su ering that characterise mental disease have a biological genesis. Let's look at the supporting evidence in this regard. The biogenetic attribution of all mental disorders, which has assumed a hegemoneous status10, has mostly been used to guide campaigns to lessen stigma and foster greater acceptance of mental illness and those who experience it by society in the previous two to three decades (Read & Law, 1999).

This method has nearly universally failed, according to a number of well-conducted research, and it may even have made people's views and behaviours toward people with mental illnesses worse. Studies on stigma have revealed that people who believe that mental illnesses are primarily caused by biological forces, similar to other medical disorders, tend to be less hopeful about the ability of the mentally ill person to recover and function normally, as well as less accepting of them and more negatively toward them (Sartorius 1997).

At best, embracing the premise that "mental illness is like any other medical ailment" will simplify a complicated human issue; at worst, this will do patients, their families, and the mental health community a great damage. Our conversation should take into account the general complexity of human

thinking, behaviour, memories, and the concept of self and consciousness, as well as knowledge from cutting-edge biogenetic and social science research, while also paying attention to the particular complexity that each of us as individuals carries as part of our unique life stories. That applies to both those who provide and those who receive services

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