

Psychological impediments to marriage – forensic and psychiatric opinions. Part I.

Przemysław Cynkier

Institute of Psychology, Faculty of Christian Philosophy,
Cardinal Stefan Wyszyński University in Warsaw

Summary

There are two types of proceedings before common courts for annulment of marriages during which expert psychiatrists are appointed. In the first type, the key task of the expert is to assess whether the presence of mental illness or mental retardation at the date of the marriage could possibly pose a threat to the marriage or health of future offspring. The expert performs a retrospective assessment not only of the course and severity of psychiatric disorders strictly distinguished by the legislator, but also their impact on the social functioning of a given person. In the second type of proceedings, marriage annulment is possible when the declaration of conclusion of a marriage was made by a prospective spouse who for whatever reason was in the state that excluded conscious expression of will. The task of the expert in this case is to assess the ability to perform a specific legal act. The aim of the analysis was to discuss problematic and unclear legal formulations concerning marriage annulment, which pose difficulties to psychiatrists and cause that sometimes opinions should only be prepared with a certain probability. It is particularly troublesome to assess the impact of parent's mental dysfunctions on the health of future offspring. An additional element hindering the forensic and psychiatric evaluation is an analysis of the influence of the environment (including attitudes and behaviors of a healthy spouse) on the picture and the course of mental disorders of an ill or handicapped prospective spouse.

Key words: marriage annulment, forensic and psychiatric opinions, civil court

Introduction

In Polish legislation the institution of marriage has a particularly important position. This is reflected in Article 18 of the Constitution of the Republic of Poland [1], stating that marriage is a union of a woman and a man, and that family, motherhood and parenthood are under the protection of the state. The Family and Guardianship Code [2] does not include the definition of marriage. According to Smyczyński, “marriage

is a permanent (but not indissoluble) and legal relationship of a man and a woman arising from their will as equal parties for the purpose of living together, pursuing the welfare of the spouses, the welfare of the family and its social goals” [3, p. 38]. The marital relationship is therefore legally sanctioned and privileged and it is based on monogamy, heterosexuality, equality and secularism [4, 5].

In the Polish judiciary, matrimonial matters are discussed in Title I Marriage of the Family and Guardianship Code, in Articles 1 to 61 [2] and the Code of Civil Procedure [6].

According to Article 1 § 1 of the Family and Guardianship Code, a marriage is concluded when a man and a woman present at the same time submit before the head of the registry office a declaration of conclusion of marriage. The provision of § 2 allows for the conclusion of a concordat marriage and says that marriage is also concluded when a man and a woman entering into marriage under the internal law of the Church or other religious association in the presence of the clergy declare the will to conclude a marriage subject to Polish law and the head of the civil registry office prepares the marriage certificate. When the above premises are met, a marriage is considered to have been concluded at the moment of making a declaration of the will in the presence of a priest [2].

Impediments to marriage

According to Article 17 of the Family and Guardianship Code, a marriage may be annulled only for reasons provided for in the Code [2], and this may only happen because of premises referred to as so-called impediments to marriage. They must occur at the time of the marriage. These reasons include the following circumstances specified in Articles 10–16 of the Family and Guardianship Code: impediment of age, impediment of guardianship, impediment of mental illness and mental retardation, impediment to bigamy, impediment of affinity, impediment of adoption, defect of declaration of concluding a marriage or statement referred to in Article 1 § 2 of the Family and Guardianship Code, impediments concerning the power of attorney. It is very important to establish that these impediments existed at the time of the marriage.

The privileged legal position and the special importance of marriage in social life are expressed in the assumption that even if the marriage was concluded, despite the existence of circumstances indicated in Articles 10–16 of the Family and Guardianship Code, it is still valid and effective as long as the court does not issue a decision on its annulment [7].

The impediments to entering into marriage, which are in the sphere of interest of the expert psychiatrist, include three situations. These are: the existence of plenary guardianship of a prospective spouse at the time of the marriage and occurrence of a mental illness and/or mental retardation at that time, which – as indicated by legal regulations – could affect the course of the relationship and the health of offspring.

Plenary guardianship makes it impossible to conclude a marriage (Article 11 of the Family and Guardianship Code), because it is assumed to refer to a person who was previously considered to be incapable of managing his/her behavior due to mental

illness, mental retardation or other mental disorders, therefore such a person cannot consciously carry out tasks related to marriage and family. However, in the case of repeal of plenary guardianship or its change to partial guardianship, marriage cannot be annulled [4]. It follows that a full capacity for acts in law is not required to conclude a marriage and achieve its goals, and a partial capacity is enough [8].

In Polish law it is possible to repeal the marriage ban by means of an institution of judicial authorization [7]. The impediment of mental illness or mental retardation (as well as an impediment of age and affinity) is a relative impediment, i.e., one that can be removed by such authorization [9]. The matter of issuing a judicial authorization to conclude a marriage to a mentally ill or mentally handicapped person is governed by Article 561 § 2 and § 3 of the Code of Civil Procedure. The authorization is granted at the request of such a person. Before issuing a final decision, the court listens to the applicant, the person with whom the marriage is to be concluded and, if necessary, the persons close to the future spouses. When it comes to granting permission to a person affected by a mental illness or mental retardation, the court also requests an expert doctor, if possible a psychiatrist who is to comment on the evidence thesis on the basis of Article 12 of the Family and Guardianship Code described below [6].

Although cases of this type are extremely rare in the case law, the code clause only referring to the medical opinion seems to be too narrow. Resolving the issue of existence of a mental illness or mental retardation, and in particular whether these states do not threaten the marriage or the health of future offspring (Article 12 of the Family and Guardianship Code) lies within the competence of an expert psychiatrist and psychologist, and not a physician of another specialty or a physician without any specialty at all.

The basic task of an expert is to establish a medical diagnosis, confirm or exclude the presence of a mental illness or mental retardation. Needless to say, in order to prepare a reliable opinion within the scope indicated by the court, it is necessary not only to conduct a personal psychiatric examination, but also take into account the course of mental disorders (if they are confirmed), their severity, and the impact on the social functioning of the person. It should be analyzed to what extent they may be an impediment to entering into a marriage with a specific person. In addition, the opinion should include an assessment of the level of insight of the examined person in relation to the symptoms manifested by him/her, as well as involvement in the therapeutic process. In the case of mentally handicapped people, apart from a detailed analysis of the intellectual level, one should also take into account other, often co-existing mental disorders, the extent of independence and responsibility for their behavior, as well as the ability to use support provided by other people. One should also take into account the ability of such a person to adapt to life difficulties which may be encountered in a marriage and family life.

The Family and Guardianship Code provides for the possibility to remedy a marriage concluded despite the existence of an impediment, and thus to acknowledge it as valid. This applies, among others, to the following situations: repeal of plenary guardianship or change of plenary guardianship to partial guardianship (Article 11 § 3 of the Family and Guardianship Code) and cessation of mental illness (Article 12 §

3 of the Family and Guardianship Code). In such a situation, it is not possible to bring an action for annulment [4].

Annulment of marriage

Cases before common courts regarding marriage annulment are conducted mainly under Article 12 § 1 of the Family and Guardianship Code, which says that a person suffering from a mental illness or mental retardation cannot marry, but with the indication that when the health or the mind of such a person does not threaten the marriage, or the health of future offspring, and when the person is not under plenary guardianship, the court may allow him/her to marry. According to § 2 of the same article, annulment of marriage under the abovementioned reasons can be demanded by each of the spouses, with the reservation stipulated in § 3 that marriage cannot be annulled due to one's spouse's mental illness after the end of the illness.

First of all, the stipulation under this article raises doubts due to vague wording regarding the health of future offspring in relation to the health condition of one or both parents. How to interpret "health of offspring" – as a child's physical state, his/her psychological development, or perhaps a broadly understood educational and caring process that generally affects health [4, 8, 10]? Different theoretical approaches to the etiology of mental disorders, presented by experts, different clinical assessments, including biological or environmental factors to a greater or lesser extent in connection with non-specific content of Article 12 of the Family and Guardianship Code make forecasting the impact of psychological disturbances identified in the prospective spouse on the health of future offspring burdened with a high risk of diagnostic and judicial errors. The code stipulation which links the occurrence of mental disorders with a possible threat to the marriage and children born to it (at an indefinite time) allows the possibility of a broad interpretation of the law and medical reports on genetic and also other conditions of illness.

There is a risk of an expert's opinion which will not be based on objective premises (difficult to determine), but on his/her medical knowledge, professional interests, experience or preference for specific scientific concepts [11]. This position is confirmed by the current state of knowledge on heredity or transfer of mental illness to offspring [12–14]. Statements made by the expert in this aspect should be balanced, cautious, usually only probable, not categorical, because such ones simply cannot be determined.

The reasons for inability to marry are mentioned in Article 12 of the Family and Guardianship Code and, according to the legislator, include only: mental illness and mental retardation, as well as the possible consequences of these clinical conditions, i.e., the threat to the marriage and the health of offspring. It is worth noting that other psychiatric disorders, which alone cannot constitute grounds for annulment of marriage, have been omitted. An additional complication is to determine the meaning of these two psychopathological terms. It should be emphasized that in recent years there has been a tendency to move away from them (the author deliberately leaves this issue because it has already been covered in many publications and goes beyond the scope of this article). On the other hand, in the provisions of the Code, the legislator still uses

the notions of mental illness and mental retardation and thus imposes an obligation on the experts to apply them.

Case 1

A man's claim for annulment of a marriage concluded four years earlier was filed before a district court. He stated that the parties had married before the Civil Registry Office, they did not have common children, for each of them it was the second relationship. They had met a year before entering into marriage. Two months before the wedding, the plaintiff settled with the defendant. He claimed that soon after the wedding financial disputes began to arise between them. His wife was abusing alcohol. He learned that she had been treated psychiatrically for many years and she got dismissed for that reason. She was aggressive, vulgar, destroyed objects, and behaved "irrationally" towards him and other people. After two years, sexual relations between the spouses ceased and after three years they parted. According to the plaintiff, due to the mental illness concealed by the defendant, a decision on the annulment of the union under Article 12 § 1 of the Family and Guardianship Code was justified.

During the hearing in court, the defendant confirmed that for 10 years she had been treated for neurasthenia, which was manifested in her feeling of tiredness and depression. Her last visit to a psychiatrist was two years before the wedding. During the psychiatric treatment, however, she performed a responsible job, she was a manager and she retired of her own volition. She denied the descriptions of her behavior given by her husband. Witness testimonies ambiguously described the defendant. On the one hand, she was described as emotionally unstable, impulsive, quarrelsome, vulgar, explosive and overly expressive. On the other hand, the witnesses claimed that she was being treated psychiatrically because of transient, mild states of apathy, fatigue, anxiety, pessimism that appeared after death of a person close to her. The medical records showed that the defendant had started psychiatric treatment in the outpatient setting 10 years before the wedding. During visits she reported sleep disturbances, work overload, explosiveness, anxiety, depression, discouragement, crying and numerous somatic ailments. She discontinued the treatment in the clinic two years before the wedding. She was diagnosed with neurasthenic neurosis. She returned to psychiatric treatment only during conflicts with her second husband.

The court, appointing an expert psychiatrist, formulated the following thesis: are the defendant's neurasthenia or other illnesses arising from medical records or examination mental illnesses within the meaning of Article 12 of the Family and Guardianship Code that make it impossible to get married? During the psychiatric examination, the defendant provided extensive biographical data (she obtained higher education, worked continuously for many years, lived for several decades in a successful marriage which ended with the death of her first husband, maintained a warm relationship with her daughter). She neglected psychotic productive symptoms, alcohol abuse and drug use. She presented a balanced mental state. The expert excluded mental illness and mental retardation. He recognized mild neurasthenia, which he classified as neurotic disorders. He stated that neurasthenia is not treated as a mental illness within the meaning of

Article 12 of the Family and Guardianship Code, which would prevent the defendant from entering into a marriage.

When examining a marriage annulment case, a civil court pays particular attention to the second sentence of Article 12 § 1 of the Family and Guardianship Code, which stipulates that despite mental illness or mental retardation, the court may allow such a person to enter into a marriage if the state of his/her health or mind does not threaten the marriage or the health of future offspring. Although the court sometimes examines the case many years after the wedding, it focuses on the assessment of the prospective spouse's ability to marry at the date of concluding marriage. The court in its considerations ignores the moral aspect, which is most often associated with the concealment of the existence of his/her mental incapacities by the ill or handicapped prospective spouse. The court seeks to determine whether the mental condition of the future spouse at the time of the marriage could have threatened the marriage or the health of offspring, and, in fact, whether there existed (and not during marriage or during a court case) such psychiatric premises that could have augured negatively. The main focus is on analyzing the course of mental dysfunctions before and at the time of the marriage. The current state, or the influence of symptoms of illness or mental retardation on the spouses' life is of lesser importance, although this element is usually reported by the healthy plaintiff (for psychiatric evaluations it is of secondary importance). It might be important if it could be possible to predict, from the perspective of a mentally ill or handicapped prospective spouse (analysis of the course of pre-marital disorders, their severity and influence on functioning as a spouse), what will be the course of these disorders after marriage conclusion.

Most often, the court formulates the following thesis: did the mental illness (mental handicap) of the defendant, existing at the date of the marriage, threaten the marriage and health of offspring within the meaning of Article 12 of the Family and Guardianship Code? Thus, the court assumes that there are such conditions that do not constitute an impediment to the conclusion of marriage. Failure to inform about one's state of mental health and not applying to a court for an appropriate authorization does not in itself constitute ground for annulment of an already existing marriage.

The court and, consequently – an expert psychiatrist retrospectively analyses whether if a mentally ill or mentally handicapped prospective spouse had applied for such permission directly before the marriage, he/she would have been granted it. If the answer was affirmative, it would mean that his/her mental state was not a threat to the marriage, nor the health of future offspring, which means that the prospective spouse's psyche and his/her behavior would not deviate significantly from the psyche and behavior of a healthy person. If there are grounds for recognizing that this condition is probably not going to change – the very fact that science determines such a state as remission, does not justify an assessment that it is a state of mental illness within the meaning of Article 12 of the Family and Guardianship Code. A theoretical and undetermined possibility of recurrence of the illness alone does not justify acceptance of a marriage annulment application. Condition of good symptomatic remission in the course of a so-called endogenous illness, e.g., schizophrenia, is not an impediment to marriage. Of course, mild intellectual deficit does not play a significant role here [15].

Similarly, temporary deterioration of mental state of a prospective spouse cannot be a decisive premise in a case for annulment of a marriage, especially when, for example, a significant improvement in health occurred during civil proceedings.

Case 2

A woman's claim for annulment of a marriage concluded five years earlier was filed before a district court. According to testimonies of the witnesses, the plaintiff and the defendant, the prospective spouses got to know each other two years before the wedding. They dated practically every day. After six months of acquaintance they got engaged. The plaintiff assessed the fiancé as cool-headed and patient, though not very sensitive. She claimed that before marriage, she had not known about her husband's illness. After almost three years of marriage, the husband stopped taking medication, which led to deterioration of his health. She described his maladjusted and incomprehensible behavior. The defendant admitted that a few years before the marriage he became mentally ill, but at the time of the marriage he was in remission. According to the medical records of psychiatric treatment, a few years before conclusion of the marriage, a paranoid episode occurred, whose symptoms quickly withdrew as a result of the treatment. Over the next two years, there were several exacerbations (delusions, hallucinations) which subsided after modification of pharmacotherapy. During the engagement and the first two years of marriage, the defendant reported regularly to a psychiatric clinic where his condition was assessed as remission (no psychotic symptoms were noted). At the time of the marriage, it was reported that he was in a good, stable mental condition and worked professionally. He was diagnosed with schizophrenia. After almost three years of marriage, the defendant's mental state deteriorated markedly and pharmacological treatment only temporarily alleviated symptoms. During the forensic-psychiatric examination, the defendant revealed clear symptoms. The expert psychiatrist confirmed the diagnosis of schizophrenia. In his view, at the time of the marriage the defendant was in a state of remission, which was not an obstacle to marriage. He also stated that the defendant's mental illness existing at the date of the marriage did not threaten the marriage or health of offspring.

According to Kołakowski, the grounds for annulment of marriage exist only when, at the day of the marriage, the concerned person had sharp, mainly productive psychotic symptoms or a doubtless, as to its severity, state of mental retardation. In addition, there should be certainty that the breakdown of this marriage occurred only as a result of disorders of functioning conditioned by the psychotic process or mental deficit. The author believes that only when these conditions are fulfilled, one can give an opinion on the psychological inability to marry within the meaning of Article 12 § 1 of the Family and Guardianship Code [15].

The mental ability to marry of mentally handicapped people should be measured carefully and judiciously, especially if only mild mental retardation is involved. In such cases, it seems necessary to supplement the psychiatric examination with that of an expert psychologist who will not only assess the proband's mental performance, but also analyze the impact of this deficit on his/her social functioning, including family

and marital functioning, and analyze his/her ability to perform social roles, the level of emotional maturity, as well as adaptability [16].

Under common law, one cannot get married to a mentally ill or mentally handicapped person, but if one have concluded such a marriage, there may occur another doubt as to whether or not such a person was in a “state excluding conscious will”. This issue is regulated by Article 15 of the Family and Guardianship Code, which stipulates that a marriage may be annulled if the declaration of conclusion of a marriage or a declaration provided for in Article 1 § 2 (concordat marriage) was submitted by a person who for whatever reason was in a state that excluded a conscious expression of will.

A spouse who has made a statement affected by a defect may demand annulment of the marriage within six months from the end of the state excluding the conscious expression of will and within three years from the marriage. Both Article 12 of the Family and Guardianship Code, as well as Article 15 of the Family and Guardianship Code take into account completely different situations than those defining the defect of the declaration of will (Article 82 of the Civil Code), i.e., lack of awareness and freedom to make a decision.

The reason for the annulment of marriage can only be a condition excluding a conscious expression of will, omitting the state excluding the freedom to make this decision (the legislator assumed that a one-month period of waiting for the wedding is sufficient to make a free decision regarding marriage).

The existence of a marriage permit as defined in Article 12 § 1 of the Family and Guardianship Code excludes a request for annulment of a marriage due to mental illness or mental retardation, but does not rule it out under Article 15 § 1 of the Family and Guardianship Code. It would then be necessary to prove that the marriage was concluded in a condition excluding a conscious expression of will at the moment of submitting the declaration on concluding the marriage, which also requires seeking a forensic-psychiatric opinion.

Article 15 of the Family and Guardianship Code has no psychopathological connotation. Generally, there are no impediments to the possibility of mental disorders of varying intensity, picture and course lead a state that disables a conscious expression of will. It cannot be ruled out that it could also be caused by short-term and transient psychiatric abnormalities, also of a non-pathological picture. According to Hajdukiewicz, Article 15 of the Family and Guardianship Code refers to the effect of alcohol, drugs or pharmacological agents [4]. Disorders such as neuroses, abnormal personality, sexual dysfunctions, phobias, obsessive-compulsive syndromes due to their nature, and mainly the clinical picture, usually do not cause such disturbances of mental functions that would lead to exclusion of the ability to deliberately express will [17].

Recapitulation

The court seeks to create a retrospective image of a mentally disturbed spouse at the date of the marriage. Lawsuits for annulment of marriage, although they happen quite rarely, pose diagnostic and judicial difficulties. The results of psychiatric examination may not be sufficient to establish the actual clinical status and diagnosis. Sometimes it

becomes necessary to supplement the material with psychological, neuropsychological, endocrine, sexological or imaging tests.

The use of additional sources of information on the severity and dynamics of mental disorders (interviews with the healthy spouse, with the family of the examined one, environmental interviews, detailed analysis of medical records) may be useful in determining final conclusions. Only the critical assessment of the whole material brings the expert to an accurate medical diagnosis as well as also allows to determine how the mental disorder influenced the behavior of the prospective spouse in the period before the marriage. It is necessary to determine the level of insight into illness or the course and involvement of the prospective spouse in treatment [11]. Often opinions about the threat resulting from the existence of mental disorders in the prospective spouse can only be formulated at a certain probability level, especially when it comes to the health of offspring.

When drawing up an opinion on only one spouse, it is worth remembering that the impact of the social environment on the course of the illness is sometimes very pronounced and can modify the clinical picture presented during the examination. The family is seen as a dynamic, constantly developing system in which there are potential possibilities for its survival. It should be treated as a feedback loop. The behavior of each interacting person affects the behavior of the interaction partner, and at the same time is modified by the reactions of that partner [18]. This also applies to families in which one or both of the spouses show mental abnormalities.

In the case of mentally ill people, low level of social contacts turns out to be an unfavorable prognostic factor [19]. On the other hand, the importance of the environment is raised to maintain good remission of illness symptoms. The following are listed as key factors: acceptance of the ill person by his/her relatives, supporting him/her in treatment and everyday functions, mobilizing to activity and leading a so-called normal life, correcting his/her inappropriate behavior [12]. These elements should also be taken into account in forensic-psychiatric assessments. Not always a deterioration of the mental state, which occurs already during the marriage, results from the very course of the illness. Situations of conflicts, marital disputes and misunderstandings as well as separation from the family, which is usually the case, can be an additional burden of the mentally disturbed spouse.

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Address: Przemysław Cynkier
Institute of Psychology, Faculty of Christian Philosophy
Cardinal Stefan Wyszyński University in Warsaw
01-938 Warszawa, Wóycickiego Street 1/3, building 14