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Alessandro M. Zuccaroli
Gettysburg College

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Mental Illness and the Spanish Inquisition: A Tale of Uncertainty and Suspicion

Abstract

The Spanish Inquisition prosecuted heresy throughout its lifespan. Occasionally, the question of mental illness confronted inquisitors during proceedings. For example, Bartolomé Sánchez, an impoverished laborer, was arrested and tried by the Spanish Inquisition on three separate occasions and was institutionalized in a mental hospital. In his case, mental illness was likely a reality, yet his inquisitors struggled to determine his mental state despite his outlandish ideology. On the other hand, Miguel de Piedrola, the Soldier-Prophet, was convicted by the Inquisition as a false prophet notwithstanding his employment of the insanity defense. At the center of both cases lay the question of insanity, yet the conclusions of both stories differed. To reconcile these differences, one must consider sixteenth-century Spanish medicine. The importation of humanism ushered in a new epoch for medicine in sixteenth-century Spain in which Galenic medicine dominated diagnosis and treatment. Although prolific in other areas, Galen failed to effectively characterize and proffer therapeutic strategies to combat mental illness—a pitfall of the Galenic medical model that proved to have lasting consequences. Also, the recognition of supernatural causation and a natural distrust of the accused served to further complicate notions of insanity for inquisitors. Taken together, the cases of Sánchez and Piedrola suggest that the Inquisition operated within the context of contemporary sixteenth-century Spanish understanding of mental illness. Furthermore, they betray the suspicion and uncertainty associated with inquisitorial proceedings that dealt with mental illness.

Keywords

Mental Illness, Spanish Inquisition, Insanity, Spain

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Comments

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Mental Illness and the Spanish Inquisition: A Tale of Uncertainty and Suspicion

Alessandro Zuccaroli

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On the morning of Friday, October 20, 1553, Bartolomé Sánchez appeared before Inquisitor Licentiate Cortes for the first time since his arrest for suspected heresy. Cortes ordered Sánchez to kneel before the altar to venerate the crucifix and images of Catholic saints. In response, Sánchez proclaimed “I do not humble myself to idols, only to God the Father, His Son, and the Mother of God.”¹ From their first interaction, Sánchez proudly proclaimed and obstinately defended his heterodox ideas. Sánchez was the textbook definition of a heretic, yet he escaped death at the hands of the Spanish Inquisition due to his questionable sanity. In the end, the tribunal decided to admit Sánchez to a mental institution; after his subsequent escape, Sánchez left the pages of history.

Because of the leniency often granted to individuals who were considered insane, others who encountered the Inquisition attempted to employ the insanity defense. One such man was Miguel de Piedrola, the Soldier-Prophet whose ominous prophecies caught the ear of King Philip II (r. 1556-98) and even convinced some members of the court to attempt to promote Piedrola to the position of royal prophet.² However, he was later arrested by the Inquisition. Piedrola proclaimed that he was insane, but his inquisitors failed to reach the same conclusion. Consequently, he was sentenced to perpetual prison in the fortress of Guadamur.³ At the center of both stories lies the question of insanity. For Piedrola, it was the key to a more lenient punishment, but for Sánchez, it was likely a reality. Crucially, it was the job of the inquisitor to distinguish between two possibilities: real or feigned insanity. The cases of Sánchez and Piedrola

¹ Inquisitorial testimony of Bartolomé Sánchez, quoted in Sara T. Nalle, *Mad for God. Bartolomé Sánchez, the Secret Messiah of Cardenete* (Charlottesville, VA: University of Virginia Press, 2001), 28-29.

² Richard L. Kagan and Abigail Dyer, eds. “Miguel de Piedrola: The ‘Soldier-Prophet,’” in *Inquisitorial Inquiries. Brief Lives of Secret Jews and Other Heretics* (Baltimore: Johns Hopkins Press, 2001), 61.

³ Kagan and Dyer, “Miguel de Piedrola,” 85.

provide evidence to suggest that the Inquisition operated within the context of contemporary sixteenth-century Spanish understanding of mental illness. Ultimately, Sánchez's case was anything but straightforward precisely because he was insane. Piedrola's case, on the other hand, exemplified inquisitorial suspicion of the accused, especially those who employed the insanity defense.

The Spanish Inquisition and its trials did not occur in a vacuum; rather, they took place in a specific environment that shaped the participants' decisions and actions. Therefore, it is critical to examine views on mental illness within sixteenth-century Spain, as it provides the context in which these cases took place.

Medicine in Spain flourished during the sixteenth century due in part to the importation of foreign ideas, and the subsequent shift to clinical observations from scholastic concerns.⁴ Starting in the 1530s, Italian-trained Spanish physicians returned from their studies with a renewed interest in humanism and a reversion to Hippocratic medicine—characterized by an interest in careful observation.⁵ In addition to the importation of ideas, Spain recruited the renowned anatomist and physician Andreas Vesalius, who served as personal physician to King Philip II and is considered the father of modern human anatomy.⁶ Despite the marked changes in the field of medicine, there was one constant—Galenic medicine—which provided the foundation upon which medical advances were built.

Galenic medicine refers to Galen, a Roman anatomist and physician whose extensive works colored the medicinal landscape in Europe from the second century and well into early

⁴ Guenter B. Risse, "Medicine in New Spain," in *Medicine in the New World: New Spain, New France, and New England*, ed. Ronald L. Numbers (Knoxville: University of Tennessee Press, 1987), 24.

⁵ Risse, "Medicine in New Spain," 21.

⁶ Risse, "Medicine in New Spain," 22.

modern times.⁷ At the crux of Galenic medicine was humoral theory, which built upon Greek philosophy and the work of Hippocrates.⁸ In Galen's mind, the body was comprised of four humors: blood, black bile, yellow bile, and phlegm.⁹ In keeping with the contemporary philosophical theme of balance in life, the four humors had to be in equilibrium, and humoral imbalance contributed to a variety of pathologies intimately linked to the excess of an individual humor.¹⁰

Humoral equilibrium was at the epicenter of Galenic medicine, which was further explained through physiological means and the nature of the humors themselves. Galen recognized the importance of the brain, liver, and heart by assigning a variety of functions to each. The liver was essential to growth, the heart governed emotion, and the brain housed intellectual activity.¹¹ In the development of illnesses, the three "rational functions" could be damaged by humoral imbalances.¹² Additionally, Galen characterized each humor by its temperature (hot or cold) and hydration (moist and dry), and understood that, within a given individual, basal humoral equilibrium could differ.¹³ Therefore, the nature of the humor itself and its relative abundance transferred certain qualities to an individual. In Galen's mind, one's temperament influenced susceptibility to certain pathologies.¹⁴

Galen's confident assertions regarding the humors, rational functions, and temperament did not extend to mental illness. His approach to mental illness was rooted firmly in

⁷ Michael W. Dols and Diane E. Immisch, "Galen and Mental Illness," in *Majnūn: The Madman in Medieval Islamic Society* (New York: Oxford University Press, 1992), 18.

⁸ Dols and Immisch, "Galen and Mental Illness," 18.

⁹ Dols and Immisch, "Galen and Mental Illness," 18.

¹⁰ Dols and Immisch, "Galen and Mental Illness," 18.

¹¹ Dols and Immisch, "Galen and Mental Illness," 23.

¹² Dols and Immisch, "Galen and Mental Illness," 24.

¹³ Dols and Immisch, "Galen and Mental Illness," 25.

¹⁴ Dols and Immisch, "Galen and Mental Illness," 25.

contemporary jurisprudence. In Roman Law, insanity was defined as “incapacity or loss of reason,” a definition which Galen adopted.¹⁵ To his credit, Galen provided a natural cause for mental illness, unsurprisingly rooted in humoral theory. The culprit was identified as the accumulation of cold, dry black bile in which the chilling of the blood or the burning of the other humors could lead to such an accumulation.¹⁶ Dols and Immisch postulate that the inability to elucidate an effective therapeutic strategy for the insane likely prevented Galen from “drawing any firm conclusions about insanity, its nature and treatment.”¹⁷ Predictably, the renewed emphasis bestowed upon Galenic medicine in sixteenth-century Spain promulgated the same issues regarding mental illness—chiefly, its ill-defined nature.

At first, it may seem surprising that more than a millennium since its inception, Galenic medicine did not yield a more effective approach to mental illness. Prior to the resurgence of humanism, the supernatural, rather than the natural, explained madness.¹⁸ Of note, humoral theory persisted, but spiritual elements were incorporated. For example, it was supposed that dampness in the head due to humoral imbalances provided a more welcoming environment for an opportunistic demon wishing to possess an unfortunate host.¹⁹ In this way humoral theory was understood to be an amalgamation of the natural and supernatural, with the latter being the dominant partner. By the sixteenth century, spiritual explanations for madness did not disappear;

¹⁵ Dols and Immisch, “Galen and Mental Illness,” 37.

¹⁶ Dols and Immisch, “Galen and Mental Illness,” 18-9.

¹⁷ Dols and Immisch, “Galen and Mental Illness,” 37.

¹⁸ Dale Shuger, “Many Madnesses,” in *Don Quixote in the Archives: Madness and Literature in Early Modern Spain* (Edinburgh: Edinburgh University Press, 2012), 13, <http://www.jstor.org/stable/10.3366/j.ctt3fgr11.7>.

¹⁹ Carlos Espí Forcén and Fernando Espí Forcén, “Demonic Possessions and Mental Illness: Discussion of Selected Cases in Late Medieval Hagiographical Literature,” *Early Science and Medicine* 19, no. 3 (2014): 262, <http://www.jstor.org/stable/24269375>.

instead, they become less prominent as humanistic explanations developed.²⁰ In sum, sixteenth-century Spain was in the midst of a medical renaissance spurred on by the reintroduction of humanism and the renewed emphasis on Galenic medicine. As an all-encompassing dogma, Galenic medicine dominated diagnosis and therapy.²¹ Importantly, Galen's uncertainty regarding the clinical diagnosis and treatment of the mentally ill was a pitfall within this medical model. Reconciled through supernatural causation in prior centuries, sixteenth-century Spain adopted a humanistic medical model of mental illness that continued to recognize, albeit to a lesser degree, a spiritual influence.

As participants in sixteenth-century Spanish society, the Spanish Inquisition and its inquisitors encountered mental illness and were privy to the scholarly debate surrounding insanity. The Inquisition accepted contemporary assertions about mental illness and leaned heavily on Roman law.²² The insane were considered to lack reason, which rendered them incapable of consciously committing heresy. Consequently, the insane could not be punished to the full extent of the law. Additionally, Roman law postulated that insanity was absolute: actions were committed when the individual was either insane and irrational or sane and rational. However, insanity could be temporary, in that one could experience periodic episodes of insanity.²³ To determine insanity within the confines of the law, inquisitors regularly relied on physician evaluation, even employing their own attending physicians.²⁴ In their reliance on

²⁰ Shuger, "Many Madnesses," 13.

²¹ Dols and Immisch, "Galen and Mental Illness," 18.

²² Sara T. Nalle, "Insanity and the Insanity Defense in the Spanish Inquisition" (paper presented at the 23rd Annual Meeting of the Society for Spanish and Portuguese Historical Studies, San Juan, Puerto Rico, April 1992), 3, 11, https://www.academia.edu/6724545/Insanity_and_the_Insanity_Defense_in_the_Spanish_Inquisition.

²³ Nalle, "Insanity and the Insanity Defense," 3.

²⁴ Shuger, "Many Madnesses," 31.

doctors, inquisitors credited the natural causes of mental illness. The Spanish Inquisition's outlook on insanity in the sixteenth century reflected the secular shift towards humanistic causation but did not wholly discount that of the supernatural.

The Christian Church had a rich history of visionaries who were subject to divine intervention. Hence, they could not discredit all visions.²⁵ As seen in the cases of Sánchez and Piedrola, visionaries presented a unique challenge to inquisitors who had to elucidate the inspiration for these visions. In such cases, the lines between the divinely-inspired prophet, the malingerer, and the madman were decidedly greyed. Although recognized, divine inspiration was treated with skepticism, as the Church declared that ideas which might, at first, appear to be supernatural were likely nothing more than a disturbed humoral equilibrium.²⁶ Despite the Church's humanistic outlook in this regard, there remained the tacit suggestion that visions could indeed be divinely inspired.

In addition to visionaries, the Inquisition's inherent mistrust of the accused increased the difficulty associated with proceedings against the mentally ill. In inquisitorial trials, guilt was assumed and constituted a basic distrust between the inquisitor and the defendant. In an inquisitor's mind, the accused would lie to avoid punishment, as anything other than a confession was likely false. In cases with potential insanity, feigned madness was a preeminent concern.²⁷ Fixation on the defendant's mental state can be explained through prior inquisitorial thought and Spain's societal obligation to the mentally ill. The fourteenth-century inquisitor Nicholas Eymerich published a highly influential inquisitorial manual, *Directorium Inquisitorum*, in which

²⁵ Shuger, "Many Madnesses," 19.

²⁶ Shuger, "Many Madnesses," 18.

²⁷ Cristian Berco, "Determining Insanity in the Inquisition: Sensory Perception and Legal Culture in Seventeenth-century Lima," *EHumanista* 36 (2017): 53, *Gale Academic OneFile*.

he detailed the insanity defense. With strong cynicism, Eymerich seemingly gave no credit to such a defense and concluded that it was employed by those seeking to avoid punishment by any means necessary.²⁸ Furthermore, the mentally ill—along with the sick and the poor—provided Christians with the opportunity for almsgiving. Mental institutions lacked government funding, so public generosity sustained these hospitals.²⁹ In this way, those who feigned madness were not just deceiving the Church, they were also exploiting Catholic charity.

The combination of confounding variables, conflicting hypotheses, and societal pressures surrounding mental illness added a considerable layer of complexity to proceedings. Despite these hurdles, inquisitors managed to outline a diagnostic strategy to identify insanity. Largely, inquisitors relied on behavioral cues to provide a window into one's psyche. Sanity within the context of sixteenth-century Spain was defined as the "ability to recognize when to trust one's own eyes and experience, and when to cede to another authority."³⁰ Therefore, actions that significantly deviated from the status quo were subject for further inspection. Specifically, inappropriate gestures and outbursts and incoherent speech were markers for a loose grip on reality.³¹ Additionally, madness manifested itself in delusions of identity and obsession with specific ideas.³² Inquisitorial reliance on clinical observations illustrated the influence of humanistic and Hippocratic approaches to medicine that were prevalent during the time period.

It is important to remember that the Inquisition was not omnipresent in the lives of all Spaniards.³³ As a result, the Inquisition relied heavily on witness testimony to gather details

²⁸ Nalle, "Insanity and the Insanity Defense," 3.

²⁹ Shuger, "Many Madnesses," 15.

³⁰ Shuger, "Many Madnesses," 33.

³¹ Berco, "Determining Insanity in the Inquisition," 46.

³² Berco, "Determining Insanity in the Inquisition," 46.

³³ Henry Kamen, *The Spanish Inquisition: A Historical Revision* (New Haven: Yale University Press, 2014), 75, 90, ProQuest Ebook Central.

about socially unacceptable behavior.³⁴ Their reliance on witness testimony could, at times, be problematic, as the Spanish public did not have the necessary criteria to evaluate mental illness properly.³⁵ Furthermore, inquisitors endeavored to develop a strategy to identify a malingerer. To this end, they decided that one who feigned mental illness would be inconsistent in their testimony and would be unable to withstand logical argument and tricks. This was an exercise in circular logic, as madness can often bring about inconsistency.³⁶ In full, the identification of diagnostic strategies was imperfect, as was the methodology employed to decipher the truly insane from the pretenders. Galen was puzzled by mental illness; the inquisitors were too.

Bartolomé Sánchez had three separate encounters with the Inquisition. This is highly unusual; usually, a second arrest by the Inquisition for relapsing into heretical beliefs was deadly, but, somehow, Sánchez escaped with his life. How did this happen? The overarching answer is that Sánchez was considered insane, and, therefore, not responsible for his actions. This was in accordance with Roman law regarding insanity, which inquisitors were known to follow. Such a straightforward explanation for Sánchez's case is not sufficient. Importantly, Sánchez's trial indicated the difficulty associated with inquisitorial trials involving insanity. Furthermore, we can gain insight into the factors that influenced inquisitorial evaluation of the accused's mental state.

Primarily, one must recognize the person of the inquisitor, in this case, Inquisitor Cortes. Cortes submitted a request to retire—that was denied—before he encountered Sánchez. In protest, Cortes took an apathetic stance towards his inquisitorial duties. He decided to investigate

³⁴ Shuger, "Many Madnesses," 31.

³⁵ Fernando Espí Forcén and Susan Hatters Friedman, "Physicians, the Spanish Inquisition, and Commonalities with Forensic Psychiatry," *Journal of the American Academy of Psychiatry and the Law Online* 49, no. 1 (November 2020): 4, <https://doi.org/10.29158/JAAPL.200052-20>.

³⁶ Shuger, "Many Madnesses," 35.

cases of the deceased who were suspected of Judaizing rather than the living.³⁷ In his apathy, due in part to the fact he was not allowed to retire, one can infer that Cortes was not zealous in his pursuit to root out heresy. He was a career inquisitor, just doing his job. When Sánchez and his heresies appeared, Cortes diverted all of his time and attention from the series of uninspired posthumous investigations to the new, highly unusual, and interesting case. In no rush to root out heresy, Cortes could essentially take his time with Sánchez's case, as seen in his continued effort to persuade Sánchez to recant rather than a swift relaxation—which Cortes could have justified with ease. Presiding over Sánchez's case for an extended period of time could also prevent Cortes from encountering more complex cases. Additionally, Sánchez was an Old Christian, and Cortes had never executed an Old Christian in this tribunal.³⁸ That being said, he was not afraid to utilize torture in trials concerning Judaizers.³⁹ Whether Cortes's reluctance to sentence an Old Christian to die was rooted in an antisemitic bias or was perceived as a move that would jeopardize his future pension, the answer will remain a mystery. Certainly, Sánchez's lineage alone did not keep him alive.

It was clear that Cortes questioned Sánchez's sanity promptly after collecting his depositions. To validate his inclination, Cortes relied on behavioral cues to elucidate Sánchez's mental state. On multiple occasions, the tribunal interviewed physicians and obtained witness testimony. A defining moment that suggested to Cortes that Sánchez was not of sound mind was when he refused to concede any of his heresies. As a result, Cortes collected depositions from the warden of the jail, the superintendent, and Sánchez's cellmate. The three witnesses reached a

³⁷ Nalle, *Mad for God*, 28.

³⁸ Nalle, *Mad for God*, 94-5.

³⁹ Nalle, *Mad for God*, 94.

unanimous conclusion: Sánchez was sane.⁴⁰ Despite the testimony, Cortes clearly did not want Sánchez to be relaxed, as he repeatedly attempted to persuade the unrepentant heretic to return to orthodox belief. Cortes's actions betrayed how he truly felt. In his mind, Sánchez was mad.

Not only did his actions indicate his thoughts, but his words did as well. Cortes, having lost his composure due to Sánchez's stubbornness, openly questioned his sanity by suggesting that the Devil or craziness had overtaken his mind.⁴¹ A couple of days later, Cortes questioned whether the Devil influenced his actions.⁴² Cortes's suppositions indicated that he believed natural and supernatural causes could influence possible mental illness. In context, these assertions were unsurprising. Divine inspiration was a fundamental part of the Church's history, and the rise of humanism in the 1530s in Spain necessitated the combination of these two competing theories. When confronted with a case of mental illness, Cortes applied his preexisting notions regarding insanity that were derived from contemporary thought in sixteenth-century Spain.

So far, the discussed communication between Cortes and Sánchez has been predicated on the fact that Cortes regarded Sánchez as insane. Herein lies the most important aspect of their interactions. As will be seen, first impressions make a difference. From the outset, Sánchez proclaimed his heresies. Within the first week of the trial, he recounted the extent of his beliefs to Cortes. In their first interaction, Sánchez outlined his disdain for the adoration of the crucifix, saying "I do not kneel to idols on earth."⁴³ Then, Sánchez questioned the integrity of the clergy.⁴⁴ In the next days, he systematically recounted his heterodoxies. He denied that Christ went

⁴⁰ Nalle, *Mad for God*, 90.

⁴¹ Nalle, *Mad for God*, 83.

⁴² Nalle, *Mad for God*, 86.

⁴³ Testimony of Bartolomé Sánchez, qtd. in *Mad for God*, 29.

⁴⁴ Testimony of Bartolomé Sánchez, qtd. in *Mad for God*, 29-32.

willingly to death; instead, “He sojourned in Egypt... hiding out so He wouldn’t be killed.”⁴⁵ Moreover, he rebuked transubstantiation: “The sacrament that Your Reverence means is nothing but a bit of kneaded flour.”⁴⁶ To tie his ideology together, Sánchez proclaimed that he was God’s messenger, the Elijah-Messiah, sent to avenge the death of Christ.⁴⁷ Finally, he compared himself to Jesus, saying that the Holy men did not believe Him to be the true Messiah—just as the inquisitors did not believe Sánchez.⁴⁸ These heresies alone were grounds for relaxation.

However, Sánchez’s initial trial would last for almost another six months. During this time, Cortes worked tirelessly to correct Sánchez’s heterodox beliefs. But, why? The most probable explanation lies in Cortes’s presumption that Sánchez was insane. Sánchez knew that the Inquisition sentenced unrepentant heretics to die, yet he did not cease to spout his fantastical ideas. When Cortes instructed him on the correct faith, he did not yield, becoming even more vehement in his outlandish proclamations. In Cortes’s eyes, Sánchez was willingly sentencing himself to death. During this time, it was understood that sane men knew “when to cede to another authority,”⁴⁹ while madmen entertained delusions of identity and obsession with specific ideas.⁵⁰ With regard to the former, Sánchez was the antithesis; with regard to the latter, Sánchez fit the mold perfectly. Despite testimony from witnesses who found Sánchez to be sane, Cortes, in keeping with his sense of superiority rooted in his education, maintained that Sánchez was insane and not culpable for his actions. And, it was this determination, likely within the first week of the trial, that helped Sánchez outlive Cortes.

⁴⁵ Inquisitorial testimony of Bartolomé Sánchez, qtd. in *Mad for God*, 36.

⁴⁶ Inquisitorial testimony of Bartolomé Sánchez, qtd. in *Mad for God*, 43.

⁴⁷ Inquisitorial testimony of Bartolomé Sánchez, qtd. in *Mad for God*, 38.

⁴⁸ Inquisitorial testimony of Bartolomé Sánchez, qtd. in *Mad for God*, 38.

⁴⁹ Shuger, “Many Madnesses,” 33.

⁵⁰ Berco, “Determining Insanity in the Inquisition,” 46.

As did Sánchez, Miguel de Piedrola began his testimony to the Inquisition proudly proclaiming that he was a prophet: “As you know, I am a prophet.”⁵¹ However, Piedrola’s case was wholly different. His prophecies did not pertain to religion; rather, they were apocalyptic in nature and foretold the secular demise of Spain. The Church tended to treat divinely inspired prophets with a great deal of skepticism. Unlike Sánchez—who revealed his identity as the Elijah-Messiah primarily after his arrest—Piedrola’s claim to have prophetic gifts was known before he was arrested. Moreover, Piedrola’s visions were secular. Thus, the inquisitors strongly suspected him of fraud and presumed him to be guilty as charged. Likely recognizing this, Piedrola quickly switched his strategy and proclaimed that he was an “illiterate idiot” who was not a prophet at all.⁵² Piedrola said, “I am crazy,” and pleaded with the inquisitors: “Please put me in an insane asylum.”⁵³ In tune with Eymerich’s advice, his pathetic plea was disregarded, and he was sentenced to perpetual prison.

The question of insanity lay at the core of the punishments meted out to Sánchez and Piedrola. From the beginning of his trial, Sánchez was the archetypal madman in sixteenth-century Spain. He suffered from delusions of grandeur—convinced he was the Elijah-Messiah. His combative outbursts during questioning and his unwillingness to cede to authority in the face of certain death during the first week of the trial likely suggested to Inquisitor Cortes that Sánchez was not of sound mind. This inclination remained with the tribunal after Cortes’s death, especially with the secretary Juan de Ybaneta, whose testimony asserting that Sánchez was

⁵¹ Inquisitorial testimony of Miguel de Piedrola, in *Inquisitorial Inquiries*, ed. Kagan and Dyer, 70.

⁵² Inquisitorial testimony of Miguel de Piedrola, in *Inquisitorial Inquiries*, ed. Kagan and Dyer, 77.

⁵³ Inquisitorial testimony of Miguel de Piedrola, in *Inquisitorial Inquiries*, ed. Kagan and Dyer, 78.

insane ultimately led to his admission to a mental hospital. Yet, Sánchez's case was a testament to the obscurity surrounding mental illness, as his trial continued for multiple years without a general consensus ever being reached within the tribunal. Conversely, Piedrola's case echoed the warnings of Eymerich and the employment of insanity as a defensive strategy. His decision to use this tactic suggested his acknowledgement that the mentally ill were given lesser punishments. Also, the skepticism with which the inquisitors treated Piedrola's insanity claim was palpable. In essence, the cases of Bartolomé Sánchez and Miguel de Piedrola can be effectively explained within the context of sixteenth-century Spanish understanding of mental illness: confusion and skepticism.

Bibliography

Primary Sources

Piedrola, Miguel de. Inquisitorial testimony. In *Inquisitorial Inquiries. Brief Lives of Secret Jews and Other Heretics*, edited by Richard L. Kagan and Abigail Dyer, 61-79. Baltimore: Johns Hopkins Press, 2001.

Sánchez, Bartolomé. Inquisitorial testimony. In Sara T. Nalle, *Mad for God. Bartolomé Sánchez, the Secret Messiah of Cardenete*. Charlottesville, VA: University of Virginia Press, 2001.

Secondary Sources

Berco, Cristian. "Determining Insanity in the Inquisition: Sensory Perception and Legal Culture in Seventeenth-century Lima." *EHumanista* 36 (2017): 42-61. *Gale Academic OneFile*.

Dols, Michael W., and Diane E. Immisch. "Galen and Mental Illness." In *Majnūn: The Madman in Medieval Islamic Society*, 17-37. New York: Oxford University Press, 1992.

Forcén, Carlos Espí, and Fernando Espí Forcén. "Demonic Possessions and Mental Illness: Discussion of Selected Cases in Late Medieval Hagiographical Literature." *Early Science and Medicine* 19, no. 3 (2014): 258–79. <http://www.jstor.org/stable/24269375>.

Forcén, Fernando Espí, and Susan Hatters Friedman. "Physicians, the Spanish Inquisition, and Commonalities with Forensic Psychiatry." *Journal of the American Academy of Psychiatry and the Law Online* 49, no. 1 (November 2020): 1-8. <https://doi.org/10.29158/JAAPL.200052-20>.

- Kagan, Richard L., and Abigail Dyer. "Miguel De Piedrola, the 'Soldier-Prophet.'" In *Inquisitorial Inquiries; Brief Lives of Secret Jews and Other Heretics*, 60–87. Baltimore: Johns Hopkins University Press, 2011.
- Kamen, Henry. *The Spanish Inquisition: A Historical Revision*. New Haven: Yale University Press, 2014. ProQuest Ebook Central.
- Nalle, Sara T. "Insanity and the Insanity Defense in the Spanish Inquisition." Paper presented at the 23rd Annual Meeting of the Society for Spanish and Portuguese Historical Studies, San Juan, Puerto Rico, April 24-26 1992,
https://www.academia.edu/6724545/Insanity_and_the_Insanity_Defense_in_the_Spanish_Inquisition.
- Nalle, Sara T. *Mad for God: Bartolomé Sánchez, the Secret Messiah of Cardenete*. Charlottesville: University Press of Virginia, 2001.
- Risse, Guenter B. "Medicine in New Spain." In *Medicine in the New World: New Spain, New France, and New England*, edited by Ronald L. Numbers, 12–63. Knoxville: University of Tennessee Press, 1987.
- Shuger, Dale. "Many Madnesses." In *Don Quixote in the Archives: Madness and Literature in Early Modern Spain*, 12–40. Edinburgh: Edinburgh University Press, 2012.
<http://www.jstor.org/stable/10.3366/j.ctt3fgr11.7>.

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I affirm that I have upheld the highest principles of honesty and integrity in my academic work and have not witnessed a violation of the Honor Code.

Alessandro Zuccaroli