A Good Life:

The Perception of Perfection

An Autobiography

Karl Lorenz Willett

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West Sussex

RH12 1SF

United Kingdom

www.publishingpush.com

Front cover and this image are from the imagination of the author, Karl Lorenz Willett.

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Introduction

These writings presented for publication are the author's original, authentic message, who turned on his internal editor and furiously self-edited to get a beautifully crafted book.

It is free from trained editorial tampering so that the true meaning of what the author wants to convey would not get lost. Any variation in spelling, grammar, punctuation, structure, and style is the author's mix of writing blunders.

This book is a work of non-fiction, author's experiences which has profound textualised teaching. It is related to the mind's eye, which shifts consciousness into a higher level of perception and unlocking intuition and psychic ability.

I have been tracing the charted gradual process of my recovery from mental illness and the changes in my religious, spiritual belief, and thoughts on "big questions" about life and our purpose, earth, and the cosmos.

Other people's thoughts make a big difference by the message I want you to hear, and I don't believe it's a coincidence that you're listening to my words. I want to personally welcome you to this book and my other ways of communication. "Howdy to all people and things, feeling good here, is where you will find me, revealed on this summon system without making a quantum leap to becoming a public speaker, expert, and entrepreneur." It is bold enough to be here, and as I can feel the depths of emotional touches on people's souls, in romance and love when expressed in love songs and seen in relationships. There are tears of joy, and from a broken link, there is sorrow in all kinds of miseries, injustices my eyes ducks release a load of weeping.

My mind emphatic system releases metamorphism to the body with agonies in various parts of its mapping of pain associated with personal, global, and national tragedy within my structured body. The manifestation of illnesses has a pinpoint in an area from the feet to the head. Symptomatic pain for the world and widespread problems have the agony in the waistline and tightness in the neck.

My savoir-faire ability had a breakdown and led to weary thinking ills that produced a subjective manifestation of schizophrenia. I was hospitalised involuntary and sectioned under the Mental health act section 2. Admission was on 09.08.2019 and planned discharged after 34 days (12.09.2019).

I am addicted to doing the right thing, and my conscience is always saying to itself do the right thing and asked itself the right way not to get it the wrong way. So, word gets understood by everyone at any level of ability, and the truth will affect people, and lies would affect the people too. I can completely understand my feeling more deeply, "A Good Life…." lets me better reflect on my moral fibre and myself and the world around me. If the things that I wrote is perfect, and the words agree with other people's, but may not sound the same, its rule is original. Nobody will have the ability to change them but to accept them and agree.

Author's Notes

Karl's Notes in sound and processed:

I have something that I want to share because I know it will help a lot of different people. It's a story of the disease Paranoid Schizophrenia medicine, and experience stories out of useful purpose good life the perception of perfection. In picking up this book, it's a guide to the historic centre of every human being. That naturally feels, and intellectual nourish and sensing something there that's so proper it's impossible to put a name. Some readers may gravitate towards challenging self is spooky; by doing so, it, not a scary idea to reach the historic centre spiritualise source of its infinite energy everywhere in all devices and people. In the right and Godly, a frequency process is perfected and is such a good and efficient power that computes to an exceptional individual and creatures, including humankind.

This book profoundly affects consuming thoughts, and it is hard to analyse them, and a general audience might find this hard to read. I look at differences to grow perfect and everyday feelings to explore the mind and the brain's diversity.

Feeling blessed is in spasmodic readings through my authorship in expressing the strength of my godly, divine purpose, which is steadfast. I could have handled the likely pressures, but real harms are out of the equation because I am safe from fears.

This book can be a substitute for the medical advice trained medical practitioners to give to their patients.

If the reader has ills in a disease with personal cause, the subjective manifestation person or the thing should consult a medical speciality who got trained in the art of noticing the objective manifestation of the disease.

All humankind and things have a kind of focus super awareness in some circles in human relations with very little training that got them to communicate to the waves of pure subjective thoughts in a person.

Highbred people, an elitist educated group of people equipped with sensor devices that explore emotional interferences and thinking patterns, has authenticity. They kept the authority listening-in slowly, absorbing information associates and data information from the innocence people they spy on, and who they observed. People with dark skin tone, white skin- tone or shades-in-between who have a low standard of education are domesticated body-servant to fulfilling elite people's purposes in labouring in inefficient shoddy work for wages.

I am encouraged by solidarity with all people that every moment's life fulfils a purpose. The processed thoughts of ordinary people are in psychic others' control actions to task them unawares with unconscious deliberations. The method to tasked human beings mind with unknown controlled inferences other than themselves repetitious practising to learn something or under hypnotise already are here. Sound fictitious? A little absurd ??? and science - fiction, !!!?, "ayah!". "Agreed." But clarity will come more transparent as you travel along with the pages and hearing the sound variances with the different frequency that differs with words to express a revealed truth.

As the facts get apparent, the words come together and sing. The page turned will reveal some of the events the elites hold inferences that release their hold over us only because the evidence shows that their participative way paddled on fears.

When I had voided my mind of schizophrenia's expectations, and open my eyes to the antics reality my dream state had made, I lose resilience. Mental flexibility beforehand and the change can seem terrifying.

It put me in precious fact vivid perceptions, witnessed it was real events that take place in pitch darkness. That makes the ordinary people afraid of environment darkness and shadows, even though nothing is in the dark of night able to touch them.

I have debunked the elitists' driven fears of holding ordinary people back from knowing the charlatans amongst us, who tricks folks to fear experiencing the mental paranormal psychic activity powers generated from our minds. It's a comfortable, cosy life to have or be empowered with knowledge and confidence that most people rather ignore it or fear that something is in the darkness. But, investigated by curious people like myself, there is nothing to fear, but false stories are said to cover up truths and enlightenment. At its basic, the universe is good with a maintenance system that puts the cosmos from time to time in havoc chaos and the people. The consequence raises the goose pimples on the elitist skin, but most people's morality is scared; they are mad and fearful that the end of time is nigh. I get the chills in my ability to experience enhanced intense emotions. The increase in strength can have likened to being shocked with a bolt of electricity all over.

Writing my autobiography is not done intellectually. I left school with almost on-graded, marked academic achievement in English grammar and English Literature tests. I had the grades that not worth the paper they got written on, grade five in CSE's (Certificate of Secondary Education), and six I would have had an official document to remind me I underachieved. My speech and writing may have a reflection on my poor education background. I have tried to get to the point the quickest and most effective way and omitted needless names as best I could. And I blunder or stumble with words that don't mean what I think they do say.

I aim to communicate effectively the message of the things I attempt to predict the outcome. I gradually have progression know a- days of problems from the beginning and overcome obstacles and their challenges reasonably and not too stressed about them, as I used to do.

I invite you to read exclusive information about me visit the website, created October 2018 http://www.karllorenzwillett.co.uk

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Family

Written Wednesday 20 April 2016

I am assuming that in picking up this book, you know more or less who I am. I am keenly aware that you may not know. I wrote the first part of my memoir written over thirty-four years, or as far back as I can remember of my childhood up to February 2016. I was born in 1956 and this second book of my life stories has a lot to say about the beginning of the consecutive year for where I left off in February 2016 in which the stories meander, but I hope a chronology of sorts had emerged as a shift from theme to theme.

I have surprised myself and finished writing my first book, The Memoir of a Schizophrenic. People shower me with praise and attribute qualities that almost to verge on the divine because they felt it was a big deal, a fantastic achievement to have written a book. It made me felt more a star artist than an author, and I get sweaty palms just for telling my experience of living on the planet and how the world will benefit from my books.

As I write my autobiography, there is never any doubt about the loved people are in my life. This book is riddled with self-consciousness and has in the mix of people who have encouraged me. One most important person in my life is my wife, Euphemia. Most of my earlier writings about our relationship have deluded ideas, and she has remained steadfastly and lovingly by my side since the moment we dated in 1979. We married, and the mother of my three beautiful grown-up children, Katrina, Georgina, and Jonathan and granny to our three delightful grandchildren, Iziah, Isaac, and Kyven and our eldest daughter, *Katrina is pregnant and expecting her second child in the autumn.

Thanks to everyone who takes the time to read this book, both those who read it from cover to cover and those who delve into looking to understand the mindset of people with disease schizophrenia is like and may get their niggling questions answered. I also charted my use of antipsychotic medication and my eagerness to discontinue their application and remain well. I treasure all my experiences and value everyone, although I have been unfortunate to have this disease, I had made this a blessing very much a part of who I am. Most of what happens to me, I have been fortunate to emerge from failures to successes, and this book set out to chronicle the pride, joy, and happiness with which I have had blessings. I feel honoured to be the subject of your interest, and I hope I provide entertainment along the way. But my writing got written to be not merely entertainment for your pleasure to read or my writing pleasure; it's written for close reading and improvement in lives. I am excited to write using a computer keyboard, a mouse and a screen. I ditched long handwriting with a pen that presented difficulties in perfecting drafts or rewrites; I am glad to scribble my notes on paper and write with this relatively new technology available to me and have breaks to go to the loo. There's no discernible plot; the drama that likely in the stories is not likely to be involving a villain. The conflict arises from the emotions within me.

*Our fourth grandchild was born on Saturday 15 October 2016, a boy named Jenson, Peter, Nelson.

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Taper Down the Medication Part 1

Written Monday 25 April 2016

When I last spoke to a psychiatrist in November 2015 about my maintenance dose of 25mg of Aripiprazole, one 10mg tablet, and a 15mg tablet. He had little doubt that lifetime treatment on antipsychotic medication is useful and necessary to avoid a relapse of the psychotic illness.

Recently, there has been controversy about long term use of antipsychotic drugs. In my experience, because of negative symptoms and re-hospitalisations, long-term use of antipsychotic meds has not played a crucial role in maintaining remission, averting relapse, or improving my quality of life, and now it has my mortality insight. There is no question that, when I am suffering from chronic, debilitating symptoms of schizophrenia, antipsychotic medication is a critical component of treatment.

There have been small studies that long-term use of antipsychotic drugs causes worsening of schizophrenia. Here's so much doubt in the traditional belief that their sweeping generalisation about long-term use of antipsychotic medications is harming patients. I have to decide to discontinue antipsychotics to see a better outcome.

It so happened that I came to hear about a mental health research charity called

The McPin Foundation collaboration with a broader research team is doing a six-year research trial into medicine to control psychotic symptoms. Antipsychotic Discontinuation and Reduction (RADAR) study led by University College London. I filled in the application form to be on the RADAR LEAP group, the Lived Experience Advisory Panel and my application were successful. I attended meetings at McPin Foundation office in London.

I am thinking about tapering down from the high dose of Aripiprazole over two years with a psychiatrist coordinating my care. I spoke to my GP, who sent a referral to get me back into the secondary care system and monitored periodically by a psychiatrist. Still, my GP had doubts because of the risks and did not feel confident that psychiatrist will support my decision to stop psychotic medication gradually over the next two years. Instead of speaking to a psychiatrist, I had to discuss the issue with a psychiatric nurse.

I debated my intention with the psychiatric nurse on the telephone, and she was attempting to get a psychiatrist to take on coordinating my care. I intended to reduce my medications as soon as possible and seek psychiatrist approval, but nothing has come of it. Since the last talking to the nurse in early April 2016, I have not heard anything.

Clinician such as GP's, and some literature, point to considerable risk in discontinuing antipsychotic treatment. Still, critics claim it is merely a 'withdrawal effect' that occurs when antipsychotic medication get stopped abruptly. Still, it is a highly speculative hypothesis, including the thought that there's a possibility that the drug can cause structural changes in specific brain regions. Taking the medication is to help my body do something that it's not doing efficiently on its own, was the point of having the medicine. The drug got designed to modify my brain functions, impacting my memory on some level. It is causing forgetfulness and difficulty in concentrating for more than three hours. Losing any of my mental capacity is a big deal, and it represents that I need to compromise, but it's a harsh and unfair choice that I have to face living with mental illness.

It is excellent that the positive symptoms such as hearing hallucinations, autistic thinking, delusion, and paranoid have gone. The once so frightening phenomenon that forced our human motor limbs to move had acted on body parts, including my genitalia unexpectedly, and undesirable. The action in that area running the body parts involuntarily swiftly or stiffed them up seemed to have been activated by some obvious external inferences has gone.

The negative symptoms have persisted, except autistic behaviours and ambivalence, where I'm too withdrawn and can't make up my mind. I urinate a lot more, and my body weight has increased, gaining two inches to my waistline, taking this to 38 inches.

I get extreme aches in muscles in my neck, at night intolerable painful legs. It seems the psychiatrist typically focuses on consideration related to hallucination, delusions, and disorganised behaviour and hostility that antipsychotic meds are most useful for treating. I have to put up with physical pain until small relief comes from prescribed painkiller drug eases it.

The problem I have includes motivation, clarity of speech, and sleeping for up to sixteen hours a day sometimes. The psychiatrist is unaware of the impact of negative symptoms on me. They result from antipsychotic treatment which could include the physical pains I cannot get total relief. I am coming to believe that antipsychotic meds should be limited to episodes of relapse and should gradually taper once I am stable with the option to restart promptly only if and when symptoms later returned. I progressively have the belief that I should have steadily tapered off my medication. But I find myself being a coward and am frightened without the psychiatrist's support because of it a painful lesson; it will be to learn if I am not okay but had relapsed.

Going off meds would be a risky gamble, or it's a dangerous fantasy to imagine the symptoms regulated without medication. Coming off meds, it's a risk that is usually not worth taking. Still, I am concerned about the meds' giving weight gain, an increased risk of diabetes, cardiovascular disease, and shortened life expectancy. I already have weight gain, and I am trying to diet and eat healthy; it's sufficient warning, and critics generalise that antipsychotics are harmful to everyone.

I have done quite well on antipsychotic meds when I have chronic psychotic symptoms. I have to decide to stay on or go off antipsychotics which seems a matter between extended healthy living or unhealthy early death. I had used discontinuation studies to determine relapse rates, but they are lots of variables in play. It's like comparing bananas and pears. It is valid to say that the case is not close to proven yet, but I realise the tremendous significance of withdrawal could work better. The real lesson from this is that I need to be humble and not assume that discontinue antipsychotic drug is right for me because there are disastrous consequences for getting it wrong. Schizophrenia is unique in me and needs carefully tailored treatment with antipsychotics for a while. I'll not get that patient-centred approach to treatment; it's a one fist fit all for which mental illness is applicable. Also, there is bigotry goings-on because there's a low expectation for people living with schizophrenia. There seemed to be profound inequalities in treatment and how treating me an ethnic black man with schizophrenia. Getting access to mental health treatment is not helping my aim for a sustainable recovery outcome. I have my anecdotal evidence that pursuing recovery using medication seemed to stick me in a cycle of suffering. I had my ninth breakdown in 2014 since my schizophrenia diagnosis in 1977, and I religiously took my medication. My Caribbean origin probably had been targeted; the health professionals are not adequately responding or energetically supportive of my needs as an individual in front of them or who they heard have concerns. There had been a disproportionate amount of heavy-handedness in having Police involvement in my admissions to access mental health treatment over the years.

Probably more than half of all my hospital admissions were involuntary detention under the Mental Health Acts sectioned two. Most of the time, it was completely unnecessary. Still, I did get a bit stubborn and cause a resistance affray because I had expected to voluntarily go into hospital. The mental health team involved the Police before engaging with my family or me to have Police present. I strove to learn from my lived experiences of the system and use the black community's lens to talk about poor mental health services skills.

The people at the top of the mental health board I hold accountable. Their low level of engagement at the grass-root level. Their structural factors engender racism, discrimination, stigmatising, stereotyping, and black people's deprivation of mental health problems.

When schizophrenia is alive in me, my brain make-up vision over what's real, seeing could not always get believed because my brain fills in the gaps, that are blind spots in my view, and I begin to trust this fake vision more than the real thing.

Also, they say that real-life perception does not provide us with an accurate representation of the world because the brain trusts its own generated information more than what it sees outside in the world. When my mind is going into psychosis, it merely stops observe reality as a passive observer and changes how I see things based partly on my mindset. When it is stressed, my mind change fact, capabilities, and performance, which depletes my health and vitality.

In all our perceptions of the world, technological change and consciousness is forever present to our attribute, an ultimate source of value that of moral rationality. Still, my humanity intrinsically connects with the natural world. There is no enormous input for my brain to interpret any more, for there are no delusions. I am free from the suffering that my mind had naturally created historical reality to explain what I experienced through the senses. I have values that will shape my future and my culture shaped my values and had shaped my past. It's my hormones that mess with my head and sift fact from fiction, and I want to blame mine out of control moments on this biochemical signalling. I like to think I am in charge of my behaviour, that my thoughts are under my conscious control, and that my actions are mostly reasonable, but I blame a hormone surge that makes me feel and act like a different person. My biographical history is very much dominated by schizophrenia, but I think my character must be of my creation.

I can recall a moment, and it was probably the fourth episode of psychosis in the twentieth century when my wife and the GP observed me taking the prescribed pill, and I literally, tried to pass it down my neck. I didn't attempt to open my mouth. I was about to drop it down the indent where the Adam apple lay by the throat. I placed the pill in my hand and put my hand between my vee neck shirt collar. They told me I'd have to open my mouth and take it with a glass of water, which my wife had in her hand. I had a distorted view of my existence (of my body ownership and mind) and the environment. (The space in the house and the objects in the room took on distorted appearances).

As a survivor of over forty years of psychiatric drugging, which is psychiatrically disabling, I am fighting the mental care systems to take a paradigm shift and stop using a high dose of the psychotic drug for maintenance treatment. It is challenging for the industry of psychiatry to swallow, so they must try harder.