



Insights into families of children with selective mutism

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Introduction. Selective mutism (SM) is an anxiety disorder marked by persistent failure to speak in specific social situations despite normal speech in others. Research suggests a multifactorial aetiology involving temperament, genetic, neurodevelopmental, and environmental influences, with families playing a significant role. *Aim.* This study examined parental personality traits and family environmental factors in 30 mothers of children with SM. *Method.* Data were collected using a structured questionnaire and the IPIP-NEO-120 inventory. *Results.* Parents most often described themselves in childhood as quiet, shy, or withdrawn, traits commonly observed in their children. On the personality scale, they scored highest on agreeableness and conscientiousness and lowest on neuroticism. Families were described as sociable but primarily within close family circles. Nearly three-quarters of children had experienced at least one environmental risk factor, most often relocation. *Conclusion.* Findings highlight the importance of familial characteristics in understanding SM and suggest implications for targeted support and intervention.

Keywords: selective mutism, parental personality traits, family risk factors

Introduction

Selective mutism (SM) is an anxiety disorder characterised by a persistent inability to speak in specific social situations despite normal speech in others (American Psychiatric Association, 2014). According to DSM-5,

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symptoms must persist for at least one month, interfere with social or academic functioning, and not be better explained by a communication disorder. Children with SM typically avoid interaction due to fear of embarrassment or negative judgment, showing somatic and behavioural signs of anxiety such as physical tension and avoidance of eye contact (Cohan et al., 2006; Oerbeck et al., 2019; Schwenck et al., 2022). Non-verbal strategies such as gestures or writing are often used to communicate needs (Manassis et al., 2007). Prevalence estimates range between 0.1% and 2.2% depending on sample and diagnostic approach (Hua & Major, 2016). Onset is usually between ages two and five, though difficulties often become evident only at preschool or school entry (Johnson & Wintgens, 2001; Muris & Ollendick, 2015).

A number of studies have further described the behavioural and emotional patterns typical of SM. Children often speak fluently at home, in the presence of close family members, but remain silent in unfamiliar or evaluative settings such as school or kindergarten (Dimoski, 2016; Johnson & Wintgens, 2001). They tend to avoid being the centre of attention and may show visible physiological signs of anxiety when expected to speak, such as blushing, muscle tension, or avoidance of eye contact (Dow et al., 1995; Standart & Le Couteur, 2003). Older children frequently describe a sensation of a “lump in the throat” that prevents them from speaking (Crundwell, 2006; Oerbeck et al., 2019). Although verbal expression is inhibited, communication through non-verbal means (e.g., gestures, nodding, or writing) remains intact (Manassis et al., 2007; Nieves et al., 2012).

Prevalence rates vary across studies, ranging from 0.11% to 2.2% (Hua & Major, 2016), with some reporting a higher frequency among girls (Dummit et al., 1997; Kristensen, 2000), while others find higher rates among boys (Elizur & Perednik, 2003; Karakaya et al., 2008). Symptoms typically emerge between ages two and five, a period marked by the child’s increasing social engagement outside the home (Johnson & Wintgens, 2001; Muris & Ollendick, 2015), but may be misinterpreted as shyness until school entry (Kumpulainen et al., 1998).

Aetiology of Selective Mutism

Current evidence suggests SM is multifactorial, arising from genetic, temperamental, neurodevelopmental, and environmental factors (Muris et al., 2016). Parents of children with SM frequently recall being shy or withdrawn in their own childhood (McHolm et al., 2005; Steinhausen & Adamek, 1997), and reduced verbal expressiveness has been documented in both mothers and fathers (Remschmidt et al., 2001). Parental shyness and social anxiety are also more common relative to controls (Kristensen & Torgersen, 2001). Personality studies have indicated higher neuroticism and lower openness in these parents (Chavira et al., 2007). These findings support the hypothesis of inherited temperamental traits increasing vulnerability to SM.

Family studies have consistently shown an overrepresentation of anxiety-related traits among relatives of children with SM. For instance, Steinhäuser and Adamek (1997) reported silence as a recurring personality feature across up to three generations, while Remschmidt et al. (2001) found mutistic traits in 44% of mothers and 51% of fathers of affected children. Kristensen and Torgersen (2001) observed that 39% of mothers and 32% of fathers of children with SM reported shyness or social anxiety, compared to 4% and 1% in control families. These findings reinforce the idea that familial temperament patterns may represent both a genetic and learned risk pathway.

Environmental influences are also important. Children may model avoidance from parents uncomfortable in social contexts (Scott & Beidel, 2011). Some studies described SM families as emotionally restrained or with limited communication (Meyers, 1984; Rosenberg & Lindblad, 1978), though results are inconsistent (Ford et al., 1998). Overprotective or highly involved parenting has been suggested as a risk factor (Alyanak et al., 2013), while other work found no significant differences in parenting approaches (Cunningham et al., 2004). Further studies have also linked family stressors — such as frequent residential relocations, divorce, or changes in school environment — to the onset or exacerbation of SM symptoms (Dow et al., 1995; Kristensen, 2000). In some cases, families report significant emotional tension, conflict avoidance, or limited expression of feelings (Rosenberg & Lindblad, 1978; Vecchio & Kearney, 2005), although not all research supports these findings (Ford et al., 1998). This inconsistency highlights the need to study family context and parental personality within the same framework, as explored in the present study.

While previous studies have examined either parental personality or family characteristics separately, few have investigated these domains together in families of children with SM. The present study, therefore, aims to explore both the personality traits of mothers of children with SM and the environmental and social characteristics of their families, in order to identify common patterns that may contribute to the child's developmental context. Based on previous findings, it was hypothesized that most mothers would retrospectively describe themselves as shy, quiet, or withdrawn during childhood. We also expected that, on the IPIP-NEO-120, mothers would show lower Extraversion and Openness and higher Neuroticism compared to the remaining personality domains, consistent with existing literature on parents of children with SM. Furthermore, it was hypothesized that families would report social networks oriented primarily toward close family members and a few close friends rather than broader social groups. Finally, we expected that a substantial proportion of families would have experienced at least one environmental stressor, most commonly residential relocation.

Methods

Participants

Thirty biological mothers of children with Selective Mutism (SM) ($M_{age} = 38.9$, $SD = 5.79$, range = 30 - 48) participated in the study. Inclusion criteria were: (1) a confirmed diagnosis of SM in the child according to DSM-5 criteria, and (2) diagnosis verified by a psychiatrist or psychologist and documented in medical records. Exclusion criteria included comorbid neurodevelopmental or psychotic disorders (e.g., autism spectrum disorder, intellectual disability, schizophrenia). The children were aged between 4 and 13 years ($M_{age} = 6.73$, $SD = 3.54$). The sample consisted of 17 girls and 13 boys. Most mothers had completed higher education. Participants were recruited through the Teaching and Clinical Center of the Faculty of Education and Rehabilitation Sciences, two kindergartens, and two elementary schools. Only mothers were included, reflecting their primary role in professional contacts regarding their child's condition (See Table 1).

Table 1

Sociodemographic Characteristics of Mothers and Their Children with Selective Mutism (SM)

Variable	Category	n (%)	M (SD)	Range
Mothers (N = 30)				
Age (years)	—	—	38.9 (5.79)	30 – 48
Education level	Secondary school	12 (40.0%)		
	University degree	16 (53.3%)		
	Doctorate	2 (6.7%)		
Children (N = 30)				
Age (years)	—	—	6.73 (3.54)	4 – 13
Gender	Girls	17 (56.7%)		
	Boys	13 (43.3%)		

Note. N = total sample size; n = number of participants; M = mean; SD = standard deviation.

Instruments

Two instruments were used in this study: a structured questionnaire constructed for the purposes of this research and the standardized International Personality Item Pool–NEO-120 (IPIP-NEO-120; Johnson, 2014).

The first instrument, a structured questionnaire, was developed based on previous literature on families of children with Selective Mutism (SM). It contained 17 self-constructed questions designed to capture various family characteristics and contextual factors relevant to SM. The questionnaire was divided into four sections:

- (1) Demographic information (e.g., age, education, and occupation of the mother, as well as age and gender of the child);
- (2) Family structure and social relations (e.g., with whom and how often the parent spends time, social participation with relatives and friends, and preferred activities);
- (3) Parental personality descriptors in childhood and adulthood, where parents were asked to self-describe using adjectives reflecting introversion or extraversion (Eysenck, 1994; McCrae & Costa, 1997); and
- (4) Environmental risk factors, such as changes of residence, bilingualism, and parenting style.

The second instrument was the International Personality Item Pool–NEO-120 (IPIP-NEO-120; Johnson, 2014), a standardized personality questionnaire developed to assess the Five-Factor Model of personality. It consists of 120 items that measure 30 facets grouped under the five broad personality domains: *Neuroticism*, *Extraversion*, *Openness to Experience*, *Agreeableness*, and *Conscientiousness*. Each domain includes six facets with four items per facet. The items are presented as statements rated on a 5-point Likert scale (1 = completely false, 2 = mostly false, 3 = neither true nor false, 4 = mostly true, 5 = completely true). The IPIP-NEO-120 is a shortened and public-domain version of the IPIP-NEO-300 (Goldberg, 1999) and measures the same constructs as the NEO PI-R (Costa & McCrae, 1992). Example facets include *anxiety*, *anger*, *depression*, *self-consciousness*, *immoderation*, and *vulnerability* (Neuroticism); *friendliness*, *gregariousness*, *assertiveness*, *activity level*, *excitement-seeking*, and *cheerfulness* (Extraversion); *imagination*, *artistic interests*, *emotionality*, *adventurousness*, *intellect*, and *liberalism* (Openness to Experience); *trust*, *morality*, *altruism*, *cooperation*, *modesty*, and *sympathy* (Agreeableness); and *self-efficacy*, *orderliness*, *dutifulness*, *achievement-striving*, *self-discipline*, and *cautiousness* (Conscientiousness). The instrument shows high internal consistency, with Cronbach's alpha values ranging between .81 and .90 across domains (Johnson, 2014).

Procedure and Ethics

A convenience sample was used. Data were collected in collaboration with the Teaching and Clinical Center of the Faculty of Education and Rehabilitation Sciences (University of Zagreb), two kindergartens, and two elementary schools. Psychologists from these institutions identified and contacted parents of children with a documented diagnosis of Selective Mutism. Psychologists acted as intermediaries in distributing study information and the questionnaire link. All questionnaires were administered online via a secure survey platform, which included all study instruments for completion. Participants were informed about the study aims, anonymity, confidentiality, and voluntary participation. Written informed consent was obtained electronically prior to participation. All procedures adhered to the ethical standards of the Declaration of Helsinki.

Results

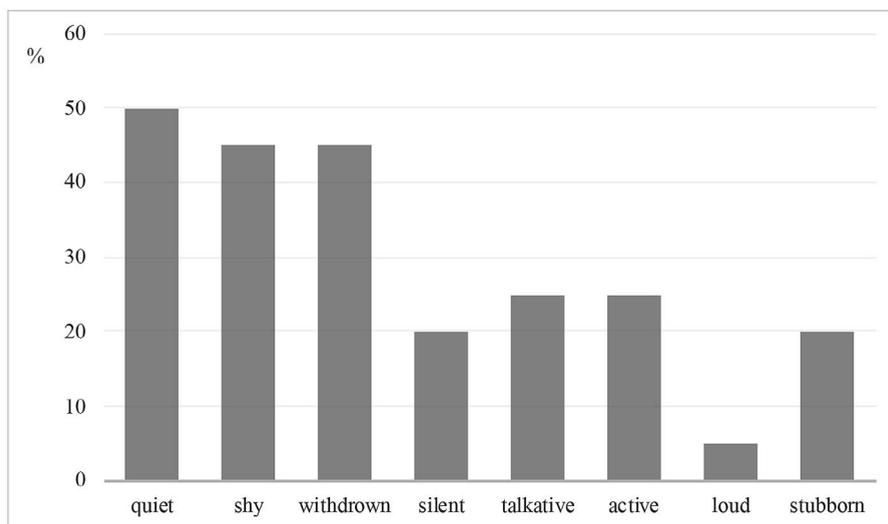
Data were analysed using IBM SPSS Statistics 29. Descriptive statistics are presented as means (M) and standard deviations (SD), and inferential statistics include repeated-measures ANOVA.

Parental Personality Traits in Childhood (H1)

Most mothers (60%, $n = 18$) described themselves as introverted in childhood, 30% ($n = 9$) as extraverted, and 10% ($n = 3$) as a combination of both. The most frequent descriptors were “quiet” (50%, $n = 15$), “shy” (45%, $n = 14$), and “withdrawn” (45%, $n = 14$) (Figure 1).

Figure 1

Personal Characteristics of Parents in Childhood



Personality Traits in Adulthood (H2)

On the IPIP-NEO-120, parents scored highest on agreeableness and conscientiousness, and lowest on neuroticism (Table 2). A repeated-measures ANOVA showed significant within-subject differences, $F(4.145) = 51.56$, $p < .001$. Post hoc tests showed that Neuroticism was significantly lower than all other traits ($p < .001$), while Agreeableness was higher than Openness and Extraversion ($p < .001$).

Table 2*Descriptive Statistics for Main Personality Traits of the IPIP-NEO-120 Questionnaire*

Personality traits	N	Min	Max	M	SD
Neuroticism	30	1.67	3.21	2.59	0.43
Extroversion	30	1.58	3.92	3.36	0.52
Openness to experience	30	2.08	4.08	3.37	0.53
Agreeableness	30	3.50	4.29	4.01	0.21
Conscientiousness	30	3.29	4.54	3.89	0.37

Note. N = number of participants; Min = minimum score; Max = maximum score; M = mean; SD = standard deviation.

At the facet level, Morality, Cooperation, and Altruism had the highest scores within Agreeableness, while Modesty had the lowest (Table 3). For Neuroticism, Anxiety, and Self-consciousness were highest, and Depression was lowest (Table 4).

Table 3*Descriptive Statistics for All Facets of the Agreeableness Domain*

Agreeableness	N	Min	Max	M	SD
Trust	30	2.25	4.75	3.53	0.57
Morality	30	3.75	5.00	4.71	0.37
Altruism	30	3.67	5.00	4.42	0.45
Cooperation	30	3.75	5.00	4.43	0.42
Modesty	30	2.00	4.75	3.11	0.64
Sympathy	30	2.25	5.00	3.86	0.69

Note. N = number of participants; Min = minimum score; Max = maximum score; M = mean; SD = standard deviation.

Table 4*Descriptive Statistics for All Facets of the Neuroticism Domain*

Neuroticism	N	Min	Max	M	SD
Anxiety	30	1.00	4.00	2.81	0.71
Anger	30	1.00	3.75	2.33	0.68
Depression	30	1.00	4.00	2.04	0.82
Self-consciousness	30	2.00	4.25	2.93	0.62
Immoderation	30	1.75	3.25	2.62	0.45
Vulnerability	30	1.75	3.50	2.80	0.56

Note. N = number of participants; Min = minimum score; Max = maximum score; M = mean; SD = standard deviation.

Family Structure and Social Relations (H3)

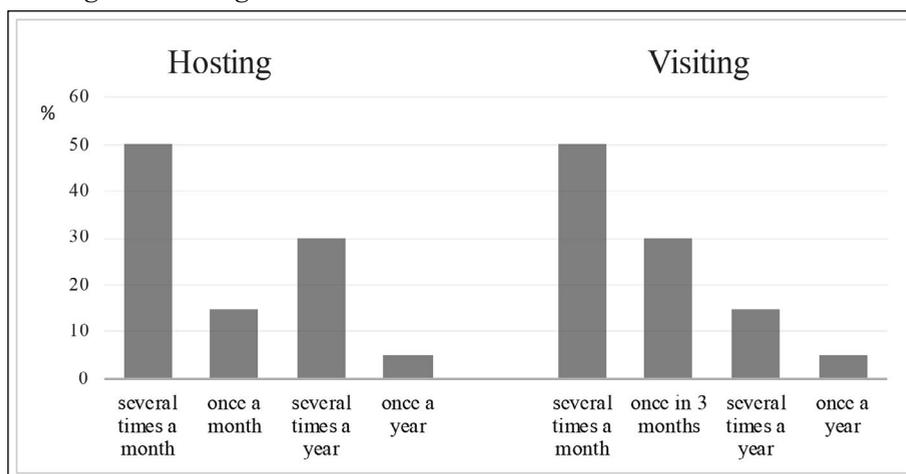
Most mothers (75%, $n = 22$) reported that they most enjoy spending their free time with a few close friends, while 65% ($n = 19$) preferred family members. A smaller proportion (15%, $n = 5$) preferred spending time in larger groups. Around 43% ($n = 13$) of mothers reported spending time with both close friends and family.

Regarding the frequency of socialising with friends outside the home, 35% ($n = 11$) met friends once a month, 30% ($n = 9$) once a week, and 15% ($n = 5$) three to four times a month. Ten percent ($n = 3$) met several times a week and 10% ($n = 3$) once every three months.

Half of the mothers (50%, $n = 15$) reported visiting relatives or friends with their family several times a month, 30% ($n = 9$) several times a year, and 15% ($n = 5$) once a month. Five percent ($n = 2$) did so once a year. The same distribution was observed for visits received by families (Figure 2).

Figure 2

Hosting and Visiting Relatives and Friends



Environmental Risk Factors (H4)

Of the total of 30 families, 22 (73%) had changed their place of residence during the child's life, while 8 (27%) had not. Among those who moved, 18 families moved within the same city, 9 moved once, 6 moved two or three times, and 7 moved from one city to another. None moved abroad. Only two families (7%) reported speaking another language in addition to Croatian at home. Regarding parenting style, most mothers (85%, $n = 25$) selected the statement "I set the rules and if my child breaks them, we try to talk about it and listen

to each other,” indicating an authoritative style. Three mothers (10%) chose the statement representing a neglectful/uninvolved style, and two (5%) chose the statement corresponding to an authoritarian style.

Most parents, 85% (N=25), opted for the statement “I set the rules and if my child breaks them, we try to talk about it and listen to each other,” which reflects an authoritative parenting style. 10% (N=3) of parents opted for the statement “I let my child do what they think is right,” which reflects a neglectful or uninvolved parenting style. 5% of parents (N=2) chose the statement “I set the rules that must be followed and if my child breaks them, a punishment follows,” which describes an authoritarian parenting style.

Discussion

Personality Traits of Parents of Children with Selective Mutism

As we expected, it was confirmed that most mothers would retrospectively describe themselves as shy, quiet, or withdrawn in childhood. The study found that more than half of the mothers (60%) described themselves as introverted in childhood, often using descriptors such as quiet, shy, or withdrawn. These results are consistent with earlier reports showing that parents of children with SM frequently share similar temperamental traits with their children (Kristensen & Torgersen, 2001; Shorer et al., 2023; Steinhausen & Adamek, 1997). Such overlap suggests potential heritable pathways, although causality cannot be inferred from this design. Some parents also described themselves as both introverted and extroverted depending on context, which may reflect situational variability rather than stable personality patterns.

In adulthood, mothers scored highest on agreeableness and conscientiousness and lowest on neuroticism. Elevated agreeableness, particularly in altruism, morality, and cooperation, indicates a strong orientation toward fairness and harmony, though lower trust and sympathy suggest a more selective expression of warmth. High conscientiousness is consistent with reports of parents being organized and involved, sometimes perceived as controlling or overprotective (Edison et al., 2011).

As we hypothesized, predicting lower extraversion and openness and higher neuroticism was only partially supported, as mothers scored lowest on neuroticism but highest on agreeableness and conscientiousness. The finding of low neuroticism diverges from earlier studies reporting heightened anxiety in SM parents (Chavira et al., 2007). Given reliance on self-report, social desirability bias is a likely explanation, particularly as no lie scale was included. Moreover, while the global neuroticism score was low, anxiety and self-consciousness facets were relatively higher, indicating that aggregated scores may mask clinically relevant tendencies. This highlights the need for

more nuanced tools and multi-informant methods in future research. These findings should also be interpreted within the cultural context of the sample. In Croatian culture, as in many Central and Eastern European contexts, social desirability and modesty in self-reporting are common, particularly in relation to emotional expression and parenting. This may further contribute to lower reported neuroticism and higher conscientiousness.

Finally, low openness and extraversion suggest a preference for routine and close social environments. While this may reflect genuine temperament, it could also be an adaptive response to the demands of raising a child with SM. Interpretations beyond these data – such as cultural generalizations – should be made cautiously. Although most findings are in line with previous reports of introversion and shyness in parents of children with SM, the contribution of this study lies in simultaneously examining both parental personality traits and family stressors. This combined perspective provides additional insight into how parental temperament and family circumstances may jointly shape the developmental context of SM.

Family Structure and Social Relations

As expected, expecting families to report close and limited social networks was confirmed. Most parents preferred spending time with family and a few close friends rather than large groups, and about half reported frequent visits with relatives or friends. These findings align with earlier descriptions of SM families as somewhat socially restrained (Meyers, 1984; Vecchio & Kearney, 2005). However, without a control group, it is unclear whether these social patterns are specific to SM or reflect broader family norms. Caution is needed in generalizing beyond the current small, convenience sample.

Exposure to Familial Environmental Risk Factors

As we expected, predicting that a substantial proportion of families would have experienced at least one environmental stressor was confirmed. Nearly three-quarters of families had moved residence at least once, and some multiple times. For temperamentally shy children, relocation can be a major stressor, consistent with earlier findings linking environmental transitions to SM onset (Ford et al., 1998; Kristensen, 2000). In this sample, moves were primarily local rather than cross-national, yet still represented disruption in familiar contexts. The study design, however, did not capture whether moves occurred before or after symptom onset – an important limitation for causal interpretation.

Bilingualism, previously suggested as a potential risk factor (Elizur & Perednik, 2003), was rare in this group (2 families only). Parenting style was most often reported as authoritative, generally considered protective (Bornstein, 2002). While this may indicate adaptive parental practices, self-report bias again raises concerns, especially as socially desirable responses were most consistent

with authoritative descriptors. A multi-method assessment of parenting is needed to validate these findings. Frequent residential relocations reported in this sample highlight the relevance of family stressors and suggest that models of SM aetiology should more explicitly consider the interaction between environmental disruptions and children's temperamental vulnerability.

Limitations

Several methodological issues restrict the interpretation of results. First, the sample was very small ($N = 30$), homogeneous, and recruited through convenience methods, reducing generalizability. Second, only mothers participated, although paternal traits may also play a significant role (Kristensen & Torgersen, 2001). Third, the absence of a control group prevents determination of whether the observed personality and family features are unique to SM or reflect broader patterns. Fourth, reliance on self-report questionnaires, without a lie scale or external ratings, substantially increases the risk of social desirability bias. Scores were highest where socially desirable (agreeableness, conscientiousness) and lowest where undesirable (neuroticism), reinforcing this concern. Also, the breadth of the questionnaire limited exploration of contextual details, such as whether relocation preceded or followed SM onset. These constraints significantly limit causal inferences and should be addressed in future studies with larger, more diverse, and controlled samples. In addition, the exclusive focus on mothers, while reflecting their central role in clinical and educational contacts, limits the ability to draw conclusions about paternal contributions. Similarly, the absence of a control group precludes determining whether the observed characteristics are specific to SM families or reflect broader parenting patterns. Retrospective self-report of parental childhood traits also represents a validity limitation, although no standardized instruments are currently available for this purpose. Nevertheless, given the rarity of SM, the present convenience sample provides a valuable exploratory step, offering descriptive insights that may guide the design of more robust studies.

Conclusion

This study explored parental personality traits and family characteristics among mothers of children with SM. Results suggest common patterns: introversion in maternal childhood, high agreeableness and conscientiousness and low neuroticism in adulthood, restricted social networks oriented toward close family and friends, and frequent residential relocations. While these findings align with previous research, they should be interpreted cautiously.

The study's limitations – small sample, absence of fathers, lack of control group, and reliance on self-report without validity checks – significantly constrain generalizability. Future research should address these gaps through

larger and more representative samples, inclusion of both parents, use of control groups, and multi-method approaches that reduce bias.

Despite these limitations, the study offers preliminary evidence that parental temperament (e.g., introversion, social withdrawal) in combination with family stressors (e.g., frequent relocations) may shape the context in which SM develops. While findings largely confirm what has been reported previously, their contribution lies in integrating parental traits and family circumstances within the same framework. This integrative approach highlights the need for etiological models of SM to consider the interaction of individual and contextual factors.

Clinically, these results underscore the importance of family-based interventions that address both the child's anxiety and the parents' interaction patterns. Supporting parents in managing their own anxiety, enhancing communication within the family, and fostering gradual social exposure in everyday contexts may enhance treatment outcomes for children with SM. Psychoeducation for parents and collaboration with educators could also reduce stress and improve consistency across home and school environments. Moreover, therapeutic approaches that include parental coaching and family sessions may help modify overly protective or controlling interaction styles often observed in SM families. Strengthening parental self-efficacy and encouraging balanced emotional expression could further promote adaptive coping within the family system. Integrating these strategies within multidisciplinary treatment plans—combining psychological, educational, and environmental interventions—may improve both child and family functioning. Ultimately, these results should be viewed as hypothesis-generating and underscore the importance of larger, longitudinal, and controlled studies that can more definitively test these associations.

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Uvid u porodice dece sa selektivnim mutizmom

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Uvod: Selektivni mutizam (SM) je anksiozni poremećaj koji karakteriše stalna nemogućnost govora u specifičnim društvenim situacijama, uprkos normalnom govoru u drugim. Istraživanja ukazuju na multifaktorsku etiologiju, koja uključuje temperament, genetske, neurorazvojne i uticaje okoline, pri čemu porodice imaju značajnu ulogu. *Cilj:* Ova studija ispitala je osobine ličnosti roditelja i faktore porodičnog okruženja kod 30 majki dece sa SM. *Metod:* Podaci su prikupljeni korišćenjem strukturiranog upitnika i inventara IPIP-NEO-120. *Rezultati:* Roditelji su se u detinjstvu najčešće opisivali kao tihi, stidljivi ili povučeni, osobine koje se često primećuju i kod njihove dece. Na skali ličnosti postigli su najviše rezultate na slažljivosti i savesnosti, a najniže na neuroticizmu. Porodice su opisane kao društvene, ali prvenstveno u okviru bliskih porodičnih krugova. Skoro tri četvrtine dece iskusilo je barem jedan faktor rizika iz okoline, najčešće preseljenje. *Zaključak:* Rezultati ističu važnost porodičnih karakteristika u razumevanju SM i sugerišu implikacije za ciljanu podršku i intervenciju.

Cljučne reči: selektivni mutizam, osobine ličnosti roditelja, faktori porodičnog rizika

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