

Physicians, the Spanish Inquisition, and Commonalities With Forensic Psychiatry

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The Spanish Inquisition was founded in 1478 by the Catholic monarchs and operated with the goal of controlling heresy in society. Religion was omnipresent, and Jewish *conversos* (Jews who had converted to Christianity) who continued to observe Jewish practices were many of the accused. In cases in which the defendant was thought to have mental illness, the Inquisition's physicians were to evaluate the person and provide reports and expert evidence. Those defendants who were found to have genuine mental illness were generally freed or transferred to specific hospitals for those with mental illness. Case examples elucidate the methods used by the Spanish Inquisition physicians to differentiate mental illness from malingering and heresy. Physicians also treated inmates and participated in evaluations regarding the appropriateness of torture. Understanding the events of the Spanish Inquisition and the role of physicians holds relevance for contemporary forensic psychiatry.

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When conceptualizing the Spanish Inquisition, it is important to understand the status of Spain itself, the role of physicians in Spain at that point in history, and the role of religion, namely that of the Catholic Church. One can then grasp more fully the role of physicians in the Spanish Inquisition and the relevance for contemporary forensic psychiatry. Spain became a superpower in Europe by the 16th century. Notably, Spain also was a leading country in the practice of medicine in Europe by the 15th and 16th centuries, establishing university chairs for medical teaching and medical licensing boards, the *tribunales del protomedicato*.¹ Physicians at that time had professional training, but surgeons did not because surgery was considered a type of technology.¹

Hippocratic and Galenic medicine were practiced from the 15th century through the 18th century in Spain and the rest of Europe. In Hippocratic medicine, mental illness was thought to result from an imbalance in the four humors in the human body. Mania, melancholia, and phrenitis were the most common diagnoses used.² The treatment to restore a balance in these humors consisted of different dietary strategies, purging, and, at times, bloodletting. To control anxiety and agitation, Spanish physicians used belladonna (an anticholinergic plant), adormidera (an opium plant), or absinthe (alcohol-related products).³⁻⁵ This model of medical care was used across much of the western world until the 19th century.

Melancholy, related to black bile, comprised meanings ranging from genius to madness, from early mania to depression.⁶ By the 16th and 17th centuries in Spain, melancholy referred to extreme sadness as well as other mental illnesses and physical diseases, which were managed through diet, surgery, meditation, or moral treatments such as the company of others, music, and travel.⁶ Physicians believed that incipient melancholy, if left untreated, could lead to an irreversible state of madness.⁶

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Patients with severe mental illness could be transferred to hospitals. A number of hospitals for mental illness existed across the Spanish Empire.^{2,7,8} There, physicians treated patients following the principles of classic medicine, including hygiene, healthy diet, noncontaminated water, fresh air, exercise, and purging. There were also workshops for men and women.^{2,7,9} Clergy of the Catholic Church also participated by providing spiritual care.¹⁰ Defendants who were declared mentally ill by the physicians of the Spanish Inquisition were usually referred to these hospitals.^{2,5}

Goals of the Spanish Inquisition

In the time of the Spanish Inquisition, religion permeated all aspects of daily life. “[Religion] was not a personal preference but an abiding and universal truth” (Ref. 11, p. 24). It was a common belief that God would punish a community that allowed heresy. Heresy required two conditions: the suspect knowingly chose to hold beliefs that differed from what the Church taught; and when that error was pointed out, the suspect refused correction.¹² Having a heretic in one’s midst was not only a problem of damnation for the heretic, but also for the community. People from all stations of life, from commoners to kings, therefore had a duty to find and punish all heretics. During anti-Semitic riots, mobs gave Jewish people the choice of baptism or death.¹¹

The Inquisition was a European institution originally created in 12th-century France to prevent the dissemination of a Christian heresy called Catharism. The Inquisition had its earliest roots in the legislation of Roman Emperor Justinian (526–565 AD), who had penalized heretic beliefs in society. The original Medieval Inquisition reported to the papacy in Rome. By 1232, the Inquisition was active in northern Italy, southern France, and the Spanish kingdom of Aragon with the main goal of suppressing Catharism. In contrast to monotheistic Catholicism, Catharism proposed the dualistic existence of a good God and an evil God. This heretical belief disappeared in Europe by the end of the 14th century.

In 1478, Spain’s Catholic monarchs Isabella and Ferdinand moderated the institution and created the Tribunal of *El Santo Oficio* (Holy Office), which was independent of the papacy in Rome. During the Modern Era, the Spanish Inquisition had a number of tribunals across the Spanish Empire, including the Iberian Peninsula, The Netherlands, the kingdom of

Naples, and North and South America. The early decades of the Spanish Inquisition were largely related to the persecution and trial of *conversos* (i.e., Jews who had converted to Christianity). By the time the Spanish Inquisition was created, the Jewish people had experienced expulsions from England (1290), France (1394), and other European territories. During the 14th and 15th centuries, the Jewish people of Spain had endured several pogroms and massacres. These persecutions ended with their expulsion in 1492. Those who wanted to stay had to convert to Christianity, and they became known as *conversos*. Whereas some of these *conversos* became leaders of the Catholic Church, Spanish society suspected the *conversos* of continuing to practice Judaism. *Conversos* were often falsely accused of Judaizing (continuing to practice Jewish customs after converting to Catholicism). The Spanish Inquisition had the role of judging the accused *conversos*.^{13–15}

An Inquisition was a court in which judges led proceedings and pursued truth, as distinguished from the U.S. adversarial court system.¹⁶ The early purpose of the Spanish Inquisition was to control societal heresy (e.g., the practice of Judaism among *conversos*). After the Catholic monarchs expelled the Jewish people from the Spanish kingdoms, the main focus of the Inquisition was to control the hidden Jewish practices of some *conversos*. Those who had grievances or hatred toward *conversos* denounced them, and an overwhelming number of accusations were made. When Pope Sixtus IV attempted to stop the Inquisition in 1482, King Ferdinand even suggested that wealthy *conversos* had bribed the Pope.¹¹

Many of the rights of defendants in the Spanish Inquisition were relatively modern. Accusations went through a panel of experts prior to bringing charges, similar to the contemporary grand jury.¹⁶ The defendant was allowed to submit names of persons who had grudges against the defendant, whose testimony was therefore considered unreliable.¹⁶ By 1484, each defendant had a legal right to representation, predating these rights in France and England.¹⁶

Of note, though the Spanish Inquisition did use torture, as was standard practice in courts of that time, the Inquisition used torture in a less cruel manner and less frequently than other contemporary courts.¹⁷ In fact, torture was applied in an estimated two percent of cases.¹¹ Torture was used as a tool to ascertain whether the defendant was guilty of the

described spiritual concerns and thus was intended to help save the defendant from eternal damnation.¹⁷ Methods of torture were milder in Spain than in England, and included *strapado* (hanging by the wrists), *toca* (akin to waterboarding), and *porto* (the rack).¹⁶ Torture could last a maximum of 15 minutes, was applied twice in only one percent of cases, and it was never applied a third time.^{11,16} If a defendant confessed under torture, it was inadmissible; a valid confession had to be repeated freely later.¹⁶

Sentences could vary depending on the gravity of the sin committed. The most common sentences included the confiscation of the defendant's properties (which implies a conflict of interest); the imposition of wearing a penitential garment, called *sanbenito*, in public spaces; incarceration in the Inquisition's jail; public humiliation in an *auto-da-fé* (i.e., trials with public execution); and a death sentence. In general, defendants who pleaded guilty and showed true repentance had milder sentences, whereas those who pleaded innocent and were found guilty received the most severe sentences.^{14,18}

Contrary to what has been transmitted in popular historiography, the number of executions performed by the Spanish Inquisition was rather small when compared with other contemporary tribunals. The tribunals used the *auto-da-fé* as an opportunity for moralizing to members of society and exerting effective propaganda of the Catholic faith.¹⁴ People traveled from various cities to watch the tribunals and their accusations. Defendants walked in a procession in front of the audience. Coffins and sculptures of effigies representing the guilty were carried as well. The Spanish Inquisition was the most deadly during its first decades. It is estimated that, up to 1530, as many as 2,000 people died at the hands of the Inquisition; in the 350 years of the Spanish Inquisition, approximately double that number are thought to have been killed. For instance, a review of Inquisition sentences between 1540 and 1700 in the Spanish kingdoms of Castile and Aragon showed that 847 people were executed by the Inquisition and 778 people received a death sentence in effigy (i.e., the person had already died by the time of sentencing).¹⁴ This is a relatively low number in comparison to the estimated 60,000 killed in the witch hunts across the rest of Europe.¹¹

The Inquisition followed the model of Roman criminal jurisprudence.^{12,19} In the Inquisition, charges were generally not prosecuted if there were concern

for mental illness.^{12,19} The lunatic (*furiosus*) had experienced a loss of will (*animus*) and could not have a conscious intent to harm (*dolus*); thus, there was no commission of a crime.¹² From the standpoint of civil law, the *furiosus* could similarly not enter into contracts and had to be granted a guardian.¹² The *furiosus* could not knowingly choose to disbelieve what is taught by the church or knowingly refuse correction, and therefore, could not be a heretic.¹²

The *Directorium Inquisitorium* (Manual of Inquisitors) was authored by Nicholas Eymerich in 1376 AD in the Spanish kingdom of Aragon.²⁰ The manuscript was written in Latin and became the most popular manual used by Catholic Inquisitors all over Europe. It was considered a forerunner of the *Malleus Maleficarum* (1502), the popular manual against the practice of witchcraft.^{21,22} The Manual of Inquisitors explained in different chapters how the case against a heretic defendant could be established, the role of witnesses, the interrogatory methods (including when torture could be used for interrogations), how the defense could be built, and the different punishments or sentences.²⁰

Eymerich warned in the *Directorium Inquisitorium* that defendants who feign insanity:

laugh while responding, and throw into their answers a quantity of irrelevant, comical or idiotic words. . . . They frequently do this when they see that they are going to be tortured or are going to be handed over to the secular authorities. All this to escape torture or death! I've seen it a thousand times: the accused pretend to be completely crazy or to have only moments of lucidness (Ref. 12, p 3).

Subsequently, more than 200 manuals for inquisitors were developed, one of the most famous of which was *De Catholicis Institutionibus* by Diego de Simancas in 1569. Unlike Eymerich, Simancas considered the lunatic separately from the (actual) heretic who became mentally unwell during the trial. In neither case did he suggest torture was appropriate. He also considered dementia, sleep-talking, intoxication, and emotional duress. Simancas noted that, while dementia was a defense to heresy, if there were a concern about feigning, then two physicians should examine the defendant. Sleep-talkers could not commit heresy because sleep released the inner senses rather than the outward senses. Drunkenness could serve as a defense, as could rage.¹²

Francisco Peña updated a new edition of the *Directorium Inquisitorium* in 1578, recommending

that torture would help prove cases of feigned mental illness more rapidly. Peña also recommended that jailers continuously observe those who alleged insanity to determine whether they continued to appear to be mentally ill over time.²³ Further, “Peña advised inquisitors not to worry too much if the insane defendant died under this treatment and lost his soul” (Ref. 12, p 4).

Shuger noted that, “presented with someone behaving irrationally, the typical sixteenth-century Spaniard was at a loss for criteria to determine the source of this irrationality: illness, supernatural power (divine or demonic), malice, mockery, or the deliberate feigning of any of the above” (Ref. 19, p 279). Further, “there was great public consciousness that madmen were not subject to the law” (Ref. 19, p 279), such that there were both motive to malingering and much scrutiny of mental illness.

Participants in the Spanish Inquisition

The Inquisition tribunal was formed by people from various backgrounds. The inquisitor, who originally did not have to be a member of the clergy, was a person with a university education, knowledge of the law, and a model life of moral behavior.^{11,16} The Grand Inquisitor was the highest figure in the Inquisition and responded only to the King of Spain.

In the tribunal, there was also the prosecutor, who was in charge of the accusations. The prosecutor could use witnesses and evidence to prove to the tribunal that the defendant had committed the offense. In contrast to other European tribunals at the time, the accused person could hire attorneys to prepare a defense. Other participants were the sheriff, who handled the arrests, and the warden and guards of the Inquisition jail. The Inquisition also employed their own physicians, with a structural rather than occasional role.^{15,17}

The physician role in the Inquisition included providing both expert evidence and treatment. This role was sought after by physicians of the time, both for income and social status.¹⁷ In Spanish society, honor and privilege were considered the highest social values, and the physician position allowed respectability as an official of the Holy Office, as well as legal security. Passing an investigation of purity and being allowed to be a physician for the Inquisition meant that, in this slanderous time, one could not be questioned for heresy.¹⁷ *Quid pro quo*,

the physician’s professional reputation lent legitimacy to the Inquisition itself.¹⁷

The Inquisition’s physicians evaluated the mental health of the defendants and provided expert evidence.^{17,24} Expert evidence included reports, even in the Inquisition. Medical opinion was required when the defense raised a question about the defendant’s mental health. Physicians were to explain to the Inquisitor whether the defendant’s mind was sound, to determine whether the defendant was “conscious of having sinned, or if he or she could be exonerated on the grounds of temporary or permanent diminished responsibility” (Ref. 17, p 16). Persons found to have a mental illness were, on occasion, admitted to hospitals for the insane.¹²

Most frequently, reports were requested when torture was to be involved.¹⁷ In torture cases, the physician’s examination sought to determine whether the prisoner could withstand torture, or if there were special medical considerations for the type of torture to be used.¹⁷ Because the Inquisition did not allow death or permanent injury from torture, a physician was present to be sure that the torture was halted if either of these risks was of concern.¹⁶

Given the rationale for the Inquisition, physicians’ medical evidence included determination of whether the defendant had been circumcised.¹⁷ Evidence of circumcision was considered conclusive for the prosecution of *conversos* accused of Judaizing, or of *moriscos* accused of being secret Muslims.

These same physicians also examined and treated Inquisitorial prison inmates with medical problems, as did surgeons and barbers.¹⁷ Referrals to physicians could happen during interrogation or during their incarceration when the jail warden noticed a person’s mental health deteriorating.²⁴ The Inquisitors or prison governors would summon physicians for tasks including medical evaluations, pregnancy care, and death certification.¹⁷ Because of the higher standard of care in Inquisition prisons, inmates held by the Crown would petition to be moved there rather than remain in prisons held by the Crown.¹⁶

The Spanish Inquisition was meant to control heresy, but because it was a Catholic institution, piety had to be taken into consideration. Unlike in other tribunals, the accused’s sentence could be attenuated by showing repentance. In cases in which an inmate in prison was found to have mental illness confirmed by a physician, the inmate could be released from the

sentence or transferred to specific hospitals for mental illness when medically indicated. These hospitals followed the principles of classic medicine to treat mental illness.

Madness versus Malingering

One aspect discussed in the Manual of Inquisitors was how to manage those cases in which the accused could feign mental illness as a way to escape punishment.^{5,20} Also, a person who was incarcerated based on alleged moral impurity (i.e., heresy) certainly could experience mental health worsening while going through a trial. Questions of madness versus malingering confounded courts and often led to lengthier trials.

The Spanish Inquisition kept outstanding records and archives. A number of cases in which the Inquisition questioned whether behavior was caused by heresy or madness have been recovered from the historical national archive in Spain by the historian Helene Tropé.^{5,25,26} One remarkable case is that of Ana Acosta, a fifteen-year-old *converso* woman from Seville, who was imprisoned for one year after being accused of practicing Judaism. According to the archive, the warden warned the Inquisition after finding her naked on her bed, stating that she was receiving visits from a person wearing a white dress.

The Inquisition physician diagnosed hypochondriac melancholia, a type of melancholy believed to originate in the gastrointestinal system. The physician stated that if this condition had been inherited from her parents, then the prognosis would be worse. The patient was thought to be “alienated” (i.e., psychotic). The physician also explained that the disease could be related to the cold and humidity in the jail. He made dietary recommendations such as eating foods that were believed to warm the humors and restore health (e.g., beef heads, leg, and feet for lunch, and eggs, almonds, and endive salads for dinner). The physician further recommended that the patient’s mood be elevated by trying to make her happy and encouraging her to have fun. In the end, the patient was found to have fever. In addition, she had gangrene in her foot; after surgery she was absolved by the Inquisition tribunal.^{5,25,26} Once the surgery took care of her infection, she was restored to health and was absolved, perhaps indicating that the Tribunal thought that her disorder had affected her ability to discern right from wrong. It is worth noting that one of the physician’s recommendations was to

elevate the patient’s mood with behavioral interventions, which suggests a knowledge of the impact of such interventions on mental health. It is interesting to comment on the timeline here. Ana Acosta had been put in prison in May 1662, and her symptoms of mental illness were noticed in February 1663. At the time of the diagnosis, she had a fever and gangrene. This narrative suggests that she had delirium from sepsis that resolved with the foot surgery and medical care.

Another interesting case was that of Beatriz de Campos, who by 1678 had spent six years in prison in Toledo. Her alleged fault was practicing Judaism. That year, she was given a diagnosis of *locura* (i.e., madness), which was gradually worsening. After she was transferred to the jail’s infirmary, she started to have fainting episodes. The Inquisition physicians diagnosed epilepsy and melancholia secondary to the seizure disorder. Though spiritual explanations for epilepsy existed, physicians then viewed epilepsy, mental illness, and other medical problems as resulting from an organic imbalance in the four humors. Since de Campos was overweight, bloodletting was recommended in the right foot. The blood was preserved for further medical examination. She was also treated with *adormidera* (i.e., opium) in addition to continued bloodletting; however, her mental state continued to worsen.

The doctors finally reach a diagnosis of hypochondriac melancholia, which they believed was probably related to corrupt semen. After the arrival of syphilis in Europe around 1495, this syndrome was eventually seen by physicians as related to corrupt semen. Thus, we can infer an empirical knowledge about sexually transmitted diseases and their neuropsychiatric consequences at the time.²⁷ Classic melancholia could have different modern day interpretations, including unipolar or bipolar depressive disorder, catatonia, schizophrenia with negative symptoms, or neuropsychiatric disorders caused by encephalitis or infections. Moreover, in this case, the physicians suggested that if the condition turned into mania, then the disease would be incurable. They proposed using cold baths to cool the humor and to cut the woman’s hair. They also considered the application of leeches. This treatment is congruent with the standards of classic medicine to restore the balance in the four humors.

One year later, the physician stated that her disease had turned into mania and was therefore not curable, recommending then an admission to the

local hospital for mental illness, the Nuncio Hospital. The patient demonstrated various delusional ideas. Her caretaker had heard her saying that “she was the Queen of Spain and heaven, that she believed only in the demons, that she gave birth to Saint Peter and Saint Francis, that the god Adonay was thirty something years old” (Ref. 25, p 298). From this case, one might consider that the Inquisition physicians had knowledge of the process and prognosis of severe mood disorder. With the limitations of looking at an examination retrospectively, we could say that the physicians described bipolar disorder as being a more severe chronic condition. In the end, Beatriz de Campos was transferred from jail to the psychiatric hospital, which was considered more appropriate.

Other times, inmates could feign mental illness to escape punishment. Feigning was believed to be a factor in the case of Bernardo López Moreno, who was imprisoned in Granada for practicing Judaism in May 1665. After one year in jail, he turned *loco*, or “mad.” Some witnesses had declared that he was not *loco* but *bellaco*, or knave. After being tortured, he finally declared that he had feigned madness to be released from jail.^{6,21,22} He subsequently showed repentance for the allegation and was finally released after his property was confiscated.

Sometimes the Inquisitors and the physicians struggled to determine whether the accused person had a mental illness. An illustrative case is that of Juana Carpio, who was accused of practicing Judaism in 1616. She initially pleaded guilty and was sent to jail. There, the Inquisitor found her during one visit doing *locuras* (i.e., “crazy things”). The physician was called and made a diagnosis of frenesis (phrenitis or inflammation of the mind and body). He determined that she would not benefit from admission to the hospital but from transfer to her husband’s house. Therefore, she was absolved and sent home. It is not clear how the physician arrived at the phrenitis diagnosis. In modern terms, phrenitis would refer to manifestations of mental illness in the context of a fever. Likely equivalents could be delirium resulting from medical problems or infectious diseases. It is also possible that the patient had symptoms of any mental illness and a concomitant physical affliction.

Six months later, Juana’s brother-in-law reported to the Inquisition tribunal that his brother (Juana’s husband) had told him that Juana had faked madness as a way to get out of jail. The Tribunal then arrested

her again. The witnesses offered contradictory testimonies about her mental health. The prosecutor accused her of faking madness, but Juana did not concede this. A physician was asked to evaluate her and declared her mad, but the prosecutor insisted that she needed to be tortured. On two different occasions under torture, she confessed that her husband had recommended that she fake madness to avoid confiscation; but once torture ended, she again disavowed everything she had declared. In the end, she was sentenced to confiscation of property and was released from jail.^{5,25,26}

Modern Forensic Similarities

Forensic psychiatrists may be surprised to learn that, long before the advent of modern forensic psychiatry, physicians were testifying in the Spanish Inquisition. Modern forensic psychiatrists have more in common with the physicians of the Spanish Inquisition than writing reports. These Spanish physicians were also the *de facto* correctional psychiatrists of the time. As in the Spanish Inquisition, currently a forensic psychiatrist and a tribunal may struggle to determine whether a defendant has a mental illness. This evaluation can be more difficult in those with delirium, personality disorders, or atypical psychiatric disorders, or those who are malingering, and was so then. Sleep behaviors and substance use disorders were also problems the courts were dealing with centuries ago.

As reflected in the described cases, the Inquisition tribunal had relatively sophisticated methods for the time to distinguish heresy and mental illness. Physicians were regularly called upon to make such determinations. In general, the phenomenology of mental illnesses described in classic medical texts have equivalents in today’s psychiatric understanding of mental illness. Contemporary syndromes such as depression, mania, or delirium can be inferred from the descriptions recorded by the tribunals of the Inquisition.

This argument is further supported by other cases published in the English literature. In *Mad for God*, scholar Sara Nalle discusses the life of Bartolomé Sánchez, a religious man from the small town of Cardenete in Cuenca, Spain. The pious man believed that he was the Messiah and had the mission to repair the damage caused by the Inquisition and the Church. The first inquisitor assigned to this case was Pedro Cortés who understood Sánchez had severe

mental illness and went beyond the usual limits to save his life. In her book, Nalle argues that the Spanish Inquisition's approach to mental illness was rational and humane.²⁸ The Spanish Inquisition also hired physicians to evaluate people suspected of feigned sanctity.²⁹ Contemporary psychiatrists similarly evaluate patients to discern normal spiritual practice from religious ideas secondary to mental illness.

Defendants in the Spanish Inquisition facing torture and the death penalty had powerful motives to malingering mental illness, especially if they might be exonerated and released. Yet, false confessions of malingering could certainly have occurred under torture then, as modern data indicates that torture can yield unreliable information.³⁰ Ironically, torture had been encouraged in the Inquisition by various authorities to gain an admission of malingering.¹² Of note, malingering in the cases discussed herein was ascertained not because of brilliant diagnosticians, but because of collateral reporting. In the Inquisition, as in modern practice, evaluators needed to consider that those giving collateral information may also have their own reasons for reporting that someone is feigning mental illness. Peña's suggestion for jailers to observe continuously those who were alleging insanity was wise and remains an important part of the modern evaluation for malingering.

Finally, the Spanish Inquisition included physician involvement in torture to safeguard the defendants so that they would not be subject to more than they could withstand and would not be permanently damaged. Contemporarily, U.S. physicians were involved in enhanced interrogation (i.e., torture) during the U.S. war on terror. Balfe³¹ described factors leading to this involvement in modern day torture that may not have been that different from those of physicians during the Spanish Inquisition: a desire to help defend the nation from further attacks (whether by terrorism or heresy), authorization by legitimate command structures (whether the government or the Inquisition), financial incentives, and the desire to prevent serious harm to detainees.

In 2006, the American Psychiatric Association released a position statement (re-approved in 2019) categorically stating that "psychiatrists should not participate in, or otherwise assist or facilitate, the commission of torture of any person" (Ref. 32, p 1). In 2005, the potential participation of physicians in the interrogation of detainees at Guantanamo naval

base in Cuba was of concern.³³ Summergrad and Sharfstein noted that, at that time in recent U.S. history, "concerns about national security and [the] possibility that enhanced interrogation might foil further terrorist attacks seemed to take priority over other concerns" (Ref. 33, p 706). In 2006, a similar position statement was made by both the American Medical Association and the Royal College of Psychiatrists.³³ In 2009, the American Psychological Association Ethics Committee categorically noted that there is no defense for participating in torture, even in exceptional circumstances of war or "legal compulsion or organizational demand."³⁴

Recently, the World Psychiatric Association released a position statement banning psychiatrists from participating in interrogation or torture.³⁵ Summergrad and Sharfstein noted that, "while it requires careful judgment as to which issues rise to that level, if psychiatrists are pressured to behave in a way which violates well-defined professional standards or ethics, our obligation is to speak out as a profession" (Ref. 33, p 707).

Conclusion

The Spanish Inquisition holds relevance for contemporary physicians and forensic psychiatrists related to the use of the field of medicine across cultures, religions, politics, and time. The review of this history highlights the importance of careful diagnosis in cases of potential malingering, the use of an early insanity defense, and the potential for physicians (even if well-meaning) to become active participants in interrogations and torture.

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References

1. Newson LA: Medical practice in early colonial Spanish America: a prospectus. *Bull Latin Am Res* 25:367–91, 2006
2. G Duro E: *Historia de la Locura en España*. [History of Madness in Spain.] Madrid: Temas de Hoy, 1994
3. Espí Forcén F: Casas de locos: the treatment of the mentally ill in the Hispanic world before the Enlightenment. *J Nerv Ment Dis* 207:768–72, 2019
4. Espí Forcén C, Espí Forcén F: Demonic possessions and mental illness: discussion of selected cases from the late medieval hagiographical literature. *Early Sci Med* 19:258–79, 2014
5. Tropé H: *Locura y Sociedad en la Valencia del Siglo XV-XVI* [Madness and Society in XV-XVI Century Valencia]. Valencia: Diputación de Valencia, 1995

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6. Carrera E: Madness and melancholy in sixteenth- and seventeenth-century Spain: new evidence, new approaches. *Bull Span Stud* 87:1–15, 2010
7. Espi Forcén F: Bernardino Álvarez and the origins of psychiatric care in America. *Br J Psychiatry* 214:89, 2019
8. López-Ibor JJ: La fundación en Valencia del primer hospital psiquiátrico del mundo [The founding in Valencia of the first psychiatric hospital in the world]. *Acta Españ Psiquiatr* 36:1–9, 2008
9. de San Román S: R: El hospital del Nuncio de Toledo en la historia de la asistencia psiquiátrica. [The Nuncio hospital in Toledo and the history of psychiatric care]. *Anales Toledanos* 17:55–72, 1983
10. Libya JS: San Hipolito's treatment of the mentally ill in Mexico City, 1589. *Historian* 54:491–8, 1992
11. Madden TF: The Truth about the Spanish Inquisition. *Crisis*, 2003. Available at: <https://www.crisismagazine.com/2003/the-truth-about-the-spanish-inquisition-2>. Accessed June 15, 2020
12. Nalle ST: Insanity and the Insanity Defense in the Spanish Inquisition. Presented at the 23rd Annual Meeting of the Society for Spanish and Portuguese Historical Studies, San Juan, Puerto Rico, April 1992
13. Cappa PR: La inquisición española [The Spanish inquisition]. Madrid: Gregorio Del Amo, 1888
14. Kamen H: The Spanish Inquisition: A Historical Revision. New Haven: Yale University Press, 1999
15. Rawlings H: The Spanish Inquisition. Malden, MA: Blackwell Publishing, 2006
16. Condon E: The Spanish Inquisition was a moderate court by the standard of its time. *National Review*, June 27, 2018. Available at: <https://www.nationalreview.com/2018/06/spanish-inquisition-courts-were-moderate-for-their-time>. Accessed on December 4, 2019
17. Pardo-Tomas J, Martínez-Vidal J: Victims and experts: medical practitioners and the Spanish Inquisition, in *Coping With Sickness, Medicine, Law and Human Rights: Historical Perspectives*. Edited by Woodward J, Jutte R. Sheffield, U.K.: European Association for the History of Medicine and Health Publications, 2000, pp 11–27
18. Henningsen G: El Abogado de las Brujas: Brujería vasca e inquisición española [The Witches' Advocate: Basque Witchcraft and the Spanish Inquisition]. Barcelona: Alianza Editorial, 2010
19. Shuger D: Madness on trial. *J Span Cultur Stud* 10:277–297, 2009
20. Eymerico N: Manual de los inquisidores (Directorium Inquisitorium) [Manual of Inquisitors]. Mompellor: Feliz Aviñon, 1821
21. Institoris H, Sprenger J: *The Malleus Maleficarum* of Heinrich Kramer and James Sprenger. New York: Dover, 1971
22. Friedman SH, Howie A: Salem witchcraft and lessons for contemporary forensic psychiatry. *J Am Acad Psychiatry Law* 41:294–299, 2013
23. Berco C: Determining insanity in the Inquisition. *eHumanista* 36:42–61, 2017
24. Candela Oliver B: Práctica del procedimiento jurídico para inquisidores: el abecedario de Nicolas Rodriguez Ferosino. [Juridical practice for inquisitors: the ABCs of Nicolas Rodriguez Ferosino]. Unpublished doctoral Dissertation, Universidad de Alicante, Alicante, Spain, 2015
25. Tropé H: La inquisición frente a la locura en la España de los siglos XVI y XVII (I): manifestaciones, tratamientos y hospitales. [The inquisition against madness in XVI and XVII century Spain (I): manifestations, treatments and hospitals.] *Rev Asoc Esp Neuropsiq* 30:291–310, 2010
26. Tropé H: Locura e inquisición en la España del siglo XVII. [Madness and inquisition in XVII century Spain.] *Norte de Salud Mental* 8:90–101, 2010
27. Lancereaux E: *Tratado Histórico y Práctico de la Sífilis* [Historical and Practical Treatise of Syphilis]. Madrid: Carlo Bailly-Baillive, 1875
28. Nalle ST: *Mad for God: Bartolome Sanchez, the Secret Messiah of Cardenete*. Charlottesville: University Press of Virginia, 2001
29. Keitt AE: *Inventing the Sacred: Imposture, Inquisition, and the Boundaries of the Supernatural in Golden Age Spain*. Boston: Brill Academic Publishers, 2005
30. Costanzo MA, Gerrity E: The effects and effectiveness of using torture as an interrogation device: using research to inform the policy debate. *Soc Iss Policy Rev* 3:179–210, 2009
31. Balfé M: Why did US healthcare professionals become involved in torture during the war on terror? *Bioethic Inquiry* 13:449–460, 2016
32. American Psychiatric Association: Position statement on psychiatric participation in interrogation of detainees. 2019. Available at: <https://www.psychiatry.org/file%20library/about-apa/organization-documents-policies/policies/position-psychiatric-participation-in-interrogation-of-detainees.pdf>. Accessed June 13, 2020
33. Summergrad P, Sharfstein SS: Ethics, interrogation, and the American Psychiatric Association. *AJP* 172:706–707, 2015
34. APA Ethics Committee Statement—No Defense to Torture. 2009 (amended 2015). Available at: <https://www.apa.org/ethics/programs/statement/torture-code>. Accessed February 17, 2020
35. Pérez-Sales P, Jan den Otter J, Hardi L, *et al*: WPA position statement on banning the participation of psychiatrists in the interrogation of detainees. *World Psychiatry* 17:237–8, 2018