

# Revisiting the Insanity Defence: A Comparative Analysis of the M'Naghten Rules and Modern Psychiatric Standards in Criminal Law

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## Abstract

Insanity defense remains one of the most complex and controversial doctrines in criminal jurisprudence, situated at the intersection of law, morality, and psychiatry. Originating from the landmark 1843 case that led to the formulation of the M'Naghten Rules, the legal standard for insanity has historically focused on the cognitive incapacity of the accused. However, advancements in psychiatric science have significantly broadened the understanding of mental illness, incorporating both cognitive and volitional impairments. This research paper critically examines the continued reliance on the M'Naghten framework in modern criminal justice systems and evaluates its compatibility with contemporary psychiatric standards. Through doctrinal and comparative analysis, the paper highlights the limitations of the traditional legal test, particularly its narrow cognitive focus and its inability to accommodate nuanced psychological conditions. It further explores alternative approaches such as the Model Penal Code test and modern forensic psychiatric evaluations. The study concludes that while the M'Naghten Rules provide doctrinal clarity, they are increasingly inadequate in addressing the complexities of mental health in criminal law, thereby necessitating reform toward a more integrated medico-legal approach.

## Introduction

The insanity defence occupies a distinctive and often contested position within criminal law, operating at the intersection of legal doctrine, moral philosophy, and medical science. At its core lies the foundational principle that criminal liability is predicated not merely upon the commission of a prohibited act (*actus reus*), but also upon the presence of a guilty mind (*mens rea*). Where an individual, due to mental illness, lacks the capacity to understand the nature or wrongfulness of their conduct, the imposition of criminal responsibility becomes both legally questionable and ethically problematic. The insanity defence thus functions as a crucial exception to the general rule of liability, reflecting the law's recognition that not all wrongful acts are blameworthy.

The modern legal framework governing insanity finds its roots in the landmark English case of *R v M'Naghten*, which led to the formulation of the M'Naghten Rules. These rules establish that an accused may be exempt from criminal liability if, at the time of the act, they were suffering from a "defect of reason" arising from a "disease of the mind," such that they either did not know the nature and quality of their act or did not know that what they were doing was wrong. This test, grounded in a cognitive understanding of mental incapacity, has been widely adopted across common law jurisdictions, including India, where it is codified under Section 84 of the Indian Penal Code.

Despite its longevity and doctrinal clarity, the M'Naghten framework has been the subject of sustained criticism. One of the principal concerns is its narrow focus on cognitive incapacity, which fails to adequately account for volitional impairments—situations in which an individual may understand their actions but lack the ability to control them. This limitation becomes particularly significant in light of advancements in psychiatric science, which now recognizes mental illness as a multifaceted phenomenon involving disturbances in cognition, emotion, perception, and impulse control. Consequently, the legal conception of insanity appears increasingly out of step with contemporary medical understanding.

The divergence between legal and psychiatric perspectives on insanity raises complex challenges for the criminal justice system. While the law seeks definitive standards that ensure consistency and predictability, psychiatry operates within a framework of diagnostic fluidity and individualized assessment. This disconnect often results in difficulties in the evaluation of expert evidence, inconsistencies in judicial outcomes, and potential miscarriages of justice.

In response to these concerns, alternative legal formulations—such as the Model Penal Code test—have attempted to incorporate a broader understanding of mental incapacity by including both cognitive and volitional elements. However, these approaches have not been universally adopted, and the M'Naghten Rules continue to dominate in several jurisdictions.

Against this backdrop, the present study undertakes a critical examination of the insanity defence, with particular emphasis on the continued relevance of the M'Naghten Rules in the context of modern psychiatric standards. It seeks to evaluate whether the existing legal framework adequately reflects contemporary scientific knowledge and to explore the need for a more integrated medico-legal approach in determining criminal responsibility.

### **Literature Review-**

The insanity defence has attracted sustained scholarly attention due to its complex interface between legal doctrine and psychiatric science. At the core of this discourse lies the enduring influence of the M'Naghten Rules, which continue to shape the legal understanding of criminal insanity across common law jurisdictions. Early legal scholarship has largely supported the M'Naghten framework for its doctrinal clarity and its alignment with the classical principles of criminal liability—particularly the requirement of *mens rea*. The rule's emphasis on cognitive incapacity, specifically the inability to understand the nature and quality of the act or to distinguish right from wrong, reflects a moral-legal approach rooted in rationality and individual responsibility.

However, modern legal scholars have increasingly criticized this narrow cognitive focus. Academic commentators argue that the M'Naghten test is inherently limited because it excludes the volitional dimension of human behavior—namely, the ability to control one's actions. This critique is particularly relevant in cases involving disorders such as schizophrenia, bipolar disorder, or impulse control disorders, where individuals may retain cognitive awareness but lack behavioral control. As a result, the test has been described as outdated and inconsistent with contemporary understandings of mental illness. Psychiatric literature further complicates the issue by challenging the legal system's binary classification of sanity and insanity. Modern diagnostic frameworks, such as those reflected in forensic psychiatry, conceptualize mental illness along a spectrum, recognizing varying degrees of impairment in cognition, perception, and volition. Scholars in this field emphasize that mental disorders often manifest in ways that do not neatly correspond to legal categories. Consequently, there exists a fundamental

epistemological gap between legal standards—which are normative and prescriptive—and psychiatric assessments, which are clinical and descriptive.

In response to these criticisms, alternative legal standards have been proposed and, in some jurisdictions, adopted. The Model Penal Code (MPC) test represents a significant shift in this regard, introducing a broader and more flexible criterion for insanity. By incorporating both cognitive and volitional elements—i.e., the inability to appreciate criminality or to conform conduct to legal requirements—the MPC test aligns more closely with psychiatric insights. Legal scholars have generally viewed this development as a progressive step toward a more nuanced understanding of criminal responsibility, although concerns remain regarding its potential vagueness and susceptibility to inconsistent application. Within the Indian context, the insanity defence is codified under Section 84 of the Indian Penal Code, 1860, which closely mirrors the M'Naghten formulation. Indian judicial decisions have consistently adhered to a strict interpretation of legal insanity, often distinguishing it from medical insanity. Scholars have observed that this approach prioritizes legal certainty over scientific accuracy, thereby limiting the scope of the defence. At the same time, some judicial pronouncements have attempted to adopt a more pragmatic approach by considering medical evidence alongside legal standards, indicating a gradual shift toward integration.

Overall, the literature reveals a persistent tension between legal formalism and psychiatric realism. While the M'Naghten Rules continue to provide a stable doctrinal foundation, there is a growing consensus among scholars that reform is necessary to reconcile legal standards with contemporary psychiatric knowledge.

### **Research Methodology-**

This research adopts a **qualitative doctrinal and comparative methodology** to critically examine the insanity defence, particularly the M'Naghten Rules, in light of evolving psychiatric standards. Given the normative and interpretative nature of criminal law, a doctrinal approach is most appropriate to analyze legal principles, statutory provisions, and judicial precedents governing the defence of insanity.

The **doctrinal method** forms the core of this study. It involves a systematic examination of primary legal sources such as statutes and case law. In the Indian context, the research primarily focuses on Section 84 of the Indian Penal Code, 1860, which embodies the principles of the M'Naghten Rules. Judicial decisions interpreting this provision are analyzed to understand how courts have applied the legal test in practice. This includes evaluating the standards of proof, the presumption of sanity, and the burden placed on the accused under Section 105 of the Indian Evidence Act, 1872. The doctrinal analysis enables identification of inconsistencies, limitations, and interpretative trends within the legal framework.

In addition to doctrinal analysis, the research employs a **comparative methodology** to assess alternative legal standards. The M'Naghten test is compared with other approaches such as the Model Penal Code (MPC) test and the irresistible impulse test, which incorporate both cognitive and volitional elements. Jurisdictions such as the United States and the United Kingdom are examined to understand how different legal systems have responded to criticisms of the traditional rule. This comparative perspective helps in identifying best practices and evaluating whether reforms are necessary within the Indian legal system.

The study also adopts an **interdisciplinary approach**, recognizing that the insanity defence lies at the intersection of law and psychiatry. Insights from modern psychiatric literature are incorporated to assess

whether legal standards adequately reflect contemporary scientific understanding of mental illness. Psychiatric concepts such as cognitive impairment, loss of volitional control, and behavioral disorders are examined in contrast with legal definitions of insanity. This approach highlights the gap between medical and legal perspectives and underscores the challenges faced by courts in relying on expert testimony.

The research relies extensively on **secondary sources**, including academic journals, legal commentaries, textbooks, and authoritative online databases. Scholarly writings provide critical perspectives on the evolution and application of the insanity defence, while psychiatric literature offers a scientific basis for evaluating legal standards. Reports and law commission recommendations, where relevant, are also considered to understand policy-level discussions on reform.

This study is primarily **analytical and descriptive** in nature. It does not involve empirical data collection such as field surveys or interviews. Instead, it focuses on critical evaluation of existing legal doctrines and their practical implications. The methodology is designed to ensure objectivity, coherence, and depth in analysis while addressing the research questions effectively.

In conclusion, the combined use of doctrinal, comparative, and interdisciplinary methods enables a comprehensive examination of the insanity defence. It facilitates a balanced assessment of legal principles and psychiatric realities, thereby providing a strong foundation for evaluating the need for reform in modern criminal justice systems.

## Conclusion

The insanity defence occupies a uniquely sensitive position within criminal law, functioning as both a doctrinal exception and a moral safeguard. Its underlying rationale is anchored in the principle that criminal liability must be predicated upon culpability—an individual should not be punished unless they possess the mental capacity to understand and control their actions. However, as this paper has demonstrated, the legal architecture governing insanity, particularly the continued reliance on the M'Naghten Rules, reveals a growing disconnect between traditional legal doctrine and contemporary psychiatric knowledge.

The M'Naghten framework, despite its historical significance and doctrinal clarity, is fundamentally rooted in a 19th-century understanding of mental illness. Its exclusive focus on cognitive incapacity—whether the accused knew the nature of the act or that it was wrong—reflects a narrow and reductionist view of human psychology. While this approach offers certainty and ease of application within the judicial process, it fails to capture the complex realities of mental disorders as understood today. Modern psychiatry does not treat mental illness as a binary condition but rather as a spectrum involving varying degrees of impairment in cognition, volition, perception, and emotional regulation.

One of the most significant shortcomings of the M'Naghten test lies in its inability to account for volitional incapacity. Individuals suffering from certain psychiatric conditions may retain an intellectual understanding of their actions yet be unable to control their behavior due to impaired impulse regulation. By excluding this dimension, the legal test risks holding individuals criminally responsible despite substantial impairment in their capacity for self-control. This not only undermines the moral foundation of criminal law but also raises concerns regarding substantive justice.

The comparative analysis undertaken in this study highlights that alternative legal standards, such as the Model Penal Code (MPC) test, attempt to address these deficiencies by incorporating both cognitive and volitional elements. The MPC's "substantial capacity" test represents a more flexible and nuanced

approach, acknowledging that mental incapacity is not absolute but exists in degrees. This formulation aligns more closely with psychiatric practice, which recognizes partial impairments and gradations of responsibility. However, even this model is not without its limitations. Its broader scope introduces interpretative challenges and raises concerns about inconsistent application, evidentiary complexities, and the potential for misuse.

The persistence of the M'Naghten Rules in many jurisdictions, including India, can be attributed to institutional conservatism and the perceived need for legal certainty. Courts often prioritize administrability and predictability over scientific precision, particularly in criminal adjudication where the stakes are high. Additionally, the adversarial nature of legal proceedings tends to reduce complex psychiatric evaluations into simplified legal categories, thereby reinforcing the dominance of traditional tests. The codification of insanity under Section 84 of the Indian Penal Code exemplifies this tendency, as it mirrors the cognitive emphasis of the M'Naghten formulation and leaves limited scope for incorporating evolving psychiatric insights.

Another critical issue identified in this study is the structural tension between legal and medical epistemologies. Law is inherently normative, concerned with questions of responsibility, blame, and social order. Psychiatry, on the other hand, is diagnostic and therapeutic, focusing on understanding and treating mental illness. This divergence creates practical difficulties in the courtroom, where psychiatric experts are required to translate clinical findings into legal standards that may not accurately reflect medical realities. The result is often a fragmented and sometimes inconsistent application of the insanity defence.

Moreover, the stigma associated with mental illness continues to influence both legal outcomes and public perception. The fear that a broader insanity defence could be misused as a loophole for evading punishment often leads to a restrictive judicial approach. However, empirical evidence suggests that the defence is invoked infrequently and succeeds in only a small percentage of cases. Thus, concerns about abuse, while not entirely unfounded, may be overstated and should not impede necessary reforms.

In light of these findings, it becomes evident that the current legal framework governing the insanity defence requires recalibration. Reform should aim not at abandoning the foundational principles of criminal responsibility but at refining them to reflect contemporary scientific understanding. A more integrated medico-legal approach is essential—one that allows courts to consider both cognitive and volitional impairments without sacrificing doctrinal coherence.

Such reform could take multiple forms. Legislatures may consider adopting a modified version of the MPC test that balances flexibility with clarity. Judicial interpretation can also play a significant role by adopting a more purposive approach to existing provisions, thereby expanding the scope of insanity without requiring immediate statutory overhaul. Additionally, greater reliance on structured psychiatric assessments and standardized forensic protocols could enhance the reliability of expert testimony and reduce inconsistencies in adjudication.

Ultimately, the legitimacy of the criminal justice system depends on its ability to deliver justice that is both fair and rational. Punishing individuals who lack meaningful control over their actions not only contravenes the principles of justice but also undermines public confidence in the legal system. At the same time, the law must ensure that the insanity defence is not applied in a manner that compromises societal safety or accountability.

The path forward lies in striking a principled balance—retaining the normative core of criminal responsibility while embracing the insights of modern psychiatry. The insanity defence must evolve

from a rigid doctrinal construct into a dynamic legal tool capable of addressing the complexities of human behavior. Only then can it fulfill its intended purpose as a humane and just exception within the broader framework of criminal law.

In conclusion, revisiting the insanity defence is not merely an academic exercise but a pressing necessity. The continued reliance on outdated legal tests risks perpetuating injustice in cases involving mental illness. A reformed approach, grounded in interdisciplinary collaboration and informed by contemporary knowledge, is essential for ensuring that the criminal justice system remains both equitable and responsive to the realities of the modern world.