

Two Are Better Than One: Case Studies of Brief Effective Therapy

(Golden Sky Books, 2011)

Chapter Three:

Dialectical Cotherapy of a Selective Mutistic Patient

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Selective mutism, formerly called elective mutism, is defined as a disorder of childhood characterized by an inability to speak in certain settings (e.g. at school, in public places) despite speaking in other settings (e.g. at home with family). Selectively mute children can be divided into two groups: 1) those who use refusal to speak in a coercive fashion in order to manipulate people and the immediate environment, and 2) those for whom speaking is sufficiently anxiety producing so the child chooses to remain mute (Friedman and Kagan, 1973).

Rosenberg and Lindblad (1978) list the following observations regarding choice of symptom and underlying dynamics of selectively mute children: 1) the child is extremely determined to hold onto his symptom and has an overwhelming need to control; 2) the symptom becomes an extremely effective passive-aggressive maneuver by the child and arouses extreme feelings of anger, frustration, and disappointment in the parents; 3) the home atmosphere is not conducive to expression of feelings. Although the age of onset is usually before five, the disturbance may come to clinical attention only with entry to school. Therefore, the symptom may already be a routine of the child and more or less accepted by his surroundings.

The literature on the treatment of selective mutism tends to focus on the anxiety or family dynamic component of the symptom and little attention is directed to the controlling, manipulating, negativistic, passive-aggressive component. Below is presented a case study of a four year old selectively mute child who was treated successfully by cotherapists using a dialectical cotherapy approach.

Case Study

Lily, a four-and-a-half year old kindergarten girl, was referred to the clinic because of her refusal to speak to adults, with the exception of her parents and four grandparents. In school she spoke only with the children and used her closest friend as an intermediary when communicating with the teacher.

Lily's family consists of parents, age 30, and a seven year-old brother named Eli. At approximately age two, Lily was hospitalized for two weeks because of a serious case of ataxia. The parents described the hospitalization as traumatic both for them and for the child, even though the child recovered quickly. The parents reported that from that time on, Lily refused to talk and avoided contact with adults although even before that time she had tended to cry when grownups outside the immediate family approached her. The referring psychologist, who had treated the family for a year using a "structural family therapy

approach and educational guidance,” described the child as possessing at least average intelligence.

Before the initial meeting with the family, the authors decided to avoid getting into a power struggle with the child (and continue to do “more of the same”) and to relate to her in a totally different manner than, we presumed, she anticipated. In the first session, after the formal introductions, the therapists informed the parents that they do not speak to young children and that if they wished to tell Lily something (or she them), the therapists would use the parents as intermediaries.

Throughout the first and subsequent meetings, Lily attached herself to her mother and avoided contact with the therapists. In the third session, the therapists expressed their belief to the family and to the two sets of grandparents, who had been invited to that meeting, that Lily had a good reason for refusing to speak to adults although they themselves were not certain of the reason. Several hypotheses were offered: her speech was infantile and, therefore, she was afraid that adults outside the immediate family constellation would laugh at her; or that she felt that the family wanted an infant in the house; or that it could be her way of uniting the entire family by having them preoccupied with her “disability;” or it could be her way of notifying the family that she did not wish to grow up and leave the warmth and security of the home. In this meeting the therapists also emphasized the importance of ceasing to pressure her to speak to adults. (The grandfather, for example, promised her an expensive talking doll if she spoke to adults). Following this meeting, the therapists met with the kindergarten teacher and received her promise to cooperate in not pressuring the child to speak to her.

In subsequent sessions with the nuclear family, there developed a contrived split between the two therapists. The “bad” male therapist took the stance that Lily was an infant and therefore was not able to speak to adults, and that it was important to the family that she remain this way since the parents did not plan to have any more children. The “good” female therapist, in contrast, expressed the belief that Lily was capable of mature behavior and encouraged the family to start relating to her in accordance with her age. The “good” therapist lavishly praised the child and parents when they reported that their daughter began eating by herself, helped with the dishes, and so on. The male therapist continued to express doubt about the child’s achievements and pointed to her clinging and childlike behavior in the room as proof that she was an infant.

In the following session Lily refused to enter the office, and in contrast with previous times, the therapists permitted the behavior. During the middle of the session the female therapist left the room to answer the telephone and exploited the situation to whisper several words to the child and to give her a hug. When the female therapist returned, the male therapist sent Eli out with a message to his sister that he did not believe the parents’ report that she put together a 50-piece puzzle by herself, because little children are not able to do such a difficult task. The brother returned with his sister’s response, “The psychologist is an idiot.” This was the first obvious breach in the child’s detachment facade and armor.

At the next meeting, Lily presented to the therapists via the parents a picture of a fruit tree that she had drawn. Though the therapists both admired the drawing, the male therapist expressed doubt that she had drawn it since she was so immature, while the female therapist and family members insisted that she did draw it and that she was capable of mature and age-appropriate behavior. The parents also pointed out that the kindergarten teacher was also impressed by the child’s artistic ability. An argument ensued between the therapists regarding

the child's ability to speak maturely. The male therapist insisted that she was only able to babble and make sounds like aah, baa, vaa, daa, and so on, while the female therapist insisted that she was capable of mature speech. They decided to bet 100 shekels on who was right, and told the family that they would return in a few minutes and listen to the tape that they had inserted in the tape recorder to determine who won the bet. After hearing the child's voice on the tape, the male therapist grudgingly gave a 100 shekel bill to his cotherapist, even though he protested that Lily's speech was not very loud or clear and did not give evidence that she was able to speak in full sentences. At this point, the female therapist asked the father to bring to the next session a tape recording of Lily speaking, to which he acceded.

After hearing the child's voice on the tape at the following session, the male therapist admitted that he had erred, but still insisted that she was immature in that she was not able to speak in the presence of adults not of the immediate family. He then challenged Eli to bet him candies on whether Lily would be able to speak in the presence of the female therapist after he absented himself from the room. The female therapist expressed confidence that Lily would be able to accomplish the task and Eli agreed to the bet. Upon hearing Lily's voice on the tape recorder after returning to the office, the male therapist reluctantly placed candy in the hands of the smiling children. The "defeated" therapist, however, persisted and challenged Eli again to bet him on whether his sister would be able to speak directly even one word to the female therapist in his absence. He again accepted the challenge, but this time lost the bet as Lily was only able to open her mouth, but could not emit any words. The male therapist gloated over his victory and collected his prize from the dejected children.

At the end of the session, the male therapist proclaimed that his primary interest was to acquire as much candy as possible and was unconcerned whether the girl spoke or not, and in a provocative manner challenged Eli to a further bet. The therapist took out a bag of candy and said that if Lily would speak one word to the kindergarten teacher by the time they returned to the next meeting the candy would be theirs. A letter from the teacher attesting to this was required. If not, they would have to give him a bag of candy. Again the female therapist expressed confidence in the child's ability to succeed in this assigned task and after agreeing to the bet, Eli was given the bag of candy for safekeeping.

Several days later, the father appeared unexpectedly with a large grin on his face, shook the male therapist's hand, kissed the female therapist and with great emotion, revealed that Lily not only spoke to the kindergarten teacher but also to other adults. We smiled approvingly and told him the children could eat the candy to celebrate their victory. We cautioned him however, to relate to this new phenomenon in a natural manner.

In the final session, (18th), the parents presented the therapists with chocolate and a small celebration was held, which was the culmination of a long chain of festivities sponsored by the kindergarten teacher and various family members. The celebrations reminded us of a "Bat Mitzvah" ceremony (when a Jewish girl reaches the age of adulthood and responsibility), as if Lily had received the family's permission and blessing to grow and mature. (In relation to this, the grandmother of the child exclaimed to the female therapist whom she met several days later, "It's coming to me a 'mazel tov'" (congratulations).

In response to the female therapist's question, the child explained that the reason she did not speak to adults in the past was that she had a sore throat and last week it stopped hurting. The therapists noted that the bag of candy that she won was still unopened as if the child was going to hold on to her "trophy". At the end of the session, the male therapist apologized

profusely to the child for thinking that she was an infant and asked for her forgiveness. Lily timidly shook the therapist's extended hand, and thus accepted him to the list of adults with whom she conversed.

In a follow-up meeting two months later, the parents reported that Lily had stopped using a pacifier, extended the list of adults with whom she speaks, expanded her circle of friends in kindergarten, and was displaying more independent and age appropriate behavior.

Discussion

In the case of Lily, two components of the selective mutism symptom were present, anxiety and control. While the former may have been central at the beginning, it appears that the latter component became more prominent after a while as a result of secondary gains obtained from the environment.

In view of the aforementioned, we elected at the beginning of the treatment process to use a paradoxical approach which included redefining the symptom and refraining from attempting to remove it.

As a result of these interventions, the decreased attention given to the symptom and increased provocations on the part of the male therapist, Lily was "unbalanced" and the effect and strength of her symptom was diminished significantly. In order to re-establish and regain power and control, the child had to prove to the male therapist that he erred. Had she refused to take part in the "gambling game," it would have been an admission that he was right and that she was truly a helpless infant who was incapable of speaking to adults. The "triumph" over the male therapist regained for her the control and power but in a more constructive and appropriate way.

The stance taken by the "good" therapist was directed primarily at decreasing the anxiety component of the symptom through actions aimed at strengthening self-confidence and self-esteem, while the position of the "bad" therapist was primarily directed toward the control/defiance component of the symptom through the use of defiance based paradoxical interventions. The male therapist's provocative behavior also angered the child and thereby forced her to become involved in the therapy sessions. The positive attitude of the female therapist enabled Lily to continue attending the sessions and to begin experimenting with age appropriate behavior. The provocations of the male therapist indirectly encouraged the child to "join" the "good" therapist in order to defeat the "bad" therapist. At this point, behavioral techniques such as reinforcement, counter-conditioning, and successive approximations were effective in decreasing the child's anxiety in regard to speaking to adults.

The father, who was an electrician by trade, explained the therapeutic process in professional terminology. While there was a positive connection between Lily and the female therapist, there was a short circuit between her and the male therapist. In reference to this, the father related that Lily was extremely upset and furious at the male therapist's remark that he was only interested in acquiring candy and not in whether she spoke or not. This provocation caused her to speak to the kindergarten teacher and to other adults in order to prevent him from winning more candy and to prove him wrong. The father concluded that there was a need for a plus and minus in the therapeutic situation in order to induce an electrical current

(change of a static situation). Two pluses (“good” therapists) or two minuses (“bad” therapists) would not have produced, in his view, the same results.

References

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