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Letter to Editor. The importance of anxiety component in the etiopathogenesis of selective mutism, classified as an 'anxiety and fear-related disorder' in the upcoming 11th Revision of the International Classification of Diseases. Substantive comments. Comment on the article *The controversy around the diagnosis of selective mutism – a critical analysis of three cases in the light of modern research and diagnostic criteria* by Justyna Holka-Pokorska et al.

Emil Bartosz Rozenek[1], Zuzanna Maria Nowicka[2], Karolina Wilczyńska[3], Napoleon Waszkiewicz[3]

[1] Students' Scientific Group at the Department of Psychiatry, Medical University of Bialystok
[2] Medical University of Lodz, Department of Biostatistics and Translational Medicine
[3] Medical University of Bialystok, Department of Psychiatry

Justyna Holka-Pokorska et al. [1] reasonably rise the question of etiological ambiguity of selective mutism (SM) introducing difficulties in the diagnostic and therapeutic process. The article consists of two parts. The first part accurately describes SM and presents the most important theories associated with its etiopathogenesis, familiarizing the reader with this disorder. The second part of the article comprises of three carefully prepared descriptions of clinical cases. The choice of these cases is no coincidence, as it aims to introduce the reader to the substantial heterogeneity of disorders that may underlie the syndromologic diagnosis of SM. Authors of the study are inclined towards recognizing the multifactorial etiology of SM (and provide clinical cases in favor of this theory), which is consistent with the conclusions from systematic reviews on this disorder [2, 3]. In view of ICD-11 [4], intended to be implemented in 2022, the discussed article is of particular importance. Holka-Pokorska et al. call into question the validity of classifying SM as an anxiety disorder, arguing that focusing on single component of this disorder may make it more difficult to achieve therapeutic success, since "inadequate SM therapy effects may result from the fact that the most common therapies […] influence only anxiety component of the disorder and not include e.g.,

components associated with auditory processing deficits, neurocognitive deficits or social cognition deficits, which may occur in substantial number of children with SM" [1, p. 339].

Authors of this comment wish to point out that accounting for the conclusions from a very accurate and up-to-date literature review of SM by Muris and Ollendick (2015) [3] would be a valuable complement to the discussed article. In our opinion, this review is one of the most important works on this subject. Muris and Ollendick conclude that **environmental factors (e.g., parental control), developmental problems as well as CNTNAP2 (rs2710102) gene polymorphism and a specific temperament construct (behavioral inhibition) – are all associated with SM and frequently constitute the foundations for the development of childhood anxiety disorders.** Undoubtedly, it supports including SM in the anxiety disorder spectrum (as was the case with DSM-V in 2013 [5]).

Another issue that, in our opinion, requires specific comment, is the argument against including SM in the anxiety disorder spectrum. Authors of the aforementioned study consider Melfsen et al. [6] as opponents of including selective mutism in the anxiety disorder spectrum, arguing that "In a study by Melfsen et al., the severity of anxiety in children with SM symptoms was assessed. The level of social anxiety in studied children was lower as compared with children with a diagnosis of social phobia". [1, p. 327]. In the study by Melfsen et al. [6], children with various psychiatric disorders completed SPAIK, a German version of the SPAIC-C (Social Phobia and Anxiety Inventory for Children) questionnaire, to assess the level of social anxiety they experienced. Children diagnosed with social phobia and children diagnosed with selective mutism scored highest in SPAIK (mean scores 29.59 and 22.68, respectively). On this basis, Melfsen et al.:

1) Conclude that children diagnosed with SM experienced a substantial level of social anxiety:

"A total score above 20, which was assumed to indicate social anxiety, was observed in children with selective mutism (...)" [6, p. 111].

2) Conclude that their study does not confirm the hypothesis of Black and Uhde [7] that considers SM a manifestation of experiencing extreme social anxiety:

"(...) we do not support the classification of selective mutism as a manifestation of high social anxiety. Our data from selective mute children rather indicate a significantly lower SPAIK total score compared to the group of socially phobic children." [6, p. 116].

We therefore believe than Melfsen et al. [6] do not oppose including SM in the anxiety disorder spectrum, but merely note that their results do not confirm the hypothesis that SM is an extreme variant of social phobia. Besides, the study by Melfsen et al., in our view, argues in favor of considering SM a disorder of anxiety etiology, with respect to significantly pronounced social anxiety experienced by children with SM.

Further, Holka-Pokorska et al. state: "Yeganeh et al. confirmed Melfsen's conclusions. The group of children diagnosed with SM had lower level of social anxiety than

the subgroup of children with selective mutism symptoms and concomitant social phobia." [1, p. 327].

Most children diagnosed with SM met also the criteria of social phobia [3]. In the study by Yeganeh et al. (2003) [8], referred to by Holka-Pokorska et al., study groups comprised: children diagnosed with selective mutism and social phobia (group 1) and children diagnosed only with social phobia (group 2). Children from group 1 did not present a higher level of social anxiety based on self-report than children from group 2; however, taking into consideration also the observer report, researchers concluded that children from group 1 presented a higher level of social anxiety than children from group 2 [8, 9]. On this basis, it can be concluded that the study by Yeganeh et al. [8] confirms the Black and Uhde hypothesis, [7] that considers SM an extreme variant of social phobia.

Based on the discussed paragraph, one may also incorrectly infer that there is no evidence that children with SM present more strongly pronounced symptoms of social anxiety than children diagnosed with social phobia or than healthy children. Muris and Ollendick [3] have an entirely different view, stating, based on the performed literature review, that children diagnosed with SM present more strongly pronounced symptoms of social anxiety compared to healthy children, and comparable or even greater symptoms of social anxiety than children diagnosed with social phobia. This, in our view, argues in favor of including SM in the anxiety disorder spectrum.

These minor comments do not undermine, of course, the substantial scientific value of the study by Holka-Pokorska et al. [1], which is an important contribution to the debate on the complicated disorder that is SM. Particularly important conclusion from the discussed study is the necessity to include the primary disorders that underlie the development of SM in the diagnostic and therapeutic process. Authors of this commentary wish to emphasize the tremendous value of including the disorders accompanying SM, particularly while constructing diagnostic criteria, which in our view would prompt the clinicians to consider a multimodal approach towards these patients, offering hope for a greater treatment efficacy and a better long-term prognosis.

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Address: Emil Bartosz Rozenek
Students' Scientific Group at the Department of Psychiatry
Medical University of Bialystok, Choroszcz.
e-mail: e.rozenek@o2.pl