

Selective Mutism

by Selective Mutism Selective Mutism

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Like a camera, a patient in silence hears, records, sees, and retains all that is happening, but he or she cannot be able to verbally respond (Hadley, 1994, p. 2). Selective mutism can be described as being anxiety disorder which is characterized by the inability of a young child to effectively communicate and speak within certain social settings. This disorder can be painful for children and overwhelming for parents. Selective mutism begins in early childhood between ages 2 and 4. Countless times SM has been mistaken for autism stubbornness or oppositional behavior. Children with selective mutism speak in environments where they feel secure and comfortable.

Children having selective mutism disorder, may not be in apposition to communicate when they are confronted especially in a school with their fellow students or when they are expected to make a speech because it raises their anxiety thus unable to speak. The feeling of anxiety is not manifested in the same way in every child with selective mutism. Some children with SM may not be able to speak to anyone in the social environment, they may look like they are mute. While others may select specific people they feel comfortable speaking to because they understand them. Most of the SM children are classified as shy and timid due to the inability to speak, socialize with others, and communicate effectively (Black and Uhde, 1995). They are classified in that category because most of the people do not know the type of the disorder they are passing through thus they are misjudged. According to Black and Uhde (1995), the cases of children affected by selective mutism are more dominant in girls than boys in schools. Most of the children that have SM are likely to suffer from depression due to poor understanding of their social settings. Some of the children may be punished for failing to respond during class sessions due to SM, which may make them depressed.

Causes of selective mutism Disorder.

Selective mutism disorder is as a result of several factors, they can be external or internal they include the following;

Anxiety disorder; can be caused by genes that are inherited from the parents to the children. Children usually have excessive fear since birth, most of the children affected may react to small things with fear such as noise. Anxiety may also be caused by environmental factors such as traumatic experiences from past events such as harassment. Children having anxiety disorder are more prone selective mutism when they are in social settings (Hultquist, 1995). This is because other people may trigger anxiety which may make them not able to communicate effectively or communicate at all. The affected children may have persistent fear in every situation while some cry when they are brought into the social environment or they run away. Children with an anxiety disorder may experience worse panic attacks when they are brought into the social environment.

Sensory disorders. Certain children having selective mutism may also be having sensory disorders that make it difficult to process sensory information. The children with sensory disorders may be sensitive to light and sound which may cause anxiety if the environment they are used to is changed. This makes such children misinterpret the social settings making them inhibit signs of fear. (Hultquist, 1995). For example in an environment where many people are talking, it may cause anxiety attacks to the children due to the noise that comes from people. SM manifest in such children then they are brought in the social environment they are not used to such as schools where there more noise than the noise they are used to. Selective mutism may also be caused by self-esteem problems which may make the children fear social settings. Self-esteem reduces the confidence levels of the children when they are in social settings. Most of

them cannot communicate when they are in a social environment because of low self-esteem. Social settings contribute to fear and anxiety which may cause a lack of speech. Speech and language problems may also cause selective mutism, especially to the children who are brought into the new social settings (Garcia et al., 2004). Speech problems may make the children fear to communicate since they cannot communicate effectively with other children or people in the new social settings. The situation may be the same as children with language problems.

Speech and language symptoms

Some of the children with selective mutism have speech abnormalities that may make it difficult for them to communicate effectively with people in social settings. Some of the symptoms of speech abnormalities in children suffering from SM include repetition of words or phrases (Garcia et al., 2004). They cannot complete the sentence without repeating certain words in a sentence that makes them take a while to communicate a simple sentence. For example, they may repeat "I want" more than three times before they complete the sentence "I want to eat". Another speech problem for children with SM is making the words longer than usual. For example, they may lengthen their names when asked to introduce themselves in the social setting, for example, "I am Jaaaaaames Victor". Addition of extra sounds while speaking consistently is also an SM symptom. The sounds may not be relevant for the example "I ate ...uh... Chocolate". Some sounds may be distorted such as "r and s" while "s" may sound like a whistle thus making it difficult to be understood by the people. Some of the children with SM leaves out some of the sounds while making pronunciations such as "foo instead of food".

The language symptoms associated with SM include poor sound provision while speaking or tension in the voice. This makes the words not come out clearly and it is often brought about with fear. This situation is likely to happen to children with SM when they are told

to read something in presence of other people or make a speech. There is also frustration when they attempt to speak, they seem to have forgotten some words in a sentence. Some may jerk their heads while speaking while others blink their eyes. The blinking of the eyes and jerking of the head is done more consistently with the children who have SM than the normal people do. They may also feel embarrassed when they communicate with other people while their voice while speaking may be loud or soft and the voice break (Dummit et al., 1997).

Diagnosis

Children having selective mutism show various symptoms that can be used to diagnose the treatment of the disorder depending on the symptoms. They include the following; the feeling of anxiety which may make children uncomfortable when they are in the presence of unfamiliar people or while trying to communicate. Social withdrawal, where children avoid being in the public at all cost, they are often alone in private places or they lock themselves in their rooms (Hultquist, 1995). Some of the children may have communication problems such as difficulty in language speaking. Depression is also an SM symptom since most of the children with SM are likely to be stressed since they are mistreated or not understood in the social setting they are an example from the schools. Some of the children may be rude, shy and they cannot maintain eye contact while others may have high tempters, nervousness, and development disorder.

When a child with SM is taken to the medical centers, the history of the child's medical records is checked to examine the signs of the SM manifestation. The guardian may be asked about child language development and how he or she speaks (Hultquist, 1995). The child's school records are very important to examine the performance and the comments from the teachers to examine if the children show some symptoms of SM at school that may be interfering with the studies such as fear to involve in the social classes. A medical examination is also very

critical to identify other conditions the child might have that may contribute to selective mutism development such as mouth and lips examination. The treatment of SM depends on the child's symptoms of SM such as speech therapy, which helps the children with SM who have speech and language problems to communicate well (Hultquist, 1995). Psychological help is important to the children that show signs of depression due to SM. Raising confidence levels of the child with SM by making them overcome fears of speaking in social settings such as creating an environment where there are other people apart from the family the child can talk to. Behavioral therapy is also an important way to help children with SM handle their emotions. Talking to the teachers to understand the child with SM is also a very important way of reducing the chances of the child being depressed due to the school environment. Understanding the children with SM and giving them time to develop slowly is very important in the treatment of the disorder. The method for diagnosis above is the best for the treatment of the children with SM because they help to identify the key symptoms that affect children and they are treated accordingly.

How the research about selective mutism have impacted me

The research helped me to identify the problem people with SM go through in social settings, especially in schools. I could not understand why some school mates used to like to stay alone rather than having fun with other students. I could not also understand how some people cannot stand in front of the people and say something. After this research, I come to realize some of them used to suffer from SM which is why they could not interact with others as normal (Manassis, 2009). The research has helped me to realize that some of the children with SM pass through difficult times while they are trying to communicate a message. Some of them may be misjudged as shy but it is a result of the SM disorder. While other children may suffer from depression because of being bullied by other children and while they can't defend themselves.

The research has helped me to understand people with SM and it has helped me to know how to treat such people so that they may be free to communicate their problems. It has also helped me to educate others especially young children in lower grades to treat children with SM with respect so that they may be comfortable in schools. The research has taught me the importance of keeping a healthy environment for children of four years and below so that it may not affect them in the future through traumatization. A healthy environment is very important to the children suffering from SM thus people should be educated on how to deal with children with SM. I also have realized some of the children who refuse to talk in a social setting is not that they are rude but they might be having SM disorder.

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