



IS A WOMEN'S INSANITY ADEQUATE FOR DEFENCE? A LOOK INTO THE LEGAL ASPECT OF POSTPARTUM PSYCHOSIS

Sneha Jaiswal*

ABSTRACT

'MOTHER'. It is someone who gives us life. She loves unconditionally, nurtures and cares. She is the first person we call if something goes wrong; she somehow knows where my books are even though I was the one who kept them. She is the one who will be first in line to protect us even from death itself. But what happens when our safety net is the one trapping us to death? This article carefully examines a mother's mental health and how conditions like postpartum psychosis affect her life as well as her child's life. This is a deep dive into postpartum psychosis, its symptoms, and how the law takes part in this. The bridge between mental and legal insanity is understood, and how insanity excuses criminal responsibility. The laws related to insanity and its effectiveness in our country are also discussed and clarified.

Keywords: Mother, Postpartum Psychosis, Legal Insanity.

INTRODUCTION

'Every mother would have love and affection towards her newborn'; this was assumed by the court in *Savita Manish Chaudhari v. The State of Maharashtra*. When a new mother behaves abnormally after childbirth, she is sometimes labelled possessed, cursed or affected by evil forces instead of being recognised as mentally ill.

Many families describe postpartum psychosis using terms such as 'devil', 'evil spirit', 'ghost', 'black magic' and madness. Many people still don't believe in postpartum depression and often blame the women for being lazy and using it as an excuse for not taking care of their child. They also believe that an evil spirit has entered the woman's body, and they take her to temples and dargahs instead of giving her the right medical treatment.

*BA LLB, KES SHREE JAYANTILAL H. PATEL LAW COLLEGE.

So first, let's understand what postpartum psychosis is. Postpartum psychosis is a serious mental health illness that affects someone soon after having a baby. It affects around 1 in 1,000 mothers after giving birth. It causes a sudden loss of touch with reality, leading to extreme mood swings; they become more delusional and start seeing things that are not true. In some cases, the mother is in constant fear that someone might want to harm or kill the baby. This fear can lead to panic attacks; a mother often has obsessive thoughts about harming her baby or even harming herself so that all of this can be over.

People are often confused between 'baby blues', postpartum depression and postpartum psychosis. Baby blues are feelings of sadness, moodiness, crying spells, anxiety and difficulty sleeping that mothers have in the first few days after giving birth. Up to 4 in 5 people who give birth experience baby blues. Postpartum depression is a little more severe than baby blues. It affects up to 1 in 7 women. Mothers often feel extreme sadness or loneliness, have severe mood swings or anxiety or feel worthless and not care for the baby or even herself.

LEGAL REMEDY

According to Indian laws, only postpartum psychosis has a legal remedy under Section 22 of the Bharatiya Nyaya Sanhita (BNS). Although 'baby blues' and postpartum depression are recognised under the general mental health framework, only postpartum psychosis has a special legal treatment, as it impairs a woman's reality between right and wrong and that the woman is incapable of knowing the nature of the act. Thus, postpartum psychosis falls under the criminal defence of 'unsoundness of mind'.

For people who don't know what 'unsoundness of mind' means, it is basically a mental condition that stops a person from understanding the nature of their act or that they are going against the law. It provides a general defence under criminal or civil law.

The problem here is that postpartum psychosis does not have a specific law or separate category for maternal infanticide. It just falls under general criminal defence, which is not enough. What a woman goes through during times of pregnancy is far different from any other mental health issue. The changes a woman has to go through during the span of 9 months are not a matter to be taken lightly. Hormone levels spike, blood volume increases by up to 50%, and internal organs shift to make room for the growing baby. These changes lead to rapid mood swings, anxiety, or sudden joy due to hormonal shifts. After all these mental and emotional changes, if she shows even a slight discomfort, she is labelled as 'too much'. It is a shame that our existing

laws do not protect women like these. The fact that postpartum psychosis has not been defined or researched adequately often leads the court to question its validity and weakens the defendant's insanity argument.

In the 1967 case, *Mst. Shanti Devi v. The State*, where the mother Shanti Devi cut the throat of her one-year-old son with a razor, was sentenced to life imprisonment for murdering her own child. However, this judgment was overturned by an appeal in the Delhi High Court, where the court examined medical testimonies and eyewitnesses and came to the conclusion that Shanti Devi, at the time of the incident, was unsound of mind and was not aware of her actions. This case brought the critical issue of legal insanity under Section 84 of the Indian Penal Code (IPC). It also brought the complexities of examining the mental health of an accused during the time of the crime. Especially in a country like India, where societal norms are the ones deciding whether a woman is a good enough mother or not. It is also because of cases like these that we understand mental health is not a myth. It affects everyone, including a mother. It is high time we start discussing issues like these in our country.

We still live in a society where people believe that raising a child is a mother's responsibility alone and all a father has to do is pay for the child's financial needs. Thus, when a mother kills her child, we first judge or question the woman's typical role as a nurturer and primary caregiver instead of her mental well-being and what led her to commit such a heinous crime. This has been going on for so long that our constitution also believes it. According to the Maternity Benefit Act, 2017, a woman gets up to 26 weeks of paid maternity leave with nursing breaks and job security. It all sounds great, but there is no nationwide law that mandates paternity leave in India. So, it is decided by the highest authority of justice that birthing a child is a single person's duty; that minutes after handling one of the most horrible pains, you are supposed to feed, bathe and take care of the child all alone because the father of the baby was not allowed to leave an important meeting, even more important than his own child. Though studies are few, the support a woman gets from her husband and family is more likely to determine her depression than biological changes.

But are the maternity benefits provided to a woman enough? Pregnant employees get 26 weeks of paid maternity leave. After maternity leave ends, the employer may allow work from home depending on the nature of the job and mutual agreement; creche facilities are provided, and the employer cannot terminate or discriminate during her maternity period. Now, all this seems generous and adequate for the stage a mother is going through, but is the ground reality the

same? Sadly, no, many companies do not respect this rule. Most companies ask women to quit, or they don't hire them in the first place. During interviews, many women are asked about their family planning so that it does not conflict with the interests of the companies. There is a mere lack of awareness among people, which is misused by these organisations. Maternity rights are a fundamental right, and it should not be treated as an option that is left in the hands of such organisations. So, the answer to the question is NO. Laws alone are not enough. It might be enough on paper, but the reality is certainly not enough for the sacrifices a woman has to make both emotionally and physically.

MEDICAL INSANITY VS LEGAL INSANITY

There is often a misconception about the term 'INSANITY'; medical insanity and legal insanity have differences that people often overlook. Medical insanity is when a person is going through any kind of mental weakness. It may be any kind of mental health condition that impairs an individual's understanding or emotional functioning. This also includes disorders like anxiety, depression and any other psychiatric conditions diagnosed by a doctor that need treatment and medical attention. Now, this definition is very broad, while a law has to be specific and clear. Hence, the definition of legal insanity is narrow and structured. The law does not follow the above definition to describe insanity in court. According to the law, insanity means that, at the time of committing the crime, the person was not able to understand right from wrong, was not aware of the nature of the crime or was not aware of the consequences of his action. Though it is true that, to prove legal insanity, an accused has to establish his point through psychiatric and psychological evaluations, and that he was not in control at the time of the crime, medical insanity alone is not enough in the eyes of the law. It is not just a question of mental health but a person's legal capacity and their responsibility. Medical insanity can help in proving legal insanity, but it alone will not be enough.

This dilemma between the concepts of insanity is clarified by the court through different cases. One of the prime examples would be *Saraswati Mahado Jadyal v. the State of Maharashtra* 1993 where Saraswati had strangled her newborn baby to death and attempted to hide his body. She has a prior history of severe mental illness, and she had killed another child of hers previously and was then sent to a mental hospital and was treated for schizophrenia before being discharged as 'cured'. After the death of the second child, she was again diagnosed with schizophrenia and sent to a mental hospital. Despite having a strong case of mental illness, she was convicted of murder and was sentenced to life imprisonment. According to the court, her

medical insanity did not prove her legal insanity. Hence, it is because of cases like this that legal insanity has a separate definition, and that is why this definition of insanity is taken into consideration.

The Lindsay Clancey Case: This is one of the most tragic ongoing cases of postpartum psychosis that has shocked the world. On the evening of January 24, 2023, in the town of Duxbury, Massachusetts, a 32-year-old former labour and delivery nurse strangled her three young children, Cora (aged 5), Dawson (aged 3) and Callan (aged 8 months), with exercise resistance bands in the basement of their home. She then went upstairs, cut herself, and jumped from a second-story window in an attempt to end her own life. The fall and the injuries she sustained left her permanently paralysed from the waist down. According to reports, she told her husband, Patrick, to get takeout from a restaurant because she had not cooked. Patrick returned less than an hour later and found the house completely silent, which was unusual because a house with three kids was always filled with chaos. He then searched the house and found Lindsay lying on the ground. He called 911 and went to Lindsay, asking her what happened and where the kids were, to which she responded that she tried to kill herself and that the kids were in the basement. Patrick found Cora and Dawson dead, and his 8-month-old was in critical condition and later died. This might seem like a cold-blooded murder, but was it the truth?

Lindsay was a labour and delivery nurse; she even named her daughter Cora after the very first baby she ever helped deliver while working as a nurse. She always loved children and wanted kids of her own. In the ongoing trial, everyone described her as a loving and caring mother. After the birth of her third child, Callan, in 2022, her mental health started deteriorating. She started having severe insomnia and anxiety and started feeling deeply stressed as her husband returned to work. Lindsay was begging for help; she told her husband that she was hearing a male voice telling her that she had no choice but to kill her children and then herself. She reached out for help and was treated by multiple mental health professionals, where she was prescribed medications like Zoloft, to which she experienced a severe adverse reaction; she did not sleep for 48 hours and had racing thoughts, worsening anxiety and felt awful. She then went to the doctor and was given different medications for her sleep, but those too were not helpful and only made her worse. After these medications, Lindsay perceived the world around her as unreal. She was unable to determine what was real, became more disoriented and disconnected from her own body. This was a sign that she was not responding well to these

medications. Yet all she was given was more medication. It just goes to show that even after crying for help, she was let down by the system. She had repeatedly said that she was having thoughts about killing her children and about killing herself, yet she did not receive the help she deserved. People often say that motherhood is a bliss and it is the greatest moment of a woman's life, yet when that bliss turns into a disaster, no one is there to help. Now her defence is that she was not criminally responsible and that she experienced severe postpartum psychosis and bipolar disorder and was overmedicated by healthcare providers.

Perhaps the ultimate hope is that no woman should ever have to beg to be understood. Postpartum psychosis should not remain a taboo or something that new mothers are afraid to speak about. It is time we recognise that motherhood is not flawless and that asking for help should not be a weakness. Legal systems should be able to protect vulnerable women like these. We as a society should make a space where no woman has to suffer in silence or be afraid of being judged.

CONCLUSION

When a mother is helpless and is failed by her family and the health care system. Her last plea for help is the law. It is the duty of the legal system not to let these women down. Hence, our existing laws should be rightly amended.

A separate framework should be introduced for maternal infanticide rather than placing it under the general defence of insanity, as it vastly differs from other mental illnesses. There should also be an effective implementation of maternity benefits provided by law; it should be compulsory, and strict punishment should be considered if not followed. Lastly, people should be educated and aware of these psychiatric conditions faced by women. So that they can be recognised in the early stages.

Creating a safe space and a ground on which these issues can be discussed will be the first step towards meaningful changes.

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