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Mental Integrity and Criminal Responsibility: Evolution of the Insanity Defence from Moral Philosophy to Constitutional Jurisprudence in India

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Abstract

Mental integrity has evolved from a medical concern into a constitutional and human rights issue grounded in dignity and personal liberty. This paper examines the development of mental health and the insanity defence within criminal law, with particular reference to Indian jurisprudence, situating the subject at the intersection of psychiatry, penology, and constitutional law. The study traces the moral and philosophical foundations of criminal responsibility, emphasizing that punishment presupposes rational understanding and free will. Where an accused lacks the capacity to comprehend the nature or wrongfulness of an act, criminal liability fails to serve the objectives of punishment. The insanity defence thus operates as a principled exception to the requirement of actus reus coupled with mens rea. Historically, the paper contrasts ancient Indian moral absolutism, rooted in concepts of Dharma, with Western legal traditions that gradually recognized mental incapacity as a basis for exemption from punishment. These developments culminated in the M'Naghten Rules, which adopted a narrow cognitive test and continue to influence Indian law through Section 84 of the Indian Penal Code, 1860. The paper further analyses the constitutional evolution of mental health under Article 21 of the Constitution of India, where judicial interpretation has recognized mental well-being, autonomy, and dignity as integral to the right to life, underscoring the need for a more humane and contemporary approach to criminal responsibility.

Keywords: Mental integrity, insanity defense, unsoundness of mind, mental health

Introduction

Mental integrity means the legal protection of a person's psychological state and capacity for self-determination against non-consensual interference, moving beyond a purely medical notion of mental health to a constitutional right grounded in dignity and autonomy.[1] Mental health law plays a pivotal role in strengthening psychiatric care systems by providing a legal framework that ensures accountability, accessibility, and protection of human rights.

[1]Renjini, R., Janaki, M. C., & Kumar, G. A Prisoners as the Forgotten Patients: A Rights-Based Argument for Psychotherapy in Indian Prisons. *Annales Internationales de Criminologie*, 1–15. (2025). https://doi.org/10.1017/cri.2025.10067.

Jurisprudentially, the recognition of mental health as a legal right is closely linked with constitutional guarantees of dignity, equality, and personal liberty, and assumes particular significance within the Indian criminal justice system where mental illness intersects with criminal responsibility and legal defenses. International standards, including those prescribed by the World Health Organization, emphasize that mental health legislation must safeguard core human rights such as informed consent, privacy, confidentiality, and protection from inhuman or degrading treatment.

Early Moral Foundations

Jurisprudentially, principle of retribution obligates the State to punish offenders as deserved retaliation for freely violating the law, often associated with revenge but in contrast, the principle of justice grants the State a limited right to impose proportionate coercive measures solely to protect societal interests, not as retaliation. Principle of justice allows responses such as treatment, isolation or incarceration based on fairness and community welfare, it reflects a rational, morally grounded concept of fairness, aligned with mens rea and community-based ethical judgment while principle of retaliation has strong historical influence, modern legal thought increasingly rejects it.[2]

The aims of punishment presuppose rational understanding, and since an insane person lacks the mental capacity to comprehend law, foresee consequences, or conform to social norms, holding such a person criminally liable would impose suffering without advancing the true objectives of penology. Criminal liability is presumed to rest on a person's capacity for free and rational choice, and where an individual is incapable of such choice and cannot conform to legal standards of conduct, the insanity defence operates as a long-standing exception to the age-old requirement of mens rea coupled with actus reus. Therefore, the earliest foundations of criminal responsibility rested on the idea that only voluntary acts accompanied by guilty intention (mens rea) could constitute crime. Mens rea denotes the cognitive mental state i.e. intention, knowledge, foresight, required for criminal liability, while insanity concerns whether mental disorder negates responsibility despite the presence of intent. Psychological research shows that cognition, emotion, and conation interact; mental illness may distort reasoning or impulse control but often does not eliminate intention altogether. Courts therefore distinguish between lack of mens rea and legal insanity, though the same evidence may inform both.[3] Certain conditions like automatism, severe delirium, or intellectual disability may genuinely negate mens rea, challenging the assumption that culpability always follows intent.[4]

Ancient Indian Perspective

In contrast, ancient Indian legal philosophy did not recognize insanity as a defence. Concepts such as Karma, Dharma, and Dand imposed absolute moral liability, requiring individuals to suffer consequences regardless of sanity or intention. Classical texts like the Manusmriti and Arthashastra emphasized moral order rather than cognitive incapacity. Justice B.N. Srikrishna later clarified that Dharma functioned as an indigenous form of rule of law, predating Western notions.[5]In Indian intellectual history, particularly within the Ayurvedic tradition, Patanjali emphasised yoga as a holistic

[2]Douglas Walton, Philosophical Perspectives on the Insanity Defense, The Human Context, 7, 1975, at p. 551-552.
[3] Stephen J. Morse & Morris B. Hoffman, The Uneasy Entente Between Legal Insanity and Mens Rea: Beyond Clark v Arizona, 97 J. CRIM. L. & CRIMINOLOGY 1071 (2007).
[4] Atkins v Virginia, 536 U.S. 304, 318.
[5] Justice B. N. Srikrishna's lecture on the rule of law being rooted in *Dharma* and predating Western legal conceptions (as reported). (2006, March 6). *Hindustan Times*.

path to self-realisation through the integration of a healthy body, balanced mind, and disciplined spirit.[6]India's engagement with mental health, however, predates modern legislation.

Ancient Indian traditions perceived mental well-being as an integral component of holistic health, rooted in spiritual, philosophical, and medical thought. Although no formal mental health legislation existed in ancient India, texts such as the Vedas, Upanishads, and Ayurveda treatises recognized the interdependence of mind, body, and spirit and advocated mental balance as essential for overall well-being. At the same time, social stigma and supernatural explanations often governed societal responses to mental illness, sometimes resulting in harmful practices. Scholarly studies on ancient Indian psychiatry and Ayurveda demonstrate an early conceptual understanding of mental health, which provides an important historical foundation for contemporary legal and forensic interpretations of mental illness, particularly in relation to criminal defences based on unsoundness of mind.[7]

Evolution under the Anglo-Saxon System of Law

Greek philosophers such as Plato and Aristotle (c. 350 BC) reinforced this idea by linking law to reason and justice. Plato's Laws offers one of the earliest systematic discussions on mental illness and legal responsibility, distinguishing madness caused by illness or senility from moral or character-based deviance. Accordingly as per Plato those suffering from illness-induced madness were exempt from criminal responsibility and excluded from corrective punishment, with guardians held accountable instead.[8] Plato viewed punishment as a means of moral reform, not retribution, but accepted that the mentally ill were beyond such reform. Plato acknowledged that acts committed due to insanity, disease, or extreme age could be excused, though restitution might still be required. Plato held that if an accused is proven to have committed an offence while mad or diseased, the act is excusable from punishment, requiring only compensation for the harm caused rather than criminal liability.[9]

However, Aristotle did not formulate a distinct legal doctrine of *insanity as a defence*, yet his ethical philosophy implicitly supports its core rationale. In *Nicomachean Ethics*, Aristotle reasoned that when a person acts in ignorance of the circumstances or consequences of an act, the act is involuntary and therefore warrants pity and forgiveness rather than blame.[10] For Aristotle, moral and legal responsibility presuppose rational capacity, therefore, acts are culpable only when they are *voluntary* and guided by reason (*logos*).[11] Individuals who are mentally ill, those suffering from conditions such as mania or epilepsy are seen as aberrations from normal human nature, often described as exhibiting *animality (theories)*, where rational control is lost.[12]Such persons are not proper subjects of moral reasoning or persuasion, much like children or beasts, and therefore fall outside Aristotle's framework of ethical accountability. Since they lack the rational faculty necessary for deliberate choice, their actions cannot

[6] C.R.Chandrashekar& S.B. Math, Psychosomatic Disorders in Developing Countries: Current Issues and Future Challenges. Current Opinion in Psychiatry 19:201–206 (2006); *as cited by*, Mr. Gaurav Bharti, Dr. Manisha Matolia, (2025) Laws Concerning Mental Health in India: A National Perspective. Journal of Neonatal Surgery, 14 (18s), at p. 408.

[7] Ravi Abhyankar, "Psychiatric Thoughts in Ancient India" 5 Journal of Yoga, Physical Therapy and Rehabilitation 1-4 (2018).; *also see*, Parthasarathi Mondal, "Psychiatry in Ancient India: Towards an Alternative Standpoint" 14(3) NIMHANS Journal 167-199 (1996); *and also see*, Anand Mishra, Thomas Mathai and Daya Ram, "History of psychiatry: An Indian perspective" 27(1) Industrial psychiatry Journal 21-26 (2018).

[8] Marke Ahonen, Ancient philosophers on mental illness, History of Psychiatry 2019, Vol. 30(1) 3–18 at PP. 5-6.

[9] Michael J. Vitacco *et. al*., Neuroscience and the Insanity Defense: Trying to put a round peg in a square hole, Forensic Science International: Mind and Law, 5 (2024) 100131.

[10] *Ibid*

[11] *Supra* note 8 at p. 6-7.

[12] *Ibid*.

be evaluated by the standards of virtue or vice. Consequently, although Aristotle does not explicitly address criminal liability, his theory implies that the mentally ill cannot be held fully responsible for their acts, laying an early philosophical foundation for the modern insanity defence based on absence of rational agency. Aristotle emphasized that law must govern rulers themselves, embedding rational accountability into governance. From an Aristotelian perspective, criminal responsibility is grounded in moral agency and exists only where an individual acts with knowledge and voluntary control, such that when mental illness or compulsion destroys understanding or self-control, the act becomes involuntary and the basis for holding the person criminally responsible is fundamentally undermined.[13]

The earliest legal recognition of mental incapacity as a ground for exemption from responsibility can also be traced to Roman law, particularly the Code of Justinian (6th century CE). Roman jurisprudence treated *furiosi* (insane persons) and children as lacking *voluntas* and *intellectus*, the essential components of legal responsibility. Such individuals were regarded as non-compos mentis**,** equated with infants or animals, and therefore incapable of forming *culpa* (fault). Roman law recognized mental incapacity as a ground for exemption from responsibility; *furiosi* and children lacked *voluntas* and *intellectus* and were treated as *non-compos mentis*, incapable of *culpa*. Justinian's Digest explicitly classifies *furiosi* and minors as legally incapable of intent (*voluntas*), equating them with those lacking rational capacity.[14] Roman criminal responsibility presupposed rational deliberation; where intellect was absent, punishment was unjustified.[15] The analogy of insane persons to animals or infants appears repeatedly in Roman legal reasoning.[16]

Roman law addressed mental illness primarily by regulating the capacity of affected persons to manage property and enter into contracts, and by safeguarding both society and the individuals themselves from harm arising from their impaired self-control.[17] Roman jurisprudence recognized insane persons as *non-compos mentis*, equating them with infants or animals incapable of fault. Such individuals were considered legally irresponsible due to their inability to comprehend consequences. Roman law carefully examined criminal responsibility by requiring an inquiry into whether the offence was committed during genuine insanity, temporary or permanent, or merely feigned, and by recognising that even a person declared *furiosus* could be examined during lucid intervals to determine culpability.[18] Roman law adopted a case-by-case approach to insanity, exempting the *furiosus* from criminal liability only when the act was committed under genuine loss of consciousness or control, while carefully guarding against feigned madness or lucid intervals, and treating mental illness itself as a misfortune warranting pity rather than punishment.[19] Simultaneously, Roman law recognised early forms of mitigated culpability, notably through the "heat of passion" doctrine, under which homicide committed in sudden anger during

[13] *Supra note* 2 at p. 521.
[14] Justinian. (1985). *The Digest of Justinian* (A. Watson, Trans.). University of Pennsylvania Press. (Original work compiled ca. AD 533), Digest 48.8 (on homicide), especially distinctions between *dolus* (intent) and *impetus* (sudden impulse) and also see Buckland, W. W. (1963). *A textbook of Roman law from Augustus to Justinian* (3rd ed.). Cambridge University Press
[15] *Ibid*
[16] *Id.*
[17] Susana Gazmuri, The Mentally Ill In Roman Society (Late Republic And Empire), Argos 30 (2006) ISSN 0325-4194, p. 95.
[18] See the example of Aelius Priscus case as quoted by Susana Gazmuri, The Mentally Ill In Roman Society (Late Republic And Empire), Argos 30 (2006) ISSN 0325-4194, p. 97.
[19] Zuzanna Benincasa and Maria Nowak, Outline Of The Legal Situation Of Persons With Mental Disabilities (Furiosi) In Roman Law, Chapter-3, at p. 51-52; DOI: 10.4324/9781003463016-5.

a street altercation attracted reduced punishment because the accused lacked calm deliberation.[20] This laid the groundwork for distinguishing between full criminal intent and impaired mental states.

During the medieval period, Canon law and Christian theology played a decisive role in shaping legal attitudes towards insanity. Thinkers such as St. Augustine and St. Thomas Aquinas conceptualised criminal responsibility in terms of free will and moral agency.[21] According to scholastic thought, sin and crime required the capacity to distinguish right from wrong and to act voluntarily.[22]Insanity was understood as a condition that destroyed moral blameworthiness, even if it did not absolve social danger. Consequently, insane persons were exempted from moral guilt but were often confined or supervised to prevent harm.[23]This theological understanding deeply influenced medieval common law and explains why insanity historically operated more as a ground for mercy or exemption from punishment rather than an outright defence leading to freedom.[24]

In pre-Norman Anglo-Saxon England, there was no unified criminal code. Justice was largely compensatory, and crimes were resolved through *wergild* (monetary compensation). Where an insane person caused harm, responsibility fell upon the family or kinship group, who were required to compensate the victim's family and ensure care for the insane offender.[25] Insanity at this stage was not a legal defence in the modern sense but functioned as a factor reducing personal blame, shifting liability from the offender to the community.[26]

After the Norman Conquest (1066), criminal justice became centralised under royal authority. Insanity was not formally recognised as a defence. Instead, a person found guilty but believed to be insane would be referred to the King for pardon.[27]Thus, insanity functioned as an exceptional circumstance, not a legal rule.[28] The accused would still receive a guilty verdict, but mercy could be exercised through royal prerogative. This reflects the transition from communal justice to state-controlled punishment.[29]

A significant doctrinal development occurred with Henry de Bracton (c. 1256), who articulated the principle that a person who "does not know what he is doing" due to insanity should not be held criminally responsible.[30] He famously compared such persons to "wild beasts". This reasoning later crystallized into the Wild Beast Test, which required that the accused's mental capacity be no greater than that of an animal or infant. This test introduced a cognitive standard**,** focusing on understanding rather than moral fault. [31]

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[20] *Supra* note 14.

[21]Augustine. (1993). *On free choice of the will* (T. Williams, Trans.). Hackett Publishing. (Original work written c. 388–395 CE), and also see Aquinas, T. (1988). *Summa theologica* (Fathers of the English Dominican Province, Trans.). Christian Classics. (Original work written 1265–1274).

[22] Walker, N. (1968). *Crime and insanity in England* (Vol. 1). Edinburgh University Press, and also see Morse, S. J. (2000). Brain and blame. *Georgetown Law Journal*, 84, 527–560.

[23] Baker, J. H. (2019). *An introduction to English legal history* (5th ed.). Oxford University Press.

[24] Gratian. (1993). *The treatise on laws (Decretum DD. 1–20)* (A. Thompson & J. Gordley, Trans.). Catholic University of America Press. (Original work c. 1140).

[25] Pollock, F., & Maitland, F. W. (2010). *The history of English law before the time of Edward I* (Vol. 2). Cambridge University Press.(Original work published 1898) and also see Holdsworth, W. S. (2009). *A history of English law* (Vol. 2). Sweet & Maxwell. (Original work published 1903).

[26] *Supra* note 23.

[27] *Ibid*

[28]Holdsworth, W. S. (2009). *A history of English law* (Vol. 3). Sweet & Maxwell. (Original work published 1909).

[29] Green, T. A. (1985). *Verdict according to conscience: Perspectives on the English criminal trial jury, 1200–1800*. University of Chicago Press.

[30] Bracton, H. de. (1968). *On the laws and customs of England* (S. E. Thorne, Trans.; Vol. 2). Harvard University Press.

[31] Moran, R. (1985). The Origin Of Insanity As A Criminal Defense. *Law and History Review, 3*(2), 395–426. https://doi.org/10.2307/743879.

Subsequently, the Good and Evil Test emerged, rooted in religious and moral philosophy. According to this test, a person was insane if he lacked the ability to distinguish between good and evil.[32] Unlike the Wild Beast Test, this standard focused on moral cognition rather than total intellectual incapacity.[33] This test was successfully applied in cases where the accused failed to meet the strict Wild Beast threshold but was clearly incapable of moral judgment.[34]

The R v Arnold (1724)[35] case marked a critical turning point. Judge Tracy held that insanity existed where the accused was "totally deprived of his understanding and memory, and doth not know what he is doing, no more than a wild beast." This case formally judicially endorsed the Wild Beast Test, making it a standard reference in English criminal law.[36]

Sir William Blackstone systematized the insanity doctrine in his *Commentaries on the Laws of England*. He asserted that idiots and lunatics could not be guilty of crimes because they lacked understanding.[37] Blackstone also emphasized the presumption of sanity, placing the burden of proof on the accused. His work provided the doctrinal continuity between medieval tests and modern insanity jurisprudence.[38]

The landmark case of R v Hadfield (1800) fundamentally transformed insanity jurisprudence.[39] Hadfield attempted to assassinate King George III under a delusional belief connected to religious prophecy. Despite clear premeditation, the court acquitted him on grounds of insanity, recognising that delusion could coexist with planning. This case introduced the phrase "Not Guilty by Reason of Insanity" and directly led to the Criminal Lunatics Act, 1800,[40] which mandated detention of insane acquittees to protect society. Following *R v Hadfield*, psychiatric evidence became central to determining criminal responsibility, leading to an institutional shift from punitive sanctions to preventive confinement of mentally disordered offenders in the interest of public safety.[41]In the beginning of 1800 century The Criminal Lunatics Act, marked a decisive shift from mercy to preventive detention, recognising insanity as a defence while ensuring public safety.[42] Insane offenders were no longer released but confined until deemed safe.[43]

In Bowler's case,[44] epilepsy was recognised as a basis for insanity. In this case the court applied the right–wrong test, paving the way for greater reliance on medical evidence and reinforcing the cognitive basis of insanity. In England the insanity defence evolved through multiple legal standards addressing criminal responsibility. The M'Naghten Rules (1843) focus narrowly on cognitive incapacity i.e. lacks of understanding of the nature or wrongfulness of the act but were criticized for ignoring volitional

[32] Aquinas, T. (1981). *Summa theologiae* (Fathers of the English Dominican Province, Trans.). Christian Classics.
[33] Hart, H. L. A. (1968). *Punishment and Responsibility: Essays in the Philosophy Of Law*. Oxford University Press.
[34] Goldstein, A. M. (1967). The Insanity Defense. *Yale Law Journal, 76*(3), 321–367.
[35] *R v Arnold* (1724) 16 Howell's State Trials 695 (Eng.).
[36] Walker, N. (1968). *Crime and Insanity in England* (Vol. 1). Edinburgh University Press and also see Ashworth, A. (2015). *Principles of criminal law* (7th ed.). Oxford University Press.
[37] Blackstone, W. (1765–1769/1979). *Commentaries on the Laws Of England* (Vol. 4, Ch. 2). University of Chicago Press.
[38] Walker, N. (1968). *Crime and insanity in England* (Vol. 1). Edinburgh University Press.
[39] R v Hadfield (1800). *27 Howell's State Trials* 1281.
[40] Criminal Lunatics Act, 1800, 39 & 40 Geo. III c. 94 (UK).
[41] Smith, R. (1981). Trial by Medicine: Insanity and Responsibility in Victorian trials. British Journal of Criminology, *21*(1), p.18–30.
[42] *Supra* note 40
[43] Eigen, J. P. (1995). Witnessing Insanity: Madness and mad-doctors in the English court. Yale University Press and also see Fennell, P. (1996). Treatment without Consent: Law, Psychiatry and the Treatment Of Mentally Disordered People Since 1845. Routledge.
[44] R v Bowler (1882) 16 Cox C.C. 22.

impairment (M'Naghten's Case).[45] The Irresistible Impulse test supplemented M'Naghten by recognising loss of self-control, yet was rejected for vagueness and misuse (Royal Commission Report, 1953).[46] The Durham/Product test linked crime causally to mental disease but failed due to definitional ambiguity (Durham v. U.S., 1954).[47] The ALI Model Penal Code introduced a balanced cognitive volitional "substantial capacity" test, later restricted federally by the Insanity Defense Reform Act, 1984, reverting to M'Naghten-like standard. England further mitigated rigidity through diminished responsibility under the Homicide Act, 1957. These cumulative developments culminated in the M'Naghten Rules,[48] which formally articulated the right–wrong test and remain the foundation of insanity defence in common law jurisdictions, including India.[49]

Codified Modern Indian Criminal Law along with Judicial Clarification

These well-established legal standards used by courts to assess criminal responsibility when the insanity defence is invoked: the M'Naghten Rules, the Irresistible Impulse test, the Durham (or "product") Rule, etc. The M'Naghten Rule holds that an accused is legally insane and therefore not criminally responsible, if at the time of committing the act he was suffering from a disease of the mind that rendered him incapable of understanding the nature and quality of the act, or of knowing that the act was wrong, hence, sanity is presumed unless proved otherwise.[50]A decisive shift occurred under British rule with the introduction of English common law principles. The Indian Law Commission (1833) and Macaulay's IPC (1860) institutionalized criminal responsibility based on *mens rea*, formally introducing Section 84 IPC, insanity as a general exception. This marked India's transition from moral absolutism to cognitive responsibility as the basis of criminal liability.

Modern criminal law aims to protect society while ensuring fairness in punishment. The IPC codified general exceptions, including infancy (Sections 82–83),[51] intoxication (Sections 85–86),[52] and unsoundness of mind (Section 84),[53] reflecting the principle that liability requires capacity and intention. Although courts have occasionally acknowledged the need for a progressive reorientation, most notably in *Ram Dulare's Case*[54] they have expressed institutional helplessness, often mitigating harsh outcomes

[45] M'Naghten's Case (1843) 10 Cl & Fin 200, 8 ER 718 (HL).
[46] Report of Royal Commission on Capital Punishment (London HMSO 1953) pp. 109, 111,287.
[47] Durham v. U.S. 214 F 2d 862, 869 et req. (D.C. cir. 1954).
[48] *Supra* note 45
[49] Bonnie, R. J., & Slobogin, C. (2009). The Role of Mental Illness in Criminal Trials: The Insanity Defense. Journal of the American Academy of Psychiatry and the Law, 37(3), p.338–349.
[50] H Priyadarshini, P M Krishnadhareeni, Histrocial Background Of Insanity Defence, International Journal Of Law, Volume 11, Issue 3, 2025, p.. 122-126.
[51] Sec. 82: *Nothing is an offence which is done by a child under seven years of age, and Sec. 83: Nothing is an offence which is done by a child above seven years of age and under twelve, who has not attained sufficient maturity of understanding to judge of the nature and consequences of his conduct on that occasion. (Indian Penal Code, 1860).*
[52] Sec. 85: *Nothing is an offence which is done by a person who, at the time of doing it, is, by reason of intoxication, incapable of knowing the nature of the act, or that he is doing what is either wrong, or contrary to law; provided that the thing which intoxicated him was administered to him without his knowledge or against his will, and Sec. 86: In cases where an act done is not an offence unless done with a particular knowledge or intent, a person who does the act in a state of intoxication shall be liable to be dealt with as if he had the same knowledge as he would have had if he had not been intoxicated, unless the thing which intoxicated him was administered to him without his knowledge or against his will. (Indian Penal Code, 1860).*
[53] Sec. 84*: Nothing is an offence which is done by a person who, at the time of doing it, by reason of unsoundness of mind, is incapable of knowing the nature of the act, or that he is doing what is either wrong or contrary to law. (Indian Penal Code, 1860).*
[54] Ram Dulare Ramadhin Surat v. State, AIR 1958 MP 258; State v Chottalal, AIR 1959 MP 203.

only through executive commutation under Sections 54[55] and 55 IPC[56] rather than substantive doctrinal reform. Despite scholarly advocacy for recognising diminished responsibility and incorporating partial mental impairment as a mitigating factor, the Law Commission of India, in its 42nd Report, declined reform due to perceived medico-legal complexities. Subsequent mental health legislation also avoided addressing criminal responsibility, leaving Indian insanity law outdated, underscoring the urgent need for a liberal interpretation of Section 84 informed by advances in psychiatry and forensic science to align Indian penology with contemporary global standards.

Indian courts interpret Section 84 IPC strictly on the cognitive model derived from the M'Naghten Rules, requiring proof of legal insanity, not mere medical insanity. Unsoundness of mind is equated with insanity affecting cognitive capacity to understand the nature, wrongfulness, or illegality of the act.[57] In *Kadar Nasyer Shah case*[58] the court held that Section 84 IPC is based on the M'Naghten Rules. A person is exempt from criminal liability only if, due to unsoundness of mind, he was incapable of understanding either the nature of the act or that the act was wrong or contrary to law. Mere mental disorder is insufficient and insanity must exist at the time of the act, though conduct immediately before and after is relevant.[59]

Courts are concerned only with legal insanity, requiring that the unsoundness of mind render the accused incapable of knowing the nature of the act or that it was wrong or illegal.[60] The crucial time for determining insanity is the moment of commission of the offence, and past episodes are irrelevant unless insanity is established at that time.[61] Evidence of conduct before and after the offence is relevant to infer the mental condition of the accused at the time of the act.[62] While the prosecution must prove guilt beyond reasonable doubt, the accused need only establish insanity on a preponderance of probabilities, and creating a reasonable doubt as to mens rea is sufficient.[63]

The decisive test is whether the cognitive faculties of the accused were impaired at the time of the offence and minor mental abnormalities, violent temperament, or susceptibility to provocation do not attract Section 84 IPC.[64]The court classified "unsoundness of mind" into four categories;[65]idiot, non-compos mentis due to illness, lunatic or madman and drunkard and held that only such unsoundness that renders the accused incapable of understanding the nature or legality of the act qualifies for the defence.

The plea of insanity must be examined in light of the totality of circumstances, including medical history and conduct proximate to the offence.[66] The defence applies only where the capacity to distinguish right from wrong is extinguished, and if the "guiding light" of reason merely flickers, Section 84 has no application.[67] The phrase "nature of the act," as derived from the McNaughten Rules, encompasses both

[55] *In every case in which sentence of death shall have been passed, the appropriate Government may, without the consent of the offender, commute the punishment for any other punishment provided by this Code. (Indian Penal Code, 1860).*
[56] *In every case in which sentence of imprisonment for life shall have been passed, the appropriate Government may, without the consent of the offender, commute the punishment for imprisonment of either description for a term not exceeding fourteen years. (Indian Penal Code, 1860).*
[57] Surender Mishra v. State of Jharkhand AIR 2011 SC 627
[58] Queen Empress v. Kadar Nasyer Shah (1896) ILR 23 Cal 604.
[59] Dahyabhai Chhaganbhai Thakker v. State of Gujarat [1964] INSC 81
[60] Lala S.K. v. State 1983 Cri LJ 1675 (Del).
[61] State of Madhya Pradesh v. Ahmadullah AIR 1961 SC 998.
[62] Jai Lal v. Delhi Administration 1969 (1) SCR 140.
[63] *Supra* note 59.
[64] Ramchandran v. State of Kerala 1986 Cri LJ 1222 (Ker).
[65] Vidya Devi v. State of Rajasthan 2004 Cri LJ 2332 (Raj).
[66] Shrikant Anandrao Bhosale v. State of Maharashtra (2002) 7 SCC 748.
[67] Lakshmi v. State AIR 1959 All 534.

its nature and quality, and mere awareness of physical consequences without understanding moral or legal implications may still entail criminal liability.[68]

The burden lies on the accused under Section 105 Indian Evidence Act,[69] dischargeable by preponderance of probabilities. Courts reject irresistible impulse and emotional incapacity as grounds.[70]Therefore, section 84 embodies the principle that criminal liability requires *mens rea* i.e. a guilty mind and exempts only those whose legal insanity destroys cognitive capacity at the time of the act.[71] Indian courts consistently distinguish medical insanity from legal insanity, presuming sanity and placing the burden on the accused to prove incapacity.[72] The Supreme Court clarified that emotional imbalance, impulsive behaviour, eccentricity, irresistible impulse, or partial delusion does not amount to legal insanity and held that Section 84 applies only when cognitive faculties are completely impaired.[73] The Court distinguished between cases where insanity is proved but responsibility is in question, and cases where insanity itself is disputed.[74] Preparation, concealment, conduct after offence, and attempts to escape are relevant factors in assessing insanity.

The defence applies only when the accused is incapable of knowing the nature, wrongfulness, or illegality of the act.[75] The three-test theory in *Ashiruddin Ahmed v. King*[76] was criticized for fragmenting "wrong or contrary to law," with courts later reaffirming a twin cognitive test consistent with *Geron Ali v. Emperor*.[77] Mere medical insanity does not absolve criminal liability; the accused must prove legal insanity and the burden under Section 105 of the Evidence Act is discharged on a preponderance of probabilities.[78]

The legal test of insanity is distinct from medical insanity, as not every person suffering from medical insanity qualifies as legally insane for the purposes of criminal law.[79]Although insanity encompasses a wide spectrum of mental disorders, legal responsibility turns on the capacity to understand the consequences of one's acts and the fear of punishment, and mere behavioural abnormality does not sustain the defence.[80]

The law on insanity draws a strict distinction between medical insanity and legal insanity**.** Under M'Naghten's Rules (1843) and Section 84 IPC, only legal insanity where unsoundness of mind destroys cognitive capacity to know the nature of the act or its wrongfulness exempts criminal liability. Medical insanity, emotional disturbance, eccentricity, impulsive behaviour, or mental illness per se are

[68] Baswanta Bajirao v. Emperor AIR 1949 Nag 66.
[69] Section 105 of the Indian Evidence Act, 1872, *When a person is accused of any offence, the burden of proving the existence of circumstances bringing the case within any of the General Exceptions in the Indian Penal Code (45 of 1860), or within any special exception or proviso contained I n any other part of the same Code, or in any law defining the offence, is upon him, and the Court shall presume the absence of such circumstances.*
[70] Bapu @ Gajraj Singh v. State of Rajasthan (2007) 8 SCC 66
[71] Ambi v. State of Kerala, 1962 CriLJ 135
[72] Meh Ram v. State (1982) 3 SCC 247
[73] *Supra* note 70.
[74] Hari Singh Gond v. State of Madhya Pradesh (2008) 16 SCC 109.
[75] *Supra* note 67.
[76] 1949 Calcutta 182
[77] 1941 Cal 129
[78] *Supra* note 57.
[79] Chajju Mal v. Emperor 94 Pun LR 1909.
[80] Pancha v. Emperor AIR 1932 All 233.

insufficient.[81] Courts presume sanity and assess mental state at the time of the act, using conduct before, during, and after the offence,[82] and when medical and legal opinions conflict, legal standards prevail.[83] Therefore, medical insanity includes all psychological disorders recognised by psychiatry, whereas legal insanity is narrowly defined and concerns only those mental conditions that destroy a person's cognitive capacity at the time of the offence. Law excuses criminal liability only when insanity renders the accused incapable of knowing the nature of the act or that it is wrong**,** thereby negating *mens rea*. Many psychologically ill persons can still plan, control impulses, and understand consequences, and hence remain legally responsible. Courts assess responsibility on intention and reasoning, not diagnosis alone. The Supreme Court affirmed that the applicable standard is legal insanity, not medical insanity (*Shera Ram v. State of Rajasthan*, 2012).[84]

Thus, Indian criminal law on insanity, anchored in Section 84 of the Indian Penal Code, has remained largely static, constrained by the rigid M'Naghten framework, which limits judicial interpretation and fails to accommodate modern psychiatric understanding of mental disorders affecting emotions and volition. But, the M'Naghten Rules, though widely adopted in the nineteenth century, were increasingly criticized for their narrow and rigid focus on cognition. Edward B. Hill (1881) questioned what degree of insanity should excuse liability and argued for a flexible, jury-centred inquiry into whether insanity caused the crime, without imposing an excessive evidentiary burden.[85]W.C. Sullivan (1924) noted that the Rules, framed for delusional insanity, were unsound when applied broadly and unjustly excluded disorders involving uncontrollable impulse.[86]Carl Cohen (1959) rejected isolating cognitive capacity from affective and conative functions, stressing the integrated nature of personality.[87]Ralph Brancale (1960) further demonstrated that compulsive disorders such as kleptomania may negate self-control despite intact awareness of wrongfulness, exposing the Rules' failure to accommodate gradations of mental incapacity.[88] "Wrong" and "contrary to law" together form a single composite test. Knowledge of either legal or moral wrongfulness excludes the defence.[89] The court treated "wrong" and "contrary to law" as independent tests, granting acquittal where the accused knew the act was illegal but believed it morally justified due to delusion.[90]

The court rejected the tripartite test. If the accused understands either moral wrongfulness or illegality, the defence fails unless he also does not understand the nature of the act.[91] "Wrong" refers to moral wrong, while "contrary to law" refers to legal wrong; however, these are not separate defences but part of a composite test under Section 84.[92]

[81] Queen Empress v. Lakshman Dagdu,(1886) I.L.R. 10 Bom 512, and also, Chajju Mai v. Emperor 11 Cr. L.J. 105.
[82] Nandeswar kalita v. State of Assam (1983) 11 Cr. L.J. 1515.
[83] Ram Kumar v. Ram Sunder AIR 1932 PC 69.
[84] (2012) 1 SCC 602.
[85] Edward B. Hill, "Insanity as a Defence" in Charles E. Grenell, Points of Law for Lawyers and General Readers Suggested by Guiteau's Case 22 (Little, Brown, and Company, Boston, 1881).
[86] W.C. Sullivan, "Crime and Insanity" 85(3) American Journal of Psychiatry 213 (1924).
[87] Carl Cohen, "Criminal Responsibility and Knowledge of Right and Wrong" 14 University of Miami Law Review 30 (1959).
[88] Ralph Brancale, "More on M'Naghten: A Psychiatrist's View" 65 Dickinson Law Review 277 (1960).
[89] *Supra* note 77
[90] *Supra* note 76.
[91] State of Maharashtra v. Sindhi @ Raman (1987) 89 Bom LR 423.
[92] Rambharose v. State of Madhya Pradesh, AIR 1954 SC 704.

Constitutional Perspective

Although mental health and its allied dimensions including the defence of insanity, are not expressly enumerated in the Constitution of India, consistent judicial interpretation has brought them within the expansive ambit of Article 21, recognising mental well-being and legal capacity as integral to the right to life and personal liberty. The Supreme Court of India has consistently held that the right to health is an integral and inseparable component of the right to life under Article 21. The State bears a constitutional obligation to ensure accessible, affordable, and adequate healthcare, particularly for socially and economically disadvantaged sections of society.[93] The Supreme Court has consistently held that the "Right to Life" is not merely animal existence but includes the right to live with dignity.[4]The Court established the Right to Privacy as a fundamental right, explicitly encompassing "mental privacy" and "informational self-determination" within its scope.[94]The Supreme Court invalidated the involuntary use of narco-analysis, polygraph, and BEAP tests, holding that compelled disclosure of mental contents infringes the "cloisters of the mind" and the constitutional protection against self-incrimination.[95]

The Supreme Court clarified that unsoundness of mind is equated with legal insanity, to be judicially determined on the basis of psychiatric evidence, and that mere medical illness is insufficient unless it impairs cognitive capacity at the time of the offence.[96]Mental health was declared a fundamental right under Article 21, and the Court simultaneously issued the "Saha Guidelines" for educational institutions.[97]The Court held that criminalisation of sexual orientation inflicts severe mental trauma and thereby violates the right to psychological health.[98]The Court recognised cognitive autonomy and affirmed an individual's right to decide their own medical treatment, including passive euthanasia.[99]The Court ruled that post-conviction mental illness constitutes a valid ground for commuting a death sentence to life imprisonment.[100]The Court mandated that insurance companies extend equal coverage to mental illnesses on par with physical illnesses.[101]

The Court emphasized the State's obligation to ensure dignified living conditions for women in mental health institutions.[102]The Court introduced a purposive interpretation of mental illness to extend greater protection to victims of sexual assault with intellectual disabilities.[103]This foundational PIL catalyzed reforms by exposing and addressing the appalling conditions prevailing in mental asylums and prisons.[104]In a recent pronouncement through a transformative ruling, the Supreme Court recognised mental health as an integral facet of the Right to Life, observing that "there is no health without mental health" and thereby elevating the statutory protections under the Mental Healthcare Act, 2017 to constitutional status.[105]

[93] Parmanand Katara v. Union of India, (1989) 4 SCC 286; *see also*, Vincet Panikurlangara v. Union of India, (1987) 2 SCC 165 (Para.16); *and see also*, Paschim Banga Khet Mazdoor Samity v. State of West Bengal & Another, (1996) 4 SCC 37.
[94] Justice K.S. Puttaswamy (Retd.) v. Union of India (2017) 10 SCC 1.
[95] Selvi v. State of Karnataka (2010) AIR 2010 SC 1974.
[96] *Supra* note 74
[97] Sukdeb Saha v. State of Andhra Pradesh 2025 INSC 893.
[98] Navtej Singh Johar v. Union of India, (2018) 10 SCC 1
[99] Common Cause (A Regd. Society) v. Union of India, (2018) 5 SCC 1
[100] Accused 'X' v. State of Maharashtra (2019) 7 SCC 1.
[101] Shikha Nischal v. National Insurance Co. 2021 SCC OnLine Del 1713
[102] Ravinder Kaur v. State of Haryana (2015) 12 SCC 588
[103] Eera v. State (NCT of Delhi), (2017) 15 SCC 133.
[104] Sheela Barse v. Union of India (1986) 3 SCC 596
[105] *Supra* note 97

Mental Healthcare Act, 2017

The Mental Healthcare Act, 2017 (MHCA) marks a decisive shift in Indian law from a custodial model of psychiatry to a rights-based framework grounded in dignity, autonomy, and mental integrity. Mental integrity understood as the inviolability of a person's psychological and decisional sphere finds implicit protection in the Act's emphasis on informed consent (ss. 4–11), advance directives, and least restrictive care. In the criminal law context, this framework interacts with doctrines of criminal responsibility, particularly the defence of unsoundness of mind under Section 84 of the IPC and procedural safeguards under the Cr.P.C/ BNSS concerning trial of persons with mental illness.[106] While criminal responsibility turns on cognitive incapacity at the time of the act, the MHCA reinforces the principle that mental illness does not automatically negate agency. Instead, it mandates individualized assessment and safeguards against coercive institutionalization. Thus, the MHCA strengthens constitutional commitments under Article 21 by aligning forensic psychiatry with human rights, ensuring that determinations of culpability respect both therapeutic justice and the autonomy of persons with mental illness.[107]

Conclusion & Suggestions

The trajectory of the insanity defence in India reveals not merely doctrinal continuity but a gradual reconfiguration of the very foundations of criminal blameworthiness. While Section 84 of the Indian Penal Code retains the nineteenth-century cognitive architecture of the M'Naghten formulation, its contemporary application unfolds within a vastly transformed constitutional milieu. The classical premise that punishment presupposes rational agency remains intact; yet constitutional jurisprudence has complicated this premise by recognizing that mental integrity forms an inseparable component of dignity under Article 21.[108]

Indian courts have consistently drawn a careful line between psychiatric diagnosis and legal irresponsibility, insisting that mental illness per se does not extinguish culpability.[2] This distinction preserves the normative core of criminal law: liability depends upon the capacity to comprehend the nature and moral quality of conduct at the material time.[3] However, developments in mental health law particularly the Mental Healthcare Act, 2017 signal a normative shift from custodial paternalism to autonomy-centred protection.[4] The statutory emphasis on capacity, informed consent, and least restrictive care reshapes how the criminal process must engage with accused persons experiencing mental disorders, even if it leaves the substantive test under Section 84 formally untouched.

The unresolved tension lies in the dissonance between a rigid cognitive test and contemporary psychiatric insights acknowledging volitional and affective impairments. A constitutionally coherent future for the insanity defence may therefore require recalibration one that neither collapses responsibility into diagnosis nor ignores evolving understandings of mental functioning. The challenge for Indian jurisprudence is to ensure that criminal law remains morally principled while fully responsive to the constitutional commitment to dignity, autonomy, and mental integrity. Insanity in criminal law should be addressed through a structured, evidence-based approach. First, competency to stand trial must be assessed to ensure the accused understands proceedings.[109]Second, the insanity defence should evaluate cognitive and moral capacity whether the accused understood the nature or wrongfulness of the

[106] Philip, Sharad; et al., Shifting Sands: Mental Disorder Defense from Section 84 IPC to Bharatiya Nyaya Sanhita. Indian Journal of Psychiatry 66(8):p 764-765, August 2024. DOI: 10.4103/indianjpsychiatry.indianjpsychiatry_572_24
[107] https://psychology.town/services-for-the-mentally-iii/legal-responsibility-mentally-ill-criminal
[108] Maneka Gandhi v. Union of India, (1978) 1 SCC 248
[109] Dusky v. United States 362, U.S. 402 (1960)

act.[110]Third, mens rea negation or diminished capacity may be used where mental disorder prevents formation of specific intent.[111]Fourth, treatment-oriented dispositions**,** including mandatory psychiatric care and secure hospitalization, should replace purely punitive responses to reduce recidivism and ensure justice.[112]

[110] *Supra note 45*
[111] Model Penal Code §2.02).
[112] S.J. Morse, An accurate diagnosis, but is there a cure? In Robin Feldman, an Appreciation of the Role of Science in Law, 3 Hastings SCI & TECH L. J. 157 (2010).