

## **A Thematic Look at Selected Cases of Marital Nullity in the Philippines**

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### **Abstract**

Psychological incapacity on the part of either or both spouses as the basis of marital nullity under Article 36 of The Family Code of the Philippines has long been traced to cases of personality disorders. From a theoretical framework that included the legal basis under the said article and the categorical model of the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM-IV-TR), the author purposefully selected several clinical cases of spouses' narratives in their social case history – these narratives were already part and parcel of court transcripts. Employing a qualitative research methodology using thematic analysis, they were then dissected into superordinate themes that represented spouses' developmental years, premarital relationship years, and period of marital cohabitation as husband and wife. Thereafter, other themes and possible subthemes were extracted and listed under each of these superordinate themes. These themes and subthemes were then equated to the spouses' overt manifestations of psychological incapacity. In turn, these manifestations were matched with any or all of the diagnostic features or traits of personality functioning in the DSM. The ultimate objective of deriving and labelling the identified themes with specific personality disorders, with due consideration to the subthemes that referred to spouses' juridical antecedent behaviors, was successfully achieved to supplement the use of powerful psychometric tests, including the use of projective techniques which were utilized in the local courts. This innovative scheme of thematically analyzing spouses' narratives on marital nullification figured very well in forensic mental health assessment, especially when the respondent spouse was not available to undergo the necessary psychological assessment for some reason.

**Keywords:** marital nullification, psychological incapacity, personality disorder

The biblical decree, “What therefore God hath joined together, let no man put asunder” in Mark 10:9, must have really sealed the sanctity and inviolability of the marital union between a man and a woman. Those who found the union incompatible, got divorced. The Roman Catholic Church, however, excommunicated those who remarried (Wilde, n.d).

As the Roman Catholic Church kept itself busy attempting to wrestle control over the profitable marriage enterprise from secular authorities (Davidson & Ekelund, 1997), it also gave serious thought to not using the term “divorce”, following the indissoluble character of the marital union. Hence, the dissolution of the marital union did not actually take place in the church’s marital annulment (Foster, 1999) since Philippine society, being predominantly Roman Catholic, did not allow divorce in its jurisdiction.

The idea of civil nullity of marriage, then, took off from the church’s concept of marital annulment. In the meantime, the notion of psychological incapacity in Philippine civil society resonated quite strongly when this was introduced as the basis of petition for the declaration of nullity of marriage in the country. Its very idea created by the framers of the law, allowed great leeway since the same was intended to be without any concrete definition and example, because to be citing specifics would only limit its application following the principle of *ejusdem generis* (Pineda, 2011).

Marriage in Philippine society is considered both a “special contract” (The Family Code, Article 1, 07 July 1987) and an “inviolable social institution” (The 1987 Philippine Constitution of the Republic of the Philippines, Article XV, Section 2, 1987). The State, however, realized that not all unions are perfect and that there are those who experience problems from time to time. The parties who experience tumultuous marital relationships cannot simply coexist under the same roof. Picking up from the concept of ecclesiastical annulment, the law provides a solution that allows problematic marital unions to be voided from the beginning, when either or both the spouses become psychologically incapacitated (The Family Code, Article 36).

### **Psychological incapacity**

Citing the doctrinal case of Santos v. Court of Appeals, Gesmundo (2014) and Carcereny and Soliman (2010) defined psychological incapacity as the type of incapacity that is not physical, but mental in nature, such that either or both spouses would be truly incognizant to assume and discharge their essential marital obligations. Carcereny and Soliman added that the disorder must be grave, incurable and with juridical antecedents. Gesmundo clarified that although the symptoms could readily be physical, said incapacity must still necessarily be psychological in nature.

Mamañgun (n.d.) identified the essential marital obligations of either or both spouses to the marital union (citing the landmark case of Molina) to include the obligation to live together as husband and wife, to observe mutual love, respect and fidelity, and to provide support to each other. In addition, there was the obligation on the part of either or both not to do any act that brought danger to the family, or to avoid any act that dishonored a spouse’s good name and reputation.

Canlas (2007) pointed out that psychological incapacity must be more than the difficulty, neglect or refusal to perform the essential marital obligations, such as the obligation or duty of the wife to have sex with her husband (citing Navarro, Jr. v. Cecilio-Navarro). Similarly, sexual infidelity alone, according to Canlas (2007), was not sufficient proof of psychological

incapacity, unless the numerous acts of infidelity were shown to be symptomatic of a disordered personality.

Nambi and Sarkar (2015) and Sharma, Reddy, and Kamath (2015) proposed that the nullification of the marital union should only be given to cases where the unsoundness of mind was severe enough to prohibit one from discharging his or her essential obligations to the marriage. The Code of Canon, in fact, already made it very clear that the basis of real incapacity should be grounded on the presence of a serious anomaly that substantially vitiated the individual's psyche, and that this incapacity must impact the person's ability to understand his or her essential obligations to the marital union (Gray, 2006).

Notwithstanding the important tenet that was laid down in the Santos case to the effect that the incapacity must be psychological and not physical, the Supreme Court in *Republic v. Molina* (February 13, 1997) continued to lay down more tenets, and what appeared to be stricter guidelines in nullity cases. These included the following important guidelines: (a) that the crux of the incapacity must either be clinically or medically identified; (b) that it must be alleged in the petition; (c) that it must be proven by the experts; and (d) that it must be clearly illuminated in the decision of the court *a quo*.

In *Brenda B. Marcos v. Wilson G. Marcos* (October 19, 2000), the Supreme Court appeared to have contradicted itself by stressing the argument that the personal medical or psychological examination of the respondent was not a *conditio sine qua non* for the validity of declaration of nullity of marriage. The Honorable Court stressed that nullification of the marital union could have been established anyway by the entirety of evidences presented at hand.

The Philippine Supreme Court's interpretation of psychological incapacity, meanwhile, appeared to be vacillating (Carpio, De La Cruz, Igente & Itulid Law Office, July 9, 2015), but firm as well on the doctrines that were already laid down (Inquirer.Net, n.d.). The High Court's wavering attitude probably came inherent with the very nature of disordered personalities, the basis of which had been the Diagnostic and Statistical Manual of Mental Disorders-IV-TR's (DSM-IV-TR's) categorical framework of personality functioning. Just the same, this framework was heavily criticized for its excessive comorbidity and excessive covariation (Wakefield, 2013). Back then, forensic clinical psychologists in the country relied heavily on the use of the DSM-IV-TR, instead of the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5), for the diagnosis of psychological incapacity on marital nullity insofar as selected cases were concerned. The DSM-5, which replaced DSM-IV-TR, utilized a hybrid conceptual framework of DSM-IV-TR's categorical perspective and DSM-5's trait perspective of personality functioning.

### **Disordered personality as crux of psychological incapacity**

Petitions for declaration of nullity of marriage based on psychological incapacity were generally anchored on disordered personalities (Drogowski 2010-CITE PROPERLY). Malibiran (2007), citing cases of Dedel, Villalon, and Navarro, claimed that the cruxes of spouses' psychological incapacity in the aforesaid cases were traceable to their disordered personalities. For instance, the respondent wife in Dedel suffered from Anti-Social Personality Disorder; the petitioner husband in Villalon suffered from Narcissistic Personality Disorder; and in Navarro, both parties similarly suffered from personality disorders, although only one of the spouses was cited by the forensic clinical psychologist as psychologically incapacitated. In *Edward Kenneth Ngo Te v. Rowena Ong Gutierrez Yu-Te* (February 13, 2009), the

petitioner husband and respondent wife, who both suffered from personality disorders, were also cited as psychologically incapacitated by Dr. Roxel A. Apruebo, an expert and scholar in the field. Dr. Apruebo's evaluation was recognized and upheld with utmost credibility by the Supreme Court. Interestingly, this case laid down the doctrine that forensic clinical psychologist's expert opinion must be considered with utmost regard insofar as personality profiles of the parties were concerned.

The case of *Leonilo Antonio v. Marie Ivonne F. Reyes*, (March 10, 2006), although not necessarily an exception to the foregoing cases, still took note of the Paranoid Personality Disorder of the respondent-wife, as testified by expert witness. What was groundbreaking about this case, however, was the highlight on the pathological and habitual lying that was concocted by the respondent wife, as asseverated by the expert opinion and conclusion of Dr. Arnulfo V. Lopez, forensic clinical psychology expert for the petitioner husband. Accordingly, the Supreme Court gave credence to the expert testimony of Dr. Lopez on the respondent wife's "fantastic ability to invent and fabricate stories and personalities that enabled her to live in a world of make-believe", making her psychologically incapacitated to fulfill her essential marital obligations.

### **Forensic mental health assessment**

In establishing whether or not either or both spouses in a projected petition for declaration of nullity of marriage was psychologically incapacitated, the psychological assessment should be conducted within the context of forensic mental health assessment. Heilbrun, Grisso, and Goldstein (2009) appropriately defined this concept as an assessment activity designed to help the court in resolving a forensic issue. The forensic issue referred to would then revolve around the legal question faced by the court in legal proceedings. Hence, the referral question in forensic mental health assessment would be the very legal question at hand. Applied to the present study, the referral question would then raise the issue of whether or not the petitioner and/or the respondent spouse was psychologically incapacitated to fulfill his or her basic obligations and duties to the union.

In the forensic mental health assessment of the petitioner and/or respondent spouse, forensic clinical psychologists in marital nullity cases would often be questioned on the means and methods of assessment. Nicholson and Norwood (2000) declared that forensic mental health assessment reports in the court setting appeared to fall quite short of professional aspirations. Citing Roesch and Golding, they described these forensic reports as "most frequently stereotyped in form", usually containing only summarized conclusions or mere medical abstractions. Although most sample reports matched legal criteria, forensic clinical psychologists did not still use psychological assessment tools and procedures with the strongest evidence of psychometric properties of reliability and validity.

### **Reliability and construct validity**

Urbina (2014) referred to reliability as trustworthiness. To the extent that a decision to declare either or both spouses as psychologically incapacitated would have to be made, the forensic clinical psychologist needed to be sure that test results would be reasonably trustworthy. That degree of trust, in turn, would have to be evidenced by the consistency of test results of psychological instruments used to measure the disordered personality. Although reliability implied consistency, it similarly did not imply absolute consistency of test results because it was possible that the same would contain some amount of error. For instance, an error might

come from so-called “bias,” which Neal and Grisso (January 2014) claimed to be frequent forensic mental health assessment because of the “inappropriate personal or emotional involvement” that forensic clinical psychologists would get themselves tangled with.

Rogers, Wasyliw, and Cavanaugh, Jr. (1984) also cited construct validity as another important psychometric property in forensic mental health assessment. They defined construct validity as the congruence of the psychological concept to associated theory. Trochim (2006) referred to this as the extent to which an operationalization of the construct could be made. Applied to the present study, construct validation would then refer to congruence of the concept of psychological incapacity with personality disorders. However, how could we then validate the construct of psychological incapacity, when this very construct was intended to be fluid in the first place? The construct then would have to come from varied sources, such as the law, jurisprudence, and empirical research studies, both psychological and legal, to explicate the concept. It would have to view, as well, the professional conventions, conferences and seminars that had academic paper presentations and publications on the construct. In its view of construct of psychological incapacity then, the Psychological Association of the Philippines (April 2010), through Dr. Roger Davis, zeroed in on personality disorders as cruxes of psychological incapacity. Dr. Davis then reminded forensic clinical psychologists that it was not enough that practitioners knew how to measure personality disorders; it was equally important for the forensic clinical psychologists, he added, to know how disorders manifested themselves and how they actually undermined marital relationships.

After the client intake, the forensic clinical psychologist would find herself/himself conducting a forensic mental health assessment that would assist the courts of law as trier of facts. In so doing, the forensic clinical psychologist would have to conduct this assessment using psychological instruments that would be both highly reliable and valid. The Minnesota Multiphasic Personality Inventory-2-Restructured Form (van der Heijden, Egger, Rossi, Grundel & Derksen, 2013), the Millon Clinical Multiaxial Inventory-III (Daubert & Metzler, 2000) and other equally powerful structured personality tests, which had long been considered reliable measures in detecting faking and feigning, would be most ideal in assessment of personality disorders to determine whether or not either/both spouses was psychologically incapacitated. In the meantime, use of the locally normed Psychological Incapacity Rating Scale (Ng & Apruebo, 2006), which actually and directly measured the construct of psychological incapacity, would also be a very good addition to the battery. The use of projective techniques (Lilienfeld, Wood, & Garb, 2000), although discouraged in forensic setting on one hand, nonetheless continued to be allowed by judges in the courtroom setting on the other hand, still increased the reliability of forensic assessment. To further increase reliability in forensic assessment, the use of collateral informants or corroborative accounts from independent and competent witnesses should ideally be extracted and incorporated in forensic mental health assessment reports (Republic of the Philippines v. Nestor Galang, 06 June 2011).

### **The Daubert and Frye standards**

When a forensic clinical psychologist appeared in court, his or her oral testimony might or might not be admitted in evidence. In the US, the Daubert and Frye standards determined the admissibility or inadmissibility of a scientific evidence (Kelsey, 2006), including those made by experts in forensic clinical psychology. Welch (2006) claimed that Frye relied on general acceptance of the scientific community, while Daubert emphasized the role of the judge as “gatekeeper” (Neufeld, 2005) in screening the evidence presented in court. Daubert also

defined empirical criteria and recognized, as well, the possible abuse from supposed expert's opinion under the principle of *ipse dixit* or "because I say so" (Mahle, 2012). These standards then were considered as important empirical criteria to deter possible abuse of the use of expert witnesses in forensic settings. Daubert and Frye appeared to have been recognized in local jurisdiction in the case of *Rosendo Herrera v. Rosendo Alba and Hon. Nimfa Cuesta-Vilches* (June 15, 2005). It would then be safe to presume that the selected cases on marital nullity were either Daubert compliant because the cases were meticulously screened by the judges who presided over these cases, or Frye compliant because the cases were similarly screened based on generally accepted standards of the discipline.

### **Scope and limitations**

This study thematically analyzed the author's four clinical cases which were already resolved in four different family trial courts. They originated from the pool of court documents that were part and parcel of the researcher's institutionally approved research proposal.

The four cases at hand were in the nature of civil cases that involved an intersection between the discipline of psychology and the discipline of law. In this regard, the nomothetic and empirical nature of discipline of psychology vis-à-vis the ideographic and *stare decisis* nature of discipline of law served as substantial and inherent limitations (Costanzo and Krauss, 2010). Further, it was in the context of the innovative nature of the discipline of psychology that the researcher employed an epistemology that was qualitative, and a methodological technique that employed thematic analysis; hence, this study emphasized depth and theory generation more than breadth and theory verification (Creswell, 2013) that characterize post positivist epistemology of a quantitative research study.

### **Ethical considerations**

With the end in view of enhancing empirical literature on psychological incapacity, the participant spouses in this research permitted the author to include their social case history. When these documents were already part of the court records, the consent of the custodian to the aforementioned court documents was also sought.

The entire research exercise was culled from institutionally approved research proposal of the author. Appended to the said study was the author's letter of informed consent where he stressed that the benefits of the study far outweighed the minutest risk that it could possibly convey to the participants.

To fulfill the author's highest assurance of confidentiality, he needed to mask the personal identities of spouses, including the rest of their demographic profile information. Doing so would also be in observance on the Rule on Declaration of Absolute Nullity of Void Marriages and Annulment of Voidable Marriages (15 March 2003).

### **Theoretical framework**

The theoretical underpinnings of this study included the legal theory of psychological incapacity based on Article 36 of the Family Code of the Philippines and categorical model of personality functioning based on the DSM-IV-TR, which was the effective diagnostic manual at the time these cases became part of court records.

### **Legal theory of psychological incapacity**

Article 36 of The Family Code (as amended by Executive Order 227) served as the primary theoretical foundation of this study. Accordingly, a marital union that was contracted by an individual who was psychologically incapacitated to comply with his or her essential obligations to the marriage at the time of its celebration would be void, even if this incapacity became noticeably apparent only after solemnization of marriage. Gesmundo, as earlier referred to, claimed that this sort of incapacity, which indicated a mental state and not a physical state, would make either or both of the contracting parties fail to appreciate fully the fundamental marital agreements that he and/or she owed to this union, and that both the parties must assume and discharge accordingly.

### **DSM-IV-TR's categorical model**

In the assessment of psychological incapacity, forensic clinical psychologists heavily relied on the use of the American Psychiatric Association's DSM-IV-TR (2000) when they diagnosed their clients. The DSM-IV's categorical model of personality disorders provided a dichotomous manner of assessing between normal personality and disordered personality functioning. It relied on certain minimum criteria as the required threshold to make a specific diagnosis of an individual's personality pathology.

The DSM-IV-TR's criteria-based model of personality and psychopathology measure was cited by Krueger (2013) as having an indiscriminate nature. The categorical model's inability to discriminate between normal personality and personality pathology seemed to come about because of excessive overlaps and excessive homogeneity that appeared inherent in the system. Just the same, said model was still considered the most reliable technology that was then available for purposes of diagnosing personality disorders.

The likelihood that the individual could readily be assessed with a personality disorder could probably be attributed to the dichotomous theory of personality functioning. Being criteria-based, the constructs of these various disorders did not actually fit into well-delineated categories. Further, there was excessive comorbidity and heterogeneity in the constructs, as well as below par convergent and discriminant validity within the various categories of these disorders (Sellbom, Smid, De Saeger, Smit, & Kamphuis, 2014).

### **Objectives of the study**

How will thematic analysis enhance diagnosis of psychological incapacity by forensic clinical psychologists in the forensic setting? Using thematic analysis on selected cases of psychological incapacity, this study aims to single out personality disorders as the crux of psychological incapacity. Personality disorders have been, for the longest time, the basis of petitions for the judicial declaration of marital nullification in the Philippines.

Using spouses' narratives of their social case history that had become part of court transcripts, the researcher then came up with three superordinate themes that included the spouses' individual developmental years, their premarital years, and their period of marital cohabitation. Other themes and possible subthemes were then extracted and listed under each of these superordinate themes.

## Methodology

### Qualitative research design

Taylor and Bogdan (1998) defined qualitative methodology as a research methodology “that produces descriptive data” from “people’s own written or spoken words and observable behavior.” Denzin (2005), meanwhile, defined qualitative research as “a situated activity that locates the observer in the world.” Tracy (2013), on the other hand, identified the three core qualitative concepts to include self-reflexivity, context and thick description.

Tracy referred to self-reflexivity as the evaluative weight that researchers allocate to their own sets of values, beliefs, and experiences and how these sets of values, beliefs and experiences impact the manner in which they interpret their research. Context, meanwhile, referred to the sense of meaning that they made out of immersing themselves in a scene. And thick description, which she claimed to be related to context, referred to the larger picture, but would usually come from these small yet multi-dimensional perspectives.

### Research paradigm

The study used the interpretivist research paradigm (Research Methodology, n.d.) utilizing the narrative approach in deepening meaning and crystalizing secondary data, as spouses’ collated narratives in their social case history were thematically analyzed. The interpretivist paradigm postulated that the researcher’s values were integral in all phases of the research process, thereby suggesting a reality that this researcher could not be separated from the knowledge of his research. In other words, there would be no separation between “subject” and “object.” It further pointed out that “interpretive researchers assume that access to reality (given or socially constructed) is only through social constructions such as language, consciousness, shared meanings, and instruments” (Myers, 2008, p. 38).

### Thematic analysis

From the contents of narratives of the spouses’ social case history in their psychological evaluation reports, the researcher derived codes. Saldaña (2009) claimed that a code could be a word or a phrase, usually short, that could capture the essence and/or the attribute of textual language. He declared that the “excellence of research rests in large part on the excellence of coding.” From these codes, themes were generated.

Braun and Clark (2006) claimed that a theme was something important and usually had something to do with the research questions at hand. They further claimed that as a mode of data analysis that could identify and analyze the patterns within the data at hand, the measure could inherently be characterized as flexible. As such, this study was not limited by actual and literal contents of the textual language of the court transcripts.

In doing thematic analysis, the researcher generally adhered to the coding scheme suggested by Braun and Clark with necessary modifications, as follows: (a) reading, masking and re-reading the narratives of the spouses; (b) generating the superordinate themes as the initial codes; (c) searching for other themes; (d) searching for possible subthemes; (e) reviewing the themes vis-à-vis the overt manifestations of psychological incapacity; (f) reviewing the themes vis-à-vis the criteria of personality functioning under the DSM-IV-TR; (f) defining the essence or essences of emerging themes by labeling them with specific personality disorders; and (g) producing the report by writing an intricate story behind the themes and essences.



The themes from the participant spouses' narratives in their social case history were extracted and listed under each of the superordinate categories of their developmental years, their premarital relationship years, and their marital cohabitation years. The developmental years referred to the spouses' individual childhood and adolescent years; the premarital relationship years referred to that time when the spouses got introduced to each other and started to engage in a romantic relationship which continued until they were finally married; and the marital cohabitation years referred to that time when both spouses were officially recognized as married while they lived together as husband and wife.

The themes under each of these superordinate categories were then compared to spouses' overt manifestations of psychological incapacity, which in turn, were matched with any or with all of the diagnostic features or traits of personality functioning in the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM-IV-TR). Figure 1 illustrates this processual paradigm.

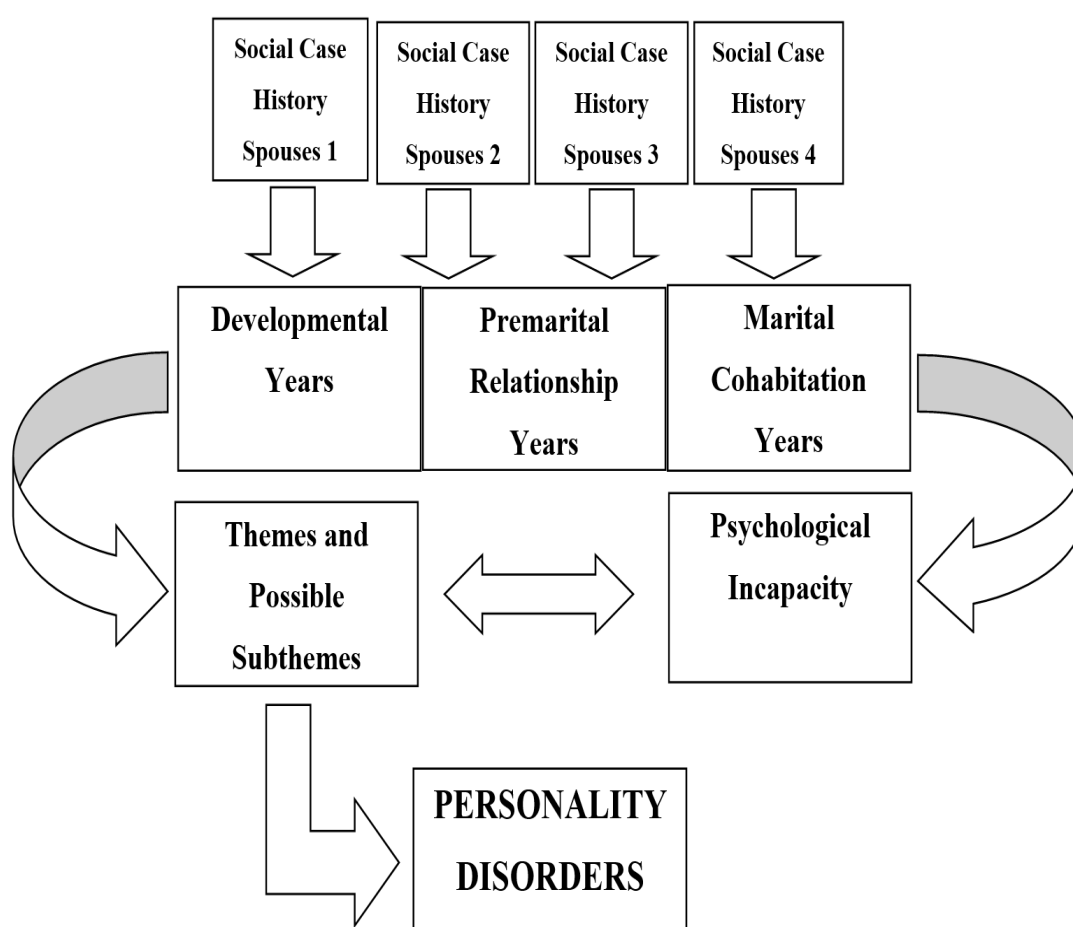


Figure 1: The processual research paradigm on how specific personality disorders were derived from the themes in the spouses' narratives.

## Results

In all the following cases, petitioner spouses responded to the given set of structured clinical interview questionnaire. Thereafter, they were given powerful psychometric tests, such as the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) and/or the Millon Clinical Multiaxial Inventory-III (MCMI-III). They were also given two projective

techniques, which included the Thematic Apperception Test (TAT) and the Draw-A-Person Test (DAP).

Respondent spouses, in the meantime, were sent the necessary letter of invitation for psychological evaluation, but to no avail. Respondents were either unavailable or were simply not interested to undergo the psychological evaluation because they had been, in fact, separated for years. The forensic clinical psychologist then invited at least two collateral informants who had personal knowledge of the spouses' marital relationships and their juridical antecedent behaviors and who were not at all biased. These collateral informants corroborated the accounts made by the petitioner spouses.

The structured interview questionnaire revolved around the following items: (a) the individual family history of the spouses which asked about significant clinical events in the spouses' lineage; (b) the individual childhood and adolescent years of the spouses; (c) the premarital relationship years which became the takeoff point of the spouses' romantic involvement with each other until they were legally married; and (d) the period of marital cohabitation of the spouses when they lived together as husband and wife.

The spouses' individual childhood and adolescent years asked about the significant familial dynamics which included the individual's relationships with his or her parents, and with his or her siblings and other immediate family members and relatives. It also asked about significant interpersonal relationships with neighbors, friends and significant others. The individual spouses were also probed for possible traumas and other clinically significant events that served as juridical antecedent behaviors supposedly leading to the individual spouse's disordered personality.

The premarital relationship years asked about matters relating to the courtship and romantic involvement with each other until the spouses officially became husband and wife. It similarly looked into interpersonal dynamics of the individual spouses with his or her colleagues at work, and with his or her close circle of friends, peers, and significant others. Just like the earlier childhood and adolescent years, said premarital relationship years of involvement were part and parcel of the so-called juridical antecedent behaviors of spouses.

Taking off from the time when the spouses officially became husband and wife, the period of marital cohabitation investigated matters involving the spouses' affective communication with each other, the time they devoted to each other, the spouses' satisfaction or dissatisfaction on matters involving family income and expenses, their sexual satisfaction or dissatisfaction, manner of resolving major concerns, issues and problems in the family, style of rearing children, interpersonal dealings with each other's family members and relatives, and the other clinically significant events during the spouses' years of marital cohabitation.

With the presenting problem of looking into whether or not either or both of the spouses was psychologically incapacitated, the forensic clinical psychologist gauged the gravity of the tumultuous marital relationship by looking into its frequency and its impact on the individual spouse's cognitive, affective and behavioral functioning while its incurability was gauged by looking into its pervasiveness and presence or absence of juridical antecedent behaviors.

Table 1 enumerates the narratives (initial codes) from Petitioner 1's (P1) and Respondent 1's (R1) social case history.

Spouses	Developmental Years	Premarital Relationship Years	Marital Cohabitation Years
<b>Petitioner 1 (P1)</b>	No traumatic childhood  Good familial and interpersonal relations (with occasional fights)  Involvement in intimate relations	P1 & R1 engaged in premarital sexual relations  R1 persistently monitored P1's whereabouts	R1 became very possessive (e.g., did not allow P1 to see his friends)  R1 regularly checked out P1's personal belongings  R1 became verbally abusive
<b>Respondent 1 (R1)</b>	Poor familial relations (physically abusive father)  Poor interpersonal relations  Witnessed several other traumatic events		R1 regularly checked on who P1 would hang out with

Table 1: Enumerated narratives (Initial Codes) from Petitioner 1's (P1) and Respondent 1's (R1) social case history

P1 experienced the pervasive life pattern of a well-adjusted individual who managed to function cognitively, affectively and behaviorally. P1 complied with all essential marital obligations, including the obligation to cohabit, to show mutual love, respect and support, and to refrain from doing acts that could bring danger, dishonor or injury to the other spouse. Juridical antecedents during the childhood and adolescent years that readily revealed the pre-existing, precipitating and predisposing behaviors indicative of psychological incapacity were also not established considering the generally good familial relationship that became P1's lifelong support.

R1, meanwhile, readily converted the enduring poor interpersonal relations, the longstanding bitter life circumstances, e.g., that of having been physically abused by the father and that of having witnessed several other traumatic events in life, and the extreme suspiciousness during marital cohabitation, to a life pattern of mistrust of others even without any basis at all. R1 then failed to comply with the essential marital obligations, including the obligation to cohabit, to show mutual love, respect and support, and to refrain from doing acts that would bring danger, dishonor or injury to the petitioner spouse. The aforementioned juridical antecedents predisposed R1 to become extremely suspicious of others, which antecedent behaviors R1 clearly manifested into the marital relationship.

The crux of R1's psychological incapacity then was his or her Paranoid Personality Disorder which was seen as a pervasive life pattern of mistrust and suspiciousness of others and which sense of mistrust and suspiciousness of others started to take off during R1's developmental

years. The frequency, intensity and duration of R1's life circumstances similarly indicated its gravity and seriousness.

Table 2 enumerates the narratives (initial codes) from Petitioner 2's (P2) and Respondent 2's (R2) social case history.

<b>Spouses</b>	<b>Developmental Years</b>	<b>Premarital Relationship Years</b>	<b>Marital Cohabitation Years</b>
<b>Petitioner 2 (P2)</b>	<p>Good familial and interpersonal relations</p> <p>No traumatic childhood experience</p> <p>Belatedly learned about the adoption</p> <p>Involvement in intimate relations</p>	<p>R2 pampered P2 (e.g., treated to good food and movies and expensive material things)</p> <p>R2 exhibited possessiveness and jealousy</p> <p>R2 manipulated P2 to cheat his age during the marital celebration</p>	<p>P2 &amp; R2 would argue and quarrel most of the time because of R2's incessant nagging</p> <p>R2 became domineering and demanding</p> <p>R2 prevented P2 from seeing his relatives and friends</p> <p>P2 singlehandedly took care of their child</p>
<b>Respondent 2 (R2)</b>	<p>Poor familial relations (verbally and psychologically abusive mother)</p> <p>Poor interpersonal relations (verbally abused the friends)</p>		<p>R2 engaged in extramarital affairs</p>

Table 2: Enumerated narratives (Initial Codes) from Petitioner 2's (P2) and Respondent 2's (R2) social case history

P2 experienced the pervasive life pattern of a well-adjusted individual who, despite marital concerns, managed to function cognitively, affectively and behaviorally. The good familial and interpersonal relations with others provided the necessary bedrock to comply with essential marital obligations later on in life, including the obligation to cohabit with spouse, to show mutual love, respect, support, and loyalty, and to refrain from doing acts that could bring danger, dishonor or injury to the other spouse. During the marital cohabitation, it was shown that P2 even singlehandedly took care of their child without R2's mutual help and support. P2's juridical antecedent behaviors, which could have readily disclosed the pre-existing, precipitating and predisposing behaviors indicative of psychological incapacity, were also not established.

R2, in the meantime, readily converted meaningless events into hostile experiences as a result of the cynical belief and distrust of others. R2 then failed to comply with the essential marital obligations, including the obligation to cohabit, to show mutual love, respect and support, and to refrain from doing acts that would bring danger, dishonor or injury to the other spouse.

Juridical antecedents, such as a stressful familial relationship emanating from a psychologically and verbally abusive mother and that of being similarly abusive to friends, pre-existed, precipitated and predisposed R2 to become extremely argumentative and excessively possessive. These then were the behaviors that R2 clearly manifested in the marriage during marital cohabitation.

The crux of R2's psychological incapacity was his or her Paranoid Personality Disorder which was seen as a pervasive life pattern of cynical beliefs and distrust of others and which cynicism and sense of distrust of others started to take off from R2's developmental years. R2's Paranoid Personality Disorder manifested itself gravely and incurably at the time of his or her marital cohabitation with P2. The chronic nature of R2's suspiciousness and distrust of others made the same patently grave and serious.

Table 3 enumerated the narratives (initial codes) from Petitioner 3's (P3) and Respondent 3's (R3) social case history.

Spouses	Developmental Years	Premarital Relationship Years	Marital Cohabitation Years
<b>Petitioner 3 (P3)</b>	<p>Good familial and interpersonal relations</p> <p>No traumatic childhood and adolescent experience</p>	<p>P3 and R3 initially started off as acquaintances (R3 was the friend of P3's friend)</p> <p>R3 raped P3</p> <p>R3 used <i>shabu</i> (methamphetamine hydrochloride)</p>	<p>R3 proposed marriage to avoid the rape charges</p> <p>P3 married R3 because she was left with no choice</p> <p>R3 was into drinking, gambling and womanizing</p>
<b>Respondent 3 (R3)</b>	<p>Spoiled by the parents</p> <p>Traumatized by the death of the aunt</p> <p>Learned to smoke and drink</p> <p>Masturbatory adolescent life</p>	<p>R3 raped P3 for the second time</p>	<p>R3 was physically, verbally, psychologically, sexually and financially abusive</p> <p>P3, as an OFW (Overseas Filipino Worker), provided the financial resources to R3</p>

Table 3: Enumerated narratives (initial codes) from Petitioner 3's (P3) and Respondent 3's (R3) social case history

P3 experienced the pervasive life pattern of a well-adjusted individual who, despite marital concerns, managed to function cognitively, affectively and behaviorally. P3 complied with all essential marital obligations, including the obligation to cohabit, to show mutual love, respect and support, and to refrain from doing acts that could bring danger, dishonor or injury to respondent spouse. Juridical antecedents that were extracted from the childhood years, adolescent years, and premarital years, which could have readily specified the pre-existing, precipitating and predisposing behaviors indicative of psychological incapacity, were also not established. Instead, the good familial and interpersonal relations provided the solid backing

that enabled P3 to become psychologically stable later on in life despite the two occasions of sexual assault.

R3, meanwhile, displayed a pervasive life pattern characterized by thoughts, feelings and behavior that had a grandiose sense of self-importance and self-entitlement. Worse, R3 had a total lack of empathy for P3, their kids, and the significant others in their lives. R3 demonstrated a very strong need to fulfill the whims and caprices in life and consistently showed repetitive occasions of exploitative behavior. R3 was physically, psychologically, verbally, sexually and financially abusive of P3.

R3 then failed to comply with essential marital obligations, including obligation to cohabit, to show mutual love, respect, support and fidelity, and to refrain from doing acts that could bring danger, dishonor or injury to P3. The juridical antecedent behaviors of pampering, during childhood and adolescence, predisposed R3 to have an extremely bloated ego that was carried and manifested clearly during marital cohabitation.

The crux of R3's psychological incapacity was his or her Narcissistic Personality Disorder which was seen as a pervasive life pattern of grandiose self-importance and self-entitlement and which sense of grandiosity started to take off during his/her childhood and adolescent years. Nonetheless, R3's Narcissistic Personality Disorder actually manifested itself during the spouses' marital cohabitation. R3's lifelong fixation towards himself or herself, the pervasive preoccupation towards self-entitlement, and his or her grandiose sense of self-importance made his or her narcissism patently grave, serious and incurable.

Table 4 enumerates the narratives (initial codes) from Petitioner 4's (P4) and Respondent 4's (R4) social case history.

Spouses	Developmental Years	Premarital Relationship Years	Marital Cohabitation Years
<b>Petitioner 4 (P4)</b>	<p>Poor familial relations (did not communicate with the mother)</p> <p>Sibling rivalry (P4 was the favorite of the father; the sibling was the favorite of the mother)</p> <p>Had a poor sense of self-esteem and self-adequacy</p> <p>Involvement in sports</p>	<p>P4 engaged in premarital relations with R4</p> <p>P4 got pregnant and was left with no choice but to marry R4</p>	<p>R4 did not provide financial support to the family</p> <p>R4 continued to drink and smoke heavily and used <i>shabu</i> (methamphetamine hydrochloride), as well</p> <p>R4 became physically violent (beatings became normal) with P4</p> <p>R4 became jealous and verbally abusive without basis</p> <p>R4 got into constant arguments and fights with R4's own family and with P4's family</p> <p>P4 was influenced by R4 to use <i>shabu</i> (methamphetamine hydrochloride)</p> <p>P4 did not admit any fault or wrongdoing in the marital relations</p>
<b>Respondent 4 (R4)</b>	<p>Adopted child</p> <p>Pampered by the parents</p> <p>Discourteous and violent towards the parents</p> <p>Father got R4 "off the hook" whenever R4 got into trouble with authorities</p> <p>Misbehaved, absented frequently and did poorly in school</p>		

Table 4: Enumerated narratives (initial codes) from Petitioner 4's (P4) and Respondent 4's (R4) social case history

P4 also revealed a life pattern characterized by a grandiose sense of self-importance and self-entitlement. P4 failed to comply with essential marital obligation to refrain from doing acts that would bring danger, dishonor or injury to R4 and their family. The juridical antecedent behaviors of having a dysfunctional familial relations and a very poor sense of self-esteem and self-adequacy predisposed P4 to have an extremely bloated sense of ego (a typical reaction-formation) that was carried into and manifested clearly during marital cohabitation.

The crux of P4's psychological incapacity was his or her Narcissistic Personality Disorder which was seen as a persistent life pattern of excessive longing to be taken care of and an extreme need to self-entitlement and which extreme need and longing started to take off during his or her late childhood to early adolescence when he or she was initially deprived of maternal love, care and support.

Although P4 received a superficial kind of care and support from his or her peers while he or she was involved in his/her sports activity, the same was only artificial and temporary. This was also true when P4 romantically got involved with R4 who was, in fact, the person responsible for making him or her use and abuse the substance known as *shabu* or methamphetamine hydrochloride, a prohibited and very dangerous drug.

P4's Narcissistic Personality Disorder actually manifested itself during the spouses' marital cohabitation. Although not overtly obvious, P4's lifelong fixation towards himself or herself, his or her pervasive preoccupation to be taken care of, and his or her extreme need towards self-entitlement made his or her narcissism patently grave and incurable.

R4, meanwhile, experienced a life pattern of instability in interpersonal relationships, self-image, and emotions. R4 also displayed self-injurious behaviors, including suicidal thoughts and damaging risky behaviors. Juridical antecedents of extreme parental pampering and of experiencing a very poor sense of self-identity due to the thought of being adopted and cheated were carried into, and actually manifested at the time of marital celebration.

The crux of R4's psychological incapacity was his or her Borderline Personality Disorder which was seen as a pervasive life pattern of instability in self-image, interpersonal relationships, and affect. Self-injurious and risky behaviors towards self and others were carried into and manifested quite obviously during the marital union. The lack of empathy for his or her spouse was also manifested in terms of his or her extremely abusive behaviors.

Juridical antecedent behaviors of extreme pampering from the father – who was lax in exercising parental discipline and who was always there to rescue R4 from all his or her troubles – became the takeoff point of his or her Borderline Personality Disorder. The unstable self-image and affect were also considered precipitating factors towards this personality pathology. The lifelong personality configuration of instability and persistence to get involved in risky behaviors seemed to have made this personality pathology grave and incurable.

Table 5 presents the themes from the spouses' narratives of their social case history.



<b>Spouses</b>	<b>Developmental Years</b>	<b>Premarital Relationship Years</b>	<b>Marital Cohabitation Years</b>
<b>P1</b>	No childhood and no adolescent issues	No premarital issues	No marital issues
<b>R1</b>	Physical abuse and trauma issues	Trust issues	Trust issues
<b>P2</b>	No childhood and no adolescent issues	No premarital issues	No marital issues
<b>R2</b>	Verbal abuse and psychological abuse issues	Trust issues Manipulation issues	Trust issues Child-rearing issues
<b>P3</b>	No childhood and no adolescent issues	No premarital issues	No marital issues
<b>R3</b>	Pampering issues Trauma issues	Substance abuse issues Power issues	Substance abuse issues Power issues Manipulation issues Self-entitlement issues Empathy issues
<b>P4</b>	Family relational issues Self-esteem issues	Family relational issues Entitlement issues	Family relational issues Substance abuse issues Self-esteem issues Self-entitlement issues
<b>R4</b>	Family relational issues Instability and impulsivity of affect issues Impulsive and reckless behavior issues	Substance abuse	Substance abuse issue Self-identity and self-image issues Impulsivity issues Emotional issues

Table 5: Themes from the spouses' narratives of their social case history

From the initial codes that were earlier extracted, themes were generated. The themes were actually calibrated based on commonality of presenting issues (or absence thereof) in the

spouses' narratives of their social case history. Narratives that did not present a common issue or those that were not tangential to the common issue were dropped and not utilized.

Among the themes that were likely to indicate specific personality disorders were those issues that involved trust, manipulation, self-entitlement, self-esteem, power, substance abuse, empathy, family relations, self-identity and self-image, impulsivity and emotions. The cited themes were further reduced to three major themes – trust issues, self-entitlement and empathy issues, and self-image and impulsivity issues.

Table 6 identifies the specific personality disorders based on the earlier emerging themes.

Spouses	Personality Disorders
P1	No Personality Disorder
R1	Paranoid Personality Disorder
P2	No Personality Disorder
R2	Paranoid Personality Disorder
P3	No Personality Disorder
R3	Narcissistic Personality Disorder
P4	Narcissistic Personality Disorder
R4	Borderline Personality Disorder

Table 6: Specific personality disorders based on earlier emerging themes

Out of the researcher's four clinical cases, two respondent spouses were labelled to have Paranoid Personality Disorder based on extracted themes in the spouses' narratives of their social case history. In the DSM-IV-TR, Paranoid Personality Disorder is a pervasive pattern of distrust of other people such that their motives are construed to be malicious. In the aforementioned clinical cases, the issues of trust were manifested when the paranoid spouse read the hidden condescending meanings of the other spouse into this latter spouse's nonthreatening remarks, and when the paranoid spouse had recurrent suspicions, without any basis, with regard to the loyalty of the other spouse.

The two other clinical cases were labelled to have Narcissistic Personality Disorder. In the DSM-IV-TR, Narcissistic Personality Disorder is a pervasive pattern of grandiosity, need for admiration, and lack of empathy. In the case of the narcissistic respondent spouse, Narcissistic Personality Disorder was demonstrated in the following thematic occurrences: (a) respondent spouse exhibited a grand sense of self-entitlement; (b) respondent spouse showed a preoccupation with fantasies of unlimited power; (c) respondent spouse exploited the spouse; and (d) respondent spouse manifested a total lack of empathy by becoming abusive physically, psychologically, verbally, sexually and even financially with the spouse. In the other case of the narcissistic petitioner spouse, Narcissistic Personality Disorder was established when

petitioner spouse exhibited an extreme need to be taken care of and a grand entitlement to unreasonable expectations of favorable treatments from one's own family.

The remaining case in the aforementioned four clinical cases referred to the lone instance of the borderline respondent spouse. In the DSM-IV-TR's context of this personality psychopathology, Borderline Personality Disorder is a pervasive pattern of instability of self-image, interpersonal relationships, and emotions. Respondent spouse's Borderline Personality Disorder was marked with the following issues: (a) self-identity or self-image with reference to respondent spouse's very own adoption concerns; (b) impulsivity in affect; (c) substance abuse; (d) recurrent suicidal behaviors; (e) difficulty of controlling anger; and (f) involvement in arguments and fights with family members.

## **Conclusion**

Thematizing the narratives of spouses' social case history will surely enhance the reliability of test results in forensic mental health evaluation to determine whether either or both spouses is psychologically incapacitated to fulfill his or her basic obligations in the marital union. Meanwhile, the use of the powerful psychometric tests, in combination with the use of projective techniques, collateral information and a locally normed test, will probably remain to be a very good battery in the psychological assessment of the spouses on matters involving petitions for the declaration of nullity of marriage.

The earlier given forensic mental health procedures will, nonetheless, not always be the given scenario. More often, reality presents situations where forensic clinical psychologists have uncooperative respondent spouses whose goal is to make the lives of their petitioner spouses more difficult than they already are. Providing a thematic analysis ensures a very satisfactory alternative assessment procedure to the traditional forensic mental health assessment procedures used where you have the respondent spouse undertaking the earlier given battery. Explicating the narratives by using themes also makes it easier for the courts of law to understand the nature of psychological incapacity which has been, in so many occasions, rooted on personality disorders.

Although thematically analyzing the narratives of the spouses' social case history obviously provides a very convenient way to better understand how personality disorders can be extracted from the overt manifestations of psychological incapacity, the thematic procedure is only as good as the researcher whose epistemology is one of a social constructionist, an individual who is keen on creating worldviews from his understanding of the language and the phenomenon that he encounters.

Then, there is also the problem of generalizability of the forensic assessment results, which as earlier pointed out, does not hold water in a qualitative research study whose real intent is to provide depth of ideas and not breadth. Then again, how do you separate the knowledge from the being? The researcher, having been immersed in the practice for the longest time, claims that this is very unlikely. The knowledge and being is one; the research and researcher is one; and the extracted theme and thematic analyst, a social constructionist, is just but one and the same.

In the furtherance and propagation of this qualitative research study then, the aforementioned "bias" inherent in the use of thematic analysis in forensic mental health assessment on marital nullification can still be remedied by doing additional research work in this area using the same

qualitative technique of extracting themes from the written and/or oral accounts of the spouses' narratives. Its "perceived" vulnerability, meanwhile, can be strengthened by going through the rigors of triangulation using the expert opinion of practicing forensic psychologists and the legal opinion of family court judges, prosecutors, and practicing lawyers.

## References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4<sup>th</sup> ed., text rev.). Washington DC: Author.
- Braun, V., & Clark, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Brenda B. Marcos v. Wilson G. Marcos. (19 October 2000). G.R. No. 136490. Retrieved from <http://sc.judiciary.gov.ph/jurisprudence/2000/oct2000/136490.htm>
- Canlas, J. (30 April 2007). Refusal to have sex no reason to annul. The Manila Times. Retrieved from <https://www.highbeam.com/doc/1P3-1264234701.html>
- Canlas, J. (21 May 2007). Wife's sexual infidelity not basis for annulment. The Manila Times. Global News Bites.
- Carcereny, J.M., & Soliman, T. (2010). *Annulment in the Philippines: Clinical & legal issues*. Manila: Rex Book Store.
- Carpio, De La Cruz, Igente, & Itulid Law Office. (09 July 2015). Relaxing the rules in petition for declaration of nullity of marriage cases. Retrieved from <https://carpiodelacruzlawoffice.wordpress.com/tag/annulment-lawyer-in-iloilo-city/>
- Costanzo, M., & Krauss, D. (2012). *Forensic and legal psychology: Psychological science applied to law*. NY: Worth Publishers.
- Creswell, J. (2013). *Qualitative inquiry and research design: Choosing among five approaches, 3<sup>rd</sup> ed.* CA: Sage Publications, Inc.
- Davidson, A. and Ekelund, R. Jr. (1997). The medieval church and rents from marriage market regulations. *Journal of Economic Behavior and Organization, 32*, 215-245. US: Elsevier Science. [https://doi.org/10.1016/S0167-2681\(96\)00903-1](https://doi.org/10.1016/S0167-2681(96)00903-1)
- Daubert, S., & Metzler, A. (2000). The detection of fake-bad and fake-good responding on the Millon Clinical Multiaxial Inventory III. *Psychological Assessment, 12*(4), 418-424. American Psychological Association. <https://doi.org/10.1037//1040-3590.12.4.418>
- Denzin, N., & Lincoln, Y. (Eds.). (2005). *Handbook of qualitative research, 3<sup>rd</sup> ed.* CA: Sage.
- Drogowski, M. (July – August 2010). The evolution of the canons law and the mental nature reasons of marital incapacity during the last 25 years [Abstract]. *Psychiatry, 44*(4), 497-503. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/20919501>
- Edward Kenneth Ngo Te v. Rowena Ong Gutierrez Yu-Te. (13 February 2009). G.R. No. 161793. Retrieved from <http://sc.judiciary.gov.ph/jurisprudence/2009/feb2009/161793.htm>
- Foster, M. (1999). *Annulment: The wedding that was. How the Church can declare a marriage null* [Kindle location 244 of 3181]. NY: Paulist Press.
- Gesmundo, V. (2014). *Jurisprudence and comments on persons and family relations*. Manila: Rex Book Store.
- Gray, P. (2006). Common issues in the annulment process. Retrieved from <http://www.catholiccanonlaw.com/Understanding%20Canon%201095.pdf>
- Heilbrun, K., Grisso, T., & Goldstein, A. (2009). *Foundations of forensic mental health assessment*. NY: Oxford University Press.
- Inquirer.Net. (n.d.). SC clarifies its ruling did not ease annulment rules. Retrieved from <http://newsinfo.inquirer.net/678359/sc-clarifies-its-ruling-did-not-ease-annulment-rules>
- Kelsey, D. (September – October 2006). Virginia's answer to Daubert's question behind the question. *Judicature, 90*, 2, 68-71. ProQuest Research Library.
- Krueger, R. (2013). Personality disorders are the vanguard of the post-DSM-5.0 era. *Personality Disorders: Theory, Research and Treatment, 4*, 335-362. American Psychological Association. <https://doi.org/10.1037/per0000028>

- Leonilo Antonio v. Marie Ivonne F. Reyes. (10 March 2006). G.R. No. 155800. The LawPhil Project – Arellano Law Foundation. Retrieved from [http://www.lawphil.net/judjuris/juri2006/mar2006/gr\\_155800\\_2006.html](http://www.lawphil.net/judjuris/juri2006/mar2006/gr_155800_2006.html)
- Lilienfeld, S., Wood, J. & Garb, H. (November 2000). The scientific status of projective techniques. *Psychological Science in the Public Interest*, 1:2, 27-66. Retrieved from [http://digitalcommons.utep.edu/cgi/viewcontent.cgi?article=1007&context=james\\_wood](http://digitalcommons.utep.edu/cgi/viewcontent.cgi?article=1007&context=james_wood). Crossref
- Nicholson, R., & Norwood, S. (February 2000). The quality of forensic psychological assessments, reports, and testimony: Acknowledging the gap between promise and practice. *Law and Human Behavior*, 24:1, 9-44. DOI: 0147-7307/00/0200-0009\$18.00/1
- Mahle, S. (February 2012). The pure opinion exception to the Florida Frye standard. *The Florida Bar Journal*, 41-45. Retrieved from [https://www.floridabar.org/divcom/jn/jnjournal01.nsf/c0d731e03de9828d852574580042ae7a/00d34c3a55321f4a852579a0005baa1b!OpenDocument&Highlight=0,\\*](https://www.floridabar.org/divcom/jn/jnjournal01.nsf/c0d731e03de9828d852574580042ae7a/00d34c3a55321f4a852579a0005baa1b!OpenDocument&Highlight=0,*)
- Malibiran, B.J. (2007). Psychological incapacity revisited: A review of recent jurisprudence. *Ateneo Law Journal*, 52, 392-417. Makati: Ateneo de Manila University School of Law.
- Mamañgun, R. (n.d.). Psychological incapacity. Retrieved from <http://www.mylawyer.asia/node/34>
- Nambi, S., & Sarkar, S. (July – September 2015). Mental illness and nullity of marriage: Indian perspective. *Indian Journal of Psychological Medicine*, 37:3, 366-369. <https://doi.org/10.4103/0253-7176.162919>
- Neal, T.M., & Grisso, T. (January 2014). The cognitive underpinnings of bias in forensic mental health evaluations. *Psychology, Public Policy, and Law*, 20:2, 200-211. American Psychological Association. <https://doi.org/10.1037/a0035824>
- Neufeld, P. (2005). The (near) irrelevance of Daubert to criminal justice and some suggestions to reform. *American Journal of Public Health*, 95:1, 107-113. Proquest. DOI: 10.2105/AJPH.2004.056333)
- Ng, P., & Apruebo, R. (2006). *Legal and clinical bases of psychological incapacity*. Manila: Philippine College of Medical Researchers Foundation, Inc.
- Pineda, E. (2011). *The family code of the Philippines annotated*. Manila: Central Book Supply, Inc.
- Psychological Association of the Philippines. (April 2010). Seminar on the psychologist as expert witness in family court. QC: Author. Retrieved from <https://papnews.wordpress.com/2010/09/19/seminar-on-the-psychologist-as-expert-witness-in-family-court-april-26-30-2010/>
- Republic of the Philippines v. Court of Appeals and Roridel Olaviano Molina. (13 February 1997). G.R. No. 108763. Retrieved from <http://sc.judiciary.gov.ph/jurisprudence/1997/feb1997/108763.htm>
- Republic of the Philippines v. Nestor Galang. (06 June 2011). G.R. No. 168335. The LawPhil Project – Arellano Law Foundation. Retrieved from [http://www.lawphil.net/juris/juri2011/jun2011/gr\\_168335\\_2011.html](http://www.lawphil.net/juris/juri2011/jun2011/gr_168335_2011.html)
- Research Methodology. (n.d.). Interpretivism (interpretivist). Retrieved from <http://research-methodology.net/research-philosophy/interpretivism/>
- Rogers, R., Wasyliw, O., & Cavanaugh, J. (1984). Evaluating insanity: A study of construct validity. *Law and Human Behavior*, 8:3/4, 293-303. Plenum Publishing Corporation. <https://doi.org/10.1007/BF01044697>
- Rosendo Herrera v. Rosendo Alba and Hon. Nimfa Cuesta-Vilches. (15 June 2005). G.R. No. 148220. Retrieved from <http://sc.judiciary.gov.ph/jurisprudence/2005/jun2005/148220.ht>
- Rule on Declaration of Absolute Nullity of Void Marriages and Annulment of Voidable Marriages. (15 March 2003). A.M. No. 02-11-10-SC. The LawPhil Project – Arellano Law

- Foundation. Retrieved from [http://www.lawphil.net/courts/supreme/am/am\\_02-11-10-sc\\_2003.html](http://www.lawphil.net/courts/supreme/am/am_02-11-10-sc_2003.html)
- Saldaña, J. (2009). *The coding manual for qualitative researchers*. CA: Sage.
- Sellbom, M. Smid, W., De Saeger, H., Smit, N., & Kamphuis, J. (2014). Mapping the Personality Psychopathology Five domains onto DSM-IV Personality Disorders in Dutch clinical and forensic samples: Implications for DSM-5. *Journal of Personality Assessment, 96*(2), 185-191. Routledge Taylor & Francis. <https://doi.org/10.1080/00223891.2013.825625>
- Sharma, I., Reddy, K.R., & Kamath, R.M., (July 2015). Marriage and mental illness and law. *Indian J Psychiatry, 57*, 339-344. <https://doi.org/10.4103/0019-5545.161502>
- Taylor, S., & Bogdan, S. (1998). *Introduction to qualitative research methods: A guidebook and resource, 3<sup>rd</sup> ed.* NY: John Wiley & Sons, Inc.
- The 1987 Philippine Constitution. (1987). The 1987 Philippine Constitution of the Republic of the Philippines, Article XV, Section 2. The Official Gazette of the Republic of the Philippines. Retrieved from <http://www.gov.ph/constitutions/1987-constitution/#article-xv>
- The Family Code. (07 July 1987). The family code of the Philippines, Executive Order No. 209, Article 1 & 36. Retrieved from <http://www.gov.ph/downloads/1987/07jul/19870706-EO-0209-CCA.pdf>
- Tracy, S. (2013). *Qualitative research methods*. West Sussex: Blackwell Publishing, John Wiley & Sons.
- Trochim, W. (2006). Construct validity. Research Methods Knowledge Base. Retrieved from <http://www.socialresearchmethods.net/kb/constval.php>
- Urbina, S. (2014). *Essentials of psychological testing*. NJ: John Wiley & Sons. Inc.
- Van der Heijden, P., Egger, J., Rossi, G., Grundel, G., & Derksen, J. (2013). The MMPI-2-Restructured Form and the standard MMPI-2 Clinical Scales in relation to DSM-IV. *European Journal of Psychological Assessment, 29*:3, 182-188. Hogrefe Publishing. <https://doi.org/10.1027/1015-5759/a000140>
- Wakefield, J. (2013). DSM-5 and the general definition of personality disorder. *Clin Soc Work Journal, 41*, 168-183. <https://doi.org/10.1007/s10615-012-0402-5>
- Welch, C. (2006). Flexible standards, deferential review: Daubert's legacy of confusion. *Harvard Journal of Law and Public Policy, 29*, 3, 1085-1105. Retrieved from [http://www.law.harvard.edu/students/orgs/jlpp/Vol29\\_No3\\_Wlech.pdf](http://www.law.harvard.edu/students/orgs/jlpp/Vol29_No3_Wlech.pdf)
- Wilde, M. (n.d.). From excommunication to nullification: Testing and extending supply-side theories of religious marketing with the case of Catholic marital annulments, *Journal for the Scientific Study of Religion, 235-249*, CA: Department of Sociology, University of California, Berkeley.

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