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Legal Capacity of Individuals with Bipolar Disorder in Islamic Marriage Law: Integrating Ahliyyah al-Adā' and Maqāṣid al-Syarī'ah

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Abstract: Marriage in Islamic law is founded upon the principles of legal capacity (*ahliyyah*), mutual consent, and the realization of *maqāṣid al-sharī'ah* through the protection of religion, life, intellect, lineage, and property. Nevertheless, the increasing prevalence of bipolar disorder has generated complex legal and ethical questions regarding the legal capacity of affected individuals to enter into marriage and to perform the reciprocal rights and obligations arising from the marital contract. Existing scholarship has predominantly examined bipolar disorder from isolated perspectives, including marriage validity, child custody, or disability rights, without providing an integrated legal framework that reconciles classical Islamic jurisprudence, contemporary mental health knowledge, and Islamic family law. This study aims to reconstruct the concept of legal capacity for individuals with bipolar disorder in Islamic marriage law by integrating the doctrine of *ahliyyah al-adā'* with the objectives of *maqāṣid al-sharī'ah*. Employing normative juridical research, the study combines statutory, conceptual, comparative, and Islamic jurisprudential approaches. Primary legal materials consist of the Qur'an, Sunnah, classical fiqh literature, Indonesian marriage legislation, the Compilation of Islamic Law, and selected judicial decisions, while secondary materials include recent peer-reviewed international journals on Islamic family law, disability studies, and psychiatric research. The study demonstrates that bipolar disorder should not constitute an automatic legal impediment to marriage. Rather, legal capacity must be determined through an individualized assessment of cognitive competence, decisional autonomy, psychological stability at the time of the marriage contract, and the ability to fulfil marital obligations. The article proposes a reconstructed framework in which *ahliyyah*

al-adā' is interpreted dynamically through the lens of *maqāṣid al-sharī'ah*, emphasizing transparency regarding mental health conditions, protection of both spouses, and proportional legal safeguards instead of categorical exclusion. This reconstruction contributes to contemporary Islamic family law by harmonizing classical jurisprudential doctrines with modern psychiatric knowledge and human rights principles while strengthening substantive justice in Muslim family law.

Keywords: bipolar disorder, Islamic family law, marriage, legal capacity

Pendahuluan

Mental health has become one of the most significant global public health concerns during the last two decades. Beyond its medical implications, mental illness increasingly raises complex legal, ethical, and social questions concerning individual autonomy, legal competence, family relationships, and access to justice. Among various psychiatric disorders, bipolar disorder occupies a distinctive position because its symptoms fluctuate between manic, hypomanic, depressive, and euthymic phases, allowing affected individuals to experience periods of normal cognitive functioning while also encountering episodes that substantially impair judgment, emotional regulation, and decision-making capacity.[1] Consequently, bipolar disorder presents unique challenges in determining an individual's legal capacity to enter into juridical acts, particularly marriage, which under Islamic law constitutes not merely a civil contract but also a sacred covenant (*mīthāqan ghalīẓan*) carrying reciprocal legal, moral, and spiritual obligations.[2]

According to the World Health Organization (WHO), approximately forty million people worldwide live with bipolar disorder, representing one of the leading causes of disability among young adults.[3] Unlike permanent intellectual disability or chronic psychotic disorders, bipolar disorder is characterized by episodic impairment, meaning that cognitive competence and legal decision-making ability may substantially fluctuate over time. Contemporary psychiatric studies demonstrate that many individuals diagnosed with bipolar disorder remain capable of maintaining employment, managing financial affairs, raising children, and sustaining stable family relationships when receiving appropriate treatment.[4] This clinical reality challenges traditional legal assumptions that frequently associate mental illness with complete legal incapacity, thereby requiring a more nuanced legal framework capable of distinguishing between temporary impairment and permanent incompetence.

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[1] Kay Redfield Jamison, *An Unquiet Mind: A Memoir of Moods and Madness* (Vintage Books, 1995), h. 67-71.

[2] Wael B. Hallaq, *Shari'a: Theory, Practice, Transformations* (Cambridge University Press, 2009), h. 271-274..

[3] World Health Organization, *Mental Health Atlas 2023* (World Health Organization, 2024).

[4] Andrew A. Nierenberg et al., "Diagnosis and Treatment of Bipolar Disorder: A Review," *JAMA* 330, no. 14 (2023): 1370–80, https://doi.org/10.1001/jama.2023.18588.

The growing recognition of mental health as a human rights issue has further transformed legal discourse concerning persons with psychosocial disabilities. International legal instruments increasingly emphasize equality before the law, supported decision-making, and respect for personal autonomy instead of categorical restrictions based solely on medical diagnoses.[5] These developments have influenced numerous legal systems, including Muslim-majority jurisdictions, to reconsider conventional doctrines governing legal capacity, guardianship, and family law. Consequently, Islamic legal scholarship is increasingly confronted with the challenge of reconciling classical jurisprudential doctrines concerning insanity (*junūn*) with contemporary psychiatric knowledge that recognizes varying degrees of cognitive functioning and decision-making competence among individuals diagnosed with bipolar disorder.

Within Islamic jurisprudence, legal capacity (*ahliyyah*) constitutes one of the fundamental prerequisites for the validity of legal acts (*taṣarrufāt*). Classical jurists distinguish between *ahliyyah al-wujūb* (the capacity to possess rights and obligations) and *ahliyyah al-adā'* (the capacity to exercise legal rights through valid legal actions).[6] While every human being generally possesses *ahliyyah al-wujūb*, the realization of *ahliyyah al-adā'* depends upon the existence of reason (*'aql*), discernment (*tamyīz*), maturity (*bulūgh*), and freedom from legal impediments affecting rational judgment.[7] Consequently, determining whether an individual diagnosed with bipolar disorder possesses sufficient legal competence to conclude a valid marriage contract requires a careful evaluation extending beyond medical diagnosis toward actual functional capacity at the time of contracting.

Marriage occupies a particularly sensitive position because Islamic law conceptualizes it simultaneously as an act of worship (*'ibādah*), a civil contract (*'aqd*), and a social institution intended to realize the objectives of *maqāṣid al-sharī'ah*. Through marriage, Islamic law seeks to protect religion (*ḥifẓ al-dīn*), life (*ḥifẓ al-nafs*), intellect (*ḥifẓ al-'aql*), lineage (*ḥifẓ al-nasl*), and property (*ḥifẓ al-māl*).[8] Therefore, questions regarding the legal capacity of individuals with bipolar disorder cannot be reduced merely to determining whether the marriage contract is technically valid. Rather, they require broader consideration of whether the marriage promotes substantive justice, protects both spouses, safeguards future children, and preserves the objectives underlying Islamic family law.

The issue has become increasingly relevant within Indonesia following the enactment of various legal instruments recognizing the rights of persons with

[5] Tina Minkowitz, "The United Nations Convention on the Rights of Persons with Disabilities and the Right to Be Free from Nonconsensual Psychiatric Interventions," SSRN Scholarly Paper no. 1481512 (Social Science Research Network, April 21, 2007), https://papers.ssrn.com/abstract=1481512.

[6] Mustafa Ahmad al-Zarqa, *Al-Madkhal al-Fiqhī al-'Ām: Ikhrāj Jadid Bi-Taṭwīr Fi al-Tartīb Wa al-Tabwīb Wa al-Ziyādāt,* vol. 2 (Dār al-Qalam, 1998), h. 755-765.

[7] Wahbah Zuhaili, *Al-Fiqh al-Islami Wa Adillatuhu*, vol. 4 (Gema Insani, 2011), 204-210.

[8] Jasser Auda, *Maqasid Al-Shariah as Philosophy of Islamic Law: A Systems Approach* (International Institute of Islamic Thought, 2008), h. 21-22.

disabilities and mental health conditions. Law Number 18 of 2014 concerning Mental Health affirms the right of every person experiencing mental disorders to receive equal legal protection, dignity, and non-discriminatory treatment. Likewise, Law Number 8 of 2016 concerning Persons with Disabilities emphasizes equality before the law and protection against discrimination in civil and family life. Nevertheless, neither Indonesian Marriage Law nor the Compilation of Islamic Law explicitly establishes legal standards for determining the marriage capacity of individuals diagnosed with bipolar disorder, leaving judges, religious affairs officers, and families without comprehensive normative guidance when such cases arise.

From the perspective of Islamic family law, this normative gap creates practical uncertainty. Some communities continue to assume that every person diagnosed with mental illness automatically lacks legal competence to marry, whereas others adopt a purely medical approach without considering Islamic jurisprudential principles concerning legal capacity. Such divergent practices risk producing inconsistent legal outcomes, potentially violating both individual rights and the broader objectives of Islamic law. Consequently, reconstructing the concept of legal capacity through an integrated framework combining classical jurisprudence, contemporary psychiatry, and *maqāṣid al-sharī'ah* has become an urgent scholarly necessity.

Recent academic scholarship demonstrates increasing interest in mental health within Islamic legal studies. Bahhrun examines the legality of marriage involving persons diagnosed with bipolar disorder from the perspective of Islamic family law and concludes that marriage validity depends primarily upon the existence of legal competence during the marriage contract rather than the medical diagnosis itself.[9] Similarly, Wahyuni analyzes the implications of parental mental disorders in child custody disputes, emphasizing the importance of balancing parental rights with the best interests of children.[10] These studies contribute valuable insights regarding the legal consequences of mental illness within family law, yet remain primarily focused on specific legal outcomes rather than developing a comprehensive jurisprudential theory of legal capacity.

Other scholars have explored the relationship between mental disability, legal autonomy, and Islamic jurisprudence from broader theoretical perspectives. Mohammed Ghaly argues that contemporary Islamic bioethics increasingly recognizes the importance of integrating modern psychiatric knowledge into legal reasoning while preserving the normative foundations of Islamic jurisprudence.[11] Likewise, Aasim Padela and colleagues emphasize that mental illness should not automatically negate moral agency because Islamic ethical reasoning recognizes varying levels of competence

[9] Syaifuddin Zuhdi et al., "Bipolar Disorder and Child Custody in Indonesian Religious Courts: Operationalizing Sadd al-Dharī'ah to Balance Child Welfare and Parental Rights," *Al-Ahkam: Jurnal Ilmu Syari'ah Dan Hukum* 11, no. 1 (2026): 149–76, https://doi.org/10.22515/alahkam.v11i1.13136.

[10] Charly Octa Villiana et al., "Child Custody Due to Wife's Mental Disorder: A Maqashid Shariah Perspective Analysis," *Al-Risalah Jurnal Ilmu Syariah Dan Hukum*, September 30, 2025, 757–75, https://doi.org/10.24252/al-risalah.vi.61091.

[11] Mohammed Ghaly, *Islam and Disability: Perspectives in Theology and Jurisprudence* (Routledge, 2010), h. 138-143.

depending upon individual circumstances and actual cognitive functioning.[12] These contributions indicate a growing movement toward contextual interpretation of classical legal doctrines, although they do not specifically address bipolar disorder within the context of marriage law.

Studies emerging from disability law likewise advocate replacing diagnosis-based legal restrictions with functional assessments of decision-making ability. Scholarly discussions influenced by the United Nations Convention on the Rights of Persons with Disabilities increasingly reject blanket assumptions of incapacity, instead proposing supported decision-making mechanisms that preserve personal autonomy while ensuring adequate legal protection.[13][13] Nevertheless, these discussions generally develop within secular human rights discourse and seldom engage directly with Islamic jurisprudential concepts such as *ahliyyah al-adā'*, *junūn*, *'aql*, and *maqāṣid al-sharī'ah*.

Despite the expanding literature, three significant gaps remain. First, previous studies predominantly discuss bipolar disorder from medical, psychological, or disability perspectives without comprehensively integrating the classical doctrine of *ahliyyah al-adā'* as developed by the four Sunni schools of law. Second, existing scholarship generally treats marriage validity as the primary legal issue while paying comparatively little attention to the continuing legal capacity required for fulfilling marital obligations after the marriage contract. Third, only limited research attempts to synthesize Islamic jurisprudence, contemporary psychiatric science, Indonesian family law, and *maqāṣid al-sharī'ah* into a unified analytical framework capable of guiding judicial practice and legislative reform.

Accordingly, this article seeks to reconstruct the legal capacity of individuals with bipolar disorder within Islamic marriage law through an integrative approach combining classical jurisprudence, contemporary mental health science, and *maqāṣid al-sharī'ah*. Rather than treating bipolar disorder as an automatic legal impediment to marriage, this study argues that legal capacity should be assessed through four cumulative parameters: (1) cognitive competence to understand the legal consequences of marriage; (2) decisional autonomy at the time of concluding the marriage contract; (3) psychological stability sufficient to perform reciprocal marital rights and obligations; and (4) commitment to transparency regarding mental health conditions as an embodiment of honesty (*ṣidq*), good faith (*ḥusn al-niyyah*), and prevention of harm (*daf' al-ḍarar*). This reconstructed framework represents the principal novelty of the present study by transforming *ahliyyah al-adā'* from a rigid doctrinal concept into a dynamic legal instrument capable of responding to contemporary developments in psychiatry while remaining faithful to the objectives and principles of Islamic law.

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[12] Aasim I. Padela, "Islamic Medical Ethics: A Primer," *Bioethics* 21, no. 3 (2007): 169–78, https://doi.org/10.1111/j.1467-8519.2007.00540.x.

[13] Gerard Quinn and Anna Arstein-Kerslake, *Restoring the "Human" in "Human Rights": Personhood and Doctrinal Innovation in the UN Disability Convention," Dalam The Cambridge Companion to Human Rights Law,* (Cambridge University Press, 2012), h. 36-55.

2. Research Method

This study employs normative juridical research using statutory, conceptual, comparative, and Islamic jurisprudential approaches to examine the legal capacity of individuals with bipolar disorder in Islamic marriage law. Primary legal materials consist of the Qur'an, the Sunnah, classical fiqh literature representing the four Sunni schools of law, Indonesian Marriage Law, the Compilation of Islamic Law (KHI), the Mental Health Law, the Disability Law, and relevant judicial decisions. Secondary legal materials include peer-reviewed international journals indexed in Scopus and Web of Science, accredited Indonesian journals, and contemporary works on Islamic family law, psychiatry, disability studies, bioethics, and *maqāṣid al-sharī'ah*.[14]

The collected legal materials are analyzed qualitatively through grammatical, systematic, comparative, and teleological interpretation. The analytical framework integrates the classical doctrine of *ahliyyah al-adā'* with contemporary psychiatric knowledge and the objectives of *maqāṣid al-sharī'ah* in order to reconstruct a contextual concept of legal capacity capable of accommodating both Islamic legal principles and modern understandings of mental health. This approach enables the study to evaluate marriage capacity not solely on the basis of medical diagnosis but through a comprehensive assessment of legal competence, decisional autonomy, and the realization of justice within Islamic family law.[15]

Pembahasan dan Diskusi

A. Legal Capacity (*Ahliyyah al-Adā'*) in Classical Islamic Jurisprudence: Foundations of Marriage Competence

The doctrine of legal capacity (*ahliyyah*) constitutes one of the most fundamental concepts in Islamic jurisprudence because every legal relationship (*taṣarruf*) presupposes the existence of a competent legal subject capable of understanding, intending, and assuming responsibility for the legal consequences arising from his or her actions. Classical Muslim jurists therefore did not merely formulate legal rulings concerning contracts, marriage, inheritance, or criminal liability; they first established the theoretical qualifications determining who could become a legally competent actor. Within this framework, marriage is understood not only as a contractual agreement between two parties but also as a juridical institution that produces continuous reciprocal rights and obligations. Consequently, the assessment of legal capacity extends beyond the validity of the marriage contract itself toward the continuing ability of spouses to fulfil marital responsibilities throughout the duration of the marriage.[16]

Unlike many contemporary legal systems that often define legal capacity primarily according to chronological age or judicial declaration, Islamic

[14] Peter Mahmud Marzuki, *Penelitian Hukum*, cet. 4 (Kencana, 2008), h. 35-38.
[15] Jasser Auda, *Maqasid Al-Shariah as Philosophy of Islamic Law: A Systems Approach,* h. 191-208.
[16] Wahbah Zuhaili, *Al-Fiqh al-Islami Wa Adillatuhu*, vol. 4, h. 199-205.

jurisprudence developed a far more sophisticated theory by distinguishing between legal personality and legal competence. Classical jurists unanimously recognize that every human being possesses *ahliyyah al-wujūb*, namely the inherent capacity to possess rights and obligations from the moment of existence. This capacity forms the basis for inheritance rights, property ownership, and legal protection regardless of physical or mental condition. However, the exercise of those rights through legally binding actions requires *ahliyyah al-adā'*, which depends upon rational cognition (*'aql*), discernment (*tamyīz*), maturity (*bulūgh*), and freedom from legal impediments affecting voluntary decision-making.[17] Accordingly, the distinction between these two forms of legal capacity demonstrates that Islamic law has never equated mental illness with the complete loss of legal personality. Rather, what becomes legally relevant is the extent to which an individual's mental condition affects the ability to understand and execute specific legal acts.

The central role of reason (*'aql*) in determining legal competence derives directly from the objectives of Islamic law itself. The Qur'an repeatedly associates legal accountability (*taklīf*) with the capacity to reason, contemplate, and distinguish between beneficial and harmful conduct. Likewise, numerous Prophetic traditions suspend legal responsibility for persons who permanently or temporarily lose consciousness, including those experiencing insanity, until they regain their mental awareness.[18] Classical jurists therefore regarded reason not merely as an intellectual faculty but as the indispensable foundation for voluntary legal intention (*qaṣd*) and informed consent (*riḍā*), both of which constitute essential elements in contractual relationships, including marriage.

Despite their agreement concerning the necessity of reason, the four Sunni schools of Islamic law developed nuanced approaches regarding mental incapacity. The Hanafi jurists distinguished between permanent insanity (*al-junūn al-muṭbaq*) and intermittent insanity (*al-junūn ghayr al-muṭbaq*), recognizing that legal competence may revive whenever mental clarity returns. Under this approach, legal acts concluded during periods of lucidity remain valid provided that genuine understanding and intention can be demonstrated.[19] This distinction illustrates that Hanafi jurisprudence does not adopt a diagnosis-based conception of legal incapacity but rather emphasizes the actual condition of the individual at the moment of legal action.

The Maliki school similarly recognizes varying degrees of mental impairment but places greater emphasis on the realization of public benefit (*maṣlaḥah*) and the prevention of harm (*dar' al-mafāsid*). Maliki jurists generally permit legal transactions undertaken by individuals whose cognitive functioning

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[17] Mustafa Ahmad al-Zarqa, *Al-Madkhal al-Fiqhī al-'Ām: Ikhrāj Jadīd Bi-Taṭwīr Fī al-Tartīb Wa al-Tabwīb Wa al-Ziyādāt,* vol. 2, h. 757-760.

[18] Muḥammad ibn Ismā'īl al-Bukhārī, *Ṣaḥiḥ Al-Bukhārī* (n.d.)., Kitāb al-Ṭalāq, Bāb Raf' al-Qalam 'an al-Majnūn.

[19] Abū Bakr al-Kāsānī, *Badā'i' al-Ṣanā'i' Fī Tartīb al-Syarā'i'*, vol. 2 (Dār al-Kutub al-'Ilmiyyah, 1986), h. 233-236.

remains sufficient to comprehend the substance and consequences of their actions while simultaneously allowing judicial intervention when mental instability threatens family welfare or property interests.[20] This pragmatic orientation reflects the broader Maliki methodology, which frequently considers social consequences alongside textual interpretation when evaluating legal competence.

Shafi'i jurists likewise maintain that marriage requires the existence of valid consent based upon sound judgment and conscious intention. However, they devote particular attention to the legal effects of temporary insanity, emphasizing that legal acts performed during episodes of impaired consciousness lack juridical validity because authentic consent cannot be established. Nevertheless, if the individual regains full awareness and subsequently concludes the marriage contract during a period of mental stability, the marriage remains legally valid.[21] Consequently, within Shafi'i jurisprudence, the decisive criterion is not the historical existence of mental illness but the factual presence of legal competence when the contract is concluded.

The Hanbali school adopts a comparable position while highlighting the objectives underlying legal responsibility. Ibn Qudāmah explains that insanity removes legal accountability because the foundation of obligation—namely rational comprehension—temporarily disappears. Yet once rationality returns, legal responsibility likewise returns without requiring any new legal status.[22] Such reasoning reinforces the principle that legal capacity in Islamic jurisprudence is inherently functional rather than permanent. Mental competence may fluctuate according to an individual's actual condition, thereby requiring contextual legal evaluation rather than categorical exclusion.

The comparative analysis of these four schools demonstrates an important jurisprudential principle that remains highly relevant for contemporary discussions concerning bipolar disorder. None of the classical jurists developed legal doctrines based solely upon medical labels because modern psychiatric classifications did not yet exist. Instead, they concentrated upon observable legal indicators such as rational understanding, voluntary consent, discernment, and the ability to appreciate legal consequences. These indicators closely resemble modern concepts of decisional capacity employed in contemporary psychiatry, where competence is evaluated according to the individual's ability to understand information, appreciate consequences, reason logically, and communicate consistent decisions.[23]

This convergence between classical jurisprudence and modern psychiatric evaluation reveals that Islamic law possesses significant interpretive flexibility for responding to contemporary mental health issues. Rather than viewing bipolar

[20] al-Dardīr Aḥmad, *Al-Syarḥ al-Kabīr*, vol. 2 (Beirut: Dār al-Fikr, 1998), h. 224-228.

[21] Abu Zakariya An-Nawawī, *Rawḍah Al-Ṭalibin*, vol. 7 (Dār al-Kutub al-'Ilmiyyah, 2003), h. 48-52.

[22] Ibn Qudāmah, *Al-Mughni*, vol. 6 (Dar 'Alam al-Kutub, 1997), h. 452-455.

[23] Thomas Grisso and Paul S. Appelbaum, *Assessing Competence to Consent to Treatment: A Guide for Physicians and Other Health Professionals* (Oxford University Press, 1998), h. 31-60.

disorder as an automatic obstacle to marriage, the classical doctrine of *ahliyyah al-adā'* supports individualized legal assessment based upon actual functional capacity. Such an approach is more consistent with the objectives of justice because it avoids both excessive restriction of individual autonomy and inadequate protection for vulnerable spouses. Consequently, reconstructing legal capacity through the integration of classical jurisprudence and contemporary psychiatric science does not represent a departure from Islamic legal tradition but rather a continuation of its underlying methodology of contextual legal reasoning (*ijtihād*) grounded in reason, justice, and public welfare.

B. Legal Capacity of Individuals with Bipolar Disorder: Comparative Analysis between Classical Islamic Jurisprudence and Contemporary Psychiatric Perspectives

One of the principal challenges in determining the legality of marriage involving individuals diagnosed with bipolar disorder lies in the conceptual distinction between medical diagnosis and legal capacity. Contemporary psychiatric science classifies bipolar disorder as a chronic mood disorder characterized by recurrent episodes of mania, hypomania, depression, and euthymia. Nevertheless, this diagnosis does not necessarily imply continuous cognitive dysfunction or permanent impairment of legal competence. During euthymic periods, many individuals with bipolar disorder retain normal intellectual functioning, possess adequate judgment, understand legal consequences, and are fully capable of making rational personal decisions.[24] Consequently, modern psychiatry rejects the assumption that bipolar disorder should automatically eliminate an individual's legal autonomy, emphasizing instead that decisional capacity must always be evaluated according to the person's actual psychological condition rather than solely on the existence of a psychiatric diagnosis.

This perspective corresponds closely with the doctrine of *ahliyyah al-adā'* developed in classical Islamic jurisprudence. As discussed previously, Muslim jurists never formulated legal incapacity based upon diagnostic labels because psychiatric nosology did not exist during the formative period of Islamic law. Instead, legal competence was measured through observable indicators of rationality, discernment, voluntariness, and the ability to appreciate legal consequences. Therefore, the legal issue presented by bipolar disorder is not whether the individual carries the diagnosis itself, but whether he or she possesses sufficient legal competence at the moment the marriage contract is concluded and throughout the performance of marital obligations. Such an interpretation demonstrates that Islamic jurisprudence has historically adopted a functional rather than categorical approach toward mental capacity, making it remarkably compatible with contemporary psychiatric standards.

[24] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed., Text Revision (American Psychiatric Association Publishing, 2022), h. 139-175.

Modern psychiatric literature generally identifies four principal components of decision-making capacity: the ability to understand relevant information, appreciate one's own situation and its consequences, reason logically among available alternatives, and communicate a consistent choice.[25] These four elements are widely employed by psychiatrists and courts in determining whether a patient possesses legal competence to consent to treatment, execute contracts, or perform other legally significant acts. Significantly, each of these elements bears substantial conceptual similarity to the classical Islamic requirements of *'aql*, *tamyīz*, *qaṣd*, and *riḍā*, suggesting that the epistemological foundations of Islamic jurisprudence and contemporary psychiatry converge more extensively than often assumed.

From the psychiatric perspective, bipolar disorder affects legal competence differently depending upon the phase of illness experienced by the patient. During severe manic episodes, excessive impulsivity, grandiosity, impaired judgment, decreased insight, and psychotic symptoms may substantially compromise an individual's ability to evaluate legal consequences objectively. Patients experiencing acute mania frequently exhibit overconfidence, irrational financial decisions, hypersexual behaviour, and diminished appreciation of personal risk, all of which may undermine genuine legal consent.[26] Under such circumstances, entering into marriage could expose both spouses to significant legal and psychological harm because the contractual consent fails to satisfy the standards of informed and voluntary decision-making recognized by both Islamic jurisprudence and modern law.

Conversely, depressive episodes present a different legal challenge. Severe depression may impair concentration, reduce decisional confidence, and generate persistent hopelessness, thereby limiting the individual's ability to make autonomous legal decisions. Nevertheless, psychiatric research consistently demonstrates that not every depressive episode results in decisional incapacity. Many patients experiencing moderate depression continue to understand legal information, communicate coherent preferences, and appreciate contractual obligations despite emotional suffering.[27] Consequently, neither manic nor depressive episodes automatically invalidate legal capacity; instead, each condition requires individualized assessment based upon observable cognitive functioning.

The most significant implication arises during euthymic periods, namely intervals in which bipolar symptoms remain effectively controlled through medication, psychotherapy, and social support. Numerous longitudinal studies indicate that individuals maintaining sustained remission frequently recover

[25] Grisso and Paul S. Appelbaum, *Assessing Competence to Consent to Treatment: A Guide for Physicians and Other Health Professionals,* h. 31-60.

[26] Michael Berk et al., "The Management of Bipolar Disorder in Primary Care: A Review of Existing and Emerging Therapies," *Psychiatry and Clinical Neurosciences* 59, no. 3 (2005): 229–39, https://doi.org/10.1111/j.1440-1819.2005.01365.x.

[27] Kamyar Keramatian et al., "The CANMAT and ISBD Guidelines for the Treatment of Bipolar Disorder: Summary and a 2023 Update of Evidence," *Focus: Journal of Life Long Learning in Psychiatry* 21, no. 4 (2023): 344–53, https://doi.org/10.1176/appi.focus.20230009.

cognitive performance sufficiently to resume employment, higher education, parenting responsibilities, financial management, and long-term interpersonal relationships.[28] These empirical findings fundamentally challenge legal assumptions equating bipolar disorder with permanent incapacity. Rather, they reinforce the principle that competence should be evaluated dynamically according to actual psychological functioning instead of historical diagnosis.

The functional approach adopted by psychiatry is highly consistent with the legal methodology of the Hanafi jurists regarding intermittent insanity (*al-junūn ghayr al-muṭbaq*). Classical Hanafi scholars recognized that legal competence disappears only while the impediment itself persists. Once rational awareness returns, the individual immediately regains the capacity to perform legally valid transactions without requiring any new legal authorization.[29] Although bipolar disorder differs medically from classical notions of insanity, both involve fluctuating psychological conditions rather than continuous cognitive dysfunction. Therefore, applying Hanafi legal reasoning to bipolar disorder demonstrates that Islamic jurisprudence already possesses doctrinal flexibility capable of accommodating modern psychiatric realities through analogical reasoning (*qiyās*) and contextual *ijtihād*.

The Maliki tradition further strengthens this contextual approach by emphasizing *maṣlaḥah* (public interest) as an essential consideration in evaluating legal competence. Marriage involving an individual with bipolar disorder should therefore be assessed not solely according to diagnostic status but also according to the anticipated realization of welfare and prevention of harm for both spouses and future children.[30] Where appropriate treatment enables stable marital life, legal prohibition would contradict the objectives of *maṣlaḥah*. Conversely, where severe psychiatric instability presents an immediate threat to family welfare, judicial intervention may become necessary to preserve the objectives of Islamic family law.

Similarly, the Shafi'i and Hanbali schools consistently prioritize conscious consent (*riḍā*) and rational comprehension as indispensable conditions for contractual validity. Marriage concluded while an individual lacks sufficient awareness because of acute psychological disturbance cannot satisfy the legal requirement of valid consent. However, this principle should not be interpreted as permanently excluding individuals diagnosed with bipolar disorder from marriage. Rather, it requires legal institutions to determine whether genuine consent exists at the precise moment of contracting. Such an interpretation preserves both contractual certainty and individual dignity while remaining faithful to classical jurisprudential doctrine.

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[28] Eduard Vieta et al., "Bipolar Disorders," *Nature Reviews. Disease Primers* 4 (March 2018): 18008, https://doi.org/10.1038/nrdp.2018.8.

[29] Abū Bakr al-Kāsānī, *Badā'i' al-Ṣanā'i' Fi Tartib al-Syarā'i'*, vol. 2, h. 233-234.

[30] Abū Isḥāq As-Syatibi, *Al-Muwafaqat Fi Usul al-Shariah*, vol. 2 (Dar al-Kutub al-'Ilmiyyah, 1997), h. 8-12.

The convergence between Islamic jurisprudence and psychiatry also reflects broader developments within international human rights law. Article 12 of the United Nations Convention on the Rights of Persons with Disabilities rejects blanket legal incapacity based upon disability and instead requires states to recognize legal capacity on an equal basis with others while providing appropriate support mechanisms where necessary.[31] Although Islamic jurisprudence derives its authority from distinct theological foundations, the doctrine of *ahliyyah al-adā'* similarly emphasizes individualized assessment rather than diagnosis-based exclusion. Consequently, meaningful dialogue between Islamic legal reasoning and international disability law becomes both possible and intellectually productive.

Nevertheless, adopting a functional assessment of legal capacity does not imply unrestricted contractual freedom. Marriage remains a continuing legal institution requiring spouses to discharge reciprocal obligations, including maintenance (*nafaqah*), mutual respect (*mu'āsharah bi al-ma'rūf*), protection of offspring, and responsible financial management. Therefore, legal competence should not be evaluated exclusively at the moment of the marriage contract but also in relation to the reasonable expectation that the parties possess sufficient psychological stability to fulfil these continuing obligations. This broader perspective distinguishes Islamic family law from ordinary commercial contracts because marriage embodies enduring ethical, emotional, and social responsibilities extending beyond contractual consent alone.

Based on the foregoing comparative analysis, this study argues that bipolar disorder should never function as an automatic legal impediment (*māni'*) to marriage under Islamic law. Instead, legal competence should be determined through a contextual and evidence-based assessment integrating classical jurisprudential principles with contemporary psychiatric evaluation. Such an approach not only reflects the original methodology of Islamic jurisprudence but also better realizes justice by preventing discrimination against individuals whose mental health conditions remain effectively managed while simultaneously protecting spouses and future children from foreseeable harm. Accordingly, the legal determination of marriage capacity must shift from diagnosis-oriented reasoning toward competence-oriented analysis rooted in *ahliyyah al-adā'*, functional cognition, and substantive justice.

To operationalize this reconstruction, the present study proposes four cumulative indicators for evaluating legal capacity in cases involving bipolar disorder before marriage is concluded.

Indicator	Classical Islamic Jurisprudence	Contemporary Psychiatry	Legal Implication

[31] Quinn and Anna Arstein-Kerslake, *Restoring the "Human" in "Human Rights": Personhood and Doctrinal Innovation in the UN Disability Convention," Dalam The Cambridge Companion to Human Rights Law.*

Rational understanding of marriage	*'Aql* and *Tamyīz*	Ability to understand information	Valid legal comprehension
Free and voluntary consent	*Qaṣd* and *Riḍā*	Decisional autonomy	Valid marriage consent
Psychological stability	Absence of legal impediment (*'Awāriḍ al-Ahliyyah*)	Clinical stability (preferably euthymic phase)	Capacity to undertake marital obligations
Responsibility after marriage	Performance of rights and obligations	Functional psychosocial capacity	Sustainability of marital relationship

The integration of these four indicators constitutes the first stage of the reconstructed model proposed in this article. Rather than replacing the classical doctrine of *ahliyyah al-adā'*, this model expands its operational meaning by incorporating contemporary psychiatric evidence into Islamic legal reasoning. Through this integration, legal capacity becomes a dynamic and contextual concept that remains faithful to the principles of Islamic jurisprudence while responding effectively to the realities of modern mental health practice.

C. Integrating *Maqāṣid al-Sharī'ah* and Contemporary Mental Health Protection in Islamic Marriage Law

The discussion of legal capacity in Islamic marriage law cannot be confined to the doctrinal analysis of *ahliyyah al-adā'*. Islamic law does not merely regulate whether an individual is legally competent to conclude a contract but also evaluates whether the legal consequences of that contract contribute to the realization of justice (*al-'adl*), welfare (*maṣlaḥah*), and the objectives of the Sharī'ah (*maqāṣid al-shari'ah*). Consequently, determining the legality of marriage involving individuals diagnosed with bipolar disorder requires an integrated approach that examines not only contractual validity but also whether the marriage fulfills the higher objectives intended by Islamic law. This perspective is particularly important because marriage is among the legal institutions through which the preservation of religion, life, intellect, lineage, and property is collectively realized.[32]

The contemporary development of *maqāṣid al-shari'ah* theory, particularly through the systems approach proposed by Jasser Auda, demonstrates that Islamic law should not be interpreted solely through literal legal provisions but through an interconnected understanding of justice, human dignity, welfare, and changing social realities.[33] Within this framework, psychiatric disorders such as bipolar disorder should not be approached exclusively through a binary classification of competence and incompetence. Rather, they should be evaluated according to

[32] As-Syatibi, *Al-Muwafaqat Fi Usul al-Shariah*, vol. 2, h. 8-12.
[33] Jasser Auda, *Maqasid Al-Syariah as Philosophy of Islamic Law: A Systems Approach,* h. 191-208.

whether legal rules effectively protect the dignity and welfare of the individual while simultaneously safeguarding the rights of spouses, children, and society. Accordingly, *maqāṣid al-sharīʿah* provides the normative foundation for reconstructing legal capacity beyond rigid doctrinal formalism.

1. Preservation of Religion (Ḥifẓ al-Dīn)

Marriage occupies a central position in preserving religious values because it constitutes a lawful institution through which Muslims fulfil religious obligations while avoiding illicit sexual relationships. From this perspective, excluding every individual diagnosed with bipolar disorder from marriage would contradict the broader objectives of Islamic law if the person remains capable of understanding religious obligations and voluntarily entering marital commitments. Contemporary psychiatric evidence indicates that bipolar disorder generally affects emotional regulation rather than permanently eliminating religious consciousness or moral responsibility. During periods of psychological stability, many individuals continue to observe religious practices, participate in communal worship, and exercise ethical judgment comparable to persons without psychiatric diagnoses.[34]

Islamic jurisprudence likewise recognizes that legal accountability (*taklīf*) fluctuates according to actual mental awareness rather than medical status. A temporary loss of rationality suspends legal obligations only during the period of impairment, while accountability resumes immediately after cognitive recovery.[35] Therefore, preserving religion requires legal institutions to facilitate lawful marriage whenever genuine legal competence exists instead of imposing categorical restrictions unsupported by the objectives of the Sharīʿah. Such an interpretation not only protects religious freedom but also prevents unnecessary social exclusion of persons experiencing treatable mental health conditions.

2. Preservation of Life (Ḥifẓ al-Nafs)

The protection of human life extends beyond physical survival to encompass psychological well-being, emotional security, and family stability. Modern psychiatric literature consistently demonstrates that stable family relationships, social support, and marital companionship contribute significantly to treatment adherence, relapse prevention, and improved quality of life among individuals with bipolar disorder.[36] Consequently, denying marriage solely because of psychiatric diagnosis may inadvertently undermine the very objective of preserving life by increasing social isolation, stigma, and emotional vulnerability.

Nevertheless, *ḥifẓ al-nafs* simultaneously requires Islamic law to protect spouses from foreseeable harm. Severe untreated manic episodes may involve aggression, reckless behaviour, financial irresponsibility, or psychotic symptoms

[34] Harold G. Koenig, *Religion and Mental Health: Research and Clinical Applications* (Academic Press, 2018), h. 155-168.

[35] Wahbah Zuhaili, *Al-Fiqh al-Islami Wa Adillatuhu*, vol. 4, h. 121-125.

[36] Berk et al., "The Management of Bipolar Disorder in Primary Care."

capable of threatening family welfare.[37] Therefore, the objective of preserving life requires a balanced legal approach that neither discriminates against individuals with bipolar disorder nor ignores legitimate risks affecting spouses and future children. Instead, marriage should proceed only after ensuring that the individual possesses sufficient psychological stability, receives appropriate medical treatment, and understands the continuing legal responsibilities arising from marriage.

This balanced interpretation reflects the Prophetic legal maxim that harm should neither be inflicted nor reciprocated (*lā ḍarar wa lā ḍirār*). Rather than prohibiting marriage altogether, Islamic law should seek proportional mechanisms capable of preventing harm while preserving legitimate individual rights. Such mechanisms may include medical evaluation, premarital counselling, psychological support, and transparent disclosure of mental health conditions before marriage. These preventive measures better realize *maqāṣid al-sharī'ah* than blanket legal prohibitions because they simultaneously protect both individual autonomy and family welfare.

3. Preservation of Intellect (Ḥifẓ al-'Aql)

Among the five universal objectives of Islamic law, *ḥifẓ al-'aql* bears the closest relationship to legal capacity. Classical jurists regarded reason as the indispensable foundation of legal accountability because every legal obligation presupposes the ability to understand and appreciate one's actions. Consequently, any reconstruction of *ahliyyah al-adā'* must remain consistent with the objective of protecting intellectual integrity rather than merely determining contractual validity.

Contemporary neuroscience demonstrates that bipolar disorder does not produce uniform cognitive impairment. Executive functioning, attention, memory, and judgment vary substantially according to symptom severity, treatment compliance, and illness phase.[38] Individuals experiencing euthymia frequently regain cognitive functioning sufficient to make informed legal decisions, whereas severe manic or psychotic episodes may temporarily impair decisional competence. These findings correspond remarkably with classical Islamic jurisprudence, which differentiates between continuous and temporary mental impairment rather than treating all psychological disorders identically.

Accordingly, preserving intellect requires Islamic legal institutions to evaluate cognitive functioning through individualized assessment rather than diagnosis-based assumptions. Such an approach not only reflects scientific evidence but also preserves the epistemological integrity of Islamic jurisprudence, whose legal methodology has historically prioritized observable rational capacity over speculative categorization. Therefore, the integration of psychiatric assessment into Islamic family law should be understood not as replacing religious doctrine but as providing empirical evidence necessary for accurately determining the presence or

[37] Vieta et al., "Bipolar Disorders."

[38] Keramatian et al., "The CANMAT and ISBD Guidelines for the Treatment of Bipolar Disorder."

absence of *'aql* in specific legal contexts.

4. Preservation of Lineage (Ḥifẓ al-Nasl)

Marriage serves as the primary legal institution for protecting lineage, ensuring children's legal status, and establishing reciprocal parental responsibilities. Consequently, discussions concerning bipolar disorder frequently generate concern regarding parenting capacity and hereditary transmission of psychiatric disorders. While genetic factors contribute to bipolar disorder, psychiatric research emphasizes that hereditary predisposition does not predetermine future illness and should not become the sole basis for restricting reproductive rights.[39] Many individuals diagnosed with bipolar disorder successfully raise healthy children through appropriate treatment, family support, and responsible parenting practices.

Islamic law likewise does not recognize hereditary illness as an automatic impediment to marriage. Instead, classical jurists focused upon the actual capacity of spouses to fulfil parental obligations and maintain family welfare. Therefore, *ḥifẓ al-nasl* should be interpreted as requiring responsible parenthood rather than prohibiting marriage based upon speculative future risks. Premarital counselling, psychological education, and ongoing clinical support constitute more proportionate legal responses because they strengthen family resilience while preserving reproductive rights guaranteed by both Islamic law and contemporary human rights standards.

Furthermore, protecting lineage also requires honesty regarding significant health conditions before marriage. Concealing severe psychiatric illness capable of affecting marital life may undermine informed consent and violate the ethical principles of trust (*amānah*) and good faith recognized throughout Islamic commercial and family law. Consequently, transparency concerning bipolar disorder becomes not merely a medical recommendation but an ethical obligation supporting the preservation of lineage through informed marital decision-making.

5. Preservation of Property (Ḥifẓ al-Māl)

The objective of protecting property occupies a particularly significant position in cases involving bipolar disorder because severe manic episodes may result in impulsive spending, excessive debt, speculative investments, and irresponsible financial behaviour.[40][40] Marriage under Islamic law creates reciprocal financial obligations, including maintenance (*nafaqah*), joint property management, inheritance rights, and contractual liabilities. Therefore, legal capacity should include reasonable confidence that the individual possesses sufficient financial judgment to discharge these continuing obligations.

However, *ḥifẓ al-māl* does not justify excluding every person diagnosed with bipolar disorder from marriage. Instead, Islamic law should distinguish between

[39] Anne Duffy, "The Early Natural History of Bipolar Disorder: What We Have Learned from Longitudinal High-Risk Research," *The Canadian Journal of Psychiatry* 55, no. 8 (2010): 477–85, https://doi.org/10.1177/070674371005500802.

[40] Association, *Diagnostic and Statistical Manual of Mental Disorders*.

controlled and uncontrolled clinical conditions. Individuals maintaining psychological stability through continuous treatment generally remain capable of responsible financial management comparable to the broader population. Conversely, where psychiatric instability substantially threatens family property, temporary legal safeguards may become necessary until decisional competence is restored. Such safeguards are entirely consistent with the Islamic principle that legal restrictions should correspond proportionately to actual risk rather than hypothetical possibility.

Reconstruction of *Maqāṣid*-Based Legal Capacity

The foregoing analysis demonstrates that each objective of *maqāṣid al-sharī'ah* supports a contextual rather than absolute understanding of legal capacity. None of the five universal objectives requires automatic exclusion of individuals diagnosed with bipolar disorder from marriage. Instead, each objective emphasizes balanced protection between individual autonomy and family welfare. Consequently, legal capacity should be reconstructed as a dynamic concept measured through functional competence, psychological stability, informed consent, and continuing responsibility rather than medical diagnosis alone.

This reconstruction also reflects the higher ethical orientation of Islamic law. Justice (*al-'adl*) requires recognizing the dignity and legal personality of individuals living with mental illness, whereas mercy (*al-raḥmah*) requires providing appropriate legal protection whenever psychological instability threatens vulnerable family members. Through the integration of *ahliyyah al-adā'* and *maqāṣid al-sharī'ah*, Islamic marriage law is therefore capable of responding to contemporary psychiatric developments without abandoning its classical jurisprudential foundations.

To facilitate practical application, the integration of *maqāṣid al-sharī'ah* into legal capacity assessment may be summarized as follows.

Objective of *Maqāṣid al-Sharī'ah*	Legal Consideration	Reconstruction Proposed
Ḥifẓ al-Dīn	Freedom to marry and fulfil religious obligations	Marriage remains permissible during periods of legal competence
Ḥifẓ al-Nafs	Protection of both spouses from psychological harm	Clinical stability and ongoing treatment become important legal considerations
Ḥifẓ al-'Aql	Assessment of rational decision-making	Functional psychiatric evaluation replaces diagnosis-based assumptions
Ḥifẓ al-Nasl	Protection of future family and children	Transparency, counselling, and responsible parenting

Ḥifẓ al-Māl	Financial responsibility within marriage	Evaluation of financial judgment and capacity to fulfil maintenance obligations

The synthesis presented above establishes the normative foundation for the final reconstruction proposed in this study. While the present section demonstrates that *maqāṣid al-sharī'ah* supports a functional understanding of legal capacity, the following discussion formulates a comprehensive model integrating *ahliyyah al-adā'*, psychiatric evaluation, Indonesian Islamic family law, and judicial practice into a new framework for determining the legality of marriage involving individuals with bipolar disorder.

D. Reconstructing Legal Capacity of Individuals with Bipolar Disorder in Islamic Marriage Law: An Integrative Model Based on *Ahliyyah al-Adā'* and *Maqāṣid al-Sharī'ah*

The preceding discussion demonstrates that neither classical Islamic jurisprudence nor contemporary psychiatric science supports the assumption that bipolar disorder automatically eliminates an individual's legal capacity to marry. Nevertheless, significant normative uncertainty remains because existing legal regulations generally classify mental disorders using broad terminology without distinguishing between permanent incapacity, temporary psychological impairment, and episodic psychiatric disorders. As a consequence, legal practice frequently oscillates between two extreme positions. On one hand, some legal practitioners continue to regard every person diagnosed with mental illness as legally incompetent to marry. On the other hand, others rely exclusively upon medical diagnosis while neglecting the jurisprudential principles governing legal competence in Islamic law. Both approaches fail to achieve substantive justice because they either unjustifiably restrict fundamental rights or inadequately protect vulnerable family members.

This normative ambiguity is particularly evident within Indonesian Islamic family law. Law Number 1 of 1974 concerning Marriage, as amended by Law Number 16 of 2019, establishes general requirements concerning mutual consent and the legal conditions of marriage but does not provide detailed criteria for assessing legal capacity in cases involving fluctuating psychiatric disorders such as bipolar disorder. Likewise, the Compilation of Islamic Law (KHI) regulates guardianship, marriage requirements, and marital rights without expressly defining legal standards for evaluating psychological competence in episodic mental illnesses. Consequently, Religious Court judges frequently exercise broad judicial discretion, resulting in varying legal interpretations across similar cases.

The absence of explicit legal standards creates practical difficulties for judges, marriage registrars, psychiatrists, and families alike. Psychiatric diagnosis alone cannot determine legal competence because bipolar disorder varies considerably in severity, duration, treatment response, and cognitive impact.

Likewise, classical Islamic jurisprudence provides comprehensive principles regarding *ahliyyah* but understandably does not discuss bipolar disorder as a modern psychiatric classification. Therefore, contemporary Islamic family law requires a reconstructed analytical framework capable of integrating classical jurisprudential doctrine with evidence-based psychiatric assessment while remaining faithful to the objectives of *maqāṣid al-sharī'ah*.

1. From Diagnosis-Oriented to Competence-Oriented Legal Reasoning

One of the principal contributions of this study is the proposal to shift Islamic legal reasoning from a diagnosis-oriented approach toward a competence-oriented approach. Diagnosis-oriented reasoning assumes that legal consequences arise automatically once an individual receives a particular psychiatric diagnosis. Such reasoning is inconsistent with both contemporary psychiatry and Islamic jurisprudence because neither discipline equates medical diagnosis with permanent legal incapacity.

Modern psychiatric evaluation consistently emphasizes functional assessment rather than diagnostic categorization. Clinical experts determine legal competence by evaluating cognitive understanding, appreciation of consequences, reasoning ability, communication, and voluntary decision-making.[41] Similarly, classical Islamic jurists assessed legal competence through the existence of *'aql*, *tamyīz*, *qaṣd*, and *riḍā*, rather than through generalized assumptions concerning mental illness. Accordingly, both disciplines converge upon the same methodological principle: legal competence depends upon actual functional ability instead of medical labels.

Adopting competence-oriented legal reasoning substantially strengthens legal certainty because it allows judges to evaluate each case individually according to objective evidence rather than subjective assumptions. Individuals whose bipolar disorder remains clinically stable should not be deprived of their right to marry solely because of historical psychiatric diagnosis. Conversely, individuals experiencing severe manic or psychotic episodes may temporarily lack sufficient legal competence despite the absence of any judicial declaration of incapacity. Such an approach reflects proportional justice (*al-'adl al-mutawāzin*) by balancing personal autonomy with family protection.

2. Reconstruction of *Ahliyyah al-Adā'* in Contemporary Islamic Marriage Law

Classical jurists generally conceptualized *ahliyyah al-ada'* as the legal ability to perform valid juridical acts. While this concept remains theoretically sound, its practical application requires contextual reinterpretation in light of advances in psychiatric science. Accordingly, this study reconstructs *ahliyyah al-adā'* as a multidimensional legal capacity consisting of four interconnected components.[42]

[41] Grisso and Paul S. Appelbaum, *Assessing Competence to Consent to Treatment: A Guide for Physicians and Other Health Professionals,* p. 31-60.

[42] Jasser Auda, *Maqasid Al-Shariah as Philosophy of Islamic Law: A Systems Approach,* h. 45-58.

First, cognitive competence requires sufficient intellectual ability to understand the legal nature of marriage, including its rights, obligations, and long-term consequences. This element corresponds directly with the classical requirement of *'aql* while incorporating modern psychiatric evaluation concerning comprehension and executive functioning.[43]

Second, decisional autonomy requires that marital consent be given voluntarily without coercion, psychotic distortion, or significant impairment of judgment resulting from acute psychiatric symptoms. This criterion reflects the classical doctrines of *qaṣd* and *riḍā*, both of which remain indispensable conditions for contractual validity.[44]

Third, functional responsibility extends beyond contractual consent toward the continuing ability to fulfil marital obligations after marriage. Marriage differs fundamentally from commercial contracts because it establishes enduring responsibilities concerning maintenance, emotional support, parenting, inheritance, and family welfare. Therefore, legal competence must reasonably encompass the ability to undertake these continuing obligations.[45]

Fourth, psychological stability requires sufficient clinical control over bipolar symptoms through treatment, social support, and medical supervision.[15] This criterion does not demand complete recovery because bipolar disorder remains a chronic condition.[46] Rather, it requires evidence demonstrating that psychiatric symptoms do not substantially impair legal judgment at the relevant time.

Collectively, these four components transform *ahliyyah al-adā'* from a static doctrinal category into a dynamic legal framework capable of accommodating contemporary mental health realities while preserving classical jurisprudential principles.

3. Integrating Psychiatric Evaluation into Islamic Family Law

The reconstructed model proposed in this article does not subordinate Islamic law to psychiatry.[47] Instead, psychiatric evaluation functions as evidentiary assistance (*qarīnah*) enabling judges to determine whether the classical legal requirements of *ahliyyah al-adā'* have been fulfilled. Medical experts evaluate clinical functioning, whereas judges determine the legal consequences based upon Islamic legal principles.

Accordingly, psychiatric examination should address several legal questions

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[43] Andrew A. Nierenberg et al., "Diagnosis and Treatment of Bipolar Disorder: A Review," *JAMA* 330, no. 14 (2023): 1370, https://doi.org/10.1001/jama.2023.18588.

[44] Mustafa Ahmad al-Zarqa, *Al-Madkhal al-Fiqhī al-'Ām: Ikhrāj Jadīd Bi-Taṭwīr Fī al-Tartīb Wa al-Tabwīb Wa al-Ziyādāt,* vol. 2.

[45] Mohammad Hashim Kamali, *Principles of Islamic Jurisprudence*, Vol. 3 (Islamic Texts Society, 2003), p. 405-420.

[46] Association, *Diagnostic and Statistical Manual of Mental Disorders*.

[47] Padela, "Islamic Medical Ethics."

rather than merely confirming diagnosis. These include whether the individual understands the nature of marriage, appreciates its legal consequences, communicates consistent decisions, demonstrates stable judgment, complies with medical treatment, and possesses sufficient psychosocial functioning to perform marital responsibilities. Such evidence enables Religious Court judges to make decisions based upon objective functional assessment rather than generalized assumptions concerning mental illness.[48]

This integration also strengthens interdisciplinary cooperation between legal institutions and mental health professionals. Marriage registrars, psychiatrists, psychologists, and Religious Court judges should operate within complementary professional responsibilities while respecting their respective areas of expertise.[49] Such cooperation substantially reduces the risk of discriminatory practices while ensuring adequate legal protection for all parties.

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4. Proposed Model for Determining Legal Capacity

Based upon the foregoing analysis, this study proposes a new model for

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[48] *General Comment – Equal Recognition before the Law*, No. 1 (2014): Article 12 (UN Committee on the Rights of Persons with Disabilities, 2014).

[49] Padela, "Islamic Medical Ethics."

[50] Padela, "Islamic Medical Ethics."

[51] Grisso and Paul S. Appelbaum, *Assessing Competence to Consent to Treatment: A Guide for Physicians and Other Health Professionals*.

evaluating the legality of marriage involving individuals diagnosed with bipolar disorder.

Table 1. Reconstruction Model of Legal Capacity for Individuals with Bipolar Disorder in Islamic Marriage Law

Assessment Component	**Islamic Jurisprudential Basis**	**Psychiatric Indicator**	**Legal Consequence**
Rational cognition	*'Aql*	Understands the meaning and legal consequences of marriage	Competent
Discernment	*Tamyīz*	Able to distinguish benefits and risks	Competent
Voluntary consent	*Riḍa* and *Qaṣd*	Decision free from manic or psychotic distortion	Competent
Functional responsibility	*Taklīf*	Able to fulfil marital obligations	Competent
Clinical stability	Removal of temporary legal impediment	Stable through treatment and medical supervision	Marriage may proceed
Transparency	*Amānah* and *Ṣidq*	Honest disclosure of significant psychiatric condition	Protects informed consent

The model demonstrates that legal capacity is cumulative rather than singular. No individual factor independently determines legal competence. Instead, judges should evaluate the interaction among cognitive functioning, voluntariness, psychiatric stability, ethical transparency, and the ability to fulfil continuing marital obligations. Such a multidimensional assessment better reflects both Islamic jurisprudence and contemporary psychiatric science.[52]

5. Legislative Implications for Indonesian Islamic Family Law

The reconstructed framework developed in this study carries several implications for future legal reform in Indonesia. First, the Compilation of Islamic Law should explicitly distinguish between permanent legal incapacity and temporary psychological impairment, thereby avoiding the overly broad interpretation of mental disorders in marriage cases.

Second, future amendments should recognize functional legal capacity as the principal criterion for evaluating marriage competence. This approach would harmonize Indonesian Islamic family law with developments in international disability law while remaining fully compatible with the doctrine of *ahliyyah al-adā'*.

[52] Mohammad Hashim Kamali, *Principles of Islamic Jurisprudence*, Vol. 3; Fernando S. Goes, "Diagnosis and Management of Bipolar Disorders," Clinical Review, *BMJ* 381 (April 2023): e073591, https://doi.org/10.1136/bmj-2022-073591.

Third, Religious Courts should be authorized to consider independent psychiatric assessments as complementary evidence in determining legal competence. Such assessments should evaluate decisional capacity rather than merely confirming psychiatric diagnosis.

Fourth, premarital counselling should incorporate mental health literacy, treatment adherence, conflict management, and ethical disclosure of significant psychiatric conditions. These measures would strengthen family resilience while minimizing preventable marital disputes.

Finally, legal education concerning Islamic family law should increasingly incorporate interdisciplinary dialogue among Islamic jurisprudence, psychiatry, psychology, disability studies, and human rights. Contemporary family disputes increasingly involve complex psychosocial dimensions that cannot be adequately addressed through purely doctrinal legal analysis.[53]

6. Theoretical Contribution and Novelty of the Study

The principal novelty of this study lies in reconstructing the doctrine of *ahliyyah al-adā'* through the integration of classical Islamic jurisprudence, *maqāṣid al-sharī'ah*, and contemporary psychiatric science. Previous studies generally examined bipolar disorder either from medical, disability, or family law perspectives independently. By contrast, this research develops an integrative legal model that evaluates marriage competence through four cumulative parameters—cognitive competence, decisional autonomy, psychological stability, and continuing marital responsibility—while embedding these parameters within the ethical framework of *maqāṣid al-sharī'ah*.[54]

Accordingly, bipolar disorder should no longer be understood as a categorical legal impediment to marriage. Instead, it should be treated as a contextual legal circumstance requiring individualized judicial assessment supported by psychiatric evidence and guided by the principles of justice, proportionality, public welfare, and human dignity. This reconstruction not only enriches contemporary Islamic legal theory but also provides practical guidance for judges, legislators, psychiatrists, and marriage institutions in responding to increasingly complex questions surrounding mental health and Islamic family law.[55]

Conclusion

This study demonstrates that bipolar disorder should not be regarded as an automatic legal impediment to marriage under Islamic law. The classical doctrine of *ahliyyah al-adā'* establishes that legal capacity is determined by the existence of rational understanding, discernment, and voluntary consent rather than by the mere presence of a medical diagnosis. Comparative analysis of the four Sunni schools of

[53] Padela, "Islamic Medical Ethics."
[54] Jasser Auda, *Maqasid Al-Shariah as Philosophy of Islamic Law: A Systems Approach,* p. 45-145.
[55] Mohammad Hashim Kamali, *Principles of Islamic Jurisprudence*, Vol. 3, h. 405-415.

Islamic jurisprudence further reveals that classical Muslim jurists consistently differentiated between permanent and temporary impairments of legal competence, thereby recognizing that legal capacity may fluctuate according to an individual's actual cognitive condition. These jurisprudential principles correspond closely with contemporary psychiatric findings, which indicate that individuals with bipolar disorder frequently regain adequate decisional capacity during euthymic or clinically stable phases. Accordingly, the legality of marriage involving individuals diagnosed with bipolar disorder should be assessed through functional legal competence instead of diagnosis-based assumptions.

The integration of *ahliyyah al-adā'* with *maqāṣid al-sharīʿah* also demonstrates that the objectives of Islamic law support a contextual and proportional approach toward mental health within family law. The preservation of religion (*ḥifẓ al-dīn*), life (*ḥifẓ al-nafs*), intellect (*ḥifẓ al-'aql*), lineage (*ḥifẓ al-nasl*), and property (*ḥifẓ al-māl*) cannot be achieved through blanket exclusion of persons with bipolar disorder from marriage. Instead, these objectives require legal mechanisms capable of simultaneously protecting individual autonomy, ensuring informed consent, safeguarding spouses and children from foreseeable harm, and promoting responsible marital relationships. Consequently, Islamic family law should move beyond formalistic interpretations toward a substantive conception of justice that accommodates contemporary psychiatric knowledge while remaining firmly rooted in the normative foundations of Islamic jurisprudence.

The principal contribution of this research lies in reconstructing the doctrine of *ahliyyah al-adā'* through an interdisciplinary framework integrating Islamic jurisprudence, *maqāṣid al-sharīʿah*, and contemporary psychiatry. Unlike previous studies that primarily focused on the validity of marriage or the legal consequences of mental illness, this study proposes a multidimensional model of legal capacity consisting of four cumulative indicators: (1) cognitive competence to understand the legal consequences of marriage; (2) decisional autonomy free from significant psychiatric impairment; (3) psychological stability sufficient to perform continuing marital obligations; and (4) transparency regarding significant mental health conditions as an ethical manifestation of *amānah*, *ṣidq*, and the prevention of harm. This reconstructed model expands the operational meaning of *ahliyyah al-adā'* from a static doctrinal concept into a dynamic legal framework applicable to contemporary Islamic family law.

The findings also carry important practical implications for legal reform in Indonesia and other Muslim jurisdictions. Future development of Islamic family law should provide clearer legal standards for assessing functional legal capacity in cases involving psychosocial disabilities, particularly bipolar disorder, while encouraging interdisciplinary cooperation between Religious Courts, psychiatrists, psychologists, and marriage registration authorities. Premarital counselling should incorporate mental health education, ethical disclosure of significant psychiatric conditions, and psychosocial support to strengthen family resilience and minimize preventable marital disputes. Such reforms would enhance legal certainty while preserving both individual dignity and family welfare.

Nevertheless, this study remains limited by its normative juridical approach, relying primarily upon classical legal literature, statutory regulations, judicial decisions, and contemporary psychiatric scholarship without empirical investigation of judicial practice or the lived experiences of individuals with bipolar disorder. Future research should therefore employ empirical socio-legal methods involving Religious Court judges, psychiatrists, marriage registrars, religious counsellors, and families affected by bipolar disorder to evaluate the practical implementation of the reconstructed legal model proposed in this article. Such interdisciplinary research would further enrich contemporary Islamic family law by ensuring that future legal reforms remain both jurisprudentially authentic and socially responsive.

Daftar Pustaka

Abū Bakr al-Kāsānī. *Badā'i' al-Ṣanā'i' Fī Tartīb al-Syarā'i'*. Vol. 2. Dār al-Kutub al-'Ilmiyyah, 1986.

Aḥmad, al-Dardīr. *Al-Sharḥ al-Kabīr*. Vol. 2. Beirut: Dār al-Fikr, 1998.

An-Nawawī, Abu Zakariya. *Rawḍah Al-Ṭālibīn*. Vol. 7. Dār al-Kutub al-'Ilmiyyah, 2003.

Association, American Psychiatric. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed., Text Revision. American Psychiatric Association Publishing, 2022.

As-Syatibi, Abū Isḥāq. *Al-Muwafaqat Fi Usul al-Shariah*. Vol. 2. Dar al-Kutub al-'Ilmiyyah, 1997.

Berk, Michael, Seetal Dodd, and Lesley Berk. "The Management of Bipolar Disorder in Primary Care: A Review of Existing and Emerging Therapies." *Psychiatry and Clinical Neurosciences* 59, no. 3 (2005): 229–39. https://doi.org/10.1111/j.1440-1819.2005.01365.x.

Bukhārī, Muḥammad ibn Ismā'īl al-. *Ṣaḥiḥ Al-Bukhārī*. n.d.

Duffy, Anne. "The Early Natural History of Bipolar Disorder: What We Have Learned from Longitudinal High-Risk Research." *The Canadian Journal of Psychiatry* 55, no. 8 (2010): 477–85. https://doi.org/10.1177/070674371005500802.

General Comment – Equal Recognition before the Law. No. 1 (2014): Article 12. UN Committee on the Rights of Persons with Disabilities, 2014.

Ghaly, Mohammed. *Islam and Disability: Perspectives in Theology and Jurisprudence*. Routledge, 2010.

Goes, Fernando S. "Diagnosis and Management of Bipolar Disorders." Clinical Review. *BMJ* 381 (April 2023): e073591. https://doi.org/10.1136/bmj-2022-073591.

Grisso, Thomas, and Paul S. Appelbaum. *Assessing Competence to Consent to Treatment: A Guide for Physicians and Other Health Professionals*. Oxford University Press, 1998.

Ibn Qudāmah. *Al-Mughnī*. Vol. 6. Dar 'Alam al-Kutub, 1997.

Jasser Auda. *Maqasid Al-Shariah as Philosophy of Islamic Law: A Systems Approach*. International Institute of Islamic Thought, 2008.

Kay Redfield Jamison. *An Unquiet Mind: A Memoir of Moods and Madness*. Vintage Books, 1995.

Keramatian, Kamyar, Nellai K. Chithra, and Lakshmi N. Yatham. "The CANMAT and ISBD Guidelines for the Treatment of Bipolar Disorder: Summary and a 2023 Update of Evidence." *Focus: Journal of Life Long Learning in Psychiatry* 21, no. 4 (2023): 344–53. https://doi.org/10.1176/appi.focus.20230009.

Koenig, Harold G. *Religion and Mental Health: Research and Clinical Applications*. Academic Press, 2018.

Minkowitz, Tina. "The United Nations Convention on the Rights of Persons with Disabilities and the Right to Be Free from Nonconsensual Psychiatric Interventions." SSRN Scholarly Paper No. 1481512. Social Science Research Network, April 21, 2007. https://papers.ssrn.com/abstract=1481512.

Mohammad Hashim Kamali. *Principles of Islamic Jurisprudence*. Vol. 3. Islamic Texts Society, 2003.

Mustafa Ahmad al-Zarqa. *Al-Madkhal al-Fiqhī al-'Ām: Ikhrāj Jadīd Bi-Taṭwīr Fī al-Tartīb Wa al-Tabwīb Wa al-Ziyādāt,*. Vol. 2. Dār al-Qalam, 1998.

Nierenberg, Andrew A., Bruno Agustini, Ole Köhler-Forsberg, et al. "Diagnosis and Treatment of Bipolar Disorder: A Review." *JAMA* 330, no. 14 (2023): 1370. https://doi.org/10.1001/jama.2023.18588.

Nierenberg, Andrew A., Bruno Agustini, Ole Köhler-Forsberg, et al. "Diagnosis and Treatment of Bipolar Disorder: A Review." *JAMA* 330, no. 14 (2023): 1370–80. https://doi.org/10.1001/jama.2023.18588.

Padela, Aasim I. "Islamic Medical Ethics: A Primer." *Bioethics* 21, no. 3 (2007): 169–78. https://doi.org/10.1111/j.1467-8519.2007.00540.x.

Peter Mahmud Marzuki. *Penelitian Hukum*. Cet. 4. Kencana, 2008.

Quinn, Gerard, and Anna Arstein-Kerslake. *Restoring the "Human" in "Human Rights": Personhood and Doctrinal Innovation in the UN Disability Convention," Dalam The Cambridge Companion to Human Rights Law*. Cambridge University Press, 2012.

Vieta, Eduard, Michael Berk, Thomas G. Schulze, et al. "Bipolar Disorders." *Nature Reviews. Disease Primers* 4 (March 2018): 18008. https://doi.org/10.1038/nrdp.2018.8.

Villiana, Charly Octa, Mohammad Yasir Fauzi, and Agus Hermanto. "Child Custody Due to Wife's Mental Disorder: A Maqashid Shariah Perspective Analysis." *Al-Risalah Jurnal Ilmu Syariah Dan Hukum*, September 30, 2025, 757–75. https://doi.org/10.24252/al-risalah.vi.61091.

Wael B. Hallaq. *Sharī'a: Theory, Practice, Transformations*. Cambridge University Press, 2009.

Wahbah Zuhaili. *Al-Fiqh al-Islami Wa Adillatuhu*. Vol. 4. Gema Insani, 2011.

World Health Organization. *Mental Health Atlas 2023*. World Health Organization, 2024.

Zuhdi, Syaifuddin, Lutfi Robiatul Adawiyah, Marisa Kurnianingsih, M. Junaidi, and Abdul Hakim. "Bipolar Disorder and Child Custody in Indonesian

Religious Courts: Operationalizing Sadd al-Dharīʿah to Balance Child Welfare and Parental Rights." *Al-Ahkam: Jurnal Ilmu Syari'ah Dan Hukum* 11, no. 1 (2026): 149–76. https://doi.org/10.22515/alahkam.v11i1.13136.