

Insanity Defense

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Insanity Defense

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1. Core Definition and Underlying Principles

The **insanity defense**, also known as the mental disorder defense, is a legal argument asserting that a defendant should not be held criminally responsible for their actions due to a severe mental disease or defect that impaired their capacity to understand the nature of their actions, appreciate their wrongfulness, or conform their conduct to the requirements of the law at the time of the offense. This defense is rooted in the fundamental moral and legal principle that criminal culpability requires both a guilty act (*actus reus*) and a guilty mind (*mens rea*). If a severe mental illness renders an individual incapable of forming the requisite criminal intent or understanding the moral and legal implications of their conduct, then, according to this principle, they should not be subjected to the same punitive measures as an individual who acts with full cognitive and volitional capacity.

The philosophical underpinning of the insanity defense is deeply embedded in Western legal traditions, reflecting a societal consensus that punishment is just only when an individual possesses the moral agency and free will to choose between right and wrong. When a person's mental faculties are so profoundly compromised by illness that their capacity for rational thought or self-control is fundamentally impaired, their actions are not considered the product of a truly culpable will. Consequently, the legal system aims to distinguish between those who act with malicious intent or conscious disregard and those whose actions are involuntary or misguided by a severe psychological disorder, channeling the latter towards therapeutic intervention rather than purely punitive sentencing.

Unlike other defenses that deny the commission of the act or assert justification, the insanity defense generally admits to the physical act but denies the mental element of the crime, specifically the defendant's moral culpability. It represents a critical intersection of law, psychiatry, and ethics, acknowledging that mental health can profoundly impact an individual's legal responsibility. The defense seeks to ensure that the criminal justice system does not unfairly punish individuals who, due to severe mental illness, could not have possessed the criminal intent or moral understanding typically required for conviction.

2. Historical Evolution and Jurisprudential Roots

The concept of excusing individuals with severe mental illness from criminal responsibility can be traced back to ancient legal systems, including Roman law and early English common law. These early codes often recognized a distinction between individuals with sound minds and those deemed "madmen" or "lunatics," suggesting that the latter should not be held fully accountable for

their transgressions. However, these early distinctions were often rudimentary and lacked a clear, standardized legal framework. The evolution of the insanity defense gained more specific legal articulation through centuries of judicial decisions in England, gradually shaping the principles that would later become foundational.

A pivotal moment in the development of the insanity defense occurred with the establishment of the M'Naghten Rules in England in 1843. This landmark case laid down specific criteria for determining legal insanity, which subsequently influenced common law jurisdictions worldwide, including the United States. Before M'Naghten, various tests were applied, often inconsistently, such as the "wild beast" test (where a defendant was excused if they acted like a wild beast, devoid of reason) or the "right and wrong" test, which was a precursor to M'Naghten but less precisely defined. The M'Naghten Rules provided a more structured approach, aiming for greater uniformity and objectivity in assessing a defendant's mental state.

Following M'Naghten, legal jurisdictions continued to refine and expand upon the criteria for legal insanity, recognizing the complexities of mental illness. The 20th century saw the emergence of alternative tests, such as the Irresistible Impulse Test, the Durham Rule, and the American Law Institute (ALI) Test, each attempting to address perceived limitations of its predecessors. These developments reflected a growing understanding of mental health and a desire to integrate evolving psychiatric knowledge into legal standards. The historical trajectory of the insanity defense thus illustrates a continuous effort to balance societal protection with the ethical imperative to treat individuals with severe mental illness humanely and justly within the criminal justice system.

3. The M'Naghten Rules

The M'Naghten Rules emerged from the 1843 English House of Lords decision in the case of Daniel M'Naghten, who attempted to assassinate Prime Minister Robert Peel but mistakenly killed Peel's secretary, Edward Drummond, believing he was being persecuted by Tories. The rules, formulated in response to questions posed by the House of Lords, established a strict cognitive test for insanity. To be acquitted under M'Naghten, the defendant must prove that "at the time of the committing of the act, the party accused was labouring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing; or, if he did know it, that he did not know he was doing what was wrong." This two-pronged test focuses squarely on the defendant's cognitive capacity to understand the act and its wrongfulness.

The "defect of reason, from disease of the mind" clause requires a significant impairment of mental faculties due to a recognized psychiatric condition, not merely a temporary emotional disturbance or voluntary intoxication. The core of the test lies in the defendant's ability to "know the nature and quality of the act." This means understanding the physical consequences of their actions--for

example, knowing that pulling a trigger will fire a bullet and that a bullet can kill someone. If a defendant genuinely believed they were squeezing a lemon, not pulling a trigger, they would meet this criterion. Furthermore, the second part of the test addresses the defendant's understanding of the moral or legal wrongfulness of their act. This "wrongfulness" has been interpreted in various jurisdictions to mean either legally wrong or morally wrong, creating a point of contention and differing applications.

Despite its historical significance and widespread adoption, the M'Naghten Rules have faced considerable criticism. Critics argue that the rules are too narrow, focusing exclusively on cognitive understanding and failing to account for volitional impairments--situations where a defendant knows an act is wrong but cannot control an overwhelming impulse to commit it. Modern psychiatry recognizes that mental illness can manifest as profound disturbances in mood, perception, and impulse control, not just a lack of intellectual understanding. Consequently, many jurisdictions have sought to supplement or replace M'Naghten with more expansive tests that incorporate a volitional component, reflecting a more comprehensive view of mental illness and its impact on criminal responsibility.

4. Other Major Legal Tests for Insanity

Recognizing the limitations of the purely cognitive focus of the M'Naghten Rules, particularly its omission of volitional impairment, other legal tests for insanity emerged to provide a more comprehensive framework. The **Irresistible Impulse Test**, developed in some American jurisdictions, sought to address this gap. This test posits that a defendant should be acquitted if, due to a mental disease or defect, they were unable to control their actions or resist an impulse to commit the crime, even if they knew the act was wrong. It emphasizes the "policeman at the elbow" analogy: if the defendant would still have committed the act with a police officer standing right beside them, the impulse was truly irresistible. This test, while valuable in recognizing volitional incapacitation, was criticized for its ambiguity and difficulty in distinguishing a truly irresistible impulse from one merely unresisted.

Another significant departure from M'Naghten was the Durham Rule, or "Product Test," established in 1954 in the District of Columbia. The Durham Rule stated that "an accused is not criminally responsible if his unlawful act was the product of mental disease or mental defect." This test was remarkably broad and was intended to allow psychiatrists to provide full expert testimony on the defendant's mental condition without being constrained by specific legal definitions of "knowing" or "controlling." However, its expansive nature led to its own set of criticisms, primarily that it granted too much authority to medical experts, lacked clear legal standards, and could lead to unpredictable outcomes. Most jurisdictions that adopted Durham eventually abandoned it due to these challenges, finding it too vague for practical application.

The most widely adopted alternative to M'Naghten in the United States, and a synthesis of both cognitive and volitional elements, is the American Law Institute (ALI) Test, proposed in 1962 as part of the Model Penal Code. This test states that "a person is not responsible for criminal conduct if at the time of such conduct as a result of mental disease or defect he lacks substantial capacity either to appreciate the criminality of his conduct or to conform his conduct to the requirements of law." The ALI Test uses the phrase "substantial capacity" rather than "total" incapacity, acknowledging degrees of impairment. It incorporates both a cognitive prong ("appreciate the criminality ") and a volitional prong ("conform his conduct to the requirements of law"), making it more flexible and aligned with modern psychiatric understanding than M'Naghten alone. After the highly publicized John Hinckley Jr. trial in 1982, many states and the federal government reverted to stricter insanity standards, often closer to a modified M'Naghten or a narrower version of the ALI test, primarily by removing the volitional prong.

5. Procedural Aspects and Consequences of an Insanity Verdict

The assertion of an insanity defense introduces specific procedural considerations into a criminal trial. Typically, the defendant bears the burden of proving insanity, though the precise standard of proof (e.g., preponderance of the evidence, clear and convincing evidence) varies by jurisdiction. This usually involves extensive psychiatric evaluations, expert testimony from mental health professionals, and detailed presentations of the defendant's mental health history. The legal determination of insanity is made by a judge or jury, based on the evidence presented and the specific legal test applicable in that jurisdiction. The defense is rarely successful, with statistics indicating that it is raised in only a small percentage of felony cases and is successful in an even smaller fraction.

A verdict of "not guilty by reason of insanity" (NGRI) does not mean the defendant is simply set free. Instead, it typically leads to mandatory commitment to a secure psychiatric facility for treatment. The primary goal of such commitment is not punishment but therapeutic intervention and the protection of public safety. The length of commitment can be indefinite, often exceeding the time the defendant would have served in prison if convicted. Release from psychiatric hospitalization is contingent upon a judicial determination that the individual no longer poses a danger to themselves or others, a decision informed by ongoing psychiatric evaluations and assessments of their mental state. This process ensures that individuals deemed legally insane receive necessary care while mitigating potential risks to the community.

For instance, the case of Andrea Yates, who drowned her five children in their bathtub in 2001, exemplifies the complexities and outcomes of the insanity defense. Initially convicted, her conviction was overturned on appeal, and in a subsequent trial, she was found not guilty by reason of insanity. It was proven that she was experiencing severe postpartum depression with psychotic features, which profoundly impaired her capacity to appreciate the wrongfulness of her actions.

Following the verdict, Yates was committed to a state mental hospital, where she has remained for treatment, underscoring that an NGRI verdict results in involuntary commitment for mental health treatment rather than outright freedom.

6. The "Guilty But Mentally Ill" Plea

In response to public dissatisfaction with insanity acquittals and concerns that defendants were "getting away with murder," many U.S. states introduced an alternative verdict: "guilty but mentally ill" (GBMI). This plea or verdict option allows for the conviction of a defendant who is found to have committed the criminal act and possessed the requisite criminal intent, but who also suffered from a significant mental illness at the time of the offense. Unlike an NGRI verdict, a GBMI verdict does not negate criminal responsibility but acknowledges the presence of mental illness. This option aims to provide a middle ground between outright acquittal by reason of insanity and a standard guilty verdict, particularly in cases where the defendant's mental illness might not meet the strict criteria for legal insanity but significantly impacted their behavior.

A defendant found guilty but mentally ill is typically sentenced in the same manner as any other convicted offender. However, the GBMI verdict often mandates that the defendant receives appropriate mental health treatment during their incarceration. This stipulation aims to ensure that individuals with mental health issues within the correctional system receive the care they need, rather than simply being confined without addressing their underlying psychiatric conditions. The expectation is that treatment will be initiated within a correctional setting and, if necessary, continued in a mental health facility before the defendant serves the remainder of their sentence in prison, reflecting a dual goal of punishment and rehabilitation.

Despite its intention to bridge the gap between treatment and punishment, the GBMI verdict has faced criticism. Some argue that it offers little practical benefit over a standard guilty verdict for defendants with mental illness, as treatment provisions for mentally ill inmates may already exist in many correctional systems. Critics also contend that the GBMI verdict does not fundamentally address the core issues of culpability that the insanity defense attempts to resolve, effectively punishing individuals who, though not legally insane, were significantly impaired. Furthermore, there are concerns that it may dilute the application of the traditional insanity defense, as juries might opt for GBMI when unsure, potentially leading to fewer NGRI verdicts even when genuinely warranted, thus compromising the foundational principles of criminal responsibility.

7. Societal Significance and Public Perception

The insanity defense holds immense societal significance as a touchstone for public discourse on criminal justice, mental health, and individual responsibility. It frequently ignites passionate debates, particularly after high-profile cases, sparking discussions about the balance between

holding individuals accountable for their actions and providing humane treatment for those afflicted by severe mental illness. Public perception of the insanity defense is often fraught with misconceptions, largely fueled by media sensationalism that tends to highlight the most dramatic and rare instances. The common belief is that the defense is frequently used and often successful, enabling dangerous criminals to escape justice, when in reality, its application is exceedingly rare and its success rate even lower.

The very existence of the insanity defense challenges the simplistic notion that all criminal acts are solely the product of malicious intent. By acknowledging that severe mental disease can fundamentally alter an individual's capacity for rational thought and moral judgment, it compels society to confront the complex interplay between brain function, behavior, and culpability. This recognition can foster a more nuanced understanding of mental illness, potentially reducing stigma by highlighting that certain behaviors are symptoms of a disease rather than purely a moral failing. However, the defense also often generates public anxiety about safety, particularly concerns that individuals acquitted by reason of insanity may pose a continuing threat to the community if released from institutional care.

Ultimately, the insanity defense reflects a society's ethical commitment to its most vulnerable members while grappling with the imperative to maintain order and dispense justice. Its continued presence in legal systems, despite persistent debates and attempts at reform, signifies an enduring recognition that criminal law must account for the profound impact of severe mental illness on human behavior. It forces ongoing dialogue among legal professionals, psychiatrists, policymakers, and the public about what constitutes true moral culpability, how best to treat mental illness within a justice framework, and the boundaries of societal responsibility towards those who cannot fully control their actions due to severe mental affliction.

8. Major Debates and Criticisms

Despite its foundational role in criminal law, the insanity defense remains one of the most controversial and frequently criticized aspects of the justice system. A primary criticism stems from public perception, which often views the defense as a "loophole" that allows defendants to evade punishment for heinous crimes. This perception is largely inaccurate, as studies consistently show that the insanity defense is rarely invoked (less than 1% of felony cases) and even more rarely successful (less than 0.25% of all felony cases). Furthermore, those found NGRI are not set free but are typically committed to secure psychiatric facilities for periods that often exceed potential prison sentences, challenging the notion of "getting away with it."

Another significant area of debate revolves around the inherent difficulty in assessing a defendant's mental state at the time of the offense, often months or years after the event. Mental health professionals rely on retrospective evaluations, which can be challenging due to the

subjective nature of mental illness, potential malingering by defendants, and the limitations of diagnostic tools. The tension between legal definitions of insanity and clinical definitions of mental illness also creates friction. Legal standards, such as M'Naghten's focus on "knowing wrongfulness," do not always align with psychiatric diagnoses that encompass broader impairments in emotion, cognition, and volition, leading to situations where an individual may be clinically ill but not legally insane.

Finally, the ethical and practical implications of the insanity defense generate ongoing discussion. Critics question whether it truly serves justice or merely shifts the burden of care from the criminal justice system to the mental health system, sometimes without adequate resources for long-term treatment. Debates also persist regarding the appropriate balance between protecting society from dangerous individuals and ensuring that mentally ill defendants receive appropriate treatment rather than punishment. The introduction of the "guilty but mentally ill" verdict, while intended to address some of these concerns, has also been criticized for potentially undermining the ethical principles of culpability that the traditional insanity defense upholds, possibly leading to the conviction and incarceration of individuals who, though not legally insane, were profoundly impaired at the time of their offense.

Further Reading

[Insanity Defense - Wikipedia](#)

[M'Naghten Rules - Wikipedia](#)

[Durham Rule - Wikipedia](#)

[Model Penal Code - Wikipedia](#)

[The History of the Insanity Defense in the United States - OJP](#)

[The Insanity Defense: A Short, Comprehensive Overview - American Psychological Association](#)