

NOT GUILTY BY REASON OF INSANITY (NGRI)

Authored by
mohammad looti

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Primary Disciplinary Field(s): Criminal Law; Forensic Psychology; Jurisprudence

1. Core Definition and Legal Status

The judgment of **Not Guilty by Reason of Insanity (NGRI)** represents a complex legal finding within criminal justice systems, signifying that a defendant committed the physical act constituting a crime (the *actus reus*), but lacked the requisite mental state or cognitive capacity (the *mens rea*) at the time of the offense to be held criminally accountable. This defense fundamentally challenges the foundational premise of criminal law--that punishment is justified only when the offender possesses the capability to choose their actions and understand the wrongfulness of those actions. NGRI is distinct from a simple acquittal because it acknowledges that the defendant performed the harmful actions, but attributes the lack of culpability to a severe mental defect or disease that precluded the defendant from understanding the nature, quality, or moral wrongfulness of their actions.

The application of NGRI is not uniform across jurisdictions, though it universally involves a rigorous assessment of the defendant's mental condition at the time the crime was committed, distinguishing it from the assessment of competency to stand trial, which addresses the defendant's current mental state. When a court renders an NGRI verdict, it means that the defendant is legally excused from criminal responsibility, often resulting in mandatory commitment to a secure psychiatric facility rather than incarceration. This commitment is viewed as necessary both for the treatment of the defendant's underlying mental illness and for the protection of public safety, as the individual is deemed potentially dangerous due to their capacity for violence driven by mental disease.

It is crucial to understand that NGRI is not a legal loophole; rather, it typically leads to indefinite detention within a forensic mental hospital, often resulting in a period of confinement that is significantly longer and more restrictive than the sentence the individual might have received had they been convicted and sentenced to prison. The focus shifts entirely from punitive justice to therapeutic justice and incapacitation based on clinical necessity and ongoing risk assessment. This intricate balance between legal accountability, public safety, and therapeutic intervention makes the insanity defense one of the most contentious and misunderstood aspects of modern jurisprudence.

2. Etymology and Historical Development: The M'Naghten Standard

The modern conceptualization of the insanity defense is historically rooted in early English common law, evolving from vague notions of "madness" and "lunacy" being incompatible with moral guilt. Prior to the mid-19th century, tests for insanity ranged from the archaic "wild beast" test

(requiring the defendant to be totally deprived of understanding) to slightly more refined standards focusing on the ability to distinguish good from evil. However, the definitive legal test that cemented the structure of NGRI originated in the 19th century with the landmark English case, *M'Naghten's Case* (1843). Daniel M'Naghten attempted to assassinate the Prime Minister, Robert Peel, but mistakenly killed Peel's secretary. His subsequent acquittal ignited significant public and political outrage, prompting the House of Lords to codify specific standards under which a person could be deemed insane and thus non-culpable.

The resulting **M'Naghten Rules** established the primary legal benchmark used globally, particularly in Commonwealth countries and many U.S. states. These rules posit that for a defense of insanity to succeed, it must be clearly proven that, at the time of committing the act, the accused was laboring under such a defect of reason, arising 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 established a strictly cognitive test focusing solely on the defendant's intellectual capacity to understand facts and moral judgment, rather than their ability to control their behavior.

Over the 20th century, various jurisdictions experimented with alternatives to the strict M'Naghten standard. These included the **Irresistible Impulse** test, which excused a defendant who, though knowing the act was wrong, was driven by a mental disease-induced compulsion they could not resist; and the broader American Law Institute (ALI) standard. However, following the attempted assassination of President Ronald Reagan by John Hinckley Jr. in 1981--who was found NGRI under the ALI standard--there was a significant legal and political backlash. This led to legislative reforms across the U.S., generally favoring stricter criteria, emphasizing the defense's cognitive prong, and shifting the burden of proof onto the defense, often reverting closer to the original M'Naghten framework.

3. Modern Legal Criteria and Tests

While M'Naghten remains the historical foundation, the precise criteria for determining NGRI vary, generally falling into types of legal tests currently employed. The first and most prevalent criterion focuses solely on the **cognitive component**, requiring proof that the defendant lacked the capacity to appreciate the wrongfulness of their conduct. This strict interpretation aligns closely with the post-Hinckley legislative reforms, making successful use of the defense exceptionally difficult and ensuring that only the most severely impaired individuals meet the standard. This test is mandatory in the federal system and many states, often requiring the inability to know the act was wrong, not just the inability to obey the law.

The second main criterion is the **American Law Institute (ALI) Substantial Capacity Test**, which was the most widely adopted standard prior to the 1980s reforms and remains in use in some

states. This test is less restrictive than pure M'Naghten because it stipulates that a person is not responsible for criminal conduct if, at the time of such conduct, as a result of mental disease or defect, they lacked substantial capacity either to appreciate the criminality (wrongfulness) of their conduct or to **conform their conduct** to the requirements of the law. The introduction of the volitional element (inability to control behavior) and the requirement of only a "substantial capacity" deficit provided a broader scope for the defense than the total failure of knowledge required by M'Naghten.

Crucially, the mental condition used to support an NGRI plea must constitute a qualifying mental disease or defect. Courts generally exclude conditions that do not significantly impair cognitive or volitional capacity, such as voluntary intoxication, temporary anger, or severe sociopathic traits (antisocial personality disorder), emphasizing that the defense is reserved for major psychiatric illnesses that profoundly disrupt the understanding of reality. Furthermore, some states have adopted a separate, hybrid verdict, **Guilty but Mentally Ill (GBMI)**, which allows a jury to find a defendant guilty while acknowledging the presence of a mental illness. GBMI does not absolve criminal responsibility; instead, it results in a criminal conviction and traditional sentencing, though treatment is usually mandated.

4. Key Components of the Insanity Plea

Mental Disease or Defect: The existence of a severe, recognized psychiatric illness or intellectual disability, established through clinical evidence, which is necessary to trigger the legal test for insanity. Temporary emotional states or character flaws do not qualify.

Causal Link: A direct connection must be proven between the mental disease or defect and the criminal act. The disease must be the reason the defendant lacked the requisite *mens rea*.

Lack of Appreciation/Knowledge: Under strict M'Naghten rules, the defendant must have been so impaired that they did not know the nature of their act or that the act was morally or legally wrong.

Volitional Impairment: Where the ALI test is used, the defense can rest on the inability to conform one's conduct to the law, even if the defendant intellectually understood that the act was wrong, due to an overwhelming, irresistible impulse caused by the mental disease.

5. Procedural Outcomes and Post-Acquittal Commitment

An NGRI verdict does not lead to freedom but triggers a mandatory and highly structured set of post-acquittal commitment procedures. The judicial finding that the defendant was insane at the time of the offense implicitly suggests that the mental condition that caused the dangerous behavior still exists, or is likely to recur, thus posing a continuing risk to society. Consequently, almost all jurisdictions require the immediate institutionalization of NGRI acquittees into a forensic hospital for comprehensive psychiatric evaluation, diagnosis, and subsequent treatment, bypassing

the standard criminal sentencing phase entirely.

The duration of the commitment is not tied to the theoretical criminal sentence but is determined solely by the defendant's clinical necessity and ongoing risk assessment. An individual committed under NGRI status remains under the continuous jurisdiction of the court and hospital until they can demonstrate, often through periodic judicial review hearings, that they are no longer suffering from the mental disease or defect that led to the criminal act and are no longer a danger to themselves or others. This process requires extensive documentation, testimony from psychiatric experts, institutional staff reports, and judicial oversight. The confinement period is indefinite and can potentially exceed the maximum criminal sentence for the offense committed, raising occasional legal debates concerning the necessary duration of incapacitation versus the protection of civil liberties.

The eventual release, if granted, often involves a step-down approach, transitioning the acquittee from secure confinement to less restrictive settings, such as **conditional release** or outpatient supervision. Conditional release imposes stringent requirements, often including mandatory psychiatric appointments, strict medication compliance, housing restrictions, regular drug testing, and reporting requirements to both the clinical team and the court. Violation of these conditions typically results in immediate recommitment to the secure facility, demonstrating the long-term, supervisory control maintained by the judicial system over NGRI acquittees.

6. Societal Perception and Criticisms of NGRI

The NGRI defense is arguably the most controversial aspect of modern criminal law, generating intense public scrutiny and often negative perception. Public opinion surveys consistently suggest that the public believes the insanity defense is frequently employed, is often successful, and allows dangerous criminals to escape punishment--all beliefs that are statistically inaccurate. In reality, the NGRI defense is formally pleaded in less than 1% of felony cases and is successful in only a small fraction of those, typically in cases involving major violence and severe mental illness where the psychiatric evidence is overwhelming or uncontested by the prosecution.

Major criticisms leveled against NGRI include the argument that it undermines the principle of **general deterrence**, suggesting that if criminals believe they can avoid prison via a mental defense, the deterrent effect of the law is weakened. Critics also argue that the defense trivializes the suffering of victims by shifting the primary focus away from the criminal act and onto the defendant's therapeutic needs. Furthermore, the defense is often criticized for creating disparity, as successful use usually requires access to expensive, high-quality expert psychiatric and forensic testimony, potentially creating an inherent bias in the system toward wealthy defendants, though public defense systems often provide expert resources.

A significant modern challenge involves the integration of neuroscience with legal standards.

Advances in understanding brain pathology challenge the traditional legal dichotomy of conscious choice versus mental disease, raising questions about whether the NGRI standard--which typically requires a profound lack of cognitive knowledge--is adequately equipped to address individuals whose behavior is compelled by mental disorders that impact impulse control and executive function, despite retaining intellectual awareness of wrongfulness. These debates fuel ongoing legislative efforts to restrict or abolish the defense entirely, or to replace it with the less exculpatory GBMI verdict.

7. Distinction from Diminished Capacity and Competency

It is essential to distinguish NGRI from related, yet fundamentally different, mental state defenses, particularly the concept of **Diminished Capacity** (or Diminished Responsibility). While NGRI is a complete defense that results in acquittal and mandatory commitment because the defendant lacked the essential criminal intent (*mens rea*) due to insanity, Diminished Capacity is only a partial defense. Diminished Capacity argues that due to a mental disorder or defect, the defendant lacked the specific state of mind required for a higher-level crime (e.g., premeditation required for first-degree murder), thus mitigating the conviction to a lesser included offense (e.g., second-degree murder or manslaughter).

The critical distinction lies in the legal outcome: NGRI absolves criminal responsibility entirely, whereas Diminished Capacity only reduces the degree of culpability and results in a criminal conviction and traditional sentencing. For example, a defendant found NGRI for murder is acquitted and hospitalized indefinitely; a defendant found to have Diminished Capacity for the same act is convicted of manslaughter and serves a prison sentence, although mental health treatment might be mandated within the correctional system.

Furthermore, NGRI must be clearly differentiated from being found **Incompetent to Stand Trial (IST)**. IST relates exclusively to the defendant's current mental state--their ability to understand the charges against them and assist rationally in their own defense at the time of the legal proceedings. A defendant found IST is hospitalized until competency is restored, at which point the criminal trial proceeds. NGRI, conversely, assesses the defendant's mental state at the historical moment of the crime, determining culpability, and if successful, concludes the criminal proceedings. Both mechanisms involve forensic hospitalization, but they serve entirely different legal purposes and utilize distinct psychological assessments.

Further Reading

[M'Naghten Rules \(Wikipedia\)](#)

[Insanity Defense \(Wikipedia\)](#)

[Guilty but Mentally Ill \(Wikipedia\)](#)