Selective Mutism (SM)

Hello, I am Helen, and I have lived with an anxiety disorder all my life. My aim with this article is to spread awareness about Selective Mutism and to give my personal account of my experience living with this.

As a young child, although very loud around my immediate family at home, I could not speak around others. My mother took me to an educational child psychologist who said I would “grow out of it”. At this time, there was no mention that I might have SM, nor was any treatment offered.

It was much later when SM was covered in the media on TV and in magazine articles that my mother said to me that I had Selective Mutism as a child. I have since read articles and seen documentaries, and I absolutely know 100% that this was a condition I had lived with.

I can remember being in nursery at school when the register would be called. All the other children were able to clearly speak to tell the teacher they were present. I on the other hand would walk up to the teachers desk and whisper “I’m here”, drawing more attention to myself. In the school nativity play, I was given the part of the donkey who carried Mary as I didn’t have to talk. To communicate, I would simply nod or shake my head. I didn’t like to do that either. A neighbour of ours would continuously put pressure on me to speak. I must have been really angry, because one day I found the courage and forcefully told her “I will speak to you when I’m five!”

I did very gradually start speaking; however, I was still very anxious socially and would refuse to read in class. I was in a group of friends where we had one leader who would choose one of us for all the other girls to fall out with each week. In class she said to me, “I will read if you do”. I refused and hence was bullied for the week by the other girls. This was easier to deal with than reading to the class. If I had read to the class, it wouldn’t be fluent, I would struggle to get the words out. This has continued throughout my life, at college, in work and during social occasions I still struggle and become very nervous.

I have since had many treatments, anti-depressant medication, Cognitive Behavioural Therapy, to name a few; however, for me, I believed that a peer support group for people with Social Anxiety Disorder / Social Phobia was the key to making me feel better, which is something I want to start and facilitate in time as I couldn’t find one in the Calderdale area.

Through working as a volunteer at Healthy Minds, I have met many people with a diverse range of mental-health issues who are not judgemental, which has been very supportive in my management of my condition. I feel that here, I am growing in confidence and have found an environment where I feel passionate about supporting others and being open and spreading awareness about my own and other mental-health conditions.
Key Facts about Selective Mutism:

This condition is an anxiety disorder preventing children from speaking in various social settings. It affects approximately 1 out of 150 children. Once known as Elective Mutism in the 1930s, it was renamed Selective Mutism in the 1970s. This anxiety disorder was misunderstood as it was thought that a child made the choice not to speak. It is still a condition that many are unaware of and many believe the child is shy or refusing to speak. In fact children with Selective Mutism are unable to speak unless they are interacting with their immediate family members.

Experts suggest Selective Mutism is a fear of speaking. For children living with this condition, anticipating a social situation, where the child is expected to speak, exacerbates the anxiety and consequently children will either avoid these situations or just not speak when expected or prompted.

Signs that a child has SM include nervousness and clinging to a parent, they may appear to be socially awkward, withdrawn and frozen when expected to speak which makes it extremely frightening for children when they attend nursery, school or any social-group environment outside immediate family members.

The school curriculum requires children to speak publicly, to interact with other children and adults and to present, all of which require children to be vocal. Work situations also require this and therefore, early intervention is vital, as if left untreated, it may develop into teenage years and adulthood.

Depending on a child’s age and the length of time the child has had Selective Mutism, various interventions can include Behavioural Therapy, Cognitive Behavioural Therapy and medication.