

Attachment number 8

The summary of professional accomplishments in English

1. ks. Krzysztof Graczyk

2. Diplomas and degrees:

- Master of Theology – Catholic University of Lublin, 31.03.1983 (diploma no. 7320/93)
- Master of Canon Law - Catholic University of Lublin, 17.05.1997 (diploma no. 492/97)
- Bachelor of Canon Law - Catholic University of Lublin, 17.05.1997 (diploma no. 146/97)
- Doctor of Canon Law - Catholic University of Lublin, 18.06.1998. Doctoral dissertation: The influence of sclerosis multiplex on the validity of marriage in canon law. Doctoral advisor: ks. prof. dr hab Andrzej Dzięga, 18.06.1998 (diploma no. 207/98)
- Bachelor of Theology (biblical theology) – Pontifical Faculty of Theology in Wrocław, 09.05.2013 (diploma no. 836/2013)

3. Information about employment in research units:

- Catholic University of Lublin – Graduate Teaching Assistant at the Faculty of Law and Canon Law – 01.10.1998 – 30.06.2000
- Pontifical Faculty of Theology in Warsaw – Section of John the Baptist. Study Centre of Theology in Włocławek. Branch in Konin – lecturer of canon law since 01.10.2003
- University of Humanities and Economics – lectures, classes and monographs – 2001 – 2008



4. Membership in learned societies:

- Member of Theological Science Society of the Higher Theological Seminary in Włocławek since 2000; years 2010-2013: the function of the secretary

5. Research accomplishments:

After graduating from primary school in 1982 I continued my education in Henryk Sienkiewicz High School in Września and passed my matura exams in 1986. After my graduation exams I decided to study medicine at the Medical Academy of Poznań. I passed the entrance exams but my final admission was contingent on space availability. In order to gain the necessary number of points I worked as a paramedic in the Regional Group of Health Care Centres in Września. At that time a new decision clarified in my mind – I decided to enroll the seminary. I put that idea into practice in 1987 when I started studies at the Higher Theological Seminary in Włocławek. In 1993 I defended my Master's dissertation in the field of theology, “The idea of priesthood in the Book of Leviticus /Leviticus 6-8; 10; 16; 19; 21/”, written under the supervision of ks. prof. dr hab. Ryszard Rubinkiewicz, at the Faculty of Theology of the Catholic University of Lublin. I received my priestly ordination on 29 May 1993 from Bishop Bronisław Dembowski. After the ordination, as a vicar and religion teacher, I was directed to the Holy Virgin Mary the Queen of Poland Church in Konin. There I took charge of the pastoral care of the sick. It was a logical continuation of my previous preoccupation with the sick because as a seminary student I had participated in the Oasis for the disabled in Licheń. A year later I started specialist studies on canon law at the Faculty of Law and Canon Law at the Catholic University of Lublin. I gained my Bachelor degree in 1997. Before those studies I had already started an initial query of the sclerosis multiplex and its effect on the validity of marriage contracted by people suffering from that disease. After graduation I fully engaged into that research. For that purpose I participated in lectures on neurology at the Medical Academy of Lublin. I founded my basic knowledge of the disease due to

consultations with professor Zbigniew Stelmasiak who, as the first doctor in Poland, did research on the diagnosis and treatment of sclerosis multiplex. Moreover, I participated in discussion sessions with the professor, I also observed and talked to the sick in the Neurological Clinic in Lublin. As a result I learnt of the essence and complexity of neurological diseases, which helped me to conduct better research in the field of canon and secular law. My research and additional studies resulted in the doctoral dissertation "The influence of sclerosis multiplex on the validity of marriage in canon law" presented on 18 June 1998. The reviewers of the dissertation were ks. prof. dr hab. Wojciech Góralski and Father prof. dr hab. Bronisław Wenanty Zubert. After defending my doctoral dissertation, on 1 October 1998 I was employed as a Graduate Teaching Assistant at the Faculty of Law and Canon Law at the Catholic University of Lublin (the Department of Marriage and Family Law). I worked there till 30 September 2000 when I was recalled to the diocese in order to start work as a judge in the court. Earlier, in 1999, I was appointed by the Diocesan Bishop Bronisław Dembowski the Defender of the Bond in the Ecclesiastical Court in Włocławek. After returning to the diocese I was also directed as a vicar to the Virgin Mary's Assumption Church in Włocławek.

Since 2004 I became a member of the Council of Priests and the Diocesan Priest of Intellectuals. I still conducted my research, which resulted in numerous articles published in "Ateneum Kapłańskie" and "Studia Włocławskie". In 2005 I was appointed the diocese correspondent for the Catholic News Agency. In 2001 I started academic work at the University of Humanities and Economics in Włocławek and in 2003 at the Study Centre of Theology in Konin where I run a seminar on canon law for secular students. I am a supervisor of 27 Master's dissertations and an author of over 100 publications and articles published in book and magazines such as: "Ateneum Kapłańskie", "Ład Boży", "Ex Cathedra", "Prawo Kanoniczne", "Roczniki Nauk Prawnych", "Epileptologia".

My research interests focus on two major subjects: matrimonial law and sacramental law.



Whilst working at the Catholic University of Lublin as a Graduate Teaching Assistant, I focused my research on the analysis of the influence of neurological diseases on the validity of marriage. Therefore, in order to gain solid knowledge, I participated in facultative classes at the Medical Academy of Lublin. I attended lectures on human anatomy, clinical psychology, neurology and neurosurgery. Moreover, I actively volunteered in the Association of People Living with Multiple Sclerosis, functioning at the Medical Academy of Lublin. All the experience enabled me to learn more of the psyche of people suffering from neurological diseases as well as the effects of those diseases and their influence on lives of the sick. Private consultations with prof. Stelmasiak and prof. Majkowski as well as participation in neurological symposiums let me extend my knowledge in the field of neurology. It resulted in organizing seminars for assessors of ecclesiastical courts and for family guidance centres on the subject "Causae naturae psychicae" can. 1095.3, supervised by ks. prof. dr hab. Andrzej Dzięga. During the academic work at the Catholic University of Lublin I published many articles on the influence of neurological disease on the validity of sacramental marriage. Apart from that, I attended facultative lectures on psychology, especially clinical psychology. It resulted in cooperation with prof. Stanisława Steuden – the professor dealing with that branch of science. Consultations with prof. Steuden helped me notice neurological diseases from different angle – not only in medical but also social aspect. I deepened my knowledge with constant studies of medical literature and meeting people living with neurological diseases, mainly MS. On 25-27 May 2000 the 14th Scientific Conference on Epilepsy "Epilepsy 2000" was held. Because of the conducted research in that field, prof. Dzięga and I were invited to the conference where I presented the paper "The influence of epilepsy on canonical capability of a person to contract marriage in the view of Catholic Church doctrine". My participation in the conference resulted in cooperation with the Foundation Epileptology established by prof. dr hab. Jerzy Majkowski. My meetings with prof. Majkowski enabled me to notice the effects of neurological diseases more precisely, which eventually resulted in the outline of my postdoctoral dissertation. Numerous consultations and advice from prof. Majkowski founded my knowledge and enabled me to approach the topic more precisely. After returning to the diocese I continued my



academic work and sustained contacts with prof. Stelmasiak and prof. Majkowski. I met them several times in order to consult my research. My work in the Ecclesiastical Court motivated me to deepen my knowledge of neurology, medicine and psychology in order to rightfully decide on the validity of marriage in case of psychological reasons. I chaired many cases that required deep medical knowledge and the ability to transpose the effects of the disease into the field of canon law.

All my works on the discussed topic were published in joint publications and magazines such as: "Ateneum Kapłańskie", "Studia Włocławskie", "Kościelne Prawo Procesowe. Materiały i studia", "Epileptologia", "Rocznik Nauk Prawnych" and "Prawo Kanoniczne".

The second field of my research interests is sacramental law. Published articles in the field of sacramental law discuss mainly the sacraments of Baptism and Holy Orders. The particular subject of my interest is the realization of rights and duties by congregation and the realization of duties related to the upbringing of children. In the published articles I also discuss the topic of cases considering the nullity of marriage and the activity of ecclesiastical courts.

6. The accomplishment defined in art. 16, section 2 of Act from 14 March 2003 on degrees and professional titles in science and degrees and titles in art (Dz. U. [Journal of Laws] No. 65, item 595, as amended)

a. The title of the research accomplishment

THE INFLUENCE OF NEUROLOGICAL DISEASES ON THE ABILITY TO UNDERTAKE THE ESSENTIAL MARITAL DUTIES

b. Author, title of the publication, year of issue, publishing house

Krzysztof Graczyk, The influence of neurological diseases on the ability to undertake the essential marital duties, Włocławskie Wydawnictwo Diecezjalne, Włocławek 2014, pp. 326

c. Overview of the aim of the research, achieved results and their potential use

The discussed book is an attempt of implicating the effects of neurological diseases into the field of canon marital law. The dissertation discusses various clinical aspects of neurological diseases. The research was done on the basis of clinical trials in the fields of psychology and psychiatry. The research was intended to draw clinical conclusions which may have legal consequences. Next, the dissertation presents the standpoint of canon law and ecclesiastical courts' judicature on the topic of the influence of neurological diseases on the validity of marriage. That standpoint was based on immutable Church teaching as well as on available judgements of church judicature dealing directly or indirectly with the disease. The next part of the study examines particular effects of neurological diseases in the field of validity of sacramental marriage. The effects were collated into two sections. The first one presents the effects of the disease that affect particular marital aims and titles including: titles – of impotence and of fraudulent misrepresentation and aims - “bonum coniugum” and “exclusio boni prolis”. The second section presents the effects that directly cause the invalidity of marriage and are adequate to laws from can 1095.2° - 3° . The aim is to provide practical advice of how to deal with such cases. The final study is an attempt to draw some conclusions and provide some suggestions for judicature in terms of nullity of marriage caused by neurological diseases.

The decision to study such a difficult issue was based on the need of scientific exploration of that subject. So far there has not been any monograph study of that problem in both Polish and world literature. Neurological diseases have existed for a long time; however, their intensification in present times resulted in the inflow of libellus concerning that kind of diseases with requests for ascertaining the validity of marriage. The judges of such cases have to search for help in medical studies which present the effects of the diseases but do not implicate the application of that knowledge in ecclesiastical courts' practice; hence the necessity of such a study that enables the blanket and concrete application of canon law in cases where such diseases are involved.



Among all the studies and articles discussing topics connected with the subject of the dissertation, the most recognition is due for medical literature that comprehensively presented to the author the effects of neurological diseases that influence the validity of sacramental marriage.

The present publication resulted from numerous meetings and conversations with many married couples as well as my work in the Ecclesiastical Court in Włocławek. It is a synthetic record of scientific reflections and experience derived from assisting numerous married couples and their families in their struggle with dramatic obstacles and in their search for maturity and happiness. The dissertation is pitched at judges of ecclesiastical courts, married couples and parents, as well as the youth that prepare for getting married and starting a family. Moreover, the publication may be useful to all those who professionally deal with families and marriage, namely pedagogues, psychologists, therapists, sociologists, teachers and councillors.

The presentation of the discussed issue occurred to be extremely difficult as it required solving many matters that used to be omitted in canon law. Most of all, it was necessary to learn the complicated terminology, mainly technical vocabulary, obvious for those who practice medicine but not for canons. It was also necessary to learn the etiology and the effects of neurological diseases. It required to take up additional studies at the Medical Academy in the field of neurology as well as facultative participation in lectures on psychology and psychiatry. Apart from the lectures, private consultations with prof. dr hab. Jerzy Majkowski and prof. dr hab. Zbigniew Stelmasiak also helped to systematize the medical knowledge on neurological diseases. Moreover, private contacts with people suffering from SM, interviewing them, as well as work as a judge in the Ecclesiastical Court in Włocławek, founded and reaffirmed the conviction of the validity and necessity of conducted research and of the correctness of gathered observations and conclusions that may contribute to more efficient running of the marital cases.



The results of clinical research show that neurological disorders proceed with the appearance of localization syndrome that indicate the specific placement of the disorder and there are many of them. There are central and peripheral syndromes. The central localization (in brain) occurs in psychoorganic syndrome that accompanies severe, usually chronic, cerebral cortex damage or is caused by severe head trauma. The syndrome is manifested by disorders of intellect and memory, as well as disorders of affect and lack of criticism. The same diseases may lead to chronic diffuse brain injury syndrome. It manifests by senility, epileptic seizures, paresis, speech abnormalities and involuntary movements. The symptomatology of that syndrome varies and depends on the progression of changes in brain and on the question which structure of brain is more damaged by the disease. Sudden disturbances in consciousness with tremor may be signs of not only epilepsy but also of the chronic diffuse brain injury syndrome caused by e.g. extensive cerebral ischemia (stroke) in the progression of atherosclerosis, by exogenous poisoning or a skull trauma. Meningitis, subarachnoid hemorrhage, quickly developing brain tumors may result in meningeal syndrome characterized by neck stiffness, headaches, nausea and vomits. The meningeal syndrome may be sometimes accompanied by disturbances of consciousness and then it is related to chronic diffuse brain injury syndrome. Some of neurological disorders affect the specific brain structure causing syndromes with characteristic neurological symptoms. A tumor developing in the frontal lobe or its traumatic injury may cause frontal lobe syndrome that is manifested by disturbances in limbic system functions. The suffering person may be euphoric, even jesting, has disturbances in aesthetic, intellectual and moral emotionality, may be aggressive and has unrestrained libido. The damage of extrapyramidal system (of some basal nuclei and extrapyramidal pathways) leads to parkinsonian syndrome with such symptoms as: essential tremor of limbs, especially hands, increased muscular hypertonia, the slowness of movement, mask-like face expression. This set of symptoms is typical for Parkinson's disease, cerebral atherosclerosis, may be also the manifestation of adverse reaction of neuroleptics on central nervous system. The damage of pyramidal tracts, including corticospinal tracts, results in pyramidal syndrome or upper or central motor



neuron lesion. This disorder manifests by paresis without muscular dystrophy, pathologic reflexes, increased deep tendon reflexes, hypertonia.

If the doctor diagnoses pyramidal hemiparesis that affects facial nerve (with characteristic lowered corner of the mouth) and when the patient moves with characteristic hemiparetic gait with an upright lower limb, it means that the disease is located in the opposing hemisphere than the appearing symptoms. Hemisindrome occurs mainly during stroke and may be the sign of tumor spread. The changes in cerebellum, caused by e.g. tumors, stroke, demyelinating processes lead to cerebral syndrome. Its main symptoms are: balance disturbances, wide-based gait (so called "drunken sailor" gait), ataxia, intention tremor of muscles, nystagmus. The damage of nuclei of medulla oblongata – IX, X and XII cause bulbar palsy characterized by speech disturbances (speech is unclear, mumbling, consonants cannot be pronounced), difficulties in swallowing related to palate palsy and the lack of gag and palatal reflexes. Muscular dystrophy is also diagnosed in that syndrome. Bulbar palsy occurs in amyotrophic lateral sclerosis, medulla oblongata tumors, encephalitis with bulbar localization. The bilateral damage to neural pathways running from cortex to nuclei by bulbar nerves results in pseudobulbar palsy. Its main cause is ischemia in cerebral atherosclerosis.

The disorders of cerebrospinal fluid flow results in intracranial hypertension. It occurs mostly with brain tumors. The typical symptoms of that syndrome are: headaches, vomits, decreased heart rate, characteristic changes in eye fundus (papilledema), epileptic seizures, consciousness disturbances. The damage to brain stem (resulting from strokes, injuries or inflammation) leads to abnormal posturing. The patient is deeply unconscious and has very tight extensor muscles of a limb. The injury, sometimes cancer or stroke (hemorrhage), may cause the symptoms of spinal paraplegia (e.g. in consequence of diving in shallow water). Such an injury of cervical vertebrae results in flaccid tetraplegia with the loss of any kind of sensations. The herniated nucleus pulposus (degenerative disc disease), degenerative changes, sometimes extradural tumors cause nerve root disorders. The injury or trapped nerve may lead to the damage to a single peripheral nerve (peripheral nerve disorders)



resulting in paresis or flaccid paralysis of muscles connected with the nerve. Disorders of sensation and trophic changes of the skin may also occur. The damage of many peripheral nerves, usually caused by metabolic disorders and manifested by paresis, muscular dystrophy and disorders of sensation, is called polyneuropathy.

The main psychological effects of neurological diseases consist of cognitive and emotional disturbances. Cognitive deficiencies include: the loss of memory and deep difficulties in conceptual thinking. Those deficiencies deprive people suffering from neurological diseases of the ability of understanding, consideration and reveal injudicious choices. Severe emotional deficiencies, indicating a serious change of personality, may be proved in relatively small number of patients with neurological diseases. Such a change of personality may make those people unable to function in different aspects of their intrapsychological and interpersonal lives. In the marital relationship a person may be unable to fulfill basic marital obligations such as interpersonal references and having best interest of a spouse and children in mind. However, as the number of people suffering from such personality changes is relatively small, the consequences of neurological diseases should not be generalized. Each case should be considered individually, with great care, in order to be able to claim with moral certainty that the inability of a person to contract marriage is present at the time of marital consent.

The intensity of the disease depends on the irritation and the level of durability of the disorder. If cognitive and emotional deficiencies range from moderate to deep in the time of declaring consent, it may be supposed that there was lack of discernment or inability to undertake basic marital obligations. Physiological effects that have legal consequences belong to the sphere of sexual dysfunctions: erectile and ejaculatory dysfunctions in case of men, and the lack of lubricatio vagini, straitened muscle reflexes and secondary vaginismus in case of women. If those dysfunctions are present at the time of consent, marital courts may search for possible functional impotence. If the dysfunction becomes evident after wedding, there seems to be only one approach – the search for lasting inability to undertake the obligation of intimacy. If that approach is accepted, the basis of inability is defined in can. 1095. 3°, which says that the reason

of inability of undertaking marital obligations must be of “psychological” nature. If the reason is only neurological then it seems that the rule can. 1095.3° cannot be applied to the situation where functional impotence occurred only after successful attempts of intercourse. The precise interpretation of the law in can. 1095. 3° would lead to such a conclusion. Psychological factors such as the fear of failure or rejection, anxiety, the loss of libido, the loss of self-respect, the loss of confidence etc. may cause or accelerate sexual dysfunctions. The acceptance of such hypothesis by ecclesiastical courts should result in moral certainty that psychological factors were the actual reason of the dysfunction. Moreover, those factors must be present, serious and practically incurable in the time of consent. Due to unavoidable psychological consequences of neurological diseases, there is the possibility of psychological factors affecting negatively sexual relations. Therefore, in some cases, the rule can. 1095. 3° seems to apply.

In case of neurological diseases it would be wise of ecclesiastical courts' judges to obtain medical, psychological and neurological professional evaluations of the person's psychological and physiological conditioning. The fact that somebody has been diagnosed with neurological disease does not justify the legal conclusion that the person does not have sufficient sanity, presents discernment or is unable to contract marriage due to psychological reasons. Neurological diseases affect each person in a different manner, hence the diversification of the patients based on physiological effects is inevitable. Therefore, all the patients cannot be considered as lacking in discernment or unable to undertake the essential marital obligations. Each case is individual and must be examined separately and with regard to specific circumstances.

The study led also to other conclusions. The concealment of the disease and thereby the deceitful misinformation causes categorical nullity of marriage. Marriage, as a union of people, bases on the best interest of spouses and leads to giving birth and upbringing children. However, the majority of people suffering from neurological diseases cannot realize those aims due to limited physical and psychological functions. Those patients often require more intense care than their children. There are several types of those dysfunctions: a) organic mental disorders (pseudopsychopatic



personality) corresponding to characteropathy. In order to diagnose them it is necessary to ascertain at least two of the features listed below: permanently decreased perseverance, especially in dealings requiring time and when results are visible after some time; emotional instability with quick transitions to irritation and anger, unjustified mirth, then apathy; revealing and fulfilling needs and urges without considering consequences and social norms; suspicion or paranoid attitude, excessive focus on sole abstract topic; prolixity of speech, stickiness, considerable changes of pace and coherence of the speech, excessive tendency to write (hypergraphia); the change of sexual activity (diminished activity or change of preferences), b) postencephalitic syndrome (it differs from the previous form because the symptoms may disappear); c) post-concussion syndrome (cerebrasthenia, encephalopathy); other organic personality and behaviour disturbances caused by the disease, the damage or the dysfunction of brain; unspecified organic personality and behaviour disturbances caused by the disease, the damage or the dysfunction of brain (psychoorganic syndrome).

In the end, it has to be stated that neurological disease may cause the danger of disturbing harmonious marital and family life but does not have to result in disintegration of marriage and family. There are many married couples that despite the disease display mutual understanding, trust, love and determination to fight the adversities. However, there is also a number of cases in which the disease was the reason of betrayals and disintegration of marriage.

The aim of the study is to present the influence of neurological diseases on the capability of undertaking the essential marital obligations.

It appears that, with each year, the knowledge, both medical and common, of the disease will increase, which will be a great facilitation for conducting further research and for judicature. I hope that presented results will lead to more efficient functioning of ecclesiastical courts in the field of marital cases as there are still more and more cases where pleas for marriage annulment base on the lack of discernment and the personality disorders caused by neurological disease from childhood or adolescence.

A handwritten signature in black ink, appearing to read "K. Krupnikova". The signature is written in a cursive style with some loops and flourishes.