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An exploratory study of clinicians' understanding of children's non-traditional toy choice and parents' concerns

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ABSTRACT

This exploratory qualitative study investigated clinicians' understanding of children's non-traditional toy choices and parents' concerns. The study explored parents' concerns regarding toy choices, clinicians' understanding of non-traditional toy choices and parents' concerns, and clinicians' responses to parents who are concerned about toy choice.

Ten clinicians with two or more year of experience were recruited through snowball sampling in New England. Participation involved semi-structured interviews with questions related to their clinical experiences, understandings, assessments, and personal opinions related to toy choice for children.

Results indicated that clinicians had cases where non-traditional toy selection developed as an issue during session. Further findings indicated that parents tend to discourage cross-gender toy play for boys but not for girls; Clinicians' understood parent's fear of their children's non-stereotypical play to be a fear that their child would be gay. A suggestion for further research would be to explore the role that clinicians have in handling the issue of toy selection since it appears that clinicians in this research reported discordantly and no previous research had been done in this area.

AN EXPLORATORY STUDY OF CLINICIANS' UNDERSTANDING OF

CHILDREN'S NON-TRADITIONAL TOY CHOICE AND PARENTS' CONCERNS

A project based upon an independent investigation,
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CHAPTER I

INTRODUCTION

"Gender role stereotyping continues to be one of the most consistent domains in which adults, particularly parents, play an important role in children's socialization" (Wood, Desmarais, & Gugula, 2002, p. 39). As an intern clinician I encountered a situation with a client and his mother around gender role socialization, particularly regarding toy selection. The client was a six-year-old boy and his mother was a woman in her early 40's. The client picked up a Barbie doll and began to play with it. The client's mother quickly grabbed the toy out of her son's hands and said he could not play with it. When he pressed further as to why, she replied, "Because that's a girl's toy". Her son quickly responded with "So what?" To which she continued to refuse him that toy, stating, "You are a boy, you play with boys toys." In this scenario I felt pressed to say something to the mother in defense of the client since he was upset about not being able to play with the toy of his choice, but I also felt that there were too many impeding factors to be able to do so effectively, such as: race, culture, and age. All these factors help to determine what the mother viewed as acceptable and unacceptable toys for her son to play with. Because of these implications and my feelings of being ill prepared to deal with this situation the issue of cross-gender toy selection was never addressed.

My encounter with this quandary and the way that I handled it lead to developing a bigger question on which this research is based: What are clinicians' understandings of children's non-traditional toy choice and parents' concerns? Three sub questions have

also been developed: 1) What are the parents' concerns? 2) What are the clinicians' understandings of the parents' concerns? 3) What are the responses of the clinicians? The purpose of this study was to explore clinicians' understanding of children's non-traditional toy choice and parents' concerns. Gathering a wide range of clinicians' understanding and experiences with this or comparable situations, finding similarities between the clinicians' involvement, and understanding intervention methods, could help other clinicians evaluate their personal scenarios and chose to intervene or not in their practice. The hypotheses prior to beginning this research were: 1) Clinicians have experienced this happening of children choosing to play with gender non-stereotypical toys. 2) Parents have reacted in a negative or discouraging way. 3) Clinicians did little to address the situation because they were unsure how to do so effectively. It was necessary to explore the happening as understood by clinicians because as a result of non-traditional toy choices children can experience substantial changes in their mood, behavior, interaction with others, and in the long run, their well-being.

It would seem that there are implications for either intervening or not considering that research has shown that the level of stress and anxiety in children is related to their gender role orientation (Muris, Meesters, & Knoops, 2005).

For this study important terms must be defined. The term gender-stereotypical refers to toys that have been classically defined by research and by the greater population as being appropriate for one gender (i.e., Barbie for girls and trucks and cars for boys). The term gender-neutral refers to toys that have been classified as being appropriate for either gender child (ex: books and blocks). The term cross-gender toy play is when a boy plays with a stereotypical "girls' toy" and when a girl plays with a stereotypical "boys'

toy". The difference between sex and gender is important to consider in this study, however, many times a distinction is not made between the two and the words are used interchangeably. The term sex refers to the biology that makes up that child; either XX or XY chromosomes determine their sex. The term gender is a social construction that associates "female" and "male" characteristics with the sex of the child (or person in general).

Chapters that organize this thesis include: Introduction, Literature Review, Methodology, Findings, and Discussion. The Introduction addresses the reason for the research (the problem), the rationale, the purpose, the sub question, and some definitions. The Literature Review discusses what material is available related to the subject and describes how different populaces such as mass media, clinicians, parents, and children themselves, have roles in learning gender and in making toy decisions. The Methodology described how participants were recruited, and then how data was collected and analyzed. The Findings chapter addresses each question asked of the participants. Each question was coded for themes and the number of participants that answered within each theme is given. Direct quotes from participants are given to highlight particularly unique, unusual, or exceptional responses. The last chapter is the Discussion, which analyses the findings in more depth, allows a space to present limitations of the study and concerns regarding the findings, and lastly a place to suggest further research on the topic.

There are two populations to whom this thesis generally applies. First and foremost, this work would be most beneficial to clinicians who work with children and their families. Clinicians who work with children have to be mindful of toys that are in their office. The topic of toy selection can come up as a primary or secondary issue at any

point during the work with a client and can come up through other avenues as well, i.e.:

gender identity issues, problems at school, problems with peers, problems at home. The

findings of this work discuss other clinicians' experiences and how they handled

particular clinical cases. The other population that this work can be relevant for is

parents. Parents play a major role in setting standards of acceptability in regards to toy

choice. It would be important for parents to see just how important their role is and to see

the potential long lasting effects of children's negated gender non-stereotypical choices

or their affirmed gender non-stereotypical selections.

CHAPTER II

LITERATURE REVIEW

Introduction

"The world of a child is not gender-neutral" (Wood et al., 2002, p. 40). Children

from a very early age begin to play with both gender typed and gender neutral toys. Their

classification of themselves as gendered beings begins around age two. Furthermore, they

begin to type toys as "girls' toys" or "boys' toys" beginning around age three. Starting in

preschool, children have some understanding of what their caregivers would view as

appropriate toys to play with (Freeman, 2007; Sandnabba & Ahlberg, 1999). A

longstanding question is "how do children learn gender classifications of toys?" As Idle,

Wood, and Desmarais' (1993) write, some researchers argue that such stereotypes are

ingrained in a child from birth (Fagot, Leinbach, & Hagan, 1986). Other researchers

suggest that these toy arrangements are more heavily impacted by culture; children are

exposed to gender related information through their environment and social interactions

(Wood et al.). It can also be argued that caregivers play a major role in gender role

socialization for their children considering they are the people generally buying the toys

(Idle et al.).

When children do not conform to the stereotypical toys for their gender, parents

tend to view that play negatively. Parents assume that others such as, teachers, other

children, family members, friends, will treat their child differently. Parents often assume

that if their child is playing with toys not associated with their gender, it must mean they are gay (Sandnabba & Ahlberg 1999). One trend that research has shown is that both mothers and fathers are far more stereotypical of their sons than of their daughters (Freeman, 2007; Sandnabba & Ahlberg; Schindler, 1974). Research suggests that the occurrence of this is because caregivers believe that girls will grow out of the behavior, while boys will continue to follow their cross-gender play, receive criticism from peers, teacher and society, and prefer same sex relationships later in life (Freeman; Sandnabba & Ahlberg; Schindler). The problem with this as articulated by Schindler is, "the society, in general, suffers from his dichotomization of sex-roles because it does not always utilize each individual to his fullest potential" (p. 2).

It has also been found that not only caregivers are stereotypical in their selection of toys for their children, but that children are stereotypical in their selection for themselves and for other children (Lobel & Menashri, 1993; Martin, 1989). In research conducted by Martin, it was found that children would pick a toy for another child based on that child's gender rather than his or her interests. The children were not able to follow prompts of the other child's interest, but rather picked a toy based on social norms. One aspect of this that Lobel and Menashri explored is that older children are more able to understand the difference between moral norms and social norms. They found that "children with more flexible norms, who could distinguish between moral and social norms, exhibited less gender-typed toy choices than children with rigid norms" (p. 150). The understanding from these findings are that when children are able to understand where norms are coming from, which generally happens at an older age, they are less likely to base toy selection solely on sex or gender.

Cognitive-Developmental Theory and Gender Schema Theory

Gender is a divider that helps separate people into specific categories. This is a grouping that children learn to distinguish people between very early in life. As explained by Bem (1981), "the process by which a society thus transmutes male and female into masculine and feminine is known as the process of sex typing" (p. 354). Children learn to group others, and by proxy, themselves, by these standards. Bem explains that "this does not simply entail learning where each sex is suppose to stand on each dimension or attribute…but involves the deeper lesson that the dimensions themselves are differentially applicable to the two sexes" (p. 355). An example is given that "adults in the child's world rarely notice or remark upon how strong a little girl is becoming or how nurturant a little boy is becoming, despite the readiness to note precisely these attributes in the 'appropriate' sex" (Bem, p. 355). Hence there are unspoken guides for what is and is not appropriate for either gender. Children, just as adults exhibit, learn to apply the same standards in their own gendered identity representation. As explained by Martin, Ruble, and Szkrybalo (2004), "observational learning is a key element in gender development" (p. 702).

Before the debate between gender-schema theory and cognitive-developmental theory were widespread some people began to view gender as a social construction. Money, as quoted in Rosin (2008) stated in 1955 that "sexual behavior and orientation as male or female does not have an innate, instinctive basis" (p. 62). Since then researchers in this field have veered away from the thought that gender role orientation is all about socialization as opposed to innate, ingrained ways of being, landing more in the middle of

the argument. Both innate predispositions and outside influences affect gender role learning, behavior, and orientation. This is where cognitive-developmental theory and gender schema theory come into play.

In considering cognitive-developmental theory, children have a process through which they learn about their own, and others, gender. The first step in gender identity development is being able to identify others and themselves as gendered beings. This phase is the gender identity phase. Gender stability is the middle phase where children learn that gender is unchanging. Following this phase is when children learn that gender is an unchanging "permanent physiological attribute" even if there are superficial appearance changes (Fagot et al., 1986, p. 440). This phase is called gender constancy. "The empirical evidence indicates, however, that sex stereotyping in children's preferences occurs before the attainment of gender constancy" (Eaton, Von Bargen, & Keats, 1981, p. 204). It has been documented that children in as early as the first phase begin to select toys that are gender stereotyped. It is the belief of Fagot et al. that "the development of a child's gender schema begins at birth and that labels are attached to such schema as verbal ability comes into play" (p. 443).

An alternative theory in considering gender identity development is that of gender schema theory. The basis of this theory is that children learn what is gender appropriate through the culture in which they are exposed to. Children therefore modify their behaviors to fit within their schema for their gender. As explained by Martin, Ruble, & Szkrybalo (2002), gender schemas are "organized networks or mental associations representing information about themselves and the sexes-that influence information processing and behavior" (p. 911). There is the assumption that children play an active

role in understanding their gender schema by searching out information, recognizing their gender as part of a larger group, and making errors while conducting both of these things. Despite learning through observation, children do have some control over their gender schema development; "the influence of gender schemas on behavior and thinking is dependent on many factors within the child and the environment" (Martin et al., 2002, p. 911). Hence forth, if the child is particularly interested in something generally associated with the opposite gender they are able to shift their schema, making it more fluid, to include that desired thing.

Both cognitive-developmental theory and gender schema theory are appropriate ways to understand the development of gendered learning in children. They dispute whether behaviors come before cognitions (social learning theory) or whether cognitions come before behaviors (cognitive-developmental theory). Despite some differences however, both theories put emphasis on the social learning of gendered roles. During the tenure of this debate, both camps have moved to more middle ground articulating an importance in understanding "cognitive, environmental, and biological factors" in the development of gendered learning in children (Martin et al., 2002, p. 904).

Revolution in Categorization of Toys and Children's Role in Deciding Their Own Toy Choices

What has been seen over the years of research in this topic is a change in the categorization of toys. There has been a "loosening of the gender role constraints in societal expectation" (Oskamp, Kaufman, & Wolterbeek, 1996, p. 38). Toys that had previously been considered gender stereotypical have moved into the gender-neutral

category (Freeman, 2007; Idle et al., 1993; Sandnabba & Ahlberg, 1999; Servin & Bohlin, 1999; Wood et al., 2002). The general consensus of why this has happened is a blurring in the strict gender roles (especially for girls) due to the women's movement in the 1970's in America (Freeman). As explained further, "girls' toys" and the meaning of femininity was expanded during this time unlike that of masculinity (Freeman). This gives girls the leeway to play with neutral or "boys' toys" more than boys have the freedom to play with neutral or "girls' toys". However, there has been a general trend toward de-gendering, making it unclear "what constitutes traditional gender role behavior" (Oskamp et al., p. 37). This allows for less restricted toy play for both sexes.

Despite children having the allowance to access more diverse toys it has been found that many factors come into play prior to those decisions being made. Many researchers, (Blakemore, LaRue, & Olejnik, 1979; Eaton et al., 1981; Eisenberg-Berg, Boothby, & Matson, 1979; Eisenberg, Tryon, & Cameron, 1984; Fagot et al., 1986; Fein, Johnson, Kosson, Stork, & Wasserman, 1975; Lobel & Menshri, 1993; Martin, 1989; Raag, 1999; Raag & Rackliff, 1998), have found that age of the child, interaction with peers, assumed social norms, and involvement with the parents all are determining factors for what toys the child will and will not play with. What this reveals is that children's decisions about toy choice are thoughtfully made weighing the importance of their desires with the significance of the other impeding factors.

Younger children tend to play less discriminatingly with toys than older children. It was found by Eaton et al. (1981) that "those [children] who selected the opposite sex toys were younger…and may have been less cognizant of sex-typed expectations for toy choice" (p. 207). With age comes knowledge of "appropriate" toy choice through social

learning, and trial and error. As Fagot et al. (1986) state, "the development of a child's

gender schema begins at birth and that labels are attached to such schema as verbal

ability comes into play" (p. 443). Children experiment with toy choice and are redirected

when their choices are less conventional. Other children will not play with them if they

are playing with a "wrong" toy, and others may come out and tell the child, "that is a

girl's toy" or so on. Parents and teachers redirect play along the same lines. Fagot, as

referenced in Raag and Rackliff (1998), explains "preschool-age boys received criticism

from peers and teachers for cross-gender-typed play, while girls received less

differentiated reactions to gender-typed and cross-gender-typed behaviors" (p. 685).

When a child is playing with a toy generally associated with the opposite gender, the play

is remarked upon. These "gender-role violations" as termed by Lobel & Menashri (1993)

seem to occur more when children have "flexible social norms" (p. 154). It has been

hypothesized that some children are able to have more "flexible social norms" because

they are farther along in the cognitive-developmental learning than other children. Hence,

they are able to hold the knowledge that their gender is consistent whether or not they

play with stereotypical toys; they have reached the gender constancy phase.

A study with interesting findings conducted by Martin (1989) looked at the

gendered social judgments that children made. Martin discovered that children when

presented with the chance to pick a toy for an unknown child, when given information

about the interests of said child, would determine their selection of a toy on the child's

gender rather than the child's interests; "younger children ignore even relevant

individuating information if it contradicts their expectations for the sexes and, instead,

tune into the sex of the target" (p. 87). Martin seemed to find that by the age of seven or

eight children were much more likely to base their toy selection on the child's interest rather than gender. It is assumed that at this point they are able to recognize differences within each gender rather than just between the two genders. This can be understood by considering gender schema theory or cognitive developmental theory. At the age of seven or eight children would have achieved gender constancy within cognitive developmental theory and would have a well-developed gender schema in gender schema theory. Hence, they would be more able to see the nuances for individuals rather than having to view the group as a whole.

A common finding when research is conducted in the field of toy selection is the discrepancy between boys and girls time with cross-gender toys. As was found by Fein et al. (1975), "in children as young as 20 months of age, cross-sex interests are less likely to appear in boys than girls" (p. 527). They continue on to write, "between three and ten years of age, it is unusual to find boys who prefer feminine activities, whereas girls frequently prefer masculine games and toys. The asymmetry appears in adult attitudes as well" (p. 527). Boys overwhelmingly utilize gender "appropriate" or gender-neutral toys as opposed to cross-gender toys from before two years of age. This irregularity likely has many causes however one that has been noted by Raag and Rackliff (1998) is the child's perceived parental opinion (particularly their father's opinion) of cross gender toy choices. When boys were asked what their father would think of cross-gender toy choices about half (n = 14) reported that they would think it was "bad" while only two boys reported that their father would think it was "good". The remainder reported that they didn't think their father would care either way. Interestingly enough, six girls reported their fathers would think cross-gender toy play was "good" and only four reported it was

"bad". Somehow boys are picking up a message that cross-gender toy play is unacceptable for them and this appears to be affecting their play as well. When the toys in this study were labeled as gender specific, none of the boys who thought cross gender toy play would be inappropriate in their father's opinion played with the dishes which were considered a "girls' toy". As described further, "only one of these boys actually stated that he did not like the dishes" (Raag & Rackliff, p. 697). Thus, it is obvious that children's personal opinion of the toy factors little into their decision to play with it. What seems to weigh more heavily is the parents perceived opinion and hence the child's societal expectation.

Another mitigating factor in children's gendered or non-gendered toy choices is the interaction with peers. Research has shown (Eisenberg-Berg et al., 1979; Eisenberg et al., 1984) that girls are much more likely to play with "boys' toys" than boys with "girls' toys", and similarly girls are much more likely to join in "boys' play" than boys in "girls' play". It has been found that peer interaction shapes a girl's cross-gender toy choices by one of two ways, "girls who play with more masculine toys do so because they intend to play with boys, or alternatively, when girls play with masculine rather than feminine toys, male peers are more likely to join this play" (Eisenberg-Berg et al., p. 355). The same cannot be said for boys however. Boys more than not play with masculine or neutral boys, and will engage other boys in play. They will, more generally, only play with girls when the girls initiate the play. This can be justified by understanding that "there is more pressure for males than females to avoid sex-inappropriate activities" (Eisenberg et al., p. 1049). As a result, "children, especially boys, may socialize peers into sex-stereotypic play behavior. They may do so not only by initiating play with others in possession of

sex-appropriate toys, but also by inducing other children to engage in same-sex play (by approaching them)" (Eisenberg et al., p. 1049). Hence, "gender-appropriate" toy play is rewarded by more peer interactions and discouraged by isolation. This will quickly teach a child what toys are and are not "appropriate" to play with.

Role of Mass Media in Learned Gender

Children are exposed to gendered depictions of people through the media. Children's books, movies, television shows, commercials, and magazines all exhibit traditional gender roles which children then display in their own play (Klinger, Hamilton, & Cantrell, 2001; Neto & Furnham, 2005; Oskamp et al., 1996; Pike & Jennings, 2005). It was found in the 1990's that children were exposed to over 40,000 commercials a year, which had doubled from 20,000 in the 1970's (Pike & Jennings). Today it could be assumed that children view even more than 40,000 commercials a year. As found by Neto & Furnham, "children's television advertisements continue to portray gender in stereotypical ways" (p. 88). With this vast amount of stimuli that is still gender stereotypical, children more than likely glean some information, whether factual or not, from these commercials. It was found that "social learning from commercials about a specific toy can transfer to similar toys" (Pike & Jennings, p. 88). Consequently, if children are developing a stereotypical view of some toys and who is or is not appropriate to play with that toy based on commercials and other stimuli, they can transmute that learning in to similar schemas for other toys. In other words children are able to apply their learned knowledge of gender from the media to their gendered roles, portrayals, and toys.

One study, as conducted by Pike & Jennings (2005), explored the use of commercials for manipulating children's perception of appropriate toys to play with. They took a group of 62 children (first and second graders) and exposed them to one of three scenarios: 1) traditional unaltered commercial with all boys playing with a toy, 2) non-traditional altered commercial all girls playing with the same toy, 3) control scenario which were non-toy commercials. The children then had to sort toys as being appropriate for boys, girls, or both boys and girls. The toy that was featured in the two gender-specific commercials was one of the toys that had to be sorted in the next task. It was found that the commercial did influence the children's opinion of who was appropriate to play with the specified toy. The children who were exposed to the girl only commercial were significantly more likely to say that the toy was for both boys and girls. However, the children who were exposed to the traditional, boy only commercial, reported that the toy was for boys only. It was found that "children are aware of the gendered portrayals in commercials and thus have learned the gender 'appropriateness' of toys through modeled behavior, which may affect their toy preferences and the nature of their play" (Pike & Jennings, p. 84-85).

Other studies have had similar findings. Research conducted by Pingree (1978) found that children's perceptions of traditional and non-traditional women's roles were affected by what they had seen in the commercials they watched. Pike and Jennings (2005) came upon a similar discovery, "even a brief exposure to nontraditional images both boys and girls were more likely to report that the toy advertised is for both boys and girls as opposed to only for 'boys'" (p. 88). These non-stereotypical portrayals of

children and adults "may have encouraged some children to broaden their gender schema of what is gender appropriate toy use" (Pike & Jennings, p. 88).

Gendered toy play is forced upon children by large manufacturers such as Mattel who sell, "blue Hot Wheels PC's described as being 'just for boys'" (Freeman, 2007, p. 357). Children see these messages through marketing and are pushed to use stereotypical gendered toys. As described by Klinger et al. (2001), "television is a 'superb tutor' and it influences viewers" (p. 13). Advertisements show that toys are gender-based through their gender role portrayals in the commercials.

A study conducted by Oskamp et al. (1996) found that preschool picture books were a method through which children learn gendered roles. They found that "in addition to parents' and teachers' intentional efforts to shape gender roles, they are also learned from mass media (television, radio, books, magazines, and newspapers), to which children are exposed every day" (p. 27). In their analysis of children's books it was found that between 1980 and 1985, five women featured in the books they examined were determined to be "dependent". This number doubled between 1986 and 1991. The number of "independent" women did not increase between 1985 and 1991, and "submissive" women characters were portrayed slightly more between 1986 and 1991 than in 1980-1985 (Oskamp et al., 1996). These portrayals of women lead to foreshortened gender schemas for girls and skewed views of girls/women, by boys/men. These messages are internalized and then acted out through play, toy choice, and play partner choice. Without a message that neutral and cross-gender toys, play, and partner choices are appropriate children's desire to have those things would diminished substantially (Freeman, 2007; Idle et al., 1993; Klinger et al., 2001; Martin, 1989; Neto,

& Furnham, 2005; Oskamp et al.; Pike, & Jennings, 2005; Pingree, 1978; Sandnabba, & Ahlberg, 1999; Wood et al., 2002).

Role of the Parents/Parents' Views

One way in which children learn what toys are appropriate for them to play with are by parental choices, modeling, and child-parent interactions. Research on parents views of children's toys has found that they are tending to view more historically identified gendered toys in the neutral category; "parents neutral perception may be due to their flexibility for those toys which they are undecided or it may reflect parents' perception of social values that suggests they have internalized the notion of gender-neutrality" (Campenni, 1999, p.135). Other research has had similar findings. Generally parents, when rating toys, will rate masculine toys as most appropriate for boys and neutral or feminine toys as most appropriate for girls (Campenni; Fein et al., 1975; Idle et al., 1993). However, when their interaction with their child is monitored it has been found that parent direct all children toward more gender-neutral toys (Campenni; Idle et al.). This could lead one to believe that parents generally buy into gender roles and stereotypes, but in practice they are less likely to enforce this view, which would in turn give children more freedom to try out diverse toys.

Another trend that has been seen in the literature is that both female caregivers and male caregivers tend to be stereotypical in their disapproval of cross-gender toy play. Previous research has been inconsistent with its findings. Some research has shown that male caregivers were more stereotypical (Campenni, 1999; Idle et al., 1993), some have shown that female caregivers were more stereotypical (Sandnabba & Ahlberg, 1999),

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while others report that caregivers, regardless of gender, were equally as stereotypical (Freeman, 2007; Leaper, 2000; Wood et al., 2002). The implication of these findings are that the families studied in this literature, white, middle or upper-socioeconomic status, heterosexual couples, give few allowances for their child to play with a cross-gender toy.

One research study was unlike others in that it explored parent's views of gendered toys, and children's perceptions of their parents' views of gendered toys. This research conducted by Freeman (2007) found that children had beliefs that their parents would be very supportive of traditional gendered toy play but not of cross-gender toy play. This was unsupported by the actual responses of the parents. Girls assumed that parents would only approve of cross gender toy play between 20 and 40% of the time, based on the age of the child in the study (three or five) and the sex of the parent (male or female). In actuality, 100% of the time parents reported they would not be upset if their daughters chose to play sports and 88% of the time they would not be upset if she chose to play with blocks and trucks. Boys had a similar thinking on the subject to girls. They thought that parents would only approve of cross-gender toy play between 9 and 36% of the time. However, parents' self-reports reflect 64% would buy their son a doll, 84% would allow their son to wear a dress in a dress-up area at school or home, and 92% would take their son to ballet lessons should he want that (Freeman).

Interestingly enough, "46% [of parents] agreed that they would likely buy their sons and daughters the same toys" (Freeman, 2007, p. 361). Despite these findings, one-quarter of parents still had agreement on views such as: boys should only cry when hurt and refusing to hire a male nanny or babysitter. The disparity between this and the previously listed statistics is vast. What this shows is "parents' expectations for their

sons' genderized play behaviors were narrower than were their expectations for their daughters" (Freeman, p. 362). This is a finding that is common among research in this area. Discrepancies like this could be one of the ways that children are picking up on their parents gender ideas, which limit the children's gender-schemas and therefore create findings like this where children feel their parents would be most supportive of gendered play and generally very unsupportive of non-traditional gender toy play.

Children are socialized into learning gender from birth. Adults consider little girls "cute" and little boys "strong". Certain terms are used for each gender and rarely are the terms crossed. As Brontein (2006) explains, "there is substantial evidence that 'education' about gender role behavior and identity begins in the earliest months of life and continues through childhood and adolescence, conveyed by parents to their children in the course of everyday interaction within the family environment" (p. 262). Like was described in the Freeman (2007) article, Bronstein has found that:

> Although some parents, in an attempt to counterbalance traditional gender role expectations in the culture, may buy gender-neutral or even cross-gender toys for their children and teach their sons to cook and their daughters to use the lawn tractor, the indirect communication of gender role messages is much harder to monitor and modify. (p. 263)

In other words, some parents may try their very hardest to give their children a non-stereotypical view of the genders, but this is an uphill battle. As discussed earlier, they would have to combat all the media sources that children are exposed to on a daily basis. The number of parents who would go to this extreme, or even the slightly larger number of parents who do give their children gender-neutral and cross-gender toys cannot significantly make a ripple in the pool of gender socialization.

The more common message seems to be that there are specific gendered toys for a reason, both genders can play with neutral toys, but cross-gender toys are generally off limits. Even if children do get the image from their parents that cross-gender toys are fine to play with, outside of their home they are left open to the criticism of peers, teacher, other parents, etc., all whom can quickly influence the child to pick up the "appropriate" gendered toys instead.

Children who have been studied and observed in previous research were much more likely to play with gender stereotypical toys than cross-gender toys. However, given the two genders, girls were more likely than boys to play with cross-gender and neutral toys. Research suggested that the difference in this was because of how boys perceived peoples allowances of their out of gender toy play (Freeman, 2007; Idle et al., 1993; Lobel & Menashri, 1993; Martin, 1989; Muris et al., 2005; Sandnabba & Ahlberg, 1999; Schindler, 1974; Wood et al., 2002). There was a message that was internalized by both girls and boys, but more on the part of boys, that it is not okay to play with cross-gender toys. By playing with different toys it separates them from their peers, leaving them more vulnerable to criticism and disapproval.

Children with characteristics classified as opposite their gender have been found to have higher levels of anxiety and stress. This was especially true for girls (Muris et al., 2005). A child's biological sex did not attribute characteristics of fear and anxiety, but rather their culturally constructed gender did. The implications for this, especially considering clinical practice, are that anyone could feel fear and anxiety based on what toys they play with or what characteristics are innate for them if they are considered to have cross-gender qualities or characteristics by society's standards.

Research suggests that there are multiple reasons why people generally discourage their child's play with cross-gender toys. One study conducted by Sandnabba & Ahlberg (1999), confirms that parents feel that cross-gender (tendencies more associated with the opposite gender) boys and girls, will not grow up to be as masculine and feminine, respectively, as their same age "traditional" peers. Parents believe that cross-gender boys will grow up to be feminine and gay in adulthood. Additionally, cross-gender boys and girls were hypothesized as being less psychologically well adjusted in adulthood. As stated by Sandnabba & Ahlberg, "evidence suggesting that the reason for cross-gender boys being more negatively regarded than cross-gender girls would be due to the fear for their future development" (p. 261).

Other research has come to similar findings as well. In an article written by Rosin (2008), she described a young boy, Brandon, who expressed from a very young age a desire to be a female. He played with girls' toys, ignored his boys' toys, dressed-up in his mom's clothing, along with other similar acts, which showed his desire to be different from who he was. In a conversation between Brandon and his mother, she said, "Brandon, God made you a boy for a special reason", but before she had the chance to continue, he said "God made a mistake" (Rosin, p. 57). As sad of a case as this is, a boy feeling like he is in the wrong body, the children who generally play with cross-gender toys don't go to this extreme of wanting to change their physical sex. Gender identity disorder, or transgenderism, is something that some children and adults are experiencing, accounts of this range approximately from one in 7,200 to one in 42,000 (Rosin). However, the average child who has an interest in non-traditional toys is probably not that "one".

Role of the Professional

Generally research related to toy choices focuses on children, parents, or parents and their children together. The role of professional social workers has not come into play in terms of their understanding of gender typed toy choices, their understanding of the parents concerns, or of the children's reactions. Only one study (Schindler, 1974) was found that looked specifically at clinicians' involvement with this subject in terms of clinical impressions and diagnoses. Another study was found that dealt with assessing children's level of fear and anxiety around toy choice. Despite the lack of research pertaining directly to this topic, there is research related to gender in terms of sexual identity, sexual orientation, and how these issues are viewed by the professional community and dealt with in session.

What all this research shows is a general trend towards normalizing "differences" such as sexual orientation and gender presentation, among other identities. However, any "non-normative" identity was highly stereotyped and pathologized not that many years ago. Conger (1975) as quoted in American Psychologist (2000) said, "homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities" (p. 1440). The American Psychological Association (APA) affirmed this after they received much pressure from the professional community to remove homosexuality from the DSM only 34 years ago. So, despite the positive momentum towards understanding and inclusion, this field was in a place of such exclusion that much more positive work needs to be done in order to make actual headway.

It is important to consider these other related subjects in which, the role of the professional has been studied because they just like toy choice have had a general trend

toward normalizing behaviors, which previously were considered "different" or "unacceptable". Despite this move, there is leftover stereotype, prejudice, and judgment that can present itself in a range of ways and by a number of different people. The connection between toy choice, gender orientation, and sexual orientation, is present. It is essential to see how clinicians have conducted sessions with clients who identify as having a "non-normative" identity in terms of gender and/or sexuality especially after it was concretely determined that such an identity was not considered an "impairment", because the results may be similar to clinicians who work with children who play with gender non-stereotypical toys.

The only research that was found that looked at clinicians and toy choice studied them from the point of how stereotypically they define children based on cultural and societal gender norms and how children's cross-gender toy play affects their diagnosis (Schindler, 1974). The findings of this study were looked at in comparison to research related to toy selection considering nothing similar had ever been researched; boys were judged more harshly than girls and both boys and girls who played with cross-gender toys were assumed to have a hard time with their sexual identity. Furthermore, the boys were pathologized more than the girls, receiving harsher diagnoses. So not only were children stereotyped because of their play like other studies had shown, but they were additionally given more severe diagnoses potentially without meeting the appropriate criteria. The clinical implications for this are apparent; Children who like toys traditionally considered opposite their gender are first ostracized by other children, discouraged by adults, stereotyped and criticized by society, but then they are more harshly diagnosed for expressing their desires and preferences. They receive little support from any avenue; if

nowhere else, they should at least feel safe within the walls of their clinician's office. These children were unfortunately not granted that privilege.

Another study was found that discussed the presence of fear and anxiety when considering toy choice for children. Muris et al. (2005), found that "the child's sex had minimal influence on fear and anxiety scores, whereas gender role orientation (in particular toy preference) was relatively important in determining these negative emotions" (p. 331). Toy choice, which could be seen as a trivial thing, has significant implications for children. If their levels of fear and anxiety increase because their gender role orientation is not considered to be "traditional", their mental health could be at risk. Living in a state of fear and anxiety is not healthy for any person especially for children who are still developing and attempting to understand themselves, their role, their preferences, and their place within society. This higher presence of fear and anxiety for children who played with gender non-stereotypical toys leads to the next topic of how adults with "non-stereotypical" presentations are treated in session and what the research shows on that topic. It is important to look at these two topic together because they are interrelated on a number of points: being "different" from the larger population in terms of presentation, gender, preferences, and in some cases sexuality, all of which lead to varying and sometimes negative clinical impressions. Since there is little research with children, toy selection, and clinicians, it is important to see the role of clinicians in other comparable areas.

Other research in this area focuses on clinical impressions of sexual identities, sexual orientations, and how to treat an individual who identifies as gay, lesbian, or bisexual. Research has shown that clinicians' interactions with clients can greatly affect

their self image and gay/lesbian, bisexual, and transgender clients tend to have more

negative interactions (American Psychological Association, 2000; Bowers & Bieschke,

2005). As stated by the American Psychological Association, "The assessment and

treatment of lesbian, gay, and bisexual clients can be adversely affected by therapists'

explicit or implicit negative attitudes…when psychologists are unaware of their negative

attitudes, the effectiveness of psychotherapy can be compromised by heterosexist bias"

(p. 1441). Bowers & Bieschke similarly state, "clients may be pathologized if they act in

ways that are not consistent with societal expectations for women and men" (p. 97). It

has been found that therapists' attitudes towards "non-heterosexual" clients are "negative

or mixed at best" (Bowers & Bieschke). Hence a patient who identifies as gay may come

to see a therapist for issues completely unrelated to their sexual identity, but they may be

judged on this and treatment may slowly center itself on this issue which is really a non-

issue for the client. Or if the client is attending therapy to speak about their problems

around their sexual identity they may be faced with a professional who is not creating an

open space, a contained space, for them to work out their issues. If the client doesn't feel

safe to discuss his or her troubles outside of therapy, and that's the reason they are

attending therapy if they identify as anything other than heterosexual they may encounter

the same closed off environment.

Bowers and Bieschke (2005) also found, similarly to other studies, that males

were judged more harshly:

> Gay men may experience more negative attitudes than do lesbian women based
> on sociocultural gender norms namely because gay men are stereotyped as
> effeminate and lesbian women are stereotyped as masculine and US culture
> devalues women and traditionally feminine characteristics and values men and
> traditionally masculine characteristics (p. 98).

This result is quite similar to that of toy selection for children, boys being judged much more severely. It seems that the therapeutic relationship, which is suppose to be, a safe and healthy connection, a place where open and honest dialog can take place, could be not only strained but ineffective and potentially harmful for the client should the therapist not be open mined enough. As suggested by Bowers and Bieschke "self-exploration is key for psychologists to hone their understanding of their beliefs, attitudes, and values, about gender, gender role expectations, and sexual orientation issues" (p. 102). Without examining ones own beliefs and biases these stereotypes can come out in session and harm those whom we are trying to help.

Some professionals in this field question current diagnoses in the DSM-IV-TR. Research has been conducted (Bem, 1993; McCarthy, 2003; Moore, 2002; Morgan, 2000; Sedgwick, 1991; Wilson, Griffin, & Wren, 2002; Zucker & Spitzer, 2005) and many believe that the diagnoses of Gender Identity Disorder in Childhood (GID) and Gender Dysphoria Syndrome (GDS) are replacement diagnoses for homosexuality. Bem states "the first official pathologizing of gender identity disorder appeared in the same DSM in which, for the first time in psychiatric history, there was no official pathologizing of homosexuality" (p. 106). Sedgwick, Morgan, and Wilson et al. had similar understandings of these new diagnoses. Accordingly Moore felt that Gender Identity Disorder in children "is an attempt to prevent adult homosexuality via psychiatric intervention with children" (p. 1). It seems overwhelming plausible that the psychiatric community, because of great advocating, eliminated the diagnosis of homosexuality but replaced it with other diagnoses, which now are catchalls for the same "symptoms".

Whether these identities, tendencies, characteristics, etc., are worthy of a diagnosis is not up for debate here; the facts speak for themselves. In the best interest of people who identify as "non-heterosexual", non-gender conformist, non-binary, to have the paramount mental health care available it would be necessary to destigmatize their identity making one step towards being more open-minded and providing them with equal quality mental health care. This may allow clients to feel more willing to open up, and may allow the space for health care professionals to explore their feelings and beliefs more thoroughly. It seems like positive changes have been made since the early 1970's, however as research has found, for all clients to have access to equal quality mental health care more understanding has to be developed about the gay, lesbian, bisexual, and transgender community. Similarly, more understanding has to be developed about children who choose gender non-traditional toys. All of these tendencies, preferences, identities, and characteristics led professionals to develop assumptions, which turn into pathologize and diagnoses for the client that seem not to be accurate. More research needs to be conducted to understand how vast the misconceptions and discrimination are so that better treatment can be available to everyone, including those who present as diverse whether they are children or adults.

Problems with Current Research

Research in this field of study tends to follow previous studies; new methods are rarely implemented. Designs in this area generally consist of empirical research of quantitative data with fixed designs that are descriptive or relational in nature (Campenni, 1999; Freeman, 2007; Leaper, 2000; Lobel & Menashri, 1993; Martin, 1989; Muris et al.,

2005; Sandnabba & Ahlberg, 1999; Schindler, 1974; Servin & Bohlin, 1999; Wood et al., 2002). Furthermore, the research is generally of middle or upper socioeconomic status, white, heterosexual, two parenting households (Campenni; Freeman; Idle et al., 1993; Lobel & Menashri; Martin; Muris et al.; Sandnabba & Ahlberg; Schindler; Servin & Bohlin; Wood et al.). The research tends to be with both men and women, however generally more women participate. There has been little to no research done on clinician's understanding or involvement with caregivers stereotyped toy preferences for their child. A large portion of the population is missing from the research and therefore cannot be generalized to the greater public.

The need for this research comes from the gaps in generalizability and from the missing role of the clinician. There are obviously implications for children who have interest in non-traditional toys. They can be ostracized from peers, targeted by teachers, parents, and other adults, and face future higher levels of fear and anxiety than same age peers. It is important to consider the role of the clinician to see how often they are confronted with issues of toy choice and to see how they handle the situation. Additionally, this research is important for the field of social work because it will show a general trend of how often play is stereotyped and how clinicians have responded.

Summary of the Literature Review

This chapter addresses the understood roles of parents, professionals, and mass media in helping children's develop their gender roles and gendered understanding. It looks at how toys have been classified and reclassified over time and the role that children play in helping to make those redefinitions. It also addresses two different

theories that look at gender from opposing standpoints, gender schema theory and cognitive developmental theory. While the literature review could not be entirely comprehensive of all research in related areas, many important works were reviewed and they do give an accurate picture of the gendered world in which children are raised, the reasons for this happening, and the potential harmful effects of stifling ones sense of self. The review of literature shows the tendencies toward leniency of non-traditional toy play for girls, but very strong negative reactions for boys. The general fears that are associated with this play are the fear of the child being "different", being teased, and being gay later in life.

CHAPTER III

METHODOLOGY

The purpose of this study was to explore clinicians' understanding of children's non-traditional toy choice and parents concerns. The specific research question was as follows, what are clinician's understandings of children's non-traditional toy choice and parents concerns? In considering this purpose and question, sub questions needed to be explored as well. The three sub questions of this study were: 1) What are the parents concerns? 2) What are the clinicians' understandings of the concern? 3) What are the responses of the clinician? Gathering a wide range of clinician's understanding and experiences with this or comparable situations, finding similarities between the clinician's involvement, and understanding intervention methods, could help other clinicians evaluate their personal scenarios and chose to intervene or not in their practice. The hypotheses prior to beginning this research were: 1) Clinicians have experienced the happening of children choosing to play with gender non-stereotypical toys. 2) Parents have reacted in a negative or discouraging way. 3) Clinicians did little to address the situation because they were unsure how to do so effectively. It was necessary to explore the happening as understood by clinicians because as a result of non-traditional toy choices children can experience substantial changes in their mood, behavior, interaction with others, and in the long run, their well-being.

Sample

In studying this topic with the sample of clinicians the research was qualitative, used flexible methods with semi-structured interviews, and a snowball sample. This study was qualitative in nature because the research looked to explore clinicians' understanding of children's non-traditional toy choice and parents concerns, an unstudied topic. The methods of data collection were partially determined prior to the study beginning. Questions were developed to ask each clinician individually. However, when other relevant themes were addressed during the course of the interview, participants were encouraged to discuss their understanding of them.

Selection criteria for this research began with clinicians with an advanced degree, MSW, LMFT, PhD, PsyD, who had two or more years of experience in the field. They needed to work, or have previously worked with children and their families, have some interest in parents concerns about non-traditional toy choice, and speak English. Exclusion factors included if the clinician did not ever work with children and families, had no interest in parents concerns about non-traditional toy choice, had less than two years of experience in the field, or did not speak English.

The sample for this study was a snowball sample. Professionals in the field who knew of other professionals that worked with children and families gave the contact information of those people to this researcher. Once contact had been made with a participant they were asked to recommend other people in the area who they knew who may be able to participate.

Data Collection

Following approval of the Human Subjects Review Board (HSRB) data collection was determined between the researcher and the participant at a mutually convenient time and place. In the proposal to the HSRB at Smith College School for Social Work the procedures to protect the rights and privacy of the participants were discussed. As determined by the HSRB, (Appendix A) the rights of the participants in this study were appropriate according to the NASW *Code of Ethics* and the Federal regulations for the Protection of Human Research Subjects. Prior to every interview, each participant was emailed, mailed, or faxed a copy of the informed consent form. This form discussed their rights as human subjects, and both risks and benefits to participating (Appendix B). The participant kept a signed copy of the informed consent for his or her records, as did this researcher. Tapes and transcribed information were kept in a safe lock-box as per federal guidelines. Signed consent forms, seeing as they had identifying information on them, were kept in a separate lock box to ensure participant confidentiality. Once the three years after the research has lapsed, that information will be shredded or disposed of in the most appropriate method. Should the information be needed longer than the stated three year period, it will remain in a safe location and will be destroyed when it is no longer needed.

Confidentiality was of great importance in this research as it is in any research. The interviews were fully transcribed by this researcher alone. To ensure confidentiality, respondent's names were not used and no personal information was revealed in the writing. All precautions were taken to ensure participants' confidentiality. Full disclosure of what was being studied was given to the participants prior to their participation

because what was being studied was their personal experiences. With more information about what was being studied, participants may have felt more willing to agree to participate. However, if the information they received about the study deterred them from agreeing to be involved that would also be considered positive because they were not coerced into participating.

The participants were asked open-ended questions (Appendix C) about their experiences and understanding of parents' concerns about non-traditional toy choices. To guide the interview, questions were developed for this researcher to ask. First the participants were asked the four demographic questions and then the 20 open-ended questions. One question was consistently omitted from every interview because it was answered by the previous question. Question number eight was omitted, "Are parents more lenient of girls who play with "boys' toys", boys who play with "girls' toys" or neither?" because question number seven got at the same answer "Do parents react differently, in this context, to boys and girls?" Clarifying questions were asked when appropriate. When other relevant themes were addressed through the questioning, clinicians were encouraged to discuss them further.

The process consisted of asking qualitative questions looking to explore clinicians' understanding of children's non-traditional toy choice and parents' concerns. In looking at this qualitative data, themes were considered between answers of each participant. The transcribed interviews were summarized and discussed in the results section of the thesis. Each interview was tape recorded and lasted between 15 and 30 minutes. All interviews took place between 2/11/09 and 3/4/09. During the coding process it became aware to this researcher that opportunities were missed during the

interview process to ask participants follow-up questions. Generally participants expanded upon their answers but in some cases one-word answers were given and this research should have asked more clarifying questions or asked the participant to expand. An example of this was with the question about culture: Do you think culture plays a role in what toys are and are not acceptable to play with? Some participants answered this question with a one-word answer, "yes", a left it at that. At that point, it should have been this researchers job to follow-up and ask them to explain. Later on, this researcher was able to follow up with some participants through email and ask them if they would be willing to talk more about how culture plays a role in setting a standard of what toys are and are not acceptable to play with. Three participants were contacted and two responded.

Data Analysis

Data collected during interviews with participants were analyzed manually. Since the interviews were tape recorded, they were transcribed and commonalities were noted between interviewees' responses. The grounded theory model of analysis was used where "indicators that are similar to each other and different from others are joined together in categories or codes" (Anastas, 1999, p. 424). Similarities and differences of responses were noted in the data collection and data analysis procedures and those marked differences help to become the codes/categories that responses fell into. Grounded theory coding was a multi-layer process. The data analysis process began with "assigning provisional codes to all the indicators discernable in the data" (Anastas, p. 424). Then the coding focused specifically on one code at a time, going through and addressing each and

every code making sure it is appropriate for the category. This process of data analysis

was most appropriate for this data because it allowed for the most amount of quantitative

information to come from qualitative data.

CHAPTER IV

FINDINGS

Introduction

The purpose of this study is to explore clinicians' understanding of children's non-traditional toy choice and parents' concerns. The specific research question is as follows, what are clinicians' understandings of children's non-traditional toy choice and parents' concerns? The literature review reveals that not much research has been conducted on the exact topic of clinicians' experiences and understandings of children's non-traditional toy choices and their parents' responses. However much research has been done related to the role of sex/gender and toy choice, the effects of the media on toy choice, parents' roles in children's toy decisions, and gender and sexual identity issues, which relates to this topic. This qualitative study explored clinicians' theoretical understanding and/or practical experiences with issues of gender and toy choice based on their years of experiences with children and their families.

The following findings are presented in the order in which the questions were asked of the participants. The interview guide that structured the interview with participants focused its' questions on five major areas: demographic questions, opening questions, parents' concerns when children make non-traditional toy choices, clinicians' understanding of-non-traditional toy choices and parents' concerns, and clinicians' responses to parents that are concerned about their child's non-traditional toy choice. The results will be broken down by these five categories.

Demographics

Ten clinicians participated in this study, which included three men and seven women. Six of the participants consider their professional discipline to be social work, while three said theirs was psychology, and one reported marriage and family therapy to be her discipline. Some participants elaborated to say that they have held jobs ranging from school psychologist, to professor, to clinician/psychotherapist/psychologist.

The participants were asked the number of years of experience in their field and answers ranged from three and a half years to thirty years. The mean number of years was 15.6. The median number of years was 16.5. The participants were then asked how many years of experience they have specifically in working with children and their families. Some participant's answers changed, while others did not. The answers ranged from four and a half to twenty eight years. The mean number of years was 14.4. The median number of years was 16.5.

Participants were lastly asked what they consider to be their race and/or ethnicity. Nine participants reported that they consider themselves to be White/Caucasian. One participant within that group specified that her ethnicity was Spanish. Two others also within that group specified that they were Jewish and Italian-American. The one respondent that did not self-report as Caucasian reported to be Puerto Rican.

All participants were contacted initially either through email or phone contact. All participants were all currently working in this field, with children and their families, and were recruited through personal contacts and snowball sampling. All participants currently reside in the New England area, more specifically in Connecticut and Massachusetts.

Interview Questions

Opening Questions

The opening question states, "Parents often discourage or encourage their child's play with specific toys based on its gender connotations. Do you have any experiences of parents discouraging or encouraging play with a specific toy based on its gender connotation either in session or at their home, school, etc.?" All the clinicians (n=10) were able to discuss a case where a parent either encouraged or discouraged non-traditional toy play. Notably, clinicians were much more likely to discuss cases where parents had discouraged toy play based on the gender connotation of the toy. One participant responded to the first question by saying:

> I think years back I would probably have to say that I saw much more in both in schools and hospital settings and clinics much more preoccupation with girls playing girls toys and boys with boys toys…I have little boys coming into session with their parents or siblings and they may play with a baby doll. Fifteen or 20 years ago you would have never seen this. So I don't know that I would go as far as to say that it doesn't exist. I would have to say that I have seen a relaxing of it, even in general conversation. (Interview 2)

Another participant reported "Interestingly enough, I haven't seen this discouragement as much for girls" (Interview 6). One other participant reports, "I wouldn't say that parents have discouraged, but they have always geared their kids toward gender specific toys" (Interview 7).

The second opening question looks for clinicians to expand upon their first answer: "If so, how many cases have you had where a parent discourages/or encourages play with a specific toy based on its gender connotation?" Most clinicians (n=7) were able to give numerical responses, which ranged from two to three cases to upwards of twenty or more. The other respondents (n=3) reported that issues like this, "always come

up" (Interview 3), "much more than once" (Interview 9), and "doesn't come up that often" (Interview 10). One participant clarified their answer by saying, "it is the rare case when it doesn't come up" (Interview 3). Answers to this first category of questions did range in agreement and frequency, however everyone was able to say they have seen parents discourage toy play with toys based on the gender connotation of the toy.

Parents' Concerns When Children Make Non-Traditional Toy Choices

The next set of eight interview questions asked clinicians to explain their understanding of parents concerns. Again, this could be based on practical experiences or theoretical understandings, however since all the clinicians could generally think of some case examples most questions have ten responses based on actual case material.

Is toy selection ever a reason for referral or does it tend to emerge as a secondary issue? All the participants (n=10) agree that toy selection generally emerges as a secondary issue during the course of therapy. However, four participants were able to give an example of one case where it was the reason for referral but they also stated that these cases were not the standard cases. For example, one respondent said, "I think it is not usually the reason for referral except in one case where they were very specific gender issues" (Interview 10). Another participant similarly responded by saying, "I would say it has emerged as a secondary issue, even when gender concern has been the presenting issues" (Interview 2).

How would the topic of toy selection come up if not the presenting issue? Through the coding process themes were found between responses and the four different ways in which toy play gets brought into session is through: observed play (n=7), general

conversation (n=5), parental differences of opinion (n=5), or summarizing the session (n=3). All the clinicians identified at least one of these ways of the topic of toy play decisions into the session. One clinician reported:

> Well, just this morning I had a little girl who was drawing something. And I asked her what she was drawing. And I said "it's funny that design looks a little bit like a Valentine" and she said "yeah". She said, "only girls use pink markers". "Only girls like pink." She said "on Valentines day it was weird because the boys were using pink markers. And it is weird if a boy likes pink." She's in third grade. Third grade! (Interview 3)

Another clinician gave an example of parental difference of opinion when she said that a client's mother may say something like this to her in session, "oh, I let him do this [wear a princess dress], but not when his father comes home because he wouldn't understand" (Interview 10).

What are the main concerns voiced by the parents about toy choice for their children? Clinicians reported that their understanding of parents' concerns focused on social ridiculing/teasing (n=4) and homophobia/fear of being gay (n=4), primarily. One participant reported that, "it would be difficult for cross-gender behaviors to be met with open minded understanding in elementary and particularly in middle school" (Interview 1). Another participant reported that the "main concerns [is]…that they will be teased, which of course is homophobia. Many of them don't have the language or the understanding that that is the source of their anxiety" (Interview 3).

Other respondents (n=4) answered diversely. Two understood parents' concerns to then focus on fear of their child being violent. Some of their understood concern was of their child being "different" (n=1) and the parent's own embarrassment (n=1). One participant's client reported that, "her son acted in a gender-nonstereotypical way. She

said it was ok with her, she still loved him, but it was just that she was getting flack for it. Like people telling her she was being a bad mother" (Interview 4). Another participant finished his answer with his own statement and question, "Raising kids, and being a therapist to kids I am always befuddled by the, what's the acculturated gender piece and what's temperament? Can we ever separate it out, what's what? That's what I think about when I am working with kids" (Interview 9).

Lastly, participants understood parents' concerns to lie with gender identifying problems (n=3). One clinician gave a case example:

> One time when the parent and child were separating in the waiting room and I was taking the child into my office and the mother said 'now don't wear that outfit again this week'. It was a little tutu and the little kid was just dancing around showing me how he danced. Not a big deal, but clearly the mother was uncomfortable with that. (Interview 6)

Do the parents encourage or discourage the play with non-traditional toys and how is this shown? The largest number of participants (n=4) reported that parents are passively against non-gender conformist toys. This sort of behavior is "passive direction", the way in which parents praise children and pick specific toys to buy and not to buy. The next category respondents talked (n=3) were that parents were for non-gender conformist toy play. One participant said, "I think in some groups, parents will even go out of their way to purchase toys that are considered different for the idea that they are socializing their children more generally" (Interview 2). Another respondent along the same lines reported:

> Well I have encountered parents who encourage their son to play with dolls or to have a special favorite doll. I have encountered parents who encourage girls to play with tools and other toys like that. I think it is because they are actively trying to reduce gender bias in their child's life. I wouldn't say that that is all

parents; it is probably some minor percent of the families I have worked with. (Interview 8)

Some clinicians (n=3) found that parents were generally accepting and being open to whatever the child wanted to play with showed this. There was some assumption that this happened more when there were children of both sexes in one house as well. Participants also report (n=3) that parents are blatantly against non-gender conformist toys, which is shown by "overt guiding." One participant reported that, "parents will say 'that is a toy for girls. You will be a sissy if you play with that. Don't play that. It is not ok for you to play with dolls. Here take this truck'" (Interview 4).

Two people (n=2) felt like they did not have enough current case material to be able to answer the question. The last finding was of only one clinician (n=1), but it was considered noninteractional/following the lead of the therapist. This one clinician reported that:

> There have been several parents where the kids, if they are male and pick up dolls, instead of saying, "no you can't do that", the parents will say, they will use it in terms of the therapy. "What do you think the little boy is feeling?" "What do you think the little girl is feeling?" They will actually mimic some of the therapy work, to get at some emotion. (Interview 4)

Do parents react differently, in this context, to boys and girls? All respondents (n=10) reported that parents are more stereotypical of boys who play with girls toys than of girls who play with boys toys. One clinician reported, "I find that parents have reacted more cautiously to boys showing cross gender than girls" (Interview 1). Another respondent said, "It seems that tomboy-ism is okay at least for a little while. But the reverse is much more anxiety producing" (Interview 3). One person said:

> In my experience there are more parents of boys who have stated an overt problem in their selection of stereotypical girls toys. But in my case that I can

think of, of the female, where it was reversed, the parent's reaction was the same. Same in the terms of fear, of her being gay, fear of her being teased. (Interview 4)

Another clinician reported, "if boys gravitate to dolls, or the dollhouse, or more girly kind of items the parents will immediately try to steer them otherwise" (Interview 7).

What are the toys that parents have more reactions to? All the clinicians (n=10) felt that parents had the most reactions to play with dolls. Dress up and make up play seemed to also be triggering according to a large number of clinicians (n=8). One clinician said, "For boys, [there is] more of a reaction to playing with dolls where they are dressing them up taking clothes on and off" (Interview 2). Another reported, "Dolls, particularly feminine oriented dolls for boys" (Interview 1). Only one clinician gave a positive example for cross-gender dress up play which happened to be from his personal life, which he did not mind sharing :

> Well, there are obviously some parents who are very concerned, probably mostly falls into the category of homophobia, if a boy is interested in girl dress-up or dolls…I was actually just visiting the grandson of a friend of mine who has a full dress-up gown. His grandmother made it for him, and he wanted to dress up like a girl, so she made it for him. He wore it most of the afternoon and was encouraged to wear it. So it really goes both ways. (Interview 8)

Another type of play that clinicians found that parents had reaction to was dollhouse play (n=3). Three respondents reported that parents had some sort of response to that. One said that, "If the boys started rearranging furniture or playing with the dollhouse I never heard anything but I would see a reaction. And they might say 'why is he doing that' or 'what is this from', I think that gets the biggest reaction" (Interview 7). Some clinicians (n=3) also saw reactions from stereotypical colors. A small number of clinicians (n=2) reported that guns/weapons play for girls and tea set/kitchen set play for boys was triggering for parents. One clinician reported, "You know like the cooking

piece? That was an issue; parents were like "Why is he cooking? That's not a man's job"

(Interview 6). Another respondent said, "I think for mothers it is usually guns and

weapons and for fathers it is usually dolls" (Interview 9). A respondent (n=1) reported

that video games were a triggering toy for parents.

Due to non-traditional toy choice do the parents express concerns that their child

will be gay or transgendered? Clinicians were asked if parent's express concerns that

their child will be gay or transgendered and the majority of clinicians (n=9) answered this

question in the affirmative. Clinicians answered the questions with a range of answers,

"Yes…sometimes, they don't put words to that…the fear of homophobia is at the bottom

of it, the fear that their child will be gay" (Interview 3), "I would say that has really

changed in my 22 years… I can remember some cases early on in my career, two

particularly, where parents came in with those concerns" (Interview 9), "What I would

say is that the concern was about sexual orientation" (Interview 10), "I would say,

especially for boys that would be up there with the top two concerns" (Interview 4),

"Well they have never used the word transgendered, but they have used the word gay"

(Interview 2).

The one clinician that did not answer with assent said this, "No, I have never

heard them say that, but I had wondered if they were thinking it. They have never voiced

it. So I don't have any experience with someone saying that" (Interview 7). People's

experience with parents terminology and their understanding is varied.

How do children tend to react when they are particularly discouraged in playing

with non-traditional toys? A large number of participants (n=6) spoke about

confusion/embarrassment. One clinician said, "so if the child has already reached a level

of development where they can interpret actions and have a sense of right and wrong they can sense what to be ashamed of. It is particularly true of children at age 5 and 6 and up" (Interview 4). One person said:

> I think sometimes they are apprehensive to play. They may think it is something bad. I don't think they really understand their parent's own fear. I think they become apprehensive and then they don't play. I think it is limiting for the children because they put barriers up, and potentially a wonderful fantasy is limited. Kids are supposed to have fantasies, it is normal. (Interview 6)

Another clinician gave an example of confusion, "the mother was allowing a lot of the behavior to go on and then the child would hear differently from the father so this was creating additional stress, or if you will, increasing the pathology" (Interview 10). Some clinicians (n=3) found that children were likely to go along with their parents' suggestions. One clinician said, "I think it depends on the temperament and the interest level of the child" (Interview 8). The next category, which participants spoke about (n=3), is that of anger/tantrum in response to a child's play being discouraged. One category of being unable to respond/dependant on family situation, only a few clinicians spoke about (n=2). These respondents felt that they would be unable to assess without specific case material because all children would respond differently based on a number of factors. One clinician reported, "That depends on the family setting" (Interview 2). Some clinicians (n=2) also spoke about continued interest, and one specifically spoke about the risks of limiting or discouraging toys because it may force children into:

> Going underground and learning to be more secretive or even learning to suppress it within themselves. So consequently they feel less connected to their parents or to the adults around them. They feel less willing to express other kinds of feelings too and that just prohibits the process of development and identity formation. (Interview 9)

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Another category was termed "tension and discomfort" (Interview 10) which were words taken directly from the one respondent who spoke about this issue (n=1). One clinician found the children would question their parents, and one clinician found that children would have an increased interest: "I think most of the time the kids go along with it without complaint. Sometimes the kids will ask a lot of questions and then be even more interested in the toys they were told not to play with" (Interview 5).

Clinicians' Understanding of Non-Traditional Toy Choice and Parents' Concern

This section of questions tried to grasp clinicians understanding of the depths of parents fears and the root of them, while trying to understand the role of the child in this process.

How do you understand parents' concerns regarding non-traditional toy choice?
Clinicians (n=6) talk about fear as a parents' concern. They talk about issues of fear of their child's safety but also fear for their sexuality. One clinician said, "I think I understand it but I don't totally agree with it. I think there is this fear that if I, for parents, if I don't protect my child, then I give him or her too much freedom and they will, they will turn gay" (Interview 6). Another clinician talks about getting fearful messages from society, "You know I think part of it has to do with fear and the messages they get in society whether that be from the media, or church, or from their own families and upbringing" (Interview 4). One participant talks about a fear of homophobia and what else that stirs up:

> My explanation for it is about what it brings up for them about homophobia. I don't think it is about transphobia because I don't think people really have any concept of transphobia. But I think transphobia does stem from homophobia in

some way. So I would say that primarily the fear is that "my kids will become not only gay but strange, teased, and socially not accepted in some way". (Interview 3)

Clinicians (n=4) believe that values and beliefs play a role in parents concerns regarding non-traditional toy choices. One clinician said, "Well parents have their own prejudices. I think most parents reflect the way they were parented" (Interview 8). Another clinician similarly said:

> I think that a lot of parents don't know that it does not have a lot of relevance in that it is not going to determine the sexual orientation or the comfort with their gender. I think that it is really an issue with very traditional men thinking that the boys will have an issue if they don't grow up as a manly man and therefore they need to grow up with the appropriate toys. (Interview 10)

Some clinicians (n=4) reported that the parents' families of origin probably effect the toys they view as appropriate and not appropriate. One clinician reported, "I think parents are probably informed by their original families of origin, their culture that they were brought up in" (Interview 1). Similarly, a few clinicians (n=3) specified that culture specifically played a role in what toys were and were not acceptable to play with. In response to the question, one clinician responded that they understand parent's concerns:

> Through a cultural lens that we can't escape it and we can't stand outside of it. We can try to flush it out but we are all coming from a certain bias so just trying to unearth that and unpack that; and not to do that judgmentally so that you can work with the issues. These things can provide people with a sense of safety but it can also be extremely limiting. Try to help people talk about it in a way that they can understand it all, exploring the beliefs and where they come from. (Interview 9)

The issues of education/socioeconomic status (n=2) and community/geographical location (n=2) had a few responses each. One participant understood parents concern about community in the following way; "People go to churches in communities where

being gay or homosexual is viewed as a sin and parents get really worried about that and they blame themselves, if that were to happen" (Interview 4).

Do you think non-traditional toy choice play can be a part of development, a sign of a gender identity disorder, or a sign of non-heterosexual orientation? Clinicians seemed to answer this question with a range of answers and with a variety of sources of input. They seemed to rely not only on their clinical experiences, but also on theoretical knowledge and their "gut feelings". The first category, normal development, had the most number of responses (n=7). Seven clinicians reported that non-traditional toy play was part of normal development. One clinician spoke about both age and use of the toy being factors:

> I think particularly when you see younger children you will see more variety in what they reach for and it is as they get older that they know more about what to choose. I think it is normal to explore. I have had some very masculine kids, 8-17 who will choose dolls to tell stories through. Sometimes it is easier to use characters to tell stories and feelings than it is to talk from in one's self. I see it as another tool to use to get at psychological process rather than a symptom of something being wrong. (Interview 4)

Another clinician reports that it is part of a child's consolidation of their world, "I think kids learn from watching and learn what's going on in their world. So in my mind it makes a lot of sense, a kid should try to make sense of their world, they are just trying to learn about it, rather than it being an implication of being heterosexual or homosexual later in life" (Interview 7). One other clinician similarly reported "I think it is a natural process to see how one feels. To be. To exist" (Interview 10).

The second category that was derived from clinician's answers (n=3) was any, all, or none, which means that the clinicians' understand non-traditional toy play in any of the ways mentioned: a part of development, a sign of a gender identity disorder, a sign of

a non-heterosexual orientation. One clinician said, "I think it could be all three or I think it could be none of those. I think it really depends on the age. It depends on what age we are talking about here. It depends on what the child has been raised to believe is ok" (Interview 3). Three clinicians reported that it could be any, all, or none, of these things, but only one expanded to explain her thinking on that.

A few clinicians (n=2) reported that non-traditional toy play is a part of "gender identity exploration." One clinician reported, "I think it is a source of gender identity exploration and non-discriminatory experience of being a person… Exploration does not necessarily mean consolidation. If anything a shunning or a prohibition of exploration is going to skew or restrict the process of identity formation" (Interview 1). The other clinician who reported that this type of toy play is nothing more than gender identity exploration said, "The goal there is adaptation to a world that is binary" (Interview 9).

The last category addresses uncertainty (n=1). One clinician reported that she was not sure what it was about. In theory, this could have been combined with the any, all, or none category, however was purposefully not done so because this clinician seemed much more vague in her answer, while the other clinicians reported concretely that when a child plays with non-traditional toys it certainly could be a sign of any of the identified things.

Do you think culture plays a role in what toys are and are not acceptable to play with? This question had a unanimous response from all clinicians (n=10). Five clinicians expanded upon their positive response to explain why they felt culture played a role in toy selection. One clinician reported:

Yes I do think so. Especially in cultures where gender roles are more defined and rigid. My ways of working with those families may also vary based on the culture. For example, a family who recently has immigrated from the middle east, where their whole stance is coming from not only a new culture in which they live but the culture that they are from. That is going to play a significant role. (Interview 4)

Another clinician similarly brought up the topic of specific ethnicities and their reactions to toy selections:

I think that I have seen Caucasian families be a little bit more concerned about it immediately where I have seen a lot of other families who were African American or Latino be more allowing to just let their kids play. I don't get the same overt reaction. They may still say something like "Jimmy why don't you pick up the ball" but it is not as immediate and innate. It doesn't seem to carry the same amount of weight as it does for some other families. It doesn't seem to be as big a deal. (Interview 7)

One participant attributes acceptance with toy play to not only culture but also to "neurochemical and hormonal issues that drive the sexes to behavior different in an acculturated world" (Interview 9). The last clinician attributes acceptable and not acceptable toys within cultures to traditional values learned from that culture:

The cultures that have more traditional views of gender roles are going to put more limitations on the kind toys they purchase and the kind of toys they say it is ok and not ok to play with and even the reaction the child will get, "this is ok", "this is not ok", "what are you doing playing with that baby" will all really discourage what toys the child will play with. (Interview 10)

What is your understanding of the children's response to their parents? The participants seemed to talk about three specific categories of responses that children give their parents. Most of the clinicians (n=9) reported that children want to please their parents, and would therefore tailor their toy play to appease them. One clinician reported, "I think kids, they want to please their parents and they don't want to cause any conflicts, and they are still dependent on their parents for their source of identity, particularly the

younger. I think there is a lot of identity assimilation with parents of younger age groups" (Interview 1).

Some clinicians (n=4) also felt that children may be likely to respond with opposition. One clinician who fell both into the first and second category said, "I think you have either the child who will obey the parent and stop playing or you have the child who is going to push and be provocative about it, to really get the parent more active in their life" (Interview 6). Another clinician similarly reported, "I think some kids have a natural inclination to do opposite whatever their parents tell them to do just to test the boundaries so I think a lot of times kids want to do it all the more because they were told not to" (Interview 5).

The last category, "other", grouped together unaccompanied answers (n=3). One clinician spoke about fear in terms of "how is the world going to respond to this. Their own discomfort with gender or identity" (Interview 9). Another clinician spoke about stress in the family reported:

> If the parents have a good relationship with the child, and it's not an issue, then they will cease, they will not persist any more. However, if there is more conflict related to their gender identity this is when the relationship is going to be damaged because the amount of stress it is going to put on the child and the rest of the family if they don't understand what is happening. (Interview 10)

Lastly, one clinician addressed the issue of children who modify behavior in front of parents, gave a poignant case example regarding toy choice:

> I think children often times want to please their parents and I have seen kids alter their play behavior when their parent is in the room versus when their parents aren't in the room. So some boys get that the dolls aren't okay to play with if mom and dad are there but it is an ok tool if they are not. So there is some monitoring there. It is very powerful, and kids are very perceptive of their parent's reactions and they do modify their behavior in the contact of parents. I have even had one male, a twelve year old, who really liked to use the dolls in the

therapy. He would come up with these amazing stories and he was actually in special education and he had trouble with reading and writing, but he could tell elaborate stories that could relate directly to his own exposure to domestic violence and conflict, he could do this with the dolls. His mother was very upset he used the doll. We talked directly in therapy about the benefits of it and why it might be ok but she really thought it might be for other kids, but not for him. She did, however, agree to let him use them if she wasn't around. During a session when she wasn't around and he was really getting into his play, he asked "do you think I am too much like a girl"? He was very aware of it. "Do you think this means I am going to be gay"? So he had heard the message and had some anxiety about it himself. (Interview 4)

Clinicians' Responses to Parents' that are Concerned About Their Child's Non-Traditional Toy Choice

The last section of the interview looks to find similarities and differences between rationale and intervention methods of participants. Responses range from quite similar to very different.

How do you respond when parents' present with such concerns? The first question looks to explore actual clinical examples of how clinicians have responded, or how they feel they might respond if they were presented with this given scenario. Responses ranged greatly with the ten participants having eight different categories in which they answered. The first theme (n=6) that was derived from respondent's answers was having an open dialog. Six clinicians reported that this was necessary. One clinician said:

I like to invite parents into discussing what their kids are interested in and why. And not to push or pull away from any orientation. Because then a dialog exists and a channel of communication exists and that is something a parent will hopefully want to be involved in rather than allowing it to happen alone. (Interview 1)

Another clinician similarly said:

I just try to engage them in a conversation, as I would with any type of concern. What's going on? What is this based on? I try to always get into conversation about how they were raised, and talk with sensitivity especially if they are a different race, culture, ethnicity, and I work with the families. What was it like for you to grow up? How do you see your child? And try to eventually build an alliance so we can begin to move forward. (Interview 2)

Lastly, another clinician reported that, "I would really just try to hear their concerns and help them express their fears and anxieties about it first. Then I would try to see where they are coming from. Explore that in a nonjudgmental way" (Interview 9).

Half of the respondents (n=5) felt that they would normalize the child's play and validate the parent's initial fears. One clinician said, "I often tell parents it is a natural state of development" (Interview 1). Another clinician said, "I always try to start with validation and then get to the ultimate concern, instead of assuming I know it is related to the toy choice" (Interview 4). Some clinicians (n=5) also felt that psychoeducation would be appropriate to utilize. One of those clinicians reported, "I try to just give them psychoeducation. Especially about therapy, like in therapy we have toys that are there to represent a wide range of childhood experiences and to give them a chance to try out different roles" (Interview 5).

A few clinicians (n=3) felt that in order to respond to parents who present with these concerns, one way would be to address the parent's history. The "other" category was a compilation of some responses (n=3) that didn't fit with others. One clinician felt that he or she couldn't specify how they would handle the parents concerns because it has to be dealt with on a case-by-case basis. One clinician said that she or he and the parents would come to an agreement about the toys that would be appropriate to use in therapy. Lastly, one clinician reported that they would make an outside referral should that be

necessary since this is a specialized issue. In the last coded category a couple clinicians (n=2) reported that they would let it go for a while, they wouldn't say anything, they would let the situation play out.

How do you balance your opinion of toy selection with the parents' concern or approval and the child's desires? When discussing this topic with clinicians, the goal was to reconcile how everyone's roles fit together in the determination of appropriate toy choice. The first category clinicians (n=6) reported about was having an open dialog, where both parents and children can discuss issues about toy selection. One clinician said: "that's, you know, similar to working with someone who may or may not want to have an abortion. There are values that people choose for their own personal philosophies. I have to invite them into, I prefer to invite them into a discussion, where I am not leaning, I'm not seen as gravitating toward one side of another" (Interview 1).

The next category that half of the clinicians (n=5) talked about was education. What most of the clinicians spoke about was educating the parents about the use of toys in a therapeutic setting. One clinician said, "In therapy it is not really an issue because in therapy the goal is to work out whatever the stressors, conscious or unconscious, through whatever means are available to them" (Interview 10). Another one said:

> So if a child is not permitted to tell stories through dolls, but I think it would be important to have another mode to tell stories, I have asked if it would be ok for the child to use clay. And parents will usually say that is fine. And then I will ask if it is ok if the child makes people out of the clay. They usually feel that that is enough removed that parents will agree. But I may have some parents only session where we can see where it is coming from. (Interview 4)

A few clinicians (n=3) report that it is important to make thoughtful choices about those toys that are in the office. One of those clinicians who reported this said, "I try to be

thoughtful about what toys I have in the office. To try to have things that will be therapeutically useful but will also be acceptable to most families that come in" (Interview 5). Some clinicians (n=3) also reported that they tend to distance themselves from toy decisions made during the course of the session. One respondent said, "I definitely respect the parents and I don't try to encourage or discourage the child. I try to keep myself out of it" (Interview 6). Another clinician similarly said, "I don't steer them in any way and I try to model that for people" (Interview 9). The last category that a clinician (n=1) spoke about was being culturally sensitive. She said, "I have to be very careful that my cultural perspective isn't going to be a primary force in the room. For example a Latino family is going to receive this kind of information in a very different way so I would have to be culturally sensitive to the people and where they are at" (Interview 3).

When you talk to the parents about these issues, are the children present? The first category was that the child will generally not be present, hence the clinician and parents would be one-on-one, and the majority of clinicians (n=6) reported in this way. One clinician who was within this group said, "Generally not. Because my feeling is that it could do more harm for the child" (Interview 2). Another one said, "I would never want a kid to have a set up. I would never want them to feel shameful or feel like they have to hide a secret in the therapy room. Everyone needs to be in agreement, and the child needs to be able to express themselves in therapy" (Interview 4). Another clinician also within this group felt, "No. I keep those types of sessions away from children because they are things that they don't need to know. It is part of the parenting side of things" (Interview 6). A couple clinicians (n=2) reported that they might have parenting sessions should it

be deemed necessary. One clinician said, "it becomes a theme we would discuss it separately so the child would not be put on the spot… If it became a bigger issue I would meet with the parent separately until the issue was resolved" (Interview 8).

A few clinicians (n=3) report that they would, or have, addressed the issue in the moment. One clinician reported, "I try to address it in the moment so the child is aware that it is ok to play with whatever toy they want to while they are in my office" (Interview 5). Another clinician reported:

> Yeah. Often times I do talk about it right in front of the kids. Sometimes if I feel the family is stuck on the issue or if it is a bigger issue I will speak with the parents alone. But 90% of the time I will ask the children with the parents there why they chose one toy over another or this game over that game. I try to foster an open discussion about it. I feel that it is something healthy for the kids to hear that discourse and that dialog. (Interview 7)The next answer set is more general one saying "depending on the case" in which two clinicians responded. One clinician said, "It depends on where we are in the treatment" (Interview 9), and the other said, "Sometimes it is in the context of a family session because that is when a child may be playing or drawing and choosing toys. Sometimes if it is a parent guidance session and it comes up and I am talking to the parents, the child wouldn't be there" (Interview 3).

The next category only had one respondent (n=1), the category was that of involving the child only after the therapist and parents had met. This clinician gave a case example:

> On one occasion they were after the parents and I felt we had established a climate that would be supportive. I would not meet with parents and children if I did not feel there was a supportive climate that had been established, in the best interest of the child. And that process occurs or does not occur. Depending on the openness of the parents or how the chemistry of the therapy is occurring. (Interview 1)

> *If you were presented in a session with a parent who discouraged a 6-year-old boy's play with a Barbie doll because she felt it was only for girls to play with and proceeded to take the toy away from the boy, how would you respond?* The first theme

within responses was suggesting to have parenting sessions, and half of the clinicians (n=5) spoke about this. One clinician spoke about the difference of toys in therapy and at home, and then continued on to say, "if the mother was still upset I would speak to her privately to explain the difference between home and therapy and try to get at whatever her fears were that were making the doll so offensive" (Interview 5). Another respondent said:

> I would ask the question of why restrict identity exploration in any matter if there are no safety concerns. If this is something that is occurring it is likely a natural part of your son's or daughter's trajectory and it might be temporary and it might not be. But to restrict it will only perhaps place it or some quality of it in some state of dormancy. That you want a child to be able to have access to as much information and support to figure out things they are curious about. And to inhibit that you are closing off, you don't really know what you are closing off whether it is a passing phase or part of the fiber of who they are. (Interview 1)

The second theme was commenting on what they witnessed, which some clinicians (n=4) reported they would do. One clinician said, in the course of a session she may make a comment like, "it seems like (*child's name*) really likes that toy, can you tell me why you like that toy" (Interview 2)? Another clinician reported, "I think I have said before, things like, looks like so and so wants to practice being a nurturer or, looks like so and so wants to practice being a daddy someday" (Interview 3). Another clinician had a different technique; "I wouldn't engage her [client's mother] in a struggle. I would probably say something like "Ok, it is mommies turn to play with the doll." Hopefully mom can pick up on that. I don't want to make it awkward for the kid but I don't want to discourage or give the impression that the play is bad" (Interview 6).

A few clinicians (n=3) reported that they would use research or education to explain how this type of play may be beneficial for the child's development. One

clinician reported, "I might try to do some psychoeducation about it not necessarily being a bad thing and that it could be good for his development to see what it is like, and give it a try" (Interview 7).

The category following this one helps to get more at the root of the issue by asking the parents about their histories and backgrounds. A few clinicians (n=3) reported that they would do this. One clinician said, "What are the parents concerns and where are they coming from. I would want to learn more from the parent before any more decision were made" (Interview 8). Following this category is that of exploring the child's feeling, which a couple of clinicians (n=2) describe as part of how they would respond. One clinician who spoke about this said, "if the child was in distress, I might ask him or her directly, why it is distressing for that toy to be taken away" (Interview 2). The final category contains three varying responses (n=3). One clinician response was that of "leave it alone". This clinician explains her reasoning in the following way:

> I wouldn't. I would want to explore but unless it was causing some distress to the child, if it wasn't the presenting problem, and wasn't causing stress, not causing emotional distress to the child, I think that parents have the right to determine the values that they want to raise their children with, whether or not I may share those. (Interview 10)

Another clinician reported that she would observe in conjunction with a few other things like comment and explore the child's feelings. The topic that a respondent talked about was normalizing. She said, "I try to help normalize the behavior for the child while not forcing the parent to feel criticized" (Interview 3).

Would you suggest to the parents that the child not play with the toy or do you think they should allow the child to enjoy whatever toy? This question looks to explore the clinician's personal opinion or view of what a child should be able to play with, the

flexibility of their toy selection. Answers range slightly and themes were derived from

responses. The majority of clinicians (n=7) feel that children should have a freedom of

play. One clinician reported, "I think a child should play with whatever they want so long

as it doesn't pose a safety risk. But that is probably a very liberal attitude in considering

the diversity of parents that come in" (Interview 1). Some clinicians talked about the

culture within the therapy setting and how that has to be taken into account. One clinician

reported:

> They should be able to play with whatever toy they want. The other thing I do is, the difference between play inside therapy as opposed to outside therapy. I make it clear to parents that the culture in my office is that any play is ok. That is what we do. For example, if we are playing cards, if a kid cheats I will say that they are inventing their own rules. I would say, "in therapy we can play any way" we can make up rules we can play with any toys we want. In the culture of play therapy anything goes. But that is a different issue that the things they are playing with on the outside. (Interview 3)

Another set of responses was that of honoring the family's values (n=3) over the

child's wishes. Three clinicians said that they would have to do this. One clinician said,

"Again my stance typically is that children should be able to choose the toys and

activities to express themselves while in therapy. But that being said, there are instances

where family values are so different and I will alter my behavior to honor those values"

(Interview 4). Another clinician reported, "If it is really troubling the parent, you need to

be where the parents are at. So you need to respect that" (Interview 6). One clinician

reported somewhere in between response one and two:

> Overall I would say that they should allow the child to explore the world because it is the better option for them. I would always put it into the context, again explore the fears of the parent, what do they think is going to happen to the child if they play with this or with that. But overall tie in what they think may happen, but ultimately it is up to them as parents what they want to expose their child to. (Interview 10)

The last response was what a few clinician (n=2) said, which was to further explore toy selection.

Is there anything else you would like to add that we did not cover? This was the last question in the interview with the participants. This question was left open so that they could answer it in any way necessary for them. Participants answered in a range of ways.

> I think it is great you are doing this research. I think it is still a part of our culture that begs for more informed decision-making. Especially in getting this kind of information into the popular culture. Some folks, school social works and family therapists should just um, have ready access to research because I think it is important to talk to parents in a language and at a level that meets their readiness. I think there is lots more popular media that makes this more acceptable. But the more research is done, the better. (Interview 1)

This participant speaks to the nature of the therapeutic relationship; "I think these issues are extremely challenging. The key is that we are thinking of a way to persevere the therapeutic relationship. And that is the art of doing the therapy" (Interview 2). Marketing schemes and how that affects children and their parents is what this participant addresses:

> One thing that I think is really interesting is that I have had many parents really complain about the fact that toys are marketed even more than they used to be with narrow gender definitions. Like some little kid will say "we were in the boy isle" and the "girl isle". Because you know one isle is pink and one isle is blue. Many parents usually, they really don't like that. It is almost impossible to buy a bicycle that isn't pink and frilly or black with like roaring mean animals on it. You cannot buy a neutral bicycle. I think the fact that the marketing of toys has got even more stratifying or more gender binary, many parents are frustrated by that and I think it helps open the dialog. So I guess that, the kids really buy into it. The media role is huge. I am sure if the little girls' mother this morning heard her, she would be horrified. I think the kids are absorbing it more from culture, pop culture, movies, TV, and then even more so from parents. (Interview 3)

In this example, the participant speaks about the variance in the clientele we see as therapists and how not everyone will be against non-traditional toys; "I think the only thing is that even though there are these instances, but there are others where parents are more open. There is a continuum and we see everything" (Interview 4). This clinician addresses culture, family, and personal history and attributes those things to the choices a child's toy choice:

> I think just in my experience the choice of what kids pick for toys is so interestingly connected to their abuse history, or to their family, or their culture, and sometimes they surprise you. You can never really plan on what is going to happen and sometimes it is fun, and really interesting to watch and see what comes out of it. And see what the kids feel is important and see how the families respond. It can be really good information to see what the kids pick. (Interview 7)

In this final example, this participant addresses the region of the country in which he lives and how that may have changed his experiences:

> I think in this particular region of the country, I lived in Ohio before I moved to this area, and I think in this particular area the subset of the culture in which there is more understanding and acceptance than there are in other areas and cultural pockets. Where I worked at the clinic in Cleveland there was a lot of diversity but a lot of deep cultural pockets. Folks with very distinctive culture backgrounds who were supported in their communities. I think that if I stayed there I would have seen many more intolerant parents than I have seen here. I was there for 4 years out of 30 or so. (Interview 8)

During the coding process it became aware to this researcher that opportunities were missed during the interview process to ask participants follow-up questions. Generally participants expanded upon their answers but in some cases one-word answers were given and this research should have asked more clarifying questions or asked the participant to expand. An example of this was with the question about culture: Do you think culture plays a role in what toys are and are not acceptable to play with? Some

participants answered this question with a one-word answer, "yes", a left it at that. At that

point, it should have been this researchers job to follow-up and ask them to explain. Later

on, this researcher was able to follow up with some participants through email and ask

them if they would be willing to talk more about how culture plays a role in setting a

standard of what toys are and are not acceptable to play with. Three participants were

contacted and two responded. Their answers are shown here:

> Yes, culture I believe plays a part in this as it does in everything, and class as it
> relates to culture, meaning money, level of education and so forth. For example
> consider the cultural values of the Amish (as an extreme- perhaps but you get my
> point) in PA. Who really have their children only play with hand/home made toys
> that are wooden and quite simple ...or when I visited China and there was a very
> gender specific orientation to toy selection… as there is a more traditional
> approach to rearing children in gendered ways I was told it would be "very bad" if
> a parent gave a little boy a doll to play with or a doll carriage to push. I actually
> see that in my own practice with more traditional cultures. For example, Latino
> families who come from the Dominican Republic or Puerto Rico. Or families
> from Poland, or Russia and so forth. I think US has a more relaxed approach and
> as people get more "acculturated" they seem to become less traditional in their
> views [that is] my clinical experience at least.

The other respondent reported:

> I think culture generally influences what parents think their children ought to be
> doing, and what the parents' ideas are about "normal" behavior and "normal" toys
> for each gender. Even if a particular set of parents is accepting of whatever choice
> their child makes, the child will still face peer-culture influences and may reject
> their parents' ideas, or even face the different values of their friends' parents, etc.
> Culture in the form of marketing is also a huge influence, which is usually aimed
> directly at children. As a therapist, I value allowing children to play with
> whatever toys they choose to use in my office, but sometimes it can be useful to
> explain that the child's peers might not want to play with the same toys in the
> community -- particularly for children who may be a target for teasing already.

Discussing this cultural piece with these two participants again was important. It

is interesting how the first respondent addressed the issue of dolls for boys again, which

was the most triggering toy for parents. It was also interesting how both clinicians spoke

about culture being something so ingrained in who the parents are and how they teach

that to their children by what toys they provide them with. The second clinician also

interestingly enough addressed the issue of marketing, which is an issue that had been

addressed by a few clinicians previously as well.

Summary

This chapter presented the findings summarized, in terms of themes, and in some

cases, word for word, from the ten clinicians who partook in this research. The

participants had varying years of experience in working with children and families. One

happens to be known for working with gender issues, however no one else is considered a

specialist, or to have concentration, in this area. Despite differing specialties, work

experiences, years of experience, sex/gender, culture, age, etc., the participants' answers

generally supported each other. In some questions answers ranged more than others. For

example, responses to the question about what a clinician would do if a parent took away

a Barbie doll when her son was playing with it varied much more so than answers to the

question about how toy selection would become a topic in therapy if not a presenting

issue. The Barbie doll question had six distinct themes while the toy selection question

only had four. What this shows, is that with the toy selection question more participants

were in agreement with what other participants had said, while in the Barbie doll

question, participants were answering more diversely.

Clinicians unanimously reported that they have had experiences of parents

discouraging specific toy play and that it is comes up in therapy as a secondary issue. A

good number of clinicians (n=7) felt that toy selection might come up because of

observed play during sessions. They collectively reported (n=10) that parents are far more stereotypical of boys than girls and that parents have the most reaction to boys playing with dolls. Eight clinicians also felt that parents were quite reactive to dress up/make up play. A very large number of clinicians (n=9), report that parents have concerns of their child being gay or transgendered. Seven clinicians reported that play with non-traditional toys is a part of normal gender development. All the clinicians (n=10) reported that they believe culture plays a role in what toys are and are not acceptable to play with. The large majority of clinicians (n=9) understand children's responses to their parents regarding toy choices as wanting to please them. Lastly, seven clinicians personally feel that children should be allowed to have a freedom of play to explore their social world. It was also interesting that some clinicians felt that culture played a role in toy selection but did not expand upon their answers. With follow-up, two clinicians were able to discuss their impression of how culture played a role in determining toy choice for children.

CHAPTER V

DISCUSSION

Introduction

The purpose of this qualitative research was to look at clinician's experiences, understandings, and/or involvement in children's non-traditional toy choices when parents are concerned about those choices. The specific research question was: What are clinician's understandings of children's non-traditional toy choice and parents concerns? Three sub questions were also developed in conjunction with the main question: 1) What are the parents concerns? 2) What are the clinicians' understandings of the concern? 3) What are the responses of the clinician? After reviewing current literature it was apparent that not much research had been done exactly in this area. Research has been conducted regarding children's own toy choices, parent's concerns about children's toy choices, children's gender issues, the role of the media in children's toy choices, clinician's choice of diagnosis based on presentation of gender issues, and some other similar fields relating to gender issues or toy choices but nothing specifically related to the topic at hand. Hence forth, this literature review focused on: (a) Cognitive-Developmental theory & Gender Schema theory, (b) revolution in the categorization of toys, (c) role of the mass media, (d) role of parents, (e) role of the professional, (f) problem with current research, and (g) summary.

This research showed conclusively that all ten clinicians had experiences of children in session choosing non-traditional toy choices and parents having some concern

about those choices. Some clinicians could cite multiple cases where this has happened. Other themes that developed through the course of the work were that toy selection was seen primarily as a secondary issue in work with clients and that it was initially brought into session through observed play, general conversation, or parental difference of opinion. Parents tend to be much more stereotypical of cross gender toy play for boys than for girls. The toys that parents tended to have reactions to were dolls, dress-up, and make-up. Clinicians' understood parents concerns as fear, and this fear was about their children being teased and fear of their children being gay. Children's reactions to their play being discouraged were noted to be confusion and embarrassment. Clinicians' understood the non-stereotypical toy play as part of normal development. Culture was believed to play a role in what toys were and were not acceptable for a child to play with. Clinicians' understood children's responses to their parents as wanting to please them, which meant children would sacrifice their desired toy choice for the parent's preferred selection. Lastly, clinicians personally believed that children should have a freedom of play so they can select toys of their liking.

The hypotheses prior to beginning this research were: 1) Clinicians have experienced this happening of children choosing to play with gender non-stereotypical toys. 2) Parents have reacted in a strongly negative or discouraging way. 3) Clinicians did little to address the situation because they were unsure how to do so effectively. The first two were clearly supported in this research. All the clinicians (n=10) in this research have had the issue of children choosing gender non-traditional toys come up, therefore the first hypothesis was supported. The second hypothesis was also supported; parents did react generally in a discouraging way. This was true much more for boys than girls however.

The third hypothesis was not supported. All the clinicians felt that they knew how they would handle a situation regarding toy choice if a parent was upset about a child's choice. Clinicians' answered diversely about how they would handle the scenario; however only one respondent reported that they would refer the family to another clinician who specialized in issues relating to gender.

The three themes of questions that the interview guide was structured by will organize the following chapter: Parents concerns when children make non-traditional toy choices, Clinicians' understanding of non-traditional toy choice and parents' concerns, and Clinicians' responses to parents who are concerned about their child's non-traditional toy choice. The results and the concurrent literature will be presented according to those themes.

Parents' Concerns When Children Make Non-Traditional Toy Choices

Clinicians spoke in great detail about parents being upset about non-traditional toy choices, particularly for boys as opposed to girls. Clinicians said that parents leniency towards girls was due to a feeling that they would grow out of the behavior, while boys would not. The research supports the finding that parents, both mothers and fathers, are stereotypical in their disapproval of gender non-stereotypical toys for children, particularly boys (Campenni, 1999; Idle et al., 1993; Sandnabba & Ahlberg, 1999; Wood et al., 2002; Freeman, 2007; Leaper, 2000).

Freeman chose to study children's perceptions of their parents opinions of their cross-gender toy play and found that children were far more harsh in their assessment of their parents perceived stance than their parents actual stance on toy choice. What this study shows is that parents reported to be between 64% and 100% (depending on the sex

of the child and the type of the toy) of the time, fine with the non-stereotypical toy play. This current research did not seem to support those findings. The clinicians in the sample spoke about parents who generally were very unsupportive of gender non-stereotypical play. Considering 64% of those parents reported they would buy their son a doll (Freeman), and in this research all the participants (n=10) said that parents had negative reactions to dolls it can be assumed that that part of Freeman's findings are unsupported in the current research. Additionally, Freeman had found that 84% of parents would allow their son to wear a dress, however in this research most participants (n=8) reported that parents also had a negative reaction to that. Therefore, this research does not support the previous findings that parents are accepting of cross-gender toy play because participants have unanimously reported that parents generally are not only disapproving but are quite negative in this censoring of their child's play.

A theme that was present in the literature and support by this research was the fear of a child's cross-gender toy play, and what it would cause in the long-term. Most clinicians in this research (n=9) were able to state that parents had identified a fear that their child would be gay if they played with cross-gender toys. However, there was a discrepancy for boys and girls; Girls were more able to play with cross-gender toys than boys because there was an assumption that they would grow out of the behavior while boys would not. Both these findings, that if a child played with a cross-gender toy he or she would be gay and the leniency for girls as opposed to boys, was supported by previous research (Freeman, 2007; Idle et al., 1993; Lobel & Menashri, 1993; Martin, 1989; Muris et al., 2005; Sandnabba & Ahlberg, 1999; Schindler, 1974; Wood et al., 2002).

Clinicians' Understanding of Non-Traditional Toy Choice and Parents' Concerns

In this category, themes presented themselves within clinicians' answers some of which are supported by the literature. One of these themes is how children respond to their toy choices being discouraged. In this research, clinicians (n=6) reported that the first response of children, when their toy choices were discouraged, was that of confusion or embarrassment. Previous research done by Muris et al. (2005) had similar findings when children played with non-stereotypical toys and those choices were discouraged. They found that children had higher levels of fear and anxiety because their gender role orientation was not considered to be traditional.

Culture was one aspect that played a role in setting a standard for acceptable and not acceptable toys that clinicians discussed in this research. This was something that was somewhat discussed by previous literature but not in the same way considering no other research has been conducted in the same manner. All the participants (n=10) spoke about the role that culture played in setting a standard for acceptable vs. not acceptable toys for a child to play with. Schnidler (1974) similarly spoke about cultural "gender norms". No other research was found that discussed the role of culture in toy choice or gender role development.

Two other questions were addressed within this category and have a high number of respondents for each answer. The first question looks at children's responses to their parents' discouragement of their non-stereotypical toy choices. Clinicians found that children generally want to please their parents even if that means not playing with the toys they want to. This finding was supported by the previous research. Fagot et al. (1986) similarly found that children will adjust their toy selection based on the messages

they get from parents, peers, teachers, etc. Ragg and Rackliff (1998) also found that children use those perceived parental opinions of cross-gender toys to choose toys. What this suggests is that the current research supports the previous findings. Children look to the people in their life to determine what toys are acceptable and are not acceptable to play with.

The second question addresses how clinicians view non-stereotypical play, which in their wording is simply part of "normal development". It is hard to say whether this finding is supported or unsupported by previous research considering nothing has been done like this before. However, some research has shown that clinicians tend to view orientations other than heterosexual as negative (American Psychological Association, 2000; Bowers & Bieschke, 2005). Clinicians could view this non-stereotypical play as negative and hence forth, these children could be treated the same way the adults were treated in the other two studies: pathologized, judged, and stereotyped. It seems that children's play with non-stereotypical toys being a part of normal development is a finding that is not supported by previous research however further confirmation would be necessary to state this concretely.

Clinicians' Responses To Parents Who Are Concerned About Their Child's Non-Traditional Toy Choice

The last section addresses how clinicians would handle scenarios in which toy selection became an issue in session. Some common themes presented themselves during this part of the interview however, this was the part where the most divergent answers came about. One theme that presented itself in over half the respondents answers was that

the children would not partake in the discussion about what are and are not acceptable to play with once the parents addressed the issue. Over half of the clinicians (n=6) felt that this was an issue that needed to be addressed strictly in parenting session, away from the children. Their reasoning was because it was an issue that had more to do with the parenting side of things than the children needed to know about. It is impossible to know whether this finding would be supported or not, because no study that was reviewed even touched upon this subject. The one piece of literature that did look at toy selection from a clinical stance spoke about diagnosis based on this presentation, but not how to handle that situation with the parents.

The last theme that presented itself within the research had to do with clinicians' personal opinions about toy selections. The majority of clinicians (n=7) felt that children should have a freedom of play, a freedom of choice to choose their toys. The general consensus as to why this was important was because it allowed children to explore all ways of being in their social world without restriction, which would allow for the most uninhibited, natural growth. Again, it is hard to say concretely whether or not previous literature would support this however based on works like Schindler (1974), American Psychologist (2000), and Bowers & Bieschke (2005) it is probably safe to say these findings do not support the previous research. Schindler found that clinicians would more harshly diagnose their clients when they presented with gender non-stereotypical behavior. American Psychologist and Bowers & Bieschke both found that clinicians who were treating clients who identified as gay had negative attitudes, which affected the therapy. The clients were pathologized, judged, and in some cases probably ended up going into therapy in the same closed off environments that they had outside the therapy

office. In other words, clients who presented as gay in the previous literature were stereotyped against. However, in this research, clients who presented as gender nonconformist by playing with gender non-stereotypical toys were encouraged by their clinicians to explore that rather than discouraged like it seems they would have been in previous literature. This finding in this research is not supported by the findings in previous research.

Implications for Practice

The findings of this study have implications for the practice of social work. Those who work with children may very well deal with a scenario where a child will want to play with a toy considered opposite his or her own gender. This situation can be confusing or feel stressful considering there are so many factors to consider: the child's desires, the parent's concerns, personal opinions, etc. If a clinician would try to turn to literature to find support, there would be little they would find. They may find some research on children's toy choices, but little to none on how clinicians handle toy choice in the office. This work compiles ten clinicians varying experiences with children who choose gender non-conforming toys. It finds similarities between responses, discusses themes within answers and between responses, and compares these findings to previous literatures data. This work is important for clinicians to read because dealing with toy choice in the office is obviously not an isolated incident and understanding how other clinicians handled similar scenarios could help foster better understanding of parents' concerns, children's struggle, and therefore better work with clients.

The findings of this study also are relevant for a more general population than simply the clinical population. It would be pertinent for parents to read the study to see

the effect that their approval or disapproval of their child's toy selection has on their children in the long-term. It might also be interesting for parents who are worried about their child's toy choice to see that social workers view these choices as part of normal, healthy development and not generally a marker of any abnormal development or a sign that their child will be gay later in life.

The first section from the interview guide entitled, *"*Parents' concerns when children make non-traditional toy choices*"* was originally proposed to have nine questions, but through the interview process one question was deemed to be repetitive. Therefore this question was omitted from every interview. According to the original interview guide (Appendix C) question number eight was omitted because participants seemed to answer that question with question number seven. No participant was asked question number eight because from the very first interview every participant answered the question through number seven.

Limitations

As in any research, there were limitations in this research. The first limiting factor was finding participants who would be willing to participate. Ultimately only ten clinicians were able to participate which makes this a small sample. Allowing for participation over the phone greatly increased peoples willingness to be involved, however many people were hesitant because they felt that they might not have enough case information. The sample was not racially diverse, despite this researcher's greatest efforts to produce a diverse sample The sample was also all from the New England area so they are not geographically diverse. Because of the small, culturally non-diverse, and geographically non-diverse sample the study is hard to generalize to the greater clinical

public. While it would have been advantageous to have a larger and more diverse sample, time and resources were limiting factors for this researcher. This research provides a nice opening for other research within this and similar topics because it pools resources and gives a general overview of the role clinicians' play and the understanding clinicians' have in toy choice for children.

Time was a great limiting factor for both this research and for participants. The amount of time that participants had to participate was the major limiting factor. Many participants were hard to reach in the first place and setting up a mutually convenient time to conduct the interview was extremely inconvenient. Then participants would be greatly limited in terms of time. They would be in between sessions and would only have fifteen minutes for this researcher to complete the interview. Some interviews could be completed within fifteen minutes but some lasted longer and when the participant did not have time what suffered were the responses.

<p align="center">*Accommodations for Future Research*</p>

Great amounts of future research could be done within this area. Considering there is only a very limited amount of research done looking at the role of clinicians it would be important to explore this more fully. This research did support some findings of previous research, however some parts did not which shows the need for more to be done. One area that would be a good place to start would be looking at how clinicians handle the intervention when the parents are worried about toy selection. This topic could be generalized even more to children who present with non-stereotypical gender behaviors. The clinicians in this study answered in a range of ways related to intervention. It could be interesting to conduct a focus group to have different clinicians

with varying experiences and expertise all in the same room to speak to their understanding, preferences, and see if some common themes could come out of that discussion and research.

One discrepancy that should be further investigated is the finding in this research that parents are generally not approving of gender non-stereotypical behaviors, while in some previous research they were. One clinician in this research was able to give an example of one set of parents being fine with their son dressing up like a princess and encouraging his exploration. In previous research the number of parents that said they would support that behavior was much higher. Maybe the difference has to do with the population in this study being a clinical population vs. a non-clinical population. There are many other mitigating factors that need to be considered. But it is interesting that the numbers are so very different, and would suggest that this may be something that would warrant a full investigation.

Another area of research that should be considered related to this topic is the interplay of culture and how that affects what toys are and are not acceptable to play with. Culture could incorporate social environment, education, socioeconomic status, area of the country in which the family lives, family background, etc., all of which are factors which play into what toys are and are not acceptable for a child to play with.

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Appendix A

Human Subjects Review Board Approval Letter

January 19, 2009

Lindsay Jamieson

Dear Lindsay,

Your final set of revisions has been reviewed and all is now in order. We are happy to now give final approval to your study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Efrosini Kokaliari, Research Advisor

Appendix B

Informed Consent Form

Dear Participant,

My name is Lindsay Jamieson and I am a student at Smith College Graduate School for Social Work. I am conducting a study for my Master thesis. Thank you for considering participating in this research.

The purpose of my study is to explore clinicians' understanding of children's non-traditional toy choice and parents concerns. The specific research question is as follows, what are clinicians' understandings of children's non-traditional toy choice and parents concerns? The sub questions of this study are: What are the parents concerns? What are the clinicians understanding of the concern? What are the responses of the clinician? Your involvement in this research will include an audiotaped interview that will last approximately an hour. The interview will include questions that pertain to the following areas: 1. What are parents concerns about non-traditional toy choice? 2. What are your understandings of the concerns? 3. What are your responses to the parent? If you find any question too personal, or if you simply do not want to answer a question, you may skip it. You will be asked some demographic questions about race/ethnicity, gender, and professional experiences, followed by open ended questions about children's' toy choice, parents involvement, and your understanding. The collected data will be transcribed, coded, and used in my master's thesis. The research may also be used in presentation and publications.

The inclusion criteria for this study are: you need an advanced degree, MSW, LMFT, PhD, PsyD, etc., and to have two or more years of experience in the field. You need to work, or have worked with children and their families, have some interest in parents concerns about non-traditional toy choice, and speak English.

Your participation may include the possibility of distress as you reevaluate and rethink cases. However, this is a low risk study. A reasonable concern for people who participate in research studies is whether their answers can be linked to them by others. Please be assured that any use of answers of the interviews will in no way identify individuals. Confidentiality will be maintained at all times. All the research will be transcribed and coded by the researcher. In publications or presentations, the data will be presented as a whole and when brief illustrative quotes or vignettes are used, they will be carefully disguised so as to not reveal any identifying information. The data will be kept for three years per federal guidelines. At the end of the three years the data will be destroyed when no longer needed.

Participation in this research is voluntary. You may withdraw at any point during the research process and up to March 15th when data is anticipated to begin being transcribed and analyzed. All material related to you will be destroyed immediately should you choose to withdraw. A copy of this letter will be given to you for your

records. Should you have any concerns about your rights or about any aspect of the study, you are encouraged to contact the researcher (contact information listed below) or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

The benefits associated with participating in this study include contributing to the knowledge base regarding non-traditional toy choice an area that has not been extensively explored. Your personal benefits include being able to reevaluate your practice with clients and to explore your understanding of an interesting happening. Your contribution is very much appreciated.

If at any time you have any questions about the study, feel free to contact me by email at lindsay.b.jamieson@gmail.com or phone #: 413-397-3200 or #: 860-575-4964

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

_____   _____
Participant Signature   Date

_____   _____
Researcher Signature   Date

It is advised that you keep a copy of this informed consent form for your own records.
Thank you for your consideration in participating in this research!

Appendix C

Interview Questions

Demographic information:

Gender: F   M   T

1) What is your professional discipline and title?

2) How many years of experience do you have?

3) How many years of experience do you have in working with children and their families?

4) What do you consider to be your race and/or ethnicity?

Questions for clinicians:

Opening Questions

1) Parents often discourage or encourage their child's play with specific toys based on its gender connotations. Do you have any experiences of parents discouraging or encouraging play with a specific toy based on its gender connotation either in session or at their home, school, etc.?

2) If so, how many cases have you had where a parent discourages/or encourages play with a specific toy based on its gender connotation?

Parents concerns when children make non-traditional toy choices

3) Is toy selection ever a reason for referral or does it tend to emerge as a secondary issue?

4) How would the topic of toy selection come up if not the presenting issue?

5) What are the main concerns voiced by the parents about toy choice for their children?

6) Do the parents encourage or discourage the play with non-traditional toys and how is this shown?

7) Do parents react differently, in this context, to boys and girls?

8) Are parents more lenient of girls who play with "boys toys", boys who play with "girls toys" or neither?

9) What are the toys that parents have more reactions to?

10) Due to non-traditional toy choice do the parents express concerns that their child will be gay or transgendered?

11) How do children tend to react when they are particularly discouraged in playing with non-traditional toys?

Clinician's understanding of non-traditional toy choice and parents' concerns

12) How do you understand parents' concerns regarding non-traditional toy choice?

13) Do you think non-traditional toy choice and play can be part of development, a sign of gender identity disorder, or a sign of non-heterosexual orientation?

14) Do you think culture plays a role in what toys are and are not acceptable to play with?

15) What is your understanding of the children's response to their parents?

Clinician's responses to parents who are concerned about their child's non-traditional toy choice

16) How do you respond when parents present with such concerns?

17) How do you balance your opinion of toy selection with the parents concern or approval and the child's desires?

18) When you talk to the parents about these issues, are the children present?

19) If you were presented in a session with a parent who discouraged a 6-year-old boys play with a Barbie doll because she felt it was only for girls to play with and proceeded to take the toy away from the boy, how would you respond?

20) Would you suggest to the parents that the child not play with the toy or do you think they should allow the child to enjoy whatever toy?

21) Is there anything else you would like to add that we did not cover?

Thank you for your time and participation.