

Middle Ages,

The decline of Rome

From 500 to 1350 A.D., the period known as the Middle Ages,

सभी क्षेत्रों में पूर्ण अधिकार

The power of the clergy पुरोहितों की शक्ति increased greatly throughout Europe. Religious beliefs, which were highly superstitious and demonological, came to dominate all aspects of life. In those days the church rejected scientific forms of investigation, and it controlled all education

Demonology (भूतविद्या) and superstition (अंधविश्वास) gained renewed importance in the explanation of abnormal behaviour .

Abnormal behaviour apparently increased greatly during this period

युद्ध, बीमारी, अकाल, और संघर्ष

The Middle Ages were a time of great stress and anxiety (भय, तनाव, निराश, हताश) -of war, urban uprisings (शहरी विद्रोह और विपत्तियों का अम्बार), and plagues. People blamed the devil for these troubles and feared being possessed by him (लोगों ने इन मुसीबतों के लिए शैतान को दोषी ठहराया और उसके पास होने का डर था).

mass madness--- group behaviour disorders--- Dancing manias (epidemics of raving, jumping, dancing, and convulsions----- known as **tarantism**----- often attributed to the bite of the southern European tarantula or wolf spider. **lycanthropy**—a condition in which people believed themselves to be possessed by wolves and imitated their behaviour.

Same treatment method like early ancient period.

Demonology related to a belief that people with mental problems were evil and there are numerous instances of 'witch-hunts' (चुरैल मरण, डायन) during this period.

One outstanding figure in ancient medicine was **Avicenna from Persia (c. 980–1037)**. Referred to as the "prince of physicians" (Campbell, 1926), he was the author of *The Canon of Medicine*, perhaps the most widely studied medical work ever written. In his writings, Avicenna frequently referred to hysteria, epilepsy, manic reactions, and melancholia (विषाद). The following case study illustrates Avicenna's unique approach to the treatment of a young prince suffering from mental disorder of a prince

राजकुमार

- भ्रम कि वह एक गाय थी --- गाय की तरह नीचे --- रोते हुए, "मुझे मार डालो ताकि एक अच्छा स्टू -----मेरे मांस से बना हो . . . वह कुछ नहीं खाएगा। . . . मामले को उठाने के लिए राजी किया गया था। . . . सबसे पहले उसने संदेश भेजा कि कसाई उसे मारने आ रहा है। . . बीमार आदमी आनन्दित हुआ।----- हाथ में चाकू लिए हुए, यह कहते हुए रोगी कक्ष में प्रवेश किया, "यह गाय कहाँ है कि मैं इसे मार सकता हूँ?" रोगी यह बताने के लिए गाय की तरह नीचे झुक गया कि वह कहाँ है। -----। तब एविसेना ने उसे चारों ओर महसूस किया और कहा, "वह बहुत दुबला है, और मारे जाने के लिए तैयार नहीं है; उसे मोटा किया जाना चाहिए।"---- फिर उन्होंने उसे उपयुक्त भोजन दिया, जिसे उसने अब उत्सुकता से लिया, और धीरे-धीरे उसने ताकत हासिल की, अपने भ्रम से छुटकारा पाया, और पूरी तरह से ठीक हो गया। (ब्राउन, 1921, पीपी 88-89)

During the early Middle Ages, the Christian spirit of charity prevailed and St. Augustine (Christian thinker) wrote extensively about feelings(,भावना)mental anguish(मानसिक कष्ट)and conflict (द्वन्द) This laid the groundwork for modern psychodynamic theories of abnormal behaviour.

The Renaissance Period/ पुनर्जागरण काल

Rebirthing the classical models of Ancient Greek and [Rome](#) periods while using the modern techniques.

The seventeenth and eighteenth centuries were known as the Age of Reason (तर्क) and Enlightenment,(बोध, ज्ञान) as the scientific method replaced faith(आस्था, विश्वास) and dogma (धार्मिक मान्यता) as ways of understanding abnormal behaviour.

The Renaissance Period (पुनर्जागरण काल) was marked by increased humanism and curiosity (जिज्ञासा) about behaviour.

Across Europe **religious shrines**, private homes and community residences ,**hospital** were **devoted to the humane and loving treatment of people** with mental disorders. in the fifteenth century, people came to it from all over the world for **psychic healing**.

These improvements in care began to fade by १) residences could house only a small percentage of those with severe mental disorders २) that medical hospitals were too few and too small

More and more, they **converted hospitals and monasteries into asylums** (शरणास्थलो अस्त्रयस्थान, पागलखाना), institutions whose primary purpose was to care for people with mental illness. These institutions began with every intention of providing good care.

Although scientific inquiry into abnormal behavior was on the increase, most early asylums, often referred to as "madhouses," were not pleasant places or "hospitals" but primarily residences or storage places for people who were insane

Once **the asylums started to overflow**, however, they **became virtual prisons** where patients were held in filthy conditions **and treated with unspeakable cruelty. Chained and whipped**, patients were shackled to the of cold, dark, dirty cells with iron collars and given spoiled food

The hospital even became **a popular tourist attraction; people were eager to pay to look at the howling and gibbering inmates.**

Moral Treatment

In La Bicetre, an asylum in Paris for male patients, The Spread of Moral Treatment .The methods of Pinel and Tuke, called moral treatment because they emphasized moral guidance and humane and respectful techniques, **treated with sympathy and kindness** caught on throughout Europe and the United States.

being treated with compassion, kindness, and dignity in a clean, comfortable environment that provided freedom of movement, opportunities for occupational and social activity, and reassuring talks with physicians and attendants.

2003). Historians usually point to La Bicetre as the first site of asylum reform. In 1793, during the French Revolution, Philippe Pinel (1745-1826) was named the chief physician there. He argued that the patients were sick people whose illnesses should be treated with sympathy and kindness rather than chains and beatings (van Walsum, 2004).

He unchained the patients and allowed them to move freely about the hospital grounds; replaced the dark dungeons with sunny, well-ventilated rooms; and offered support and advice.

Panel's approach proved remarkably successful. Many patients who had been shut away for decades improved greatly over a short period of time and were released. Pinel later brought similar reforms to a mental hospital in Paris for female patients

The Decline of Moral Treatment –

All patients could be cured if treated with humanity and dignity. For some, this was indeed sufficient Others, however, **needed more effective treatments than any that had yet been developed**

The Somatogenic and Psychogenic Perspectives

The Early Twentieth Century: The Somatogenic and Psychogenic Perspectives

Johann Weyer emphasised psychological conflict (मनोवैज्ञानिक द्वन्द) and disturbed interpersonal relationships (अंतर वैक्तिक सम्बन्ध) as causes of psychological disorders. He also insisted that 'witches' were mentally disturbed and required medical, not theological, treatment.

German physician Johann Weyer (1515-1588), the first physician to specialize in mental illness, believed that the mind was as susceptible to sickness as the body was. He is now considered the founder of the modern study of psychopathology

Emil Kraepelin (1856-1926). In 1883 Kraepelin published an influential textbook arguing that physical factors, such as fatigue, are responsible for mental dysfunction. In addition, as you will see in Chapter 4, he also constructed the first modern system for classifying abnormal behavior. He identified various syndromes, or clusters of symptoms; listed their physical causes; and discussed their expected course (Engstrom et al., 2006; Decker, 2004; Kihlstrom, 2002

One major biomedical breakthrough came with the discovery of the organic factors underlying general paresis— syphilis of the brain—one of the most serious mental illnesses of the day

They included the first antipsychotic drugs which correct extremely confused distorted thinking; antidepressant drugs, which lift the mood of depressed people; and anti-anxiety drugs, which reduce tension and worry

When Freud and his colleagues first began to practice, most of their patients suffered from anxiety or depression. These problems still dominate therapy today; almost half of all clients suffer from them. However, people with other kinds of disorders are also receiving therapy.

In addition, at least 20 percent of clients enter therapy because of milder problems in living-problems with marital, family, job, peer, school, or community relationships (Druss et al., 2007; Wang et al., 2007)

The first major steps toward understanding psychological factors in mental disorders occurred with mesmerism and the Nancy School, followed by the work of Sigmund Freud. During five decades of observation, treatment, and writing, he developed a theory of psychopathology, known as *psychoanalysis*, that emphasized the inner dynamics of unconscious motives.

Reform Movement

The growth of a scientific attitude towards psychological disorders in the eighteenth century contributed to the Reform Movement (सुधार आन्दोलन) and to increased (करुणा, सहानुभूति) for people who suffered from these disorders. Reforms of asylums (शरणास्थली अस्त्रयस्थान, पागलखाना) were initiated in both Europe and America.

One aspect of the reform movement was the new inclination for deinstitutionalisation (संस्थाविमुक्ति) which placed emphasis on providing community care (सामुदायिक देखभाल) for recovered mentally ill individuals.

Since the discovery of these medications, mental health professionals in most of the developed nations of the world have followed a policy of **deinstitutionalization**.

In short, outpatient care has now become the primary mode of treatment for people with severe psychological disturbances as well as for those with more moderate problems.

private psycho form of therapy, an arrangement by which an individual directly pays a psychotherapist for counseling services