

Not Guilty By Reason Of Insanity (NGRI)

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Primary Disciplinary Field(s): Criminal Law, Forensic Psychiatry, Legal Psychology

1. Core Definition and Legal Basis

The plea of **Not Guilty By Reason Of Insanity (NGRI)** represents an affirmative defense in criminal law, asserting that a defendant should not be held criminally responsible for their actions due to a severe mental disease or defect at the time the offense was committed. This defense fundamentally challenges the concept of **mens rea**, or the "guilty mind," which is a crucial element required to prove most criminal offenses. A successful NGRI plea indicates that the accused lacked the mental capacity to form the requisite criminal intent, understand the nature and quality of their actions, or appreciate their wrongfulness.

Unlike a typical "not guilty" plea, which disputes the factual commission of the crime or the defendant's involvement, NGRI acknowledges that the defendant performed the act but contends that their mental state rendered them incapable of acting with criminal culpability. The legal system recognizes that certain severe mental conditions can impair an individual's cognitive and volitional faculties to such an extent that they cannot be considered morally or legally blameworthy in the same way as a mentally sound offender. This distinction underscores a fundamental principle of justice: punishing only those who are capable of understanding and controlling their actions.

The application of the NGRI defense is complex and often contentious, navigating the delicate balance between protecting societal safety and ensuring humane treatment for individuals suffering from severe mental illness. It necessitates a rigorous legal and psychiatric evaluation process to determine the defendant's mental state at the precise moment of the alleged crime. This often involves extensive testimony from **forensic psychiatrists** and psychologists, who assess the defendant's mental health history, present condition, and its potential impact on their understanding and behavior during the incident in question.

2. Historical Development and Legal Precedents

The concept of linking mental illness to criminal culpability has roots extending back to ancient legal traditions, but modern interpretations of the insanity defense largely trace their origins to English common law. Early legal systems recognized that individuals afflicted by severe mental derangement might not possess the same moral agency as others. However, the legal framework for assessing insanity remained largely undefined until the mid-19th century, setting the stage for more structured legal tests.

A pivotal development occurred in 1843 with the establishment of the **M'Naghten Rules** in England. These rules emerged from the trial of Daniel M'Naghten, who attempted to assassinate

the Prime Minister and was acquitted by reason of insanity. The M'Naghten Rules stipulated that for a defendant to be considered insane, it must be "clearly proved 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 test primarily focuses on a defendant's cognitive capacity - their ability to understand what they were doing and that it was morally or legally wrong.

In the United States, variations and alternatives to M'Naghten emerged over time. The **Durham Rule**, adopted in 1954 by the D.C. Circuit Court, offered a broader "product test," stating that an accused is not criminally responsible if their unlawful act was the product of a mental disease or defect. While aiming for a more holistic assessment, its ambiguity led to difficulties in application and it was largely abandoned. The most widely adopted standard later became the **American Law Institute (ALI) Test**, formulated in 1962, which provided a more refined two-pronged approach. This test excused a defendant if, as a result of a 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 law. This test integrated both cognitive and volitional elements, recognizing that an individual might know their act is wrong but be unable to control their behavior.

3. Key Elements of the Insanity Defense

For an insanity defense to be successfully mounted, specific legal and psychiatric criteria must be met, which vary slightly depending on the jurisdiction and the particular legal standard being applied (e.g., M'Naghten, ALI). Generally, these criteria revolve around the presence of a severe mental condition and its direct impact on the defendant's understanding or control at the time of the crime. The defense is usually an affirmative one, meaning the defendant or their legal team bears the burden of proving insanity, or at least raising sufficient doubt, depending on jurisdiction.

A primary element is the existence of a **mental disease or defect**. This is not merely a personality disorder, a temporary emotional disturbance, or voluntary intoxication, but a recognized severe psychiatric condition that significantly impairs mental functioning. Conditions such as severe psychosis, schizophrenia, or profound intellectual disability are typically considered, while less severe conditions or those that do not fundamentally impair rational thought or behavior control are usually not sufficient. The diagnosis must be established through thorough medical and psychological evaluations by qualified mental health professionals, who then provide expert testimony in court.

Beyond the diagnosis, the critical determination is how this mental condition affected the defendant's state of mind at the precise moment of the offense. Under most prevailing standards, this involves assessing two main capacities: cognitive and volitional. The cognitive prong asks

whether the defendant, due to their mental disease or defect, lacked the substantial capacity to appreciate the nature and quality of their act or its wrongfulness. This means they could not understand what they were doing (e.g., mistaking a person for an inanimate object) or knew what they were doing but believed it was morally or legally justified due to their delusion. The volitional prong, present in tests like the ALI standard, considers whether the defendant, despite knowing their act was wrong, lacked the substantial capacity to conform their conduct to the requirements of the law, essentially meaning they were unable to control their impulses due to their mental condition.

4. Procedural Aspects and Evidentiary Standards

The procedural journey of an NGRI plea is distinct and follows a specific legal pathway. Typically, the defense must provide timely notice to the court and prosecution of their intent to raise an insanity defense. This allows the prosecution to prepare its own rebuttals and potentially seek its own independent mental health evaluations of the defendant. The initial stage involves the entry of the plea, often alongside other pleas such as "not guilty."

A critical component of the process is the extensive psychiatric and psychological evaluation of the defendant. Court-appointed experts, often forensic psychiatrists or psychologists, conduct thorough assessments, review medical records, interview the defendant, and sometimes speak with family members or witnesses. These evaluations aim to determine the defendant's mental state at the time of the alleged crime, considering factors such as diagnosis, symptoms, and the causal link between the mental condition and the criminal act. The findings from these evaluations form the basis of expert testimony presented in court.

During the trial phase, both the defense and prosecution present their cases regarding the defendant's sanity. Expert witnesses from both sides offer their opinions, often conflicting, on whether the defendant met the legal criteria for insanity. The jury, or judge in a bench trial, then weighs this complex psychiatric evidence alongside all other evidence presented, including factual accounts of the crime. The burden of proof for establishing insanity varies by jurisdiction; in some, the defense must prove insanity by a preponderance of the evidence, while in others, the prosecution must prove sanity beyond a reasonable doubt once the defense has raised the issue. Post-Hinckley reforms, many jurisdictions shifted the burden of proof to the defendant to prove insanity, making successful pleas more challenging.

5. Consequences of a Successful NGRI Plea

Contrary to popular misconceptions, a successful plea of **Not Guilty By Reason Of Insanity (NGRI)** does not result in the defendant being immediately released from custody. Instead, it typically leads to an indeterminate period of confinement in a secure **psychiatric facility**, rather

than a conventional prison. This outcome reflects the dual goals of public safety and providing necessary mental health treatment. The defendant is deemed to pose a potential danger to themselves or others due to their mental condition, necessitating institutional care and supervision.

The duration of this commitment is often indeterminate, meaning there is no fixed release date, unlike a prison sentence. Release depends entirely on the judgment of mental health professionals and review boards, who continuously assess the individual's mental stability, progress in treatment, and whether they still pose a risk to society. This process can be lengthy, with individuals often remaining confined for periods equivalent to or even exceeding the maximum criminal sentence they might have received had they been found guilty and imprisoned. There is no access to traditional mechanisms like **parole** or **probation**; the focus is solely on therapeutic progress and risk assessment.

The rationale behind indeterminate commitment is the belief that confinement should last as long as necessary for the individual to regain mental stability and no longer pose a threat. The goal shifts from punishment to rehabilitation and public protection through mental health intervention. This framework recognizes that underlying mental illness, if untreated, could lead to future dangerous acts. Therefore, release is contingent upon a clear determination that the individual is no longer mentally ill to a degree that makes them a danger to themselves or others, a decision made through regular evaluations and judicial oversight, balancing the patient's rights with public safety concerns.

6. The Case of John Hinckley Jr.

A prominent and highly publicized instance of the NGRI defense being successfully employed was in the case of **John Hinckley Jr.** In March 1981, Hinckley attempted to assassinate then-**President Ronald Reagan** outside a Washington, D.C., hotel, also injuring three others, including Press Secretary James Brady. Hinckley's actions were driven by a severe mental illness, specifically erotomania and delusional disorder, which led him to believe that assassinating the President would impress actress Jodie Foster.

Following a lengthy and contentious trial in 1982, a jury found Hinckley not guilty by reason of insanity. The verdict, rendered under the ALI test then prevalent in the District of Columbia, sparked widespread public outrage and intense debate across the United States. Many viewed it as a miscarriage of justice, perceiving Hinckley as having "gotten away with murder" (though no one died from the initial shooting) and fueling skepticism about the entire insanity defense. The public outcry stemmed from a general misunderstanding of the NGRI verdict, which many erroneously equated with immediate freedom.

In reality, Hinckley was committed to St. Elizabeths Hospital, a psychiatric facility in Washington, D.C., where he remained under institutional care for decades. His confinement was indeterminate,

subject to regular reviews by mental health professionals and federal courts. Over the years, Hinckley underwent extensive treatment, and his mental condition was deemed to have stabilized. After numerous attempts and strict conditions, he was finally granted full release in 2016, 35 years after the assassination attempt, illustrating the long-term, rehabilitative, and safety-focused nature of an NGRI disposition. This case profoundly influenced subsequent legal reforms, leading many states and the federal government to stiffen insanity defense laws, including shifting the burden of proof to the defendant.

7. Debates, Criticisms, and Public Perception

The **Not Guilty By Reason Of Insanity (NGRI)** defense remains one of the most contentious and misunderstood aspects of criminal law, frequently drawing intense public debate and criticism. A primary concern among the public is the perception that NGRI is a "loophole" or a "get out of jail free card" that allows dangerous criminals to evade accountability for their actions. This perception often overlooks the reality that a successful NGRI plea does not lead to freedom but to often lengthy and indeterminate confinement in a psychiatric institution, a setting that can be equally or more restrictive than traditional incarceration. The public tends to equate "not guilty" with "innocent" and free, rather than "not criminally responsible" and committed for treatment.

Another significant criticism revolves around the perceived leniency of the justice system towards those who claim insanity. There's a persistent fear that individuals who commit heinous crimes might feign mental illness to avoid harsher penalties. While malingering (faking symptoms) is a concern for mental health professionals, safeguards are in place, including extensive evaluations by multiple experts, to detect such deception. Nonetheless, the subjective nature of mental illness and the difficulty of precisely assessing a past mental state contribute to public skepticism regarding the reliability of expert testimony and the fairness of the verdict.

Legal and ethical debates also surround the NGRI defense. Critics argue that it undermines the principles of personal responsibility and deterrence. Furthermore, there are challenges for mental health professionals, who must navigate their ethical obligations to their patient while also serving as expert witnesses in a legal context, often facing scrutiny and accusations of bias. The rarity of successful NGRI pleas - typically less than 1% of felony cases and successful in only about a quarter of those where it is raised - indicates it is far from a common or easily attainable outcome, yet its high-profile failures often overshadow its limited use and stringent requirements.

8. Reform Efforts and Variations Across Jurisdictions

The intense public backlash following the **John Hinckley Jr.** verdict in 1982 catalyzed significant reform efforts across the United States concerning the insanity defense. Prior to Hinckley, the ALI test, which incorporated both cognitive and volitional prongs, was widely adopted. However, the

Hinckley case prompted a shift towards stricter standards and placed a heavier burden on defendants. The federal government, along with many states, amended their laws, predominantly eliminating the volitional prong ("irresistible impulse") and reverting to a modified version of the M'Naghten Rules, which primarily focuses on cognitive capacity--the inability to appreciate the wrongfulness of one's actions.

A key reform was the change in the **burden of proof**. Before Hinckley, in many jurisdictions, once the defense introduced evidence of insanity, the prosecution bore the burden of proving the defendant's sanity beyond a reasonable doubt. Post-Hinckley, the burden largely shifted to the defendant, who now typically must prove insanity by clear and convincing evidence or by a preponderance of the evidence. This makes it substantially more difficult for defendants to succeed with an NGRI plea. These legislative changes reflected a desire to make it harder to successfully raise the defense and align the outcome more closely with public expectations of accountability.

Furthermore, some states introduced alternative verdicts such as **Guilty But Mentally Ill (GBMI)**. A GBMI verdict allows a jury to find a defendant guilty of the crime while acknowledging the presence of a mental illness. Unlike NGRI, a GBMI verdict results in a criminal conviction and a traditional sentence, but with the stipulation that the defendant receives mental health treatment while incarcerated. This option was seen as a compromise to address public safety concerns and ensure treatment, without absolving the defendant of criminal responsibility entirely. While the specifics of the insanity defense continue to vary across state and federal jurisdictions, the overall trend has been towards narrowing its scope and increasing the burden on those who attempt to use it.

9. Societal Implications and Ethical Considerations

The concept of **Not Guilty By Reason Of Insanity (NGRI)** forces society to confront fundamental questions about culpability, free will, and the role of the criminal justice system in addressing mental illness. It highlights the tension between the retributive purpose of law--punishing those who cause harm--and the rehabilitative or therapeutic goals of addressing underlying conditions. A society that recognizes the NGRI defense acknowledges that some individuals, due to profound mental impairment, may not possess the moral agency typically presumed in criminal law, thus shifting the focus from punishment to treatment and supervision for public safety.

The defense also carries significant societal implications regarding the stigma associated with mental illness. High-profile NGRI cases, often sensationalized, can perpetuate stereotypes that individuals with mental illnesses are inherently violent or manipulative. This can hinder efforts to integrate individuals with mental health conditions into society and reduce the stigma surrounding mental health treatment. Conversely, the defense can also serve as a reminder that severe mental illness is a legitimate health condition that warrants understanding and appropriate intervention

rather than solely punitive measures.

Ethically, the NGRI defense presents complex challenges for all involved parties. For mental health professionals, there is an inherent tension between their role as healers and their duty as expert witnesses to the court, providing objective assessments that may have profound consequences for the defendant's freedom. For legal systems, the challenge lies in balancing the rights of the accused, the need for public safety, and the societal demand for justice. The ongoing evolution of the NGRI defense reflects society's continuous struggle to reconcile these competing values within the framework of criminal jurisprudence.

Further Reading

[Not Guilty By Reason Of Insanity - Wikipedia](#)

[M'Naghten Rules - Wikipedia](#)

[American Law Institute \(ALI\) - Wikipedia](#)

[John Hinckley Jr. - Wikipedia](#)

[Mens Rea - Wikipedia](#)

[Forensic Psychiatry - Wikipedia](#)