International Journal of Law Research, Education and Social Sciences

Open Access Journal – Copyright © 2026 – ISSN 3048-7501
Editor-in-Chief – Prof. (Dr.) Vageshwari Deswal; Publisher – Sakshi Batham

Revisiting the Insanity Defence in India: A Psychological and Jurisprudential Analysis of Section 84 IPC

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Received 09 March 2026; Accepted 08 April 2026; Published 13 April 2026

Representing one of the most contested intersections between Criminal Laws and Psychology, Section 84, IPC is rooted deeply in 19th-century M'Naghten's rules. This also adopts a cognitive test (narrowly defined) distinguished legal insanity from medical insanity. This article critically delves into the historical evolution, the legal framework and the judicial interpretation of Section 84 of the IPC. This article also examines the disconnect from modern-day psychological and psychiatric understanding of mental illness. It also further argues for reform through advocacy of the incorporation of modern psychiatric insights, partial incapacity recognition and flexible procedure. This article, hence, concludes by aligning criminal law with psychological reality, emphasising its essentiality of achieving substantive justice alongside preserving societal interests. This study also examines the evolution of the defence from the wild beast test to M'Naghten rules and ultimately the Bharatiya Nyaya Sanhita, representing one of the most complex and contested intersections. This paper takes a comprehensive psychological and jurisprudential analysis of the defence, covering dimensions like doctrinal contours, judicial interpretation and contemporary challenges. The paper finally identifies the evidentiary hurdles, lack of forensic psychiatric expertise, and dialogue between law and psychology, which remains fractured. The paper concludes by proposing reforms covering the doctrinal, procedural and institutional dimensions to put forward a way for a more just and humane framework for mentally ill offenders in India.

Keywords: *ipc, insanity defence, legal insanity, mental healthcare, criminal law.*

INTRODUCTION

"The law presumes that every person intends the natural consequences of his acts, whereas psychology reminds us that not every mind is capable of such intention." Criminal law is founded on the principle that liability arises not merely from the commission of a prohibited act, i.e. actus reus, but also from the immediacy of a culpable mental state, i.e. mens rea. This rational choice and moral agency, which acts as an assumption, becomes profoundly intricate when the person agonises from psychogenic indisposition (mental illness). The defence of insanity is enshrined to reconcile punishment with solicitude and culpability with impotence. Under Indian laws, this defence is enshrined under Section 84 of the Indian Penal Code,1860. This section provides for the defence for acts committed by any person of 'unsound mind' which states that if any person due to the presence of mental unsoundness during the commitment of any act which is deemed as illegal under the law is incapable of knowing the nature of their action or whether it is contrary to law, such action is not considered as an offense.

This article intends and seeks to revisit the insanity defence in India through a combined lens of law and psychology. It shall critically examine the historical roots of Section 84 IPC, the interpretation done through the judicial lens, along with its compatibility with contemporary psychological knowledge. Bridging the gaps between legal intricacies and psychological realities, it shall aim to make a contribution to the current ongoing discourse on whether Indian law about such defence, as compared to other law countries, serves the ends of justice in a modern constitutional and scientific context.

HISTORICAL EVOLUTION OF INSANITY DEFENCE

Born in 1843 in England, at a time when criminal liability was tied closely with moral blameworthiness. Existing in the medieval legal thought period, the people who were non compos mentis were excluded from punishment on the assumption that criminal intent could not exist without an actual presence of rational understanding. Lacking doctrinal clarity, these

early exemptions were also applied inconsistently. These often relied on tests, such as crude tests such as the ability to distinguish 'good from evil' in a very general moral sense.[1]

This was followed by the occurrence of a decisive moment, which was a turning point in the development of the insanity defence, with the formulation of the M'Naghten Rules in M'Naghten's Case of 1843.[2] M'Naghten, in this case, had attempted to assassinate the British Prime Minister, whom he believed was conspiring against him. The presence of M'Naghten's Psychosis led the court to acquit him and thus established the M'Naghten Rules, which are widely accepted under the Indian Laws. "It requires that a defendant is to be found not guilty of an offense if, at the time it occurred, his mental disorder was so grave as to (1) interfere with his ability to know or understand the nature or quality of his criminal behaviour, and (2) to have compromised the defendant's ability to know or understand the legal or moral wrongfulness of his behaviour. This two-pronged rule became the legal standard for an insanity defence in the United States as well."[3] Marking a shift from moral intuition, this formulation led to a more structured legal test but also ingrained a cognitive-centric approach, which laid down a narrow focus on knowledge rather than volitional control.

According to M'Naghten's case, the judges cited the following analysis pertaining to the insanity defence in criminal law. The jury found the defendant not guilty because they were legally insane at the time of the crime. The court explained that, generally, everyone is assumed to be mentally sound and able to understand the consequences of their actions. So, if someone wants to use the insanity defence, they must clearly prove that they had a serious mental disorder that affected their reasoning when the crime happened. Specifically, they would need to show that they either didn't understand what they were doing or didn't realise that what they were doing was wrong. This principle comes from what's known as the M'Naghten Rule. The rule serves as a guide for juries to decide if a person knew the difference between right and wrong when they committed the act. However, this rule isn't applied in a vacuum; it must be considered alongside how the defendant behaved and what the circumstances were in each case.[4]

[1] HLA Hart, *Punishment and Responsibility*, vol 45 (Clarendon University Press 1968)
[2] Richard Lettieri, 'A Brief History of the Insanity Defense' (*Psychology Today*, 04 June 2021) <https://www.psychologytoday.com/us/blog/decoding-madness/202106/brief-history-the-insanity-defense> accessed 07 March 2026
[3] *Ibid*
[4] *R v M'Naghten* [1843] 8 ER 718

The M'Naghten's Rules played a crucial role in the insanity defence and travelled through subcontinents, eventually reaching India. India, under British rule under the guidance of Lord Macaulay, was formulating its Indian Penal Code, which was heavily informed by the English Legal Principles. Reflecting a near-verbatim adoption of M'Naghten's rules, section 84 IPC emphasises the incapacity to know the nature of the act of its contrary nature towards law due to the presence of unsoundness of mind. This provision argues for a predictable standard for criminal responsibility which is more particular within a diverse colonial society.[5]

So, it would be right to term the insanity defence as a historical evolution which eventually reveals a static legal doctrine which would be deeply rooted in colonial jurisprudence. This would be largely insulated from subsequent developments in psychological as well as psychiatric sciences. The aforementioned historical rigidity shall form the backdrop against which contemporary critiques of legal academia of Section 84 IPC must be understood.

LEGAL FRAMEWORK FOR INSANITY DEFENCE IN INDIA

Section 84, enshrined in IPC, 1860, codifies the insanity defence under Indian Criminal Law. It provides that an act does not constitute an offence if, at the time of its commission, the accused was, by reason of unsoundness of mind, incapable of knowing the nature of the act or that it was wrong or contrary to law.[6] This provision of Section 84 is premised on the principle that criminal liability is presupposed by the principle of mens rea, where the fundamentally impaired part is that of cognitive capacity, and what cannot be legally attributed is moral blameworthiness.

The Supreme Court in Bapu v State of Rajasthan ('Bapu'),[7] has summed up the observations made by courts in older cases to highlight situations that would not qualify for §84 as "being conceited, odd, irascible, weak intellect due to physical and mental ailments affecting emotions and will, liable to recurring fits of insanity at short intervals, or subject to getting epileptic fits or that his behaviour was queer."

A person is of unsound mind if they fall in the category of an idiot, one made non compos by illness, a lunatic or madman, or a drunkard.[8] While this statement appears to make distinct

[5] Ratanlal Ranchhoddas and Dhirajlal K Thakore, *Indian Penal Code* (19th edn, Bombay Law Reporter 1948)
[6] Indian Penal Code 1860, 84
[7] *Bapu @ Gajraj Singh v State of Rajasthan* (2007) 8 SCC 66
[8] *Sumitra Shriram Pimpalkar v State of Maharashtra* (2000) 2 Mh L J 149 [13]

categories of what may constitute unsoundness, in effect, it does not help clear the confusion. Bapu observes that a 'lunatic' is afflicted by mental disorder only at certain periods and falls under acquired insanity, while idiocy is natural insanity.[9] Questions that have gone unanswered by courts on various accounts are about the meaning of such distinctions or how they align meaningfully within the Indian Criminal Law system. Termed as colloquial, the concepts and terms used by the courts hold no scientific stance and relevance and if such continued reliance of these terms would interfere and play furthering the misunderstanding of unsoundness of mind under §84.

Successfully applying the principles of Section 84 IPC, the Supreme Court propounded the application of such section in following words; "No thing whatever 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, is an offence. What is at the heart of this provision is that an evil act (actus reus) must be accompanied by a wrong intent (mens rea) for any individual to be convicted under criminal law."[10] The Honourable Supreme Court of India also held in the same aforementioned case, particularly about the significant distinction between legal insanity and medical insanity.

Differentiating between medical and legal insanity, the Supreme Court defined medical insanity as a 'diagnosed mental disease' while, on the contrary, legal insanity was defined as the condition of the said accused at the time of commission of the offence. The Hon'ble Court also noted that a man shall not be relieved of his liability, which is criminal in nature, by solely relying on the diagnosis which proves that the said person suffers from a mental disease or illness.

The court in the said case also propounded that the term "insanity" itself has no precise definition. It is a term used to describe varying degrees of mental disorder. So, every mentally diseased person is not ipso facto exempted from criminal responsibility. A distinction is to be made between legal insanity and medical insanity. A Court is concerned with legal insanity, and not with medical insanity. The court pointed out the requirements of the court resting within the knowledge of legal insanity, coupled with the burden of proof of insanity resting on the accused, which is furthermore mentioned under Section 105 of the Indian Evidence Act, 1972. The burden

[9] *Bapu @ Gajraj Singh v State of Rajasthan* (2007) 8 SCC 66
[10] *Hari Singh Gond v State of Madhya Pradesh* (2008) 16 SCC 109

on the accused is no higher than that resting upon the plaintiff or a defendant within a civil proceeding.[11] What is decisive is whether the accused was incapable of understanding the nature of the act only at the time of commission.

In another case held by the Supreme Court, it decided that the prosecution is required to prove insanity along with commission of offence beyond a reasonable doubt, the accused also bears the burden of proving the actual existence of the occurred situations, bringing the case under the umbrella of Section 84 of The Indian Penal Code, though on the balance of probabilities.[12] It was conclusively clarified that the accused need not establish insanity; what is sufficient is that the evidence must raise sufficient and reasonable doubt on the presence of mens rea. As per the court's reasoning, this approach would aim to balance the fundamental principle which lies in criminal liability, along with the presumption of sanity, so that in the end the doubt must favour the accused.

Similar judicial decisions indicate that dimensions such as medical history, conduct of the accused before and after the commission of the crime and even psychiatric testimony of experts may be included in the evidence which may be relevant to the said plea of insanity. To be more precise, such evidence which include the aforementioned dimensions is not considered determinative but corroborative. Emphasising the past or a subsequent range of mental illnesses, the court said that it is largely irrelevant unless it directly establishes incapacity at the time of commission of the offence.

Thus, remaining rigid, cognition-centric, along with being deeply rooted in the jurisprudence of the nineteenth century, this section also serves, restrictively, to deny the misuse of the insanity defence. On the contrary, this section also remains enigmatic about its compatibility with modern psychological and psychiatric approaches.

TRANSITION FROM SECTION 84 IPC TO SECTION 22 BNS

Aiming at modernising India's criminal justice system, Bharatiya Nyaya Sanhita was introduced in July 2024, replacing the colonial-era Indian Penal Code. Within its purview of the new legal

[11] *Dahyabhai Chhaganbhai Thakkar v State of Gujarat* AIR 1964 SC 1563
[12] Indian Evidence Act 1872, s 105

architecture, the provision for the insanity defence previously stated in Section 84 of the IPC is now embodied in Section 22 of the BNS.

There has been a significant contested linguistic shift: 'the mental condition' debate. The most contentious debate regarding this transition centres around the linguistic change which was proposed but then ultimately rejected. Early and initial drafts of the Bharatiya Nyaya Sanhita had sought to replace the archaic term 'unsoundness of mind' with a more open, modern and clinically relevant phrase 'mental illness', aligning it accurately with the wording as mentioned under the Mental Healthcare Act, 2017. If completed and executed, the aforementioned step would have been a significant step toward integrating legal standards with modern-day psychiatric understanding.

This step was also met with a lot of resistance. Raising strong objections, the Parliamentary Standing Committee on Home Affairs argued that the term 'mental illness' is too broad and could also encompass a wide spectrum of conditions like mood swings, or even voluntary intoxication. This has potentially opened the doors for frivolous defences and ultimately allowed guilty persons to escape prosecution and incarceration. To preserve the existing jurisprudential distinction between legal and medical insanity, the committee firmly recommended the retention of the term 'unsoundness of mind' to emphasise that mere medical insanity cannot be a ground for acquittal of the accused, and to claim a valid defence, legal insanity is required to be proved. Ultimately, section 22 of BNS has retained the original wording of Section 84 of the Indian Penal Code.

Claiming as a missed opportunity for harmonization with mental healthcare law, the authors of critical analysis in the Indian Journal of Psychiatry note that by settling on mental condition in some cases and unsoundness of mind in other iterations, BNS has failed to link the legal aspect of defence and modern-day definitions and framework which highly rights-based established by the Mental Healthcare Act (MHCA), 2017. Providing a clear definition, Mental Healthcare Act (MHCA), 2017, in Section 4 of its wording[13] has successfully explained a construct of 'capacity' which is related to decision making of treatments. Seen as a significant shortcoming, this

[13] Mental Healthcare Act 2017, s 4

'capacity to offend' has failed to utilise or adapt this construct to help determine the same capacity.

The text, while remaining the same, the experts in the field of psychiatry and law have suggested a subtle shift in the interpretation of judicial wordings.[14] The policy makers, by placing the old text in the new one, have implicitly invited the judicial interpretations through a lens which is, in a manner consistent with the 21st-century timeframe and realities.

Therefore, the key difference may lie in the potential for a broader interpretation. The older laws being primarily focused on cognitive incapacity, Bhartiya Nyaya Sanhita could be potentially seen as an opportunity for courts to consider a wider and more vivid range of mental conditions and emotions and also awareness of the consequences of their actions. One analysis also points out that IPC points out a more focused approach on severe cognitive impairments, whereas BNS potentially include a wider range of conditions. IPC lays emphasis on knowledge of the nature of the act and its wrongness, while BNS includes the awareness of consequences, which highly facilitates comprehensive assessments. This ultimately means even though the wording of the law remains unchanged, the spirit which rests within the new code might allow a more nuanced, psychologically-informed assessment of the accused only at the time of the offence.

Though it is correct to say that the lens of viewing the same text has changed, a lot remains in a state of ambiguity to date. Following the footsteps of its predecessor, Bhartiya Nyaya Sanhita still carries forward the 'all-or-nothing' approach as laid down in M'Naghten's rules. Continuing the omission of 'diminished responsibility', it is a partial defence which recognises a mental impairment which reduces but does not completely absolve culpability, which is a significant concept present in the legal frameworks in the United States of America and the United Kingdom. This would also mean that the outcome, which will be binary in nature, either full conviction or partial acquittal, remains only a feature present in the Indian legal system.

In conclusion, this transition from Section 84, Indian Penal Code, to Section 22 of Bhartiya Nyaya Sanhita may be characterised as a jurisprudential pivot rather than a legislative overhaul.

[14] Sharad Philip and Barikar C Malathesh, 'Shifting Sands: Mental Disorder Defense from Section 84 IPC to Bharatiya Nyaya Sanhita' (2024) 66(8) Indian Journal of Psychiatry <https://pmc.ncbi.nlm.nih.gov/articles/PMC11469568/> accessed 06 March 2026

The drafters, ultimately deferring to the views rooted in conservative ideology, it has retained the familiar text of 'unsoundness of mind' to prevent further potential misuse.

Underscoring the central tension between a 19th-century legal test which was rigid in nature and the evolving 21st-century understanding of psychiatry and psychology of the human mind and brain, a tension which must be navigated through the pens of the judiciary hereon.

PSYCHOLOGICAL UNDERSTANDING OF INSANITY

From the lens of psychology and psychiatric sciences, mental illness is not only a static, singular condition but involves a wide spectrum of disorders which heavily impact and affect cognition, volitional control and emotional regulation as well. Also termed as a psychiatric disorder, this condition affects the way a rational human being thinks, behaves, reacts and perceives a wide umbrella of emotions.[15] Clinical psychology distinguishes between cognitive incapacity and volitional incapacity, with the former aligning with M'Naghten's principles of criminal insanity. On the contrary, volitional incapacity, as mentioned in IPC, remains largely unrecognised in criminal law. While possessing theoretical awareness, individuals may also possess a significant awareness of the nature or wrongfulness of a certain act forbidden by law, but are unable to control their impulses due to hallucinations, compulsions or impaired impulse control. The above-discussed disjunction highlights a very core, fundamental mismatch between legal doctrines and the realities of psychology.

Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which constitutes the contemporary diagnostic framework for the diagnosis of mental disorders, explains mental illnesses as being dynamic and context-driven. With periods of relapse and remission, disorders operate periodically. Such acute episodes create a deep and severe impact on the person's decision-making capacity, even if the outward behaviour of such a person appears superficially natural. This is the reason this science cautions against the assessment of such disorders by observable conduct or post-offence coherence, which is usually relied upon by courts of law.

Psychology also challenges the assumption of insanity and sanity existing as binary opposites. On the other hand, it argues that mental capacity, which is continuously operating on a

[15] 'Mental Disorders' (*Cleveland Clinic*, 06 March 2025) <https://my.clevelandclinic.org/health/diseases/22295-mental-health-disorders> accessed 06 March 2026

continuum, is influenced by different kinds of stressors, including trauma, substance abuse and other such environmental factors. Taking an example of a certain segment of individuals who experience paranoid behaviour or delusions, usually act under threats of a perceived nature which appear to be real on the face of it, but in reality, they are non-existent in objective reality.

Hence, the understanding of psychology poses insightful questions to approaches strictly confined within legally cognitive and legal frameworks of binary opposition. It is suggested that the current legal standards under IPC Section 84, focusing on knowledge as against control and certainty rather than dealing with problematic cases of justice from a humane perspective, risk excluding individuals whose mental impairments have so markedly undermined their criminal capacity. Using psychological understanding as a basis does not require throwing legal safeguards to the wind; rather, it demands a concept of criminal liability that is more finely tuned and humanisation reflecting the reality experienced by people who suffer from serious mental illness.

CRITICAL ANALYSIS: GAPS BETWEEN LAW AND PSYCHOLOGY

Being deeply rooted in M'Naghten frameworks, Section 84 of the Indian Penal Code results in a very rigid and construed legal framework, which is very narrow in legal standard. The exclusive emphasis on cognitive incapacity has resulted in a significant limitation of its applicability. This also fails to take into account mental disorders, which primarily impair volitional control. Constantly rejecting such a doctrine of irresistible impulse,[16] the courts have continuously held that sole loss of self-control, which results from loss of knowledge, does not, in any form, absolve criminal liability.[17] This approach also overlooks the psychological evidence, which significantly emphasises the fact that such individuals may understand the nature of such an act but are unable to control their impulses.

Taking into consideration the judgments passed by the Honourable Supreme Court of India, one of the judgments went on to become the foundation for laying down the key interpretation of the insanity defence. The court held that there is no conflict between the burden usually resting on the prosecution and that of the special burden which rests on the shoulders of the accused to

[16] John Barker Waite, 'IRRESISTIBLE IMPULSE AND CRIMINAL LIABILITY' (1925) 23(5) Michigan Law Review 443 <https://repository.law.umich.edu/mlr/vol23/iss5/2/> accessed 20 March 2026
[17] *Hari Singh Gond v State of Madhya Pradesh* (2008) 16 SCC 109

make out its defence of insanity. The court clarified that to prove the general burden, all ingredients of the crime, including mens rea, must be proved beyond a reasonable doubt. On the contrary, the concept of special burden rests with the accused, who has to prove the existence of circumstances which led to the said case being under Section 84. This also arises from Section 105 of the Indian Evidence Act.[18]

The court has also held that the insanity defence shall only apply to legal insanity, not medical insanity. The court said that a mere psychopathic or obsessive-impulsive state does not constitute or exonerate an accused until and unless they were actually incapable of knowing the nature of the act or that it was wrong or contrary to law at the time of its commission. The court also drew heavily from Mayne's tests, also known as The Policeman at Elbow test, the summary of considerations of cases where previous insanity is proved or admitted. Irrespective of the level of atrocity of the crime, mere absence of motive to commit the crime cannot, in the absence of a plea or proof of legal insanity, bring any case within the purview of this section. The section still squarely based on the outdated M'Naghten's rules, the court said that mere abnormality of mind or partial delusion, or, for that matter, even the irresistible impulsive-compulsive behaviour of a psychopath, affords no protection under Section 84 of the Indian Penal Code.[19] This is a classic and a clear example that Indian laws do not acknowledge conditions like irresistible impulsivity or psychopathy, laying clear weight only on cognitive capacity.

The court, on many instances, has even rejected pleas of insanity defences after it came to a conclusion of finding no more suitable and relevant facts about the case. The accused was charged (later convicted) for killing his 1½ year old daughter, coupled with assaults on his wife. The court reduced the conviction from murder to culpable homicide not amounting to murder, resting in Section 304 Part II due to the lack of premeditation. The court also said that the mere taking of medical treatment for mental illness does not constitute legal insanity. The crucial factor being providing the accused did not know right from wrong at the time of the act.[20] The case also reiterates that medical insanity in no resort is considered as legal insanity; the latter requires proof that the person was incapable of knowing the nature of their actions at the exact

[18] *Dahyabhai Chhaganbhai Thakkar v State of Gujarat* AIR 1964 SC 1563
[19] *Bapu @ Gajraj Singh v State of Rajasthan* (2007) 6 SCC 498
[20] *Elavarasan v State Rep by Inspector of Police* (2011) 7 SCC 110

time of offence. It points out that just producing medical records of mental illness and general behavioural abnormalities does not suffice as evidence to claim the defence of insanity.

There have been examples by the apex court where they have taken into account the medical evidence as well. The court has held that not every medically insane person qualifies as a legally insane one. The accused must prove that they were incapable of understanding the law, the nature of the act or whether the act was right or wrong at the time of the commitment of the act. The court in this case had looked at and examined the behaviour of the appellant at the time of the offence, but found insufficient evidence to prove that he was mentally deranged at the specific moment. Even after examining the medical records and evidence, the court thought that the evidence was incapable of proving the unawareness about the wrongfulness of the act as done by the appellant.[21] The ruling significantly emphasises that insanity is not a blanket defence in the Indian legal system. The defence must be directly related to the comprehension of the criminal act at the moment it was acted out.

One more limitation lies within the concept of temporal requirements, which are imposed by judicial interpretations. Courts usually demand proof of unsoundness of mind during the time of commission of such an act, which, discounting multiple times, includes prior or subsequent medical history. Moreover, the onus cast upon the accused under section 125 of the Indian Evidence Act is, on the one hand, restricted to preponderance of probabilities while, on the other hand constituting rigorous rules. The continuation of the archaic terminology 'unsoundness of mind' is disjointed from current psychiatric classifications, leading to judicial divergence and a failure to appropriately identify true disorders.

The very strictness of the judicial interpretations, which demand proof of cognitive capacity through behavioural indicators which are objective in nature, portrays the judiciary's primary response to the broad spectre of fabricated pleas of insanity defence. This judicial vigilance has perhaps laid the foundation of the question that this section, as it is currently framed and applied, is subject to manipulation. Evaluating this question further requires moving beyond the exposure of doctrines, which is necessary to examine the evidentiary details and realities along with the dynamics of the procedures which shape the defence's actual operation.

[21] *Surendra Mishra v State of Jharkhand* (2011) 11 SCC 495

The debate surrounding whether Section 84 of the Indian Penal Code serves as a loophole for criminals to use such a defence to evade punishment is one of the most contentious aspects of this section in the Indian criminal justice system. This debate intrinsically talks about two competing narratives revolving around two main contentions: the need to protect society from dangerous offenders who might feign mental illness, and others about the obligation to ensure that genuinely mentally ill persons are not unjustly punished for their actions, which they have no control over. The proponents of the 'loophole' debate are of the view that this section is inherently vulnerable to abuse. They call attention to the absence of a statutory definition of 'unsoundness of mind', expostulating that this visible ambiguity develops a space for subjective interpretations which would eventually lead to exploitation by clever criminals who happen to avoid incarceration. The major concern is the fabrication of mental illness symptoms by people who have committed serious crimes like murder, rape, knowing that a successful insanity plea may lead to treatment rather than imprisonment. This fear is further propagated by the M'Naghten's rules of 1843, which still dominate the insanity pleas in Indian courts, focusing mainly on cognitive incapacity, i.e. the inability to know the nature of the act, whether it is right or wrong. This also includes the opinions of a huge number of critics of these rules. They argue that this test, being narrow in nature, has failed to take into account the modern psychiatric problems, which potentially allow offenders who do not fit into the cognitive model to manipulate the system by exaggerating or misrepresenting their problems or symptoms to avoid judicial punishment.

Adversaries of such debate usually put forth the argument of the presence of multiple-layer legal safeguards behind this section, making misrepresentation a tedious task in the court of law. The most important and significant protection vests within Section 105 of the Indian Evidence Act, which places the burden squarely on the accused to establish legal insanity on a preponderance of probabilities. This not being an inconsequential burden, the accused shall produce credible evidence to demonstrate that at the precise moment of the commission of the offence, they were labouring under such a defect of reason such as not to know the nature of the act or that it was wrong.

Judicial statistics and patterns further undermine the loophole argument. The defence of insanity is rarely successful in Indian Courts. In multiple different pleas, the court has rejected the insanity defence due to the evidence being weak, uncorroborated or belated. Even High

Courts like the Hon'ble Kerala High Court rejected depression as a ground of insanity, stating that the illness must affect the ability to understand and distinguish between right and wrong at the time of the act.[22] Even in cases where evidence of mental illness exists, courts have routinely denied the defence if the accused's conduct at the time of the offence portrays responsiveness and awareness to its surroundings.

Perhaps most convincingly, the actual problem in the administration of the insanity defence may be the opposite of the loophole concern. Far from too many false acquittals, the evidence also suggests that genuinely mentally ill offenders face immense difficulty in meeting the stringent legal test. There have been exclusions of many types of conditions, like irresistible impulse, severe personality disorders means that the individual whose mental impairment significantly affected their behaviour but did not completely obliterate their capacity, which is cognitive in nature, are convicted and incarcerated without proper access to mental health care.

The challenge for Indian law is not primarily to close a loophole being non-existent in nature, but to develop a more sophisticated framework that can differentiate between genuine and mental incapacity requiring acquittal, mental derangement which significantly warrants mitigated responsibility and calculative criminality deserving of full punishment.

As such, Section 84 of IPC acts more as a token protection than as a means of real protection, which is in dire need of reform in order to bring the criminal liability as it stands in the law into line with contemporary psychology and substantive justice.

NEED FOR REFORM AND RECOMMENDATIONS

There is a strong need and presence of reliance on Section 84 of the IPC. This is followed by an urgent need for reformation in India's insanity defence law framework. M'Naghten's rules, rooted in the 19th century, this provision is no longer a mirror of contemporary psychological and psychiatric understanding of mental illness. Such rigid tests as mentioned in the rules fail to accommodate conditions that impair volitional control and exclude a major category of mentally ill offenders from legal protection.[23] To ensure that criminal liability aligns with moral culpability and principles of fairness and dignity, reforms are urgently needed.

[22] *Vijayamma v State of Kerala* WP(C) No 13700/2022
[23] *State of Rajasthan v Shera Ram* (2012) 1 SCC 602

First, the Indian Criminal Law must shed its nature of a purely cognitive standard and begin to recognise the principle of 'incapacity'. As seen under other jurisdictions, principles such as that of diminished responsibility must be introduced, allowing courts to pertain through degrees of mental illness, striking a very clear balance between social safety and individual justice.

As missing under the current provisions, the term 'unsoundness of mind' shall be clarified and clearly defined. Such definitions shall align with the current standards of psychology as defined under DSM-5 or ICD, eventually reducing ambiguity and improving consistency in the interpretation of the statute. Instead of treating it merely as corroborative, expert psychiatric opinion and evidence shall be given higher weightage. Third, in order to address the burden of proof on the accused, a set of procedural reforms is yet to take place and is in need of the hour. Adopting a flexible way of looking towards circumstantial and medical evidence, solving the issue of limited access to psychological care.

There can be many reforms on a procedural level. Drawing immense inspiration from India's long-standing success in the field of arbitration in decongesting civil courts, there can be a proposed creation of a mental health tribunal to effectively handle the cases about the aforementioned sections in both IPC and BNS. The complementary procedural reforms include mandatory mental health screening for all prisoners within 24 hours of their admission to such remand homes. A mental health oversight committee would then further receive reports, monitor long detentions and such behaviour related to the legal aspect of the defence.

The backbone of any criminal case landing under the purview of Section 84 IPC/ Section 22 BNS could be said to be psychiatrists and psychologists. The scarcity of forensic psychologists and psychiatrists needs to be addressed, as it requires sustained investment in capacity building. The state shall fill the posts of prison psychologists and psychiatrists' vacancies, enhancing and broadening their roles.

However, out of all the mentioned suggestive reforms above, the most significant step would be institutionalising collaboration, which is interdisciplinary in nature between law and psychology. The foundation of such reform lies within the law study, where education on psychology and mental health shall be made compulsory in order to maximise awareness and build legal officers ready to go for such cases. In such legal education, competencies should be developed in the field of forensic psychology and psychiatry, along with in courtroom practise

where dialogue between judges, advocates and mental health care professionals must be established.

In the end, the challenge of insanity defence insanity defence reform is not one of weakening criminal liability but of humanising criminal justice, benefiting two functions of justice, i.e. protecting society and treating the mentally ill justly.

CONCLUSION

Under Section 84, IPC, the insanity defence reflects an enduring tension between psychological reality and legal tensions. Seeking to prevent criminal liability, this section has its rigid adherence to a cognitive test, which is deeply rooted in colonial jurisprudence, and has rendered it inadequate, as it highly addresses modern understandings of mental disorders.

The Indian criminal justice system stands at a crossroads. It has a choice to continue with the outdated 19th-century framework, which has failed to take into account the modern psychiatric problems. This has, as a result, trapped thousands of mentally ill offenders in an indefinite loop, ignoring those whose situation is substantial. It also has a choice to step into the shoes of reforms, drawing inspiration from the rights-based framework of the Mental Healthcare Act (MHCA), 2017, which can be successfully coupled with the innovations done in the doctrines of various common law countries. This would further result in a growth of interdisciplinary understanding of mental illnesses and their compatibility with criminal responsibility. Reflecting what kind of society India aspires to be, the choice does not remain merely legal but also highly moral.

Things remaining certain, but what is certain is that the status quo is unacceptable. More than 16,000 mentally ill offenders, as documented and reported by the NCRB, involve countless individuals whose mental illnesses go undetected; they stand long without trial and remain untreated, caged behind the prison walls. The data mentioned above is not just statistics but the absence of human dignity, which each individual is entitled to with care and due justice. This insanity defence, when it is properly understood and broken down effectively, is not just a loophole but a safety mechanism which shields individuals from the acts over which they have no control. To honour that recognition, to make all these concepts of dignity and justice real in

the lives of such individuals, yet remains the unfinished agenda of the Indian Criminal Justice System.

In the end, this insanity defence is not about escaping trial and punishment; it is seeing a person as a whole, taking into consideration their complexity and suffering and asking whether justice provides healing, not merely punishment and incarceration.