

## ЖАС ЗЕРТТЕУШІЛЕРДІҢ ҒЫЛЫМИ ЕҢБЕКТЕРІ НАУЧНЫЕ РАБОТЫ МОЛОДЫХ ИССЛЕДОВАТЕЛЕЙ

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### ELECTIVE MUTISM: A SPEECH THERAPY LOOK AT THE PROBLEM

#### **Abstract**

*This article is devoted to the study of the problem of elective mutism in children in the literature, its relevance in the modern world, etiology, pathogenesis, the consideration of speech therapy work with children to overcome elective mutism, the search for optimal methods for correcting elective mutism, the role of a speech therapist in working with children with elective mutism, speech therapy exercises in work with children suffering from elective mutism, the interaction of a speech therapist and educational psychologist in the correction of elective mutism.*

*This work can be useful for teachers, speech therapists, educational psychologists.*

**Key words:** *elective mutism, elementary communicative vocabulary, correction, expressive speech, articulation, speech therapy.*

#### **1 Introduction**

In speech therapy, the selection of a correction program for people suffering from elective mutism requires careful selection and the views of various specialists on this problem. N.K. Kirillina, Yu.S. Shevchenko give the following definition of elective mutism in children (EM) – a relatively rare and little-studied disease in modern psychiatry. In ICD-10, “elective mutism” is included in Chapter 10, «Behavioral and Emotional Disorders, Beginning in Children and Adolescents», the section «Disorders of Social Functioning with Beginning in Children and Adolescents (F94)» [1].

To diagnose a disorder, the condition must meet the following criteria:

1. Expressive and receptive speech within the normal range (within two standard deviations relative to the standard level for a given age according to test data).
2. Permanent objectified inability to speak in certain social situations, when speech is expected from a child (for example, at school), in other situations speech is possible.
3. Duration of the disorder over 4 weeks.
4. There are no common developmental disorders (F84).
5. The disorder is not caused by the child's ignorance of the language in which speech is expected.

In elective mutism, a child who is fluent in speech and who understands other people's speech refuses to talk to certain people in certain situations or regardless of the specifics of the situations. In the literature on elective mutism, there are also the terms: «selective mutism», «selective mutism», «partial mutism», «voluntary mutism», «psychogenic mutism», «situational-induced mutism», «characterological mutism», «speech» «phobia» dumbness with sound hearing (Kovalev, 1979; Garbuzov et al., 1977; Becker and Sovak, 1981; Kratochwill, 1981; Conrad et al., 1974; Mack and Maslin, 1981; Remschmidt, 2003, etc.). [3]

#### **2 Materials and methods**

Experts identify the following options for elective dumbness:

- mutism of overvalued behavior associated with a conscious negative attitude towards a particular significant person (stepfather, caregiver, teacher, one of the parents) or with a certain unpleasant place (kindergarten, hospital, school, boarding school);

- phobic (social phobic) mutism caused by the fear of discovering one's intellectual inconsistency (true or imaginary), speech defect (stuttering or incorrect pronunciation), or constitutional intolerance to a super sensitive child of a new environment, common for most people to communicate (direct view eyes, close distance, touch, loud voice of the interlocutor, etc.);

- hysterical mutism, which is based on the subconscious desire to manipulate others in order to evade undesirable activities, mental stress, to achieve the fulfillment of their own desires, to provide themselves with increased attention;

- depressive mutism, acting as a symptom of low mood, accompanied by inhibition of motor, mental and speech functions, that is, a general decrease in tone;

- mutism with mixed mechanisms.

But in recent years, the two terms «elective mutism» (adopted in ICD-10 and DSM-III) and «selective mutism» (adopted in DSM-IV) have become common. The publication of DSM-IV changed the name of elective mutism to selective because, according to American experts, EM is an abnormal behavior, rather selectively dependent on the social context, rather than completely voluntary (Dummit and Klein, 1997). As will be seen later, this position in the understanding of the studied disorder, presented in the nosological quality of the syndrome-disease, has sufficient grounds, however, while maintaining adherence to established traditions.

The term «elective mutism» was first proposed in 1934 by the Swiss child psychiatrist Maurice Tramer. He described a case of selective mutism in a seven-year-old boy who did not speak at school, although he spoke normally at home. Tramer was one of the first to use the terms «total» and «elective» mutism. He described children suffering from mutism as «non-psychotic, speaking only in a circle of loved ones». Mutism Tramer interpreted as a delayed, archaic, defensive reflex. He considered hereditary aggravation of mental illness and the distinctiveness of character traits of parents – fearfulness, vulnerability, lack of independence as predisposing factors [5].

Elective mutism often manifests itself when school starts or during the preschool period. In many cases, the pathology in question is first detected precisely at the start of schooling, especially for children from socially isolated families, in which the tendency to mutism can go unnoticed due to a small number of public contacts. As a rule, children are not sent to specialists by parents, but by school. In Wergeland (1979), it was noted that of the 11 children who applied for EM, not one was sent by the family.

The literature is widely described various predisposing factors, causes and conditions for the emergence of elective mutism. Some authors have explained elective mutism as a reaction to «family neurosis», usually characterized by a dominant mother and a distant father (Brown et al., 1963; Meyers, 1984; Parker et al., 1960; Pustrom and Speers, 1964). Other authors have suggested that the phenomenon of mutism may be a manifestation of an unresolved psychodynamic conflict (Elson et al., 1965; Youngerman, 1979). In addition, elective mutism can develop as a reaction to mental and physical trauma, such as sexual assault, early hospitalization, and trauma to the mouth area (MacGregor et al., 1994). Divorce of parents, death of loved ones, travel can also play a role in the development of EM (Kolvin et al. 1981; Hayden, 1980; Black et al., 1995; Hesselman, 1983; Mac Gregor et al., 1994 and many others). Tramer (1934) first drew attention to the family (hereditary) nature of speech avoidance. Brown and Lloyd (1975) reported 51% of children who do not speak at school and have at least one shy parent, 32% have siblings with unexpressed forms of mutism. Wergeland (1979) wrote that 9 out of 11 children with elective mutism had overly shy parents. Kolvin and Fundudis (1981) found a high level of personality and the prevalence of mental disorders in parents of children with elective mutism. Another factor that plays a role in certain cases is the relative isolation of the family. This may be geographical (living in remote areas or separate houses), and social isolation of the family [4].

Reed put forward the hypothesis that in cases with mental deficiency, EM can be supported by the child's desire to hide the limitations of his intellect. Lebrun believes that EM in children with speech delay can be the result, first of all, of an unconscious desire to avoid the narcissistic wound: «These children are afraid of talking to strangers who may become angry or make fun of them

because of their limited capabilities». Referring to the results of empirical research, X. Remschmidt puts forward the following hypothesis of the development of mutism: the prerequisites for its occurrence are developmental delay, premorbid personality deviations and family pathology; triggering factors are external stressors. Thus, the etiology of this disease is multifactorial and is not fully understood. Elective mutism is the result of the joint interaction of biological instability and external factors, especially at an early age, when phylogenetically the youngest function of speech develops intensively [2].

A diagnosis is made if the child, who has speech skills and can understand other people, refuses to talk for at least a month in certain social situations.

### **3, 4 Results and discussion**

Basically, the disease is detected by specialists at the time of entering the school or moving from primary school to the next level of training, when the pathological pattern of behavior has time to gain a foothold and makes correction more difficult. In this regard, Wright et al. consider it necessary to early diagnosis and treatment of elective mutism in the preschool period.

Elective mutism is a disease that many consider rare, in fact it is quite common, its prevalence is comparable to the prevalence of early childhood autism from 3 to 8 cases per 10 thousand children. Appearing in the period of active development of speech, learning and preschool-school socialization (from 3 to 7 years), this disorder limits communication skills, often distorts the child's mental development, and makes it difficult for him to adapt to society. Social adaptation, even in archaic, non-dynamic cultures, is the most important and complex component of mental health, and in a rapidly changing modern society, living conditions require more and more communicability, mobility and activity from its members. In recent years, in our country, due to changed social conditions, social stratification, a decrease in close contacts between people, acculturation stress and population migration, an increase in the number of families raising children on the principle of hyper- and hypo-guardianship, the number of children with communication problems has including with elective mutism [7].

Girls get sick more often (1.9: 1). The main symptom of elective mutism is the rejection of speech in certain situations. Most often, these children do not talk to strangers (mostly adults) or outside the home. Children can talk with immediate family and peers. Often, mutism is associated only with the school; children can be silent in the presence of some or all of the teachers or only in the classroom.

Elective mutism refers to the group of so-called borderline disorders, that is, the conditions between normal and pathological. If we consider this state as the adaptive behavior of a child in various situations, then the question arises as to the reason for the occurrence of such reactions. It is known that the beginning of the formation of various neurotic reactions and neuroses often occurs at an early age (from the first months of a child's life). Therefore, an in-depth study of the stages of the age development of children from an early age is of crucial importance for understanding the problem of elective mutism.

As wrote V.N. Myasishchev neurosis is a psychogenic disease, which is based on an unsuccessful, irrational and unproductively resolved personality contradiction between it and its significant aspects of reality, causing painful stress for her: failures in life struggle, dissatisfaction of needs, unmet goal, unreplaceable loss. Inability to find a rational and productive way entails mental and physiological disorganization of the personality.

All of the above also applies to children. The age factor, according to V.V. Kovalev, is one of the most important, specific to mental illness in children, and in borderline states, he has a leading pathogenetic role. Based on the biogenetic theory of the stages of individual development, V.V. Kovalev suggests that the pathogenetic basis of psychic manifestations preferential for different age periods of childhood is a mechanism for changing the qualitatively different levels of the pathological neuropsychic response to certain hazards.

The author identifies four main age levels: 1) somatovegetative (0 – 3 years); 2) psychomotor (4 – 10 years); 3) affective (7 – 12 years old); 4) emotional and cogitative (12 – 16 years).

Ontogenetically earlier is the somatovegetative level, which is characterized by various variants of the neuropathic syndrome (increased general and vegetative excitability, a tendency to digestive disorders, nutrition, sleep, tidiness, etc.) [6].

By the psychomotor level of response, the author attributes manifestations of the hyperdynamic syndrome, systemic neurotic and neurosis-like movement disorders – mutism, stuttering, tics, etc. According to age physiology and morphology, at about the age of up to 12 years (the period of preschool and younger school age), the most intense differentiation of motor analyzer functions. By the age of 7, the core of the cortical part of the motor analyzer acquires a cytoarchitecture structure similar to the structure of this zone of the cortex in an adult.

Layering on the previous, but affective level shifted to an older age is characterized by syndromes and symptoms of fears, syndromes of increased affective excitability, withdrawals and vagrancy, etc. Despite the fact that these manifestations begin even earlier (for example, fears), it is at the age of 6-7 years that they acquire a psychopathological delineation. This is also connected with the beginning of the formation of self-awareness by the end of the preschool period and with the emergence in the child of an elementary ability to self-assess subjective experiences. The puberty period manifests an emotionally ideational level of response, the main feature of which is the emergence of supervaluable formations.

The disorder is confirmed with the following symptoms:

1. Understanding reversed speech. The child is able to fulfill requests, commands, with a nod to express agreement or denial.
2. Formation of expressive speech. The child can express his thoughts orally, has a conversational speech, sufficient for communication.
3. The use of speech. There are situations where a child uses oral speech.

In the early stages of development of approaches to the treatment of elective mutism, speech therapy was also used, since a significant percentage of patients have problems with articulation, stuttering and other speech difficulties. Speech therapy focused on these problems can contribute to the treatment plan.

Behavioral techniques can be useful, such as desensitizing a child to speaking in large groups, starting with just one familiar face and gradually increasing the size of the group. Obviously, it is absolutely necessary to ensure that the rewards, but what the child says, are more than rewards for what he / she does not say (for example, in terms of attention). Since elective mutism is usually a problem coming from school, often the most appropriate behavioral therapists «on the front line» are teachers and class assistants who are advised by clinicians or pedagogical psychologists. You can apply speech therapy to try to overcome problems with articulation and thereby reduce the embarrassment of children about talking to others. To try to overcome attendant problems with social relationships, social skills training and family training may be included in the therapeutic complex therapy [8].

For the correction of mutism, an integrated approach is used, which implies the coordinated work of several specialists: First of all, it is recommended to contact a neuropsychiatrist or child psychotherapist, who will make an accurate diagnosis and, if necessary, prescribe medication. A neurologist prescribes medications and physiotherapy that correct the brain, and also conducts periodic diagnostics of changes in the state. Child psychologist conducts the main psychotherapeutic work, where communication itself is a stimulating and supporting speech and writing method, gives advice on changing the situation in the family. Sand therapy, which is used by psychologists, helps children very well. Speech therapist – conducts classes on the development of the articulatory apparatus in order to prevent or correct speech disorders arising from long silence. The Tomatis hardware method can also be used to reduce anxiety levels. It prevents logophobia and logoneurosis as the common consequences of mutism. All actions of specialists should be coordinated

for each specific case. Only one recommendation remains the same – to start the correction as early as possible.

Mutism correction is a long process, requiring considerable efforts and joint work of a teacher, specialists (psychologist, speech therapist, defectologist), and parents. When starting to work with a child with such a complex defect structure, it is necessary to understand that his training will be advanced gradually, in small steps and will require special tact and attention, professionalism and great patience from participants in the educational process [7].

Establishing emotional contact with a child is the first step in the work of a teacher. It is recommended at the beginning of work to engage with the child in the usual conditions for him – at home. During this time, using the method of observation, the teacher identifies the actual development of the child, ascertains his interests or passions, as well as all that may be useful for the child's disposition to cooperate. A detailed analysis of preschool life will help the teacher to understand the causes of the characteristics of development and suggest the way to work with the child. To establish a relationship of trust and safety for the child, it is important to create a calm, benevolent environment around him. It must be remembered that such a child especially needs to be understood, empathetic and tender. How long it takes to establish contact of the teacher with the child is unknown, this process is individual and can take a long time [2].

Observations showed that children like games and exercises with speech accompaniment. In the classroom uses a variety of exercises with speech. They contribute to the development of fine and general motor skills, cultivate the ability to listen to speech and form imitative activities. Frequent repetition of verse lines allows you to memorize them, which also develops memory.

The next step is learning the communicative side of speech. Speech is necessary, both for the development of the child, for mastering their knowledge, skills and abilities, and for the possibility of communication with other people. In a person's life, communication with other people plays an important role, and verbal communication in childhood is responsible for the full formation of the child's personality. First of all, it should be determined whether the child understands the speech addressed to him. For example, take a toy – hedgehog. Describe him, examine him with the child and highlight the essential signs, told about him: prickly, lives in the forest, stomps, snorts – showed how. In subsequent classes, I checked – I took a toy, depicting a tramp on the table, asked: «Who came running to us? ». The child was silent. To begin to describe: «lives in the forest, stomping, scratchy ... Who is this? ». The child, without naming the animal, began to snort. Or, to tell the fairy tale “Teremok”, to give a task: to knock when you hear the phrase «knocking, who lives in a cottage house? » And showed how. And the child began to knock at the right place, which indicated that he hears and understands [3].

Next, children should make gestures. in the form of reactions to questions with a simple nod. First, practiced the gesture «yes». In the classroom and in everyday life, situations were specifically created that helped to master them. The child was asked questions that required an answer «yes».

Then there is the formation of elementary communicative vocabulary, that is, the ability to verbally, with the help of elementary lexical structures, designate one's request, desire, and refusal. The elementary communicative vocabulary includes the following words and phrases:

1. give, give me (naming the desired item) / take;
2. I want, (with the name of the desired object or action) / I do not want;
3. help me;
4. yes / no;
5. rituals of greeting and farewell.

## **5 Conclusions**

The formation of an understanding and use of elementary communicative vocabulary is best carried out within the framework of behavioral therapy. When forming the correct reaction, I used those clues that are available for the child to understand – a verbal clue in the form of modeling and physical guidance of the child's actions. Each step of the child, each of his small victories necessarily secured praise, approval. Having fixed the first successes of the child, we model and gradually

complicate situations that require speech activity on the part of the child, and also expand the number of participants in speech communication. And if at the very beginning of work we held classes at home, now we try to visit the school as often as possible. Involvement of children's collective in speech communication is a necessary component in shaping the child's socially significant needs. [8]

Elective mutism is the result of the joint interaction of biological instability and external factors, especially at an early age, when phylogenetically the youngest function of speech develops intensively.

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### КРАВЧЕНКО, Д.Н.

#### ЭЛЕКТИВТІ МУТИЗМ: МӘСЕЛЕГЕ ЛОГОПЕДИЯЛЫҚ КӨЗҚАРАС

*Мақала оқушылардың әдебиеттегі элективті мутизм мәселесіне, оның қазіргі замандағы өзектілігіне, этиологиясы, патогенезі, элективті мутизмді жою мақсатындағы балалармен жүргізілетін логопедиялық жұмыстар, элективті мутизмді түзетудегі оңтайлы әдістерді іздеу, элективті мутизмі бар балалармен жұмыс жасаудағы логопед рөлі, элективті мутизмі бар балалармен жүргізілетін жаттығулар, элективті мутизмді түзетудегі мұғалім-логопед пен педагог-психологтың өзара әрекеттестігі мәселелеріне арналады.*

*Берілген мақала мұғалім-логопед, педагог-психолог мамандарына пайдалы болуы мүмкін.*

**Кілт сөздер:** *элективті мутизм, қарапайым коммуникативтік сөздік, түзету, экспрессивті сөйлеу тілі, артикуляция, сөйлеу терапиясы.*

### КРАВЧЕНКО, Д.Н.

#### ЭЛЕКТИВНЫЙ МУТИЗМ: ЛОГОПЕДИЧЕСКИЙ ВЗГЛЯД НА ПРОБЛЕМУ

*Данная статья посвящена изучению проблемы элективного мутизма у детей в литературе, её актуальность в современном мире, этиология, патогенез, рассмотрение логопедической работы с детьми по преодолению элективного мутизма, поиск оптимальных методов для коррекции элективного мутизма, роль учителя логопеда в работе с детьми с элективным мутизмом, логопедические упражнения в работе с детьми страдающими элективным мутизмом, взаимодействие учителя-логопеда и педагога-психолога в коррекции элективного мутизма.*

*Данная работа может быть полезна для учителей-логопедов, педагогов-психологов.*

**Ключевые слова:** *элективный мутизм, элементарная коммуникативная лексика, коррекция, экспрессивная речь, артикуляция, речевая терапия.*