



Psychological Dynamics of Early Childhood with Selective Mutism

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Abstract

Purpose – Selective mutism in early childhood, although the incidence is not much, this condition can be a big challenge for professionals, teachers, and parents. This study aims to describe the psychological dynamics of early childhood with selective mutism.

Design/methods/approach – This qualitative research uses a case study approach—data collection techniques with observation, interviews, and documentation. Data analysis uses data reduction, data presentation and conclusion drawing. Test the validity of the data by triangulation of sources. The participant of this study was a five-year-old girl diagnosed with selective mutism.

Findings – Selective mutism is associated with anxiety problems and not a problem with cognitive abilities and language development. Lack of social stimulation in preschool years reinforces the symptoms of selective mutism. Parenting history in the form of a mother's emotional condition, pattern attachments, parenting style and labels affect the appearance of symptoms of selective mutism.

Research implications/limitations – This research has a narrow coverage area, so the study results are not intended to draw general conclusions or generalizations. However, the results of this study are expected to be used to understand similar cases.

Practical implications – The study's results are expected to help understand the psychology of children with selective mutism so that preventive and interventional ways can be formulated to reduce the symptoms.

Originality/value – Further research is recommended to deepen further the quantitative validity of the relationship between children's selective mutism and mothers with a history of baby blues syndrome.

Keywords: Selective mutism; Psychological dynamics; Early childhood education

Paper type: Case study

Introduction

Some teachers complain that their students refuse to speak at school but do not have problems speaking at home. Not a few problems that the teacher complained about also affected the learning process and students' academic performance. Some teachers suspect students with these symptoms have problems with intelligence or barriers to language or speech development. Meanwhile, parents of students do not feel that there is a problem with their children because when they are at home, they do not find the same symptoms and obstacles as complained by the teacher. On the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5), the student's symptoms lead to the diagnosis of selective mutism. (WHAT. DSM-5 Task Force., 2013)

Selective mutism is a psychological problem characterized by a persistent inability to speak in specific settings (such as at school or with strangers), while the ability is present in other settings (such as at home or with parents or family) (Muris & Ollendick, 2021; Oerbeck et al., 2018). For example, a child with selective mutism refuses to speak or speaks very quietly at school, while at home, the child talks a lot and can speak loudly.

Selective mutism is more closely related to anxiety disorders in childhood and is not a symptom of speech disorders (Dow et al., 1995a; Holka-Pokorska et al., 2018; Javier Méndez et al., 2021). Most diagnoses are made in childhood or early adolescence (Oerbeck et al., 2018; Valaparla et al., 2018), after symptoms occur for at least one month, and are not associated with intelligence problems (Muris & Ollendick, 2021). Selective mutism relates to feeling uncomfortable with someone—discomfort in case selective mutism relates to certain situations. Children with selective mutism will significantly interfere with their daily functions at school and in social life.

Interventions for children with selective mutism It can be given clinically or on a school basis. Clinical intervention can be individual therapy, family therapy, or drug therapy (pharmacotherapy) (Catchpole et al., 2019; Harvey & Milne, 1998). Some individual therapies can be given to children with selective mutism, including behavioural therapy or cognitive-behavioural therapy (Catchpole et al., 2019; stergaard, 2018; Zakszeski & DuPaul, 2017). School-based interventions are widely recommended to reduce symptoms of selective mutism in children. These interventions must involve parents, teachers, and clinicians (psychotherapists) in treating children with selective mutism (DOW et al., 1995b).

Family studies in children with selective mutism are still minimal (Alyanak et al., 2013a; Viana et al., 2009). Some studies reveal that children with selective mutism face more conflict in the family, parents who are overprotective and more control, and more frequent stressful and traumatic events (Capozzi et al., 2018). Other exciting things from selective mutism Among other things, it was found that there was a relationship between selective mutism with style attachments (Cha et al., 2006), parenting style (Kolvin et al., 1997), and parental adjustment (Alyanak et al., 2013). Case-selective mutism was more common in women than men (Oerbeck et al., 2018). The onset of selective mutism is usually found before age 5 (Oerbeck et al., 2018), which is classified as an early age (Khaironi, 2018).

Selective mutism in early childhood, although the incidence is not much, this condition can be a big challenge for professionals, teachers, and parents (Oerbeck et al., 2018; Santoso & Novianti, 2017; Viana et al., 2009). From various studies conducted on children with selective mutism, it is still rare to find research that reveals the psychological dynamics that occur in the child. Psychological dynamics describes a person's psychological state with a cause and effect that gives rise to a behaviour (Chaplin JP, 2011). Psychological dynamics is an individual's life journey from birth to the present day, from which it can be seen and described various events that affect the individual's psychological condition (Kurniawaty, 2012).

This study was conducted on M, a 5-year-old girl diagnosed with selective mutism. At first, M complained to his mother that he did not want to talk at school. On the other hand, at home, M can talk fluent and talk a lot in detail in a loud voice. The study was conducted to provide an overview of the psychological dynamics of early childhood with selective mutism. Understanding

the psychological dynamics in children with selective mutism is expected to assist practitioners and parents in conducting interventions and mentoring.

Methods

This study uses a qualitative method with a case study approach. The case study is an approach in scientific research that is carried out intensively, in detail and depth about a program, event, and activity, either at the individual level, a group of people, institutions, or organizations to gain in-depth and diverse knowledge and understanding of events or activities. Complex problems in real-life contexts (Rahardjo, 2017). This study used a case study approach to understand the psychological dynamics of early childhood diagnosis with selective mutism. Although this research design has been criticized for its objectivity, it has been widely used in various disciplines, especially the social sciences (Crowe et al., 2011).

In the case study approach, the research aims to answer the how and why questions of an event or problem (Rahardjo, 2017). In this study, data collection was carried out to describe how and why selective mutism occurs in individuals or research subjects.

Research data on the case study approach can be collected using interviews, observation, documentation, and physical artefacts (Rahardjo, 2017). Data collection techniques in this study were carried out by observation, semi-structured interviews, and documents on the results of psychological examinations.

Data analysis in this study uses data reduction, data presentation and conclusion. In essence, data analysis is an activity to give meaning or interpret data by organizing, sorting, grouping, coding or marking, and categorizing it into parts based on specific groupings so that a finding is obtained on the formulation of the problem proposed (Rahardjo, 2017). After the data is analyzed, then the validity test is carried out. The validity of the data was tested by triangulation of sources. It is done so that the findings are not considered biased.

The participant in this study was a 5-year-old girl diagnosed clinically based on the DSM-V as having selective mutism (WHAT. DSM-5 Task Force., 2013).

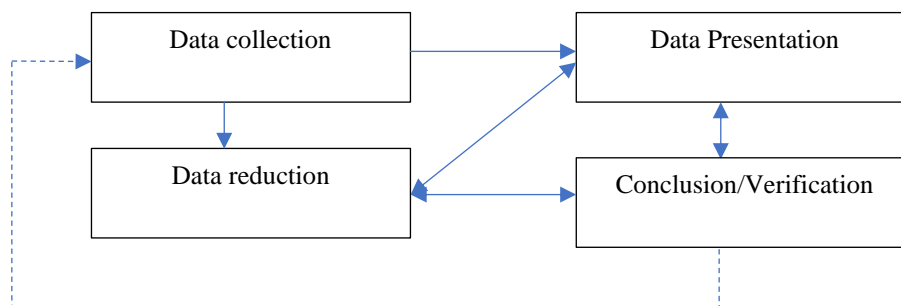


Figure 1. Qualitative Data Analysis

Result and Analysis

Symptoms and Diagnosis Selective Mutism

The research participant is M, five years old, female, the first child of 2 siblings, Javanese ethnicity, and attends kindergarten class A. M's parents are Civil Servants and Javanese. M's father is 39 years old, M's mother is 28 years old, and M's sister is 1.5 years old. The educational background of M's father is S2, and M's mother is D3.

At first, M complained to his mother that he did not want to talk at school. On the other hand, at home, M can talk fluent and talk a lot in detail in a loud voice. M also tends to withdraw from school activities. Based on these symptoms, a psychological assessment was then carried out on M. Through a series of psychological assessment procedures, data regarding the information on case history complaints were collected. These data are used not only as a basis for diagnosis but also to describe M's psychological dynamics.

Table 1. Diagnostic Criteria Selective Mutism (WHAT. DSM-5 Task Force., 2013)

No.	Criteria Selective Mutism based on DSM 5	Fulfil
1	Failure to speak consistently in certain social situations where there is an expectation of speaking (e.g., at school) despite being able to speak in other situations (e.g., at home)	√
2	The disorder interferes with educational achievement or social communication.	√
3	The duration of the disturbance is at least one month.	√
4	Speech failure is not caused by intelligence problems or discomfort with others, nor a developmental problem with language.	√
5	The disturbance is not adequately explained by a communication disorder (e.g., childhood-onset fluency disorder) and does not occur exclusively in autism spectrum disorders, schizophrenia, or other psychotic disorders.	√

Based on the criteria of selective mutism in DSM 5, M was diagnosed with Selective Mutism (F94.0/ 312.23).

Anxiety History

At the beginning of school, M asked his mother to wait for his mother during lessons for four days. On the fifth day AD, he was about to leave. However, after more than a year of schooling, M never made a sound to communicate with the teacher. Teacher M once asked: "Want to come?" M answered it just by nodding.

Based on the results of observations made to M both at school, in addition to refusing to speak, M also often avoids eye contact with teachers and school friends. M tends to be aloof and seems to move his mouth often silently, especially when his friends are talking or answering the teacher's questions. Based on the personality test results, it is known that M feels anxious and afraid at school, so M tends to want to be accompanied by his family members while at school.

Development

Cognitive Development

While at school, according to his teacher, M was quite a perfectionist in doing the task. M can participate in activities and understand the tasks given by the school to complete. When making crafts, M made them very neat and good. Because of that, M's teacher concluded that M had no cognitive problems, M was also called and asked for some help by being given time directions, and then M could do the task well. When speaking, M's cognitive ability can also be seen in how he composes sentences and language well.

Based on the results of psychological tests in the form of VSMS (Vineland Social Maturity Scale) and Bender Gestalt, it is known that M's cognitive ability is quite good, and M also has above-average visual motor skills. However, on the other hand, M indicates that he tends to have less interest in something he should be doing. Gestalt Bender is a diagnostic tool developed to assess intelligence, school achievement, brain injury, mental retardation, and emotional disorders (Billingslea, 1963; Brannigan & Decker, 2006; Koppitz, 1964). Meanwhile, VSMS is a tool to assess social competence and adaptive function and can be used as a substitute test to assess intelligence (Pedrini & Pedrini, 1973; Roopesh, 2019).

Speech and Language Development

M can communicate verbally with the mother, according to M's development. When communicating verbally, M can compose sentences and language well. On the other hand, M has not been able to communicate verbally with strangers who have not had an emotional relationship with M, such as teachers and school friends. M wants to talk to his mother, father, sister, grandmother, uncle, and two cousins when at home. M is quite active in talking to her mother and tells her about activities at school with good sentence structure and a good vocabulary. Since M was one year old, M has been able to speak according to his development, but M only wants to talk to M's mother.

Social and Emotional Development

Since childhood, M rarely made social contact with the environment outside the home. M spends more time at home watching youtube and play cell phone. M also has irregular sleep patterns and has difficulty sleeping at night due to frequent playing on their cell phone.

While at school, M tends to be alone and will only participate in school activities if a teacher or friend invites him to join. M is reluctant to talk to her teacher and friends, so M's mother feels M's language development tends to be less than that of her peers. M only participates in school activities if a teacher or friend invites him. If no one invites M, he will tend to be silent. M once said that he was not happy at school because his friends often left him. M does not have many friends and only remembers two of his friends because they shared chocolate with him. During recess, M also tends to choose toys not used by his friends. M's mother suspects M has been unable to ask for toys or permission to play with his friends. While at school, M was once 'swarmed' by his friends because he was silent when asked for his name. M communicated it by crying without approaching the teacher when he wanted to urinate.

On the other hand, M has good independence and is following his age development. M tends to do activities perfectly, such as arranging blocks, arranging toys, and drawing very neatly. Based on the results of psychological tests in the form of VSMS, it is known that M has social maturity according to his current age of 5 years and two months. M can carry out activities with self-help, such as tidying up toys, washing hands, getting dressed, and using a pencil. However, M's social skills still need to be improved.

Parenting History

Mother's Emotional Condition

During pregnancy, M's mother was emotionally ill due to work stress and undergoing Long Distance Relationship (LDR) with a husband who was abroad to continue his education. M's mother also experienced baby blues syndrome, even suspected postpartum depression. M himself had experienced "nipple confusion for the first six months until M's mother's milk did not come out. Ibu M had asked for help from a breastfeeding counsellor but was offended by the words of one of her coworkers who said, "how come the puskesmas staff cannot give samples of exclusive breastfeeding" (mother M is a puskesmas employee). M's mother then had a dominant feeling of guilt when she did not breastfeed M. Mrs M once lost her affection for her child, so she had the idea to jump with her child from the balcony.

Insecure Attachment

M has a . pattern of attachments the insecure. It can be concluded from the results of interviews with Ms M. At the age of 1 year, M tends not to want to be separated from his mother's arms, especially when he is outside the home. M does not want to be away from her mother by constantly 'cracking' her.

Permissive vs Authoritarian

M accepts inconsistent parenting between mother and father. M's father tends to be permissive, while their mothers tend to be authoritarian. Mother tends to limit M in using gadgets, but M's father tends to comply with M's wishes, including giving him the freedom to use gadgets. For example, at the age of 2 years, M is often given gadgets to watch cartoons on youtube.

Labelling

M has lived in the same house as her grandparents since she was little, but M only wanted to talk to her grandparents recently (when she was five years old), and she still looked scared and in a shallow voice. His elder grandparents often commented on M: "ra iso say (unable to speak) even in front of M.

Two teachers teach class M. Ms M was once annoyed with one of the teachers who often commented about M in front of M and M: "Why don't you want to talk to the teacher?". Ms M felt that the teacher's way of speaking was inappropriate, making M even choose to remain silent.

Psychological Dynamics

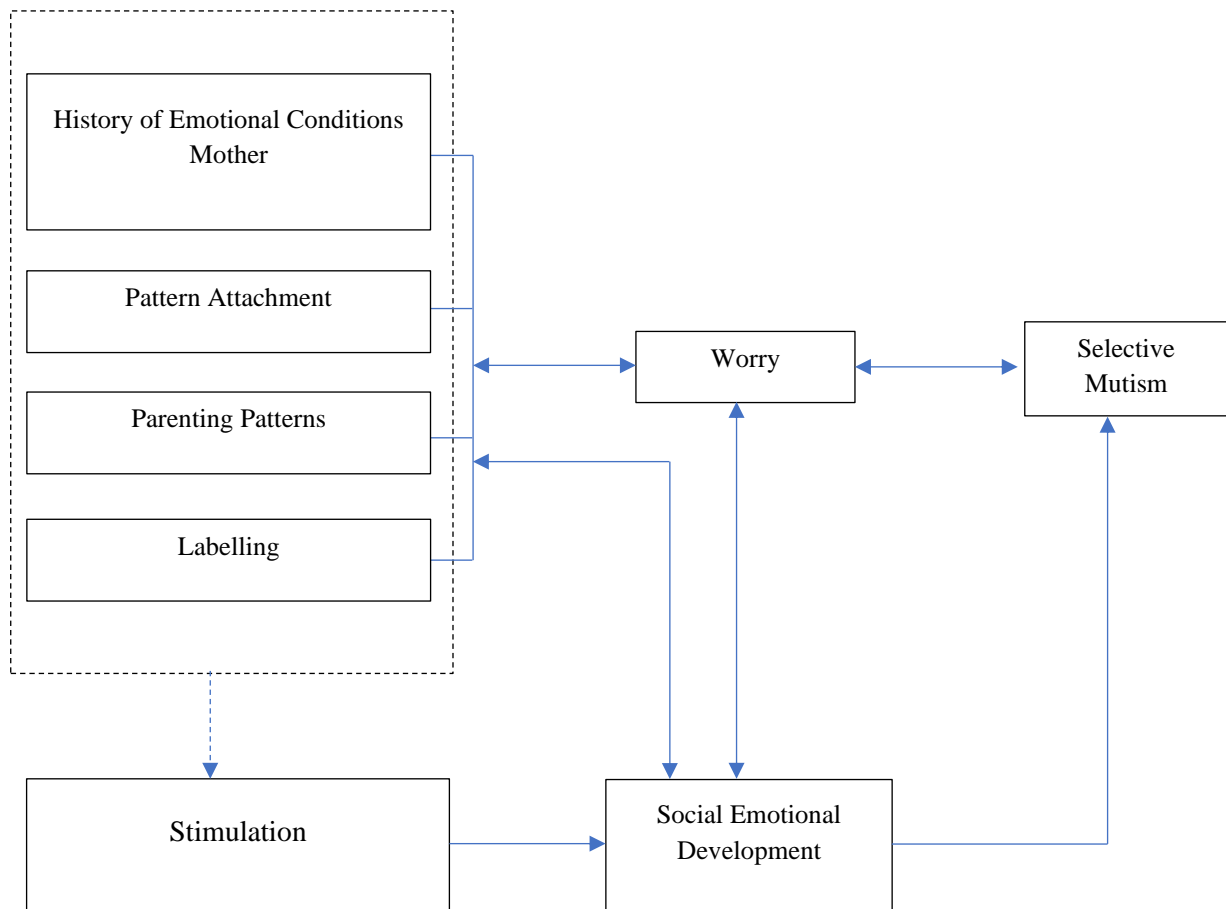


Figure 2. M's Psychological Dynamics

Discussion

This research was conducted to answer how and why selective mutism happened to M, a 5-year-old girl, describing her psychological dynamics (Rahardjo, 2017). Psychological dynamics is an individual's life journey from birth to the present day, from which various events can be seen and described that affect the individual's psychological condition (Kurniawaty, 2012).

Symptoms that appear on M meet the diagnostic criteria of selective mutism contained in DSM 5 (WHAT. DSM-5 Task Force., 2013). The DSM (Diagnostic and Statistical Manual) is a guide used by clinicians, researchers, and public health workers to communicate mental health (Regier et al., 2013). DSM is also used in diagnosis by clinicians (doctors and psychologists). DSM 5 is the fifth edition of DSM, a revision of DSM 4 that considered various advances in neuroscience (Regier et al., 2013).

Symptoms of selective mutism in M, who meets the diagnostic criteria for DSM 5, are: M refuses to talk at school and to other people outside his family members. It affects M's learning process while at school and becomes an obstacle to achieving M's social-emotional development. Meanwhile, M speaks well and with good verbal skills when with his mother or other family members these symptoms have also occurred for more than one year, i.e. since the beginning of M entering kindergarten. The symptoms experienced by M are not the result of limitations in cognitive intelligence problems or delays in language development. It can be proven by the results of psychological tests, which show that M has good cognitive and language skills. The

observations and interviews also show that M has good cognitive and language development. The psychological assessment results

Based on M psychological assessment data collected from observations, interviews, and psychological test results documents, apart from being used for diagnosis, the data can also describe the psychological dynamics of M, as well as answer the question: Why does selective mutism occur? Selective mutism in M occurs as a form of anxiety he experiences. The results of observations on M at school showed anxiety behaviours such as avoiding eye contact and the behaviour of moving his mouth when interacting with teachers and friends. The history of separation anxiety reinforces it at the beginning of school and when M was one year old, which always stuck to her mother. It is in line with the results of previous studies if selective mutism is related to anxiety problems and not speech disorders (DOW et al., 1995b; Holka-Pokorska et al., 2018; Javier Méndez et al., 2021) and not related to intelligence problems (Muris & Ollendick, 2021). is also shown from the results of psychological tests on M, which show that M has good cognitive abilities and language development according to his age level.

Parenting history plays a role in the emergence of symptoms of selective mutism in M. Parenting history, in this case, includes the mother's emotional condition during pregnancy and childbirth, the pattern of insecure attachments which are awakened in M to the object of attachment (mother), inconsistent parenting between father and mother, and the presence of labels on M from its surroundings.

Mothers' emotional state includes work stress during pregnancy and the emergence of post-natal stress symptoms. Where these symptoms also lead to symptoms of depression, such as feelings of guilt and suicidal ideation that occur after the first six months postpartum. Even M's mother said she had lost her affection for M then. Not many studies have examined the relationship between post-natal stress or depression with selective mutism, but previous studies have shown a relationship between the condition of parents who have mental health problems in children with selective mutism (Alyanak et al., 2013b; Capozzi et al., 2018; Cha et al., 2006).

The attachment pattern (insecure attachment) was also developed between M and the mother as the attachment object. It is shown by how M interacts with their mother when she is under three years old, where M feels insecure even when she is near her mother. This attachment pattern may be formed as a result of mental problems experienced by mothers at the beginning of parenting. Many studies have proven the relationship between parental psychological conditions and attachment patterns that are insecure in children (Hadadian & Member, 1996; Jarvis & Creasey, 1991; Turner et al., 2012; Zeanah & Gleason, 2015). Previous research shows that selective mutism has Many mothers with children who have selective mutism that builds a pattern of attachments and insecure-avoiding their child (Cha et al., 2006).

Judging from the parenting style M, it is known that M gets an inconsistent parenting style, especially from their father and mother, where M's father tends to be permissive, while M's mother tends to be authoritarian. It is also in line with previous studies where in addition to the. Attachment and parenting style also relate to selective mutism (Kolvin et al., 1997). Another finding was the lack of involvement of M's father as a toddler because M's father was studying abroad. Based on the results of previous studies, it is stated that fathers' involvement in children affects children's health and welfare (Allport et al., 2018).

Another parenting history contributing to amplifying symptoms of selective mutism in M is the presence of labels given to M from the surrounding environment. Like the label "ora iso talk", they cannot talk, which is often expressed by those closest to them. Many previous findings have proven the effect of labelling on children's social and emotional development, including the formation of children's character and self-concept (Abdul Rahman Nur & Rahman, nd; Intan et al., 2022; Novianti et al., 2015)

A lack of stimulation reinforces the conditions mentioned above to M in their social skills. Before attending kindergarten, M rarely played outside the house and had no friends to play with other than his family members. When at home, the game that is often given is gadgets to watch youtube. M watching youtube for about 4 hours per day. Besides affecting his social skills (Imron, 2018; Setiani, 2020), it also affects his verbal ability (Samsinar et al., 2021). M's experience in

school became a new experience in her social life. M's lack of experience building social relationships before makes M need a longer time (Fantuzzo et al., 2005). Behaviour that appears at school, M tends to be silent and does not respond verbally or non-verbally, such as refusing to make eye contact and talking to strangers. On the other hand, M is very comfortable with his home environment so he can speak loudly and clearly.

Conclusion

Selective Mutism on M meets the diagnostic criteria in DSM 5. Selective mutism was related to the anxiety problem experienced by M and not related to cognitive abilities and language development problems. Parenting history in the form of the mother's emotional condition, pattern attachments, parenting style, and labels affects the appearance of symptoms of selective mutism. Lack of social stimulation in preschool years reinforces the symptoms of selective mutism. As a case study research with one subject, This research has a narrow coverage area, so the study results are not intended to draw general conclusions or generalizations. However, the results of this study are expected to be used to understand similar cases. Practitioners are advised to approach family therapy to solve problems with selective mutism. Meanwhile, for parents with children, selective mutism can help children by providing more social stimulation to improve their social skills. Further research is suggested to further deepen the validity of the relationship quantitatively between children's selective mutism with the mother's emotional condition, such as in this case, the mother who has a history of baby blues syndrome.

Declarations

Author contribution statement

Fahrunnisa conceived the presented idea, developed the theory of early childhood education and selective mutism, verified the analytical methods, discussed the result and contributed to the final manuscript.

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Data availability statement

The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.


Declaration of interests statement

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Additional information

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