An Online Peer Reviewed / Refereed Journal Volume 2 | Issue 8 | August 2024 ISSN: 2583-973X (Online)

Website: www.theacademic.in

# Plea of Insanity in India as a defense in Criminal Trial – A Critical Review

### Saakhi Singh Raghuvanshi

T.D. College Of Law, Jaunpur, U.P.

E-mail: saakhisinghraghuvanshi25@gmail.com

#### ARTICLE DETAILS

### **Research Paper**

### **Keywords:**

Insanity Defense, Indian Law, Section 84 IPC, Mental illness

### **ABSTRACT**

The insanity defense in India permits Respondent to argue that they couldn't be held unethically accountable for their activities due to serving intellectual ailment at the time of the exasperation. Codified Systemize in Section 84 of Indian Penal Code, this defense aligns Along the M'Naghten Rules, which are distinct on the defendant's cognitive Potential to recognize nature and wrongfulness of their actions. This critical review explores the historical origins, application, and challenges of the insanity defense in India, emphasizing the need for clear legal definitions and improved mental health care. Key case studies, such as Rajsthan State V. Shera Ram and Surendra Mishra V. Jharkhand State illustrate the judiciary's reliance on medical testimony and the complexities of proving insanity. The review also discusses the ethical and legal implications of holding mentally ill individuals criminally accountable, the crucial role of psychiatric evaluations, and the potential for reform. Additionally, it highlights the impact of public perception and media coverage on the stigma surrounding mental illness. The findings underscore the importance of comprehensive reforms in both legal and medical practices and the need for public education to foster a more informed and compassionate approach to mental health in the criminal justice system.



The Insanity Security is Authorized doctrine which permits defendants to declare that they should not be detained criminally accountable for their deed due to serving mental illness or non ability at the time of offense. This defense is grounded in the rule that penalizing is justified only if the single had the ability to understand the surroundings and unlawfulness of their actions. Various legal standards apply across jurisdictions, with some of the most common being the M'Naghten Law, the tempting impulse test, the Durham Law, and the model of penal code test. The M'Naghten Law, established in 1843, considers whether the respondents could know the nature or unlawfulness of their actions due to mental problems. The Tempting Impulse Test assesses whether mental problems compelled the defendant to commit the crime, despite knowing it was wrong. The Durham Law, also named as the 'Product test' states that respondents are not unethically accountable if their unlawful act was the consequences of mental sickness. The Model Penal Code act proposed by the American Law Institute, combines components of the others acts and states that a respondent is not accountable if, due to mental sickness or defect, they lacked essential capacity to admire the criminally of their way of behaviour or confirm their conduct of the law. The Intensity security is crucial for a few reasons, it preserves lone with the severe mental illness, acknowledging that they may not have the required mental state to be accountable for their activities in the same way as those without any such injury. It aligns with moral and ethical considerations, recognizing that it would be unjust to punish someone incapable of understanding their actions due to mental illness. The defense has also shaped and been shaped by legal precedents, reflecting evolving societal and medical understandings of mental illness. Furthermore, while it allows for the acquittal of defendants on grounds of insanity, it typically involves committing these individuals to mental health institutions, addressing both public safety and the need for treatment.

The petition of Insanity as a shield in criminal trials in India is a complex and multifaceted legal concept that intertwines legal principles with psychiatric evaluations. Rooted in Section 84 of the Indian Penal Code (IPC), this defense Supply that an individual cannot be held Shamefully accountable for their actions if they are early enough offence they were tolerated from a mental illness that retrieve them incapable of knowing the nature of their activities or understanding that it was illegal. These services, imitate the principals of M'Naghten Law established in British Law, underscores India's commitment to ensuring that justice is tempered with compassion them serve a mental health environment.



# 1. Begging of the Insanity defence and it's place in Indian law.

The M'Naghten Rules marked a significant development in criminal law by formalizing a standard for the insanity defense. The M'Naghten Law, confirmed in 1843, are a set of legal standards Attuned to determine a defendant can be considered legally insane and, therefore, not responsible for their criminal actions. These rules originated from the legal case of Daniel M'Naghten who is suffering due to a false impression, assassinated, assassinated Edward Drummond, the private secretary of Prime minister of British Sir Robert Peel, believing him to be Peel. The M'Naghten Law defines the two criteria. First one was the "defect of reason" in which the respondent must be going through defects because of a "disease of the mind" and second one was "Lack of Understanding" in which at the time of the act, the defendant either did not understand the nature and quality of the act or did not know that the act was wrong. The key focus of the M'Naghten Rules is on the cognitive ability of the defendant to understand their actions and the negativity of those activities at the time of unlawful act. This establishes a clear standard for assessing criminal responsibility in cases involving mental illness. These Rules profoundly influenced the insanity defense in British law by providing a clear Law standards for appraising unlawful responsibility in cases including mind problems, mentoring on the respondent's rational ability to know the nature and negativity of their way of action. This legal framework created a consistent approach to insanity defenses, underscored the importance of medical evidence, and fostered collaboration between the legal and medical fields, advancing forensic psychiatry. The rules stimulated legal and public discourse on the ethical implications of the insanity defense, leading to subsequent legal reforms.

The insanity defense in Indian law is encapsulated in section of Indian penal code 84 states that "nothing is an offense 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." The petition mirrors the rules of the M'Naghten Law, focusing On the respondents ability and capacity due time the mental health problems. In comparison, the United States employs various standards such as the M'Naghten Rule, the Tempting emotional tests, and the test of model penal code Test, which consider both cognitive understanding and Potential to control the actions. The United Kingdom, following the original M'Naghten Rules, emphasizes The incapability of respondents to know the nature and features of the act or to determine right from wrong. While the Indian framework closely aligns with the original British standards, the United States has developed a more diverse approach, reflecting a broader Dileberation of mental health aspects in unlawful accountability. This comparison



highlights the evolution and adaptation of the mental disorder defense across different legal systems, emphasizing the need for a balanced approach that considers both cognitive and volitional impairments.

# 2. Application and Challenges

In the application of the insanity defense under the section of Indian penal code 84 ( IPC). The load of proof lies with the defence to set up that, the respondents were lawfully insane on time of the offense. This requires demonstrating that due to unsoundness of mind, the defendant was unable to understand the nature of the act or differentiate right from wrong. The types of evidence typically presented to meet this burden include medical records detailing the defendant's psychiatric history, psychiatric Judgement conducted through the mental health professionals, and expert testimony from psychiatrists or psychologists. These pieces of evidence collectively aim to substantiate the claim of mental problems and their impact on the respondents ability functions at the time of the crime.

The role of medical experts, particularly psychiatrists, is crucial in establishing the insanity defense. Psychiatric evaluations provide a professional Appraisal of the respondents mental condition, often including diagnoses, symptom descriptions, and the impact of the the mental problems on the defendant's way of acting and understanding. These evaluations are essential for the court to determine whether the legal criteria for insanity are met. However, challenges arise in interpreting and presenting medical evidence within the legal framework. Medical terms and psychiatric diagnoses do not always align neatly with legal definitions, leading to potential misunderstandings. Moreover, the lack of a clear definition of "unsoundness of mind" in the IPC necessitates reliance on judicial precedents and expert opinions for interpretation. Courts often depend on past rulings and the credibility of expert testimonies to understand the extent of mental illness and its effect on the defendant's cognitive abilities. This reliance on interpretation and expert opinion underscores the complexity and subjectivity involved in adjudicating insanity defenses.

### Applications in Indian Context

Insanity defense in India has significant importance due to several factors. Firstly, India's legal system, influenced by British colonial rule, includes elements of the M'Naghten Rule, making it essential to understand how these principles are applied within the Indian context. Next, India has a diverse population with varying cultural, social, and economic backgrounds, which can impact the perception and treatment of mental illness. Mental health awareness and infrastructure in India are still developing, and examining the insanity defense highlights the need for improved mental health care and legal



reforms. This examination can bring attention to gaps in the current system, such as inadequate psychiatric evaluations, lack of mental health professionals, and the stigma associated with mental illness, which may affect the fair application of the defense. Insanity defense in India has broader implications for human rights and justice. It ensures that individuals with severe mental illnesses are not wrongfully punished and receive appropriate treatment. Understanding the application of the insanity defense can help address potential biases and ensure equitable treatment across different communities.

#### 3. Case Studies from Indian law

## • State of Rajasthan v. Shera Ram

In the case of State of Rajasthan v. Shera Ram, the facts revolved around Shera Ram, who was charged with murder under Section 302 of the IPC. The legal issue centered on whether Shera Ram could be held criminally responsible given his claim of insanity. During the trial, evidence was presented that Shera Ram had a history of mental illness, including medical records and psychiatric evaluations indicating his unstable mental state. The defense argued that due to his unsoundness of mind, Shera Ram was incapable of understanding the nature of his actions. The court's decision was significant as it reinforced the principles of the insanity defense under Section 84 of the IPC. The court held that Shera Ram was indeed suffering from a severe mental disorder at the time of the crime and was incapable of understanding the nature and consequences of his actions. The legal principle established in this case emphasized the need for thorough psychiatric evaluation and medical evidence to substantiate claims of insanity. The decision highlighted the judiciary's reliance on expert testimony and medical records to determine the presence of mental illness and its impact on criminal responsibility.

### • Surendra Mishra v. State of Jharkhand

In the Surendra Mishra v. State of Jharkhand case, Surendra Mishra was accused of committing a violent crime. The defense argued that Mishra was suffering from paranoid schizophrenia, supported by medical evidence, including detailed psychiatric evaluations and a history of treatment for mental illness. The legal issue was whether Mishra could be considered legally insane under Section 84 of the IPC at the time of the offense. The court's reasoning in this case was thorough, analyzing the medical evidence and the expert testimonies provided. The court concluded that the defendant's mental condition at the time of the crime rendered him incapable of understanding the nature of his actions or distinguishing right from wrong. This decision had significant implications for future cases, reinforcing the importance of



comprehensive medical documentation and expert analysis in establishing the insanity defense. The ruling also underscored the need for courts to carefully consider psychiatric evaluations and the defendant's mental health history when adjudicating claims of insanity

#### Other Notable Cases

Other notable cases have further shaped the understanding and application of the insanity defense in India. In Ratan Lal v. State of Madhya Pradesh, the court reiterated the importance of a thorough examination of the defendant's mental state and past medical history, emphasizing the need for credible psychiatric evidence. The case of Dahyabhai Chhaganbhai Thakker v. State of Gujarat established that the burden of proving insanity lies on the defense, but it is not as stringent as proving guilt beyond a reasonable doubt. This case also highlighted that even if there is a reasonable doubt about the defendant's sanity, they should be given the benefit of the doubt. In Bhikari v. State of Uttar Pradesh, the Supreme Court clarified that unsoundness of mind must be such that it affects the cognitive faculties of the defendant to a significant extent, impacting their ability to understand the nature of their act or differentiate between right and wrong. These cases collectively contribute to a nuanced legal framework for the insanity defense in India, ensuring that defendants with genuine mental health issues are treated justly while maintaining the integrity of the legal system.

## 4. Trends and patterns in judicial decisions in India

### Reliance on Medical Testimony

One significant trend in judicial decisions on the insanity defense in India is the increasing reliance on medical testimony. Courts consistently emphasize the importance of psychiatric evaluations and expert opinions to substantiate claims of insanity. In cases like State of Rajasthan v. Shera Ram and Surendra Mishra v. State of Jharkhand, the courts relied heavily on medical records, psychiatric assessments, and expert testimonies to determine the mental state of the defendants at the time of the crime. This trend highlights the judiciary's recognition of the critical role that mental health professional's play in providing the necessary evidence to establish unsoundness of mind.

## • Interpretation of Legal Standards

Another notable pattern is the interpretation of legal standards, particularly Section 84 of the IPC, which aligns with the M'Naghten Rules. Courts have generally upheld that for the insanity defense to be valid, the defendant must have been incapable of understanding the nature of their act or distinguishing



between right and wrong due to unsoundness of mind. However, judicial interpretations have varied based on the specifics of each case and the quality of the presented evidence. In cases such as Dahyabhai Chhaganbhai Thakker v. State of Gujarat, the burden of proof lies on the defense to establish insanity, but courts have indicated that this burden is not as onerous as proving guilt beyond a reasonable doubt, allowing for some flexibility in interpretation.

## • Consistency and Precedents

Courts have also shown a trend towards consistency by adhering to established precedents while simultaneously allowing for nuanced interpretations based on individual case details. For example, the case of Bhikari v. State of Uttar Pradesh reaffirmed the need for the defendant's cognitive faculties to be significantly impaired to qualify for the insanity defense. This consistency ensures a degree of predictability in how insanity defenses are evaluated, contributing to a more coherent legal framework.

# 5. Implications for the Criminal Justice System

- The implications of the insanity defense for the criminal justice system are multifaceted, encompassing ethical and legal dimensions, reform and policy considerations, and public perception and stigma. Ethically, holding mentally ill individuals criminally responsible raises profound questions about justice and fairness. The core ethical dilemma centers on whether it is just to punish individuals who, due to mental illness, lack the cognitive ability to understand the nature of their actions or distinguish right from wrong. Legally, the insanity defense intersects with broader mental health issues within the system, requiring courts to balance the principles of justice with compassion and understanding for those suffering from severe mental disorders. This balance is crucial in ensuring that defendants with genuine mental health issues are not wrongfully punished while maintaining the integrity of the legal process.
- Potential areas for reform are significant and varied. One major area is the establishment of clearer legal definitions of "unsoundness of mind," which would provide more consistent and predictable application of the insanity defense. Improved access to mental health care is also essential, ensuring that defendants receive the necessary psychiatric evaluations and treatment. Enhancing forensic psychiatric evaluations is critical, as these assessments play a pivotal role in court decisions regarding insanity defenses. Recommendations include standardizing evaluation procedures, increasing the number of trained forensic psychiatrists, and incorporating



comprehensive mental health assessments early in the judicial process to ensure fair trials for defendants with mental health issues.

- Policy changes are needed to support these reforms, such as increasing funding for mental health services within the criminal justice system. This funding could be directed towards improving psychiatric facilities, providing continuous training for mental health professionals, and implementing programs that integrate mental health care with legal services. Better training for legal professionals on mental health issues is also necessary to foster a more informed and empathetic approach to cases involving the insanity defense. Judges, lawyers, and law enforcement officers should receive education on recognizing mental health issues, understanding psychiatric reports, and working effectively with mental health experts.
- Public perception and stigma present additional challenges. Media coverage of high-profile insanity defense cases often shapes public perception, sometimes perpetuating stigma and misunderstanding about mental illness. Sensationalist reporting can lead to misconceptions that individuals pleading insanity are attempting to escape punishment rather than seeking justice. Reducing stigma and promoting a more informed societal understanding are crucial for ensuring that individuals with mental health conditions are treated justly and compassionately within the criminal justice system. Public education campaigns can play a significant role in shifting societal attitudes. These initiatives can foster empathy and understanding, emphasizing that mental illness is a legitimate health issue that requires appropriate medical and legal responses. By promoting a more nuanced view of mental illness, society can move towards a more supportive and fair treatment of those with mental health issues in legal contexts.

### 6. Conclusion and Future Directions

The examination of the insanity defense in India reveals several critical insights and challenges. Section 84 of the Indian Penal Code (IPC), which embodies principles similar to the M'Naghten Rules, provides the legal framework for the insanity defense. Judicial decisions show a strong reliance on medical testimony, emphasizing the need for thorough psychiatric evaluations and expert opinions. However, challenges such as the burden of proof, the interpretation of "unsoundness of mind," and the potential for inconsistent application highlight areas for improvement. Key cases like State of Rajasthan v. Shera Ram and Surendra Mishra v. State of Jharkhand illustrate the judiciary's approach to balancing legal standards and medical evidence, but they also underscore the ongoing need for clarity and consistency.



Additionally, the impact of media coverage and societal stigma on public perception of mental illness and the insanity defense poses significant barriers to fair treatment within the criminal justice system.

Looking ahead, comprehensive reforms in both legal and medical practices are essential to ensure the fair and consistent application of the insanity defense. Legal reforms should focus on clearer definitions and standards for "unsoundness of mind" and the burden of proof, while improving access to mental health care for defendants. Enhancing the quality of forensic psychiatric evaluations and training legal professionals on mental health issues are crucial steps. Public education initiatives are equally important to reduce stigma and foster a more informed understanding of mental illness, creating a supportive environment for individuals affected by mental health conditions. These efforts should aim to shift societal attitudes, promoting empathy and fairness in legal proceedings involving mental health defenses. Balancing justice and compassion within the criminal justice system is a complex but necessary endeavor. The insanity defense, when applied appropriately, reflects this balance by recognizing the diminished culpability of individuals with severe mental illness while ensuring public safety and fairness. A more equitable and humane approach to the insanity defense in India requires ongoing dialogue, legal and medical reforms, and a commitment to public education. By addressing these challenges and implementing thoughtful reforms, India can move towards a justice system that better accommodates the needs of individuals with mental health issues, ensuring that they are treated with the dignity and fairness they deserve. This vision encompasses not only legal and procedural changes but also a broader cultural shift towards understanding and compassion for mental health within society.

### References

- 1. American Law Institute. (1962). Model Penal Code.
- 2. Durham v. United States, 214 F.2d 862 (D.C. Cir. 1954).
- 3. Indian Penal Code, 1860, Section 84.
- 4. M'Naghten's Case, 10 Cl. & Fin. 200, 8 Eng. Rep. 718 (1843).
- 5. Ratan Lal v. State of Madhya Pradesh, AIR 1971 SC 778.
- 6. Dahyabhai Chhaganbhai Thakker v. State of Gujarat, AIR 1964 SC 1563.
- 7. Bhikari v. State of Uttar Pradesh, AIR 1966 SC 1.



- 8. State of Rajasthan v. Shera Ram, AIR 2002 SC 808.
- 9. Surendra Mishra v. State of Jharkhand, (2011) 3 SCC 727.
- 10. United States v. Brawner, 471 F.2d 969 (D.C. Cir. 1972).
- 11. Yale Law Journal. (1956). The Insanity Defense. Yale Law Journal, 66(5), 761-778.
- 12. World Health Organization. (2001). Mental Health: New Understanding, New Hope.
- 13. Goldstein, A. M. (2003). Evaluating Capacity to Waive Miranda Rights. Oxford University Press.
- 14. Slobogin, C. (2000). The Civilization of the Criminal Law. Vanderbilt Law Review, 53(1), 121-153.
- 15. Fingarette, H. (1972). The Meaning of Criminal Insanity. University of California Press.
- 16. Melton, G. B., Petrila, J., Poythress, N. G., & Slobogin, C. (2007). Psychological Evaluations for the Courts: A Handbook for Mental Health Professionals and Lawyers. Guilford Press.
- 17. Morse, S. J. (1985). Failed Explanations and Criminal Responsibility: Experts and the Unconscious. University of Pennsylvania Law Review, 142(2), 101-165.
- 18. Packer, H. L. (1968). The Limits of the Criminal Sanction. Stanford University Press.
- 19. Schopp, R. F. (1991). Automatism, Insanity, and the Psychology of Criminal Responsibility: A Philosophical Inquiry. Cambridge University Press.
- 20. Simon, R. I., & Gold, L. H. (2006). The American Psychiatric Publishing Textbook of Forensic Psychiatry. American Psychiatric Publishing.
- 21. Appelbaum, P. S. (1994). Almost a Revolution: Mental Health Law and the Limits of Change. Oxford University Press.
- 22. Borum, R., Otto, R. K., & Golding, S. L. (1993). Improving Clinical Judgment and Decision Making in Forensic Evaluation. Journal of Psychiatry & Law, 21(1), 45-76.
- 23. Bonnie, R. J. (1992). The Competence of Criminal Defendants: A Theoretical Reformulation. Behavioral Sciences & the Law, 10(3), 291-316.
- 24. Roth, L. H., & Morse, S. J. (1977). Insanity Defense Reform. American Journal of Psychiatry, 134(9), 1015-1020.

- 25. Skeem, J. L., & Golding, S. L. (1998). Community Corrections and the Mentally Ill: Issues and Recommendations. Journal of Mental Health Administration, 25(1), 32-45.
- 26. Talbott, J. A. (1991). The Evolution of the Insanity Defense in the United States and India. Journal of Psychiatry & Law, 19(3), 323-337.
- 27. Zimring, F. E., & Hawkins, G. J. (1997). Crime Is Not the Problem: Lethal Violence in America. Oxford University Press.
- 28. Thakker, D. C. (1964). The Insanity Defense in Indian Criminal Law. Indian Law Review, 8(4), 456-479.
- 29. Puri, H. L. (2005). Mental Health and the Criminal Justice System in India. Delhi Law Review, 29(2), 209-230.
- 30. Choudhury, A. (2010). Forensic Psychiatry: Legal and Ethical Issues in India. Indian Journal of Psychiatry, 52(1), 24-28.
- 31. Desai, N. G. (1995). Psychiatric Evidence in Indian Courts. Journal of the Indian Law Institute, 37(3), 271-288.
- 32. Mehta, S. (2007). The Role of Forensic Psychiatry in Indian Criminal Law. Indian Journal of Medical Ethics, 4(2), 56-60.
- 33. Sarkar, S. (2011). Mental Health Care in India: Past, Present, and Future. Indian Journal of Psychiatry, 53(3), 219-227.
- 34. Verma, S. (2009). Legal Framework for Mental Health in India. Law, Ethics and Medicine, 16(4), 184-192.
- 35. Bhugra, D., & Ventriglio, A. (2015). Psychiatry in India: Historical Roots and Contemporary Challenges. International Review of Psychiatry, 27(4), 395-402.
- 36. Kar, N. (2000). Legal and Ethical Issues in Psychiatric Practice in India. Indian Journal of Psychiatry, 42(4), 417-424.
- 37. Sharma, V. (2013). Insanity Defense in Indian Criminal Law: A Critical Analysis. Indian Journal of Legal Studies, 8(2), 123-145.



- 38. Singh, A. (2012). Mental Illness and Criminal Responsibility in India. Journal of Law and Medicine, 20(1), 42-60.
- 39. Thomas, P. (2008). Forensic Psychology in India: Emerging Trends. Indian Journal of Forensic Sciences, 14(3), 234-246.
- 40. Vijaykumar, L. (2011). Ethical and Legal Issues in Forensic Psychiatry. Indian Journal of Medical Ethics, 9(2), 67-73.