**Silence Misdiagnosed: Mutism, Autism or Submissiveness? Diagnostic Bias in Collectivistic Culture**

Dear Editor,

Following is provided a detailed covering letter in the form of table addressing the issues pointed out by the reviewers with a point by point answer describing the corrections done/ reasons for not doing so.

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| Tittle of Case Study | Authors prefer to keep title unmodified. The reason behind it is that study clearly highlighted 2 major issues; first is misdiagnosis with ASD due to mimicking symptoms and second is the role of cultural aspects which creates confusion while making diagnosis. Same pattern has been followed in both Introduction and Discussion (ASD+Cultural Aspects+Comorbidity with DD). Therefore, it would be more appropriate that title reflect these issues. |
| Reduction of word count |  |
| Quote local references | No published indigenous researches exist on the SM whereas only one local study was found on ASD which has been added in study |
| Give differentials of SM and also quote research looking at SM in learning disability. How it is different from autistic spectrum disorder | DD of SM: Pg#3, Introduction (paragraph#1 and references#2,3)  The study did not look at learning disability rather it considered developmental delays/intellectual disability. The researches related to SM and DD/IDD are quoted in page#4, paragraph#2, reference# 9 and 10  DD of ASD and SM: Pg#3, Introduction (paragraph#2 and reference#2) |
| Also add literature referring to difficulty in diagnosing cases of SM in learning disability (intellectual sub normality) | SM and DD/IDD: reference#10 |
| Remove the subtitle (Aims and objective) | Removed |
| Provide reference | Provided (reference#9) |
| Case report format | Standard format of reporting has been followed as per suggestion. Demographics + presenting complaints + history of presenting problem + assessment have been reported in CASE PRESENTATION whereas it seemed appropriate to briefly discuss case formulation in DISCUSSION. |
| Diagnosis of Down’s Syndrome | Though behavioral observation revealed that client’s facial features were giving a mild picture of Down’s Syndrome (such as, flattened facial profile and nose with slanting eyes). However, due to lack of medical evidence this term has been removed from the case report. |
| Change term client with patient | Changed |
| What was the extent of conversation?  Was it fully developed speech with full articulation? | Details related to speech has been mentioned in CASE PRESENTATION (3-4 words speech with adequate articulation) |
| Rationale behind using BGT | The most common use of BGT is to assess any possible brain organicity. However, there exists a less common feature of this test, that is, DEVELOPMENTAL MATURATION. As outcome of cognitive area in PGEE provided biased picture of patient’s cognitive skills due to requirement of verbal skills to successfully perform the tasks. Therefore, BGT which is a non-verbal measure of developmental maturation in children was utilized and compared with the outcome of PGEE. |
| Reporting of motor and perceptual deficits | As assessment of developmental maturation requires the coordination of both motor and perceptual abilities, therefore, better scores on developmental maturation by patient suggests intact motor and perceptual skills. The rationale has been reported in the case study as well. |
| Discussion | As recommended all the new references have been removed and discussion points are linked with previous literature mentioned in Introduction |
| References | In-text citation has been modified whereas references in bibliography seemed consistent with Vancouver style. |
| Word Count | Number of words has been reduced to 2000 words after making several revisions. Authors are ready to pay extra charges and request to kindly consider the study. If, reviewer find any unnecessary information he/she can omit it. Similarly, references have also been reduced as minimal as possible. |

Yours Sincerely,

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