

## Factors

The following is a list of three types of factors which are considered to be causal in the development of a child with SM:

- Predisposing;
- Precipitating;
- Perpetuating/exacerbating.

These factors are described briefly in the SMRM and were first outlined in a publication by Carmody, 1999.

In this document there is no indication of when or at which age the SM might appear except in the case where a precipitating factor might be linked to a specific event or place in time. The first day at nursery might be a classic 'precipitating' factor, but is not the only one. It is though easy to say that this day was where the condition first occurred, although it might be that it was just the first time that you noticed a problem. The diagnosis of SM includes the caveat that the condition must present itself for 'one month'. The first day at nursery is a stressful day for a child, but if after a month of stress the child has still not spoken, then there might be a case to say that this is SM.

- *Objective: to outline the factors listed as causal in the development of selective mutism. Very often, the family struggles to understand why their child has developed SM, and in some rare cases denial can make things worse.*
- *Note: This document does not discuss anything related to treatment of the condition.*

An SM child is not born mute, they cry at birth too. They are at risk of developing SM because of genetic factors linked to their family and it is specifically the level of anxiety which will be at issue. They might develop SM because of an event or a series of events which raise the level of anxiety in their life. The environment in which they live can cause a negative reaction raising the level of anxiety which in turn takes the form of mutism. Anxiety manifests itself in other forms too.

The onset of SM can appear at any time. Being predisposed to SM but living in a calm, happy environment will not necessarily bring on the symptoms. One or many of the precipitating factors need to appear in the environment: an event has to happen and have its effect.

- *A child diagnosed with traumatic mutism, which is temporary in nature, might have suffered an event which has caused the mutism, but will not necessarily be predisposed to SM. The shock of a traumatic event might give rise to mutism in a child who has never shown any signs of predisposing factors, nor has any genetic history of anxiety.*

Once an SM child has shown the symptoms of SM, the mute period can be extended or made worse by other so-called perpetuating factors. What is called 'entrenchment' can last for years.

## Predisposing

- Things that an SM child is born with, genetic factors

- Presence of a speech and language impairment in the child;
- Anxiety, wariness and hyper-sensitivity within the child;
- Family history of shyness or selective mutism;
- Family history of other psychiatric illness, especially anxiety.

### **Precipitating**

- Factors which might occur in the environment around a child
  - Separation, loss or trauma;
  - Frequent moves or migration;
  - School or nursery admission;
  - Self-awareness of speech impairment;
  - Teasing and other negative reactions.

### **Perpetuating/exacerbating**

- Factors which make things worse or extend the period of mutism (known as entrenchment)
  - Reinforcement of the mutism by increased attention and affection;
  - Lack of appropriate intervention or management;
  - Over-acceptance of the mutism;
  - Ability to convey messages successfully non-verbally;
  - Geographical or social isolation;
  - Family belonging to an ethnic or linguistic minority;
  - Negative models of communication within the family.

*(Reproduced from the SMRM where it is adapted from Carmody, 1999)*

## Case Study

*Predisposing: The child has a slight lisp. She displays anxiety when meeting new people or going somewhere new. This might be family members or strangers. Somewhere new might be a place set up for children to play in. She would never just go and play in a ball park alone at McDonalds. She would only ever go with a parent. Being shy is common for many people. At the age of 14 her father was described in his school report as 'Reticent despite knowing the answer' ...*

*Precipitating: From very young age, the father worked away from home during the working week. At the age of 14 months she was admitted to hospital for a biopsy involving an invasive procedure and a one-week period of convalescence at the hospital. She was cared for by her mother at home until starting at nursery aged 18 months. She never spoke at nursery, and was extremely upset on her first day and every day through the period at the nursery before starting at pre-school aged 3. Aged three the family relocated to a new country. The parents separated before her 4<sup>th</sup> birthday.*

*Perpetuating/Exacerbating: The mother and maternal-grandmother show extreme forms of affection whilst expecting her to reciprocate their approach. There is constant reference to her as 'angel' (and many other terms of endearment). At the same time intervention by the mother in her mutism at an early age included regular threats of corporal punishment for failure to speak, to eat or to behave in the prescribed way. Being effectively tri-lingual she lives in a world of multiple languages, with all members of the family varying the language spoken around her. She is often spoken about in her presence.*

Taking the case study, it isn't difficult to compare the list factors and see that over half of those factors are present in the case. This child was silent from nursery until the age of 8.

Reading the list of factors published in the SMRM for the first time, and reading between the lines, was in short, enlightening. This list of factors describes so many although not all cases display all of the factors of course, so don't try too hard. Being honest is sometimes brutal, but it might just help you understand. Ignorance is not bliss, but it has got you here reading this document as a parent, thinking: 'Did I?' hasn't it?

## How the factors present themselves

This section looks at the factors again, and hopefully tries to go a little deeper into the list by describing them in a different more pragmatic or real way. Each reader might see the same list with a different case history in mind. Your child might have first displayed the symptoms in the early years, or maybe not. Maybe the symptoms appeared later as a result of an event ... The predisposition hadn't manifested itself, the genetic lineage was dormant, until that day when ... you know what I mean.

## Predisposing

- Presence of a speech and language impairment in the child;

*A child might have some speech impediment but if they themselves are unaware of it why should it be a problem. Awareness of being different comes with repeated mention of the difference. Negative connotations can be easily associated. Saying 'You sound funny' or 'Don't speak like that' will reinforce the negativity and can themselves appear very close to bullying.*

- Anxiety, wariness and hyper-sensitivity within the child;

*Some children are anxious by nature. This can be genetic.*

- Family history of shyness or selective mutism;

*The fact that anxiety can be genetic might result in anxiety for a child.*

- Family history of other psychiatric illness, especially anxiety.

*Similarly, some family members share other illnesses and disabilities.*

## Precipitating

- Separation, loss or trauma;

*Separation from a family member can be the cause of anxiety. This might be simply the absence of a working parent (business travel, government service abroad etc.). Many absent parents have no choice in the matter. The loss of a parent (divorce, death) can obviously be very difficult to handle for any other family member. Trauma can occur to anyone at any time. This could take the form of medical trauma, an accident, a natural disaster, war etc. There is at this point a need to mention the existence of traumatic mutism which tends to be temporary in nature, but can lead to entrenched selective mutism if not properly treated.*

- Frequent moves or migration;

*Moving house can be a busy time for a family. Stress levels will go up. An anxious child will handle stress differently. Anxiety can be caused simply by changing the layout of a room, moving house, resulting loss of friends, a new environment. Changing countries adds another level of potential anxiety. A new country can give a*

*culture shock beyond any other. New places, new sounds, new weather, new voices, anything new can bring out anxiety.*

- School or nursery admission;

*Nursery is a new place, a new room with new people around you, new colours, new noises, a new routine, new hands, new smiles. You are removed from those who have been close to you, maybe for the first time.*

- Self-awareness of speech impairment;

*Being self-aware can drive anxiety. 'I'm different?' This leads to more questions, no answers when you are young because you just can't formulate a question. Conforming to expectations might come later, but already 'I sound different inside my head' can be worrying.*

- Teasing and other negative reactions.

*Teasing within the family or the extended family can be very destructive. A simple reaction to a 'wrong' sound or a failure to make any noise at all will potentially reduce the willingness to try. Teasing is one step removed from bullying. It might be innocent at one level while bullying is deliberate and divisive. Bullying should be seen as negative. Bullying at any age can lead to the onset of SM in an already anxious case.*

### **Perpetuating/exacerbating**

- Reinforcement of the mutism by increased attention and affection;

*Too much TLC, like too much chocolate isn't always a good thing. Reacting to a disability by an overdose of honest love can unfortunately have negative outcomes. Smothering love has the effect to blocking release. Wrapping a child in 'cotton wool' prevents the risk of damage, where actually taking the risk might be beneficial. Failing is a learning experience. Falling over hurts, but you learn not to do it again in the same way. A simple hug isn't always appreciated, it can be invasive: someone's in my personal space. We all have a personal, physical space. You, me, and the child you love so much ... and the adult with SM is potentially even more anxious about your excess of affection. It's case by case, we're all different, don't assume anything.*

- Lack of appropriate intervention or management;

*Doing nothing is a choice. Doing something is a choice as well. Whether intervention is possible is another story. The wrong intervention may be worse than doing nothing.*

- Over-acceptance of the mutism;

*'That's OK, they'll grow out of it'. Well that's a classic phrase, but the reality is not exactly that. Some children don't just grow out of it, very few in fact. Speaking for a*

*child is an option, but it doesn't necessarily help them, whether you are a parent, family member or a child in the same class at school.*

- Ability to convey messages successfully non-verbally;

*Signs can replace speech. Nodding, pointing, shrugging, and the acceptance of such non-verbal motions in replacement of speech is acceptable of course, but not in the long term. Some SM children are not able to communicate even non-verbally.*

- Geographical or social isolation;

*Being away from regular interaction for whatever reason will deprive someone of the opportunity to converse or even to learn to converse.*

- Family belonging to an ethnic or linguistic minority;

*Changing countries leads to you being seen as different within the host community. Some hosts accept difference more easily than others and bullying again rears its ugly head. When it comes to speech, a new language is a challenge. Having an accent is an excuse for teasing and eventually bullying. Being a Geordie in a class full of Scousers is bad enough, but being an SM child anywhere ... The time it takes to acquire a language is a time of risk, risk of not understanding simple instructions and the risk of being misunderstood.*

*Bilingualism should be included in this sub-section. Children born into a family where there are multiple languages are also at risk. A so-called "language delay" might occur as a child takes an extended time to acquire the basic vocabulary. A parent mixing languages when talking to a child will only confuse, cause delay or worse.*

- Negative models of communication within the family.

*Bad language, aggressive language, negativity can all add to anxiety.*

The comments in this document come from a parent. They are all drawn from personal experience and based solely on an interpretation of those basic factors.

The objective of this document is twofold:

- To compare the list against experience (e.g. the case study)
- To try to impart that experience to a wider audience through the theory, and hopefully making the theory more accessible to others.

Sometimes the professionals hide the reality in a phrase, and reading between the lines is not always easy. The word 'trauma' can mean many things to many people. Affection can be a positive and sometimes in excess it can be completely destructive. In the good old days a 'clip round the ear' was all it would take, wasn't it. Events happen. Ignorance is one of the biggest factors in the entrenchment of SM. It's never a crime to be ignorant. It's not a crime to hope either but between

ignorance and hope, there's a lot we can do to raise awareness, react in an informed way, change the environment around a case of SM, and have patience, buckets of patience.

Written by Dad.

PS Read between the lines!