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The Contribution of Systemic Modelling and of Early Maladaptive Schema in Psychiatric Expertise

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Abstract: *There are limits in international classifications like DSM 5, CIM 10, which are periodically updated in order to adapt to the constantly changing psychiatric field.*
Furthermore, the DSM 5 does not allow the mention of a personality disorder before 18 years of age.
The modelling proposed by Jeffrey Young-American psychologist-, that of « early maladaptive schema » provide a way out of stagnation by bringing vulnerabilities to the forefront. These may, from an expertal viewpoint, explain some psychological processes that may lead to delinquent behaviours or become fertile ground for agression and development of psychological trauma.
The modelling proposed by various systemic theory scientists allows for a more in depth explanation of progressive build-up of a pathology through repeat dysfunctional systemic interactions.
This contribution is very useful in judicial but also familial expertise.
I will illustrate my remarks through two clinical studies.

Keywords: *systemic modelling, early maladaptative schema, psychiatric expertise, limits of international classifications.*

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1. Jeffrey Young's "early maladaptive schema" theory (Young, 2006)

Jeffrey Young[1] identified 18 «early maladaptive schema», which are the underlying cause of a variety of personality disorders.

An individual may posess certain schema (more or less rigid) without fitting the mold of a diagnostic related to a personality disorder.

These schema develop early on, during childhood based on different life experiences and they continue to broaden throughout life as a foundation for perceiving reality.

Young identified the following categories of schema (for the detail of eachone please see the book «schema therapy»):

Disconnection and rejection schema :
Abandon/Instability
Mistrust/Abuse
Emotional deprivation
Defectiveness/Shame
Isolation/Aliénation
Impaired Autonomy and Performance Schema:
Dependance/Incompetence
Vulnerability to harm or illness
Enmeshment/Undevelopped Self
Failure
Impaired Limits Schema:
Entitlement/Grandiosity
Insuficient self-control/self-discipline
Other-Directedness Schema:
Subjugation
Self sacrifice
Approval seeking
Over vigilance & Inhibition Schema:
Fear of the inevitable / Pessimism
Emotional Inhibition
Hyper criticalness
Punitiveness

[1] Jeffrey YOUNG, Doctor in Psychology, author of «schéma therapy», USA, 2006, Guilford Publications

Rigidity of the schema and adaptation-coping Styles

- Give in to schema (Surrender): for instance, an individual with abandon schema will typically invest emotionally into a partner who is not committed to the relationship.

- Avoidance of the schema (Flinch from schema): for instance, an individual with dependency and incompetence schema, may avoid situations requiring autonomy and decision making

- Overcompensation of schema(schema counter attack) : for instance, an individual with emotional deprivation may demand others' attention and affection too insistently. This may lead to their exclusion resulting in loneliness or even actual loss of the relationship and thus becoming even more deprived of affection (Pavlovici, 2019 ; Pavlovici, 2021).

Clinical Case n° 1: Application of «early maladaptative schema» theory

Marius, a 17 year old boy is accused of sexually abusing two of his younger stepbrothers, Horia and Radu (sexual touching and felation demanded of one of them). These acts occurred when Marius was 13 years old.

Marius' biography reveals that his mom was abandoned by his dad when she was pregnant with Marius. Marius grew up fatherless, his mom immigrated to France and married a Frenchman when Marius was 2 years old. Marius becomes very attached to his stepfather. However, the marriage dissolves and Marius' mother re-marries and gives birth to 2 more children, Radu being one of them (6 years old when the acts occurred). His stepfather also remarries and has two more children, once of which is Horia (5 and a half years old when the acts occurred).

Marius confesses to the abuse and is feeling extremely guilty and ashamed. He also reveals social and affective isolation from the time he was about 13 years old and an addictive behaviour towards screen time and the virtual. He claims he received pedo-pornographic images from an acquaintance and those allegedly peaked his curiosity and interest.

The judicial ruling assigned to the psychiatric expert by the investigating judge:

1) Proceed with a psychiatric evaluation and assess whether Marius is able to understand questions and respond to same

2) Indicate whether the psychiatric evaluation has identified mental or psychological anomalies. If so, describe which

3) Indicate whether the offence he is accused of is indeed related to factual or biographical elements

4) Specify whether the accused was suffering from a psychiatric or neuropsychiatric disorder which could have clouded his judgement or impede his self control or which could have influenced these per Art. 122-1 of the PC [2] and also indicate whether this disorder may be fully or partially related to the charges being brought forth.

5) Indicate whether the accused has acted under duress or by coercion and was unable to show self control as per art 122-1 of the PC. In case of lack of judgement, establish whether the accused is capable to personally compare and contrast before the Court (article 706-122 of PC)

6) Indicate whether the accused's mental state may be a threat to public order or safety and may require specialized hospitalization per art. 706-135 of PC

7) Specify whether the accused presents a threat to himself and/or others from a criminal or psychological viewpoint and desscribe favourble and unfavourable outcomes

8) Possible therapeutic measures to be indicated by the psychiatric expert. Psychiatric expert to stipulate the opportunity of a injunction of care as part of a socio-judicial follow-up in case of subsequent conviction

9) As a general rule, document all observations pertinent to predicate truth and include them in the evaluation

Key Elements of the psychiatric expertise

The evaluation, priors as well as Marius' (17 years old) biography reveal the absence of psychiatric abnormalities or neuropsychological disorders (psychosis, mental confusion, pathological disorders) from a DSM 5 viewpoint.

However, I identified a psycho affective vulnerability tied in with the presence of several "early maladaptive schema" per terminology introduced by Jeffrey Young, American doctor in psychology, and validated by current psychiatry

The "Schema" concept denotes "creed" or "knowledge" upon which an individual's self knowledge in the form of a belief about the self or the world is based upon. These schema develop most notably during childhood, triggered by (negative) experiences with outcomes in adulthood.

Thus, the following schema have been identified in Marius' case:

[2] PC = penal code

Abandonment/Instability: The lack of stabiity or reliability from those meant to offer support and a sense of belonging.

Emotional deprivation: One individual's belief that those closest to them will not provide the necessary emotional support, either through lack of affection (lack of attention, warm heartedness) or through lack of empathy (the absence of someone who would listen and one could share their emotions with) or through lack of protection (the absence of a strong role model who offers guidance and direction)

Mistrust/Abuse : The indivdual's belief that others are meant to abuse or humiliate them, make them suffer, lie, cheat and take advantage of them. The feeling of deprivation may also be included.

Self isolation/Alienation: the feeling of being isolated, detached from the rest of the world, being different from the rest and/or not belonging to a group or community outside the family (sometimes)

Failure: Belief of having failed, being doomed to fail, unable to succeed as others do (whether it be studies, career, sports). Most often the individual consider themselves as being unintelligent, incompetent, not possessing any skills or talents, inferior to others

It needs to be specified that, presence of these schema indicate a development risk, leading to a personality disorder in adulthood and does not constitute per se a personality disorder already established.

His intelligence level during the clinical evaluation, his ability for verbal and logic expression, without psychometric testing is good (or very good). This was also demonstrated by his already captioned academic achievements, despite the described family environment.

Marius is therefore perfectly able of understanding and answering questions.

Indicate whether the acts he is accused of are related to factual or biographical éléments

According to the socio-educational materials I have on hand as well as according to Marius' statement of events during this expertise and as per my medical opinion, I conclude that the facts he is accused of are related to factual or biographical elements of the defendant.

We may identify several mutually influencing factors :

- Existence of early maladaptive schema as already captioned
- Circumstances surrounding his stepfather's (whom he considered his real father) dual couple reintegration, the birth of other 2 boys (Victor and later Horia). The fact that his stepfather invested much more emotionally into the 2 boys and disregarding Marius.

- The circumstances surrounding his mother's couple reintegration, the birth of the 2 children whom he perceived as being loved much more than him
- The circumstances surrounding COVID lockdowns as well as the move both of which contributed to Marius' progressively intense isolation and his dependency of social media platforms.
- Puberty with emergence of psycho-sexuality and sexual pulsionality

All these factors have hyper-activated a sexual pulsionality associated with a suppressed anger and a presumed need of revenge towards his step brothers whom Marius perceived as being favored over him by their parents. The outcome therefore could be his behaviour towards Horia and Radu.

Abrogation or modification of judgement and self-control ?

As per prior statements, at the time Marius comitted these acts, he was not suffering from a psychiatric or neuropsychiatric disorder that could have led to abrogation or modification of his judgment and/or self control.

However, it could be assessed that the process described above, leading to the two acts committed towards his 2 stepbrothers, could have altered his judgement and capacity for self control. In fact, the activation of some early maladaptive schema triggered by favorable circumstances may generate deep emotions, difficult to contain, especially in the teenage years.

Endangerment? Favorable and unfavorable outcomes

Per prior statements, from a psychiatric standpoint, Marius does not constitute an endargement. From a criminal standpoint, however, there exists the risk of recurrence failing appropriate measures

Unfavorable outcomes :

- Early maladaptive schema present in his psychological functioning
- Fragile parental framing which can be presumed from his personal history

Because, due to the early maladaptive schema, the sexual pulsionality typical to the teenage years, fragile parental framing and the persistent feeling of being disregarded, new acts may reoccur based on the same mechanism captioned above.

Favorable outcomes :

- Young age
- Admission to charges brought forth, expressed regret, self criticism ability, feelings of shame and guilt (which appear truthful)

- Absence of psychiatric antecedents and of mental disorders from a strict viewpoint

- Good school performance in spite of the above mentioned circumstances, current diligence

We may evaluate that favorable outcomes are more predominat today than unfavorable ones.

Proposed therapy? Injunction of care as part of a socio-judicial follow-up?

Given that young Marius, despite his psycho affective vulnerabilities, admits to the accusations brought forth, shows regret and is feeling guilty and « ashamed » given that he himself was expressing a deep need for a psychotherapeutic assessment, this suggestion is appropriate.

Still, given that the entire system and family circumstances have co-contributed to the development of the above mentioned vulnerabilities and to their conversion into felonies, an all encompassing therapy is suggested, one that should include all the contributors (biological parents, step-parents, brothers, educators/teachers). This would yield far superior results compared to one on one, individual therapy, although I am not excluding the latter.

It is also advisable to maintain an educational, AEMO[3] follow-up for supporting and consolidating the parental authority in case Marius can rejoin the family.

A injunction of care could be appropiate as part of a socio-judicial follow-up, in case of subsequent conviction.

2. Systems theory

According to the systems theory, a symptom has several functions: for self, for others and for the whole relational system

For self: the symptom is the child's attept to protect him/herself or to be able to cope with grief (therefore a self therapeutic function: example of fecal incontinence (encopresis) in order to protect him/herself from the abuser)

For others: quoting the encopresis example once again, it protects the other from committing a felony.

For the entire relational system : quoting the same example, the symptom allows for the dysfunctional family to remain united, not to disintegrate however with a sacrifice.

[3] AEMO = Aide Educative en Milieu Ouvert

Clinical Case N° 2 : Application of systems theory

The TANGLE family is directed by the Family Affairs Judge (FAJ) (JAF-Juge aux affaires familiales) to undergo a psychiatric expertise due to a "cold war" between the 2 parents with pathological consequences for their 2 children- Mac (12 and half years old) and Mic (almost 10 years old).

The questions posed to the expert and the wholistic context will progressively be addressed as follows.

Instructions given to the expert by the Family Affairs Judge

1) Familiarize himself with the decision, prior rulings and all documents submitted by the parties

2) Listen to and examine the parents and children

3) Describe each parent's relationship with the children

4) Describe potential parent pathologies and explain causation, to the extent possible.

5) Assess whether the children are being influenced by one of the parents and whether the parental discord has had an emotional impact. If so, describe the dysfunction.

6) Specify whether each parent's health status is congruent with the children's education or, conversely, it negatively affects their future development or puts them at risk

7) Propose healthy measures related to parental authority, visitation rights and living arrangements best suited for the chidrens' wellbeing and psychological balance.

8) Define all necessary measures to improve the family relationship and for the treatment of the identified disorders.

Essential elements based on the systemic hypothesis modelling

No manifesting pathology can be identified in either the mother or the father. However, (and this is typical) mental projections have been identified in both parents, projections that have progressively deteriotated their couple relationship to the point of dysfunctionality negatively and emotionally impacting the children.

We describe a « mental projection » as a psychological mechanism whereas one perceives the other through the spectrum of significant past experiences with different individuals, starting with one's own parents.

For reference, I am reminding the above mentioned elements described by the parents :

« For the longest time I believed what he was telling me. That I was a bad mother and it was all my fault. He grew up in an adverse environment. His parents were

alcoholics, his mother favoured his sister over him and he was in a constant conflict with both. Perhaps he was seeing his mother in me » (Mrs. M statements about Mr. R)

«My mother was speaking ill about my father. Now I understand she was doing it out of hatred because she couldn't cope with the divorce. This never stopped me from maintaining a good relationship with him» (Mr. R's statements concerning his parents)

«When my daughter was young she was witness to my ex wife gossiping about me. When she was about 14 years old she asked me to explain what had happened. Since she was exposed from a very young age to her mother's sequence of events, she didn't quite believe me. She distanced herself from me but we eventually reconnected» (Mr. R's statements about his first wife, his daughter's birth mother)

Beyond these subjective statements, it is typical for a man (in this case Mr. R) who went through negative experiences during childhood and with his first wife, to develop negative projections towards his new life partner and to have the tendency to view her as an irresponsible mother, who was ignoring her children, favoring one over the other ultimately causing their relationship to dissolve and for her to manipulate her children to distance themselves from their father.

Influencing of one of the parents ? Is it the cause of emotional conditions in children?

Based on the clinical elements outlined in Chapter 4, we may evaluate that neither of the 2 children are necessarily under either parents' sphere of influence. However, they are being negatively physically and emotionally influenced by the dysfunctional parental relationship caused by the already outlined projections (Mugnier, 2021, Burlea, Burlea & Milici, 2010).

Therefore, this is not the case of conscious, voluntary type of influencing from either parent but rather of the progressive, pathological effect of unconscios mental projections which are activated and amplified like a chain reaction.

The dysfunctional relationship between the 2 parents has already negatively impacted the children.

In Mac's case: strong emotional reactivity, self aggressive acts, difficulty accepting adult authority, trouble focusing and concentrating. All these are contributing factors to poor social integration and academic underperformance.

In Mic's case: emotional, behavioral and intellectual faculties inhibition leading to academic underperformance.

Short summary of conclusions of this second case

In conclusion, we are dealing with a broken family. The parents are not showing signs of individual psychological conditions but we have identifed a parental dysfunction that negatively impacts the childrens' development (details in chapter 5)

The therapy each parent has underwent and the AEMO social measure seem to have already generated positive results. However, the propensity in situations such as these, is a systemic family therapy, in addition to all the rest.

Based on elements outlined in Chapter 7 (AEMO educators to clarify) either the classic or alternative protective mode may be suggested.

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