CONDITION

Selective mutism

Selective mutism is an anxiety condition that makes speaking difficult in certain situations despite speaking comfortably in others.

WHAT IT IS
Anxiety-related inability to speak in certain social situations

BODY SYSTEM
Mental health and communication

MAIN SYMPTOMS
Silence, freezing, avoiding attention, difficulty joining activities

WHAT CAUSES IT
Anxiety vulnerability shaped by temperament, genes, and environment

HOW IT IS DIAGNOSED
Clinical assessment across settings and communication checks

MAIN TREATMENT
Behavioural therapy with family and school support

CAN IT BE CURED?
Sometimes - symptoms resolve with effective treatment

IS IT AN EMERGENCY?
No - unless immediate safety or communication needs arise

LONG-TERM OUTLOOK
Many improve, though anxiety may continue

Overview

Selective mutism is an anxiety condition in which someone regularly cannot speak in certain social situations, even though they can speak in other settings. It usually begins in childhood. For example, a child may talk freely at home but remain silent at school, clubs, or around unfamiliar people.

The silence is not deliberate defiance. Anxiety can trigger a "freeze" response that makes speech feel physically unavailable. A child may know exactly what they want to say but be unable to make the words come out.

The word "selective" refers to the situations in which speech is possible, not to a conscious choice to speak. Some people prefer the term "situational mutism" for this reason.

Selective mutism can affect learning, friendships, medical care, and everyday independence. A child might be unable to ask for the toilet, report pain, answer a teacher, or join a group activity. Early recognition matters because repeated pressure to speak can increase anxiety, while gradual and supportive treatment can build confidence.

Although it is mainly diagnosed in children, symptoms can continue into adolescence or adulthood. Adults may have difficulty speaking in education, work, healthcare, or other high-pressure settings.

Symptoms

The main feature is a consistent inability to speak in particular situations where speaking is expected. In comfortable settings, the person usually speaks normally or much more freely.

Patterns differ from person to person. Someone may speak to parents and siblings but not to teachers. Another person may whisper to one trusted friend but not speak when anyone else is nearby.

Other signs can include:

Some children appear relaxed while silent. Others become visibly distressed. A child may laugh, play, and participate without speaking, so the anxiety can be easy to miss.

Symptoms must be more than brief shyness when starting school or entering a new setting. They usually continue for at least one month, not counting the first month of school when many children are still adjusting.

A person learning a new language may stay quiet because they do not yet understand or feel comfortable using it. This is not selective mutism by itself. Concern is greater when the person has enough language ability but remains unable to speak in specific settings.

- Freezing, becoming still, or showing a blank facial expression
- Avoiding eye contact or attention
- Communicating through gestures, nodding, writing, or a trusted person
- Speaking very quietly, using only a few words, or whispering
- Difficulty eating, drinking, or using the toilet around others
- Avoiding group activities, performances, phone calls, or unfamiliar places
- Physical anxiety symptoms, such as stomach pain, nausea, shaking, or a racing heart

Causes and risk factors

There is no single known cause. Selective mutism is generally understood as an anxiety condition involving a strong freeze response to social or speaking demands.

A naturally cautious or "slow to warm up" temperament may increase vulnerability. Anxiety can also run in families through a mixture of inherited traits and learned responses. This does not mean that anyone caused the condition through their parenting.

Social anxiety often occurs alongside selective mutism. Social anxiety is an intense fear of being watched, judged, embarrassed, or expected to perform in front of others. Separation anxiety and other anxiety conditions may also be present.

Speech, language, or communication difficulties can add to anxiety about speaking, although many people with selective mutism have typical communication skills. Sensory sensitivities or neurodevelopmental conditions, including autism or attention-deficit hyperactivity disorder, may also occur alongside it. These require separate assessment rather than being assumed from silence alone.

Using more than one language does not cause selective mutism. However, entering a setting where an unfamiliar language is spoken can temporarily reduce speech. Assessment should consider how the person communicates in every language and setting.

Selective mutism is not usually caused by trauma. A sudden loss of speech in all settings after a frightening event is a different pattern and needs prompt assessment.

Diagnosis

There is no blood test, scan, or single questionnaire that confirms selective mutism. Diagnosis is based on the pattern of communication across situations and how long it has continued.

An assessment usually gathers information from the person, family, school, and others who know them in different settings. Home audio or video may sometimes show how the child communicates when comfortable, although recordings should not be used to pressure or embarrass them.

The clinician considers whether the person:

A hearing check may be arranged. A speech and language therapist may assess speech, language, social communication, and non-speaking forms of communication. Mental health assessment can identify anxiety and any other emotional or developmental needs.

Assessment should be adapted so that the person is not required to speak to prove they have difficulty speaking. They may answer through gestures, writing, pictures, digital messages, or a

trusted adult.

- Speaks in some settings but repeatedly cannot speak in others
- Has symptoms that interfere with education, work, relationships, or daily tasks
- Has had the pattern for at least one month beyond an initial adjustment period
- Understands and can use the language expected in that setting
- Has another condition that better explains the communication difficulty

Treatment and management

Treatment aims to reduce anxiety and make communication easier step by step. Forcing speech, demanding public answers, or repeatedly asking why someone is not talking can strengthen the fear response.

Behavioural and cognitive behavioural approaches are commonly used. Cognitive behavioural therapy, often called CBT, helps a person gradually face feared situations while learning ways to manage anxiety.

Treatment may use:

Progress is often easier when home, school, and healthcare professionals follow a shared plan. At school, helpful adjustments may include allowing nonverbal responses, providing extra time, using small groups, and choosing one trusted adult to support gradual practice. These adjustments should reduce barriers while treatment gently expands communication.

Adults may need similar planning for work, education, appointments, and phone or video communication.

A speech and language therapist can help when speech, language, or social communication needs are present. They may also support a gradual communication programme even when underlying language skills are typical.

Medication is not necessary for everyone. A specialist may consider an antidepressant like sertraline or fluoxetine that also treats anxiety when symptoms are severe, persist despite psychological treatment, or make therapy difficult to begin. Medication is usually one part of a broader treatment plan rather than a replacement for gradual practice and support.

- Graded exposure: beginning with communication that feels manageable, then slowly increasing the challenge
- Stimulus fading: speaking with a trusted person first, then gradually introducing another person

- Shaping: moving in small steps from gestures or sounds to words and conversation
- Positive reinforcement: calmly recognising effort without making speech a public event
- Anxiety-management skills: learning about body reactions, thoughts, and coping strategies

Complications

Without effective support, selective mutism can restrict participation over time. A person may know the answer but be unable to demonstrate their knowledge, which can affect assessment and educational progress.

Possible effects include:

Being treated as rude, stubborn, or less capable can add to distress. A person's silence does not show what they understand, think, or want to contribute.

- Difficulty making friends or joining social activities
- Avoidance of school, university, work, or appointments
- Trouble reporting illness, bullying, pain, or safety concerns
- Reduced confidence and independence
- Ongoing social anxiety or other anxiety conditions
- Low mood related to isolation or missed opportunities

Prevention

Selective mutism cannot always be prevented. It develops from a combination of anxiety vulnerability, temperament, and life circumstances rather than from one avoidable action.

Early support may keep the pattern from becoming more established. Adults can help by avoiding pressure, accepting gestures or writing when needed, and creating low-stress opportunities for communication. Gradual encouragement is more useful than rewards that make speaking feel like a test.

Supporting general anxiety, speech and language needs, or school adjustment may also reduce barriers. These steps cannot guarantee prevention, but they can make communication safer and help a person take manageable steps.

Living with it and what to expect

Improvement usually happens gradually rather than through one sudden breakthrough. A person may first speak to one trusted adult, then in a quiet room, then with a friend present. Speech may still disappear in a new classroom, during a performance, or when several people are listening.

Progress is not always steady. Illness, tiredness, school changes, exams, or increased attention can temporarily make speaking harder. A setback does not necessarily mean that earlier gains have been lost.

Many children improve substantially with coordinated treatment and support. Some eventually speak comfortably across most settings. Others continue to have difficulty in high-pressure situations or retain social anxiety after regular speech becomes possible. Symptoms that continue into adolescence or adulthood can still be treated.

Everyday life is easier when communication is not limited to speech. Written messages, cards, gestures, or communication devices can provide a reliable way to express needs while spoken communication develops. These supports do not usually "reward" silence; they allow participation and safety.

It can help to share a simple plan with schools, employers, relatives, and healthcare teams. The plan can explain how the person communicates, what increases pressure, and how others should respond if speech stops.

When to get medical help

Arrange a routine assessment if you or your child regularly speaks in some settings but cannot speak in others, especially when this affects school, work, friendships, healthcare, or daily needs. Support is also appropriate if the pattern lasts beyond an initial adjustment to a new school, language, or environment.

Seek an earlier appointment if anxiety is increasing, attendance is falling, eating or toileting is affected, or the person cannot report pain, bullying, or other important concerns.

A sudden loss of speech in every setting is not the usual pattern of selective mutism. Seek urgent medical assessment if speech changes suddenly, particularly with weakness, facial drooping, confusion, a severe headache, a head injury, or difficulty understanding language.

Get emergency help if the person has immediate breathing difficulty, is in danger, cannot communicate an urgent medical need, or may harm themselves or someone else.

Common questions

Is selective mutism just extreme shyness?

No. Shy people may speak less or need time to settle, but they can usually speak when necessary. With selective mutism, anxiety repeatedly blocks speech in specific situations and interferes with daily life.

Is my child choosing not to talk?

Usually not. The child may want to answer but experience a freeze response. Describing the behaviour as refusal or disobedience can increase pressure and make speech harder.

Will a child grow out of selective mutism?

Some children improve as they get older, but waiting without support can allow avoidance and anxiety to become established. Assessment and gradual treatment can improve the chance of comfortable communication across settings.

Should teachers make a child answer aloud?

Unexpected demands, public praise, or repeated prompts can increase anxiety. A planned approach usually begins with responses the child can manage and builds toward speech in small steps.

Can someone have selective mutism and autism?

Yes. They are different conditions but can occur together. Assessment should look at the person's communication in comfortable settings, development, sensory needs, social understanding, and anxiety rather than assuming one explanation.

Can adults have selective mutism?

Yes. It often begins in childhood, but symptoms can continue or be recognised later. Adults may struggle in meetings, appointments, education, work, or unfamiliar social situations. Psychological treatment and practical communication support may still help.

Sources

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