

# Family Seeks Others With Selective Mutism Disorder

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— "We thought she was just extremely shy and clingy," said Cindy Eshleman while talking about her daughter's preschool days. "It wasn't until she went to school and was tested by psychologists that she was diagnosed as having selective mutism."

Children diagnosed with this disorder speak normally with a few individuals such as immediate family but not with other people.

The daughter of Cindy and her husband Dave, who is now eight, speaks freely with them but never to other adults, although she is in the third grade at a public school.

The Eshelmans prefer that their daughter's name not be used in publication, but they want their story to be told so that they may be able to find other parents with children who suffer from selective mutism.

The Eshelmans' petite blond, blue-eyed daughter with a pretty smile seemed to develop normally in every area. Little discipline was needed because as a sensitive child, she obeyed a simple, "No," from her parents. At home, she talked easily with her parents and an older brother. But whenever adults were present she refused to talk with either them or with her parents in the presence of other adults.

The Eshelmans were not concerned. They thought "Alisha" (not her real name) was painfully shy and would outgrow it. Cindy was a stay-at-home mom during Alisha's preschool years, so there was little need for Alisha to need to interact with other adults.

When Alisha was five years old, Cindy took her to preschool registration. Alisha cried the whole time and refused to participate. Thinking that Alisha would adjust, Cindy dropped her off at classes each day. Eventually Alisha stopped crying and seemed to enjoy the class. Cindy was surprised when, after a few months,

the teacher remarked that she had never heard Alisha say even one word. The school requested that Alisha be tested by a psychologist.

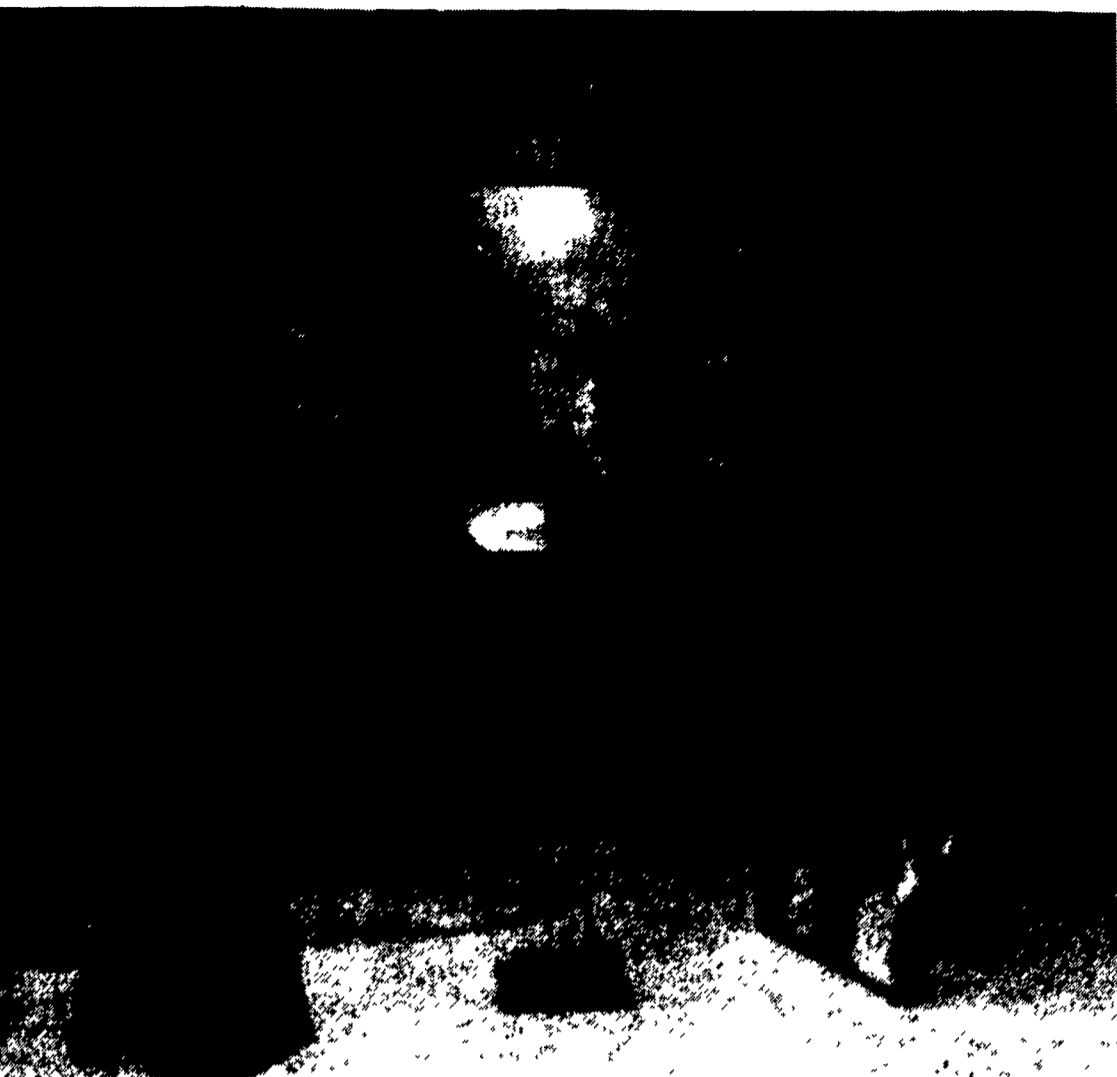
At first, Alisha was misdiagnosed as having selective autism. But the striking difference between the two disorders is that autistic individuals have limited language ability while those with selective mutism are capable of speaking and do so in select situations.

Diagnosis is hindered because it is difficult to assess a child's skills if he or she does not respond. If Alisha suspected that an adult was in another room listening, she refused to talk with her mother. The Eshelmans used a tape recorder at home in order to prove to school teachers and therapists that Alisha could indeed talk.

Although selective mutism was first recognized by a physician in 1877, little research has been done until recently. While research shows about one percent of selective mutism is found in child guidance, clinical, and school social casework, it is suspected that it is far more prevalent due to unreported, undiagnosed, and misdiagnosed cases.

Eventually Alisha was diagnosed with selective mutism. She is now eight years old and in the third grade, yet she has never talked to a teacher or any other adult in a school setting. She does her school work and follows the teacher's instruction as long as she does not need to talk.

When she was in second grade, Alisha started talking with classmates if adults were not present. Generally teachers assess a child's reading ability by listening to the child read. This is not possible with a child who has selective mutism. However, the school has been resourceful and has found that Alisha will read aloud to another student if the teacher is not nearby. An older student assists in listening to Alisha read. If Alisha doesn't understand a problem, she waves her hand and the teacher



Cindy Eshleman and son discuss selective mutism and how the disorder affects "Alisha."

allows her to go aside and ask another student for help.

While some people believe that children with this disorder are being stubborn by refusing to speak to adults, research has shown that the disorder is related to severe anxiety in speaking and not because they are controlling, manipulative, oppositional, or angry.

Before research, it was speculated that selective mutism was the result of abuse, but according to the Selective Mutism Foundation, Inc. in Sissonville, W.Va., this theory is wrong. Children with this disorder often show no eye contact, no facial expression, or withdraw when approached in their attempt to control rising anxiety, and not because they have been abused.

By the time the child has been

diagnosed, the child has usually established a pattern of not talking to adults for several years. This behavior becomes increasingly difficult to change because the child has found a way to cope with anxiety.

The Eshelmans say that the only reason they can elicit from their daughter about her refusal to talk with adults is that it is too embarrassing.

Alisha sees a therapist, who uses play therapy during the sessions. The therapist is attempting to build trust by using puppets, toys, and games. Alisha complains to her parents that she does not like the sessions, but the school insists that she continue the sessions.

A therapist who had previously worked with Alisha encouraged punishment and bribery to be used in treatment, but Cindy said that

only made the situation worse. The therapist believes that Alisha's drawings revealed a child who is severely depressed, but her parents disagree. They see her as a happy, contented child who simply becomes overly anxious when pushed to speak.

Research published by the Selective Mutism Foundation supports the Eshelmans' assessment. Findings show that pressure, including punishment, bribery, or unrealistic consequences are often harmful rather than beneficial. The Foundation encourages behavioral management programs based on the treatment of phobias.

Cindy has also received information from the Norfolk Mental Health Association in Norwood, Mass., which researches the disorder. The Association findings on selective mutism state that psychotherapy, play therapy, and psy-

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