



Monika Gwózd

Uniwersytet Śląski, Katowice | Instytut Nauk Teologicznych
ORCID: 0000-0001-7000-0688, e-mail: monika.gwozdz@us.edu.pl

ZNACZENIE MIĘDZYNARODOWEJ STATYSTYCZNEJ KLASYFIKACJI CHOROÓB I PROBLEMÓW ZDROWOTNYCH W WERSJI ICD-11 W KONTEKście KANONICZNYCH PROCESÓW MAŁEJ SKICH

THE SIGNIFICANCE OF THE INTERNATIONAL STATISTICAL CLASSIFICATION OF DISEASES AND RELATED HEALTH PROBLEMS ICD-11 IN THE CONTEXT OF CANONICAL MARRIAGE PROCESSES

Streszczenie

Opracowanie stanowi analizę wpływu nowej wersji ICD-11 na proces wyrokowania w kanonicznych sprawach o stwierdzenie nieważności małżeństwa w takim zakresie, w jakim sędziowie mogą korzystać z danych opracowanych przez biegłych sądowych. ICD-11 stanie się punktem odniesienia w ocenie kondycji psychicznej stron, dlatego w opracowaniu przybliżone są nie tylko przykładowe praktyczne zmiany względem wersji ICD-10, ale omówiony jest nowy sposób przygotowania opinii, który automatycznie będzie wymagał nowego sposobu czytania i interpretacji danych dostarczonych przez biegłych w ramach procesów kanonicznych.

Słowa kluczowe: prawo kanoniczne małżeńskie, prawo kanoniczne procesowe, biegły sądowy, ICD-11

Abstract

The study is an analysis of the impact of the new version of the ICD-11 on the sentencing process in canonical annulment of marriage cases, to the extent that judges can use data produced by expert witnesses. The ICD-11 will become the benchmark for assessing the mental condition of the parties, so the study not only describes examples of practical changes

with respect to the ICD-10 version, but also discusses the new way of preparing opinions, which will automatically require a new approach to reading and interpreting the data provided by experts in canonical trials.

Keywords: matrimonial canon law, procedural canon law, expert witness, ICD-11

Introduction

A process refers to a legal procedure in which judges and tribunals exercise their jurisdiction to adjudicate disputes in accordance with established laws¹. The procedural framework for canonical processes in the Roman Catholic Church is outlined in Book VII of the *Code of Canon Law*². Significant reforms affecting marriage annulment proceedings were introduced by Pope Francis through the Apostolic Letter *motu proprio Mitis Iudex Dominus Iesus*, dated August 15, 2015. This document reformed various aspects of matrimonial tribunal procedures, including the specification of judicial authority, the elimination of the requirement for two unanimous judgments for declaring a marriage invalid, and the introduction of a streamlined process before a bishop in certain cases, permitting the determination of invalidity without a full investigation³. Despite these procedural changes, the principle enshrined in Canon 1060 remains intact: "Marriage enjoys the favor of the law; therefore, in case of doubt, it should be presumed valid until proven otherwise."⁴ Grounds for declaring a marriage invalid may include canonical impediments for which no dispensation has been granted, defects in canonical form, and issues related to the nature of marital consent. In particular, defects in marital consent often necessitate an evaluation of the mental condition of the individuals involved. In such cases, it is prudent to appoint an expert in relevant fields such as psychiatry, psychology, or sexology. The expert's role is to provide an informed opinion on significant and contested aspects of the case, typically grounded in established diagnostic criteria⁵. The International Statistical Classification of Diseases and Related Health Problems, in its ICD-11 version published by the World Health Organization,

¹ Daniel Cenalmor and Jorge Miras, *Prawo kanoniczne (Canon Law)* (Warsaw: Wolters Kluwer, 2022), 4 74.

² *Codex of Canon Law promulgated by Pope John Paul II on January 25, 1983. Legal status as of May 18, 2022. Updated Polish translation* (Pozna : Pallottinum, 2022) (hereafter KPK).

³ Pope Francis, Apostolic Letter *motu proprio Mitis Iudex Dominus Iesus* reforming the canons of the *Code of Canon Law* regarding marriage nullity cases. Latin-Polish text (Tarnów: Biblos, 2015); KPK, 1683–1687; Cenalmor and Miras, *Prawo kanoniczne (Canon Law)*, 488.

⁴ *Codex of Canon Law (KPK)*, canon 1060.

⁵ *Codex of Canon Law (KPK)*, canon 1574; Ryszard Szytchmiller, "Contentious Process," in *Komentarz do Kodeksu Prawa Kanonicznego (Commentary on the Codex of Canon Law)*, ed. Józef Krukowski, vol. 5 (Pozna : Pallottinum, 2007), 229–230; Monika Kornaszewska-Polak et al., *Condition of the Contemporary Family – An Interdisciplinary Approach* (Katowice: University of Silesia Publishing, 2021), 76.

includes updated classifications related to mental and sexual health, which may impact these evaluations.

In light of the foregoing, the document in question will be examined with regard to its application in the formulation of expert opinions that could assist judges in adjudicating the validity or nullity of canonical marriages. The analysis will rely primarily on ecclesiastical documents governing marriage law and canonical procedures, alongside the findings and interpretations provided by the World Health Organization in its latest classification. This context necessitates an inquiry into whether the new classification of diseases and health issues might influence judicial decisions within canonical processes.

1. International Statistical Classification of Diseases and Health Problems

The latest iteration of the International Statistical Classification of Diseases and Health Problems, developed by the World Health Organization (WHO), officially came into effect on January 1, 2022, and is accessible via the WHO's official website⁶. During a transitional period of five years, countries are expected to implement the new classification while the previous version remains in use, and revisions to the new classification may still be proposed⁷.

The ICD serves as a comprehensive framework for diagnosing various health conditions⁸. ICD-11 is intended to be a globally accessible resource for clinical practitioners, researchers, patients, administrators, policymakers, and governments⁹. As noted by Wolfgang Gaebel¹⁰, a key figure in the development of ICD-11, the classification's open and global nature is designed to enhance its utility in primary healthcare, research, and morbidity and

⁶ World Health Organization, *International Statistical Classification of Diseases and Related Health Problems*, accessed November 2, 2023, <https://www.who.int/standards/classifications/classification-of-diseases> (hereafter WHO, ICD-11).

⁷ Piotr Gałecki, "Schemat badania psychiatrycznego" (Scheme of Psychiatric Examination), in *Badanie stanu psychicznego. Rozpoznanie według ICD-11 (Mental State Examination: Diagnoses According to ICD-11)*, ed. Piotr Gałecki (Wrocław: Edra Urban & Partner, 2022), XVII; Piotr Gałecki, "Psychopatologia" (Psychopathology), in *Badanie stanu psychicznego. Rozpoznanie według ICD-11 (Mental State Examination: Diagnoses According to ICD-11)*, ed. Piotr Gałecki (Wrocław: Edra Urban & Partner, 2022), 34.

⁸ Piotr Krawczyk and Łukasz Wiśniewski, "ICD-11 vs. ICD-10 – przegląd aktualizacji i nowo wprowadzonych w najnowszej wersji Międzynarodowej Klasyfikacji Chorób WHO" (ICD-11 vs. ICD-10 – Review of Updates and New Features in the Latest Version of the WHO International Classification of Diseases), *Psychiatria Polska (Polish Psychiatry)* 54, no. 1 (2020): 8, DOI: <https://doi.org/10.12740/PP/103876>.

⁹ Wolfgang Gaebel, Jürgen Zielasek, and Geoffrey M. Reed, "Zaburzenia psychiczne i behawioralne w ICD-11: koncepcje, metodologie oraz obecny status" (Mental and Behavioral Disorders in ICD-11: Concepts, Methodologies, and Current Status), *Psychiatria Polska (Polish Psychiatry)* 51, no. 2 (2017): 171, DOI: <https://doi.org/10.12740/PP/69660>.

¹⁰ Wolfgang Gaebel – member of the WHO Advisory Group, chair of the WHO Working Group on Schizophrenia and Other Psychotic Disorders, and member of the WHO Coordinating Research Group.

mortality statistics. The primary objective of this revised document is to improve clinical utility and reduce the global burden of mental and behavioral disorders by providing a more effective tool for diagnosis and identification¹¹. The implications of the new classification extend to canonical marriage evaluations, particularly concerning mental capacity—a criterion explicitly addressed by canonical law¹².

ICD-11 includes 26 main chapters detailing codes for diseases affecting various organ systems, alongside 2 additional chapters addressing exceptional life events¹³. The integration of ICD-11's data could influence assessments related to mental competence in canonical marriage proceedings. A significant innovation in ICD-11 is the shift from categorical to dimensional approaches in classifying disorders. This change moves away from rigid categorical classifications and adopts a dimensional framework that better accommodates the spectrum and intensity of symptoms¹⁴. The dimensional approach facilitates clinical work by allowing for the diagnosis of disorders based on a range of features rather than confining them to discrete categories. In the dimensional model, disorders are assessed through a series of indicators reflecting the severity of personality dysfunction, as opposed to the categorical method where each disorder is treated as a distinct entity¹⁵. This shift may introduce complexities in determining treatment pathways, as the focus is no longer on a specific disease entity. Instead, the ICD-11 system involves diagnosing based on one general indicator of the intensity of a personality disorder and five specific indicators of dysfunctional personality traits. Additionally, it allows for the application of a supplementary qualifier for borderline patterns. This approach provides a nuanced profile of individuals with complex personality pathologies, eschewing multiple diagnostic labels in favor of a single, detailed profile that reflects the intensity of various symptoms and traits. This profiling offers insights

¹¹ Gaebel, Zielasek, Reed, "Zaburzenia psychiczne i behawioralne w ICD-11: koncepcje, metodologie oraz obecny status" (Mental and Behavioral Disorders in ICD-11: Concepts, Methodologies, and Current Status), 171.

¹² *Codex of Canon Law* (KPK), canon 1095 nos. 1-3.

¹³ WHO, ICD-11; Krawczyk and Wiśniewski, "ICD-11 vs. ICD-10 – przegląd aktualizacji i nowości wprowadzonych w najnowszej wersji Międzynarodowej Klasyfikacji Chorób WHO" (ICD-11 vs. ICD-10 – Review of Updates and New Features in the Latest Version of the WHO International Classification of Diseases), 8.

¹⁴ Jan Ciecuch et al., "Pomiar zaburzeń osobowości w systemie diagnostycznym ICD-11: Polska adaptacja Inwentarza osobowości PiCD" (Measurement of Personality Disorders in the ICD-11 Diagnostic System: Polish Adaptation of the PiCD Personality Inventory), *Psychiatria Polska (Polish Psychiatry)* 56, no. 6 (2022): 1186, DOI: <https://doi.org/10.12740/PP/OnlineFirst/138563>.

¹⁵ Katarzyna Nowak, "Dymensjonalne podejście do zaburzeń osobowości – osobowość w DSM-5" (Dimensional Approach to Personality Disorders – Personality in DSM-5), *Psychiatria (Psychiatry)* 12, no. 2 (2015): 100, accessed November 2, 2023, <https://journals.viamedica.pl/psychiatria>.

into the risk levels and therapeutic prognosis, potentially leading to more personalized and effective treatment plans¹⁶.

2. Selected mental and sexual disorders

From the perspective of canonical marital processes, it is pertinent to consider the updates introduced in the field of psychiatric and psychological disorders, as detailed in Chapter 6 of the ICD-11. This chapter reflects significant revisions relevant to assessing mental health in the context of marital validity. Additionally, Chapter 17 of the ICD-11, which addresses sexual disorders, will be examined to provide insight into how these classifications may impact the evaluation of psychological and sexual issues within canonical marriage proceedings.

2.1. Mental disorders

To delineate the changes, the focus will be on specific examples of disorders relevant to assessing canonical capacity for marriage. These include anxiety disorders—frequently associated with depressive disorders—dissociative disorders, and psychotic disorders.

2.1.1. Anxiety and fear-related disorders and mood disorders

In examining disorders associated with anxiety, which are frequently encountered in canonical processes, it is pertinent to note that these have been classified under Chapter Six of the ICD-11 as "anxiety and fear-related disorders." This category encompasses a range of conditions, including generalized anxiety disorder, panic disorder, agoraphobia, specific phobia, social phobia, separation anxiety disorder, selective mutism, as well as substance-induced anxiety disorders, hypochondriasis, and other specified or unspecified anxiety and fear-related disorders. Consequently, disorders previously included in this group, such as mixed anxiety and depressive disorders, have been reclassified. Specifically, mixed anxiety and depressive disorders are now categorized under the block of mood disorders as "mixed

¹⁶ Ciecuch et al., "Pomiar zaburze osobowo ci w systemie diagnostycznym ICD-11: Polska adaptacja Inwentarza osobowo ci PiCD" (Measurement of Personality Disorders in the ICD-11 Diagnostic System: Polish Adaptation of the PiCD Personality Inventory), 1186–1187; David Goldberg, "Klasyfikacja zaburze psychicznych: prostszy system w DSM-V i ICD-11" (Classification of Mental Disorders: Simpler System in DSM-V and ICD-11), *Psychiatria po dyplomie (Psychiatry after Graduation)* 8, no. 3 (2011): 27, accessed November 2, 2023, www.podyplomie.pl/psychiatria.

depressive-anxiety disorders.¹⁷ " This reclassification illustrates that not all symptom presentations align neatly with a specific diagnostic category¹⁸. For canonical evaluation, it is crucial to recognize that the absence of a specific diagnostic entity does not preclude the relevance of symptoms that may impact an individual's capacity for consensual marital engagement. For instance, in the context of anxiety and depressive disorders, symptoms affecting cognitive processes, such as the development of a depressive worldview, are pertinent. Despite an individual's intellectual capabilities, these symptoms may manifest as diminished cognitive function, emotional indifference, or debilitating willpower, potentially impairing the individual's capacity to make informed marital decisions. Furthermore, anxiety and depressive disorders can lead to profound existential distress, potentially obstructing the ability to undertake marital commitments¹⁹. In practice, such psychological anomalies may result in a person becoming withdrawn and consumed by their suffering and fear, thus impeding their ability to assume and fulfill marital responsibilities. This scenario exemplifies how psychological factors can constitute a basis for assessing canonical marital consent, as the inability to assume marital obligations due to psychological conditions could be deemed a grounds for declaring a marriage invalid²⁰.

2.1.2. Dissociative disorders

Similar to the previously discussed anxiety and depressive disorders, dissociative disorders also present potential symptoms that may undermine an individual's capacity to enter into a valid canonical marriage. It is crucial to note that while some symptoms characteristic of dissociative disorders may overlap with those of other disorders, the critical factor is the impact of these symptoms on cognitive abilities and the capability to undertake marital responsibilities. Dissociative disorders are marked by a partial or complete loss of integration among past memories, one's sense of self, and control over voluntary bodily movements. These symptoms often emerge as responses to traumatic experiences such as sexual abuse, exposure to violence, participation in warfare, or other significant distressing events. The

¹⁷ WHO, ICD-11 – ch. 6; Gaebel, Zielasek, and Reed, " Zaburzenia psychiczne i behawioralne w ICD-11: koncepcje, metodologie oraz obecny status" (Mental and Behavioral Disorders in ICD-11: Concepts, Methodologies, and Current Status), 179–180.

¹⁸ WHO, ICD-11 – ch. 6; Gałeczki, "Psychopatologia" (Psychopathology), 2.

¹⁹ *Codex of Canon Law* (KPK), canon 1055; Grzegorz Leszczyński, "Zaburzenia depresyjne jako przyczyna niezdolności do zawarcia małżeństwa" (Depressive Disorders as a Cause of Canonical Incapacity to Enter into Marriage), *Canonical Law* 58, no. 2 (2015): 43–44.

²⁰ *Codex of Canon Law* (KPK): *Commentary. Polish Edition Based on the Spanish Edition*, ed. Piotr Majer (Kraków: Lex and Wolters Kluwer Business, 2011), 815.

primary manifestation of dissociative disorders is amnesia, but symptoms may also include trance states or dissociative possession. Such symptoms can also be observed in other conditions, including acute stress reactions, schizophrenia, or certain personality disorders²¹. In the latest ICD-11, dissociative disorders have been reclassified, moving from the category of neurotic disorders to a distinct classification. This reorganization has introduced several new diagnostic categories, such as partial dissociative identity disorder, dissociative identity disorder, and depersonalization-derealization disorder, while certain conditions like dissociative stupor have been removed. Furthermore, dissociative movement disorders have been reclassified under disorders associated with dissociative neurological symptoms. For both therapeutic and canonical evaluations, the specific diagnostic label of a dissociative disorder may be less significant than the detailed description of the symptoms and the construction of an individual's profile²². This nuanced understanding of symptoms and their impact on functionality is intended to aid in both clinical treatment and canonical adjudication, providing a comprehensive basis for assessing an individual's capacity for marital consent.

2.1.3. Schizophrenia or other primary psychotic disorders

The reclassification of schizophrenia, schizotypal, and delusional disorders has undergone a substantial revision, resulting in their reorganization under the category of "schizophrenia or other primary psychotic disorders." This revision primarily affects coding practices and entails the abandonment of previously established subtypes of schizophrenia²³. To facilitate the accurate coding of various manifestations of clinical schizophrenia, the ICD-11 has introduced a set of specifiers for primary psychotic disorders. These specifiers encompass a range of symptom domains, including positive symptoms (such as hallucinations and delusions), negative symptoms (such as diminished emotional expression and social withdrawal), as well as depressive, manic, psychomotor, and cognitive symptoms. This

²¹ Agata Wierkosz et al., "Zaburzenia dysocjacyjne czy psychotyczne. Stupor u 23-letniej pacjentki" (Dissociative or Psychotic Disorders. Stupor in a 23-Year-Old Patient), *Psychiatria (Psychiatry)* 12/3 (2015): 202, accessed November 2, 2023, <https://journals.viamedica.pl/psychiatria>.

²² WHO, ICD-11 – ch. 6; Krawczyk and Wiśniewski, "ICD-11 vs. ICD-10 – przegląd aktualizacji i nowości wprowadzonych w najnowszej wersji Międzynarodowej Klasyfikacji Chorób WHO" (ICD-11 vs. ICD-10 – Review of Updates and New Features in the Latest Version of the WHO International Classification of Diseases), 15.

²³ Krawczyk and Wiśniewski, "Zaburzenia psychiczne i behawioralne w ICD-11: koncepcje, metodologie oraz obecny status" (ICD-11 vs. ICD-10 – Review of Updates and New Features in the Latest Version of the WHO International Classification of Diseases), 10–11.

categorization provides a more comprehensive framework for capturing the diverse clinical presentations of schizophrenia and related disorders. Furthermore, the ICD-11 includes detailed descriptions of symptom trajectories, distinguishing between initial and subsequent episodes of primary psychotic disorders, as well as non-episodic symptom patterns. The classification now allows for differentiation between acute episodes, whether they are full-blown or partial, and various stages of remission. A significant change also involves the redefinition of schizoaffective disorder. It is now described as a temporary co-occurrence of schizophrenia and a mood disorder, with the stipulation that these conditions need not be clinically concurrent at all times. These updates aim to enhance diagnostic precision and therapeutic planning by providing a more nuanced and adaptable classification system for psychotic disorders²⁴.

In ecclesiastical jurisprudence, the mere diagnosis of schizophrenia or another mental disorder is insufficient to declare a marriage invalid. It is imperative to demonstrate how such a condition affects the individual's capacity to make a marital decision, exercise evaluative discernment, or fulfill significant marital obligations. The analysis must focus on elucidating the specific impact of the disorder's symptoms on the individual's ability to make a valid decision regarding marriage and to undertake marital responsibilities with the intention of fulfilling them throughout the duration of the relationship²⁵. Canonists, when evaluating a case, must consider the specifics of applicable ecclesiastical law. However, the expertise of psychiatric professionals is crucial in this context. Their assessments, particularly those detailing the forms and severity of the disorder, provide valuable insights into the functional capabilities of the parties involved. A thorough and precise description from experts is therefore essential for a comprehensive understanding of the individual's condition and its implications for canonical adjudication²⁶.

2.2. Conditions related to sexual health

Psychologists and sexologists assert that the revisions introduced in the ICD-11 reflect advancements in research and clinical practice, as well as evolving social attitudes and human

²⁴ Gaebel, Zielasek, and Reed, "Zaburzenia psychiczne i behawioralne w ICD-11: koncepcje, metodologie oraz obecny status" (Mental and Behavioral Disorders in ICD-11: Concepts, Methodologies, and Current Status), 178.

²⁵ *Codex of Canon Law* (KPK), canon 1095 nos. 1–3; Grzegorz Leszczyński, "Schizofrenia jako przyczyna nieważności małżeństwa" (Schizophrenia as a Cause of Marriage Nullity), *Canonical Law* 59, no. 3 (2016): 94–95.

²⁶ Ginter Dzierżon, "Wpływ schizofrenii na ważność małżeństwa kanonicznego" (The Impact of Schizophrenia on the Validity of Canonical Marriage), *Ius Matrimoniale* 10, no. 16 (2005): 48–52.

rights considerations²⁷. Central to these revisions is the abandonment of the mind-body dualism and the traditional dichotomy between organic and inorganic sexual dysfunctions. Additionally, the reclassification within parochial disorders aligns with the recognition of gender, relational, and sexual diversity as normative²⁸. Consequently, the integration of both organic and inorganic dysfunctions has led to the consolidation of sexual health issues into a distinct chapter, thereby differentiating them from separate categories of mental and behavioral disorders and genitourinary diseases²⁹. However, certain disorders, such as paraphilic disorders and compulsive sexual behaviors, remain classified under chapter six³⁰. The rationale behind these updates includes the adoption of an open numbering system and a redefined conceptualization of sexual problems. Sexologists describe these problems as resulting from an interplay of psychological, interpersonal, social, cultural, physiological, and gender-related factors³¹. According to ICD-11's chapter seventeen, sexual health issues are categorized into three principal blocks: (1) sexual dysfunctions, which encompass hypoactive sexual desire disorders, sexual arousal disorders, orgasm disorders, ejaculation disorders, and other related dysfunctions; (2) sexual pain disorders, which address issues related to pain during sexual activity; and (3) gender incongruence, with subdivisions for adolescence and adulthood³².

²⁷ Magdalena Sma -Myszczyżyn and Remigiusz Ryzi ski, "Summary of the Most Important Changes in Sexual Disorders and Sexual Health Introduced by the Latest Revision of the International Statistical Classification of Diseases and Related Health Problems ICD-11," *Przeł d Psychologiczny (Psychological Review)* 65, no. 2 (2022): 9, DOI: 10.31648/przełdpsychologiczny.7678; Marta Dora, "Gender Incongruence in the Latest ICD-11 Classification," *Psychological Review* 65, no. 2 (2022): 35–36, DOI: 10.31648/przełdpsychologiczny.7750; Bartosz Grabski, " Zalecenia Polskiego Towarzystwa Seksuologicznego dotycz ce opieki nad zdrowiem dorosłych osób transpłciowych – stanowisko panelu ekspertów" (Recommendations of the Polish Society of Sexology Regarding the Care of Adult Transgender Persons – Expert Panel Position), *Psychiatria Polska* 187 (2020): 1–8, DOI: <https://doi.org/10.12740/PP/OnlineFirst/125785>.

²⁸ The category previously dedicated to gender identity disorders and transvestism was removed, and a new category of compulsive sexual disorders was introduced. Sma -Myszczyżyn and Ryzi ski, "Summary of the Most Important Changes in Sexual Disorders and Sexual Health Introduced by the Latest Revision of the International Statistical Classification of Diseases and Related Health Problems ICD-11," 10–11.

²⁹ Sma -Myszczyżyn and Ryzi ski, "Podsumowanie najwa niejszych zmian w obr bie zaburze seksualnych i zdrowia seksualnego, które wprowadza najnowsza rewizja Mi dzynarodowej Statystycznej Klasyfikacji Chorób i Problemów Zdrowotnych ICD-11" (Summary of the Most Important Changes in Sexual Disorders and Sexual Health Introduced by the Latest Revision of the International Statistical Classification of Diseases and Related Health Problems ICD-11), 12–13

³⁰ Wojciech Merk and Jarosław Stusi ski, "Zastosowanie klasyfikacji ICD-11 w diagnostyce problemów zdrowotnych zwi zanych z seksualno ci " (Application of the ICD-11 Classification in Diagnosing Health Problems Related to Sexuality), in *Psychoseksuologia (Psychosexology): Metody diagnostyczne i terapeutyczne (Diagnostic and Therapeutic Methods)*, ed. Zbigniew Lew-Starowicz (Sopot: Gda skie Wydawnictwo Psychologiczne, 2022), 54.

³¹ Sma -Myszczyżyn and Ryzi ski, "Podsumowanie najwa niejszych zmian w obr bie zaburze seksualnych i zdrowia seksualnego, które wprowadza najnowsza rewizja Mi dzynarodowej Statystycznej Klasyfikacji Chorób i Problemów Zdrowotnych ICD-11" (Summary of the Most Important Changes in Sexual Disorders and Sexual Health Introduced by the Latest Revision of the International Statistical Classification of Diseases and Related Health Problems ICD-11), 13.

³² WHO, ICD-11 – ch. 17; Gałeczki, "Psychopatologia" (Psychopathology), 38–39.

Despite the numerous modifications introduced in the latest ICD edition compared to its predecessors, particular attention should be given to the replacement of the diagnosis of transsexuality with the concept of gender incongruence and its reclassification within the chapter dedicated to sexual health. This shift is considered a landmark development³³. Currently, gender incongruence is conceptualized as a neutral term denoting a discrepancy between the sex assigned at birth and the experienced gender identity. This diagnosis no longer necessitates the presence of distress, a criterion previously required under the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) developed by the American Psychiatric Association in 2013³⁴. According to sexologists, the transition from transsexuality to gender incongruence, particularly for adolescents and adults, aims to mitigate the stigmatization of transgender individuals by affirming their entitlement to therapeutic interventions³⁵. The diagnosis of gender incongruence now serves as a basis for eligibility for hormone therapy, mastectomy, penile or vaginal reconstructive surgery, and other related procedures³⁶. Nonetheless, it is crucial that the diagnosis of gender incongruence be preceded by assessments for other potential disorders, as it may be symptomatic of conditions such as delusional disorders or other psychopathologies. Despite these changes, some sexologists advocate for further refinements, positing that transgender identity should be regarded as an aspect of personal identity rather than a sexual condition³⁷. They argue that this perspective recognizes transgender identity as an inherent characteristic rather than a transient state.

³³ The placement of diagnosis in the area of gender diversity had a history of over forty years. Dora, "Niezgodno płciowa w najnowszej klasyfikacji chorób ICD-11" (Gender Incongruence in the Latest ICD-11 Classification), 35–36.

³⁴ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, published May 18, 2013, accessed November 2, 2023, www.psychiatry.org/dsm5; Bartosz Grabski, "Zalecenia Polskiego Towarzystwa Seksuologicznego dotyczące opieki nad zdrowiem dorosłych osób transpłciowych – stanowisko panelu ekspertów" (Recommendations of the Polish Society of Sexology Regarding the Care of Adult Transgender Persons – Expert Panel Position), *Psychiatry Poland* 55, no. 1 (2021): 2, DOI: <https://doi.org/10.12740/PP/OnlineFirst/112442>; Piotr Gałęcki et al., "Stany związane ze zdrowiem seksualnym" (Conditions Related to Sexual Health), in *Badanie stanu psychicznego. Rozpoznanie według ICD-11 (Mental State Examination: Diagnoses According to ICD-11)*, ed. Piotr Gałęcki (Wrocław: Edra Urban & Partner, 2022), 236.

³⁵ Tomasz Jakubowski, "Transseksualizm czy zaburzenia psychotyczne? Opis przypadku" (Transsexualism or Psychotic Disorders? A Case Study), *Psychiatria Polska (Polish Psychiatry)*, *Poland* 55, no. 1 (2021): 72, DOI: <https://doi.org/10.12740/PP/OnlineFirst/112442>; Gałęcki et al., "Stany związane ze zdrowiem seksualnym" (Conditions Related to Sexual Health), 236.

³⁶ Monika Sma-Myszczyńska and Remigiusz Rzycki, "Podsumowanie najważniejszych zmian w obrębie zaburzeń seksualnych i zdrowia seksualnego, które wprowadza najnowsza rewizja Międzynarodowej Statystycznej Klasyfikacji Chorób i Problemów Zdrowotnych ICD-11" (Summary of the Most Important Changes in Sexual Disorders and Sexual Health Introduced by the Latest Revision of the International Statistical Classification of Diseases and Related Health Problems ICD-11), *Psychiatria Polska (Polish Psychiatry)* 55, no. 1 (2021): 16–17, DOI: <https://doi.org/10.12740/PP/OnlineFirst/113009>.

³⁷ Marta Dora, "Niezgodno płciowa w najnowszej klasyfikacji chorób ICD-11" (Gender Incongruence in the Latest ICD-11 Classification), *Psychiatria Polska (Polish Psychiatry)* 55, no. 1 (2021): 36; Gałęcki et al., "Stany związane ze zdrowiem seksualnym" (Conditions Related to Sexual Health), 236.

Additionally, there are concerns among domestic sexologists regarding the increased incidence of children and adolescents presenting with gender incongruence, which appears to exceed general statistical expectations³⁸.

In summary, the alterations introduced by ICD-11, as highlighted by sexologists, include the removal of the category F66, which encompassed "mental and behavioral disorders related to development and sexual orientation," and the deletion of codes F64.1, "dual role transvestism," and F65.1, "fetishistic transvestism." Notably, the term "transsexuality" has been renamed and relocated from the chapter on "mental and behavioral disorders" to a new section under "conditions related to sexual health," specifically designated as "gender incongruence in adolescence and adulthood."³⁹

The extensive quotation provided encapsulates the trajectory of modifications in a pivotal domain relevant to canonical marital processes. As previously discussed, the advancements in understanding and analyzing sexual dysfunctions, particularly in the interplay between physical and psychological factors, have led to the establishment of a distinct chapter dedicated to sexual health disorders⁴⁰ in the ICD-11. Nevertheless, despite this separation, sexual dysfunctions have also been classified as secondary within the chapter on "Mental and Behavioral Disorders." This secondary categorization underscores the continued relevance of sexual dysfunctions to the field of psychiatry and mental health⁴¹. These revisions merit examination not only in the context of canonical laws concerning

³⁸ Marta Dora, Bartosz Grabski, and Bartłomiej Dobroczyński, "Dysforia płciowa, niezgodność płciowa i nonkonformizm płciowy w adolescencji – zmiany i wyzwania diagnostyczne" (Gender Dysphoria, Gender Incongruence, and Gender Nonconformity in Adolescence – Changes and Diagnostic Challenges), *Psychiatria Polska (Polish Psychiatry)* 55, no. 1 (2021): 24, DOI: <https://doi.org/10.12740/PP/OnlineFirst/113009>.

³⁹ Gender incongruence should be characterized by "a clear and persistent mismatch between the gender experienced by the person and the gender assigned to them, which often results in a desire for transition to live and be accepted as the experienced gender. This occurs through hormonal treatment, surgical procedures, or other services aimed at aligning the person's body with the experienced gender to the extent desired. Diagnosis cannot be made before the onset of puberty. Behaviors and preferences different from stereotypes (...) do not in themselves constitute a basis for diagnosis." Marta Dora, Bartosz Grabski, Bartłomiej Dobroczyński, "Dysforia płciowa, niezgodność płciowa i nonkonformizm płciowy w adolescencji – zmiany i wyzwania diagnostyczne" (Gender Dysphoria, Gender Incongruence, and Gender Nonconformity in Adolescence – Changes and Diagnostic Challenges), *Psychiatria Polska (Polish Psychiatry)*, 55, no. 1 (2021): 27–28, DOI: <https://doi.org/10.12740/PP/OnlineFirst/113009>.

⁴⁰ An example of interaction might be sexual arousal disorder arising from religious rigorism. The influence of beliefs can be so strong that it may dominate the desire for sexual activity, and moral reasons may contribute to a reduction in genital response, subsequently causing no type of sexual stimulation to elicit arousal. Another cause may be anxiety, which may analogously be a transient state or result from personality disorders, making its overcoming insurmountable. Piotr Gałeczki et al., "Stany związane ze zdrowiem seksualnym" (Conditions Related to Sexual Health), in *Mental State Examination: Diagnoses According to ICD-11*, ed. Piotr Gałeczki (Wrocław: Edra Urban & Partner, 2022), 236–239.

⁴¹ Wolfgang Gaebel, Jürgen Zielasek, Geoffrey M. Reed, "Zaburzenia psychiczne i behawioralne w ICD-11: koncepcje, metodologie oraz obecny status" (Mental and Behavioral Disorders in ICD-11: Concepts, Methodologies, and Current Status), *Psychiatria Polska (Polish Psychiatry)* 51, no. 2 (2017): 187–188, DOI: <https://doi.org/10.12740/PP/69660>.

psychological matters but also in relation to the definition of marriage. According to canonical tradition, marriage is described as "a marital covenant by which a man and a woman create with each other a community of their whole life, directed by its nature towards the good of the spouses and the procreation and upbringing of offspring."⁴² In light of the ICD-11 changes, this definition may introduce interpretative challenges for believers, potentially leading to varying understandings of how sexual health and dysfunction are addressed within the framework of canonical marriage.

3. Expert opinion in canonical marriage proceedings

When engaging expert support to assess the validity of a canonical marriage, it is crucial to recognize that the various functions of the human psyche form an interconnected whole, even though mental activities are often described in isolation. Accurate evaluation requires an understanding of the mental functions of a healthy individual, as this provides a baseline against which disturbances can be measured. As noted, "the efficiency of mental functions relies on the biological functioning of the central nervous system, as well as psychological and social factors that affect the individual. These factors are interrelated, and the demarcation between psychopathological phenomena and normative psychological responses is fluid."⁴³ Symptoms of mental disorders or disease syndromes may not necessarily point to a specific disease entity, as they might instead reflect individual idiosyncrasies or occur within the context of disorders with different etiologies. To diagnose psychopathological symptoms effectively, it is essential to ascertain that these symptoms are not merely manifestations of transient issues but are significant enough to cause distress, impair functioning, result in abnormal behavior or loss of behavioral control, provoke discomfort in observers, or violate social norms through strange, irrational, or rare behaviours⁴⁴.

The mere identification of a psychopathological phenomenon does not automatically imply the invalidity of a canonical marriage. For a mental disorder or any other pathological condition to constitute grounds for declaring a marriage invalid, it must specifically lead to a lack of sufficient use of reason, a severe deficiency in judgment regarding fundamental marital rights and obligations, or an inability to assume essential marital responsibilities (cf.

⁴² *Codex of Canon Law (KPK)*, canon 1055 §1.

⁴³ Piotr Gałecki, *Psychopatologia* (Wrocław: Edra Urban & Partner, 2022), 1.

⁴⁴ Piotr Gałecki, *Psychopatologia* (Wrocław: Edra Urban & Partner, 2022), 1–2.

can. 1095 n. 1-3)⁴⁵. In the context of psychological conditions, the sole ground for marital invalidity is consensual incapacity at the time of the marriage's conclusion⁴⁶. It is crucial to differentiate between mere difficulty in articulating or implementing marital consent and the actual incapacity⁴⁷ to consent, as canonical terminology does not align with medical or psychiatric classifications⁴⁸. Nevertheless, in proceedings concerning the declaration of marriage invalidity, appointing an expert with relevant specialization is often advisable and valuable. The legislator provides that "the assistance of experts should be utilized whenever their examination and opinion, grounded in expertise or knowledge, are required by law or a judge's order to confirm a fact or to understand the true nature of something."⁴⁹ However, experts are not authorized to determine the validity or invalidity of the marriage⁵⁰. Instead, as stipulated, "the judge, taking into account any observations by the parties, should define the specific issues to be addressed in the expert's opinion."⁵¹ Experts serve as witnesses of knowledge, offering interpretations to aid judges in achieving moral certainty⁵². The expert's report should be considered a consultative document, as experts do not introduce new evidence but rather interpret existing procedural information⁵³. The judge must carefully evaluate the expert's conclusions alongside other case circumstances⁵⁴. If the case files or testimonies provide sufficient evidence for the judge to establish moral certainty, an expert opinion may be deemed unnecessary. According to the legislator, "in cases of impotence or defect of consent due to mental illness or incapacity, as referred to in can. 1095, the judge

⁴⁵ *Codex of Canon Law (KPK)*, canon 1095, nos. 1–3.

⁴⁶ Daniel Cenalmor, Jorge Miras, *Prawo kanoniczne* (Warsaw: Wolters Kluwer, 2022), 416. Consent is the essential cause of every marriage. Affecting the realm of personal determination, it cannot be supplemented by any external authority; thus, a marriage cannot be considered valid if its formation was accompanied by a defect that renders it invalid. *Codex of Canon Law: Commentary. Polish Edition Based on the Spanish Edition*, ed. Piotr Majer (Kraków: Lex a Wolters Kluwer Business, 2011), 782. *Codex of Canon Law (KPK)*, canon 1057 §1–2.

⁴⁷ Tomasz Rozkrut, *Jan Paweł II do Roty Rzymskiej* (Tarnów: Biblos, 2003), 113–121.

⁴⁸ Daniel Cenalmor, Jorge Miras, *Prawo kanoniczne* (Warsaw: Wolters Kluwer, 2022), 415.

⁴⁹ *Codex of Canon Law (KPK)*, canon 1574.

⁵⁰ El bieta Kornaszewska-Polak et al., *Kondycja współczesnej rodziny – uj cie interdyscyplinarne* (Lublin: Wydawnictwo KUL, 2019), 76; Zbigniew Sztuchmiller, "Proces sporny" in *Prawo kanoniczne*, vol. 1 (Warsaw: Wolters Kluwer, 2007), 229–230.

⁵¹ *Codex of Canon Law (KPK)*, canon 1577 §1.

⁵² Marian Kowalski, *Problemy nieważności małżeństwa w świetle kanonu 1095 n. 2 KPK* (Wrocław: Studio Graphito, 2012), 264, 267.

⁵³ El bieta Kornaszewska-Polak et al., *Kondycja współczesnej rodziny – uj cie interdyscyplinarne* (Lublin: Wydawnictwo KUL, 2019), 76; Wojciech Góralski, "Dowodzenie w sprawach o nieważność małżeństwa z kan. 1095 nn. 103 KPK," in *Niezdolność konsensualna do zawarcia małżeństwa kanonicznego*, ed. Wojciech Góralski and Ginter Dzierżon (Warsaw: Wydawnictwo Uniwersytetu Kardynała Stefana Wyszyńskiego, 2001), 273; Andrzej Dziuga, "Powołanie biegłego do udziału w kanonicznym procesie o nieważność małżeństwa," *Ius Matrimoniale* 3 (1992): 70–79.

⁵⁴ *Codex of Canon Law (KPK)*, canon 1579 §1.

should utilize one or more experts unless the circumstances clearly indicate that their input is superfluous”.⁵⁵

Conclusion

The assessment of consensual capacity has never been predicated solely on the premise that individuals with specific disorders or diseases inherently lack the capacity to fulfill the essential obligations of marriage. In 1987, Pope John Paul II, addressing members of the Roman Rota, underscored that judges are not bound to accept experts' opinions on the invalidity of marriage and, conversely, cannot compel experts to render judgments on this matter⁵⁶. In this light, the contemporary psychological-psychiatric framework appears to facilitate a clearer demarcation between psychological or psychiatric evaluations and canonical assessments. The new classification system, as discussed, demonstrates that specific disorders or features no longer need to conform to rigid categorical entities. Instead, an individualized analysis of the examined person's unique features and the intensity of their symptoms is required. From a practical standpoint, the new approach aims to provide a comprehensive overview of the mental condition of the individual by detailing their symptoms and their intensity, rather than aggregating these into a single diagnostic category. This method is intended to support the canonical examination by offering a detailed profile of the person's mental state, which can be evaluated in the context of procedural doubt. The revised classification method, which focuses on descriptive features and individual profiles, is expected to enhance the assessment of how an individual's mental state impacts their capacity to consent to marriage and to assume marital obligations. However, it remains prudent to investigate which specific personality traits may influence consensual capacity. As Dr. Robert Pudło has observed, “at the current level of knowledge about mental disorders, no classification will be perfect (...). It is a mistake to always treat the current classification as an oracle and to attach excessive importance to temporary solutions.”⁵⁷ Nevertheless, ICD-11 will serve as a crucial reference point for interpreting the mental state of individuals under examination. Therefore, it is advisable to familiarize oneself not only with the recent changes

⁵⁵ Pontifical Council for Legislative Texts, “Instruction *Dignitas Connubii* of January 25, 2005,” *Communicationes* 37 (2005): art. 203, in *Codex of Canon Law: Commentary. Polish Edition Based on the Spanish Edition*, ed. Piotr Majer (Kraków: Lex a Wolters Kluwer Business, 2011), 1564; Marian Kowalski, *Problem niewa no ci mał e stwa w wietle kanonu 1095 n. 2 KPK* (Wrocław: Studio Graphito, 2012), 268.

⁵⁶ Tomasz Rozkrut, *Jan Paweł II do Roty Rzymskiej* (Tarnów: Biblos, 2003), 116.

⁵⁷ Robert Pudło, “Komentarz,” in David Goldberg, “Klasyfikacja zaburze psychicznych: prostszy system w DSM-V i ICD-11,” *Psychiatria po dyplomie* 8, no. 3 (2011): 30, accessed November 2, 2023, www.podyplomie.pl/psychiatria.

but also with the new descriptive methodology, which will be instrumental in interpreting expert evaluations.

Bibliography

- Cenalmor, Daniel, Jorge Miras. Prawo kanoniczne (Canonical Law). Warszawa: Wolters Kluwer, 2022.
- Cieciuch, Jan, Patryk Łakuta, Włodzimierz Strus, Joshua R. Oltmanns, Thomas Widiger. „Pomiar zaburzeń osobowości w systemie diagnostycznym ICD-11: Polska adaptacja Inwentarza osobowości PiCD” (“Measurement of Personality Disorders in the ICD-11 Diagnostic System: Polish Adaptation of the PiCD Personality Inventory”). *Psychiatria Polska* 56, no. 6 (2022): 1185–1202. DOI: <https://doi.org/10.12740/PP/OnlineFirst/138563>.
- Dora, Marta, Bartosz Grabski, Bartłomiej Dobroczyński. „Dysforia płciowa, niezgodność płciowa i nonkonformizm płciowy w adolescencji – zmiany i wyzwania diagnostyczne” (“Gender Dysphoria, Gender Incongruence, and Gender Nonconformity in Adolescence – Changes and Diagnostic Challenges”). *Psychiatria Polska* 55, no. 1 (2021): 23–37. DOI: <https://doi.org/10.12740/PP/OnlineFirst/113009>.
- Dora, Marta. „Niezgodność płciowa w najnowszej klasyfikacji chorób ICD-11” (“Gender Incongruence in the Latest ICD-11 Classification”). *Przebieg psychologiczny* 65, no. 2 (2022): 35–40. DOI: [10.31648/przebiegpsychologiczny.7750](https://doi.org/10.31648/przebiegpsychologiczny.7750).
- Dziuga, Andrzej. „Powołanie biegłego do udziału w kanonicznym procesie o nieważność małżeństwa” (“Appointment of an Expert to Participate in a Canonical Marriage Nullity Process”). *Ius Matrimoniale* 3 (1992): 70–79.
- Dzierżon, Ginter. „Wpływ schizofrenii na ważność małżeństwa kanonicznego” (“The Impact of Schizophrenia on the Validity of Canonical Marriage”). *Ius Matrimoniale* 10, no. 16 (2005): 29–52.
- Franciszek. (Pope Francis) List apostolski motu proprio „Mitis Iudex Dominus Iesus” reformujący kanony „Kodeksu Prawa Kanonicznego” dotyczące spraw o orzeczenie nieważności małżeństwa (Apostolic Letter motu proprio „Mitis Iudex Dominus Iesus” Reforming the Canons of the „Code of Canon Law” Regarding Cases of Declaration of Nullity of Marriage). Tekst łacińsko-polski. Tarnów: Biblos, 2015.
- Gabel, Wolfgang, Jürgen Zielasek, Geoffrey M. Reed. „Zaburzenia psychiczne i behawioralne w ICD-11: koncepcje, metodologie oraz obecny status” (“Mental and Behavioral Disorders in ICD-11: Concepts, Methodologies, and Current Status”). *Psychiatria Polska* 51, no. 2 (2017): 169–195. DOI: <https://doi.org/10.12740/PP/69660>.
- Gałecki, Piotr, Aleksandra Lewandowska, Joanna Mossakowska-Wójcik, Marlena Zajczkowska. „Stany związane ze zdrowiem seksualnym” (“States Related to Sexual Health”). In *Badanie stanu psychicznego. Rozpoznanie według ICD-11 (Assessment of Mental State. Diagnoses According to ICD-11)*, edited by Piotr Gałecki, 235–248. Wrocław: Edra Urban & Partner, 2022.
- Gałecki, Piotr. „Psychopatologia” (“Psychopathology”). In *Badanie stanu psychicznego. Rozpoznanie według ICD-11 (Assessment of Mental State. Diagnoses According to ICD-11)*, edited by Piotr Gałecki, 1–39. Wrocław: Edra Urban & Partner, 2022.
- Gałecki, Piotr. „Schemat badania psychiatrycznego” (“Scheme of Psychiatric Examination”). In *Badanie stanu psychicznego. Rozpoznanie według ICD-11 (Assessment of Mental State. Diagnoses According to ICD-11)*, edited by Piotr Gałecki, I–XXVII. Wrocław: Edra Urban & Partner, 2022.

- Goldberg, David. „Klasyfikacja zaburzeń psychicznych: prostszy system w DSM-V i ICD-11” (“Classification of Mental Disorders: A Simpler System in DSM-V and ICD-11”). *Psychiatria po dyplomie* 8, no. 3 (2011): 24–30. Accessed November 2, 2023. www.podyplomie.pl/psychiatria.
- Góralski, Wojciech. „Dowodzenie w sprawach o nieważność małżeństwa z kan. 1095 nn. 1–3 KPK” (“Proof in Cases of Marriage Nullity According to Canon 1095 nn. 1–3 CIC”). In *Niezdolność konsensualna do zawarcia małżeństwa kanonicznego (Consensual Inability to Enter Canonical Marriage)*, edited by Wojciech Góralski and Ginter Dzierżon, 257–297. Warszawa: Wydawnictwo Uniwersytetu Kardynała Stefana Wyszyńskiego, 2001.
- Grabski, Bartosz. „Zalecenia Polskiego Towarzystwa Seksuologicznego dotyczące opieki nad zdrowiem dorosłych osób transpłciowych – stanowisko panelu ekspertów” (“Recommendations of the Polish Sexological Society Regarding the Care of Adult Transgender Individuals – Position of the Expert Panel”). *Psychiatria Polska* 187 (2020): 1–8. DOI: <https://doi.org/10.12740/PP/OnlineFirst/125785>.
- Jakubowski, Tomasz. „Transseksualizm czy zaburzenia psychotyczne? Opis przypadku” (“Transsexualism or Psychotic Disorders? A Case Description”). *Psychiatria Polska* 55, no. 1 (2021): 71–83. DOI: <https://doi.org/10.12740/PP/OnlineFirst/112442>.
- Kodeks Prawa Kanonicznego promulgowany przez papieża Jana Pawła II w dniu 25 stycznia 1983 roku. Stan prawny na dzień 18 maja 2022 roku. Zaktualizowany przekład na język polski (Code of Canon Law Promulgated by Pope John Paul II on January 25, 1983. Legal Status as of May 18, 2022. Updated Polish Translation). Poznań: Pallottinum, 2022.
- Kodeks Prawa Kanonicznego. Komentarz. Edycja polska na podstawie wydania hiszpańskiego, red. Piotr Majer (Code of Canon Law. Commentary. Polish Edition Based on the Spanish Edition, edited by Piotr Majer). Kraków: Lex i Wolters Kluwer business, 2011.
- Kornaszewska-Polak, Monika, Monika Gwóźdź, Marek Wójtowicz, Leokadia Szymczyk. *Kondycja współczesnej rodziny – ujęcie interdyscyplinarne (The Condition of the Contemporary Family – An Interdisciplinary Approach)*. Katowice: Wydawnictwo Uniwersytetu Śląskiego, 2021.
- Kowalski, Marian. *Problem nieważności małżeństwa w świetle kanonu 1095 n. 2 KPK (The Problem of Marriage Nullity in the Light of Canon 1095 n. 2 CIC)*. Wrocław: Studio Graphito, 2012.
- Krawczyk, Piotr, Łukasz Wiśniewski. „ICD-11 vs. ICD-10 – przegląd aktualizacji i nowości wprowadzonych w najnowszej wersji Międzynarodowej Klasyfikacji Chorób WHO” (“ICD-11 vs. ICD-10 – Review of Updates and New Features in the Latest Version of the WHO International Classification of Diseases”). *Psychiatria Polska* 54, no. 1 (2020): 7–20. DOI: <https://doi.org/10.12740/PP/103876>.
- Leszczyński, Grzegorz. „Schizofrenia jako przyczyna nieważności małżeństwa” (“Schizophrenia as a Cause of Marriage Nullity”). *Prawo Kanoniczne* 59, no. 3 (2016): 73–95.
- Leszczyński, Grzegorz. „Zaburzenia depresyjne jako przyczyna niezdolności konsensualnej do zawarcia małżeństwa” (“Depressive Disorders as a Cause of Consensual Inability to Enter Marriage”). *Prawo Kanoniczne* 58, no. 2 (2015): 31–45.
- Merk, Wojciech, Jarosław Stusiński. „Zastosowanie klasyfikacji ICD-11 w diagnostyce problemów zdrowotnych związanych z seksualnością” (“Application of ICD-11 Classification in the Diagnosis of Health Issues Related to Sexuality”). In *Psychoseksuologia. Metody diagnostyczne i terapeutyczne (Psychosexuality. Diagnostic and Therapeutic Methods)*, edited by Zbigniew Lew-Starowicz. Sopot: Gdańskie Wydawnictwo Psychologiczne, 2022.

- Nowak, Katarzyna. „Dymensjonalne podejście do zaburzeń osobowości – osobowość w DSM-5” (“Dimensional Approach to Personality Disorders – Personality in DSM-5”). *Psychiatria* 12, no. 2 (2015): 99–103. Accessed November 2, 2023. <https://journals.viamedica.pl/psychiatria>.
- Papieska Rada ds. Tekstów Prawnych. (Pontifical Council for Legislative Texts) „Instrukcja Dignitas Connubii z dnia 25 stycznia 2005 roku” (“Instruction Dignitas Connubii of January 25, 2005”). *Communicationes* 37 (2005): 11–92. In *Kodeks Prawa Kanonicznego. Komentarz. Edycja polska na podstawie wydania hiszpańskiego*, edited by Piotr Majer, 1497–1596. Kraków: Lex a Wolters Kluwer business, 2011.
- Robert, Pudło. „Komentarz” (“Commentary”). In David Goldberg, „Klasyfikacja zaburzeń psychicznych: prostszy system w DSM-V i ICD-11” (“Classification of Mental Disorders: A Simpler System in DSM-V and ICD-11”). *Psychiatria po dyplomie* 8, no. 3 (2011): 29–30. Accessed November 2, 2023. www.podyplomie.pl/psychiatria.
- Rozkrut, Tomasz. *Jan Paweł II do Roty Rzymskiej (John Paul II to the Roman Rota)*. Tarnów: Biblos, 2003.
- Smań-Myszczyńska, Magdalena, Remigiusz Ryziński. „Podsumowanie najważniejszych zmian w obrębie zaburzeń seksualnych i zdrowia seksualnego, które wprowadza najnowsza rewizja Międzynarodowej Statystycznej Klasyfikacji Chorób i Problemów Zdrowotnych ICD-11” (“Summary of the Key Changes in Sexual Disorders and Sexual Health Introduced by the Latest Revision of the International Statistical Classification of Diseases and Related Health Problems ICD-11”). *Przebieg psychologiczny* 65, no. 2 (2022): 9-27. DOI: <https://doi.org/10.31648/przebiegpsychologiczny.7678>.
- Sztuchmiller, Ryszard. „Proces sporny” (“Contentious Process”). In *Komentarz do Kodeksu Prawa Kanonicznego (Commentary on the Code of Canon Law)*, edited by Józef Krukowski, vol. 5, 123–324. Poznań: Pallottinum, 2007.
- Wierkosz, Agata, Ada Frankowska, Aleksander Turek, Marcin Siwek, Dominika Balachowska, Dominika Dudek. „Zaburzenia dysocjacyjne czy psychotyczne. Stupor u 23-letniej pacjentki” (“Dissociative or Psychotic Disorders. Stupor in a 23-Year-Old Patient”). *Psychiatria* 12, no. 3 (2015): 201–207. Accessed November 2, 2023. <https://journals.viamedica.pl/psychiatria>.
- World Health Organization. *International Statistical Classification of Diseases and Related Health Problems*. Accessed November 2, 2023. <https://www.who.int/standards/classifications/classification-of-diseases>.

Chicago Style:

Gwóźdź, Monika. “The Significance of the International Statistical Classification of Diseases and Related Health Problems in ICD-11 in the Context of Canonical Marriage Processes.” *Studia Koszalińsko-Kołobrzeskie* 31 (2024): 277–291. DOI: 10.18276/skk.2024.31-14.

Oxford Style:

Gwóźdź M., *The Significance of the International Statistical Classification of Diseases and Related Health Problems in ICD-11 in the Context of Canonical Marriage Processes*, “*Studia Koszalińsko-Kołobrzeskie*” 31 (2024), pp. 277-291. DOI: 10.18276/skk.2024.31-14.