



Talk4Meaning

Supporting children's communication and learning

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How do we explain Selective Mutism?

This discussion document has been adapted from an information sheet written by Dr. Elisa Shipon-Blum and colleagues at the Selective Mutism Anxiety Research & Treatment Center (Smart Center) Jenkintown, PA, USA. (www.selectivemutismcenter.org)

I am very grateful to Dr Shipon-Blum for giving me permission to use her information to explore my own ideas.

I have written this document in the hope that parents, professionals and adults who experienced Selective mutism (SM) as children will contact me with their ideas and experiences. All children are different, and all children with SM are different too! Some respond well to support and quickly develop as confident talkers, though may remain sensitive to new people and situations. Others may need support for a longer period of time, and experience high anxiety about a range of daily and life experiences, including talking outside their home.

Selective Mutism is a complex **childhood anxiety disorder** characterized by a child's inability to speak and communicate effectively in select social settings, such as school. They are, however, able to speak and communicate in settings where they are comfortable, secure and relaxed: usually at home.

A high proportion of children with SM may also have social phobia or social anxiety. This disorder is quite debilitating and painful to the child. Children and adolescents with SM have an actual FEAR of speaking and of social interactions where there is an expectation to speak and communicate.

Many children with SM have great difficulty responding to or starting communication; by talking and also non-verbally by smiling or waving 'hello'. So they can find it particularly difficult to join in with activities where there are more than a few familiar people, or where they are expected to talk. This is particularly true in a situation that is overwhelming: perhaps because it is noisy or people are moving around very fast, or there is too much to choose from, there is not enough time for them to think and respond, or they sense a feeling of expectation to talk (welcome to school!)

Not all children show their anxiety in the same way. Some may be completely mute and unable to speak or communicate to anyone in a social setting, others may be able to speak to a select few or perhaps whisper. Some children may stand motionless with fear, as they are confronted with specific social situations; e.g. getting changed for PE and joining in. They may physically 'freeze', seem expressionless, seem unemotional and may become socially isolated. Less severely affected children may 'look' relaxed, carefree and socialize with one or a few children, but are unable to speak and effectively communicate to teachers and most of their peers.

When compared to the typically shy and timid child, most children with Selective Mutism are at the extreme end of the spectrum for timidity and shyness.

Why does a child develop Selective Mutism?

Is it an inherited condition?

Dr Shipon-Blum says that the majority of children with SM have a **genetic predisposition** to anxiety. In other words, they have inherited from one or more family members a tendency to be anxious. Very often, these children show, from infancy onwards, signs of severe anxiety: such as separation anxiety, frequent tantrums and crying, moodiness, inflexibility, sleep problems and extreme shyness.

Children with SM often have **severely inhibited temperaments**. Studies show that individuals with inhibited temperaments, or 'shyness' are more prone to anxiety than those without 'shy' temperaments.

Is there a physical reason for Selective Mutism?

Dr Shipon-Blum suggests that most, if not all, of the particular behaviours and reactions typical of children with SM can be explained by the action of the almond-shaped area of the brain called the **amygdala**. When confronted with a fearful scenario, the amygdala receives signals of potential danger and begins to set off a series of reactions that will help individuals protect themselves. In children with SM, suggests Dr Shipon-Blum, the amygdala has a 'lower threshold of excitability'. In other words it takes less stress to set off its reactions. Children with SM will therefore go into 'fear mode' quicker and for lesser reasons than other children, and particularly in settings where there are other people; e.g. birthday parties, school, family gatherings, visits at home from unfamiliar adults etc.

Selective Mutism and the senses

According to Dr Shipon-Blum, some children with SM have **Sensory Integration Dysfunction (DSI)** which means they have trouble processing specific information through their senses. They may be *highly sensitive* to sounds, lights, touch, taste and smells. Some children may have difficulty modulating sensory input; e.g. blocking out or getting used to certain sounds, smells etc. So every time they hear a particular sound, especially if it is unpleasant it 'grates' and they just can't ignore it. This can affect their emotional responses; e.g. getting upset and panicking or 'freezing' when sounds are too loud, lights are too bright, there are strong smells and other children are pressing too close (welcome to the average children's party!)

A child who has difficulty with sensory stimulation may respond by seeming inflexible (needing to have a fixed routine that avoids any 'nasty' surprises), showing frustration with herself (she really wants to join in but can't understand why she becomes upset and panicky) and showing anxiety. The anxiety may cause a child to shut down, avoid and withdraw from a situation, or it may cause him/her to 'act out', have tantrums and show other negative behaviours, (particularly at home when it is planned to go out).

The concept of Sensory Integration Dysfunction fits in well with the concept of *The Highly Sensitive Child* as described by Elaine N Aron in her book of the same name.

Selective Mutism and speech and language difficulties

Some children (possibly as many as 20-30%) with SM have subtle **speech and/or language difficulties**. Some may have subtle learning disabilities including auditory processing disorder, where they need more time to make sense of what they hear, and including what is said to them. If the children are also prone to shyness and anxiety, the added stress of the speech/language difficulty or learning disability may cause the child to feel much more anxious and perhaps insecure or uncomfortable in situations where there is an expectation to speak. (Some parents that I have worked with describe their children as needing more time to *process information and respond*. This is particularly true when answering *questions*.)

More studies are necessary to fully assess the role that speech and language difficulties play in SM, including processing disorders. It is important to note that there are many children with SM who are early speakers without ANY speech delays/disorders or processing disorders.

Selective Mutism and bilingualism

Preliminary research from work at the SMart Center indicates that there is a proportion of children with Selective Mutism who come from bilingual/multilingual families, have spent time in a foreign country, and/or have been exposed to another language during their formative language development (ages 2 –4 years old.) These children are usually very shy and anxious by nature but the additional stress of speaking another language and being insecure with their skills is enough to cause an increased anxiety level and mutism. Tony Cline and Sylvia Baldwin, in their book 'Selective Mutism in Children' explore this possibility in some detail.

Selective Mutism without anxiety

A small percentage of children with SM do not seem to be the least bit shy. Many of these children perform and do whatever they can to get others' attention and are described as 'professional mimes'! Reasons for mutism in these children are not proven, but preliminary research from the SMart Center indicates that these children may have other reasons for mutism. For example, they may have spent years being mute and therefore have ingrained mute behaviour despite their lack of social anxiety symptoms or other developmental or speech problems. These children are literally 'stuck' in the nonverbal stage of communication.

SM is therefore a symptom. Children are rarely 'just mute.' Emphasis needs to be on CAUSES of the mutism and factors that prevent children from developing as confident talkers. DR Shipon-Blum is definite that there is NO evidence that the cause of SM is related to abuse, neglect or trauma. (Though children who have been neglected, abused or traumatised can be anxious and quiet, but these would not be classified as having Selective Mutism. This is an important distinction to make.)

What is the difference between Selective Mutism and traumatic mutism?

Children who suffer from SM speak in at least one setting (usually home) and are rarely mute in all settings. Most have inhibited temperaments and show social anxiety. For children with SM, their mutism is a means of avoiding the anxious feelings elicited by expectation to talk and social encounters. They are usually not in control of their mutism, but it has become a reaction over time. They would like to talk, but find themselves unable to.

It is important to understand that some children with SM may start out with mutism in pre-school, or school and other social settings. Due to negative responses to their mutism, misunderstandings from those around them and perhaps heightened stress within their environment, they may develop mutism in *all* settings, other than at home. They may also have difficulty talking with certain family members, such as uncles and grandparents, and in some cases even their fathers. This may be due to particular ways that these adults respond to the children when they are silent. They may appear 'scary and unpredictable' to the children because they are loud, ask lots of questions, don't give the children enough time to respond, are unsympathetic, show frustration and annoyance or possibly tease the children. This can be a gradual process, or a reaction to a change of circumstances, such as starting school.

Children with *traumatic mutism* usually develop mutism suddenly in ALL situations. An example would be a child who witnesses the death of a grandparent or other traumatic event, is unable to make sense of what has happened and becomes mute in all settings.

How does a child with Selective Mutism behave in social settings?

It is important to realize that the majority of children with SM are as normal and are as socially appropriate as any other child *when in a comfortable environment*. Parents will often comment how boisterous, social, funny, inquisitive, extremely verbal, and even bossy and stubborn these children are at home! What helps us classify a child with having SM is the contrast between the way they talk and behave at home and their severe *behavioural inhibition* outside the home with other people: ('freezing'/panic, as described above) and inability to speak and communicate comfortably.

Some children with SM feel as though they are 'on stage' every minute of the day! One adult said it was worse for her when she was a child with SM – it was like taking your driving test every minute of your school life, as you believe that every move you make or anything you say will be judged. This can be quite heart wrenching for both the child and parents involved. Often, these children show signs of anxiety before and during most social events. Physical symptoms and negative behaviours are common before school or social outings.

It is important for parents and teachers to understand that the physical and behavioural symptoms are due to anxiety. Support needs to focus on helping the child learn the coping skills to combat anxious feelings.

It is common for many children with SM to have a blank facial expression and never seem to smile. Many have stiff or awkward body language when in a social setting and seem very uncomfortable or unhappy. Some will turn their heads away when an adult speaks to them, chew or twirl their hair, avoid eye contact, or withdraw into a corner or away from the group, where they seem to be more interested in playing alone. Others are less avoidant and do not seem as uncomfortable. They may play with one or a few children and join in with in groups. These children will still be mute or barely communicate with most classmates and teachers.

As social relationships are built and a child develops one or a few friendships, he/she may interact and perhaps whisper or speak to a few children in school or other settings. However they may seem to be disinterested or ignore other children. Over time, these children with SM learn to cope and participate in certain activities, such as working in pairs or very small groups where an adult is very sympathetic. They usually perform nonverbally or by talking quietly to a select few.

Social relationships may become very difficult as children with SM grow older. As peers begin socializing more, children with SM may seem more aloof, and become isolated and alone.

Children with SM often have tremendous difficulty **initiating** and may **hesitate** to respond: even nonverbally. This can be quite frustrating to the child as time goes by. The child's nonverbal communication may go on for many years, becoming more ingrained and reinforced unless she is properly diagnosed and treated. Ingrained behaviour often manifests itself by a child 'looking' and 'acting' normally but communicating nonverbally. This particular child cannot just 'start' speaking. Treatment needs to centre on methods to help the child 'unlearn' the present mute behaviour.

I hope that reading this paper has been useful for you. This is by no means a definitive answer to the question, 'Why do some children have Selective Mutism?' However I hope you will find it useful as a starting point in your exploration of this puzzling human behaviour, and most importantly what to do to help.

Please do contact me by email if you would like to add your experiences or ideas.

Recommended reading

Maggie Johnson & Alison Wintgens The selective mutism resource manual
(Speechmark)

Tony Cline & Sylvia Baldwin Selective mutism in children (second edition)
(Whurr Publishing)

Elaine N Aron The highly sensitive child
(Thorsons Publishing)

Support for families and professionals

UK: Selective Mutism information & Research Association (SMIRA)
www.smira.org.uk

USA: Selective Mutism Anxiety Research & Treatment Center (Smart Center)
www.selectivemutismcenter.org

Italy: Associazione Italiana Mutismo Selettivo (AiMuSe)
www.aimuse.it

France: Ouvrir La Voix
www.ouvrirelavoix.sitego.fr