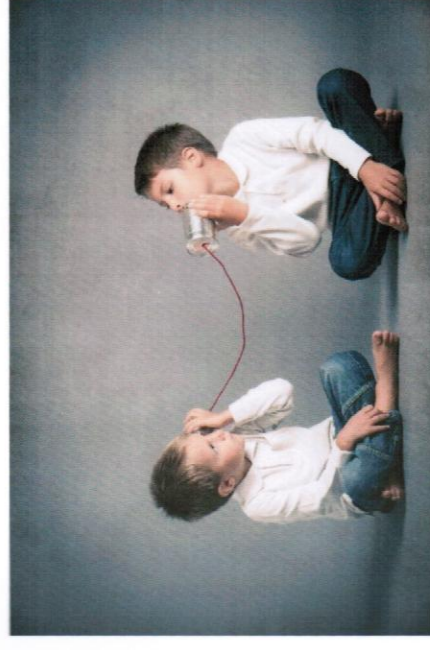


Children who suffer from selective mutism are perfectly able to speak, but they do not speak in given social contexts, or with specific persons. In the past, they did not have any language disorder. The psychotherapeutic treatment of this disorder is very challenging, because it transcends the traditional psychotherapeutic approach based on the dialogic relationship.

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INTRODUCTION³

My interest in this disorder started almost thirty years ago, when, as a young psychologist of a psychology service for children and adolescents, I came across, for the very first time, a case of mutism in a child of the primary school. I remember that a middle aged teacher of the primary school called me to one side and told me, in a pretended tone of self-reproach, that he had even tried to slap him, just to hear his voice. This confidence,

1. Paper presented at the International Conference of the Association **Europenne de Psychopatologie de l'enfant et de l'adolescent**: « *Interventions on the psychopathology of the development : evolutions in the third millennium* », Matera, October 22 and 23, 2010. English translation by the National Board of Italian Psychologists (www.psy.it).
2. Vice President of the Regional Board of Psychologist of the Basilicata Region.
3. The actual textual drafting of the study was urged by **Antonietta De Caro**, an extremely committed and professional expert psychomotrist skills who works in our service. Her complete dedication to work, as well as her ability in making children feel at ease allowed us to organize in a system the reflections and the proposals that we are presenting here.

that invited some complicity from me, struck me deeply, perhaps because it reminded me of some behaviours of excessive reformatory attitude that I had observed as a child. It may have been because of this empathic identification that I started devoting greater attention to these children who are unable to express their needs and/or have difficulties in their relations (as it is the case with autistic children). These two experiences urged me to try and understand what was the cause of that, which coercive forces imprisoned the child to the point of suffering, as it is the case with selective mutism, a physical pain without complaining, while his teacher was watching two large tears rolling down his face. That child did not lower his eyes, if the adult who was talking to him was at his level; he looked attentively, as if he wanted to ask for help, but without being able to utter a word. It was the intensity of that look that urged me to become a supporter and a protector of children's rights, in the professional and judicial setting. The literature of that period and my experience with other selectively mute children convinced me that selective mutism may be the negation or the fixation of the "fear of the stranger" (Lesser – Katz 1988), or the "denial of separation", that opposes the concept of separation/identification (Bovet, Chargas et al., 1995).

SELECTIVE MUTISM

Children who suffer from selective mutism are perfectly able to speak, but they do not speak in given social contexts, or with specific persons. In the past, they did not have any language disorder. At the outset, their behaviour may be taken as shyness, but when it is particularly intensive and tends to last for a long period of time, the two things must be distinguished. From the physical viewpoint, the aspect that is more often observed is the stiffness of the torso, the arms rigidly laying along the body, the shoulders slightly bent forward, the elusive look and the face without expression, all elements suggesting anxiety and inhibition. We may affirm that selectively mute children keep mute and silent to control their anxiety; however, it is also useful to remember that a selectively mute child has learned to listen; in general, these children are quite attentive and sensitive.

This disorder was described for the very first time in 1877 by the German scholar Adolph Kussmaul and was called *voluntary aphasia*.

The term *Elective Mutism* on the contrary, was coined in 1934 by Martin Tramer to describe a precise feature of some children who use the verbal language exclusively in their family environment. This term is still used (for example in the ICD 10),