sense of connection.

A product of belonging is the support one can receive from your communities. For those who belong, acceptance and help are more freely offered. However, Sara also shared how outsiders are not always easily accepted into rural communities. Sara describes to me how even within the Mennonites of her community, there can be insiders and outsiders based on which church an individual chooses to attend. If one's family attends the Old Colony Church, for example, and their child later chooses to leave the church and attend a Berghtaler Mennonite Church, they may be now treated as an outsider within the family and Old Colony Church.

Active involvement with community members. In Sara's experience, individuals living in rural communities can have a big impact on other community members. People tend to get involved to some extent even if situations are not personally impacting them. For example, a tragedy in one family can impact an entire community who may feel responsibility to respond in some way but at times, may not know how. Again, the concept of fishbowl communities arises here.

> In a small community… once it gets out, everybody knows… "look they are very depressed, not having a very good time" (whispering)… I see that like in being a rural community... It might be a big issue, like if I was in city life, generally you don't know that many people. Like, there might be a select few or a group but it's not the whole city, the whole city doesn't care if you're depressed. Like, here… from what I see, or from what I think I see, it's more common…

Sara shared with me another story that illustrated how community members feel a responsibility towards others who belong to the group.

> We've had situations lately where there has been like immorality within the marriage or whatever. Like cheating… and that's a huge thing because we're not used to it. It's a huge thing not only in a community but in the churches. They don't know how to deal with this because they have not had to deal with this, ever! ...It's very big… Everybody is like shocked. Nobody knows what to do, or that's kind of how I feel. It's not personal to me, but that's what I have seen, it's like everybody is talking about it but nobody knows "kay where do we go from here?" It's like ah!... Where do you start, do you talk about it? Do you pretend it's not there or whatever? And you don't want to make them feel … even if the person who is doing it… is in the wrong, you don't want to make them feel condemned because… they just move away… instead of cleaning up their act…

In this story, Sara described how, in a community where people know what is going on around them, individuals feel a responsibility to become involved and help in some way.

Barriers to help-seeking. Sara described barriers that might prevent people from seeking help in her community. These barriers included difficulty talking about personal matters, lack of training in church leaders, lack of available services, stigma, finances, and distrust of outsiders. In terms of stigma, for example, Sara described how people might be worried about blame and condemnation within the Mennonite group given cultural rules and norms.

> For somebody to actually come out in the open and admit that they are struggling… like maybe embarrassment or whatever, not feeling confident…I don't know, it has to be a very humbling experience I'm sure. So I think that would be a huge thing to actually admit that and it would stand in the way [for] a lot of people, pride, I guess to put it short… Fear, fear of man, or fear of what people would think. Like maybe they were too weak to deal with their problems or maybe… gossip, that's a huge thing… In a small community…

There are also negative views of mental health issues by some individuals in the community. For example, some see it as not being clinical but rather, as an inborn weakness of character. Finally, people may also disprove of seeking professional help because of the fear or assumption that their cultural beliefs and norms will not be respected and that different opinions will be pushed on them, especially opinions in opposition to religious beliefs. Professionals who are outsiders may find it takes more time to develop trust within the community.

Finding ways to support mental wellness. Sara described that in her community, churches offer spiritual support, and friends and family do what they can. However, she shared how people often do not have a good idea of how to help someone who is struggling with mental health issues. She felt the community would benefit from education and increased understanding about mental health; this would result in better support being offered and received.

Sara shared with me some ideas about how to improve mental health care in her rural community. She told me about her belief in early intervention for personal and social issues. For example, she proposed that a mentorship program for marriages be put in place to help as a maintenance support, providing tips, and advice to those struggling with small marital problems as a way of preventing larger problems. She also suggested that the use of the word 'counselling' might be putting people off as it sounds more extreme, something that fixes large problems instead of being supportive and helpful in maintaining mental wellness. Consequently, individuals might only seek counselling when a problem has become large and overwhelming. It seems that using formal terminology might increase fears, shame, and stigma around mental health. For this reason, Sara appreciates the idea of informal support groups, such as social media groups, where individuals do not necessarily have to meet in person on a regular basis, but can help from a distance. Like Katherine, Sara spoke of using technology to advance mental health.

While giving and receiving support was seen as important to maintaining mental wellness, Sara also described how important it is to help yourself. For example, gaining self-understanding was seen as important to get to the point where you need to seek help for mental health issues. Sara also believes that by educating the community on mental health issues and on what to expect, for example, in the case of an individual with bipolar, people would learn to have

more compassion and patience for those suffering from mental health issues, rather than viewing them as odd or weak.

The importance of faith. To maintain mental wellness, faith was viewed as another form of support by Sara. Her conceptualization of mental health included spiritual rationale. Specifically, she spoke of her belief that feelings are just feelings and that Satan can feed negative feelings and thoughts to cause problems. Sara held that having faith leads to having hope and that seeing a bigger picture can help make sense of daily issues. When I asked if she had a personal image or item that is important to who she is, Sara showed me her Bible (Figure 11) and said,

> I don't know what it's like to be a non-believer but [the Bible/faith] is what makes me see hope in every situation… and it helps me to develop my character, to want to help, to be… Christ-like… to not condemn… and to love… it's a resource… but also to offer hope, like say, for somebody with mental illness or whatever. Like everything seems very dark so if, to offer light to the situation… you're not going to take the illness into eternity… it's going to be gone, so you don't need to deal with everything by yourself, to be able to give it over to Christ.

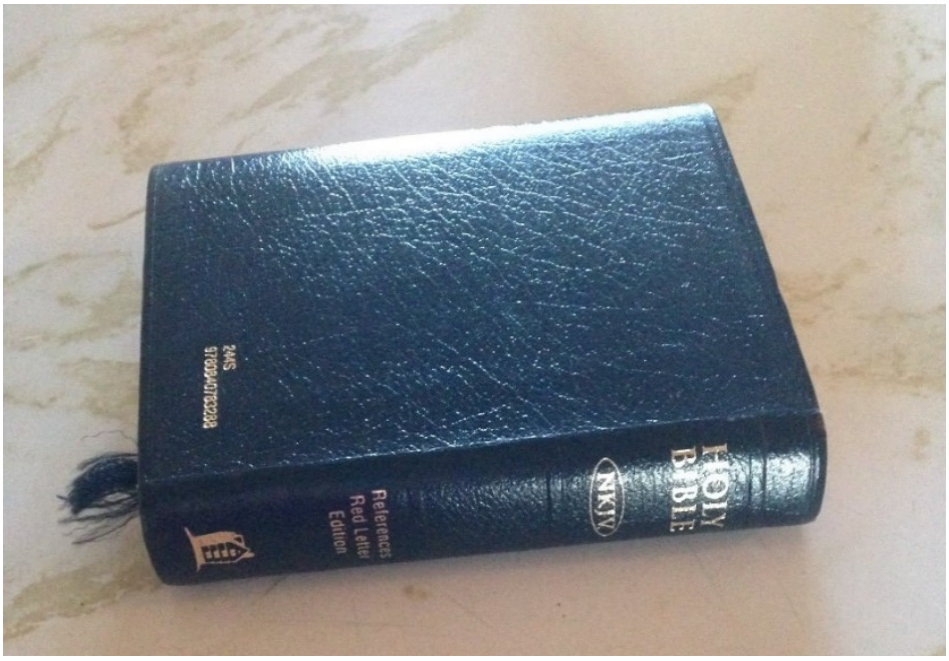

Figure 11. Sara showed me her Bible. It is turned to hide her name engraved in the front.

Mennonite Experiences of Rurality and Perceptions of Mental Wellness

The stories told by the Mennonite participants included shared themes, or Big Ideas around the experience of rurality and perceptions of mental wellness. As the reader can see in Table 6, these are a) being connected to nature, b) belonging to communities, c) the importance of faith, d) living in a fishbowl and having a responsibility to your community, e) barriers to seeking psychological help (includes values that impede help-seeking), f) needing to provide mental health in creative and culturally sensitive ways, and finally g) having values that promote character development.

Table 6

Themes shared by Mennonite participants.

Mennonite Within-Group Comparisons
Connection to Nature
Belonging to Communities
The Importance of Faith
The Fishbowl and Responsibility to Communities
Barriers to Help-Seeking (e.g. self-sufficiency, self-abnegation, lack of understanding, stigma)
Sensitivity and Mental Health Provision
Hard Work and Character Development

A connection to nature was seen as being part of having a rural identity and emerged in stories about caring for and subsequently benefiting from the land. For example, being stewards of the land, enjoying the beauty of the land, and using natural ways of healing were discussed. The three women spoke of natural health in positive ways and the male participant, Andrew, shared with me a story about a time when he tried natural healing (at his mother's recommendation) instead of using western medicine and it had worsened his mental health. Sara and Katherine's stories included a clear preference for natural ways of healing but they also spoke of how the medical system can be needed in some circumstances. Andrew's story appears to be an example of a time when the western medical system was more appropriate for him than

the natural health program he had tried. Katherine spoke of seeing nature as a healing place in terms of nature being peaceful but also unpolluted. Nature was also viewed in terms of aesthetic beauty, a place to enjoy. Space was spoken of specifically by Andrew who discussed how he appreciated the openness and distance between towns. While being set apart from larger centres distances people from some negative world events that may be more likely to take place in urban centres, I got the sense that having space to breathe in terms of low population density was also perceived as an important factor for mental wellness.

In terms of connection to people, it appears that there is a sense of security and safety that arises from belonging to communities and this was seen to be important to maintaining good mental health. Specifically, having a good support system and taking time to focus on helping others was seen to be beneficial. Faith and spirituality was a priority for all the Mennonite participants in terms of mental wellness. The way in which the participants discussed their faith and faith families (i.e. churches and perhaps more broadly speaking, other Christians) also perhaps falls under the need to belong in a way. Understanding oneself as a child of God seems to develop a belief that one is being cared for and is wanted. For example, Katherine shared with me a story of how her own self-image has changed. She stated,

> I am a child of God… and he's the one that made me and he's the one that made me beautiful because the Bible says right? And that's all I need and for… other people to tell me otherwise, I don't care anymore you know?

As close connections pertain to a rural identity, living in a fishbowl community was discussed in a couple ways. While it can be challenging to be exposed to some degree in a small community, knowing what goes on in your community was also perceived as being beneficial. There almost seems to be a sense of security in knowing that others know you and potentially,

your needs. When people know that other community members might be struggling, action can be taken to help them.

With regards to barriers to accessing and accepting mental health services, all the Mennonite participants spoke of stigma, attitudes, and a lack of understanding about mental health. They also discussed common values held in their community, some of which promoted mental health and some of which actually acted as a deterrent to mental health. For example, while hard work was seen to lead to the development of a strong, healthy character, self-sufficiency and self-abnegation were seen as barriers to help-seeking. Phoebe summarizes health-promoting rural characteristics and values well when she states,

> To me being a rural Albertan means faith, family, and hard work… Because everywhere you look, you see gardens and the fields are being taken care of. And that's what we do here. We have… farmers and we have natural resources. We raise our own chickens, our own beef, our own pork. And we know that they're grain-fed, no by-products and I always think that's good… We have famer's markets and food grain banks that give to people that are in need… I think that we're very friendly and family-based… We're friendly and family-oriented…I actually just canned my peas and beans from the garden so I thought that would be a good example of what rural Albertan means… I went to the garden, I've been planting and weeding and I always think beans are the hardest thing in the garden to do 'cause you clean them and you snip them and you cut them and then you put them in the jars. And I have them in my canner for 4 hours and they all snapped and sealed so they're good for quite a while.

As for values that may undermine mental health, self-sufficiency came up frequently throughout the conversations. While self-sufficiency was seen as a strong and generally positive rural value, it also appears to negatively impact help-seeking. For example, individuals may believe that problems should be dealt with by themselves in private or through natural means and consequently, may choose not to seek professional help. It seems that the barriers to accepting mental health require sensitivity and creativity; this is especially discussed by Sara but referred to by all.

According to the Mennonite participants, being rural involves having a connection to the land, belonging to communities, having a responsibility to communities, and learning healthy values. Their conceptualization of mental wellness included factors such as spending time in or benefiting from nature, depending on their faith, being supported by your communities, and helping others.

Chapter 6: Discussion

This study set out to explore how individuals experience life in a rural area and further, how they experience mental wellness (recall that these were my guiding interpretive inquiry questions). Specifically, my research questions were, 1) how do Cree and Mennonites experience being rural in Alberta? And 2) how do rural Albertans perceive mental health and mental health services? In the previous two findings chapters, I described individual findings as well as within-group findings. This section combines the discussion of the findings with the major themes that emerged across the two groups. Specifically, I will present final interpretations regarding the across-group analysis as they relate to the research questions. In comparing and contrasting the two groups, I have found shared experiences that could arguably come from an over-or-underlying rural cultural component. Following a discussion of the findings, I will discuss the implications of this study with recommendations for future research and practice as well as potential limitations of this study.

An overarching finding of this research is that there indeed appears to be a culture of rurality impacting the way that mental health is perceived. Recall that, according to Halfacree (1993), rurality can be described using four categories. These include descriptive, socio-cultural, locality, and social representation explanations (Halfacree, 1993). Rural individuals in this study spoke of 1) geographical location and population density (the descriptive category), 2) how being rural has resulted in values such as hard work (the socio-cultural category), 3) how they used the land for hunting and farming (the locality category), and 4) how being rural seems to be a way of life (the social representation category). Considering how each of Halfacree's (1993) categories were represented in the ways in which rurality was defined in this study, it appears that rural

culture can be viewed as socially-constructed, having different meanings for different people but having several stable, shared factors.

Taking into consideration Matsumoto's (2000) definition of what constitutes a culture (see Figure 13), the reader can also see how there appear to be a set of fairly stable norms, values, beliefs, and worldviews that could be seen to be a part of rural culture. For example, the rural individuals in this study told stories about belonging and responsibility to others in the community, a seemingly collectivist worldview that appears to, in part, ensure the survival of the group. Rules such as, "you must be a responsible member of your community," may be experienced differently within and across groups (e.g. the rural Mennonite and Cree in this study), and while they can change over time and across contexts, the rules remain fairly stable. The participants in this study also spoke of teaching their children and the youth in the community about what is important (see Matsumoto's comment about passing rules along generations in Figure 12). As another component, not only does connection with others appear to be connected to survival, it also appears to be related to mental wellness. This is important since Matsumoto (2000) also held that individuals of a culture often share psychological phenomena. I would argue that this seems to be the case for rural individuals, especially in terms of sense of

Culture is a,

"*Dynamic system of rules, explicit and implicit, established by groups in order to ensure their survival, involving attitudes, values, beliefs, norms, and behaviors, shared by a group, harbored differently by each specific unit within the group, communicated across generations, relatively stable but with the potential to change across time*" (Matsumoto, 2000, p. 24).

Figure 12. Matsumoto's (2000) definition of culture. (Quote from article. Displayed as a figure for the purposes of this section.)

belonging, connection to others, and connection to, living in, and relying on the land. The other shared themes in this study such as the realities of living in a fishbowl community, can also be understood in a framework that takes into account Matsumoto (2000) and Halfacree's (1993) definitions. The overarching finding lends support to those also claiming the existence of rural culture(s) and how a rural identity has implications on an individuals' mental health and help-seeking behaviours (Bischoff et al., 2014).

The following Venn diagram (Figure 13) shows the main overlapping themes across both groups, Cree and Mennonite. There were many similarities in Big Ideas as can be seen by the middle portion of the diagram. While the shared themes were sometimes experienced slightly differently given the distinct cultural backgrounds of the groups (identifying as either Cree or Mennonite), the major differences were in the preoccupations that surfaced as unique across groups and will be unpacked following a discussion of shared themes.

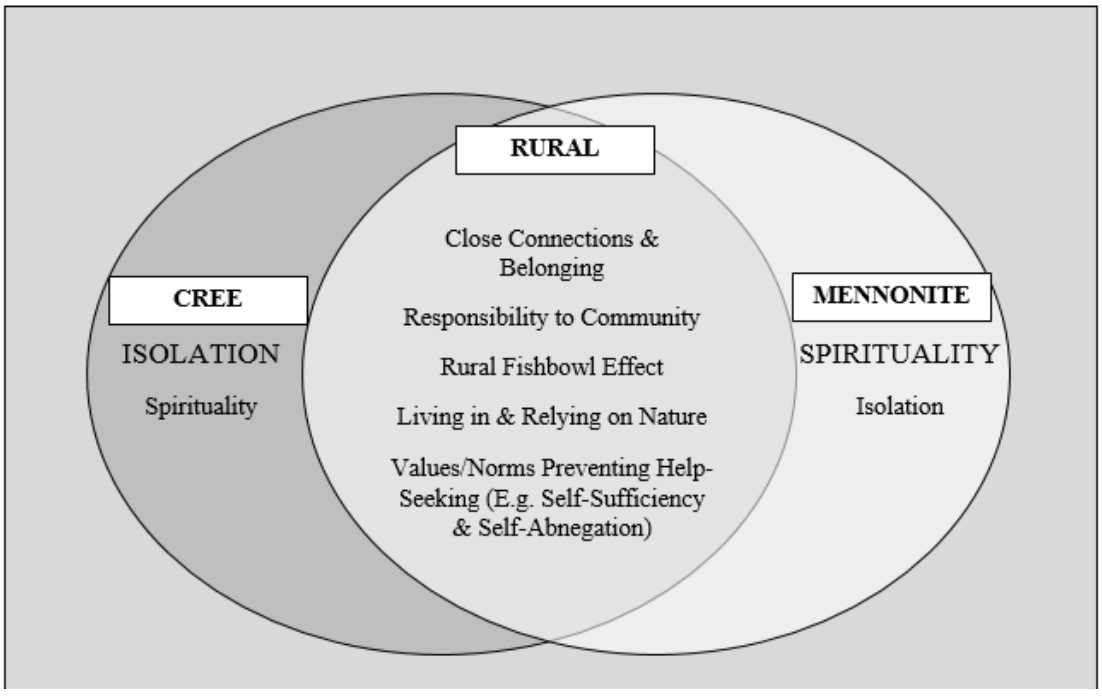

Figure 13. Venn diagram showing compared and uniquely experienced themes across groups.

An interesting factor that arose in the research process was the difference in terms I use for Cree and Mennonite. It appears that the Cree group talk about their experiences of *isolation* whereas the term *remote* appears to be more commonly used for the Mennonites. While these groups live in somewhat close proximity to each other, the major difference, as it relates to terminology, has to do with access to resources and ability to leave the community. Based on conversations with the participants and the Band Manager, those living in Tall Cree may at times, have difficulty leaving the community. The Mennonites, on the other hand, did not raise this as a problem. Though there are bound to be many individuals with low socio-economic status in the Mennonite community, they still have access to basic necessities, something not available in Tall Cree. Therefore, this research has also tapped into issues around poverty and how this is influencing access to mental health. In qualitative research, issues that were not the initial focus may come up in the research – poverty arose here. Poverty is not a part of a culture of rurality but is context-driven. For example, being rural ideally, means living off the land but with changing times, some communities struggle more than others and this can lead to issues of poverty which in turn, can impact mental health. Slama (2004) also used poverty as a descriptor for rurality in that rural individuals face issues related to poverty over and above those experienced by urban individuals. These problems include less availability and access to services. Moreover, Slama (2004) also suggested that individuals were less likely to access insurance or welfare in order to access necessary services for fear that other community members would learn about this and widely discuss this with others. The shared themes across both groups will be discussed in the next section, in addition to interpretations and links back to existing literature.

Across-Group Comparison: Major Shared Themes

Security in close connections and belonging. The findings across the two groups, Cree and Mennonite, suggest that in small communities, individuals may tend to rely on each other for survival and social support. The rural areas involved in this study have isolated and remote conditions and low population density, characteristics also found to be in many rural areas by Farmer et al. (2012) and Bracken (2008). Still, consistent with findings by DesMeules et al. (2012), this study suggests that social capital appears to be an abundant resource in rural areas. In fact, it appears that geographic isolation, leading to a lack of resources, results in rural people being more connected to one other, perhaps in some senses, for survival purposes. It could be that the less resources a community has, the more dependent individuals in that community become on others.

As taught by Collin van Uchelen, in his workshop, "The Heart of Belonging: Creating a Sense of Community Where it Matters" (Pre-conference workshop, CPA, 2016), an individual can experience belonging in various communities. For example, an individual can belong to neighborhoods, towns, faith groups, families, and the list goes on. The rural Cree and Mennonite individuals in this study appear to be especially close to their families and this is broadly in line with the work done Judd et al. (2006) in rural Australia. However, it may be that the less an individual is connected to their family, the more they might be connected to their other communities (e.g. their faith or geographic community). Across both the Cree and Mennonite groups, connection with others was seen to promote mental wellness and disconnection was seen to lead to distress and the maintenance of problems. This finding is consistent with DesMeules et al. (2012) who suggest that a sense of belonging, understood as social capital, acts as a protective factor (DesMeules et al., 2012).

Both Cree and Mennonite participants discussed a sense of safety, or security, supporting findings by Greenberg Quinlan Rosner Research (2002) and Bracken (2008) who discuss the often-held belief that rural areas are viewed as safe. A finding of the current study that builds on past research is the idea that rural communities can be conceptualized as a secure base (i.e. where moving away could create fear). This goes beyond the idea of being safe in terms of lack of crime. While participants did discuss relief at feeling that their community was safe from worries related to crime, a sense of security seems to come from knowing who belongs and subsequently, feeling a connection with them. This again supports the idea that a sense of belonging can be understood in terms of social attachment (Williams & Kulig, 2012). A sense of belonging leading to feelings of comfort and security is summarized well by Rose when she stated,

> When you're from the rural, no matter if you don't know the person, you acknowledge them… But when you're in the city, you don't even know you're passing somebody by right…That's one thing I noticed… [in the city] you don't even know you're passing somebody right? Yeah you're in your own little world. [But here you are] more connected to people.

Responsibility to community. A second major finding held by both groups is that members of rural communities appear to feel a deep sense of responsibility to their communities and consequently, tend to become involved in their communities. This builds on past research stating that rural areas tend to have community values (Farmer et al., 2012), wherein rural individuals are committed to their communities (Greenberg Quinlan Rosner Research, 2002; Bracken, 2008). When I asked Phoebe to elaborate on why people might want to know what was happening in their community, she explained, "I think it is in rural communities, [not just Mennonites]. People are very curious… [it is] human nature." Beyond this however, knowing what is happening and wanting to be involved also appears to being related to feelings of security and wanting to have a hand in maintaining the wellness of the community.

Responsibility and involvement were referred to by all the participants, but generally appear to be enacted differently by the Cree and Mennonite. For example, in the Cree group, in line with traditional values of non-interference (I. Spelliscy, personal communication, February 26, 2015), it appears that everyone may know what is going on but may choose not to interfere by giving advice or opinions. I got the sense that Cree individuals want to help but involvement may entail more instrumental support (e.g. making meals, playing games together, just being with the individual needing support). However, Rose, from the Cree community, described how she actively advises youth to attend higher education and also encourages people to seek professional help when needed.

On the other hand, Mennonites, in addition to providing instrumental support, may give advice or opinions more readily on what other individuals should do to heal. I considered this difference and came to a possible conclusion related to the Christian faith and the norm of holding members accountable. For example, membership expectations in the Mennonite churches hold that members are responsible for keeping their 'brothers and sisters' accountable for their actions, choices, etc. While this at its core, is put into place to help keep members of the faith on the right path, I wonder if this translates into how Mennonites, or many Christian individuals, try to help their community members in terms of mental health. This idea requires further research.

The emergence of collectivist values in rural communities arose as an important finding. A focus on community wellness and the wellness of others within the community emerged across the interviews. The influence of a collectivist worldview could explain why rural individuals often have a focus on those around them as opposed to holding a strong individualistic worldview. The extent to which rural individuals hold a collectivist worldview, and the way this

influences their perception of mental wellness should be assessed on an individual basis since, as with any other cultural group, there can be many within-group differences and levels of assimilation with mainstream perspectives.

Rural fishbowls: challenges and benefits. An interesting finding from this research is that participants held fairly positive perceptions of fishbowl communities. Typically, the idea of a fishbowl has connotations of being exposed, and therefore associated with discomfort (S. Yohani, personal communications, June 22, 2017). However, while participants discussed definite challenges of living in fishbowl communities, such as lack of anonymity and feeling exposed, they also discussed this phenomenon in a positive light. Specifically, both the Cree and Mennonite participants shared stories about close connections within communities and the value and benefits of close relationships, especially within families but also outside of families.

It seems that a major perceived advantage coming from fishbowl communities, is an expectation that members will be taken care of. This benefit seems to be reserved primarily for insiders; outsiders of the community may not experience the same benefit. Caring for community members is related to the above-mentioned feelings of responsibility toward community. Going further, it seems that those in the community are often invested in the decisions and behaviours of others. There appears to be some level of responsibility for those who belong in your community, even if you do not have a close relationship with them. Sara's stories about life in a rural community capture the benefits of fishbowl communities. Though she described various problems that happen in a fishbowl community, such as over-involvement and lack of anonymity, she also shared that being in a fishbowl results in an overwhelming amount of support in times of crisis, grief, or when other needs arise. It seems that this may not occur as much in a city neighborhood because individuals may not be as closely involved and committed

to knowing what goes on in *their* community. One memory Sara had of this type of phenomenon was when her grandfather died. She recalls receiving an abundance of food and not knowing who brought it. She stated that people recognize needs in the community and that in rural areas, "people really rely on other people for help."

The fishbowl effect was also discussed by Slama, (2004) who suggested that the phenomenon could possibly result in conventional attitudes due to a lack of anonymity and pressure to conform. This study supports her finding and considers mental health and stigma in fishbowl communities. For example, it might be possible that a fear of judgement, which may lead to being viewed as an outsider of sorts, could lead an individual to decide not to seek help. Maintaining a sense of community connection could be held as a priority over seeking help since the latter might harm connection. In a fishbowl community where everyone sees everything and people tend to be involved in the lives of others, people may work to avoid being viewed as 'mental,' 'crazy,' or for those experiencing spiritual bypassing, as a 'bad Christian.' This desire to maintain relationships could come at the cost of mental health.

The findings suggest that fishbowl effects serve as a protective factor if issues are caught early. Specifically, in early stages, support systems made up of friends and family are able to help in ways that promote mental health. However, the effect may serve as a barrier for people trying to access services, especially when the problem has become greater. In other words, it may work to prevent severe problems but it might be a deterrent to help-seeking if more help is needed beyond what family and friends can offer.

Living in and relying on nature. Past research states that rural areas are seen to have more nature and green spaces (Bracken, 2008). The current study extends on how this is experienced, especially with regards to mental health. Both Aboriginal and non-

Aboriginal/settler views are represented in the findings. It seems that for many rural individuals, the relationship with nature may be one of *living in* and *relying on* as opposed to *visiting* or *accessing* as in urban areas. Natural areas are important for survival and employment. For the Cree, survival might mean hunting for food. Mennonites in La Crete hunt as well but unlike most Cree from Tall Cree, they also farm the land.

Nature was also seen as being vital for healing. Natural areas were seen as a place to be grounded, especially for the Cree participants. Natural health was also preferred by many of the rural participants, both Cree and Mennonite. It appears, based on my conversations with the participants, that rural individuals may use allopathic treatments but that many might prefer natural treatment as a first option whenever available. As another component of wellness, there seems to be a perceived safety in the land, in nature. Further, nature is for many rural individuals, soothing and comforting, a place to be connected with ground but also with other people. Both the Cree and the Mennonites shared stories around nature that talked about connecting to others in nature. In line with Mussel's (2006) discussion of Aboriginal People's value of connection to family, community, and nature, the Cree group's discussions of this emerged in the data with seemingly more intensity than the Mennonite group, though Mennonite participants also discussed connection with others in nature. Nature was also viewed as a place to rest and enjoy the aesthetic beauty (e.g. the river). Finally, a connection to nature also held a spiritual component for many; this was discussed in greater detail by the Mennonite group but given traditional Aboriginal beliefs, it is likely also a component for many rural Aboriginal individuals. Mennonite views of nature are generally linked to Christianity, wherein biblical passages are understood as teaching humans to be stewards of the land. For example, in Genesis 1:28 (Bible Gateway, n.d.), it is written,

> Then God blessed them, and God said to them, "Be fruitful and multiply; fill the earth and subdue it; have dominion over the fish of the sea, over the birds of the air, and over every living thing that moves on the earth." (para. 1).

Aboriginal views of spirituality traditionally teach about interconnectedness and harmony with nature (Mussell, 2006). The three Cree participants in this study identified as Christian so it becomes important that practitioners working with diverse groups learn about the individual's personal beliefs as there are often many within-group differences.

Rural values and norms that delay or prevent healing and/or help-seeking. It is known that rural individuals often do not access psychological services (Judd et al., 2006). Participants in this study discussed barriers that have also been found in past studies on rural mental health. These include increased stigma (Brannen et al., 2012; Slama, 2004), lack of anonymity (Leipert, 2005, Brannen et al., 2012), lack of available resources (Leipert, 2005; Brannen et al, 2012; Bracken, 2008), low mental health literacy, low economic resources, travel costs due to distance, and a lack of information about mental health (Brannen et al., 2012).

In addition to the aforementioned barriers, this study also found that rural values and norms may negatively impact help-seeking. Consistent with previous research, this study found that rural individuals may present with the values of self-abnegation (Slama, 2004) and self-reliance/self-sufficiency (Farmer et al., 2012; Judd et al., 2006). Self-abnegation, as discussed earlier in this thesis, is the belief that an individual should not focus on themselves as it is considered selfish. Being self-sufficient appears to be a clear value in the rural communities in which this research took place. For example, individuals are expected to take care of their own problems. Phoebe's discussion on the expectation of self-reliance in her community illustrates this problem clearly.

> I think very often they don't go anywhere… They just kinda try to deal with it on their own… [There would be] a lot of judgement… if they would find out you were going for help a lot of people would be like, "oh really?... It's not a big deal." Or, "you can't just work through it?... You need to deal with your own stuff… Don't rely on medication or on someone telling you... that you need help."… I think people would say, "Oh can't you control your feelings?" Or, "Only you can deal with it. Take your feelings into your own hands." You know, like that's what I was told like, "Get over it. Only you can get over it, it's not a big deal."

In the above passage, Phoebe was speaking directly about her Mennonite community. However, based on my conversations with her and with the other participants, I believe this is likely a common phenomenon in rural areas. When I asked Amber how a mental health problem might be dealt with in her community, she stated, "I think it is up to the person." Amber did also talk about family as a source of support and how some people might access counselling but there appears to be, to some extent, a tendency to perhaps leave choices around healing up to the individual. The expectation that rural people should be able to "tough it out" or "toughen up" has also been found by Farmer et al. (2012), Greenberg Quinlan Rosner Research (2002), and Bracken (2008), who found that toughness was a rural characteristic and value. While toughness may be a positive characteristic in many cases, likely coming out of the need for survival in a land-based culture, it also appears to deter people from seeking help when needed due to the expectation that you need to "deal with it on your own."

Another finding of this research is that rural individuals tend to rely on family first for support. Reliance on family is a major protective factor and is a component of belonging, as discussed earlier. However, similar to findings by Slama (2004), problems may tend to stay in families. This becomes a problem when families are seen as the only source of help and when additional treatment is required.

Finally, as seen in the above quote by Phoebe, there may be an expectation by some that you need to 'control your feelings.' The theme of emotional suppression was also seen in the stories by Cree participants. For example, Rose shared her understanding of the mental health scenario of the man who has social phobia and has started isolating himself. She stated, "He's… closed off. Closed off he's not… [expressing] himself, he's not open to express his feelings… There will be negative impacts on him, he either won't grow as a person and eventually he can get worse." In line with the norm of having unspoken rules in Aboriginal communities (Blue, Darou, & Ruano, 2010), I got the sense that Cree individuals do not easily talk about mental health problems. Mental health problems appear to be kept to the individual and within the family; family members may be supportive, but mental health issues are not necessarily directly addressed. Consistent with Slama (2004), the findings of this research lead me to believe that emotional suppression may only work to further isolate individuals who already live in isolated locations.

Across-Case Comparison

Different preoccupations. Across the Cree and Mennonite interviews emerged many shared major themes (or Big Ideas), albeit experienced differently in some ways. However, the major differences across the groups have to do with where community preoccupations lay. For the Cree, isolation was a continual preoccupation that further compounded experiences of rurality and mental wellness. While the Mennonites discussed living in a remote community, it did not arise as a constant preoccupation to the same extent as the Cree participants. This seems entirely reasonable given the lack of resources and access to basic necessities in North and South Tall Cree. Another difference had to do with the focus on faith and spirituality. While the Cree participants named spirituality and religion as important to their lives, this did not emerge across

their various stories as it did in the Mennonite group. Given that Mennonites started out historically as an evangelical religious group, it is not a surprise that their preoccupation has to do with faith. Though both groups experience isolation/remoteness and religion/faith, it was expressed in varying degrees by either group. I refer the reader to the above Venn diagram (Figure 13) illustrating the differences across groups (the intensity of group preoccupations are shown by font size).

Another possible interpretation for the differences in preoccupations could be explained in terms of Maslow's (1943) hierarchy of needs, where basic needs must be fulfilled before higher level needs can be more deeply met. Specifically, it may be that the Cree participants in this study focus on isolation more intensely than religion and spirituality given the lack of basic necessities in the area. Maslow (1943) wrote that, "the appearance of one need usually rests on the prior satisfaction of another, more pre-potent need" (p. 370). With regards to needs that take priority, Maslow (1943) also held that,

> The most prepotent goal will monopolize consciousness and will tend of itself to organize the recruitment of the various capacities of the organism. The less prepotent needs are minimized, even forgotten or denied. But when a need is fairly well satisfied, the next prepotent ('higher') need emerges, in turn to dominate the conscious life and to serve as the center of organization of behavior, since gratified needs are not active motivators. (pp. 394-395)

Maslow's hierarchy of needs can be found in Figure 14. Interestingly, it has been recorded that while he was conducting anthropological research with the Blackfoot (Siksika) People of southern Alberta, Maslow was greatly influenced by their concepts and based on this, developed his hierarchy of needs (Blackstock, 2008); it is also written that he did not give the Blackfoot

Nation credit for this (Blackstock, 2008). This is an example of the importance of giving credit where it is due, illuminating the contributions of Canada's Aboriginal Peoples.

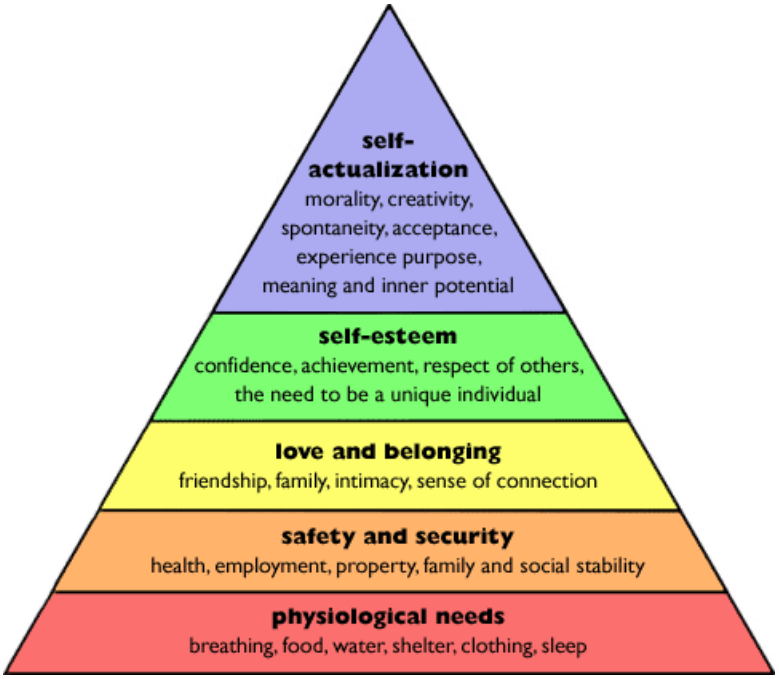

Figure 14. Maslow's Hierarchy of Needs (Maslow, 1943)

While Maslow's hierarchy of needs could be an explanation for the differences in preoccupations across groups, Viktor Frankl's (2006) personal story about finding meaning in a concentration camp where basic necessities were forcibly withheld might contradict this idea that one's basic needs must be fulfilled before greater meaning can be achieved. Without further inquiry, we do not know exactly why spirituality came out more strongly for the Mennonite group. For example, the three Cree participants identified as Christian. It could be that spirituality as a preoccupation (weaved into every aspect of life) may have emerged more strongly if the participants were practitioners of the traditional spirituality. Alternatively, sharing spiritual perspectives may have been easier for the Mennonites since they viewed me as one of them and thus, it could be that it was safer and natural to talk about this with me in the context of a psychological study. When

faced with various explanations for a phenomenon, I believe it is important to conduct future research and in practice, to be open and curious about what this phenomenon might be like for that unique individual before coming to conclusions.

Indigenous and settler communities. Other differences to be named in this study have to do with the indigenous and settler statuses of the two communities. For the Tall Cree community, there is a dependency for basic necessities on the La Crete community (and often on Fort Vermilion, another neighboring town). While these two communities live side by side, they are not living together, so to speak. What I mean by this is that there is a perceived one-way dependency; the Cree come to La Crete to buy groceries and gasoline, and some individuals live in the town, but individuals from La Crete do not generally travel to Tall Cree to access resources or move to the community. However, there does appear to be some connection or shared experience between the two isolated/remote communities. For example, I asked Amber, "When you think of rural Alberta or isolated Alberta, your community, who or what kind of person would come to mind?" She replied, "natives….and…I just see natives and Mennonites in La Crete."

Marguerite shared with me a story that I believe is important to share with others. She stated that when the Mennonites first came to the area (I believe she stated it was the Sandhills area near La Crete), they were struggling to survive and get settled. Marguerite shared with me how it has been said that the Cree cared for the Mennonites, helping them to get a start in the area. This is a story I had never heard from the Mennonites in the area and seems like an important story to pass along to future generations. Though there are many good relationships between the two groups, from what I have heard and also witnessed personally, I also know of tensions (e.g. both groups hunt and use of and sharing the land has been an area of

disagreement). Stories such as the one Marguerite shared could work to foster closer, and more respectful relationships between the groups, where both groups could perhaps be seen as positive contributors – the shared need being survival. As it stands now, many may perceive that the Cree group is very much reliant on the Mennonite group. To illuminate the centrality of the Aboriginal Peoples to this and other communities, and to restore equal and respectful relations, such stories need to be documents, taught, and shared.

The two communities both have harsh histories; one having a history of colonialism and the other of persecution and having to move from land to land in search of safety. Having found land in Canada, Mennonites have contributed to the colonialism. The histories of these communities have possibly influenced how they are living now and how mental health is perceived. For example, with the Mennonites, having historically started as a religious group, with a clear structure of rules, it might be easier to determine what an individual must do in order to 1) be a good person and 2) to be mentally healthy. The impact of residential schools and the method in which structured religion was introduced to Aboriginals has had a direct impact on mental health and well-being (Allan & Smylie, 2015). The return to culture and traditional spirituality is increasingly seen as a solution for and a way to address mental health concerns for many Aboriginal communities (S. Yohani, personal communications, July 15, 2017). Rose's story about the need to be balanced like a rock speaks of a conceptualization of mental health and this seemed to include both traditional beliefs and organized religion. For Rose, her faith gave her clear rules about how to live a good life (not drinking or doing drugs) and she seems to experience religion (and the rules that are often set as part of the religion) similarly to the way in which the Mennonites do. It is written that traditionally, Aboriginal Peoples do not have a clear concept of mental health (Mussell, 2006) and this may also factor into how Aboriginals

understand what must be done to achieve mental wellness. Our field might benefit from additional research on the influence of clear rules on mental wellness, not only in terms of how religion offers clear guidelines, but also other sets of rules by which to live.

Rural Perceptions of Mental Wellness

For the rural individuals in this comparative case study, mental wellness appears to come about when a combination of conditions are met. These conditions include connection and belonging to others, a connection with nature and nature-based healing (places, products, and animals), spirituality (for most participants), and self-care (involving connection to others, taking time to be alone, being in nature, playing, and helping others). In terms of how mental issues are treated, it seems that many rural individuals may be open to allopathic treatments but may generally prefer natural and/or traditional ways of healing whenever available. Mental health seems to come from a combination of the above components, following a biopsychosocial and spiritual model with *bio* focusing perhaps more often on natural health and for some, there may be a greater focus on the *social* and *spiritual* components than on the *individual* components. This could be reasonable given the seemingly collectivist worldview held by many rural individuals. In terms of individualism and collectivism, further research needs to be done on this with regards to rural culture and related perceptions of mental wellness. While individualistic Western values are also a part of many rural communities, for example, as seen by the impacts of technology and globalization, it does seem that there is a strong collectivist component to the culture of rurality, working as a driving force behind motivations, values, and preoccupations, especially with regards to mental wellness and help-seeking for mental health problems. An important cautionary note to make about interpreting these results is that many rural individuals may hold to this perception of mental wellness. However, as heard in the participants' stories,

rural individuals may also focus on spirituality as the primary rationale behind mental health problems. Or, in other cases, a lack of understanding leads people to believing that those with mental health problems have "weak nerves," as discussed specifically by Sara. These other stories must be considered and individual assessments of what mental health means to different rural individuals should be conducted.

Rural Sources of Support; At What Point Do I Need Professional Help?

It is important to recognize that mental health professionals are not the only source of support for rural individuals experiencing mental health problems. In fact, it is often only when the other supports are not able to help, or are not accessed due to a variety of personal reasons, that mental health professionals may be seen as an appropriate resource. Based on the findings of this research, it appears that rural individuals may consider various options in terms of managing a mental health concern. First, they may notice that they are not feeling well. Perhaps for example, they are noticing a lot of negative thinking, low mood, and suicidal ideation. Maybe they are starting to feel hopeless, are sleeping a lot more than usual, and start noticing a decrease in motivation. With this scenario in mind, imagine that this person goes through a decision-making process. First, they may first work to utilize whatever personal resources they have. This could include the use of relaxation or distraction techniques, spirituality, or other methods that may have worked in the past. A next possible source of help could come from accessing natural supports which include family members. The individual experiencing what appears to be depression, may choose to talk to their mother, sister, grandparent, or other family member. As shown in the research, these family members may or may not know what to say but for some, healing can come from just knowing the family is supporting you (support may be shown in instrumental ways). If this alone is not working, a rural individual may then decide to use

indigenous/traditional methods of healing and support. This could include talking to a pastor who might guide an individual to fast and pray, as an example. Or, an Aboriginal individual may choose to seek advice from an elder who might also guide them through various tasks including a ceremony. Finally, if the above supports are not sufficient in understanding the problem and knowing how to treat it, formal psychological supports may be the next option. It appears that rural individuals have three different options for seeking help beyond their own personal resources. These include family supports, seeking the guidance of local healers/leaders/helpers, and finally, formal professional services. Based on my conversations with participants, it seems that individuals would go to family first. Nevertheless, some may choose to first, or simultaneously, access local healers such as pastors or elders. These options are not presented here in a strict linear model. While it is likely that professional services would be accessed as a last resort, based on the numerous barriers facing rural individuals regarding professional services, this may not always be the case.

Barriers to Seeking Professional Services; the Interaction between Fishbowls and Values.

In cases where professional services may be necessary, it appears that rural perceptions, values, and attitudes play into help-seeking. Looking back at existing literature, recall that Bischoff et al. (2014) held that perceptions of mental health services may be even more powerful than the amount of available resources. Like, Judd et al. (2006) and Bischoff et al. (2014), the findings in this study suggest that attitudinal factors greatly impact help-seeking. While there is a definite lack of available mental health services in the communities in which this research took place, stories shared by both Cree and Mennonite participants suggest that what people think and believe about those services matters significantly.

Living in a fishbowl community also appears to negatively impact help-seeking. Tentatively, as I suggested earlier, I wonder if people are afraid of reaching out to professionals because they worry that others within their community might view them as weak or crazy - which might lead to becoming ostracized or "shunned," thereby losing connection with their communities. Given the norms of self-reliance and self-abnegation, seeking help may be perceived of as a character flaw. Even if others in the community may not hold this view, it seems that the individual could worry that other community members would hold this view. With this in mind, I posit that an insider might, in some ways, worry about becoming an outsider. This finding needs to be interpreted with caution as additional research is required, however, the data seem to be pointing in this direction. Further research needs to be done on rural individuals who *do* seek help and how they negotiate stigma and the fishbowl community's values and norms with help-seeking.

Implications and Recommendations

This study has worked to develop a more sophisticated understanding of rurality and related perceptions of mental health and has important implications for training programs, practice, and future research.

Recommendations for training and practice. The findings of this study have important implications for the provision of psychological services to rural individuals, specifically within the field of counselling psychology.

1. **Conduct cultural and contextual assessments.** First, given that rurality here is considered as a cultural construct, I would recommend that those working with rural individuals conduct cultural assessments to determine important values, beliefs, customs, norms, and worldviews as these may impact treatment choices. For example, as a way to

provide culturally appropriate treatment options, psychologists might consider weaving indigenous and/or traditional approaches to wellness and healing into their practice with rural clients. These approaches might be very much land and community based and can be accessed through referral to indigenous supports or individual activities. As described in the findings and earlier discussion, rural individuals appear to have a reliance on nature and on the land and this, in turn, will likely impact methods of healing and treatment options for many. Contextual factors are also important to consider given how they influence and shape people's lives (S. Yohani, Personal communications, July 11, 2017).

Part of understanding the context of the community you are working with, and part of being a rural professional, is getting to know who the gatekeepers in the community are. In terms of consultations with communities, by conducting this study, I followed recommendations by Brannen et al. (2012) to consult with the communities you might work in given unique needs in different rural communities. I have return-service bursaries to northern Alberta and this study has helped open my eyes to possible needs in northern communities. Additionally, I my understanding of who community gatekeepers might be in these communities increased as a result of this study. However, not everyone can run a study in the communities in which they may find themselves. Therefore, it would be beneficial to consult with gatekeepers in rural communities, when possible, to learn about mental health needs in the community but also the ways in which mental health and mental health services are perceived. This is also important since professionals may need to refer clients to gatekeepers in the community to aid in healing (i.e. an elder or pastor). As I discussed in a previous section, rural psychologists may not be the first or only form of support. It may be an important part of the treatment process to include

family members or local healers. Given the lack of psychologists in rural areas, having different sources of help is a major protective factor that may not be available to this extent in urban areas. Comparing the different resources that rural individuals have compared to urban individuals may require future research.

2. **Increasing mental health awareness.** The participants in this study also identified the need for community members to better understand mental health – there is a lack of mental health literacy and high stigma. Earlier, I speculated whether values such as self-sufficiency and self-abnegation scare people away from seeking help. For example, they may see help-seeking as being evidence that they are not a strong healthy person (and for those experiencing spiritual bypassing, they may feel that this threatens their spirituality). Given the need to decrease stigma and increase understanding about mental health in rural areas, one possible idea is that rural practitioners take initiative to consult with community stakeholders and work to set up community meet-and-greets with mental health practitioners to hold open discussions about mental health.
3. **Creative approaches to mental health service delivery.** Creative methods in the provision of mental health services appear to be a necessary consideration in rural areas. For example, those developing community programs may choose to set up community activities in creative ways in order to address the high stigma about mental health. This is supported by Farmer et al. (2012) who also recommended that rural areas might require creative problem-solving. Another example might be that psychology/counselling clinics operate in a building also being used by chiropractors or other types of low-stigma professionals (e.g. dentists, massage therapists). This would maintain the anonymity of rural individuals seeking help in a small town and would thereby also protect the way in

which they are perceived by others in their community (maintaining their status as an insider, so to speak).

4. **Inclusion of rural culture in training programs.** Finally, given the understanding of rurality as a cultural construct and current lack of focus on rural individuals in graduate training programs in Canada (Barbopoulos & Clark, 2003), I recommend that cross-cultural counselling courses work to include a section on rural culture and practice. As another option, providing training workshops for graduate students and practitioners would likely be beneficial. As was mentioned in the literature review, even urban practitioners should be aware of the needs of this cultural group as rural individuals often seek help in urban centres when help is not readily available in their own communities (Slama, 2004).

Recommendations for future research. I hope that this research will serve as a base for future studies on rural mental health as it has raised several important questions that merit future research. Specifically, additional research needs to be done on those rural individuals who seek and accept mental health services and how they go about navigating the many barriers (including norms, values, and expectations within a fishbowl communities) towards a successful experience. An important problem not only raised by my study, but by many past studies, is the high level of mental health stigma in rural areas. The findings of this study are hopeful in that it is only with advanced understanding that we can take helpful action. Therefore, I would recommend that future research would look at ways to decrease stigma about mental health in rural areas. An example might be working with community members who may identify as mental health advocates and partnering with them to find creative ways to hold open discussions with other community members, for whom the stigma might be high. Most of the participants in

the current study openly talked about being advocates of mental health and wishing there was a way to address the lack of understanding about mental health in their communities. Working with community members might also help with problems such as distrust of outsiders. More research needs to be conducted on ways to hold discussions with community members to provide education in a culturally sensitive and open manner (i.e. not using 'high talk' or taking 'top-down' stances).

Another interesting question that arose in this research is whether or not rural men are more open to allopathic treatment. This study was only able to recruit one male and he appeared to be much more open to allopathic treatment than the females in the study. More research is needed on this to see if this indeed might be the case and why this might be.

The findings of this project have also given rise to the very interesting concept of belonging to rural areas within the framework of attachment theory. It appears that belonging and sense of security and safety in *place* might be an important factor in rural mental wellness. For example, the rural community might act as the mother in Bolby's (2005) attachment theory. Taking into consideration theories around attachment, sense of place, and place attachment in future research could prove very exciting and fruitful as well.

Finally, given that rural individuals may tend to hold a collectivist worldview, or at least a blend of collectivism and individualism (depending on the individual), I argue that more research should be completed on rural collectivist views and conceptualizations of psychological phenomenon. This is supported by van Uchelen (2000) who describes the need for psychology to take into account collectivist perspectives.

> Individualism, and its conceptual counterpart, collectivism, are basic assumptive world views that vary within and across cultures. While both individualism and

> collectivism influence the nature and expression of psychological phenomena, psychological theory and practice generally assume an individualistic perspective. Awareness of the hidden bias of individualism is particularly important for those who wish to be sensitive to cultural diversity. (van Uchelen, 2000, p. 65)

Limitations

This study has taken strides in developing understandings that can aid in improving rural mental health care. Nevertheless, this project has several limitations that need to be addressed. A major limitation of this study is that an indigenous approach to research was not chosen, but rather a qualitative interpretive inquiry method. I have attempted to address this by carefully following cultural protocols for both groups. Future research could use indigenous approaches to study this topic with these populations. Since I am not indigenous, taking such an approach would have required training beyond what I could take in my research timeline. Additionally, I currently live outside of the communities (six to seven hours away) so a community-based approach to research was not feasible at this time. A better approach for future research in this area might be developing community-based approaches, working with community members to better understand the needs of the community and subsequently, work together to come up with research questions and helpful action plans.

Another important limitation lies in the fact that most of the individuals recruited had a positive view of mental health. I only heard about the views of others in the community based on the participants' perceptions (via 'second-hand' information). However, those who identified as being advocates for mental health, provided insight about the many community members who had fears or are opposed to mental health discussions in general. These discussions allowed me in part, to gain access to the perceptions of community members who would never have felt

comfortable coming to talk to me in an interview setting about a highly stigmatized topic. This being said, one of the recruited individuals was initially wary of discussing mental health. Informed consent with this individual ensured that she could stop the interview or refuse to answer any questions she found uncomfortable. A short debrief at the end of the interview found that the wording of the questions appeared to help decrease the stigma and fears around the topic. The participant agreed to stay in the research and while she did not answer all the questions, she stated it was because she would have like to have more time to think about the questions. This study might have benefited from adding pre-interview activities as suggested by Ellis (2006) to get people thinking about the research topic in advance. Additionally, Ellis (2006) often asks participants to draw about their experiences as images tend to invoke memories. This could have brought about even more rich discussions of rural experiences and related perceptions of mental health. As stated in the recommendations section, more ways need to be found to have discussions about mental health with those who hold a highly-stigmatized view of it. As it is now, the perceptions of all rural individuals may not be fairly represented here.

The rural experience in this study was limited to two cultural groups, the Cree from Tall Cree and the Mennonites from La Crete and area. Consequently, more research needs to be conducted in different contexts to explore other possible experiences of rurality and related perceptions of mental health. The generalizability of this research is a condition of qualitative case study research done in the constructivist paradigm, as opposed to being viewed as a limitation. As discussed previously, while case study research cannot be simply generalized to large populations, this research can be generalized in a way when the reader takes what they need from the research and applies it to a situation or population they have in mind (Merriam,

1998). Even though the context may be different, helpful action may arise from the understandings gained in this project.

While to traditionally quantitative researchers, an ‘n’ of seven participants may seem very low, within a constructivist paradigm, this number is in fact, quite large for case study research and could actually be a limitation of the study. Specifically, there is a danger of losing important parts of stories when doing in-depth interpretive work. Another limitation with regards to the participants is that of gender distribution. Despite efforts to recruit an appropriate distribution, only one male participant accepted the invitation to participate in the study. More research about rural males’ experiences of rurality and subsequent perceptions of mental health is required.

While both communities have important histories and contexts, the questions asked in this study may have limited the type of information that was shared by participants, thereby also influencing the way the findings were presented. The interview protocol did not include questions about history and context. For example, though we know about the effects of colonialism based on past research, this was not brought up by Cree participants. As a specific example, given the impact of residential schools on mental health (Truth and Reconciliation Commission of Canada, 2015), there are likely important stories that were not shared here that have an impact on how these rural Cree experience mental wellness. Similarly, the Mennonites also have a context that has likely impacted many generations and those living now are likely also impacted in terms of how they view mental wellness. For example, stories recalled about Mennonites who endured much persecution and had to leave their homes has very likely impacted current generations (S. Yohani, Personal communications, 2016). If this study were to be replicated, I would highly suggest that questions about history and context be asked to gain a

better, more whole, understanding of the rural Mennonite and Cree experiences. For example, if I were to conduct this study again, I would focus even more on the hermeneutic process. For example, I might do this by looking at how people have experienced rurality and mental wellness since childhood and how that has developed over time, within a context. This can be done by following more closely, the interpretive inquiry framework as suggested by J. Ellis (Course Instructor, EDEL 667, 2016). Dr. Ellis also provides examples and structure for the wording of questions that can look at phenomenon such as the development of experiences over time. All things considered, I am quite pleased with the outcome and quality of this research project. The guidance of my supervisor in terms of the development of low stigma questions and consultations with Dr. Ellis (who is an expert in qualitative research) regarding the methodology have allowed me to ask important questions about the rural experience.

Merriam (1998) states that a limitation of case study research is that the findings are often lengthy, so that gatekeepers and policy makers do not have the time to read the whole document. Therefore, I will work to address this by developing more concise reports for the communities so that they can use the findings to develop helpful action plans, if they so choose.

Finally, my researcher position must be taken into consideration as it has likely impacted the way in which the findings were shaped and presented. Specifically, as stated in earlier sections, I was raised in one of the areas under study and identify as a Mennonite but a non-Aboriginal. Before this study began, I had a previous understanding about the Mennonites given my insider status. This gave me the ability to understand subtleties that arose. In terms of the Cree group, I was in a way, an insider-outsider, having been raised a neighbor of the community since birth. However, I primarily have an outsider status in the community and may have missed many subtle but important aspects of experience in the interviews. My interpretive lens was there

and though I did my best to understand and present accurately *all* the stories told to me, it is likely that I was more influenced by the Mennonite culture and perhaps interpreted this with a greater degree of accuracy. As a qualitative researcher, I am to be highly transparent. And as I return this research back to participants and their communities, I remain open to the fact that they may see areas that I missed. I hope then, that this will lead to conversations with community members going forward, that will lead to an even more sophisticated understanding of this topic. I sincerely hope that I have done justice to the important stories that were shared with me. The way in which the stories are re-written here have been impacted by my previous understanding. However, in working within the hermeneutic circle throughout this process, I am able to see where my previous understandings of what it means to be rural, and how this impacts perceptions, have been impacted. Though many of the stories told were familiar to me, as I listened closely and went back and forth between what was told and my own previous understanding, I saw what Jardine (2000) meant by, "Even there, the gods themselves are present if we have the ears" (p. 113).

Closing Comments

Farmer et al. (2012) recommended that additional research be done on rurality as a cultural construct. The current study aimed to contribute to filling this gap in the literature while also specifically looking at related perceptions of mental wellness. Another major contribution of this research to the current body of literature is that this study was conducted in a Canadian context. As far as I could find in the literature, it seems that much of the past research on rural culture and related attitudes towards mental health appear to have been completed in America and Australia. Findings in this study suggest that not only is there a culture of rurality, but this cultural identity informs the way in which rural individuals perceive mental health and

subsequently, how they make decisions about whether or not to accept psychological care. This study has identified factors that can now be taken into consideration by practitioners and researchers who work to better understand rural individuals. This study also raised important questions about the rural experience that merit future research. It is my hope that the findings of this thesis will act as a solid basis from which future inquiry can take place. The stories told to me by the seven rural individuals have taught me a great deal and I hope that the knowledge that has been presented here will lead to helpful action to improve mental health services in rural areas.

"*We learn best – and change – from hearing stories that strike a chord within us*."

(Kotter, 2006, para. 1)

Autobiographical Self-Reflection: An Epilogue

Throughout this research, I worked to self-reflect on my own position as a researcher and my own experience of the research topic. It was brought to my attention that my research manuscript was missing something… it was missing my own experiences throughout the process. I realized that I have my own struggle with self-abnegation. It felt awkward bringing myself into the research. After all, the research was supposed to be about the participants and the topic, not the researcher right? However, as I learned more from the stories the participants told, I realized that I was changing. My participants were changing my understandings, not just the way I viewed rural mental health, but also the way I viewed myself, as a researcher and also as a rural individual. It became increasingly clear to me how I am living in two worlds – urban academia and rural life (part of my own cultural identity). I do not leave my rural cultural identity when I leave rural areas. I take it with me into my urban life. Before this process, I had viewed these two identities as colliding – as though they could easily not co-exist. Conducting research in rural areas has taught me how these two worlds can in fact, blend. It has taught me that my identity can be more integrated than segregated. I do not need to "ghettoize" my rural identity when I am in an urban environment. The two worlds and the interactions between both have developed into a unique narrative. I find myself going back and forth between the worlds, searching how I can best blend these two identities – a rural individual residing in a city. This can be viewed in terms of the hermeneutic circle - coming to a more sophisticated understanding by engaging in the experience and going back and forth and back and forth. What I have learned is that research is a dyadic process. It is a conversation. In my attempt to ensure that my participants were heard, I almost forgot that I have my own voice and that the incorporation of my voice is not selfishness, it is having a respectful conversation with the topic.

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Appendix A

Interview Protocol

Demographics:

1. Can you please tell me your age?
2. Can you please tell me your gender?
3. How long have you lived in Tall Cree/La Crete?
4. What language or languages do you speak?
5. If you feel comfortable, can you tell me your religion if you have one?
6. What is your highest level of education?
7. What do you do for work?
8. Can you tell me about your family?
9. What is your current living situation or your living arrangement?

Rurality questions: (Please feel free to elaborate as much as you like)

1. Can you please tell me a story that would introduce yourself to me as someone who is from rural Alberta?
2. Is being rural important to your life. Why or why not?
3. What words or images comes to mind when you think about rural Alberta and people who are rural Albertan.
4. In the recruitment notice, I asked you to bring an image or item that you would associate with as being from rural Alberta. Can you tell me a bit about that object or image? What do you associate with rural Alberta and who do you associate with as being someone from rural Alberta.

    Probe question: Is there anything else that comes to mind when you think of rural Alberta?

Mental wellness (Please feel free to elaborate as much as you like)

1. Mental Health Scenarios (Choose Scenario A or B based on context, gender, etc.).

A. *Henry doesn't like being in large groups. At first his family wasn't worried because they thought it was just who he was; he liked being alone. Now it seems to be a problem because Henry is no longer taking part in community events and doesn't want to spend time with his friends, especially if it is a group event. When Henry does force himself to go out and do something in a group, he starts sweating and his heart rate goes up. He notices that he starts shaking and sometimes stutters when he talks. Henry worries that other people in the group are judging him and is afraid of being embarrassed. He especially doesn't like talking to new people, making eye contact, and eating in front of people. Because of these fears, Henry is beginning to avoid more and more social gatherings. His friends and family are noticing a change and are concerned that Henry may not leave his house altogether.*

B. *Ever since her mother died, Lucy can't seem to get going. She has been crying a lot and has been spending a lot of time at home and in her bed, under the covers. When her*

family and friends ask her to do things with them, she often refuses and has started turning her phone off for long periods of times. Lucy is finding that she has no energy and is tired all the time. As a result, she sleeps a lot during the day. Lucy is starting to lose weight because she often doesn't have an appetite. When she is doing tasks, she finds that she can't concentrate and is starting to forget little things. Lucy is starting to call in sick to work quite often and feels like her life is hopeless.

2. Can you tell me about what's happing here?
3. How is this affecting their life?
4. What do you think are the causes?
   Probe question: How does that work?
5. Is there a name used to describe this situation?
6. How would this be dealt with in your community?
7. Where do people in your community go to for help with this type of problem?
8. What do you think is needed to help this person?
9. What are the barriers or any concerns that would prevent them from receiving this support?

Identity questions:

1. Based on our conversation, what would you want to be known for?
2. If someone were to ask you who you are, how would you describe yourself?
3. Are there other ways that you identify who you are? Do you have several identities?
4. Which is most important to you? Why?
5. In the recruitment notice, I asked you to bring an image or item that is important to who you are. Can you tell me what the object/image you brought in today means to you? How is it important to who you are?

Appendix B

Tall Cree Collaborative Research Agreement

Collaborative Research Agreement

Project title Rurality and Perceptions of Mental Wellness in Rural, Northern Alberta: A Comparative Case Study

THIS COLLABORATIVE RESEARCH AGREEMENT is made this 25 day of June 2015.

BETWEEN:

Principal Researchers(s)
Name(s): Laura Friesen (Primary Investigator) & Dr. Sophie Yohani (Thesis Supervisor)
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AND

Tall Cree First Nation Community
Contact person(s): Mike Cardinal
Organization: Tallcree Tribal Government
Address: Box 100, Ft. Vermilion, AB, T0H 1N0
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The principal researchers, as named, and the Tall Cree First Nation agree to conduct the named collaborative research project in accordance with the guidelines and conditions described in this document.

1. Purpose of the Research Project

The purpose of this research project, as discussed with and understood by the Tall Cree First Nation in the community of South Tall Cree, is to investigate what it means to be from rural Alberta and how rural Albertans from two cultural groups, Cree and Mennonite, perceive mental wellness. The purpose of conducting this research is to begin to develop an awareness/understanding about experiences of rurality and mental wellness and towards improving psychological services provided in these communities.

The results of this research may be used to train mental health professionals to be culturally sensitive while working in rural communities, specifically with Cree and Mennonite populations. A report of the findings will be available to the Tall Cree First Nation, La Crete, the Municipal

District of Mackenzie, and will be submitted for publication in a scholarly journal. Moreover, the primary investigator will disseminate the research findings in the form of special presentations at the direction of the communities involved in the study.

2. Scope of the Project

The project has the following objectives and/or aims to answer the following questions:

1) ***What does it mean to be a rural Albertan?***
2) ***How do rural Albertans from two cultural groups, Cree and Mennonite, perceive mental health and mental health services?***

In order to meet the objectives or answer the questions stated above, the following types of information will be gathered:

- ***Audio-recorded interview data***
- ***Personal artifacts (e.g. images or objects)***

3. Methods and Procedures

Data will be gathered using the following methods or procedures: Individual, audio-recorded interviews will be conducted in the communities of participants. Participants will also each be asked to bring in two objects or images. No original material will be collected as the researcher will take photographs of the images or objects as long as no identifying information is on the material. Consent to take photographs of the images will be a component of the consent form.

The amount of data that is required for this project is 5 interviews in the Tall Cree First Nation and 5 interviews in La Crete (10 interviews in total).

This number/amount is required because case study research generally has a small number of participants as in-depth interviews using multiple data sources offer rich information with regards to the research questions.

Community members will assist or participate with the data-gathering phase in the following ways:
Community intermediaries/contacts will assist in the recruitment efforts. Primary contacts/intermediaries will have an understanding of the norms and traditions of the community and may be able to assist in terms of refining interview questions to be more culturally sensitive should the need arise. To ensure intermediary participation is voluntary, the contacts will be given the option to assist in the research without any consequence should they choose not to or withdraw their participation. Intermediaries will be given 25$ as a thank you for their assistance and as compensation for their time. Since intermediaries may collect potential participants' contact information to pass on to the researcher, and to ensure potential participants' confidentiality is maintained, intermediaries will be asked to complete and sign a confidentiality agreement. Intermediaries will be given a copy of the signed confidentiality agreement for their own records. Intermediaries will contact potential participants and distribute recruitment notices. Should potential participants be interested in doing the study, they may give their contact

information to the intermediary who will then give it to the primary researcher. Participants may also choose to contact the primary investigator directly.

Individual consent to participate in the project will be obtained in the following way:
The primary researcher will give the participant the option of reading through the consent form by themselves or having the consent form read to them. The primary researcher will then ask the participant if they have any questions. If there are no questions, the researcher will ask the participant to sign the form if they consent to participate in the study. The primary method of gaining consent will be dependent on whether or not the participants sign the consent form. Participants will sign two consent forms, one of which they will take with them for their own records.

Participants have the right to withdraw from the project at any time for any reason without any consequence. In this case, that participant's data will be destroyed.

Research data will be stored in the following ways:
The interview data will be transcribed verbatim into an MS Word document and then uploaded into NVivo 10.0 software. The digital copy will be stored on a password-protected data stick for five years in a locked cabinet in the thesis supervisor's office at the University of Alberta. The research computer holding the NVivo file will be password-protected and encrypted. The raw interview data will be destroyed after 5 years by deleting the file from the password-protected data stick.

The following persons will have access to research data:
Laura Friesen (primary investigator) and Dr. Sophie Yohani (thesis supervisor).

Confidentiality of research data (if desired) will be ensured in the following ways:
Confidentiality will be maintained by asking the participant to sign a consent form if they agree to the terms (participants will be given a copy of the signed consent form), labeling the audio file with a pseudonym or number (e.g. Participant 1, Participant 2, etc.), keeping the consent form in a separate location from the interview data, and taking any identifying information out of the transcribed interview data. For any reports of the findings (e.g. scholarly articles or special presentations) we will use pseudonyms to refer to individual responses and not the participant's real name.

Data will be analyzed or interpreted through the following methods:
Recorded interview data will be transcribed verbatim and thematically analyzed to identify common themes using NVivo 10.0 software and Braun and Clark's (2006) framework. Results will be further analyzed from a constructivist paradigm, using multicultural counselling theory (MCT) (Cheatham et al., 2002) and literature on mental health service delivery in rural communities.

Community researchers/participants will participate in the analysis of data, or the verification of results, in the following ways:
I will be conducting a follow-up interview/member checks with each participant after all the interviews have been conducted and data initially analyzed to ensure that the interview data was

interpreted correctly and as the participant intended. This will also provide participants the opportunity to clarify and/or add to the initial discussion.

The final research report will be submitted to the community for review and approval.

Research findings will be presented to the community in a language and format that is clear and comprehensible to community members.

Research findings will be presented to the community in the following formats:
Final results of the study will be made available to the band office in the form of a written report. In addition, the primary investigator will provide the option of presenting the information in the form of a special presentation as directed by the community leaders. Participants who would like a copy of the report can simply contact the primary investigator. A brief report of the findings should be available around June 1, 2016.

Research findings will be presented to the general public and/or any other audience in the following formats:
The primary investigator intends to publish the research findings in a scholarly journal within one year of the completion of the research study.

4. Expected Outcomes, Benefits and Risks

The expected outcomes of this research project are:
This research will build on current rural and culture research. In terms of cross-cultural psychology, this research will be adding to rural research and building on mental health practice with specific cultural groups. In addition, this research will contribute to the literature with regards to multicultural counselling with these specific groups, Cree and Mennonite.

The project will benefit the principal (external) researchers in the following ways:
This project will benefit the primary investigator as it will be conducted for the thesis requirement of her Master's in Education, Counselling Psychology program.

The project will benefit the community (individually or collectively) in the following ways: The potential benefits of the proposed research to participants include the opportunity to disclose and discuss their opinions and thoughts regarding rurality, identity, and mental health in a confidential manner. Benefits to the community may include the generation of information that may enhance existing community programs/services. Practitioners in these communities may use the findings to provide culturally sensitive care thereby enhancing access and retention of services. Likewise, training programs may use the findings to prepare competent practitioners for work in rural areas.

The project poses the following risks to the community:
There are no anticipated risks associated with this research.

Measures that will be taken to minimize these risks are:

Although there are no foreseeable risks to participants, discussions of identity and mental health/wellness may result in disclosures of sensitive or negative experiences. Therefore, if a participant becomes uncomfortable at any point during the interviews, the interviewer will ensure that participants are aware that they can stop the interview at any time without any consequence.

5. Obligations and Responsibilities

External Research Partner

- To do no harm to the community.
- To involve the community in active participation of the research process and to promote it as a community-owned activity.
- To ensure the research's design, implementation, analysis, interpretation, reporting, publication and distribution of its results are culturally relevant and in compliance with the standards of competent research.
- To undertake research that will contribute something of value to the community.
- To be stewards of the data until the end of the project if requested or appropriate.
- To promote the dissemination of information to society at large if desired and appropriate through both written publications and oral presentations.
- To be involved in any future analysis of the data after the data is returned to the community, if requested.
- To abide by any local laws, regulations and protocols in effect in the community or region, and to become familiar with the culture and traditions of the community.
- Within their respective roles as researchers and community representatives, to advocate and address health, social or other issues that may emerge as a result of the research.
- To ensure that the community is fully informed in all parts of the research process, including its outcomes through publications and presentations, and to promptly answer questions that may emerge regarding the project and its findings.
- To communicate equally with the other partners in all issues arising in the project.
- To ensure that research carried out is done in accordance with the highest standards, both methodologically and from a First Nations cultural perspective.
- To abide by their own professional standards, their institution's guidelines for ethical research and general standards of ethical research.

Community-Based Researcher

In addition to the obligations listed for the external research partners, the community researcher is obligated:

- To provide a link between the research project team and other community members, and provide relevant, timely information on the project.
- To place the needs of the community as a first priority in any decision where the community researcher's dual roles of community member and researcher may be in conflict.
- In situations where a research project is promoting healthy lifestyles or practices, to promote the intervention objectives of the project by working closely with community health, social and/or education professionals.

- To be stewards of the data until the end of the project if requested or appropriate.

Community Partner

- First and foremost, to represent the interests, perspectives and concerns of community members and of the community as a whole.
- To ensure that research carried out is done in accordance with the highest standards, both methodologically and from a First Nations cultural perspective.
- To communicate the results of the research to other communities, and to share ideas as well as program and service development for mutual benefit and involvement.
- To serve as the guardian of the research data during and/or after completion of the project.
- To offer the external and community researchers the opportunity to continue data analyses before the data are offered to new researchers.

6. Funding

The principal researchers have acquired funding and other forms of support for this research project from these sources:
This research is supported by the Social Science and Humanities Research Council of Canada (SSHRC).

The funding agencies have imposed the following criteria, disclosures, limitations and reporting responsibilities on the principal researchers:
SSHRC supports open access of research findings to benefit Canadians. Therefore, the findings should be widely available once published. SSHRC also supports community engagement in Aboriginal communities and reinforces that research be done in a respectful way by building relationships within the communities.

7. Dissemination of Results

Research results will be disseminated to the following stakeholders:
The communities involved in the research will have access to and may disseminate the research findings. These stakeholders include Tall Cree First Nation Band Council, Mackenzie County (La Crete), and individual participants, should they request a copy of the findings. Academic stakeholders include the researchers involved in the study and the funding agency.

Research results will be disseminated in the following manner:
Dissemination of the research findings to community stakeholders will include a written report of the findings and special presentations as directed by the community. Academic dissemination may include publication in a scholarly journal and academic presentations at conferences/conventions.

Any future publication or dissemination of research results, beyond what is described in this agreement, shall not be undertaken without consultation with the Tall Cree First Nation community.

8. Data Ownership and Intellectual Property Rights

The individual owns his or her personal information while the Tall Cree First Nation owns the collective data.

The Tall Cree First Nation retains all intellectual property rights (including copyright), as applicable, to the data offered by participants from Tall Cree under this agreement.

Access and stewardship of the collective data are negotiated and determined by the First Nation.

9. Communication

Communication on all aspects of the research, including progress reports to the community, will be ensured in the following ways:
Communication will be ensured by sending progress reports to the contact at the Band Council in person and via telephone, email, or mail.

In the case of media inquiries during or after the project, designated spokespersons are:
Spokespersons include the primary researcher and the contact at the Band Council (or an individual designated by the contact at the Band Council).

The community will be the first to receive research results with regards to the data provided by participants from the Tall Cree First Nations and the first invited to provide input and feedback on those results. The results should be presented in a format that is language appropriate and accessible to the community. Results will not be released without the approval of the community. Participants in La Crete will be completing follow-up interviews member checks for their own interviews. Each participant will check interpretations of their personal data and the collective/aggregated data of their own communities.

At the end of the study, the research partner(s) agree to participate in community meetings to discuss the results and their implications should the Band Council request this.

10. Dispute Resolution

In the event that a dispute arises out of or relates to this research project, both parties agree first to try in good faith to settle the dispute by mediation administered by an agreed upon neutral party before resorting to arbitration, litigation or some other dispute resolution procedure. A mediator will assist the parties in finding a resolution that is mutually acceptable. If a dispute cannot be resolved to the satisfaction of both parties, the research project may be terminated according to the terms described below.

11. Term and Termination

This agreement shall have an effective date of June 24/15 and shall terminate on June 30/16. This agreement may be terminated by the written notification of either party.

¡Adapted from: World Health Organization, *Indigenous peoples and participatory health research: Preparing research agreements*¸ Annex B: Example of a research agreement concluded between CINE and an indigenous community in Canada (www.who.int/ethics/indigenous_peoples/en/print.html) and: Masuzimi, B., and Quirk, S, *Dene Tracking. A participatory research process for Dene/Métis communities: Exploring community-based research concerns for Aboriginal northerners* (Yellowknife, NT: Dene Nation, 1993) p. 14-16.¡

References

First Nations Centre. (2007). Considerations and templates for ethical research practices. Ottawa, ON: National Aboriginal Health Organization.

Appendix C

Tall Cree First Nations Recruitment Notice

Do you identify as a Cree from Tall Cree First Nation?

Is being from rural Alberta (isolated/distanced from larger towns and cities) important to you?

Would you like to participate in a study about your experiences being a rural Albertan and share your thoughts about mental wellness?

If you are 18 years old or over, live in a rural area in Alberta, specifically Tall Cree First Nation, and identify as Cree, I would like to have you share your experiences with me! The purpose of this study is to explore what it means to be a rural Albertan and how rural Albertans from two cultural groups, Cree and Mennonite, perceive mental wellness.

For the interview:

- Please bring an image or item that is important to who you are.
- Please also bring an image or item that you would associate with as being from rural Alberta.
- Please come prepared with a story that will introduce yourself to me as a rural Albertan.

Specifically, this study asks some of the following questions:

1. Is being rural important to your life. Why or why not?
2. What words or images comes to mind when you think about rural Alberta and people who are rural Albertan.
3. If someone were to ask you who you are, how would you describe yourself?

This is an interview study that can be completed in your community. If you are interested in participating, please contact Laura Friesen at (780) 821-3140 or lsfriese@ualberta.ca to arrange an interview time. You may also choose to provide your name and contact information to a community contact who will pass the information to the researcher.

The community contact for Tall Cree is: To be determined.

The interview takes approximately one to two hours to complete. A second, and shorter, follow-up interview will take place after the initial analysis of the data so that you have a chance to ensure the information has been interpreted correctly before a final report is written. You will receive $50 ($25 per interview) for taking the time to complete this interview. Your responses will remain confidential and only the researcher and her supervisor will have access to the information you give.

This research is supervised by Dr. Sophie Yohani at the University of Alberta who can be contacted at (780) 492-1164 or sophie.yohani@ualberta.ca. The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Research Ethics Board 1 (REB 1).

Appendix D

Mennonite Recruitment Notice

Do you identify as a Mennonite from La Crete?

Is being from rural Alberta (*from the country/not the city*) important to you?

Would you like to participate in a study about your experiences being a rural Albertan and share your thoughts about mental wellness?

If you are 18 years or older, live in a rural area in Alberta, specifically La Crete (and area), and identify as Mennonite, I would like to have you share your experiences with me! The purpose of this study is to explore what it means to be a rural Albertan and how rural Albertans from two cultural groups, Cree and Mennonite, perceive mental wellness.

For the interview:

- Please bring an image or item that is important to who you are.
- Please also bring an image or item that you would associate with as being from rural Alberta.
- Please come prepared with a story that will introduce yourself to me as a rural Albertan.

Specifically, this study asks some of the following questions:

1. Is being rural important to your life. Why or why not?
2. What words or images comes to mind when you think about rural Alberta and people who are rural Albertan.
3. If someone were to ask you who you are, how would you describe yourself?

This is an interview study that can be completed in your community. If you are interested in participating, please contact Laura Friesen at (780) 821-3140 or lsfriese@ualberta.ca to arrange an interview time. You may also choose to provide your name and contact information to a community contact who will pass the information to the researcher.

The community contact for La Crete is: To be determined.

The interview takes approximately one to two hours to complete, depending on how much you would like to share. A second, and shorter, follow-up interview will take place after the initial analysis of the data so that you have a chance to ensure the information has been interpreted correctly before a final report is written. The follow-up interview will take place in the fall or winter (2015/2016). You will receive $50 ($25 per interview) for taking the time to complete this interview. Your responses will remain confidential and only the researcher and her supervisor will have access to the information you give.

This research is supervised by Dr. Sophie Yohani at the University of Alberta who can be contacted at (780) 492-1164 or sophie.yohani@ualberta.ca. The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Research Ethics Board 1 (REB 1).

Appendix E

Cree Letter of Information

LETTER OF INFORMATION

My name is Laura Friesen and I am a MEd, Counselling Psychology student at the University of Alberta. I am inviting you to take part in my study as I want to understand more about what it means to be a rural Albertan and how you as a rural, Cree Albertan experience and view mental wellness.

The purpose of this research is:

1) To learn more about how you experience being a rural Albertan.
2) To learn about how you experience and view mental wellness in your communities.
3) To learn how your cultural identity (Cree) contributes to your experiences.

You can take part in this study if you are:

1) 18 years or older and
2) Identify as rural Albertan Cree from Tall Cree.

If you decide to take part in this study, you will be asked to take part in two, one on one talks/interviews which will happen at a time and place that work for you. The first talk/interview will be about one to two hours long and I will ask you questions about your thoughts and opinions on being rural and mental wellness. I will ask you some questions about who you are such as age, gender, and location but will not ask any information that could identify you. You will be asked to bring an image or item that is important to who you are and another image or item that you think represents rural Alberta. You will also be asked to come prepared with a story that introduces yourself to me as a rural Albertan. As long as there is no identifying information on the images or items, I will ask to take a photograph of each item.

The second talk/interview will be shorter and will happen after I have analyzed the first interviews from all participants. The purpose of the second talk/interview is to make sure that I have understood the first interview data correctly and as you intended before I write a final report. The second talk/interview will also give you a chance to add anything that may have been missed in the first talk/interview. This interview will also take place at a time and location that works well for you.

Participation in this study is completely voluntary and you can withdraw your participation at any time during the interview with no consequences. You can also refuse to answer any questions. If you wish to withdraw your information from the study, you will be welcome to do so before August 31, 2016.

During the talk/interview, I will use a made-up name for you. You can come up with this false/made up name. When I type out the interview into a document, I will remove any information that may expose your identity. The only information that will be reported is the name of your community.

The interview will be audio-recorded and will be stored in a secure location. Only my thesis supervisor and I will have access to this information. I will store the consent form and the interview data separately to protect your privacy. I will not be using your name, address, phone number(s), email, or any identifying information in any report of the findings. I will only use your name, address, and contact information for the purpose of setting up the interviews and this information will be kept in a safe location and will be destroyed after the second interview. The research information will be stored in a locked cabinet in my thesis supervisor's office for five years and then will be destroyed.

By taking part in this research you are helping me complete my master's thesis. There are no direct benefits to you except that you will have the opportunity to talk about your experiences in a safe and confidential manner. By taking part in this study, you may also help improve mental wellness services in rural communities, especially Cree communities.

At this time, I do not expect that there will be any risks to you by taking part in this study. However, if you experience any discomfort, you are welcome to stop the interview and/or call a family member or close friend for help or support. I will also provide you with a list of elders and formal counselling services for you to use – if needed.

It does not cost you anything to take part in this study. You will be given $50.00 ($25.00 per interview) for taking part in this study as a thank you for your time. I will provide the payment to you in cash after each interview.

I will provide your community leaders with a final report. If you would like a personal copy of the report, you can contact me directly and I will send you a copy by mail or by email. A final report will be ready by November 1, 2016.

This research has been approved by the Tall Cree Band Council. A research agreement is in place with the community.

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.

If you would like to participate in this study, please call Laura at (780) 821-3140 or email her at lsfriese@ualberta.ca

Sincerely,

Laura Friesen

Appendix F

Mennonite Letter of Information

LETTER OF INFORMATION

My name is Laura Friesen and I am a MEd, Counselling Psychology student at the University of Alberta. I am inviting you to take part in my study as I want to understand more about what it means to be a rural Albertan and how you as a rural, Mennonite Albertan experience and view mental wellness.

The purpose of this research is:

4) To learn more about how you experience being a rural Albertan.
5) To learn about how you experience and view mental wellness in your communities.
6) To learn how your cultural identity (Mennonite) contributes to your experiences.

You can take part in this study if you are:

3) 18 years or older and
4) Identify as rural Albertan Mennonite from La Crete.

If you decide to take part in this study, you will be asked to take part in two, one on one talks/interviews which will happen at a time and place that work for you. The first talk/interview will be about one to two hours long and I will ask you questions about your thoughts and opinions on being rural and mental wellness. I will ask you some questions about who you are such as age, gender, and location but will not ask any information that could identify you. You will be asked to bring an image or item that is important to who you are and another image or item that you think represents rural Alberta. You will also be asked to come prepared with a story that introduces yourself to me as a rural Albertan. As long as there is no identifying information on the images or items, I will ask to take a photograph of each item.

The second talk/interview will be shorter and will happen after I have analyzed the first interviews from all participants. The purpose of the second talk/interview is to make sure that I have understood the first interview data correctly and as you intended before I write a final report. The second talk/interview will also give you a chance to add anything that may have been missed in the first talk/interview. This interview will also take place at a time and location that works well for you.

Participation in this study is completely voluntary and you can withdraw your participation at any time during the interview with no consequences. You can also refuse to answer any questions. If you wish to withdraw your information from the study, you will be welcome to do so before August 31, 2016.

During the talk/interview, I will use a made-up name for you. You can come up with this false/made up name. When I type out the interview into a document, I will remove any

information that may expose your identity. The only information that will be reported is the name of your community.

The interview will be audio-recorded and will be stored in a secure location. Only my thesis supervisor and I will have access to this information. I will store the consent form and the interview data separately to protect your privacy. I will not be using your name, address, phone number(s), email, or any identifying information in any report of the findings. I will only use your name, address, and contact information for the purpose of setting up the interviews and this information will be kept in a safe location and will be destroyed after the second interview. The research information will be stored in a locked cabinet in my thesis supervisor's office for five years and then will be destroyed.

By taking part in this research you are helping me complete my master's thesis. There are no direct benefits to you except that you will have the opportunity to talk about your experiences in a safe and confidential manner. By taking part in this study, you may also help improve mental wellness services in rural communities, especially Mennonite communities.

At this time, I do not expect that there will be any risks to you by taking part in this study. However, if you experience any discomfort, you are welcome to stop the interview and/or call a family member or close friend for help or support. I will also provide you with a list of local supports (for example, spiritual supports) and formal counselling services for you to use – if needed.

It does not cost you anything to take part in this study. You will be given $50.00 ($25.00 per interview) for taking part in this study as a thank you for your time. I will provide the payment to you in cash after each interview.

I will provide your community leaders with a final report. If you would like a personal copy of the report, you can contact me directly and I will send you a copy by mail or by email. A final report will be ready by November 1, 2016.

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.

If you would like to participate in this study, please call Laura at (780) 821-3140 or email her at lsfriese@ualberta.ca

Sincerely,

Laura Friesen

Appendix G

Cree Informed Consent Form

INFORMED CONSENT FORM

The purpose of this research study is to better understand what it means to be a rural Albertan and how rural Albertans, specifically Cree, experience and view mental wellness. This study is being done by Laura Friesen, a MEd Counselling Psychology student at the University of Alberta. This study will be completed under the careful supervision of Dr. Sophie Yohani. This study has received funding from the Social Sciences and Humanities Research Council (SSHRC). Your contact information has been provided by you to the researcher directly or to a community contact who sent your contact information to the researcher. This study hopes to improve mental wellness services to rural communities by gaining a better understanding of how rural Albertans from different cultural groups experience rurality and mental wellness.

By checking off the following boxes and signing the form, I am saying I understand the following points about the study:

- ☐ I know that I will be meeting with Laura by myself for about one to two hours in the first interview and 30 minutes to an hour in the second interview.
- ☐ I know that I can speak in English or Cree with the help of an interpreter of my choice if needed.
- ☐ I know that participation in this study is completely voluntary and that I can withdraw at any time during the study without fear of any penalty. I can withdraw my information if I want to and can refuse to answer questions if I choose to do so.
- ☐ I know that I can withdraw my information before August 31, 2016.
- ☐ I know that Laura will record both interviews and will type them out afterwards.
- ☐ I agree to share items or images with Laura and allow Laura to take pictures of the items or images. If I agree to allow Laura to take pictures of the items or images, I know that identifiable information will be removed or blurred out. If there is no way to remove identifiable information, Laura will not take a picture of the item or image. I can also choose not to share images or items with Laura.
- ☐ I know that Laura will use a false/made-up name for me in the interview. I know that I will be able to choose that name myself if I want to do so.
- ☐ I know that Laura will remove any identifying information from any documents or reports. I also know that Laura will use the false/made-up name in any report if she uses my words so no one will know I participated in the study.
- ☐ I understand that Laura will keep all my information in a locked cabinet in a safe location and that only Laura and her supervisor will have access to this information. I also know that my consent form and interview information will be kept separately to protect my identity.

- I know that all information for the study will be kept in a locked cabinet in her supervisor's office for five years after which it will be destroyed. Recorded interviews will be password protected and files on computers will be encrypted to ensure my information is safe.
- I know that all my information will be kept confidential unless I report child abuse which Laura must report to the appropriate authorities.
- I understand that I can simply ask for a copy of the findings after November 1, 2016 if I choose to do so.
- I know that Laura may publish the findings in an academic journal or make academic or community presentations.
- I know that by taking part in this research, I am helping Laura complete her master's thesis. I also understand that there are no direct benefits to me. By taking part in this study, I will help inform professionals and students to improve mental wellness services in rural communities, especially Cree communities.
- I understand there are no known risks to me for participating. However, I understand that if I become distressed, worried, or sad, or experience any other negative emotions, I can stop the interview and/or withdraw from the study without any problems. I can also call a family member or close friend to come and help me. I also know that Laura will provide me with a list of elders and formal counselling services if needed.
- I know that Laura will give me $25.00 per interview ($50.00 in total) for taking part in her study. She will provide me the money in cash after each interview.
- I understand that I can withdraw from this study without any problems even if I sign this consent form.
- If Laura uses information from this study in future studies, it will have to be approved by a Research Ethics Board first.
- I understand that if I have any questions I can call Laura at (780) 821-3140 or I can email her at lsfriese@ualberta.ca. I can also call her supervisor, Dr. Sophie Yohani at (780) 492-1164 or email her at sophie.yohani@ualberta.ca.
- I have read this form or have had it read to me and Laura has described the research study to me. I have been able to ask any questions about the study and my part in it and all my questions have been answered. I know that I can contact Laura, Dr. Yohani, or the Research Ethics Board if I have any other questions. I agree to participate in this research study. I understand that I will receive a copy of this consent form after I have signed it.

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.

_____

Participant name (printed)

_____ _____

Participant signature Date

_____

Researcher name (printed)

_____ _____

Researcher signature Date

Research Investigator:
Laura Friesen
MEd Counselling Psychology Student
Department of Educational Psychology
University of Alberta
Edmonton, AB
lsfriese@ualberta.ca
(780) 821 3140

Supervisor:
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(780) 492 1164

Appendix H

Mennonite Informed Consent Form

INFORMED CONSENT FORM

The purpose of this research study is to better understand what it means to be a rural Albertan and how rural Albertans, specifically Mennonite, experience and view mental wellness. This study is being done by Laura Friesen, a MEd Counselling Psychology student at the University of Alberta. This study will be completed under the careful supervision of Dr. Sophie Yohani. This study has received funding from the Social Sciences and Humanities Research Council (SSHRC). Your contact information has been provided by you to the researcher directly or to a community contact who sent your contact information to the researcher. This study hopes to improve mental wellness services to rural communities by gaining a better understanding of how rural Albertans from different cultural groups experience rurality and mental wellness.

By checking off the following boxes and signing the form, I am saying I understand the following points about the study:

- ☐ I know that I will be meeting with Laura by myself for about one to two hours in the first interview and 30 minutes to an hour in the second interview.
- ☐ I know that I can speak in English or Low German as the researcher understands and speaks both languages.
- ☐ I know that participation in this study is completely voluntary and that I can withdraw at any time during the study without fear of any penalty. I can withdraw my information if I want to and can refuse to answer questions if I choose to do so.
- ☐ I know that I can withdraw my information before August 31, 2016.
- ☐ I know that Laura will record both interviews and will type them out afterwards.
- ☐ I agree to share items or images with Laura and allow her to take pictures of the items or images. If I agree to allow Laura to take pictures of the items or images, I know that identifiable information will be removed or blurred out. If there is no way to remove identifiable information, Laura will not take a picture of the item or image. I can also choose not to share images or items with Laura.
- ☐ I know that Laura will use a false/made-up name for me in the interview. I know that I will be able to choose that name myself if I want to do so.
- ☐ I know that Laura will remove any identifying information from any documents or reports. I also know that Laura will use the false/made-up name in any report if she uses my words so no one will know I participated in the study.
- ☐ I understand that Laura will keep all my information in a locked cabinet in a safe location and that only Laura and her supervisor will have access to this information. I also know that my consent form and interview information will be kept separately to protect my identity.

- I know that all information for the study will be kept in a locked cabinet in her supervisor's office for five years after which it will be destroyed. Recorded interviews will be password protected and files on computers will be encrypted to ensure my information is safe.
- I know that all my information will be kept confidential unless I report child abuse which Laura must report to the appropriate authorities.
- I understand that I can simply ask for a copy of the findings after November 1, 2016 if I choose to do so.
- I know that Laura may publish the findings in an academic journal or make academic or community presentations.
- I know that by taking part in this research, I am helping Laura complete her master's thesis. I also understand that there are no direct benefits to me. By taking part in this study, I will help inform professionals and students to improve mental wellness services in rural communities, especially Mennonite communities.
- I understand there are no known risks to me for participating. However, I understand that if I become distressed, worried, or sad, or experience any other negative emotions, I can stop the interview and/or withdraw from the study without any problems. I can also call a family member or close friend to come and help me. I also know that Laura will provide me with a list of local supports (for example, spiritual supports) and formal counselling services if needed.
- I know that Laura will give me $25.00 per interview ($50.00 in total) for taking part in her study. She will provide me the money in cash after each interview.
- I understand that I can withdraw from this study without any problems even if I sign this consent form.
- If Laura uses information from this study in future studies, it will have to be approved by a Research Ethics Board first.
- I understand that if I have any questions I can call Laura at (780) 821-3140 or I can email her at lsfriese@ualberta.ca. I can also call her supervisor, Dr. Sophie Yohani at (780) 492-1164 or email her at sophie.yohani@ualberta.ca.
- I have read this form or have had it read to me and Laura has described the research study to me. I have been able to ask any questions about the study and my part in it and all my questions have been answered. I know that I can contact Laura, Dr. Yohani, or the Research Ethics Board if I have any other questions. I agree to participate in this research study. I understand that I will receive a copy of this consent form after I have signed it.

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.

_____

Participant name (printed)

_____ _____

Participant signature Date

_____

Researcher name (printed)

_____ _____

Researcher signature Date

Research Investigator:
Laura Friesen
MEd Counselling Psychology Student
Department of Educational Psychology
University of Alberta
Edmonton, AB
lsfriese@ualberta.ca
(780) 821 3140

Supervisor:
Dr. Sophie Yohani, PhD., R Psych.
Department of Educational Psychology
6-107D Education North
University of Alberta
Edmonton, AB, T6G 2GS
sophie.yohani@ualberta.ca
(780) 492 1164

Appendix I

Intermediary Confidentiality Agreement

Confidentiality Agreement

Research Study Title: Rurality and Perceptions of Mental Wellness in Rural, Northern Alberta: A Comparative Case Study

I, _____ the intermediary/community contact, agree to assist in recruitment activities for the researcher (Laura Friesen).

I agree to -

1. keep all the contact information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., lists of contact information) with anyone other than the *Researcher(s)*.

2. keep all contact information of potential participants in any form or format (e.g., phone numbers, emails, addresses) secure while it is in my possession.

3. after consulting with the *Researcher(s),* erase or destroy all contact information of potential participants in any form or format regarding this research project that is not returnable to the *Researcher(s)* (e.g., lists of potential contacts and their contact information).

_____	_____	_____
(Print Name)	(Signature)	(Date)

Researcher(s)

(Print Name)	(Signature)	(Date)

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by Research Ethics Board *(specify which 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.

Appendix J

Research Ethics Board Application

Date: Tuesday, July 14, 2015 9:51:06 AM

ID: Pro00057328

Status: Approved

View: 1.1 Study Identification

2D339892047FBI

1.1 Study Identification

*All questions marked by a red asterisk * are required fields. However, because the mandatory fields have been kept to a minimum, answering only the required fields may not be sufficient for the REB to review your application.*

Please answer all relevant questions that will reasonably help to describe your study or proposed research.

*** Short Study Title** *(restricted to 250 characters)***:**

1.0 Rurality and Perceptions of Mental Wellness in Rural Northern Alberta: A Comparative Case Study

*** Complete Study Title** *(can be exactly the same as short title)***:**

2.0 Rurality and Perceptions of Mental Wellness in Isolated and Rural Northern Alberta: A Comparative Case Study

*** Select the appropriate Research Ethics Board (***Detailed descriptions are available by clicking the HELP link in the upper right hand corner of your screen***):**

3.0 REB 1

*** Is the proposed research:**

4.0 1 Funded (Grant, subgrant, contract, internal funds, donation or some other source of funding)

4.0 **Is the porposed research :**

2

*** Name of Principal Investigator** *(at the University of Alberta, Covenant Health, or Alberta Health Services)***:**

5.0 Laura Friesen

Investigator's Supervisor *(required for applications from undergraduate students, graduate students, post-doctoral fellows and medical residents to Boards 1, 2, 3. HREB does not accept applications from student PIs)*

6.0 Sophie Yohani

7.0 *** Type of research/study:**
Graduate Student - Thesis, Dissertation, Capping Project

8.0 **Study Coordinators or Research Assistants:** People listed here can edit this application and will receive all HERO notifications for the study:

Name	Employer
There are no items to display	

8.0 **Study Coordinators or Research Assistants:** People listed here can edit this application and will receive all HERO notifications for the study:

Name	Employer
There are no items to display	

9.0 **Co-Investigators:** People listed here can edit this application but do not receive HERO notifications unless they are added to the study email list:

Name	Employer
There are no items to display	

9.0 **Co-Investigators:** People listed here can edit this application but do not receive HERO notifications unless they are added to the study email list:

Name	Employer
There are no items to display	

10.0 **Study Team** *(Co-investigators, supervising team, other study team members):* People listed here cannot edit this application and do not receive HERO notifications:

Last Name	First Name	Organization	Role/Area of Responsibility	Phone	Email
Yohani	Sophie	University of Alberta	Thesis supervisor		sophie.yohani@ualberta.ca

10.0 **Study Team** *(Co-investigators, supervising team, other study team members):* People listed here cannot edit this application and do not receive HERO notifications:

Last Name	First Name	Organization	Role/Area of Responsibility	Phone	Email
There are no items to display					

4.01	4.02	8.01	8.02	9.01	9.02
10.01	10.02				

ID: Pro00057328 View: 1.3 Funding Information
Status: Approved

*** Type of Funding:**

1.0 Grant (external)

If OTHER, provide details:

*** Indicate which office administers your award.** *(It is the PI's responsibility to provide ethics approval notification to any office other than the ones listed below)*

2. Other
0

If OTHER, provide details:
University of Alberta, FGSR

*** Funding Source**

3.1 Select all sources of funding from the list below:

3. SSHRC - Social Sciences and Humanities Research Council SSHRC
0

3.2 If not available in the list above, write the Sponsor/Agency name(s) in full (you may add multiple funding sources):
There are no items to display

*** Indicate if this research sponsored or monitored by any of the following:**

Not applicable

4. **If applicable, indicate whether or not the FDA Investigational New Drug number or**
0 **FDA Investigational Device Exception is required:**

The researcher is responsible for ensuring that the study complies with the applicable US regulations. The REB must also meet particular review criteria and this application will likely receive full board review, regardless of level risk.

ID: Pro00057328 View: 1.5 Conflict of Interest
Status: Approved

*** Are any of the investigators or their immediate family receiving any personal remuneration (including investigator payments and recruitment incentives but excluding trainee remuneration or graduate student stipends) from the funding of this study that is not accounted for in the study budget?**

1. radio radio Yes radio radio **No**
0

If YES, explain:

*** Do any of investigators or their immediate family have any proprietary interests**
2. **in the product under study or the outcome of the research including patents,**
0 **trademarks, copyrights, and licensing agreements?**

radio radio Yes radio radio **No**

3. *** Is there any compensation for this study that is affected by the study outcome?**
0 radio radio Yes radio radio **No**

4.0 *** Do any of the investigators or their immediate family have equity interest in the sponsoring company? (This does not include Mutual Funds)**

radio radio Yes radio radio **No**

5.0 *** Do any of the investigators or their immediate family receive payments of other sorts, from this sponsor (i.e. grants, compensation in the form of equipment or supplies, retainers for ongoing consultation and honoraria)?**

radio radio Yes radio radio **No**

6.0 *** Are any of the investigators or their immediate family, members of the sponsor's Board of Directors, Scientific Advisory Panel or comparable body?**

radio radio Yes radio radio **No**

*** Do you have any other relationship, financial or non-financial, that, if not disclosed, could be construed as a conflict of interest?**

radio radio **Yes** radio radio No

If YES, explain:

7.0 The research proposes to take place in Tall Cree, Alberta and La Crete, Alberta. The primary investigator was raised in La Crete and identifies as Mennonite (one of the groups to be studied). My relationship to the Tall Cree community is currently being better established. In the past, I have worked alongside community members in the health care field. Since Tall Cree is isolated, even from neighboring La Crete, I have not yet built as strong a relationship with the Tall Cree community as with La Crete. To avoid any possible conflicts of interest or coercion to participate, participants invited will not be family members or close friends. Additionally, I plan to memo closely and discuss with my supervisor (S.Y.) my own reactions and possible preconceived notions as to be aware of any that exist so that I may remain open to all interview data.

Important

If you answered YES to any of the questions above, you may be contacted by the REB for more information or asked to submit a Conflict of Interest Declaration.

ID: Pro00057328 View: 1.6 Research Locations and Other Approval

Status: Approved

*** List the locations of the proposed research, including recruitment activities. Provide name of institution or organization, town, or province as applicable**

1.0 La Crete, Alberta (and surrounding/attached areas - i.e., Buffalo Head Prairie, Blue Hills, Blumenort - these community members consider themselves from La Crete)
Tall Cree First Nation, Alberta. We are planning on conducting the research in North Tall Cree (173A) and South Tall Cree (173).

Recruitment activities: I plan to connect with several main contacts/intermediaries in the community who can assist in inviting five participants from each community. Recruitment

activities may also include the posting of posters in the communities and snowball sampling through individuals other than the primary contacts. The primary investigator will provide letters of information to those interested in participating as well as the primary contacts who will then be able to distribute the letters to possible participants.
Recruitment notices define "rural" differently for Cree and Mennonite participants as consultations with the band manager and community members in La Crete revealed that "rural" is considered high talk and is a commonly misunderstood term (i.e. difference between rural and urban). The band manager considers "isolated" to be appropriate for Tall Cree as it is not agrarian and "country" is used for La Crete participants.

2.0 *** Indicate if the study will use or access facilities, programmes, resources, staff, students, specimens, patients or their records, at any of the sites affiliated with the following** *(select all that apply):*
Not applicable

List all facilities or institutions as applicable:
N/A
Multi-Institution Review

*** 3.1 Has this study already received approval from another REB?**
radio radio **Yes** radio radio **No**

yes

3.0 **3.2 Indicate if the proposed research has already received ethics approval from other Research Ethics Board or institution. Choose all that apply:** *(The University of Alberta has entered into formal reciprocity agreements with the REBs listed below. Because of this agreement, if you have already received approval from one of the REBs specified below. Please UPLOAD the other REBs APPLICATION, APPROVAL and APPROVED CONSENT FORMS to Section 7.1 (11.0). In doing this your study will be eligible for a delegated review instead of requiring full board review.)*
There are no items to display

49729E46076E63

3.3 If OTHER, list the REB or Institution:
Name
There are no items to display

4.0 **Does this study involve pandemic or similar emergency health research?**
radio radio Yes radio radio **No**

If YES, are you the lead investigator for this pandemic study?
radio radio Yes radio radio No

5.0 **If this application is closely linked to research previously approved by one of the University of Alberta REBs or has already received ethics approval from an external ethics review board***(s)***, provide the HERO study number, REB name or other identifying information. Attach any external REB application and approval letter in Section 7.1.11 ◆**

Other Documents.
N/A

ID: Pro00057328 View: 2.1 Study Objectives and Design
Status: Approved

1. **Date that you expect to start working with human participants:**
0 01/07/2015

Date that you expect to finish working with human participants, in other words, you will
2. **no longer be in contact with the research participants, including data verification and**
0 **reporting back to the group or community:**
30/06/2016

*** Provide a lay summary of your proposed research suitable for the general public** *(restricted to 300 words)***. If the PI is not affiliated with the University of Alberta, Alberta Health Services or Covenant Health, please include institutional affiliation.**

3. Individuals from rural and isolated areas face unique barriers to receiving mental health services. Some of these barriers include long wait times, stigma, and distance. My proposed research aims to explore how having a rural cultural identity impacts perceptions of mental health services. Having a cultural identity shapes our worldview and in this way, having a rural identity may shape perceptions of mental health. Although there is a growing body of research on rural mental health care, there is little understanding of rurality as a culture and how this affects how individuals in rural areas understand psychology and mental health services. Using a comparative case study design, I plan to thematically analyze interview responses of 10 rural, northern Albertan adults. I plan to recruit five participants from each community, Tall Cree, Alberta and La Crete, Alberta. This exploratory research has relevance for those working to provide quality care in rural areas and to enhance access to mental health services. The results may contribute to the training of rural mental health professionals by illuminating areas for developing strategies for improving access to services for rural individuals and professionals. My findings may also fuel future research in the area of rural mental health and cross-cultural psychology.
0

*** Provide a description of your research proposal including study objectives, background, scope, methods, procedures, etc)** *(restricted to 1000 words)***. Footnotes and references are not required and best not included here. Research methods questions in Section 5 will prompt additional questions and information.**

Background

4.
0 Although nearly 20% of Canadians live in rural areas (Statistics Canada, 2012), many face barriers to accessing mental health services. In addition to being geographically distanced from psychological services and long wait times, individuals in rural areas face psychological barriers such as stigma, issues regarding lack of anonymity, and a lack of information (Dyck & Hardy, 2013). While a growing body of research explores rural mental health care, little research has focused on rurality as a cultural domain and how this influences experiences and perceptions of mental health and mental health care. This is important since cultural beliefs and

practices relating to mental health influence both help seeking and experiences with services (Sue & Sue, 2008).

In addition to problems of accessibility, rural individuals may also face barriers of acceptability regarding mental health and mental health care. Accessibility has been defined as the extent to which members of communities have realistic access to mental health services (Bischoff et al., 2014). For example, accessibility-related barriers could include the number of available professionals in communities or whether or not individuals are able to afford care (Bischoff, et al., 2014). Acceptability is defined as the extent to which individuals see mental health services as sufficient or appropriate means by which to meet their needs (Bischoff et al., 2014). An example of an acceptability barrier could be that cultural minorities may not believe that providers who are part of the cultural majority will be able to help them in appropriate ways (Bischoff et al., 2014). Another barrier may be that individuals in rural communities may prefer providers who themselves come from rural areas or who understand the unique culture of the rural community (Bischoff et al., 2014).

Scope

As both accessibility and acceptability are important factors in the implementation of successful mental health care in rural areas (Bischoff et al., 2014), the purpose of this research is to invite participants from two cultural groups (Woodland Cree and Mennonite) and explore their perceptions of what it means to be a rural Albertan. Additionally, I plan to explore how rural and isolated Albertans perceive mental health and mental health services. The main research questions in the current study are 1) what does it mean to be a rural Albertan? And 2) how do rural Albertans perceive mental health and mental health services? For the purpose of this study, the rural Alberta experience will be limited to the above-mentioned cultural groups.

Methods

This research intends to take a qualitative approach to exploring perceptions of individuals' experiences. A qualitative methodology is appropriate for the research questions as this is an exploratory research project that aims to better understand lived experiences and perceptions of a phenomenon. Specifically, this research proposes to use a comparative case study method to explore and gain a deeper understanding of Woodland Cree and Mennonite perceptions of identity and mental health and mental health services as they relate to rurality.

Yin (2009) defines case studies as in-depth inquiries of current phenomenon in real-life context, particularly when "the boundaries between phenomenon and context are not clearly evident" (pp. 18). Moreover, case studies work to understand situations with multiple variable and therefore often relies on more than one source of data (Yin, 2009). The goal of case studies is not to generalize to large populations but rather, aims to expand upon existing theories (Yin, 2009).

By taking this approach, I will be able to look within each group and between the two groups allowing for the emergence of rich data which will bring light to the shared phenomenon (Baxter & Jack, 2008). In terms of my research question, I plan to explore experiences and

perceptions of rurality and mental health (the phenomenon) within two specific cultural groups (contexts). The specific units of analysis for this proposed study will be the two cultural groups, Cree and Mennonite, and will be restricted to a certain location in rural Alberta. In terms of this study, the case has been bound by limiting the groups to be studied to being two specific communities in northern, rural Alberta. Taking a constructivist approach to studying a phenomenon allows researchers to view individual's realities as social constructed; by allowing individuals to tell their stories, researchers can attempt to understand participants' realities (Baxter & Jack, 2008).

Using more than one data source increases the credibility of the data (Baxter & Jack, 2008). The two methods by which I plan to collect data include in-depth interviews and personal artifacts (e.g., photographs or items representing/symbolizing identity). Multiple data sources allow for the emergence of rich information regarding the phenomenon under scrutiny (Baxter & Jack, 2008). In addition to questions that I have prepared for the semi-structured interviews, there will also be a discussion about the personal artifact and what it means in terms of participant's identities.

Procedures

Using purposeful sampling, five individuals from each cultural group, Woodland Cree and Mennonite, will be invited to participate in individual, semi-structured, and audio-taped in-person interviews. Individuals must be from rural, northern Alberta and 18 years or older. An interview protocol has been developed to guide the interviews and participants will be recruited through the community with the assistance of intermediaries. Interviews should take 1 to 2 hours and participants will be given a $50 honorarium for their time. A second follow-up interview will occur after the initial analysis of the data so that participants can check the accuracy of interpretations.

Recorded interview data will be transcribed verbatim and thematically analyzed to identify common themes using NVivo 10.0 software and Braun and Clarke's (2006) framework for thematic analysis. Emerging themes will be further analyzed from a constructivist paradigm, using multicultural counselling theory (MCT) (Cheatham et al., 2002) and literature on mental health service delivery in rural communities. Research rigor and trustworthiness will be established by using Lincoln and Guba's criteria of credibility, dependability, confirmability, and transferability which include generation of rich thick descriptions of the research findings, memoing, ongoing consultation with my supervisor, and keeping an audit trail (Shento, 2004).

5.0 **Describe procedures, treatment, or activities that are above or in addition to standard practices in this study area** *(eg. extra medical or health-related procedures, curriculum enhancements, extra follow-up, etc)***:**

I will be conducting a follow-up interview with each participant after all the interviews have been conducted and data analyzed to ensure that the initial interview data was interpreted

correctly and as the participant intended. This will also provide participants the opportunity to clarify and/or add to the initial discussion.

6.0 **If the proposed research is above minimal risk and is not funded via a competitive peer review grant or industry-sponsored clinical trial, the REB will require evidence of scientific review. Provide information about the review process and its results if appropriate.**

N/A

7.0 **For clinical research only, describe any sub-studies associated with this application.**

N/A

ID: Pro00057328 View: 3.1 Risk Assessment

Status: Approved

*** Provide your assessment of the risks that may be associated with this research:**

1.0 Minimal Risk - research in which the probability and magnitude of possible harms implied by participation is no greater than those encountered by participants in those aspects of their everyday life that relate to the research (TCPS2)

*** Select all that might apply:**

Description of Potential Physical Risks and Discomforts

No	Participants might feel physical fatigue, e.g. sleep deprivation
No	Participants might feel physical stress, e.g. cardiovascular stress tests
No	Participants might sustain injury, infection, and intervention side-effects or complications
No	The physical risks will be greater than those encountered by the participants in everyday life

2.0

Potential Psychological, Emotional, Social and Other Risks and Discomforts

Possibly	Participants might feel psychologically or emotionally stressed, demeaned, embarrassed, worried, anxious, distressed, e.g. description of painful or traumatic events
No	Participants might feel psychological or mental fatigue, e.g intense concentration required
No	Participants might experience cultural or social risk, e.g. loss of privacy or status or damage to reputation
No	Participants might be exposed to economic or legal risk, for instance non-anonymized workplace surveys
No	The risks will be greater than those encountered by the participants in everyday life

*** Provide details of the risks and discomforts associated with the research, for instance, health cognitive or emotional factors, socio-economic status or physiological or health conditions:**

3.0 There are no anticipated risks associated with this research. The research involves 10 individuals discussing their rural cultural identities and perceptions regarding mental health. However, discussions of identity and mental health may result in discussions of sensitive or negative past/present experiences.

*** Describe how you will manage and minimize risks and discomforts, as well as mitigate harm:**

4.0 Although there is no foreseeable harm to participants, discussions of identity and mental health/wellness may result in discussions of sensitive or negative experiences. Therefore, if a

participant becomes uncomfortable at any point during the interviews, I will ensure that they are aware that they can stop the interview at any time without any consequence.

*** If your study has the potential to identify individuals that are upset, distressed, or disturbed, or individuals warranting medical attention, describe the arrangements made to try to assist these individuals. Explain if no arrangements have been made:**

5.0 While the research proposed does not focus on distressing topics, questions of identity and mental wellness/mental health could potentially lead to disclosure of past distressing experiences. Participants will be told during the consent process (and during times of distress) that they can stop the interview at any point without consequence should they become uncomfortable during the interviews. In addition, I plan to let the participant know that they are welcome to contact a family member or friend should they require further assistance. I will also provide participants with a list of places/contacts where they can access supports (formal and culturally appropriate supports) if needed.

ID: Pro00057328 View: 3.2 Benefits Analysis

Status: Approved

*** Describe any potential benefits of the proposed research to the participants. If there are no benefits, state this explicitly:**

1.0 The potential benefits of the proposed research to participants include the opportunity to disclose and discuss their opinions and thoughts regarding rurality, identity, and mental health in a confidential manner.

*** Describe the scientific and/or scholarly benefits of the proposed research:**

2.0 This exploratory research will build on current rural and culture research by addressing gaps in the literature. Although a growing body of research explores rural mental health care, there is little in the literature with regards to a culture of rurality and how rural cultural identities impact perceptions of mental health care. In terms of cross-cultural psychology, this research will be adding to rural research and building on mental health practice with specific groups. An important implication, for example, is that this research may shed some light on how individuals from certain groups identify themselves in terms of mental health. In addition to adding to rural mental health literature, this research will contribute to the literature with regards to multicultural counselling with these specific groups.

Benefits/Risks Analysis: Describe the relationship of benefits to risk of participation in the research:

3.0 The benefits of this proposed research outweigh the risks of participation. In addition to being able to discuss thoughts and opinions about rurality and mental health in a safe and confidential manner, participants will also be aware that they are contributing to a student's thesis work.

ID: Pro00057328 View: 4.1 Participant Information

Status: Approved

*** Who are you studying? Describe the population that will be included in this study.**

1.0 The population to be studied in this comparative case study includes rural and isolated northern Albertans. Specifically, Woodland Cree and Mennonites aged 18 years or older.

The current research proposes to study Mennonites living in and around La Crete, Alberta

which is within the Mackenzie County No. 23 and Woodland Cree living in the Tall Cree Nation of Alberta. The Mackenzie County is a specialized municipality in northern Alberta and Tall Cree 173 and 173A are neighboring census subdivisions (Statistics Canada, 2014).

*** Describe the inclusion criteria for participants (e.g. age range, health status, gender, etc.). Justify the inclusion criteria (e.g. safety, uniformity, research methodology, statistical requirement, etc)**

To participate in this research study, the participants must: be 18 years and older, be either male or female, come from Tall Cree, Alberta and identify as Woodland Cree or La Crete, Alberta, and identify as Mennonite.

2.0 For the purposes of this study, I will use the term Rural and Small Town (RTS) to define the communities involved in this case study. RTS defines census subdivisions outside of urban center commuting zones (DesMeules et al., 2012; Statistics Canada, 2013; Williams & Kulig, 2012; Racher, Vollman, & Annis, 2004). I will also refer to participants and their communities as rural and isolated due to their distance from larger towns and cities.

Using purposive sampling, participants will be recruited with the assistance of primary contacts/intermediaries within the communities. In addition, recruitment notices may be placed within the community to reach a greater audience.

Describe and justify the exclusion criteria for participants:

3.0 A participant would be excluded from this research if he or she is not from rural Alberta, is younger than 18 years, and does not identify as Woodland Cree or Mennonite from Tall Cree and La Crete, respectively.

*** Will you be interacting with human subjects, will there be direct contact with human participants, for this study?**

radio radio **Yes** radio radio No

4.0 *Note: No means no direct contact with participants, chart reviews, secondary data, interaction, etc.*

If NO, is this project a chart review or is a chart review part of this research project?

radio radio Yes radio radio No

Participants

How many participants do you hope to recruit *(including controls, if applicable)*

10

5.0 **Of these how many are controls, if applicable** *(Possible answer: Half, Random, Unknown, or an estimate in numbers, etc).*

If this is a multi-site study, for instance a clinical trial, how many participants *(including controls, if applicable)* **are expected to be enrolled by all investigators at all sites in the entire study?**

10

Justification for sample size:

6.0 A sample size of 10 participants for in-depth qualitative research (i.e., case study design) has generally been found to be adequate (Sandelowski, 1995). Moreover, since the research topic is clear and I anticipate that the information should be easily obtained in interviews, less participants are generally required (Morse, 2000). In-depth and rich interview data also require smaller sample sizes (Morse, 2000). Since smaller sample sizes require that researchers gain a greater amount of data from each participant (Morse, 2000), I will be conducting interviews requesting personal thoughts and experiences, shadow data (Morse, 2000), which involves participants discussing experiences of others in addition to their own, and discussions of personal artificats (e.g. images or objects). Additionally, I will be interviewing participants twice, once to do the initial interview involving a semi-structured interview and discussions regarding objects and/or images and another time to check that my interpretations of the initial interview are correct.

7.0 **Does the research specifically target aboriginal groups or communities?**

radio radio **Yes** radio radio No

ID: Pro00057328 View: 4.3 Recruit Potential Participants

Status: Approved

Recruitment

*** 1.1 Describe how you will identify potential participants (please be specific as to how you will find potentially eligible participants i.e. will you be screening AHS paper or electronic records, will you be looking at e-clinician, will you be asking staff from a particular area to let you know when a patient fits criteria, will you be sitting in the emergency department waiting room, etc.)**

Using purposive sampling, participants will be recruited with the assistance of primary contacts within the communities and possibly through the community (e.g., notices posted in community centres, restaurants). Primary contacts in communities are defined as individuals located within the two communities who have agreed to help invite participants for whom rurality is important. Participants who are interested in taking part in the study will contact the thesis student/primary investigator via telephone or email to arrange an interview time. If the participants have given their name and information to the primary contact to give to the primary investigator, I will contact participants to set up an interview time. I have attached an example of the community posting.

1.0

1.2 Once you have identified a list of potentially eligible participants, indicate how the potential participants names will be passed on to the researchers AND how will the potential participants be approached about the research.

A list of names will be provided to the researchers by the primary contacts who will either email the list or provide the list to the primary researcher in person or via telephone. Potential participants will also learn about the study through posters advertising the study and/or advertisements posted on community ad boards. Participants who are interested in taking part in the study will have the option of contacting the thesis student via telephone or email to arrange

an interview time or providing their name and contact information to the primary contacts within the communities.

1.3 How will people obtain details about the research in order to make a decision about participating? Select all that apply:

Potential participants will contact researchers
Researchers will contact potential participants
Contact will be made through an third party or intermediary (including snowball sampling)

1.4 If appropriate, provide the locations where recruitment will occur *(e.g schools, shopping malls, clinics, etc.)*
The primary method of recruiting participants will be done through an intermediary contact. However, additional recruitment notices may be placed in community centers and restaurants to reach a larger audience.

Pre-Existing Relationships

2.1 Will potential participants be recruited through pre-existing relationships with researchers *(e.g. Will an instructor recruit students from his classes, or a physician recruit patients from her practice? Other examples may be employees, acquaintances, own children or family members, etc)***?**

radio radio **Yes** radio radio No

2.2 If YES, identify the relationship between the researchers and participants that could compromise the freedom to decline *(e.g. professor-student)***. How will you ensure that there is no undue pressure on the potential participants to agree to the study?**

2.0

Since one of the communities is also the student's home community, no family or close friends will be invited to participate. This is done so that participants do not feel undo pressure to agree to participate in the study. However, intermediary contacts may be invited to assist in the research recruitment efforts through pre-existing relationships in the communities. Pre-existing relationships exist in both communities. Since the primary investigator's home community is La Crete, many contacts have been established over the years. In the Tall Cree First Nation, my contacts primarily exist within the band council. However, I have a few community contacts who may wish to be part of the recruitment activities. Formal approval was required to do research in the Tall Cree First Nation and a collaborative research agreement has been signed and uploaded in this application.

Outline any other means by which participants could be identified, should additional participants be needed *(e.g. response to advertising such as flyers, posters, ads in newspapers, websites, email, listservs; pre-existing records or existing registries; physician or community organization referrals; longitudinal study, etc)*

3.0

Should additional participants be needed, I will post recruitment notices in community websites (e.g. LaCreteOnline.com which provides services and news coverage for these northern communities) and social media (e.g. community Facebook pages). Participants who are interested in the study will contact the thesis student.

4.0 **Will your study involve any of the following** *(select all that apply)***?**

Payment or incentives, e.g. honorarium or gifts for participating in this study

ID: Pro00057328 View: 4.4 Third Party or Intermediary Contact Methods

Status: Approved

10 **If contact will be made through an intermediary** *(including snowball sampling)***, select one of the following:**

Intermediary provides information to potential participants who then contact the researchers

Explain why the intermediary is appropriate and describe what steps will be taken to ensure participation is voluntary:

20 An intermediary is appropriate for this study so that purposive sampling can be achieved. Moreover, the primary contact/intermediary will have an understanding of the norms and traditions of the community and may be able to assist in terms of refining interview questions to be more culturally sensitive should the need arise. To ensure intermediary participation is voluntary, the contacts will be given the option to assist in the research without any consequence should they choose not to or withdraw their participation. The Tall Cree First Nation Band Council requested that intermediaries not be paid as they have been selected based on their connection/employment with the band council. To maintain consistency, intermediaries from La Crete will not receive a cash honorarium. Since intermediaries may collect potential participant contact information to pass on to the researcher and to ensure potential participants' confidentiality is maintained, intermediaries will be asked to complete and sign a confidentiality agreement (included in the documents section). Intermediaries will be given a copy of the sign confidentiality agreement for their own records.

ID: Pro00057328 View: 4.5 Informed Consent Determination

Status: Approved

*** Describe who will provide informed consent for this study (select all that apply). Additional information on the informed consent process is available at: http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter3-chapitre3/#toc03-intro**

10 All participants have capacity to give free and informed consent

Provide justification for requesting a Waiver of Consent (Minimal risk only, additional guidance available at: http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter3-chapitre3/#toc03-1b

N/A

How is participant consent to be indicated and documented? Select all that apply:

20 Signed consent form

Except for "Signed consent form" use only, explain how the study information will be communicated and participant consent will be documented. Provide details for EACH of the option selected above:

For signed consent, the researcher will give the participant the option of reading through the

consent form by themselves or having the consent form read to them. The primary researcher will then ask the participant if they have any questions. If there are no questions, the researcher will ask the participant to sign the form if they consent to participate in the study. The primary method of gaining consent will be dependent on whether or not the participants sign the consent form. Participants will sign two consent forms, one of which they will take with them for their own records.

Authorized Representative, Third Party Consent, Assent

3.1 Explain why participants lack capacity to give informed consent *(e.g. age, mental or physical condition, etc.).*

The only reason a participant would lack the capacity to give informed consent by signing their name on the consent form would be due to physical reasons (e.g. spinal cord injury, injury to hands, etc.). In this case, this participant will be asked to state that they have consented to be in the study. The explicit oral consent will be recorded on the tape recorder prior to embarking on the interview questions. The researcher will document that the participant gave oral consent and will provide the participant with a copy of the consent form for their records.

3.0 **3.2 Will participants who lack capacity to give full informed consent be asked to give assent?**

radio radio Yes radio radio **No**

Provide details. IF applicable, attach a copy of assent form(s) in the Documentation section.

3.3 In cases where participants (re)gain capacity to give informed consent during the study, how will they be asked to provide consent on their own behalf?

If participants regain capacity to provide informed consent during the study, they will be asked to sign a consent form. A copy of the signed consent form will be given to the participant for their own records.

What assistance will be provided to participants, or those consenting on their behalf, who have special needs? *(E.g. non-English speakers, visually impaired, etc)***:**

To participate in this study, it will be beneficial if participants are English speakers to ensure the transferability of the interview data. However, if participants are non-English speakers (e.g. Cree or Low German) they will still be welcome to participate. The researcher will ask that Cree participants bring an interpreter. If participants cannot provide their own interpreter, the researcher will ask the band council to assign an interpreter. The primary researcher is fluent in Low German so Mennonite participants will not require an interpreter. Persons who are visually impaired or who have mobility issues are welcome to participate in the study. Measures will be taken while setting up an interview time to ensure that the meeting place is accessible to participants and that they have the appropriate assistance.

4.0

*** If at any time a participant wishes to withdraw, end, or modify their participation in the research or certain aspects of the research, describe how their participation would be ended or changed.**

5.0 The consent form will inform the participants that they are free to withdraw from the study at any point without any consequence. Participants wishing to withdraw from the study after the interview is completed will simply need to contact the researcher to have their data removed.

The researcher's contact information is on the consent form, a copy of which is given to participants in the interview.

6.0 **Describe the circumstances and limitations of <u>data withdrawal</u> from the study, including the last point at which it can be done:**

Participants will be given one year to withdraw their data from the study. This limit is set due to plans to publish the findings in a scholarly journal within 1.5 - 2 years after the completion of the study. Participants can withdraw their information by August 31, 2016.

7.0 **Will this study involve any group(s) where non-participants are present? For example, classroom research might involve groups which include participants and non-participants.**

radio radio Yes radio radio **No**

ID: Pro00057328 View: 4.6 Reimbursements and Incentives

Status: Approved

1.0 **IF you are providing expense reimbursements, describe in detail the expenses for which participants will be reimbursed, the value of the reimbursements and the process** *(e.g. participants will receive a cash reimbursement for parking, at the rate of $12.00 per visit for up to three visits for a total value of $36.00)***.**

No expense reimbursements are provide since the research will take place within the two communities (Tall Cree and La Crete).

2.0 **IF you will be collecting personal information to reimburse or pay participants, describe the information to be collected and how privacy will be maintained.**

I will not be collecting personal information to pay participants as the payment will be provided in person after the completion of the each interview.

Will participants receive any incentives for participating in this research? Select all that apply.

3.0 Cash Payment

4.0 **Provide details of the value, including the likelihood (odds) of winning for prize draws and lotteries:**

Each participant will be given the cash incentive after the completion of the initial interview. Those who withdraw from the study after the completion of the initial interview or follow-up meeting will not be required to return the cash payment.

5.0 **Excluding prize draws, what is the maximum value of the incentives offered to an individual throughout the research?**

$26 to $50

IF incentives are offered to participants, they should not be so large or attractive as to constitute coercion. Justify the value of the incentives you are offering relative to your study population.

The Tall Cree band manager recommended giving participants a $50.00 honorarium. To maintain consistency, participants from La Crete will also be paid $50.00. I plan to conduct up to two interviews with each participant. Therefore, each participant will be given $25.00 per interview as a thank you and to cover any potential travel costs or time taken to complete the

study (for example, time that could have been spent working at a job). The value of $50.00 is not large enough to suggest coercion.

ID: Pro00057328 View: 4.8 Aboriginal People

Status: Approved

*** If you will be obtaining consent from Elders, leaders, or other community representatives, provide details:**

1.0 The Tall Cree First Nation Band Council has approved the proposed research agreement. A collaborative agreement was discussed and signed by the Tall Cree First Nation Band Council Band Manager at North Tall Cree on June 25, 2015. A copy of the signed collaborative agreement is uploaded in the documents section of this application.

If leaders of the group will be involved in the identification of potential participants, provide details:

2.0 The Tall Cree Band Council has selected two employees of the band council to assist in the identification of potential intermediaries or potential participants. These community contacts/intermediaries will follow the policies outlined in the intermediary section of this application (e.g. confidentiality agreement, locating potential participants).

Provide details if:

- property or private information belonging to the group as a whole is studied or used;
- the research is designed to analyze or describe characteristics of the group, or
- individuals are selected to speak on behalf of, or otherwise represent the group

3.0 In terms of the research topic, participants may be speaking on behalf of their community. They may also offer information of other individual's experiences of rurality or mental health. All identifying information of participants or names they mention in the community will remain anonymous.

*** Provide information regarding consent, agreements regarding access, ownership and sharing of research data with communities:**

4.0 As stated in the collaborative agreement, "The individual owns his or her personal information while the Tall Cree First Nation owns the collective data. The Tall Cree First Nation retains all intellectual property rights (including copyright), as applicable, to the data offered by participants from Tall Cree under this agreement. Access and stewardship of the collective data are negotiated and determined by the First Nation" (Collaborative agreement adapted from: First Nations Center, 2007).

Provide information how final results of the study will be shared with the participating community *(eg. via band office, special presentation, deposit in community school, etc)***?**

5.0 Final results of the study will be made available to the band office in the form of a written report and oral report at the direction of the Tall Cree Band Council. Specifically, the primary investigator will provide the option of presenting the information in the form of a special presentation (I.e., oral presentation to follow the oral tradition) at the direction of the Band Council. In addition, the primary investigator will develop a poster based on the research and provide it to community leaders in both communities (Tall Cree and La Crete) for dissemination.

Is there a research agreement with the community?

radio radio **Yes** radio radio No

Provide details about the agreement or why an agreement is not in place, not required, etc.

6.0 A collaborative agreement is in place with the Tall Cree First Nations Band Council. The Band Manager, Mike Cardinal, brought the proposed research to a meeting with the members of the Band Council and informed the primary investigator when the research had been approved. The primary investigator (L.F.) has met the Tall Cree Band Manager in person to discuss the collaborative agreement, research documents (i.e., recruitment notice, letter of information, informed consent, and interview questions) and to complete and sign the agreement. The signed collaborative agreement is uploaded in documents section of this application.

ID: Pro00057328 View: 5.1 Research Methods and Procedures

Status: Approved

Some research methods prompt specific ethic issues. The methods listed below have additional questions associated with them in this application. If your research does not involve any of the methods listed below, ensure that your proposed research is adequately described in Section 2.0: Study Objectives and Design or attach documents in Section 7.0 if necessary.

*** This study will involve the following** *(select all that apply)*

The list only includes categories that trigger additional page(s) for an online application. For any other methods or procedures, please indicate and describe in your research proposal in the Study Summary, or provide in an attachment:

10.0 Interviews (eg. in-person, telephone, email, chat rooms, etc)

Community-based Research

Sound or Image Data (other than audio or video-recorded interviews)

*** Is this study a Clinical trial? (Any investigation involving participants that evaluates the effects of one or more health-related interventions on health outcomes?**

20.0 radio radio Yes radio radio **No**

If you are using any tests in this study diagnostically, indicate the member(s) of the study team who will administer the measures/instruments:

30.0 Test Name Test Administrator Organization Administrator's Qualification

There are no items to display

If any test results could be interpreted diagnostically, how will these be reported back to the participants?

40.0 N/A

ID: Pro000 View: 5.6 Sound or Image (other than audio- or video-recorded interviews) or

Status: Approv Material Created by Participants

Explain if consent obtained at the beginning of the study will be sufficient, or if it will be necessary to obtain consent at different times, for different stages of the study, or for different types of data:

10.0

As consent is an ongoing process rather than an isolated event (Truscott & Crook, 2013), I will ensure that participants are continually aware of their right to confidentiality (e.g., before the interview and reminders before they discuss objects or images). Confidentiality will be maintained by asking the participant for verbal consent and to sign a consent form if they agree to the terms (participants will be given a copy of the signed consent form), labeling the audio file with a pseudonym or number (e.g. Participant 1, Participant 2, etc.), keeping the consent form in a separate location from the interview data, and taking any identifying information out of the transcribed interview data. Participants will have the choice to come up with their own pseudonym during the first interview. For scholarly articles, we will use pseudonyms to refer to individual responses and not the participant's real name.

At what stage, if any, can a participant withdraw his/her material?

2. 0 Since I have plans to publish the data in a scholarly research journal within one year of completing the study, participants will have a one year limit to withdraw their data (e.g. interview data and/or images) from the study.

If you or your participant's audio- or video-records, photographs, or other materials artistically represent participants or others, what steps will you take to protect the dignity of those that may be represented or identified?

3. 0 Should objects or images contain identifying information (e.g., images of participants, family members, or homes), I will either blur out identifying information or memo/document carefully what the image or object means for the participant and what the general characteristics of the image or object are. I will not memo/document the identifying information contained in/on the image or object.

Who will have access to this data? For example, in cases where you will be sharing sounds, images, or materials for verification or feedback, what steps will you take to protect the dignity of those who may be represented or identified?

4. 0 I plan to take pictures of images or objects that participants bring in (pending consent) except in the case that the image or object contains any identifying information. Should objects or images contain identifying information, I will blur out identifying information or memo/document carefully what the image or object means for the participant and what the general characteristics of the image or object are. I will not memo/document the identifying information contained in/on the image or object. Only the primary investigator and thesis supervisor (S.Y) will have access to the photographs of images or objects. The photographs of the images or objects will not be included in a published report unless consent is provided by the participant.

When publicly reporting data or disseminating results of your study (eg presentation, reports, articles, books, curriculum material, performances, etc) that include the sounds, images, or materials created by participants you have collected, what steps will you take

5. 0 **to protect the dignity of those who may be represented or identified?**

Images that include identifying information of participants (e.g., images of participants, family members, or homes) that cannot be blurred out will not be published but rather will be described, excluding any identifying information. Anonymity of participants will be carefully maintained.

What opportunities are provided to participants to choose to be identified as the author/creator of the materials created in situations where it makes sense to do so?

6. 0 This research will ensure that participants' responses will remain anonymous. However, to maintain personal choice in the matter of anonymity, I will publish images of materials for which the author wishes to be identified. Consent will be discussed before the publication of

participant names to ensure that the participant understands the possible implications of the inclusion of their name. For those participants who bring in identifying material but wish to maintain their anonymity, I will generally describe objects or images instead of taking a photograph of such an item or image.

If necessary, what arrangements will you make to return original materials to participants?

7.0 Since I plan to take photographs of the images or objects, I will not ask participants if I can collect original material.

ID: Pro00057328 View: 5.7 Interviews, Focus Groups, Surveys and Questionnaires

Status: Approved

Are any of the questions potentially of a sensitive nature?

radio radio **Yes** radio radio No

1.0 **If YES, provide details:**

The interview questions have the potential to be sensitive in nature in that they ask for opinions and thoughts regarding cultural identity and mental health. There is no foreseeable harm to participants but discussions of mental health may potentially result in the disclosure of sensitive experiences.

If any data were released, could it reasonably place participants at risk of criminal or civil law suits?

2.0 radio radio Yes radio radio **No**

If YES, provide the justification for including such information in the study:

N/A

Will you be using audio/video recording equipment and/or other capture of sound or images for the study?

radio radio **Yes** radio radio No

3.0 **If YES, provide details:**

I will be audio-recording the interviews for later transcription. Consent must be provided before the use of the audio-recorder. This research proposes to ask participants to bring two objects or images to the interview to be discussed. The recruitment notice and information letter will ask participants to bring an image or item that is important to who they are and an image or item that they associate with as being from rural Alberta.

ID: Pro00057328 View: 6.1 Data Collection

Status: Approved

1.0 *** Will the researcher or study team be able to identify any of the participants at any stage of the study?**

radio radio **Yes** radio radio No

2.0 **Will participants be recruited or their data be collected from Alberta Health Services or Covenant Health or data custodian as defined in the Alberta Health Information Act?**

radio radio Yes radio radio **No**

Important: Research involving health information must be reviewed by the Health Research Ethics Board.

3.0 **Primary/raw data collected will be** *(check all that apply)***:**

Indirectly identifying information - the information can reasonably be expected to identify an individual through a combination of indirect identifers (eg date of birth, place of residence, photo or unique personal characteristics, etc)

All personal identifying information removed (anonymized)

4.0 **If this study involves secondary use of data, list all original sources:**

Participants will each be asked to bring in two objects or images. No original material will be collected as the researcher will take photographs of the images or objects as long as no identifying information is on the material. Consent to take photographs of the images will be a component of the consent form.

5.0 **In research where total anonymity and confidentiality is sought but cannot be guaranteed** *(eg. where participants talk in a group)* **how will confidentiality be achieved?**

Interviews will be conducted on an individual basis.

ID: Pro00057328 View: 6.2 Data Identifiers

Status: Approved

*** Personal Identifiers:** will you be collecting - at any time during the study, including recruitment - any of the following *(check all that apply)***:**

1.0
Surname and First Name
Address
Telephone Number
Email Address
Age at time of data collection

If OTHER, please describe:

Will you be collecting - at any time of the study, including recruitment of participants - any of the following *(check all that apply)***:**

2.0 There are no items to display

If OTHER, please describe:

*** If you are collecting any of the above, provide a comprehensive rationale to explain why it is necessary to collect this information:**

3.0 I may collect participants' email addresses and/or telephone numbers as those interested in participating in the research will be asked to contact the researcher. Intermediaries in the communities may also collect names and contact information should participants prefer that the researcher contact them to set up a meeting. Intermediaries will be asked to destroy any master lists they retained after the completion of recruitment. Participants will most likely disclose their names in order to set up an interview. I may require an address if the interviews are to take part in participants' homes. This may be necessary if a community center is not available to conduct interviews. Interviews may be conducted in community schools if the schools allow the booking of classrooms for this purpose. Information about age and gender are part of the collection of general demographics and for age specifically, this is collected to ensure participants meet the inclusion criteria.

If identifying information will be removed at some point, when and how will this be done?

4.0 Identifying information (e.g. names, telephone numbers, email addresses, specific locations, etc.) will be removed after the completion of the study. Identifying information will be stored on a pass-word protected data stick and will be kept in a separate location from the interview data. After the completion of the study, the identifying information will be destroyed. Identifying information will be removed from the transcribed interview documents during the transcription of the audio-files. For example, instead of typing the specific name or location, I will substitute [name] or [location] into the transcript.

*** Specify what <u>identifiable</u> information will be RETAINED once data collection is complete, and explain why retention is necessary. Include the retention of master lists that link participant identifiers with de-identified data:**

5.0 The names of the communities that the case study takes place in will be retained (i.e., Tall Cree and La Crete). This is necessary as the case study identifies the two communities as being the sites for the comparative case study. Moreover, I will first conduct analysis within the communities and then between the communities. I require the names of the communities to keep the interviews separate from each other.

Participant names and contact information will be retained after the completion of the initial interview. This is done so that follow-up interviews can be conducted after initial analysis of the data to ensure the accuracy of interpretations. Identifiable information will be kept separately from interview data, however, master lists that link participants with their data will be retained for the follow-up interview. Identifiable information will be destroyed by deleting all information on the password-protected data sticks after the completion of the study.

If applicable, describe your plans to link the data in this study with data associated with

6.0 **other studies (e.g within a data repository) or with data belongong to another organization:**

N/A

ID: Pro00057328 View: 6.3 Data Confidentiality and Privacy

Status: Approved

*** How will confidentiality of the data be maintained? Describe how the identity of participants will be protected both during and after research.**

1.0 Confidentiality will be maintained by asking the participant to sign a consent form if they agree to the terms (participants will be given a copy of the signed consent form), labeling the audio file with a pseudonym or number (e.g. Participant 1, Participant 2, etc.), keeping the consent form in a separate location from the interview data, and taking any identifying information out of the transcribed interview data. For any reports of the findings (e.g. scholarly articles or special presentations) we will use pseudonyms to refer to individual responses and not the participant's real name.

How will the principal investigator ensure that all study personnel are aware of their responsibilities concerning participants' privacy and the confidentiality of their information?

2.0 The primary investigator and her thesis supervisor will be part of this research study. However, intermediaries in the communities may be considered to be study personnel in that they will assist with the recruitment activities. These intermediaries will be made aware of the necessity for confidentiality and will be asked to destroy any identifiable information retained after the completion of recruitment.

External Data Access

*** 3.1 Will <u>identifiable</u> data be transferred or made available to persons or agencies outside the research team?**

radio radio **Yes** radio radio **No**

3.0 **3.2 If YES, describe in detail what identifiable information will be released, to whom, why they need access, and under what conditions? What safeguards will be used to protect the identity of subjects and the privacy of their data.**

N/A

3.3 Provide details if identifiable data will be leaving the institution, province, or country ***(eg. member of research team is located in another institution or country, etc.)***

N/A

ID: Pro00057328 View: 6.4 Data Storage, Retention, and Disposal

Status: Approved

*** Describe how research data will be stored, e.g. digital files, hard copies, audio recordings, other. Specify the physical location and how it will be secured to protect confidentiality and privacy.** *(For example, study documents must be kept in a locked filing*

1.0 *cabinet and computer files are encrypted, etc. Write N/A if not applicable to your research)*
The interview data will be transcribed verbatim into an MS Word document and then uploaded into NVivo 10.0 software. The digital copy will be stored on a password-protected data stick for five years in a locked cabinet in the thesis supervisor's office at the University of Alberta. The research computer holding the NVivo file will be password-protected and encrypted.

2.0 *** University policy requires that you keep your data for a minimum of 5 years following completion of the study but there is no limit on data retention. Specify any plans for**

future use of the data. If the data will become part of a data repository or if this study involves the creation of a research database or registry for future research use, please provide details. *(Write N/A if not applicable to your research)*
N/A

3.0 **If you plan to destroy your data, describe when and how this will be done? Indicate your plans for the destruction of the identifiers at the earliest opportunity consistent with the conduct of the research and/or clinical needs:**
The raw interview data will be destroyed after 5 years by deleting the file from the password-protected data stick.

ID: Pro00057328 View: 7.1 Documentation
Status: Approved

Add documents in this section according to the headers. Use Item 11.0 "Other Documents" for any material not specifically mentioned below.

Sample templates are available in the REMO Home Page in the **Forms and Templates**, or by clicking HERE.

Recruitment Materials:

	Document Name	Version	Date	Description
1.0	Mennonite Recruitment Notice.docx | History	0.01	26/06/2015 11:19 PM	
	Tall Cree First Nation Recruitment Notice.docx | History	0.01	26/06/2015 11:19 PM	

Letter of Initial Contact:

	Document Name	Version	Date	Description
2.0	LETTER OF INFORMATION - Cree.docx | History	0.04	11/07/2015 2:46 PM	
	LETTER OF INFORMATION - Mennonites.docx | History	0.04	11/07/2015 2:46 PM	

Informed Consent / Information Document(s):

3.1 What is the reading level of the Informed Consent Form(s):
Grade 9 reading level.

3.0 **3.2 Informed Consent Form(s)/Information Document(s):**

	Document Name	Version	Date	Description
	INFORMED CONSENT FORM - Cree.docx | History	0.05	13/07/2015 8:24 PM	

	INFORMED CONSENT FORM - Mennonite.docx | History		0.05	13/07/2015 8:24 PM

Assent Forms:

4.0	Document Name	Version	Date	Description
	There are no items to display			

Questionnaires, Cover Letters, Surveys, Tests, Interview Scripts, etc.:

5.0	Document Name	Version	Date	Description
	Interview Questions Script.docx | History	0.01	26/06/2015 11:21 PM	

Protocol:

6.0	Document Name	Version	Date	Description
	There are no items to display			

Investigator Brochures/Product Monographs *(Clinical Applications only)*:

7.0	Document Name	Version	Date	Description
	There are no items to display			

Health Canada No Objection Letter *(NOL)*:

8.0	Document Name	Version	Date	Description
	There are no items to display			

Confidentiality Agreement:

9.0	Document Name	Version	Date	Description
	Intermediary Confidentiality Agreement.doc | History	0.01	25/06/2015 4:15 PM	

Conflict of Interest:

10.0	Document Name	Version	Date	Description
	There are no items to display			

Other Documents:

For example, Study Budget, Course Outline, or other documents not mentioned above

11.0	Document Name	Version	Date	Description
	Collective Agreement with Tall Cree First Nations.pdf | History	0.01	25/06/2015 4:14 PM	

ID: Pro00057328 View: SF - Final Page

Status: Approved

You have completed your ethics application! Please select "Exit" to go to your study workspace.

This action will NOT SUBMIT the application for review.

Only the Study Investigator can submit an application to the REB by selecting the "SUBMIT STUDY" button in My Activities for this Study ID: Pro00057328.

You may track the ongoing status of this application via the study workspace.

Please contact the REB Coordinator with any questions or concerns.

Appendix K

Research Ethics Board Approval

Notification of Approval

Date:	July 14, 2015
Study ID:	Pro00057328
Principal Investigator:	Laura Friesen
Study Supervisor:	Sophie Yohani
Study Title:	Rurality and Perceptions of Mental Wellness in Isolated and Rural Northern Alberta: A Comparative Case Study
Approval Expiry Date:	Wednesday, July 13, 2016

Approved Consent Form:	Approval Date	Approved Document
	7/14/2015	INFORMED CONSENT FORM - Cree.docx
	7/14/2015	INFORMED CONSENT FORM - Mennonite.docx

Sponsor/Funding Agency:	SSHRC - Social Sciences and Humanities Research Council	SSHRC

Thank you for submitting the above study to the Research Ethics Board 1. Your application has been reviewed and approved on behalf of the committee.

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.

Sincerely,

Anne Malena, PhD
Chair, Research Ethics Board 1

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