American Journal of Interdisciplinary Research and Development
ISSN Online: 2771-8948
Website: www.ajird.journalspark.org
Volume 42, July- 2025

AUTISTIC CHILDREN WITH INTELLECTUAL MUTISM: BARRIERS AND SOLUTIONS IN COMMUNICATION DEVELOPMENT

Rakhimova Khurshidakhon Sadikovna
Associate Professor, Department of Special Pedagogy,
Kokand State University

Muxtorjonova Gulyora Muxiddin qizi
2nd-Year Student of the Surdopedagogy Department,
Kokand State University

ABSTRACT
This article provides an in-depth analysis of intellectual mutism observed in children with Autism Spectrum Disorder (ASD), focusing on the psychological and neuropsychological barriers they face in the process of communication. The paper explores the underlying causes and mechanisms of these communication limitations, including the absence of verbal speech, lack of eye contact, and sensory processing difficulties, grounded in theoretical and scientific perspectives. Furthermore, the article presents advanced strategies and technologies aimed at facilitating the social integration and communicative competence of autistic children, such as visual communication tools, social stories, joint activities, sensory integration therapy, and the creation of inclusive environments. It also discusses national and international legal frameworks and highlights best practices that support the development of equitable educational opportunities for autistic children within a socially just environment.

Keywords: Autism, intellectual mutism, autism spectrum disorder, communication barriers, visual communication, inclusive education, social stories, sensory integration therapy, social inclusion, neuropsychological approach, parent collaboration, special pedagogy.

Introduction

The modern education system requires a comprehensive approach aimed at fostering each child's personal potential, social integration, and equal opportunities, while taking into account their individual developmental characteristics. In particular, the issue of successfully integrating children with Autism Spectrum Disorder (ASD) and intellectual mutism into the social environment remains a highly relevant topic not only in Uzbekistan, but globally.

In recent years, significant steps have been taken in Uzbekistan to protect the interests of children with special educational needs and to ensure their full access to education and upbringing. On September 23, 2020, the newly revised Law "On Education" officially introduced the legal concept of inclusive education for the first time. Article 20 of this law defines inclusive education as "a form of education aimed at ensuring equal opportunities for all learners, taking into account the diversity of special educational needs and individual capabilities."

Furthermore, on October 13, 2020, Presidential Decree No. PQ–4860 approved the "Concept for the Development of Inclusive Education in the Public Education System of Uzbekistan for 2020–2025" along with its corresponding "Roadmap." These documents outline specific strategic directions for the early identification of children with autism spectrum disorders and mutism, the provision of psychological-pedagogical support, the creation of specially equipped learning environments, and the training of qualified specialists.

In developed countries such as the United States, Canada, Germany, Japan, and the Scandinavian nations (Sweden, Norway), advanced approaches for supporting children with Autism Spectrum Disorder (ASD) have been widely implemented. These include inclusive education models based on "Individualized Education Programs (IEPs)," visual pedagogy, sensory integration therapy, and Applied Behavior Analysis (ABA) therapy. These countries have also established comprehensive systems for the early identification of cases of intellectual mutism and the provision of psycho-correctional services.

According to the World Health Organization (WHO), approximately one in every 160 children is diagnosed with autism spectrum disorder. Therefore, the full social integration of these children, the elimination of barriers to communication, and the strengthening of support systems are considered among the top priorities in contemporary pedagogical theory and practice.

It is important to note that not all psychological changes or disorders in a child are directly caused by organic brain deficits. In many cases, the development of psychological disturbances is linked to the negative effects of the surrounding environment, inappropriate social attitudes, or pedagogically inadequate parenting and educational approaches. Functional disruptions in brain activity may not always be due to anatomical-organic damage, but may also result from neurobiological imbalances, particularly in neurotransmitter function and metabolic processes.

One such complex and multifaceted disorder is autism spectrum disorder (ASD). The term "autism" originates from the Greek word *autos*, meaning "self" or "self-absorption." Based on modern neuropsychological research, scientists suggest that the root of this condition lies in the deficiency of neurotransmitters—particularly neuromodulators such as mocos protein—during the embryonic stage of cortical brain development.

Children characterized by this syndrome typically exhibit psychological introversion — a withdrawal into their internal world — along with indifference to external stimuli and

underdeveloped communication and social interaction skills. These children often prefer solitude, cling to familiar environments, and display a strong need for routine. In terms of speech activity, two main patterns are observed in autistic children: some exhibit echolalia, mechanically repeating words and phrases, while others remain entirely nonverbal — a condition referred to as selective mutism or intellectual mutism. In such cases, mutism is not the result of a neurophysiological impairment, but rather functions as a psychological defense mechanism.

The renowned French neurologist and educator Jean-Marc-Gaspard Itard referred to this condition as intellectual mutism, emphasizing that although the brain's speech centers remain anatomically intact, the child refrains from engaging in verbal interaction with their surroundings. This behavior reflects the presence of internal psychological barriers, emotional isolation, and an indifferent attitude toward external events.

Scientific observations indicate that autistic children often lack a fully formed self-concept — a clear understanding of "I" or personal identity. They may not comprehend even simple, direct communication addressed to them, are startled by loud sounds, avoid brightly colored environments, and may perceive minor tactile stimuli as intense pain. Notably, while these children may excel at solving complex intellectual tasks, they often struggle with basic self-care routines and daily life activities, such as buttoning clothes or performing simple personal hygiene tasks.

Autism spectrum disorder (ASD) is a neurodevelopmental condition that typically manifests in early childhood, often around or before the age of three. It is characterized by a distinct set of symptoms. Statistical data indicate that autism is several times more prevalent in boys than in girls, prompting the need for deeper investigation into its genetic, neurobiological, and environmental etiologies.

Although the exact causes of autism spectrum disorders remain incompletely understood, contemporary specialists suggest that disruptions in neurochemical modulators and protein synthesis — particularly a deficiency of the mOCOS protein — during early embryogenesis, especially during the development of the fetal cerebral cortex, may play a critical role. In the social environment, autism is typically expressed through communicative withdrawal, social disengagement, repetitive behaviors, and avoidance of dialogue.

The syndrome was first introduced into scientific literature in 1938 by the Austrian physician Hans Asperger. In his article titled *"The Psychologically Abnormal Child"*, he described children who exhibited significant difficulties with social communication but sometimes possessed remarkably high intellectual abilities. In 1944, Asperger further elaborated on this condition in his publication *"Autistic Psychopathy in Childhood"*, which later led to the condition being widely recognized as Asperger's Syndrome.

Over the past few decades, the rising prevalence of this condition worldwide has turned it into a pressing global concern. In response, the United Nations General Assembly declared April 2nd as *World Autism Awareness Day* in 2008. Furthermore, the World Health

Organization designated 2001 as the *Year of Mental Health* and began developing global strategic initiatives to address mental health issues, including autism.

One of the alarming aspects of autism spectrum disorder (ASD) is its increasing prevalence, while in many cases, early diagnosis is not achieved, and appropriate corrective interventions are not provided. For instance, in Uzbekistan, autism spectrum disorder was clinically documented for the first time in 2010, and the number of children diagnosed with ASD has been steadily increasing ever since.

Given the absence of definitive medical treatments for autism, the implementation of specialized educational and psychological strategies is of paramount importance. Children with autism often lack a developed sense of "self," experience difficulties in comprehending simple words and phrases, and display hypersensitivity to loud sounds, bright colors, or physical contact. While they may excel at cognitive-logical tasks, they frequently struggle with basic daily life skills such as buttoning clothes, tying shoelaces, or washing dishes.

In certain cases, autism is accompanied by selective or elective mutism, wherein the child possesses fully functional auditory and speech organs but refuses to speak due to psychological barriers. This condition-also referred to as functional mutism-was first described by the French neurologist Jean-Marc Gaspard Itard. In such cases, the child fails to establish verbal communication with their surroundings, which severely limits their social integration.

Research and experience confirm that children with autism and mutism often possess latent potential and high intellectual capacities, including strong visual thinking abilities and, in some cases, exceptional talent in areas such as art, mathematics, or technical disciplines. Therefore, a comprehensive multidisciplinary approach-involving collaboration between psychologists, special educators (defectologists), speech therapists, neurologists, parents, and classroom teachers—is essential for organizing effective education and rehabilitation for these children.

In many European countries, children with autism are regarded as "individuals with distinctive characteristics," and specially tailored "coordinated living environments" are created to support their development and ensure they live in conditions that meet their personal needs and preferences. In Uzbekistan, specialized kindergartens, schools, and speech therapy centers have been established for children with autism, providing comprehensive medical-pedagogical services aimed at enhancing their adaptability and integration into society.

From this perspective, every child -even those with atypical developmental trajectories — deserves human attention, patience, knowledge, and dedication. In the context of independent Uzbekistan, the state's strong emphasis on human capital reflects the understanding that the integration of children with autism into society is not only an issue of education, but also a matter of social justice grounded in humanistic values.

Autism spectrum disorders (ASD) are among the most complex and multifaceted challenges in contemporary psychology and neurology. Today, these conditions are

increasingly being studied through an integrated "medical-psychological-social" approach. According to the World Health Organization (WHO, 2021), at least 1 to 2 out of every 100 children worldwide show signs of autism spectrum disorder. These children often present with semantic-pragmatic speech impairments, particularly in understanding context and conveying meaning in communication.

Autistic children tend to be passive in speech acquisition, yet may exhibit remarkable memory for phonetic or graphic symbols such as letters, numbers, or shapes. One neurological theory that explains this phenomenon is the "decline in integrative brain functions". This theory suggests that the failure to develop effective neural connections between the sensorimotor and semantic systems in the cerebral cortex impairs the child's ability to engage in social and linguistic communication with the environment (Frith, 2003; Volkmar & Pauls, 2005).

Furthermore, recent genetic research has identified mutations in genes such as MECP2, SHANK3, and CHD8 as playing a significant role in the development of autism spectrum disorders. However, beyond genetics, various perinatal risk factors - including maternal stress during pregnancy, infections, toxic exposures, and birth complications such as asphyxia — are also being recognized as influential contributors to the onset of ASD (Courchesne et al., 2007).

Intellectual mutism is a distinct condition that may co-occur with autism, but not all autistic children exhibit mutism. *Mutismus psychicus* is defined as a state in which a child, despite having completely intact speech organs and hearing, refuses to speak due to psychological or neurotic causes. This condition often arises in the context of traumatic experiences, chronic anxiety, or emotional disorders (DSM-V, 2013).

In children with mutism, the absence of speech not only limits communication but also halts psychosocial processes such as **self-identification**, **self-expression**, and **adoption of social roles**. These children often exhibit developmental regression, selective attention, and emotional expression disorders. Their silence is not merely an absence of speech but rather a **psychological defense mechanism**.

In modern speech therapy and defectology, the following approaches are considered effective when working with such children:

- Implementing **alternative communication systems** (e.g., PECS, Makaton, visual schedules) to facilitate expression;
- Using **sensory integration therapy** to reduce environmental threats and anxiety;
- Introducing **cognitive-motor methods** to gradually initiate communication through simple actions;
- Providing **family psychotherapy** and pedagogical counseling to improve parental knowledge and engagement.

These interventions aim not only to develop verbal speech but also, and more importantly, to restore the child's capacity for **social interaction and communication**.

Among children with autism spectrum disorders (ASD), one of the primary challenges is the presence of **psychological and neuropsychological barriers to communication**. Communication is the foundation of human development and social participation, but in autistic children, this process is often severely disrupted or fails to develop altogether. Such children frequently cannot interpret others' emotions, avoid eye contact, lack expressive speech or body language, and struggle to articulate their basic needs. Consequently, they may experience **social isolation**, **psychological tension**, and delayed self-development.

1. Key Barriers to Communication in Autistic Children:

- **Lack or underdevelopment of verbal speech**: Many autistic children either cannot engage in verbal communication or choose not to speak, often due to an inability to understand speech as a social tool (semantic deficits).
- **Lack of eye contact**: This impairs the ability to focus attention and form emotional connections with others.
- **Limited use of gestures and facial expressions**: Inadequate development of non-verbal communication separates the child from the external world.
- **Sensory processing issues**: Overreactions to loud noises, bright lights, or physical touch further complicate social openness.
- **Low social motivation**: These children often see no benefit in social contact and feel safer in solitude.
- **Psychological barriers and the instinct for safety**: New environments or people are perceived as threats, causing the child to withdraw from any social interaction.

2. Recommended Psychological-Pedagogical Approaches:

Early diagnosis and intervention When autism is detected as early as possible (ages 1.5–3), interventions to support communication development are more effective. Multidisciplinary involvement of a psychologist, speech therapist, neurologist, and special education specialist is essential at this stage.

Augmentative and alternative communication systems (AAC) For nonverbal or unwilling speakers, systems like **PECS**, **Makaton**, and **Brauning visual cards** enable expression, fostering a desire to communicate and encouraging social learning.

Social Stories (Carol Gray, 1991) Short, simple narratives with pictures help autistic children understand social situations such as greeting, queuing, asking questions, and apologizing.

Joint Attention Training This method promotes shared focus between the child and adult on a common object, fostering emotional bonding and building trust in social interaction.

Reflective Interaction By mimicking or echoing the child's expressions and behaviors, adults stimulate the child's internal desire to communicate, creating a psychologically safe environment for interaction.

Psychopedagogical training for parents Educating parents in effective communication, emotional recognition, and conflict resolution improves the child's social development and emotional well-being.

Sensory integration therapy This approach mitigates the child's aversion to environmental stimuli (touch, sound, motion) through play-based sensory adaptation, paving the way for openness to communication.

Creating an inclusive environment Inclusion in the same classroom or group as neurotypical peers stimulates the child's communicative drive. This requires the involvement of specially trained teachers.

Barriers to communication in autistic children are not only linguistic but also deeply **emotional and social**. However, through **scientifically grounded approaches**, socially adapted pedagogical methods, and **close cooperation with families**, these barriers can be gradually overcome. Opening a path into the inner world of a child and integrating them into the life of society begins with acknowledging and respecting each child's unique needs — an expression not only of pedagogical skill but of **human compassion and ethical responsibility**.

References

1. Gray, C. (1991). Social Stories: Improving social skills in children with autism. The Gray Center for Social Learning and Understanding.
2. Volkmar, F. R., & Pauls, D. (2005). Autism. The Lancet, 362(9390), 1133–1141.
3. Frith, U. (2003). Autism: Explaining the Enigma. Oxford: Blackwell Publishing.
4. Courchesne, E., et al. (2007). Mapping early brain development in autism. Neuron, 56(2), 399–413.
5. American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Washington, DC: APA.
6. Sadikovna, Raximova Xurshidaxon, et al. "OG'IR NUTQ KAMCHILIGINI BARTARAF ETISHDA MUTAHASSIS VA OILA HAMKORLIGI." E Conference World. No. 3. 2023.
7. Sadikovna, Raximova Xurshidaxon, and Akbarov Sarvarjon Sodiqjon o'g'li. "INKLYUZIV TA'LIMNING MAQSAD VA VAZIFALARI." E Conference World. No. 3. 2023.
8. Sadıkovna, Rakhımova Khurshıdakhan, and Sattorova Dildora Mirzaakbarovna. "THE ESSENCE OF THE CONTENT OF "INCLUSIVE" AND "INTEGRATED" EDUCATION." Galaxy International Interdisciplinary Research Journal 11.12 (2023): 431-435.

9. Sadikovna, Rakhimova Khurshidakhan. "IMPROVING EDUCATIONAL WORK FOR CHILDREN WITH HEARING IMPAIRMENT." Open Access Repository 9.12 (2023): 397-402.
10. Sadikovna, Rakhimova Khurshidakhon. "Theoretical Foundations For Teaching Future Surdopedagogs To The Development Of Speech Of Children With Cochlear Implants." Onomázein 62 (2023): December (2023): 2408-2416.
11. RAKHIMOVA, DAUGHTER OF AMATJANOVA MOKYNUR OIBEK, and KHURSHIDAKHAN SADIKOVNA. "FORMATION OF WRITTEN SPEECH OF CHILDREN WITH HEARING DEFECTS IN INCLUSIVE EDUCATION." Confrencea 12.12 (2023): 478-484.
12. SADIKOVNA, SATTOROVA DILDORA MIRZAAKBAROVNA RAKHIMOVA KHURSHIDAKHAN. "THE FIRST INSTITUTIONS OPENED FOR THE DEAF IN THE HISTORY OF DEAF PEDAGOGICS. THE IMO SIGN AND ORAL EDUCATION SYSTEM IS IMPLEMENTED FOR THEM." Confrencea 12.12 (2023): 461-468.