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Peer Review

Review of: "Creating a Child-Centered Playroom for Marshallese Children"

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Thank you for the request to review this manuscript for Qeios. The article's primary concern is relevant, and the authors raise critical issues for further research. However, I cannot decipher the aim or contribution of the manuscript. It lacks a clear research question/thesis statement, methodology, and presentation of results, which leaves open the question of how the authors arrived at their proposed recommendations. The background section also reveals a limited knowledge of Marshallese migration to the USA.

The authors link emigration from the Marshall Islands and contemporary mental health issues to the nuclear weapons testing conducted by the U.S. on Pikinni and Ānewetak between 1946 and 1958. These tests and the inadequate reparations and unethical medical research that followed have affected recent history and the postcolonial experience in the Marshall Islands. But the impact of the nuclear history is not a root cause of the widespread poverty, health issues, and other hardships in the urban Marshall Islands, nor has it been the most significant driver of emigration. Migration to the U.S. only began after signing the Compact of Free Association in 1986, largely as a response to a long process of urbanization and a corresponding lack of jobs. Marshall Islanders have mainly migrated to pursue work, education, and medical assistance, with family concerns and obligations becoming an increasing factor as diaspora communities grew.

The manuscript sets out by calling attention to a need for more research on mental health among Marshall Islanders living in the USA before moving on to a presentation of the mental health benefits of child-centered play therapy and child-centered group play therapy (CCGPT). The manuscript does not aim to contribute to the lacking knowledge of mental health issues among Marshall Islanders but to assess the necessary conditions for a culturally suited CCGPT. The idea is to equip playrooms with culturally meaningful toys and to train play therapists in relevant history, culture, and language. That

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way, the concern is with superficial cultural traits and expressions rather than more deep-rooted cultural patterns.

The authors seem to take for granted that CCGPT will be a suitable space as long as it contains the right toys. In other words, it takes for granted that toys are fundamental for play. That is a cultural assumption that does not necessarily fit well with Marshallese forms of play. Indeed, in my experience from the Marshall Islands, kids spend very little time playing with the sort of toys listed in the author's table, that is, toys with a premeditated purpose. Rather, they will repurpose anything from garbage to utensils to craft their own toys fitted for the occasion, or they will use their own bodies and voices in improvised competitions, cooperative games, or elaborate mimicry of adult life. These forms of play happen outside in the environment, whether floating in the lagoon on a makeshift polystyrene boat, rummaging through the rubble of abandoned buildings, or turning vacant urban spaces into volleyball pitches.

Another unexamined cultural assumption the authors make concerns the role of adults in play, both as organizers and participants. In the Marshall Islands, play is truly child-centered in the sense that children organize, engage in, and regulate their own play mostly without any adult supervision or interference. This usually happens in mixed-gender groups of ten to fifteen kids—three to four times more than what CCGPT prescribes—of all ages, from two-year-olds to teenagers. These groups are anything but reserved, suggesting that culturally sensitive play therapists would be wise to give Marshallese children space to organize themselves in a playroom scenario, preferably in a mixed-age group.

We do not learn much about how the authors organized their five-week CCGPT program. They do not disclose details of how many groups they had, how many kids were in each group, how often they met, or how long each session was. Neither do we know if they were successful. We learn that Covid interrupted the project so that they could not complete the planned eight sessions but can only assume that the completed five weeks means that they ran five sessions. Either way, the authors draw nothing from their experience when outlining their recommendations for securing a culturally sensitive CCGPT.

Instead, the seven recommendations they make build solely on what they themselves did to prepare, without any basis in conducted research. Indeed, the calls to 1) examine potential biases, 2) engage with local organizations, 3) connect with stakeholders, 4) connect with families, and 5) read up on relevant culture and history (preferably reading much more than the arbitrarily selected *For the Good of Mankind*) are banal, going no further than the bare minimum preparation for a methodologically and ethically sound therapy. It is worth noting that the authors did not follow their own recommendations, failing to obtain what stakeholders identified as relevant toys and to participate in a class on language and culture.

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The recommendation to 6) advocate mental health literacy is reasonable but also seems like an integral part of any CCGPT.

Considering the major shortcomings in clarity, methodology, and analysis, I cannot recommend this manuscript for publication.

Declarations

Potential competing interests: No potential competing interests to declare.