



Therapeutic or Traumatic: An Exploratory Study of Play Therapists' Perceptions of Toy Guns and Aggressive Toys in the Playroom

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Mass shootings and gun violence are becoming more and more commonplace in the United States. Gun control continues to be a controversial topic in America. This controversy extends to the playroom and play therapy literature, as play therapists grapple with the decision to include or exclude toy guns from the playroom. Within this phenomenological study, play therapists considered and defined their decisions to include/exclude guns within the playroom. Themes identified included the influence of personal and theoretical beliefs on inclusion and exclusion, child development, toys as metaphors, and boundaries and limit setting around toy guns in the playroom. Implications, limitations, and directions for future research are explored.

Keywords: toy guns, play therapy, cultural influences, aggression

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Gun use, safety, and regulation are currently controversial topics in the United States as gun-related crimes now receive national attention. Media coverage of gun violence has prompted discussion surrounding guns, especially when children are listed among the victims. Since 2013, gun violence accounted for 33,000 deaths, and over 1,000 reported mass shootings in the United States (Gun Violence Archive, 2019). In 2018, the Center for Homeland Defense and Security (CHDS, 2020) released a K–12 school shooting report identifying 97 school shootings, the highest since 1970. In 2019, 111 school shootings occurred (CHDS, 2020). More and more, parents and educators

are questioning children's use of toy guns in their play.

Cheng et al. (2003) found that two thirds of parents included in their sample did not allow their children to play with toy guns. Some believe in preventative efforts such as “anticipatory guidance” regarding toy gun play in childhood. Through anticipatory guidance, health professionals advise limiting viewing of gun violence in the media, playing with toy guns, and playing video games that involve shooting (Webster & Wilson, 1994). In addition, parents and teachers often limit children's aggressive play and exposure to aggressive behaviors and gun use in the media (Cheng et al., 2003).

Although play with guns may be limited, children's aggressive or “rough and tumble” play is an important aspect of children's development. Developmentally, children use play to express themselves, and much of their cognitive and emotional development occurs within play (Bruner, 1972; Yogman et al., 2018). Children play as a way to understand the world around them, and their play can be imaginative, collaborative, and aggressive at times. Rough play is a natural occurrence that allows children to make meaning of their world. This type of play

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allows children to cooperate, negotiate, and take risks in a safe environment (Pellis et al., 2010). It also is a kind of play that may include the use of toy guns, whether real or imagined (Logue & Harvey, 2010). Often the adults' fears of gun violence and childhood aggression limits children's expression of natural play that benefits their learning and social development (Cheng et al., 2003). This cultural fear of toy guns extends beyond parents and teachers into the field of mental health counseling.

Counseling, as a profession, is a relatively new field. Over the last 50 years, research into the counseling theories and techniques that most effectively address mental health challenges has grown and resulted in therapeutic approaches that impact culture and social interaction (Dumant, 2011). One area that has not been explored is that of how culture and social interaction impact the application and interpretation of traditional counseling theories. The field of child therapy, and more specifically play therapy, has lagged even farther behind in this process. Some play therapists are adamant that toy guns are necessary for child expression of feelings, including anger, in a safe environment (Landreth, 2012; Ray, 2011; Kottman, 2003), whereas others insist that guns are a tool for violence and should be excluded from the play session (Drewes, 2008). The discussion around including aggressive play and toy guns extends into the world of play therapy paralleling some of the same polarizing conversations on the larger, national scale.

Though the foundational texts on play therapy support the inclusion of guns in the playroom (Landreth, 2012; Kottman, 2003; Ray, 2011), little research has been conducted on the subject. The inclusion of toy guns in the playroom usually aligns with a counselor's theoretical orientation or with beliefs espoused by the foundational texts and pioneers of the field. For example, Laue (2015) surveyed over 1,000 play therapists and found statistically significant differences based upon theoretical orientation. Child-centered and Adlerian play therapists included toy guns and those who identified as cognitive behavioral or eclectic excluded toy guns from the playroom (Laue, 2015). Both Adlerian and child-centered theories of play frequently discuss the benefits of including aggressive toys and guns within the playroom to promote emotional expression (Landreth, 2012;

Ray, 2011; Kottman, 2003). So, the higher rates of including guns in child-centered and Adlerian play therapies is understandable.

Play therapists in favor of including toy guns do so because they value them as therapeutic in the facilitation of clients' expression of aggression, fear, or real-life experiences (Landreth, 2012; Kottman, 2003). Landreth (2001) posited that toy guns allow for children to express aggression and anger, and that excluding them from the playroom would not result in less play using guns because children would simply create their own be it with their hands or with other supplies in the playroom. He also noted the inclusion of toy guns allows for therapeutic limit setting and reality testing, that is, "I am not for shooting." Landreth (2012) rationalized gun inclusion as an acceptance of the experience of the whole child, including aggression and anger, within a safe space. Providing children the opportunity to express, experience, and bring self under control in the presence of a trained adult is necessary for the child to both self-actualize and gain self-control (Landreth, 2012).

Conversely, Drewes (2008) reviewed research on aggressive catharsis and expression for both children and adults in therapy. She reported that catharsis and expression of aggression does not reduce violence or anger. Drewes (2008) identified studies that found the inclusion of toy guns and aggressive toys in the playroom potentially increased children's use of aggression outside of the playroom. Drewes (2008) also pointed to research outlining that expression of aggression does not reduce the aggressive feelings but instead exacerbates those feelings within children and adults alike.

Play Therapy and Aggression

Relevant to the use of guns in the playroom, researchers have also explored the effectiveness of play therapy on children's aggression and disruptive behaviors. Jarareh et al. (2016) found CBT group play effective in reducing aggression within the classroom. Researchers explored play therapy with aggressive behaviors (Jarareh et al., 2016; Tyndall-Lind et al., 2001; Ojambo & Bratton, 2014) and noted statistically significant differences in children's aggressive behavior and self-concept. However, these researchers did not explore children's previous

exposure to gun violence, the inclusion or exclusion of toy guns in the playroom, or themes within children's play. Because researchers have not explored the influence of inclusion/exclusion of toy guns on children's externalizing behaviors, play therapists rely on theoretical and personal beliefs to support the removal or inclusion of toy guns within the playroom.

Research on Toy Guns and Aggression in Play Therapy

As play therapists are tasked in promoting mental health among children, it is important to explore the use of guns in the playroom. To date, only two studies researched the use of toy guns in the playroom. Laue (2015) found that including toy guns in the playroom aligned with play therapists' theoretical orientation, age of client and practitioner, and the location of the play therapy practice. According to these researchers, play therapists between the ages of 20–29 and 60–69 were more likely to exclude toy guns than any other age group (Laue, 2015). Geographic location of the play therapist significantly correlated with their use of toy guns in the playroom (Laue, 2015). In a sample identified by Winburn et al. (2017), over 94% of play therapists indicated gun violence as a significant issue in the United States, 81% indicated that aggressive toys are essential in the playroom, whereas only 61% indicated that toy guns were essential for children to express their emotional experiences.

Although these studies provided valuable information on the use of aggressive toys in the playroom, no researchers have qualitatively explored the ways in which play therapists' attitudes and experiences, both personal and professional, influence their inclusion or exclusion of toy guns. Because play therapists are often tasked with helping children with their emotions and behaviors, it is important to examine the efficacy of inclusion or exclusion of such toys. This study sought to provide valuable and detailed information on the experiences of play therapists as to their inclusion or exclusion of guns in the playrooms. In addition, the researchers wanted to better understand how children's play behaviors differ when there is or is not a toy gun present in the playroom.

Purpose of the Study

The authors explored the nuanced experiences of play therapists and their practice of inclusion or exclusion of toy guns and aggressive toys in or from the playroom. This study was unique in that, through qualitative inquiry, participants can explain and describe their experiences in a more detailed and personal manner. This study expanded upon existing play therapy literature by exploring the experiences and perceptions of play therapists about a debated issue in the field.

Methodology

Researcher

The research team was comprised of four members, all identifying as White and female. Three members are counselor educators and one is currently completing their doctoral degree in counselor education. All team members were play therapists, three are registered play therapist supervisors, and one is in the process of gaining certification. The researchers all have experience using play therapy in practice and three have experience teaching play therapy. Each researcher has practiced play therapy with and without toy guns in the playroom and all theoretically aligned with the inclusion of guns in the playroom.

Procedure

The researchers gained Institutional Review Board approval prior to soliciting interviews. Research requests were sent through the Association for Play Therapy listserv. The target population for this study included currently practicing play therapists who either include or exclude toy guns from their practice. The researchers conducted semistructured interviews with the participants. The interviews focused on their perceptions of toy guns in the playroom and their experiences with children in the playroom with or without the presence of a toy gun. The interviews lasted approximately 20–30 min in duration.

The researchers used the following open-ended research questions to identify play therapists' perceptions of toy guns in the playroom: (a) What precipitated your perspective regard-

ing guns within the playroom? (b) If you choose to exclude (after they had experienced the gun in the playroom), how have children responded to that exclusion? (c) If they never had a gun in the playroom, how is aggression expressed within sessions? (d) How often in and which ways do children create or imagine guns in the playroom despite not having a gun physically present? (e) When toy guns are used in the playroom (either provided by you or created by the child), what limits do you set and what is your rationale for such limits? (f) In your experience in play therapy, what is the impact of having a gun/excluding a gun on aggressive behaviors? In an effort to prolong engagement, researchers asked for examples to support participant statements and asked follow-up data to ensure the researchers gathered sufficient data to explain participants' perceptions and experiences (Korstjens & Moser, 2018).

Data Analysis

The researchers used a phenomenological approach as outlined by Corbin and Strauss (2008). Researchers independently coded interviews with a line by line reading of the transcripts. When coding for meaning clusters across the various interviews, the researchers used the constant comparison method as outlined by Corbin and Strauss (2008). After initial coding, the researchers discussed their observations and determined data saturation occurred, therefore, the researchers did not seek out additional participants. Maggie M. Parker collected notes and transcripts for the research audit.

During the second phase, the researchers analyzed the data independently. The researchers used selective coding to remove redundancy and potential overlaps of themes (Boeije, 2010). All researchers explored the transcripts and reflected on codes discovered within the first phase of data analysis to determine if the identified codes accurately captured the participants' input. The researchers then used consensus coding through in-depth group meetings and explored any discrepancies of themes (Hays & Singh, 2012). Once researchers identified themes, the researchers reread the transcripts and reflected on codes discovered within the first phase of data analysis to determine if the

identified codes accurately captured the participants' input (Hays & Singh, 2012).

Trustworthiness

The researchers used investigator triangulation and member checking to increase validity (Lincoln & Guba, 2000). Throughout the data analysis, all researchers coded the interviews independently and then used peer debriefing to compare data sets and identify common themes. Maggie M. Parker sent participants the identified themes and article and participants were invited to provide feedback on the data. Participants concluded the data accurately depicted their experiences with toy guns and their perspectives of toy guns in the playroom. Maggie M. Parker audited all data to ensure transparency of research steps and findings (Korstjens & Moser, 2018).

Results

Participants described a range of experiences with the use of toy guns in play therapy. Participant responses were reviewed and analyzed, yielding four general content themes related to the rationale for use, theory, metaphor versus reality, and limits and boundaries. Each theme is described below with exemplar quotes illustrating the substance of material presented.

Participants

Eleven play therapists participated in the semi structured interviews. All 11 participants identified as White and female. Three participants were doctoral-level counselors and eight held master's degrees. Two indicated they preferred to use guns in the playroom, but at some point were unable to because of cultural or institutional barriers.

Participants' clinical experience varied, with an average of eight years of clinical experience and a range of two years to 20 years practicing play therapy. Eleven participants identified as Caucasian, though one identified as Hispanic and Caucasian, and two identified as Caucasian and Ashkenazi. The majority of participants held a master's degree ($n = 8, 73\%$), two reported receiving their Doctorate in Counselor Education (18%), and one completed their Doctorate in Educational Psychology (9%). Theoretically, three practiced from an integrative

theoretical orientation (27%), two identified as psychodynamic (18%), two identified as nondirective (18%), two identified as Adlerian or Humanistic (18%), one identified as solution-focused (9%) and one participant identified as eclectic (9%). Three participants were trained in play therapy at a university and eight completed training through intensive play therapy trainings and play therapy conferences. See Online supplemental materials for additional demographic variables.

Rationale for Use

When examining responses describing the rationale for the use of toy guns in play therapy, subthemes of personal beliefs, culture, and theory emerged. Overall, participants noted differences in their levels of comfort in including toy guns in the play therapy room based on these aspects.

Personal Beliefs

For those that excluded toy guns in the play therapy room, there was a clear preference expressed in how personal beliefs and often individual backgrounds influenced the therapist's decision. One participant stated, "I think it just comes from personal preference and personal experiences in life. I would never include guns to facilitate a child's symbolic play." Participants also indicated how personal beliefs around toy gun play transcended the playroom and related to their own families and/or parenting styles. One participant stated, "I don't like them as they are created to kill people. I personally do not allow my child to play with guns. I am really anti-gun, anti-gun toys, and things that look like guns. I don't purchase for my playroom or my child".

Theory

Participants who included toy guns indicated a reliance on their theoretical orientation rather than external influences. One distinguished between the personal and professional rationale for inclusion stating, "I didn't have toy guns for my own children to play with . . . But as I . . . continued to learn . . . how helpful they could be in the process of play therapy . . . I definitely saw them as something that needed to be in the playroom and was really helpful to children in the play-

room." Another participant noted, "my theoretical orientation and the training . . . led me to be okay with them and be very comfortable with having them in the room. Whereas another participant stated, "I think toy guns are sort of just a part of the larger repertoire for expressive toys." One participant noted how guns can represent other objects, "I think different theoretical orientation would conceptualize and say 'nope a gun is a gun and this is what it means' and mine would say 'Eh. Maybe. Or maybe' it can represent something else."

Culture

Culture also influenced participants' decisions about including and excluding toy guns with the contextual environment and external influences (i.e., parents and schools) often playing a role in their decision. Those that opposed including toy guns in the playroom often referenced gun culture as influencing their decisions to exclude the toy guns. One participant stated that this decision was made in order to create a "safer" space. She stated, "we have a huge gun problem in the United States and unfortunately a lot of our children are exposed to gun violence every day. I would prefer to have an environment in my playroom that doesn't contribute to that feeling of not being safe." This participant went on to say the "acceptance and a tolerance of guns in American culture" influenced her decision to exclude the toy guns because "it feels better for me and I am interested in how my kids who come in and can use symbolic play to show me their feelings as opposed to going straight for a gun." She discussed her personal fears that guns were so prevalent that the dangerous implications of them were often lost on children.

Other participants cited culture and environment as the reason to include toy guns in the playroom. One participant, who based part of her rationale for wanting to include toy guns in session on the context of the environment in which she works stated, "I think it's important to have a gun in the playroom. . . . guns are a significant part of kids' lives." Another participant reflected on the society and community in which she works relating to the need for inclusion of toy guns stating, "there have been these tragedies that have involved guns and I feel like

kids are trying to work out . . . having a toy gun in a playroom could be something that could help children work through what happened in their community”.

Metaphor Versus Reality

When exploring the representation of toy guns with the therapist, there were contrasting views as to how the use of guns in the playroom transitioned from abstract to literal. Again, there was an interwoven aspect of personal beliefs and theory influencing this theme. Researchers noted two relevant subthemes of conceptualization of play and the idea that children would create their own gun if needed in session.

Conceptualization

Participants cited differences in their views on whether toy gun play maintained a therapeutic benefit or purpose. Narratives related to the symbolic nature and themes of a child's play and therapists' personal beliefs surfaced frequently. One participant stated her clients “were not using it [toy guns] in a way to gain control over a situation. They were . . . just having fun with the guns . . . I didn't really feel like they were serving a therapeutic purpose.” Another participant stated she included miniatures with weapons, but not toy weapons. She indicated that she felt more comfortable separating the children from the violence, so the miniatures displayed aggression, not people. Many participants alluded to toy guns being “literal” and a difficulty separating play from the violent nature of guns. A number of participants discussed the inclusion of swords, knives, and bop bags, while excluding guns. For many, the gun took on a larger and more violent meaning than other aggressive toys. One participant expressed a similar perspective that playing with a gun was too “literal” stating, “we should give children the opportunity to find nonviolent ways to express feelings. It doesn't always have to be a literal expression of aggression or anger. When we don't allow children to do that, then we lose something in the play.” This participant later noted that children can express themselves and their experiences without guns, “I just think we don't necessarily have to give children the most obvious ways to express a feeling . . . especially in a culture where we already have so many guns.” For many, the gun ceased being a symbol

or metaphor, but rather a real item that was meant to hurt and kill people.

Conversely, several participants stressed that toy guns and aggressive play in general are not about actually shooting and/or killing a person, but overcoming a feeling of powerlessness, gaining control of an uncontrollable situation, or processing trauma. For example, one respondent noted the symbolic aspect of the play to be more related to mastery, “the child was pretending he was attacking his anxiety with the toy army men. So, it was the anxiety versus the toy army men and he was overcoming and feeling empowered to combat his anxiety.” Another participant stated, “I view aggressive play as meaning pay attention to me, look at me, I am powerful, I am in control. I don't look at it as this child is aggressive or this child is volatile. I look at it as an issue of power and control.” That view was echoed by another respondent when describing work with a client that played out a significant amount of aggression in his sessions stating, “His pretend play was really him feeling empowered . . . this child suffered a lot of trauma and he was abused in many ways. So, this pretend play was about empowerment and him being able to protect himself”.

Another participant noted that the underlying concept about toys being a child's words and play is the language supported the inclusion of guns in the room. She stated, “They hear about them[guns] but we don't help them to talk about it. You wouldn't tell a 14-year-old in a public school that they're not allowed to talk about guns in session in the schools but we essentially tell kids that they can't do that because we don't have guns for them.”

Others noted how aggressive toys and toy guns can represent a multitude of experiences for children. One participant explored how fairly innocuous toys in the room can take on aggressive tones, including the sandtray. She recognized how the sandtray can be soothing for one child, and for another child it can be used to play out aggression and frustration. Another participant identified how toy guns do not always represent violence but can take on different meanings for children as well. She discussed a particular client she was working with as an example stating, “One of the most interesting things that happened was . . . she was 3 or 4, and

her dad was killed in a drive by shooting. She used the gun, she put it to her head and then used it as a hair dryer.”

Create Own

Perspectives on children creating their own gun in play therapy varied. Some participants noted a belief that children would create a gun if needed. One participant stated, “I think children are creative and will make it if they need it,” whereas another stated,

I am interested in how my kids who come in and can use symbolic play to show me their feelings as opposed to going straight for a gun, but I don't think excluding guns has curbed the expression of aggression for those reasons. Children naturally engage in symbolic play so they will find a way to show you.

Others indicated a belief that this creation causes a break in symbolic play with a transition toward a more cognitive level that could be detrimental to the process. One participant stated,

It shifts their developmental or cognitive level in a not helpful way when we do not have guns available. That would be the truth for any toy, food toys. I think, certainly, kids can make their own guns . . . but . . . there is a difference between putting my fingers up like a gun and holding a toy gun. I think it feels different.

Limits and Boundaries

The respondents set various limits and boundaries around the use of toy guns in the play therapy room. Two relevant subthemes of the look of the toy gun, and the protection of self, others, and the relationship were noted.

Look of Toy Gun

There was a strong notion that toy guns held a different meaning than other weapons (e.g., swords, knives, bop bags) in the playroom. Several participants related this to the look and size of the guns emphasizing the “play guns” versus looking too realistic. One participant noted, “I don't like the guns that look real. You know, neon orange or green water gun or Nerf Gun compared to, you know, one that's black.” Conversely, another participant indicated the importance of including realistic looking guns, even representations of AR-15s, because those are the weapons often used in situations of mass gun violence. She stated the importance of including guns that children see in their daily

lives. Another participant echoed this sentiment while recognizing that many of her clients were exposed to gang activity, where having a gun in one's pants is a normal household occurrence in need of processing within the playroom.

Protection of Self, Others, and the Relationship

Several participants reported an emphasis on interpersonal decisions for setting limits around aggressive play, including pretending to shoot toy guns in the playroom. Respondents noted rationales behind these decisions being theoretically based and/or being related to personal comfort levels. Those that did not include toy guns in the playroom reported limits for other aggressive toys, such as swords or knives, while those that did include toy guns in the playroom included them within their discussion of limits.

Most participants described limits to not hurting self, others, or toys. So, the limit would be placed with guns “only if the guns would interfere with any of that.” Another stated that “Generally, I haven't really had to set limits. The only time I have set limits is when there is a lot of force being used with the weapon.” Most identified that the comfort level of the therapist was a large part of the limit setting process, and that to preserve the relationship, the therapist cannot be hurt. One participant noted her limits as “I can't be hurt and I can't have my playroom messed up. And I will set limits around that very quickly.” She also noted that she provides alternative choices so that the child can “channel the aggression in a different direction.”

The importance of respecting the child was also identified as a limit for participants with toy guns. One participant was adamant about an additional limit, stating

I wouldn't shoot a kid. If a kid asks me to shoot at them, I would aim at them and pretend to but if it were a dart gun or something [but] I wouldn't shoot the gun . . . It felt not respectful to the relationship. Not respectful to the child.” This participant noted that her theoretical perspective allowed her to discuss that limit with her client, “I would say I'm not comfortable doing that . . . I will aim at you if that's the game you want to play but I Will not pull the trigger.

She further noted that as a play therapist [she] “can enter into the playroom [as] somebody who has ideas and somebody who has limits and somebody who has boundaries,” alluding to the

understanding that her own limits model the ability for the child to create personal limits as well. Other participants expressed an approach that placed more emphasis on returning the responsibility to the child. One respondent stated she allows the child to determine the alternative choice, "I may say—"I choose not to shoot you. What's something else that I could shoot? . . . I have them help me problem solve."

Some participants discussed how their theoretical orientation and training influenced the way in which they conceptualized aggressive play and limit setting. One respondent stated,

I really am able to see the aggressive play directed at me as an expression of a need in some way and as a projection of some sort . . . I do still think that the expression of that aggression or anger is really important." This participant also noted the difference between physical and verbal aggression, stating that "with verbal aggression I usually just try to let it play out but I am really interested in trying to understand what it means. And it is not directly hurtful in the same way that physical aggression is . . . again I just try to sit with it and understand that it is a projection." She noted that as a therapist, "[she is] a neutral party . . . the vessel that is there to reflect back to the child what they might be feeling, what they might be thinking, to help them understand themselves."

Discussion

The participants included in this study varied in their training, theoretical orientation, personal beliefs about guns, as well as their inclusion and exclusion of guns from the playroom. The participants presented subtle differences in beliefs surrounding guns, the influence of gun violence, and the expression of aggression and frustration with the playroom. The recognized themes were present within each participants' interviews. Participants conceptualizations often varied based upon their personal beliefs and theoretical orientation. Each participant explored the concepts of metaphor and reality, conceptualizations of aggressive expression, and limit setting, and often those themes were driven by personal beliefs and theoretical orientation.

All participants provided a rationale for their inclusion and exclusion of guns, and it was evident that a great deal of thought was placed into these decisions. Those that included guns in the playroom cited theory and development as their rationale for use, with less focus on their personal beliefs regarding guns. Those that ex-

cluded guns from the playroom did so more as a result of personal beliefs and the phenomenological lens through which they interpreted theoretical and developmental perspectives differently.

It is evident that the inclusion or exclusion of guns in the playroom is complex and influenced by numerous factors. According to this study, it is not simply a personal belief versus theoretical orientation determination because the two are inexplicably linked. Although Landreth (2012) argued that children's expression of aggression can occur through the use of toy guns in the playroom, he also noted that if a toy gun is not present, children are likely to create their own. This perspective was used by several participants, with some saying the gun is needed, and others saying it is not as children can simply create their own. This overlapping of concepts occurred throughout each of the identified themes and subthemes.

The cultural reality of gun violence in American society was noted by most participants. Some felt that children's worlds were not safe from gun violence, and therefore they wanted to create a safe space where guns were excluded. Others noted that because gun violence was a reality in many children's lives, it is imperative that toy guns be included. This same sentiment was explored again when discussing what types of guns could be present within the room. Some participants did not include any guns while others included toy soldiers who held guns or limited the toy guns to nerf guns and those that were clearly identifiable as a toy. Two participants discussed the importance of including guns that mimicked reality, going so far as to say that because AK-47s are the guns used in mass shootings, they should be available for children to use to process in the playroom.

Although play therapy is based upon the use of toys as metaphors for children's realities (Landreth, 2012), guns represented a break in the metaphor for many participants. Interestingly, it was not all aggressive toys that bothered participants, but guns in particular, seemingly because of their violent nature. One participant stated that she included knives and swords, but not guns because the sole purpose of guns was to kill another living being. The metaphor of aggression with knives and swords was easier to tolerate, but that stopped with guns. Another participant noted that children

can use all of the toys for aggressive purposes, whereas another identified that the guns can become a metaphor for multiple items. There were limits to the metaphor even for those that supported the inclusion of toy guns in the playroom. A couple of play therapists notably spoke to children not being for shooting since that act felt disrespectful to the child. Although they recognized the metaphor and purpose of guns in children's play, the metaphor appeared to break when it involved shooting the child. The shooting of a child became a limit, demonstrating the difficulty in separating toy guns from violence, even for those who support the inclusion of toy guns in the playroom. These participants' perspectives highlighted that the metaphor and meaning of the toys can vary by client, session, and situation.

Participants aligned the most in their beliefs about limits on guns and aggression within the playroom. Each participant discussed limits set to protect the child, the relationship, and the room. Therefore, the play was only limited when harm could occur, whether it be to the therapist, the child, or the room. Of course, determining harm is a subjective experience, and so when these limits are set may vary. The participants who did not personally support gun use outside of the playroom limited the inclusion of guns in the playroom. Those that did include guns in the playroom limited children's use of toy guns to reduce potential harm to the child, the therapist, the room, and the relationship. Some identified that the therapist was not for shooting at all, others said they could be shot anywhere, and still others reported limiting being shot to their stomach and below. For all participants, the rationale for each limit was to protect from harm, but the ways in which therapists conceptualized harm differed.

Implications for Practice

The results of this phenomenological study identified ambiguity in play therapists use of toy guns in the playroom. Cultural perspectives cannot be separated from the playroom, and the ever-present threat of gun violence was identified by all participants regardless of their inclusion or exclusion of toy guns in the room. The participants highlighted alternative explorations of a very complex and sensitive topic for many within the field. Each perspective offered valu-

able insights and calls attention to the need for play therapists to engage in thoughtful exploration of their own beliefs about guns, play therapy, aggression, and child development when deciding to include or exclude toy guns.

The multilayered understanding of theoretical reasoning for gun inclusion also has implications for training and practice in play therapy. Counselors have autonomy in their use of toys and other play related items in the therapy room, and this study highlighted the varying levels of theoretical understanding and application that are playing out across the play therapy profession. Personal beliefs and cultural influence shape the understanding and application of traditional child-centered play therapy.

Limitations

When presenting research, it is important to explore the potential limitations. The participants in this study all identified as female and Caucasian, thus limiting the perspectives of diverse play therapists. While many of the participants noted the diversity of their clientele, the participants themselves did not represent diversity within the profession, potentially limiting the results. Recognizing cultural implications for gun violence is necessary and the inclusion of more diverse perspectives could provide a robust understanding of how play therapists interpret the use of toy guns in the playroom. This study was also limited by self-selection bias. As the request for interviews included the topic of guns in the playroom, those individuals who responded to the study could be a representative sample of clinicians who are already invested in the issue. The interviewees are individuals who have a bias toward the issue which is evident in their choice to respond to the solicitation for interviews. Finally, although qualitative protocols were followed to reduce the bias of the researchers, it is important to note that researcher bias in interpretation of responses and themes cannot be completely avoided.

Directions for Research

The data supporting the inclusion and exclusion of toy guns is based upon personal perceptions and interpretation of theory. To date, researchers have not explored the impact of toy guns within the playroom on child outcomes. Future researchers could explore the impact of

toy guns on childhood outcomes, especially with children identified for treatment due to aggressive behaviors. The responses exploring the possibility of retraumatizing or triggering children who have experienced trauma is also an area for future study. There are potential implications for inclusion or exclusion based on the trauma history of the child, the child's previous exposure to guns, and the child's intensity of symptoms from trauma.

This study also supports a need for future exploration of the implications of therapeutic responding versus therapist comfort. The multiple therapists who reported personal discomfort with guns in general and those who set their boundaries with use of guns in session based on personal comfort or feelings of safety demonstrate that this toy is one that evokes strong therapist reactions.

Conclusion

The sociocultural impact on the application and interpretation of traditional counseling theory is not well studied. Child therapies, and more specifically play therapy, has lagged even farther behind in this process. This study provided insight into the role of changing cultural values in how child therapists interpret and implement standard theoretical approaches such as child-centered play therapy. Better delineating the symbiotic and reciprocal relationship between counseling and culture will allow counselors to be more effective in their practice. Further, benefit is gained by consistent review of the effectiveness of traditional practices. Considering critiques and explorations of theoretical approaches provides opportunities to improve and refine these modalities, which can increase effective implementation and allow mental health clients to receive more efficacious care.

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