Citizen X: a tale of two outcomes

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A personal and academically evidenced story of #cognitivewarfare conducted against an individual over decades

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Introduction

This is a presentation with four hypotheses.

All of them relate to the difference between mental illness vs mental distress.

Mental illness locates the problem in the individual.

Mental distress states that the individual is the real victim – never to be blamed. Most psychiatric practice blames the individual. It does so by forcefully expecting the patient to make the necessary changes. Most psychiatric practice refuses to acknowledge its responsibility to engage with and actively deliver changes within a wider socioeconomic and security context.

Introduction

We believe that the default setting in mental health process, dynamics, and medicine should lie in the latter concept of mental distress.

We should choose to blame something, not someone.

We should choose to blame the environment we all live in ...

Introduction

... so it becomes – once and for all – societally and politically imperative to change such spaces.

Sanity, Madness, the Family and Society



Hypothesis 1: Do politicians serve the one percent?



Do Politicians Serve the One Percent? Evidence in OECD Countries

'Present social movements, as "Occupy Wall Street" or the Spanish "Indignados", claim that politicians work for an economic elite, the 1%, that drives the world economic policies. In this paper we show through econometric analysis that these movements are accurate:

politicians in OECD countries maximize the happiness of the economic elite. In 2009 center-right parties maximized the happiness of the 100th-98th richest percentile and center-left parties the 100th-95th richest percentile. The situation has evolved from the seventies when politicians represented, approximately, the median voter.

> Torija, P. (2013). Do Politicians Serve the One Percent? Evidence in OECD Countries (Report No. 2013-04). London, UK: City Political Economy Research Centre (CITYPERC), Department of International Politics, City University London

http://openaccess.city.ac.uk/2114/



Hypothesis 2: Blatcherism and mental illness



'By far the most significant consequence of "selfish capitalism" (Thatch/Blatcherism) has been a startling increase in the incidence of mental illness in both children and adults since the 1970s. As I report in my book, The Selfish Capitalist - Origins of Affluenza, World Health Organisation and nationally representative studies in the United States, Britain and Australia, reveal that it almost doubled between the early 80s and the turn of the century. [...]'

Oliver James, writing in the Guardian newspaper in 2008

 <u>https://www.theguardian.com/commentisfree/2008/jan/03/</u> <u>comment.mentalhealth</u>

'Add to this the astonishing fact that citizens of Selfish Capitalist, English-speaking nations (which tend to be one and the same) are twice as likely to suffer mental illness as those from mainland western Europe, which is largely Unselfish Capitalist in its political economy. An average 23% of Americans, Britons, Australians, New Zealanders and Canadians suffered in the last 12 months, but only 11.5% of Germans, Italians, French, Belgians, Spaniards and Dutch.'

Oliver James, writing in the Guardian newspaper in 2008

 <u>https://www.theguardian.com/commentisfree/2008/jan/03/</u> <u>comment.mentalhealth</u>



Hypothesis 3: there is no such thing as schizophrenia



'When a psychiatrist diagnoses schizophrenia, he means that the patient's experience and behaviour are disturbed *because* there is something the matter with the patient that causes the disturbed behaviour he observes. He calls this something schizophrenia, and he then must ask what causes the schizophrenia.'

> Sanity, Madness and the Family, RD Laing and A Esterson, 1982, Penguin Books Ltd, Middlesex, England

'We jumped off this line of reasoning at the beginning. In our view it is an assumption, a theory, a hypothesis, but not a *fact*, that anyone suffers from a condition called 'schizophrenia'. No one can deny us the right to disbelieve in the fact of schizophrenia. We did not say, even, that we do *not* believe in schizophrenia.'

Citizen X's auto-ethnographic memories



- ... Citizen X entered a secure mental health facility in the Northwest of England
- X had been interviewed at around 3am in the morning, after sleeping rough for a few days in London
 - X's behaviour had been erratic for a number of months, though one formal mental health assessment in the city had already concluded he needed support, not medication – and certainly no diagnosis was mentioned at any point
 - X was visited at home in London on one occasion by two mental-health workers, one of whom had a severe facial tic
 - Having arrived in London to look for work, X had been unable to achieve this latter goal



- As far as X was able to recall, the only people present at the early-morning assessment were the consultant psychiatrist, X's father, and X's father's GP and friend
- After assessing X for one or two hours, the decision was taken, with X's agreement, to place him under the jurisdiction of the secure mental health facility



- X was unable to explain why he thought organisations were tracking his movements and activities
- X has no memory of the next three days
- X's next memory was an informal chat one early morning, with a mental-health nurse who had a severe facial tic, and who assured him that he was entirely to blame for the situation he was in

- ... it was quickly made clear that X needed to be placed on anti-psychotic medication
- This was due to the nature of the diagnosis
- Some of the side-effects were explained, but at no time did a discussion take place as to whether medication could be avoided

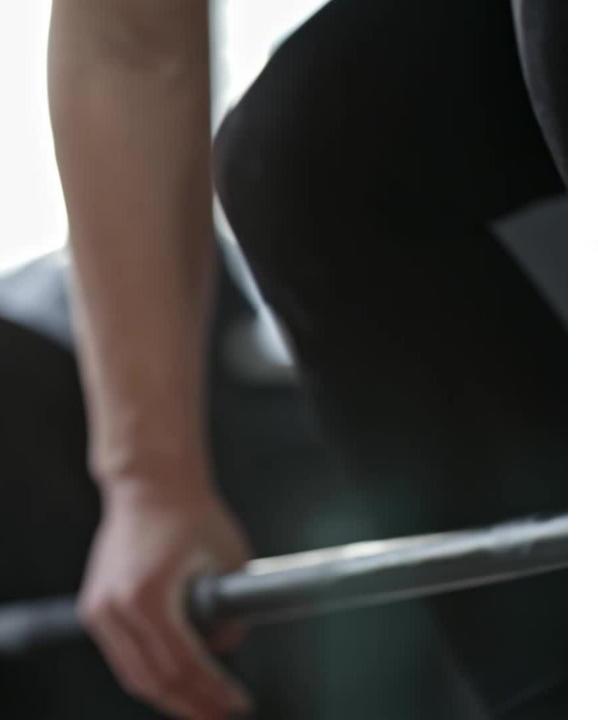


- Neither was it explained to X that anti-psychotic medicines can provoke epileptic fits
 - X had a prior history of epilepsy, diagnosed since the age of 10, though no evidence of a physiological basis had been found
 - At the time of the diagnosis under discussion, X was not taking anti-epileptic medication
 - Some years later, X would have a severe epileptic crisis just before making a long journey by car across Europe
 - It was only then when X discovered the incompatibility of the two medications

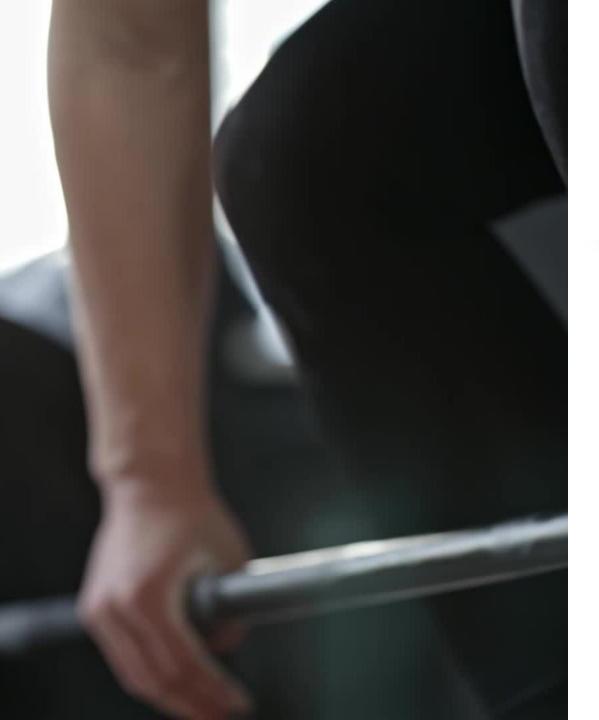


- Although the understanding X gained from the explanations of possible side-effects was limited, X was soon placed on the medication Olanzapine
 - This changed X's personality completely: from effervescent, open and excitable to almost zombie-like in demeanour, behaviour and attitudes

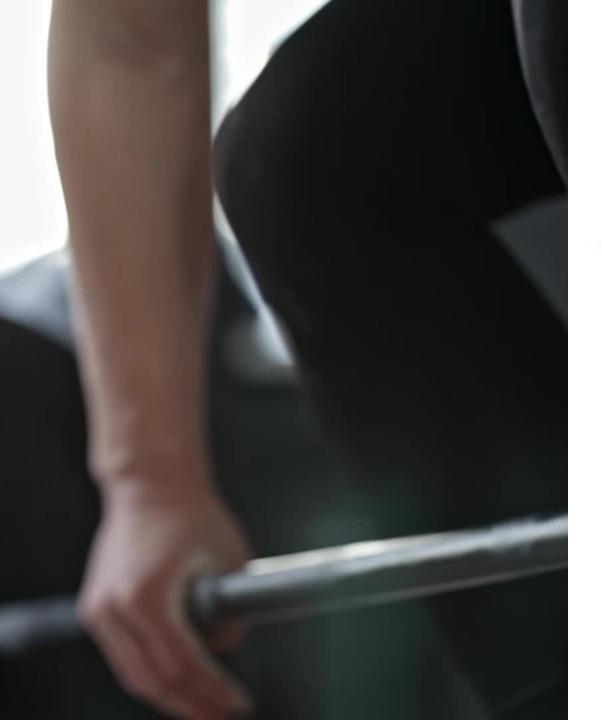




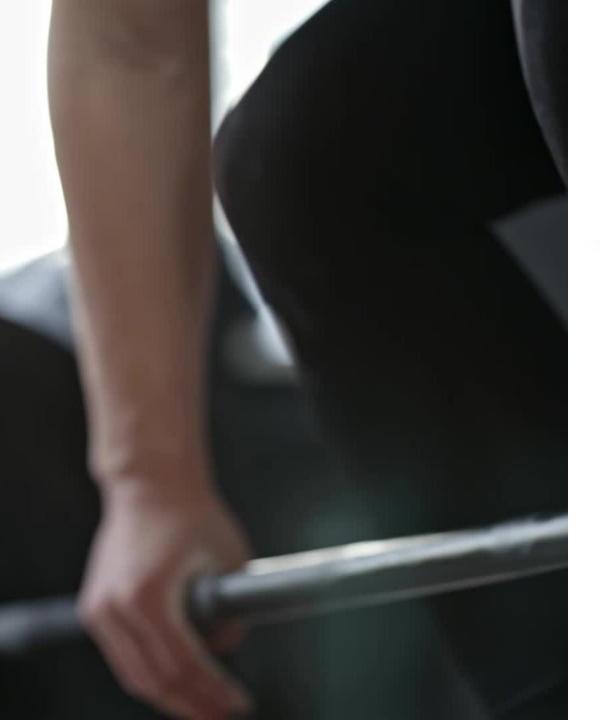
- ... Citizen X spent a month in the secure mental health facility
- In that month, X had his diet rigorously and usefully controlled, allowing him to positively lose weight and improve his physical health
- Regular exercise, twice a week, was performed in the facility's gym
- Group CBT was offered, and taken up



- X was assigned a social worker
- The social worker had a number of interviews with X: towards the end of his stay, she informed him that it would be impossible – given his diagnosis and current condition – for him to do more than two hours' voluntary work per week, for a minimum of one year



• The week after X was released from the secure mental health facility, he found employment with McDonald's, and worked regular shifts – driving to work every morning, and back home every endof-shift – without missing a single day of between 15 to 20 hours per week, and in a front-of-house capacity which involved regular interactions with all kinds of customers: adults, adolescents, children, etc



 Before X left the establishment for a job with Marks & Spencer, about a month and a half later, he was offered promotion to a higher level of responsibility and pay, with the clear aim of retaining him as a worker of the company

Citizen X: a tale of two outcomes In the summer of 2004 ...

- ... Citizen X somehow got involved (he doesn't remember exactly how any more) with the Community Channel and Channel 5, in a TV series about people with mental health issues, fronted by the journalist Jon Snow
- The TV series and wider project "Mad for Arts" – was sponsored by the Media Department of Tony Blair's New Labour government of the time



Citizen X: a tale of two outcomes In the summer of 2004 ...

- A short documentary, starring X, was filmed about his attitude to his diagnosis from the summer of 2003, in relation to a piece of architecture: the Imperial War Museum North by Daniel Libeskind
- The documentary suggested on the basis of a long interview carried out with X by the project's journalists – that his condition of mental ill-health/mental distress had in part been caused by his close online involvement as a regular blogger engaging with issues surrounding the leadup to the Iraq War in 2002 and 2003. The democratic trauma of the events in question, it was argued, had driven X towards psychosis
- The documentary was shown a number of times on TV



Citizen X: a tale of two outcomes In the summer of 2004 ...

- X had occasion at his home to show a copy of the documentary to a New Labour local councillor, who had been a police officer of long standing
- Some brief time after this showing, X's copy of the documentary disappeared from his house
- Although online evidence of other documentaries in the series still remain, no easily recoverable trace – even any reference in the Wayback Machine – of X's documentary has been found



Citizen X: a tale of two outcomes From the autumn of 2004 to July 2011 ...

- … Citizen X started working for a major bank, after a vetting period by a professional organisation external to the bank took place over a month or so
- X spent the next seven years at the bank



Citizen X: a tale of two outcomes From the autumn of 2004 to July 2011 ...

- X attempted to achieve promotion on a number of occasions
- X's mental health was challenged by events on two occasions, and the wider HR department proved supportive
 - X's own line manager suggested during one absence that it would be better that he did not return to work
 - On another, she assured X there would be no point in his applying for a new role because he had no chance of getting it



Citizen X: a tale of two outcomes From the autumn of 2004 to July 2011 ...

- By this time, X had a new consultant psychiatrist, who was much more sympathetic to his life history and background
- A new medication was found which appears, to this day, not to affect his behaviours in a negative manner
- Around 2009, X went to his GP, and asked for the diagnosis to be revisited
- The GP who X had always got on with very well made it clear in no uncertain terms, though in a very polite way, that the diagnosis was to stand



Citizen X: a tale of two outcomes Between July 2011 and December 2015 ...

- … Citizen X left the bank and set up in business as a self-employed worker
- This was due to major redundancy processes as a direct result of the 2008 banking crisis
- X was unsuccessful in his bid to become a businessperson able to finance his family and lifestyle



Citizen X: a tale of two outcomes Between July 2011 and December 2015 ...

- In 2015, X became involved in a number of projects relating to local journalism websites
- X was asked to make a presentation at a community journalism conference at a South Wales' university
- This X successfully managed to carry out
- By the end of 2015, however, X had fallen into a deep depression about life, his own wider abilities, and the direction of almost everything he touched





Citizen X: a tale of two outcomes In 2016 ...

- ... Citizen X started writing poetry
- X started taking photos
- X continued volunteering at a digital arts gallery in Liverpool
- X started driving a car again
- X started flying by plane after two decades of being terrified of the idea
- X put limitations on his extended and nuclear family, and their rights to determine what he did and felt
- X created a new definition of family which included those people he wanted to be with, and excluded those he did not feel comfortable with – whether they were blood relatives or not

Citizen X: a tale of two outcomes Since 2016 ...

- In September 2016, Citizen X started studying on an MA in Criminal Justice at Liverpool John Moores University
- To this day, therefore, X refuses to accept Dr Carl Littlejohns's diagnosing of him as paranoid schizophrenia
- He now realises and notes that Dr Littlejohns only handed over responsibility for Citizen X to another psychiatrist when the three-year deadline within which he could have been accused of clinical negligence had passed

Citizen X: a tale of two outcomes Since 2016 ...

- He also notes that in his own close family since 2003:
 - 2 cases of Aspergers/Level 1 autism have been assessed in adult and child in the last 15 years or so;
 - two cases of ADHD have been confirmed in the last two years, one being in a son and one in another almost-as-close family member;
 - autism and similar assessments have existed for some time in other adults on his mother's side;
 - and finally, some siblings currently unassessed are now actively exploring assessment on similar and/or related neurodiverse spectrums

Citizen X: a tale of two outcomes Since 2016 ...

- Finally, Citizen X has spent two and a half years working in residential young-adult autism during lockdown, and has a good inside knowledge of:
 - traits, behaviours, and signs of;
 - the differences between medicalisation and socialisation approaches to such matters;
 - the 2005 Mental Health Act which demands we assume capacity to the maximum extent in those enabled by our care, and always over and over;
 - as well as many other issues which in 2003 he had little informed idea about

Traditional psychiatry: mental health as illness, firmly located in the individual

Diagnostic criteria for schizophrenia as outlined in the DSM IV-TR

'A: Characteristic symptoms: Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):

- 1. delusions
- 2. hallucinations
- 3. disorganized speech (e.g., frequent derailment or incoherence)
- 4. grossly disorganized or catatonic behavior
- 5. negative symptoms, i.e., affective flattening, alogia (poverty of speech), or avolition (lack of motivation)

Note: Only one Criterion A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other.'



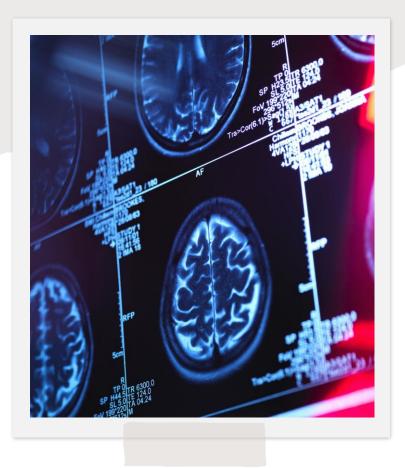
Diagnostic criteria for schizophrenia as outlined in the DSM IV-TR

'B. Social/occupational dysfunction: For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).

C. Duration: Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal (symptomatic of the onset) or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).'



Mental health as distress, firmly located in the environment



... Citizen X now asks you all to consider this issue:

 If Dr Carl Littlejohns, the diagnosing psychiatrist, had interviewed Citizen X's wife at the time of diagnosis, would the outcome have been different – both in terms of the diagnosis as well as the last twenty years of X and his family's life?



- ... that is to say, if Dr Carl Littlejohns had understood:
- that Citizen X and X's wife had both lost their jobs in 1999;
- that X had struggled for several years to earn any kind of sustainable living to pay his family's way, and felt his male identity challenged by his inability to earn a sustainable living;
- had retrained proactively in cooperatives and publishing;
- had been on the point of setting up an online publishing company with X's wife when X's wife's mother fell terminally ill, suffering slowly and painfully for six long months, and finally dying from a brain cancer X's wife's family had decided to keep a secret from her to the very end;
- had gone to London to find work to remake his family's long-term future;
- had manifestly failed at this task;
- had failed X's wife and children;
- had failed his own extended family's expectations;

would the above information have been enough in any way to change the initial and continuing diagnosis that early morning in the summer of 2003?

- ... Citizen X now asks you all to consider the following issues:
- Why was it felt necessary to interview X at the time he was interviewed, in the full knowledge that he was sleep deprived after a serious period of mental dysfunctionality in London? At that time, X showed a desire to cooperate with the authorities, as puzzled by his own situation as they were. X could easily have been interviewed the following morning, as he had first arrived that evening at the parental home.
- Why did the consulting psychiatrist feel able to diagnose X with paranoid schizophrenia when he always accepted the things he felt and saw had no rational explanation?

- ... Citizen X now asks you all to consider the following issues:
- Why, when asked "Why you?", was X's reply that he didn't know why he might be important enough to be surveilled – not seen as sufficient grounds to investigate the reality (or not) of what he had said had happened to him over the previous couple of years?
- Why wasn't it felt necessary ever to interview X's wife for her opinion on the background leading up to the period of mental ill health/mental distress?

... Citizen X now asks you all to consider the following issues:

- How did the documentary, which contextualised X's diagnosis in terms of the Iraq War, disappear from his home – and why did it happen so soon after X had shown it to a local ex-police officer, highly sympathetic to the New Labour government's politics and policies?
- Why did X's GP later say the diagnosis could not be revisited?

... and in *hindsight*, Citizen X now asks you all to consider the additional following issues:

- In 2013, Edward Snowden revealed that Western democratic citizens were being surveilled, tracked and watched, with the assumption no longer that they were innocent until proven guilty, but that guilt was the default setting of all humanity
- Why did psychiatry not then adjust its criteria for diagnosing paranoid schizophrenia to factor in a new reality only then revealed which might still be exposing *in particular in respect to neurodiverse people*, and especially the unassessed, to false and inappropriate diagnoses?

... and in *hindsight*, Citizen X now asks you all to consider the additional following issues:

- In 2018, a Chester GP, Dr Anthony Bland GP, one of the three men instrumental in improperly diagnosing and incarcerating X in 2003 as described earlier in this presentation, was sentenced to 20 months in prison for collecting thousands of extreme photos and images of child pornography
- The sentence was suspended by the judge
- He was able to continue life as free man in a way X feels he has never been quite able to since 2003
- In 2003, he had been a friend of one of the other two men responsible for enabling the diagnosis: X's own father

- ... and in *hindsight*, Citizen X now asks you all to consider the additional following issues:
- As already touched upon earlier in this presentation, since Citizen X's own improper diagnostic experience back in 2003 which Dr CL; and then around 2009 with his own GP reaffirming without explanation the original diagnosis; and then again in 2016 when he asked his Chester MP of the time to reopen his case, only for:
 - The MP to instead advise the hospital Citizen X needed more therapy, and
 - The hospital to discover it was unable to find any trace of Citizen X's in-patient or outpatient medical records since 2003



Citizen X now therefore feels everything has been done to cover tracks in the misuse of #mentalhealth legislation to deliver #security and #lawenforcement ends in an easier way than the #criminaljustice route would have provided.



Hypothesis 4: you are not to blame



'With overstimulated aspirations and expectations, the entrepreneurial fantasy society fosters the delusion that anyone can be Alan Sugar or Bill Gates, never mind that the actual likelihood of this occurring has diminished since the 1970s. A Briton turning 20 in 1978 was more likely than one doing so in 1990 to achieve upward mobility through education. Nonetheless, in the Big Brother/It Could Be You society, great swathes of the population believe they can become rich and famous, and that it is highly desirable.'

Oliver James, writing in the Guardian newspaper in 2008

 <u>https://www.theguardian.com/comme</u> <u>ntisfree/2008/jan/03/comment.mental</u> <u>health</u>



'This is most damaging of all the ideology that material affluence is the key to fulfilment and open to anyone willing to work hard enough. If you don't succeed, there is only one person to blame - never mind that it couldn't be clearer that it's the system's fault, not yours.'

Oliver James, writing in the Guardian newspaper in 2008

 <u>https://www.theguardian.com/comme</u> <u>ntisfree/2008/jan/03/comment.mental</u> <u>health</u>



'[...] Colin Crouch claims in his book 'Post-democracy' (Crouch, 2004) that developed countries enjoy only pseudo-democratic regimes as they lack truly representative elections. Crouch considers that this evolution is due to the relative impoverishment of the workforce and labor unions after the seventies as a main cause of this situation.'

> Torija, P. (2013). *Do Politicians Serve the One Percent? Evidence in OECD Countries* (Report No. 2013-04). London, UK: City Political Economy Research Centre (CITYPERC), Department of International Politics, City University London

<u>http://openaccess.city.ac.uk/2114/</u>



Another researcher Slavov Žižek, suggests that ecological disasters are not the only occurrences that may be used to impose the rule of the economic elite, as theorized by Naomi Klein (Klein 2007). The economic crisis itself can be instrumented to set economic rules which favor the interests of the richest (Žižek 2009).'

> Torija, P. (2013). *Do Politicians Serve the One Percent? Evidence in OECD Countries* (Report No. 2013-04). London, UK: City Political Economy Research Centre (CITYPERC), Department of International Politics, City University London

<u>http://openaccess.city.ac.uk/2114/</u>



Sanity, Madness, the Family and Society: a flashback to DSM IV-TR From DSM IV-TR (the highlighted sections are ours):

'B. Social/occupational dysfunction: For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).'



So what if ...?

Sanity, Madness, the Family and Society What if ...?



... psychiatric disorders - as defined by the various DSM editions over the years – are being used, intentionally or no, to medicate, stigmatise, section and control certain classes and types of individuals, without reference to changing sociocultural, economic, security and political circumstances and paradigms that might affect the validity of such diagnoses ...

Sanity, Madness, the Family and Society What if ...?



... whether such changes be natural, inevitable, opportunistic and random

as one might assume some thinkers and practitioners on the right would prefer to argue
or deliberate,
intentioned and designed
to oppress, as described in the studies by Torija, Crouch,
Klein and Žižek ...?



From the back cover of RD Laing and A Esterson's book "Sanity, Madness and the Family":

 'To prepare this human and readable report Drs Laing and Esterson conducted and recorded (on tape) a series of interviews, during a period of five years, with eleven patients who had been authoritatively diagnosed as "schizophrenic": the novel aspect of their investigation was that parents and relatives of the patients, in all possible combinations, were drawn into these interviews.'



From the back cover of RD Laing and A Esterson's book "Sanity, Madness and the Family":

 'In this way the authors dramatically exposed the cross-currents of affection, hatred, and indifference within the family, frequently displaying the ugly sight of children being brainwashed by parents.'



From the back cover of RD Laing and A Esterson's book "Sanity, Madness and the Family":

 'Their study throws doubt on the traditional view of schizophrenia as an illness with specific symptoms and its own pathology: it suggests rather that some forms of madness may largely be social creations and many of their symptoms no more than the tortured ruses of people struggling to live in unliveable situations.'



Let's just reread that highlighted section again:

 '[...] some forms of madness may largely be social creations and many of their symptoms no more than the tortured ruses of people struggling to live in unliveable situations.'

Citizen X's final auto-ethnographic speculations



What could have produced the diagnosis that Citizen X underwent – and has laboured under for the past twenty years?

Citizen X suggested:

- that his mobile phone was being tapped whilst he was living in Spain and the month he spent in Croatia in November 2002;
- that he was placed under surveillance whilst in Croatia, and was followed on his coach journey back;
- that his PC and laptop were intervened on numerous occasions, before and after the time he was in Croatia;
- that his landline services in Spain were deliberately damaged and degraded on various occasions, so making it difficult for him to access the worldwide web whilst volunteering online.



What could have produced the diagnosis that Citizen X underwent – and has laboured under for the past twenty years?

The question Citizen X was never able to answer effectively, however, and which allowed the consultant psychiatrist to diagnose him definitively as deluded, was why he was important enough for all these things to really be taking place.

Ten years later Edward Snowden confirmed the existence and long-time practice of total, global and pervasive surveillance, impacting the privacy and lives of every Western democratic citizen:

 <u>http://mashable.com/2014/06/05/edward-snowden-</u> revelations/#aJVR2SCc3Pq8



What could have produced the diagnosis that Citizen X underwent – and has laboured under for the past twenty years?

You don't have to be special, different or dangerous to be placed under pervasive – and perhaps sanitythreatening – surveillance.

Because for someone to then be able to incarcerate you for being paranoid, you only have to be a **national of a democratic nation-state**.

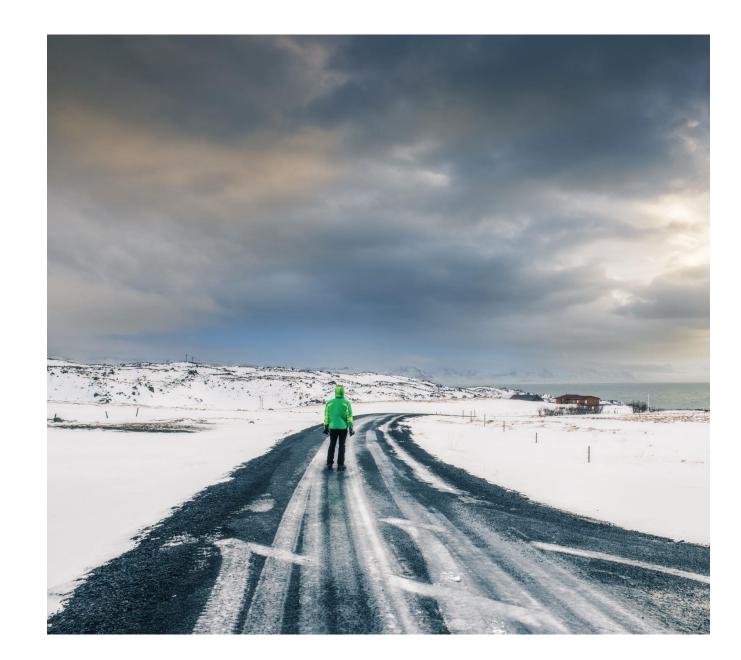
The million dollar/pound/euro sanity-threatening question ...!

Where, then, does all this leave Citizen X's diagnosis of paranoid Schizophrenia?

OHOH

And more importantly, after Snowden and other radical changes in our shared sociocultural paradigms – and in the absence of any obvious response or changes in psychiatric socioeconomic and security presumptions re criteria for diagnosis and assessment of the unassessed neurodiverse in particular - where does this now leave us ...?

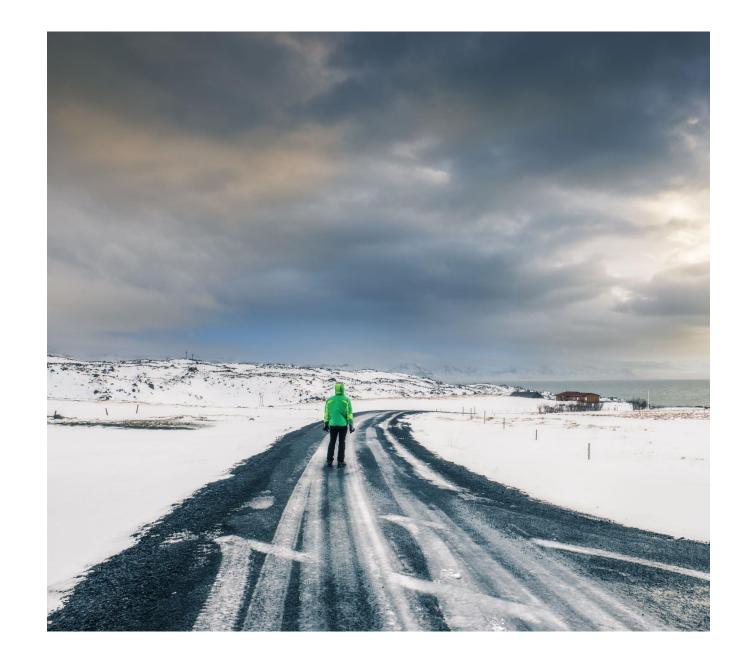




What do we think?

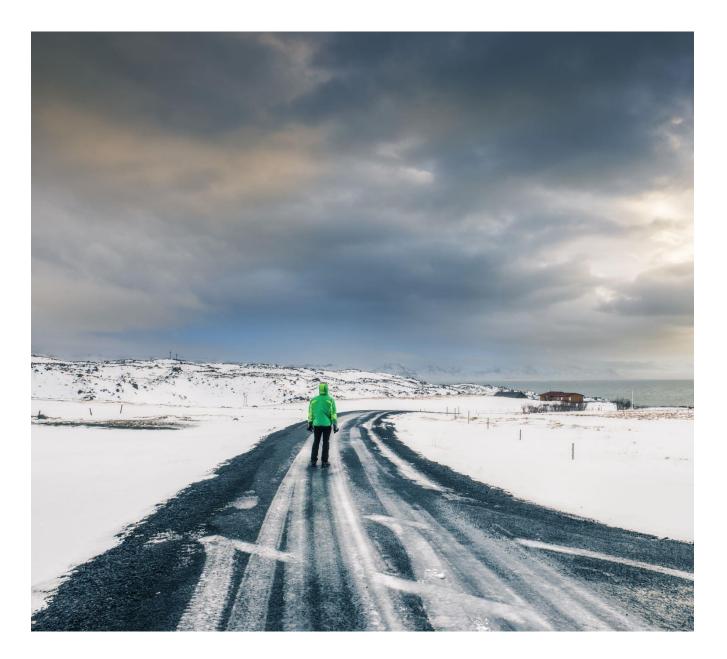
With maybe hundreds of thousands of other historically improper diagnoses of mental ill health across the Western world?

Which simply were ...



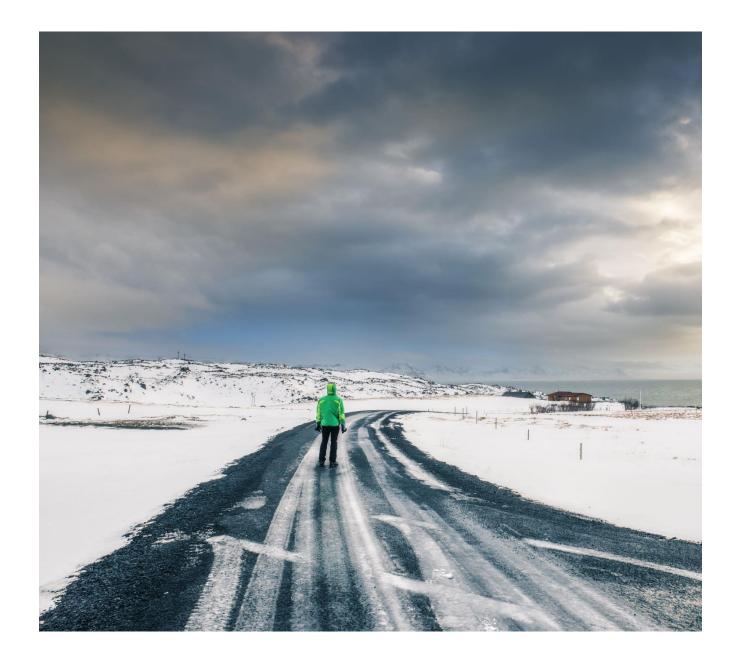


... unassessed neurodiverse citizens with particularly special innate and inherent human abilities to detect when they were being watched in hyper-covert ways ...





... and by nationstate *and* private-sector actors both ...

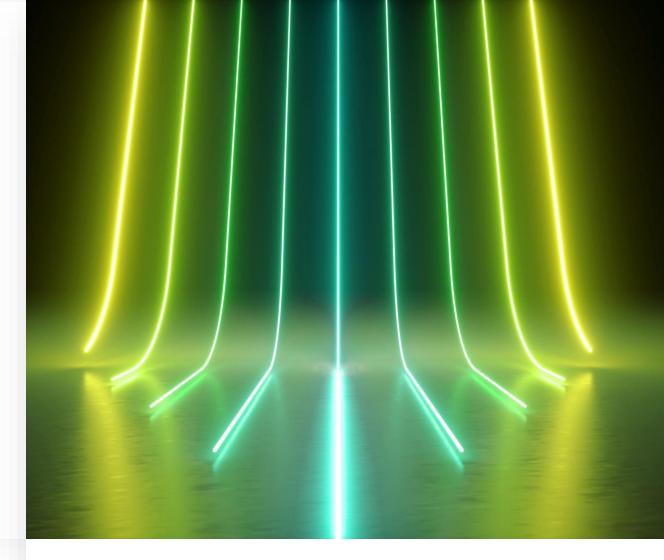




Appendix: a footnote to reiterate the first verions of Citizen X's original 2003-2017 story

Since this PowerPoint was first completed in 2017, during Citizen X's Criminal Justice MA at Liverpool John Moores University, Liverpool UK, it has come to light that one of the three men who was responsible for incarcerating him – a Chester UK General Practioner – was under investigation in 2017-2018 for extreme child-porn crimes.

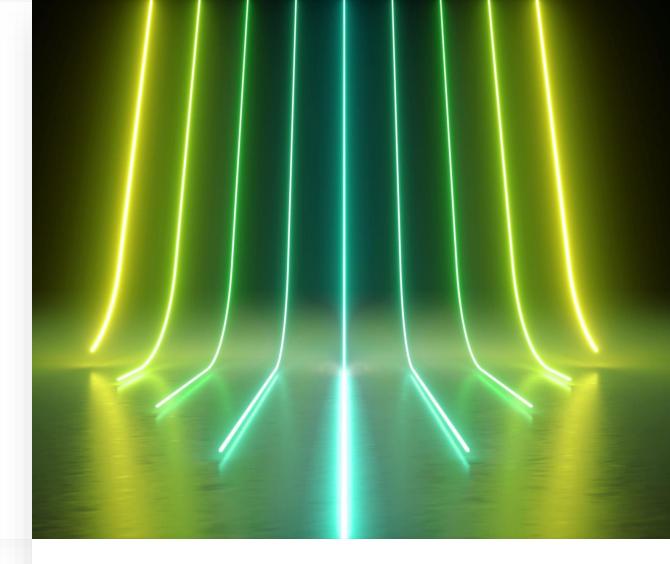
He was duly convicted in early 2018 and the judge handed down a prison sentence of just 20 months. This sentence was then suspended, and the GP in question was free to continue his life.





The second of the three men who incarcerated Citizen X was – coincidentally – a close friend of this GP.

He also happened to be Citizen X's father.

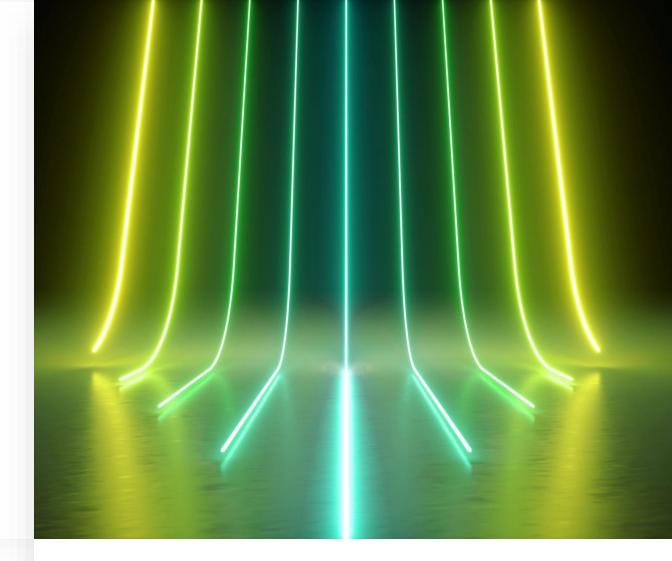




Finally, in late 2016, Citizen X had asked his local Chester UK MP to reopen the diagnosis into his case. In order to achieve this goal, he requested that the MP help him obtain his medical records of the time.

The MP sent a letter to the local hospital, asking for the records but also – instead of expressing Citizen X's anger – firmly suggesting Citizen X receive further treatment.

No medical records were found.



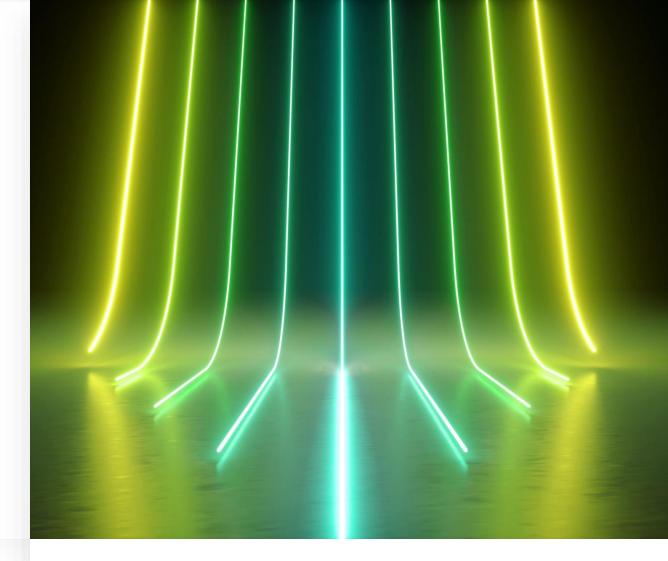


Only this year of 2020 was Citizen X to be given electronic oversight by the English NHS to the relevant medical records.

This was on Citizen X's request to a new GP surgery he moved to, after returning to Chester from living in Liverpool.

The diagnosis of his paranoid schizophrenia as laid out in 2020 was simply not compatible with the story told in 2003.

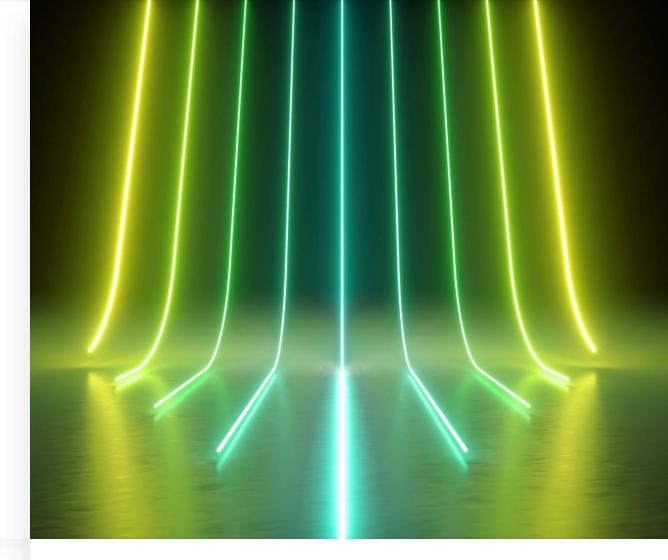
It was described as NOS: "not otherwise specified".





In Citizen X's final judgement, this shows quite clearly how mental health legislation can be employed to achieve security and criminal justice ends.

The fight must go on, surely: now, not mainly for his own interests but, rather, for the wider health of our shared and common concepts of Western democracy and related.





Finally: a proposed deliverable, very dear to Citizen X's heart

let's fight #cognitivewarfare #together



Citizen X: a tale of two outcomes On #cognitivewarfare...

In the next two slides I give an overview of Citizen X's autoethnographic – ie, lived experience – of being the subject of psychological warfare, which is now commonly called #cognitivewarfare, in the streets of every country he has been to for most of his adult life.

But in a digital century, it's not just in the streets, in public spaces, and on public transport. Cheap mobile phone technologies, others devices, apps and so forth make it easy for any grouping to track any individual, whatever they might try to do to protect themselves.

And it's often in the interests of technology corporations and nation-state actors, especially homeland and foreign security, to have naturally sensitive and perspicacious individuals ringfenced illegitimately by private citizens and organisations. One job less to do.

In this way, such individuals then *have* to focus on a de facto state of survival. Their otherwise inconvenient truths are the very last they can focus on.



Citizen X: a tale of two outcomes On #cognitivewarfare...

In the light of recent events, Citizen X feels a kind of #cognitivewarfare *had* been conducted all this time against him by big-tech and UK homeland-security interests both, the latter *undeniably* choosing to misuse #mentalhealth legislation to achieve security ends much more easily

- On repurposing #mentalhealth legislation for security ends:
 - <u>https://betterbizmecouk.files.wordpress.com/2023/07/schizophrenia-and-the-crimes-of-the-powerful-finalversion-appendix.pdf</u>
- On a tech-driven longitudinal gaslighting:

Neo-terrorism on the individual (text version):

 <u>https://betterbizmecouk.files.wordpress.com/2023/07/neote</u> rrorism_on_the_individual_and_western_democracy_16267 03915.pdf

Neo-terrorism on the individual (slide-deck version):

<u>https://betterbizmecouk.files.wordpress.com/2023/03/pdf-neoterrorism-westerndemocracy-stockholm-13022023.pdf</u>



Citizen X: a tale of two outcomes On #cognitivewarfare...

Here you can find a narrated slide-deck on the subject of what is now called the #cognitivewarfare domain, as well as related matters.

It is what I have been calling, since around 2017-2018, #neoterrorismontheindividual:

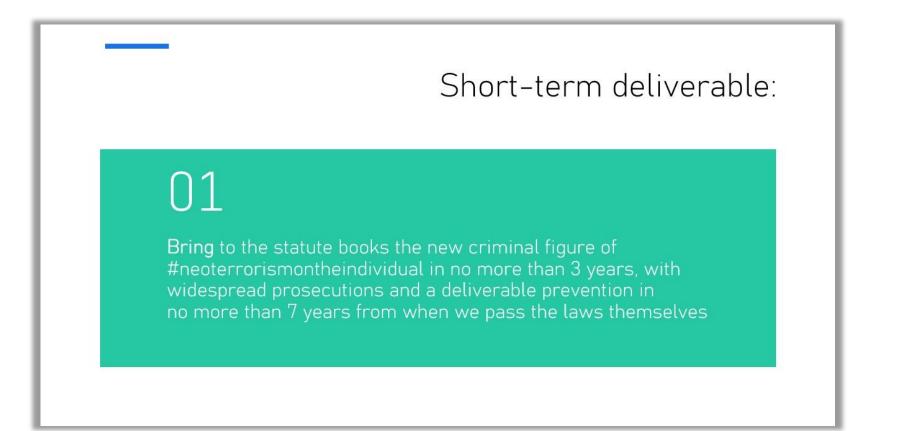
<u>https://youtu.be/pTyEZQmUs08</u>



#neoterrorismontheindividual: a new legal figure to protect and expand Western democracy and related

let's fight #cognitivewarfare #together

The outcome I would like us to achieve with this presentation, in order to begin to deliver healthy Western-style and related democracies again





Short-term deliverable:

01

Bring to the statute books the new criminal figure of #neoterrorismontheindividual in no more than 3 years, with widespread prosecutions and a deliverable prevention in no more than 7 years from when we pass the laws themselves

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