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**Sample Preview  
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# QUESTION PAPER

June – 2023

(Solved)

## PSYCHOPATHOLOGY

M.P.C.E.-11

Time: 2 Hours ]

[ Maximum Marks : 50

Note: All sections are compulsory.

### SECTION-A

Note : Answer the following questions:

**Q. 1. Describe the clinical features of ADHD. Discuss the causes of ADHD.**

**Ans. Ref.:** See Chapter-4, Page. No. 32, 'Attention Deficit Hyperactive Disorder (ADHD)'.

**Q. 2. Provide a critical evaluation of behavioural approach to psychopathology.**

**Ans. Ref.:** See Chapter-1, Page. No. 3, 'Behavioural Approach'.

**Q. 3. Discuss the etiology and treatment of somatoform disorders.**

**Ans. Ref.:** See Chapter-8, Page. No. 71, 'Etiology of Somatoform Disorder' and 'Treatment of Somatoform Disorder'.

**Q. 4. Elucidate the characteristics and causes of Schizophrenia.**

**Ans. Ref.:** See Chapter-13, Page. No. 109, 'Characteristics of Schizophrenia' and Page No. 110, 'Etiology of Schizophrenia'.

### SECTION-B

Note : Answer the following questions:

**Q. 5. Discuss the biological and psychological factors causing obsessive-compulsive disorder.**

**Ans. Ref.:** See Chapter-6, Page. No. 54, 'Aetiology of Obsessive Compulsive Disorder'.

**Q. 6. Discuss the treatment of phobic disorder.**

**Ans. Ref.:** See Chapter-5, Page. No. 44, 'Treatment of Phobic Disorder' and Page No. 50, Q. No. 1 and Q. No. 2.

**Q. 7. Differentiate between mood disorder due to general medical condition and substance induced mood disorder.**

**Ans. Ref.:** See Chapter-12, Page. No. 105, Q. No. 3.

**Q. 8. Explain the symptoms of bipolar disorder.**

**Ans. Ref.:** See Chapter-10, Page. No. 92, Q. No. 2.

**Q. 9. Describe the causes and treatment of paranoid personality disorder.**

**Ans. Ref.:** See Chapter-20, Page. No. 173, 'Causes' and 'Treatment'.

### Section-C

Note : Write short notes on the following:

**Q. 10. Separation anxiety disorder 3**

**Ans. Ref.:** See Chapter-4, Page. No. 37, Q. No. 4.

**Q. 11. Kinds of paranoia**

**Ans. Ref.:** See Chapter-14, Page. No. 122, Q. No. 3.

**Q. 12. Detoxification**

**Ans. Ref.:** See Chapter-16, Page. No. 141, 'Detoxification'.



# QUESTION PAPER

December – 2022

(Solved)

## PSYCHOPATHOLOGY

M.P.C.E.-11

Time: 2 Hours ]

[ Maximum Marks : 50

Note: All sections are compulsory.

### SECTION-A

Answer the following questions:

**Q. 1. Discuss the meaning and types of pervasive mental disorders.**

**Ans. Ref.:** See Chapter-4, Page. No. 31, 'Pervasive Developmental Disorder'.

**Q. 2. Discuss the etiology and treatment of phobic disorder.**

**Ans. Ref.:** See Chapter-5, Page. No. 43, 'Aetiology of Phobic Disorder', Page No. 44, 'Treatment of Phobic Disorder' and Page No. 50, Q. No. 11 and Q. No. 12.

**Q. 3. Discuss the symptoms and classification of bipolar disorder.**

**Ans. Ref.:** See Chapter-10, Page. No. 89, 'Symptoms of Bipolar Disorder' and Page No. 90, 'Classification of Bipolar Disorder'.

**Q. 4. Discuss etiology and treatment of schizophrenia.**

**Ans. Ref.:** See Chapter-13, Page. No. 110, 'Etiology of Schizophrenia' and Page No. 112, 'Treatment of Schizophrenia'.

### SECTION-B

Answer the following questions:

**Q. 5. Explain the role of parental deprivation and separation in the causation of psychopathology.**

**Ans. Ref.:** See Chapter-3, Page. No. 26, Q. No. 6.

**Q. 6. Describe the different situations that may cause post-traumatic stress disorder.**

**Ans. Ref.:** See Chapter-7, Page. No. 60, 'Different Situations Eliciting Post-traumatic Stress Disorder'.

**Q. 7. Describe the symptoms and types of depressive disorders.**

**Ans. Ref.:** See Chapter-9, Page. No. 81, 'Depressive Disorder', 'Mild Depressive Disorder' and Page No. 82, 'Moderate Depressive Disorder' and 'Major Depressive Disorder'.

**Q. 8. Explain the symptoms and treatment of personality disorders.**

**Ans. Ref.:** See Chapter-17, Page. No. 153, Q. No. 3.

**Q. 9. Explain narcissistic personality disorder.**

**Ans. Ref.:** See Chapter-18, Page. No. 156, 'Narcissistic Personality Disorder'.

### SECTION-C

Write short notes on the following:

**Q. 10. Eye Movement Desensitization and Reprocessing (EMDR)**

**Ans. Ref.:** See Chapter-7, Page. No. 63, 'EMDR Eye Movement Desensitization and Reprocessing'.

**Q. 11. Seasonal Affective Disorder**

**Ans.** Seasonal Affective Disorder (SAD) is a type of depression that's related to changes in seasons — Seasonal Affective Disorder (SAD) begins and ends at about the same times every year. In most cases, seasonal affective disorder symptoms appear during late fall or early winter and go away during the sunnier days of spring and summer. Less commonly, people with the opposite pattern have symptoms that begin in spring or summer. In either case, symptoms may start out mild and become more severe as the season progresses.

Signs and symptoms of may include:

- Feeling listless, sad or down most of the day, nearly every day
- Losing interest in activities you once enjoyed
- Having low energy and feeling sluggish
- Having problems with sleeping too much
- Experiencing carbohydrate cravings, overeating and weight gain
- Having difficulty concentrating
- Feeling hopeless, worthless or guilty
- Having thoughts of not wanting to live.

**Q. 12. Paranoia**

**Ans. Ref.:** See Chapter-14, Page. No. 119, 'Concept of Paranoia'.



# **Sample Preview of The Chapter**

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# PSYCHOPATHOLOGY

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## BLOCK-1: FOUNDATIONS OF PSYCHOPATHOLOGY



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### A Brief History of Psychopathology

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#### **INTRODUCTION**

Human civilizations have held a variety of viewpoints on the issues that today are known as mental diseases throughout history. Conflicting views on the origin of mental diseases have been debated since the beginning of time, as has the hunt for explanations of what causes abnormal behavior. There have also been numerous methods for treating these psychopathologies or mental illnesses. According to ancient beliefs, abnormal behavior was the result of the wrath of a supernatural force or the mischief of demons. This unit will cover early Greek contributions, writers from the 19th century, and thoughts from the 20th century before moving on to the ancient superstitious beliefs and biological models. The part that comes after this will discuss psychological approaches, including behavioral, humanistic, and psychoanalytic techniques.

#### **CHAPTER AT A GLANCE**

##### **THE ANCIENT SUPERNATURAL BELIEFS**

Human civilizations have held a variety of viewpoints on the issues that today are known as mental diseases throughout history. Conflicting views on the origin of mental diseases have been debated since the beginning of time, as has the hunt for explanations of what causes abnormal behavior. There have also been numerous methods for treating these psychopathologies or mental illnesses. According to ancient beliefs, abnormal behavior was the result of the wrath of a supernatural force or the mischief of demons. Ancient human civilizations held the views that demons, the moon, the stars, and mystical magic all contributed to deviant behavior. There was a strong conviction that an agency external to our body and environment controls our behaviors, feelings, and thoughts. These agents included celestial things like stars and the moon, supernatural beings like devils, angels, and spirits, as well as other natural phenomena like magnetic fields.

##### **Witchcraft and Demonology**

It was believed that magical, demonic spirits and demons were in control of and inhabited the people with mental illnesses. The affected person's behavior was used to assess the nature of their spirit. Holy spirits were supposed to be responsible for excessively spiritual behavior, whereas wicked spirits were thought to be responsible for destructive behavior. The therapies included harsh rituals like drilling a hole in the skull or punishing them by chaining them or keeping them in cages. Following an unfair trial, these victims were declared to be witches or demons and either hanged or burned alive.

##### **Moon and Stars**

Luna, the Latin word for moon, gave rise to the term "lunatic", which was once used to describe abnormal persons. This idea holds that human behavior is influenced by the movements of the full moon and the stars. Astrologers who believe that their behavior as well as significant life events may be anticipated by the location of the planets share this viewpoint.

##### **Mass Hysteria**

It is a phenomenon where people's emotional experiences seem to permeate their immediate environment. When someone is scared or depressed, their emotions spread to those around them. Eventually, this sensation intensifies, turns into panic, and affects the entire neighbourhood. In less developed societies with high rates of poverty, low levels of literacy, and restrictions on the participation of mental health specialists, the Supernatural model is still widely utilised and popular. Even today, many people still turn to magic and religious rituals to treat their mental illnesses.

##### **BIOLOGICAL MODELS**

The rejection of supernatural explanations began with the rise in interest in biological sciences. Biological theories linked physical illnesses and biochemical imbalances in the body to mental disorders.

### Early Greek Contributions: Hippocrates and Galen

Hippocrates, a Greek physician, mocked reports of disease and madness attributed to demons. Hippocrates proposed that abnormal behavior had natural causes similar to those of other diseases. The preservation of the body's natural equilibrium—more precisely, the harmony of the four bodily fluids—blood, phlegm, black bile, and yellow bile—was essential to good health. According to Hippocrates, many disorders or psychopathologies are caused by either an excess or a shortage of one of these four fluids.

Galen, a Roman physician who accepted Hippocratic doctrine, promoted the idea that the four bodily fluids correspond to Greek conceptions of heat (blood), dryness (black bile), moisture (yellow bile), and cold (phlegm). One quality was connected to each fluid. The environment was controlled to increase or reduce heat, dryness, moisture, and cold depending on the deficit of the fluid in order to treat excesses of one or more fluids.

### Nineteenth Century: J.P. Grey and E. Kraepelin

According to J.P. Grey, mental illness (insanity) is usually caused by physical factors; hence it is important to priorities rest, a healthy food, a comfortable room temperature, and adequate ventilation.

At the State Hospital in New York, he even created the rotary fan. In the field of psychological disorder diagnosis and classification, Emil Kraepelin made contributions. Each psychological condition had a unique age of onset, a unique temporal course, and a unique collection of presenting symptoms. Still relevant now are his descriptions of schizophrenia. According to him, schizophrenia is a psychotic condition with 11 categories in which delusions (false beliefs) and hallucinations cause a significant loss of reality contact.

### Twentieth Century: Insulin Shock Therapy and Electroconvulsive Therapy

Manfred Sakel, a doctor from Vienna, started using increasingly bigger doses of insulin in 1927. The patients experienced convulsions and fell into a coma, but surprisingly they recovered, leading doctors to use it more regularly. The technique was abandoned because it was risky, harmful, and even fatal. Among 1920, Joseph Meduna made the erroneous claim that schizophrenia was infrequently diagnosed in epileptics. His followers came to the conclusion that inducing brain convulsions could be able to treat schizophrenia. Although it was a contentious treatment, electroconvulsive therapy (ECT) was widely and regularly utilized by clinicians. Some doctors even used it to punish patients who were difficult or uncontrollable. With patients who are suicidal, it works well.

### PSYCHOLOGICAL APPROACHES

According to psychological perspectives, there are several emotional issues that are unrelated to any biological disorders. In order to understand and cure abnormality, these approaches place a strong emphasis on psychological, interpersonal, social, and cultural variables.

### Early Psychological Approaches

The moral and mental hygiene movement, which promoted compassionate and responsible treatment of the institutionalized patients and encouraged and reinforced social connection with them, served as the foundation for psychological treatments. Moral therapy was the foundational idea behind the mental hygiene movement. P. Pinel (1745–1826), William Tuke (1732–22), Benjamin Rush (1745–1813), and Dorothea Dix were pioneers in the field of mental reform (1802–1887). These people were all leaders in the mental hygiene movement, which brought about changes to asylum policies in both Europe and America.

By the middle of the 1800s, doctors with experience treating patients with serious mental illnesses were virtually usually the superintendents of insane asylums. The American Psychiatric Association (APA), later known as the Association of Medical Superintendents of American Institutions for the Insane (AMSAIL), was founded in 1844. In Worcester, Massachusetts, the state of Massachusetts established a public-funded institution for those with mental illnesses in 1833. First superintendent of the asylum and founding president of the AMSAIL was Samuel Woodward.

### Psychoanalytic Approach

Sigmund Freud was a pioneer of psychoanalysis (1856–1939). He acquired his hypnotherapy skills in France. He tried with a few different hypnosis techniques. Freud placed a strong emphasis on childhood events and interior mental processes. These are the main components of this strategy:

- (a) Analysis of Mental Structures
- (b) Levels of Consciousness
- (c) Stages of Psychosexual Development
- (d) Anxiety and Defense Mechanisms
- (e) Psychoanalytic Therapy

**(a) Analysis of Mental Structures:** The id, ego, and super ego make up the human psyche. Intra-psychic conflict refers to the situation in which these three are at odds with one another. The Id and deadly tendencies are curbed by the Ego. The ego functions in accordance with the reality principle, and its cognitive processes—often referred to as the secondary process—are marked by logic and reason.

Within the allowed parameters of the super ego, the ego attempts to reconcile conflicts between the demands of the Id.

If the super ego is strong, the person is pure, stiff, and unbending. The super ego is the repository of moral and ethical principles that are inculcated by society, parents, and educators. Additionally, it alludes to the psyche's conscience. It operates in accordance with morality. The Super ego produces guilt when we do something wrong and breach ethical and moral standards.

**(b) Levels of Consciousness:** Conscious, preconscious/subconscious, and unconscious are the three levels of consciousness that Freud distinguished. Freud claimed that awareness is the area of the mind that we are aware of. The ego lives there, yet it only

A BRIEF HISTORY OF PSYCHOPATHOLOGY / 3

makes up a small portion of mental existence. The preconscious is made up of ideas or actions that can be quickly brought to mind by making an attempt to remember. The Id, which makes up the biggest portion of the unconscious, is not easily accessible.

**(c) Stages of Psychosexual Development:** Freud believed children go through psychosexual phases. Each stage of development is a specific period of development where our basic wants arise, and under or excess fulfillment at any level makes a strong mark on the individual in the form of a fixation or psychopathology repeated throughout adult life.

**Oral Stage (Birth to 2 years):** In the oral stage, the infant sucks, nibbles, and chews, which leads to nail biting, pencil chewing, and cigarette smoking.

**Anal Stage (2 to 3 years):** Toilet training begins in the two-to-three-year anal stage. At this stage, conflict or preoccupation manifests as a neat, clean, and rule-abiding person.

**Phallic Stage (3 to 5 years):** Three to five years. Boys have oedipal complex, wanting sexual bond with their moms, whereas girls have Electra complex, moving away from mother and closer to father.

**Latency (5 to 12 years):** Sex impulses subside and child focuses on social, academic, and professional abilities.

**Genital (12 years and older):** Latency is when sexual drive is low, but genital is when interest in and desire to impress opposite sex grows. One wants to impress opposite-sex people with their appearance, clothes, and conversation. Fixation at any level can cause psychopathology or immediate behavior.

**(d) Anxiety and Defense Mechanisms:** Freud observed that most people's main motivation is to de-stress, and that worry is a primary source of tension. He distinguished three categories of anxiousness.

**Reality Anxiety:** The most fundamental type of anxiety, reality anxiety is frequently centered on worries about actual or hypothetical situations, such getting bit by a dog or falling off a ladder. The most typical remedy for Reality Anxiety is to remove oneself from the situation, flee from the dog, or simply refuse to climb the ladder.

**Neurotic Anxiety:** This type of anxiety results from an unconscious dread that the person's Id (the primordial aspect of their psyche) would seize control and punish them in the end.

**Moral anxiety:** its manifests as feelings of guilt or shame and stems from a dread of transgressing moral standards.

**(e) Psychoanalytic Therapy:** Reliving repressed dreams and phobias both in sensation and in cognition is a component of psychoanalytic treatment. In this process, attitudes and feelings that were originally aimed at the parents are projected onto the analyst. For the treatment to be successful, this is required. Through dream interpretation, where the manifest content of dreams is perceived as a symbolic expression of

the hidden or latent content, one can frequently gain access to these suppressed fears. Evaluation: The following are some common objections to the Freudian theory:

1. Neither Freud's theories can be verified nor refuted. What would constitute sufficient proof to support or contradict theoretical assertions is unclear.
2. The notion is founded on a flawed conceptualization of women's experience.
3. The idea exaggerates the part played by sexuality in the growth and experience of human psychology.

**Humanistic Approach**

The humanistic perspective emphasizes the good things about life, individual freedom, and growth opportunities. This method contends that reluctance to take accountability for one's own words and actions leads to abnormality. Thus, the voluntary decisions we make shape human behavior. According to humanistic theorists, aberrant or aggressive behavior is generated by society rather than by an individual because people are good at heart by nature.

**(i) Self and Congruence:** The idea of oneself or one's self-concept is crucial to Rogers' theory. The phrase "the organized, consistent set of perceptions and beliefs about oneself" is used to define this. It comprises of all the concepts and principles that define "I" and "me," as well as how I see and value "who I am" and "what I am" capable of. As a result, the self-concept is a crucial aspect of our overall experience and affects how we see ourselves and the environment. The self-concept may not always match reality, and how we view ourselves may be very different from how others perceive us.

**(ii) Person Centered Therapy:** A person needs to be self-accepting in order to improve congruence and progress toward self-actualization and to swap out the conditions of worth with more authentic, organismic values. According to Rogers, this is demonstrated by having at least one relationship in which the person receives unconditional positive regard—a state of complete acceptance and support—regardless of what they say, do, or feel. It goes without saying that one must control or direct the connection, not the other party but oneself. The focus is on the individual, hence the name "person-centered." Evaluation: The following are a few objections made to the humanistic perspective:

1. Scientific research and facts do not support man's wishful thinking.
2. The humanistic philosophy employed concepts like intuition and reasoning, which were philosophical and untestable.
3. This method disregarded psychological studies using animals.
4. This approach's concepts occasionally resist precise definition and verification.

**Behavioral Approach**

The behavioral approach is associated with American psychologist John B. Watson (1878–1958), the

founder of behaviorism, and Russian physiologist Ivan Pavlov (1849–1936), who discovered the conditioned reflex. The behavioral perspective is concerned with how learning contributes to the understanding of both normal and pathological behavior. When viewed from the standpoint of learning, abnormal behavior is the acquisition or learning of unsuitable, maladaptive behaviors. Watson and other behaviorists, including Harvard University psychologist B.F. Skinner (1904–1990), held that contextual and situational factors, as well as our genetic make-up, influence human behavior.

**Role of Classical Conditioning:** The conditioned reflex, now known as a conditioned response, was accidentally discovered by Russian biologist Ivan Pavlov. He tied dogs to a device in his lab to examine how their salivary response to food changed. He noticed that the animals would spit and release stomach secretions even before they began to eat as he travelled. The sound of the food cart being carried into the room seemed to trigger these reactions.

**Role of Operant Conditioning:** Classical conditioning can explain simple, reflexive behaviors like salivating to food signals and fearing unpleasant or aversive stimuli. Studying, working, socializing, and cooking are not covered by classical conditioning. B.F. Skinner (1938) dubbed these sophisticated behaviors operant reactions because they affect the environment. Consequences reinforce operant conditioning responses. Skinner discovered two reinforcers. Reward-based positive reinforcers increase behavior frequency. Skinner mostly studied operant training in pigeons. Pigeons will keep pecking buttons until they have enough food. We're more willing to open doors for others if they respond positively.

**Social-Cognitive Theory:** Albert Bandura, Julian B. Rotter, and Walter Mischel developed social-cognitive theory. Social cognitive theorists added roles for thinking, or cognition, and learning by observation, or modeling (Bandura, 2004).

**Behavior Modification:** Behavior modification refers to behavioristic approaches to treating maladaptive behaviors. Phobic, obsessive-compulsive, generalized anxiety, panic, habit, sexual, social, and enuresis disorders are acceptable for behavior treatment.

**Evaluation:** Behavior therapy (sometimes termed behavior modification) uses learning concepts to assist people improve their behavior. Behavior therapy has helped patients overcome phobias, anxiety, sexual dysfunction, and despair. Behaviorism is criticized for:

1. Behaviorism cannot explain the variety of human behavior or limit it to observable responses.
2. Many learning theorists, especially social-cognitive theorists, disagree with the rigid behavioristic concept that external forces mechanically regulate human behavior.
3. People fantasize and set goals. Behaviorism seems to ignore much of human nature.

4. Social-cognitive theory has enlarged the scope of traditional behaviorism, but detractors say it underemphasizes genetic factors to behavior and doesn't adequately account for subjective experience, such as self-awareness and consciousness.

### **SELF-ASSESSMENT QUESTIONS**

**Q. 1. Explain the early supernatural approach of understanding psychopathology.**

**Ans.** The ancient human civilizations thought that abnormal behaviors are caused by some form of supernatural magic, bad spirits, devils, the moon, and the stars. This approach to explaining psychopathology is known as the supernatural approach. There was a pervasive notion that our actions, feelings, and thoughts are controlled by an agent that is located outside of our body and the environment in which we live. The supernatural creatures, celestial objects, and other phenomena such as magnetic fields were included in this category of agents.

**Witchcraft and Demonology:** People who suffered from mental illness were thought to be possessed and under the control of evil spirits and demons through the practice of witchcraft and demonology. The characteristics of the affected person's behavior were used to draw conclusions about the character of the spirit. The therapies included awful rituals such as drilling a hole in the skull, as well as punishments such as chaining the patients or keeping them confined in cages.

**The Moon and the Stars:** This theory proposes that the movements of celestial bodies, such as the moon and the stars, have an impact on the behavior of individuals. Followers of astrology, who believe that their behavior as well as key events in their lives can be foretold by the location of the planets, are a good example of this belief. They believe that this view is accurate.

In underdeveloped countries, where there is a high level of poverty, a low literacy rate, and where mental health specialists are not authorized to perform their role, the mass hysteria-supernatural model is nevertheless popular and practiced. There is still a widespread belief that the answers to mental problems can be found in the mystical practices of holy people, such as magic and rituals.

**Q. 2. Describe the early Greek contributions in development of biological models of psychopathology.**

**Ans.** The contributions made by early Greeks to the development of biological models of psychopathology are as follows: Hippocrates, a Greek physician, was known for his scornful attitude toward demonological explanations of sickness and mental disorder. Instead, Hippocrates postulated that abnormal behavior, much like other kinds of sickness, had natural reasons that led to its development. A natural equilibrium had to be preserved inside the body at all times; more specifically