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Teaching Strategies to Help Overcome the Silent Struggle: Educational Support for Selective Mutism

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Abstract

Selective mutism is a rare anxiety disorder which makes a child consistently fail to speak in specific situations which cause extreme stress to the child. The behavioural inhibitions associated with the disorder become more noticeable when the child begins pre-school or formal schooling when she/he comes into contact with peer groups of the same age. Since this is not a communicative disorder the child is able to have successful speech interaction in contexts such as home where she/he feels comfortable. Reluctance to speak may inevitably

involve adverse consequences for the child in the school classroom, limiting her/his potential for a fulfilling educational experience. As such, it is imperative to introduce supportive mechanisms to minimize stress in the classroom with a view to help reduce the anxiety levels of the student, thus ensuring a satisfactory learning experience. However, there is a considerable lack of awareness of this disorder among educators as well as the general public, which may contribute to the scarcity of teaching strategies used in the classroom to help such children. In such a context, this paper, employing a literature review method, intends to sensitize teachers and the general community about the disorder and of the procedures available for successful teaching of children with selective mutism.

Key Words: Selective mutism, Supportive mechanisms, Teaching strategies

Introduction

Selective mutism has been identified as an anxiety disorder (WHO, 2018; DSM-5, APA, 2013) which makes an individual fail to speak in select social situations, particularly in settings where they are expected to speak, but are not emotionally comfortable. Such children cannot speak at those select situations because of the physical symptoms they experience due to extreme anxiety. However, they speak quite comfortably in anxiety-reduced situations where they feel secure and relaxed, and do not feel threatened or challenged in any way (for example, the home). The signs of this impairment can be noticed in early childhood and specifically when the child starts pre-school or formal schooling because this failure to speak becomes quite noticeable when the child is with many other peers of the same age.

There could be a likelihood for this condition to be misinterpreted as an excessive form of shyness. However, extreme shyness has been identified as a

trait that can be a part of an individual's personality whereas selective mutism is an impairment which makes the person very talkative at certain situations and face complete failure in expressive speech at other occasions. If the condition is not treated in childhood, it will continue to adulthood, causing major issues for the person in her/his daily life which involves human relationships, school or place of work, etc.

In a context where inclusive education has become a worldwide phenomenon in the present world, working with/ teaching children with selective mutism, as with all differently-abled individuals, could have its own challenges as well as emotional rewards. With the Universal Declaration of Human Rights (1948) acknowledging education as a fundamental right for all, the cause for inclusive education, too, has been gradually gaining ground. Nevertheless, with respect to the implementation of inclusive education, grave global dissimilarities can be observed, particularly in the third world countries.

Literature Review

The failure of speech in children with selective mutism is not the result of a limited knowledge of language (Hipolito & Johnson, 2021), and their comprehension abilities remain unimpaired. Such children might show varied symptoms but the common feature for all such children would be the failure to speak in select situations and having to face the repercussions of such behaviour. It is not their choice not to speak; it is an emerging behaviour which makes them go partially or completely silent in spite of their wish to speak, in situations which cause anxiety to them.

> 'Selective mutism entails a recurrent persistency of an individual's physical inability to articulate thoughts in various social contexts, especially in novel social circumstances (e.g. school), irrespectively of being unobscured in producing speech within more familiar settings (e.g. home)' (Chatzinicolaou & Iliopoulou [2021]).

The expectation to speak, particularly with strangers, may trigger an opposite reaction of complete absence of speech and also, a freeze reaction in the case of most children with a high-profile form of the disorder, a response that has been often compared to a 'deer in spotlight'.

> 'SM [*selective mutism, my italics*] is now understood as a speech 'phobia', where the expectation to speak elicits a neuropsychological fear response in the individual, who is rendered frozen and unable to talk' (Johnson and Wintgens, 2016, p. 31, cited in White et. al, 2022).

Children with selective mutism may also show other symptoms apart from their helplessness with speech in stressful situations. For instance, they may show inability to regulate their emotions, over-sensitivity to certain fabrics, lights, sounds or even smells, etc. Their anxiety with speaking turns them into socially withdrawn personalities. Since the speech anxiety persists in spite of the child's wish to speak, this

condition causes even more stress, and primarily, deep emotional pain to the child herself/himself. Besides the difficulties that occur with the condition of selective mutism, these children show normal intelligence levels (Hipolito & Johnson, 2021). Since it is not a pervasive developmental disorder, this condition can be remedied through proper therapy and treatment.

Existing research claims that children with selective mutism generally begin to show signs of the disorder at quite an early age in their childhood. Steffenburg et. al (2018) assert that signs of the disorder begin to manifest generally between the ages of 2.7 to 4.1 years. The Cardiff and Vale University Health Board (NHS), too, emphasizes that early signs of selective mutism begin to appear from the ages of 2 to 4 although there is a likelihood for such signs to manifest at any age in life.

> ‘Children with behavioural inhibition in their early years show reticence in the presence of unfamiliar adults and lack of spontaneous

> speech with unknown people. These characteristics describe a child with selective mutism and occur during the typical age of onset of the condition' (Muris and Ollendick 2015, cited in Hipolito & Johnson 2021, p. 252).

Hipolito & Johnson (2021, p. 250) remark that children with selective mutism (which was previously misconceived as elective mutism) 'generally have normal early development and language skills and, even in settings where the child is mute, social reciprocity is not impaired'. In comparison with many other childhood disabilities, there are very few reported cases of selective mutism. According to Muris et. al (2016), approximately 0.03-1 per cent of the world population have been affected by this disorder which has been found to be more prevalent among girl children than boys (Cline and Baldwin, 2004). Sharkey & McNicholas (2012) estimate a prevalence of 0.03-0.79 per cent selective mutism among school

children. Manassis (2009) asserts that cases of selective mutism could still be under-reported and/or unpublished.

While some research studies suggest a strong genetic factor behind selective mutism (Hipolito & Johnson, 2021), other research assumes that environmental or psychological factors may trigger a selectively mute condition in some children. For instance, Steinhausen & Juzi (1996) state that selective mutism can follow an extremely stressful occurrence in the child's life. Hahn (2008, p. 18) exemplifies some of these life events as follows:

> 'Some of these stressful life events may include abuse, death of a loved one, divorce, moving, or a life-threatening experience' (Dow et al., 1995 in Krysanski 2003).

Hahn (2008, p. 18) also refers to studies which raise arguments to the contrary, that 'there is no evidence to support the fact that neglect, trauma, or abuse is a cause of this disorder'. Thus, it appears that existing

research does not show consensus on the possible causes for selective mutism.

According to Bergman et. al (2002) a total population of approximately 0.71 per cent may have faced symptoms of selective mutism. The deficient reportage of the impairment and the various different ways in which it has been described in the reported cases have made it hard to specifically define the disorder. Despite this difficulty, as Kovac & Furr (2019) point out, early diagnosis is imperative to make life less problematic for individuals with selective mutism. McDaniel (2021, p. 45) endorses this viewpoint when he states that the consequences for children who do not receive therapy 'are profound and lifelong'. The National Association of School Psychologists (NASP) of Maryland, U.S.A, highlight the tendency for children with selective mutism to have difficulties in participating in school tasks which demand verbal participation which might lead to 'school refusal behaviour' (NASP, 2023, p. 1).

Research Problem

There are students in school classrooms as well as outside the classroom, who show signs similar to selective mutism. However, the awareness of this disorder is scarce among teachers and the general public although disorders such as dyslexia are currently gaining recognition followed by therapy. There is only a limited amount of research on the prevalence of selective mutism. Owing to this scant awareness, the child suffering from this issue of selective mutism may not get the support s/he needs very much, to gradually overcome the problems and the repercussions associated with the disorder.

Research Method

The method adopted in this paper took a qualitative, literature review approach. It focused on synthesizing some of the main findings of significant contemporary research in the area of selective mutism, particularly those related to working with selectively mute children in the classroom. Scarcity

of research on the disorder itself, and lack of much awareness of the issue in Sri Lanka, motivated the present study. Therefore, the synthesizing of information from available research involved the integration of their findings by means of a thematic analysis to achieve the objectives of the study, that is, to create heightened awareness of the disorder itself and to examine the possible strategies that can be utilized in the classroom to enhance the learning experience for children with selective mutism.

Implications of Selective Mutism in the Classroom

The features associated with selective mutism behaviour could pose considerable challenge to the child and to the teacher in the school classroom. The difficulty with communication is foremost among such challenges. Since the child with the disorder fails to speak in the classroom when s/he is expected to speak (for example, asking and answering questions, seeking clarifications, participating in group work, etc.), the teacher might not be able to determine the child's extent of comprehension of

classroom work or accurately assess her/his level of competence.

> 'Symptoms can affect a child's ability to engage in school tasks, how they are perceived by peers, and their ability to advocate for needs. The long-term impact of not addressing symptoms can include an increased risk for additional anxiety, other mental health concerns, school refusal behaviors, and use of alcohol or other substances to manage anxiety symptoms' (NASP, 2023).

In the day-to-day classroom context where knowledge is assessed through verbal skills, the selectively mute child might find it difficult to keep up with the rest of her/his peers (Muris and Ollendick, 2021). However, studies conducted by Cunnigham et. al (2004) has revealed that selective mutism does not hamper the mathematical ability in children. The inability to express oneself can have

detrimental effects on the child's health and safety, too. For instance, such children might not express their basic need to use the toilet or might refrain from asking for help when they are in danger.

There may be a tendency for teachers and others who are not aware of the prevalence of the disorder to misinterpret the selective muteness of the child as 'oppositional behaviour' which involves defiance or stubbornness (McDaniel, 2021, p. 45), and simply disobedience, which may make matters worse for both the child and the teacher. McDaniel (2021, p. 46), quoting Bergman (2013), further asserts that this misconception may direct the teachers to 'use behavioural strategies that demand or require speech and so unintentionally humiliate the child in class.

'These strategies would have the reverse of the desired effect on students with SM by increasing anxiety. The result would be a resistance to speaking at all. The solution being offered here will not work and is not recommended' (McDaniel, 2021, p. 46).

Arigliani et. al (2020) and Johnson et. al (2015) make similar points with regard to these misconceptions associated with the child's failure to speak in the classroom when they remark that educators might misunderstand the child's lack of speech as a manifestation of oppositional behaviour.

The attitudes of other students in the same classroom may also cause problems for the selectively mute child. Peer curiosity with regard to the child's muteness may provoke questions about the silent behaviour and, most significantly, the particular child may be isolated in the classroom. Furthermore, the unnecessarily negative attention that falls on such children (for example, the rest of the class staring at the child) may cause persistent stress to the child, causing further withdrawal from society.

Results and Discussion

The findings of this study will be discussed under two main thematic concerns with regard to the manifestation of selective mutism in the classroom

and teaching students with the disorder. They are, to exemplify the strategies available for teachers to create an anxiety-free and confidence-building environment in the classroom, and to emphasize the need for application of these strategies in a Sri Lankan context.

Strategies to Provide a Supportive and Inclusive Learning Environment

Schools are generally expected to play a central role in building a support system for students with different physical and mental health issues. According to the Selective Mutism Association (n.d., p. 7) '[t]he ideal interventionist may vary significantly depending on the child's age, symptoms, and any co-occurring concerns'. Furthermore, the task would be even more challenging when such children are not 'overtly externalizing their need' (Collins and Holmshaw, 2008 cited in White and Bond, 2022). However, with these limitations and within the constraints of the

classroom and in the limited role that the teacher can play in the process of intervention, the child can still be supported by the teacher to a significant extent. According to Elizalde-Utnick (2007, p. 141), '[e]arly intervention is critical, especially implementation of school-based intervention strategies'.

As the first step to helping a child with selective mutism in an educational setting with teacher-based intervention, it is imperative that the teacher develops a thorough understanding of the disorder (Hartati et. al 2024). The best possible intervention plan should have training of teachers on selective mutism. In a context where the disorder of selective mutism itself is not widely known, providing teachers with the necessary training might not happen as expected. A small-scale research project conducted by White et. al (2022) 'highlight the limited knowledge which teachers have of SM, whilst demonstrating how staff training and school development might contribute to improved outcomes for children with the condition'. Even so, small-scale

individual school-based training could be possible. With enhanced awareness, the teacher can also create positive understanding among the classroom community about the basics of the disorder (in the absence of the child with the disorder because the child should not be given the feeling that s/he is different), requesting the class for empathy and friendliness towards the particular child, thus fostering peer support as well.

Since the child does not take the initiative to speak, teacher may take the responsibility to build a supportive and inclusive environment for the child to learn in the school classroom in spite of her/his condition of selective mutism. Most notably, the teacher can foster an atmosphere where the child feels safe and accepted, thereby removing the stigma associated with the disorder and gradually helping to initiate confidence in the child. Research suggests that giving such children the time to familiarize themselves with the classroom ‘may help reduce their anxiety’ (Child Mind Institute Report, 2024).

Although the child refuses to talk, the teacher can still talk to her/him, describing or giving instructions with regard to an activity in which the child is expected to engage. White & Bond (2022) promote the strategy of encouraging the child to use ‘gestures like nodding, pointing, or writing’ (cited in Hartati, 2024, p. 586) in communicating messages.

An effective plan for intervention should always entail the acknowledgement and consent of the child’s parents and the school authorities. The main goal for a teacher should be to help the child overcome the anxiety that torments her/him, and therefore, the child should not be pressurized to speak. Kervatt (2024) suggests that the teacher should focus on reducing anxiety and not on producing speech. Making the classroom environment comfortable for the child can be the initial step that a teacher may take in initiating help for the child. It is noteworthy for the teacher to be aware that ‘the rate of improvement often depends on the severity of the child’s symptoms, how much

support they have previously received (e.g., therapy, previous school intervention), and how consistently they receive opportunities to build comfort using their words' (NASP, 2023). Correspondence through email, with parents' consent, is a possible strategy that the teacher can use to communicate with the child who is not ready to give verbal responses in the classroom. The teacher can quietly observe and monitor the student's progress even though such progress can be slow. In a supportive environment, it is expected that the child will gradually overcome her/his reluctance to speak. Elizalde-Utnick (2007, p. 141), among other researchers, is of the view that a productive intervention plan should employ 'behavioral strategies for decreasing social anxiety and increasing communicative behavior'.

Making different options of classroom work available for the child with selective mutism is another strategy that can be successfully adopted in the teaching context. This can involve written work, video recording answers at home (because the child

has no hesitations to speak at home), and even modified methods of assessment such as giving additional time to complete homework (Hartati, 2024, p. 586). As selective mutism obtains at different degrees in each individual with the disorder (Kristensen et. al, 2019), a teacher may find a particular child with low-profile selective mutism showing some willingness to work in a small group consisting of peers with whom the child feels comfortable working whereas other such children may keep silent. For those who are unwilling to talk, Elizalde-Utnick (2007) proposes the use of visual strategies to make communication free of anxiety. Hartati et. al (2024, p. 582) advices that 'implementing individualized support strategies' or 'tailored interventions' to suit each individual child experiencing selective mutism would ensure successful outcomes.

Cline and Baldwin (2004), Johnson and Wintgens (2016) and White et. al (2022) all emphasize the importance of avoiding practices which might

contribute to the strengthening of the disorder, when educators develop supportive mechanisms. These include practices such as ‘placing pressure on the child to speak, providing increased comfort when the individual is anxious about speaking’ (White et. al, 2022) and communicating that there is ‘no need to change’ (Johnson and Wintgens, 2016, p. 37, cited in White et. al, 2022).

The Sri Lankan Context

Although personal accounts from Sri Lankan teachers about encountering students who show symptoms similar to selective mutism (though the particular teachers were not aware of the name of the disorder) exist, localized statistics from Sri Lanka on reported cases of the disorder could not be found. However, as regards inclusive education in Sri Lanka, the country has made a considerable attempt to integrate children with disabilities in the mainstream classroom. The Ministry of Education of Sri Lanka has set up a separate department for implementing the national policy of making free

education compulsory for every child. Even so, the country has to confront numerous challenges in this regard, such as the scarcity of trained personnel, inadequate infrastructure facilities and funding for the fulfilment of the goals associated with inclusive education.

In such a context, with the lack of awareness of selective mutism as a disability itself, makes it even more difficult to identify the disorder and work towards helping such children in the classroom. Given the importance of early detection of selective mutism to minimize the harm it may cause, a pertinent call today would be to train at least a selected set of educators, emphatically at the primary school level. Sri Lanka already has a mechanism in progress to train selected groups of teachers in disability education. The National Institute of Education has a separate Department of Inclusive Education which takes on the responsibility of providing training for teachers in special needs education. This training can incorporate a component

of creating awareness on selective mutism and developing a supportive system for students with the disorder. This initiative can be deemed crucial in the context of special needs education because, unlike many other disabilities, selective mutism is an impairment that can be completely overcome with early diagnosis and proper management strategies.

Conclusion

The present paper intended to highlight the prevalence of the rare anxiety disorder known as selective mutism which causes behavioural inhibitions particularly with regard to verbal behaviour and anxiety-related physical symptoms. It drew from available literature on the disorder to emphasize that selective mutism is not a deliberate refusal to speak, and may cause persistent impairment in the daily life of the individual. The paper also focused on proposed strategies that can be adopted in teaching children with this impairment to gradually alleviate the possibility that the disorder

may have to significantly interfere with the child's education if not diagnosed and managed properly.

The present paper thus expected to advance the cause for proper training of teachers in identifying instances of selective mutism and providing meaningful support for such children in all contexts of education including the formal school context of Sri Lanka. The limited, or relative lack of awareness, of this disorder across the world call for systematic, yet cautious, raising of awareness of the existence and behavioural patterns of the impairment, supplemented by appropriate training for educators, especially those involved with primary education, thereby providing highly fertile ground for further research.

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