



CASE REPORT

# The Unwelcome: An Experience Report of an Adult with Multiple Mental Disorders in Higher Education

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## ABSTRACT

This article outlines the experience reported in the Pioneer Case of an adult law student with multiple mental disorders seeking their rights. The disorders and their respective interrelationships are explained to be considered disabilities according to the Brazilian Inclusion Law (LBI, BRAZIL, 2015). The objective of the work was to show the reality of a Law student who has Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Generalized Anxiety Disorder (GAD), Depression, Bipolar Disorder, and Borderline Personality Disorder in a Brazilian public university that excludes and persecutes him for asserting his rights as a person with a disability. The guiding question is whether Brazilian higher education, especially public institutions, is concerned with the mental health of its students, in this case, its students with mental disorders. The conclusion emphasizes that it is essential to enforce laws and public policies related to the inclusion of People with Disabilities (PwD). The Pioneer Case proves that even with clear laws in Brazil, they are not being enforced.

**Keywords:** Pioneer Case; PwD (People with Disabilities); Inclusion; Human Dignity; Public Policies.

## Introduction

This scientific article portrays the academic experience of an adult man in higher education who does not have the rights to necessary adaptations and assistance for his mental and psychosocial condition as stated in the law. The adult was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) in childhood between the years 1999 and 2000, who was already suspicious of having Autism Spectrum Disorder (ASD), then confirmed in 2021, along with Depression. In 2022, three more diagnoses were made: Generalized Anxiety Disorder (GAD), Bipolar Disorder, and Borderline Personality Disorder.

With the explanation that will be provided in the next subtitle regarding the mental disorders affecting the disabled adult described in this article, the aim of the work was to show the reality of a law student who has Autism Spectrum Disorder (ASD), ADHD, Generalized Anxiety Disorder (GAD), depression, bipolar disorder, and Borderline Personality Disorder in a Brazilian public university that excludes and persecutes him for asserting his rights as a person with a disability. The guiding question is whether Brazilian higher education, especially public institutions, is concerned with the mental health of its students, particularly those with mental disorders?

### EXPLAINING THE DISORDERS AFFECTING THE DISABLED ADULT

Therefore, defining ADHD, this disorder is characterized by lack of attention, motor hyperactivity, and who has it, also has difficulties in social interaction. It is also characterized by impulsivity. The first descriptions of this disorder date back to the early 20th century. Namely: The first descriptions of this disorder were made in 1902 by the English physician George Frederic Still (1868-1941), who was a pediatrician, wrote medical books, and published several articles in this field of knowledge. At that time (1902), this disorder was called Still's Disease or "defect of moral control." Around 1932, German doctors Franz Kremer (1878-1967) and Hans Pollnow (1902-1943) began using the term "hyperkinetic disease of childhood" to describe the disorder in children with concentration and conduct problems.<sup>1</sup>

ADHD, which has descriptions dating back to the 18th century about inattentive people brought to light by Sir Alexander Crichton in 1798, though without a diagnosis at the time, can also occur with several other disorders, including all the disorders discussed in this article through the Pioneer Case. One of these disorders is Autism Spectrum Disorder (ASD), whose individuals are commonly referred to as Autistic due to having autism. The word Autism comes from the Greek, where "autos" means "self" and the suffix "ism" means a "state or action." Combining these two parts, we have that a person with Autism Spectrum Disorder (ASD) is Autistic, and Autism means "turning to oneself" <sup>2</sup>

The term Autism was first used in 1906 by the Swiss psychiatrist Plouller. The term Autism only entered in the medical literature in 1911, by the Swiss psychiatrist Eugen Bleuler (1857-1939), to describe people who had difficulty in interpersonal relationships, thus tending to isolation. At that time, people called autistic were usually treated as schizophrenics.<sup>2</sup>

Autism has three degrees: mild, moderate, and severe. In the mildest case, which is the one treated in the Pioneer Case, this disorder causes difficulty in interpersonal relationships, difficulty in making eye contact, sensitivity to bright lights, smells, and foods. Also, the adult described, who shared his experience in this article, has difficulty controlling motor impulses in the hands, wrists, arms, and forearms when they are about to occur, such as when this adult is excited about something. At the same time, when the adult is around close family members, like his mother, he repeatedly says words and phrases and sometimes shouts, which has also happened in public.

Alongside Autism, in the Pioneer Case, there is also the presence of Generalized Anxiety Disorder (GAD), which Augusto Cury (2013) describes as Accelerated Thought Syndrome (ATS) through the answers to five questions. These questions and their respective answers are:

**Why do many people wake up fatigued?** Because they spend a lot of energy thinking and recovering during wakefulness. Sleep ceases to be restorative and cannot replenish energy at the same rate.<sup>3</sup>

**And the physical symptoms, why do they appear?** When the brain is worn out, stressed, and lacks energy replenishment, it seeks shock organs to alert us. At this moment, a series of psychosomatic symptoms, such as headaches and muscle pain, appear, representing the cry for help from billions of cells pleading for us to change our lifestyle. **But who listens to their body's voice?**<sup>3</sup>

**And forgetfulness? Why have we become an audience of people with memory deficit?** Because our brain is wiser than our Self. Realizing that we do not know how to manage our thoughts and live exhausted, the brain uses instinctive mechanisms that block memory windows to conserve more energy.<sup>3</sup>

All these symptoms of Accelerated Thought Syndrome (ATS) (CURY, 2013) are related to anxiety. According to Cury (2013), ATS has, in addition to these symptoms, sixteen symptoms that can be observed in an individual who has it. The symptoms are:

Anxiety; Restless or agitated mind; Dissatisfaction; Excessive physical fatigue, waking up tired; Suffering from anticipation; Irritability and emotional fluctuations; Impatience, everything has to be fast; Difficulty enjoying routine (boredom); Difficulty dealing with slow people; Low tolerance for frustrations (small problems cause significant impacts); Headache; Muscle pain; Other psychosomatic symptoms (hair loss, tachycardia, increased blood pressure, etc.); Concentration deficit; Memory deficit; Sleep disorder or insomnia.<sup>3</sup>

To scientifically conclude the topic of anxiety, Cury (2013) states that the most dedicated and efficient people are often highly stressed. Thus, some of the causes of ATS, which is closely linked to anxiety, include excess of information, excess of activities, excess of intellectual work, excess of worries, excess of demands, excessive use of cell phones, and excessive use of computers.<sup>3</sup>

Having finished describing anxiety, another disorder that

affects the adult in the Pioneer Case is Bipolar Disorder. This disorder is characterized by mood swings in those who have it.

It began to be described in the 1st century A.D. by the Greek physician Aretaeus of Cappadocia, who lived in Alexandria. He was responsible for writings that are considered fundamental to this day for manic-depressive syndrome. At the same time, he identified a link between the "mania" and "melancholy" characteristic of Bipolar Disorder. Despite his efforts 2000 years ago, studies on bipolarity only regained prominence in the 19th century A.D. with the French psychiatrists Jean-Pierre Falret and Jules Baillarger.<sup>4</sup>

Currently, in the 21st century, bipolar disorder is characterized by the alternation between episodes of depression and episodes of mania or hypomania, interspersed with periods of "normality" during which the patient resumes their usual behaviors.<sup>4</sup> Mania means euphoria, and hypomania is milder than mania but still noticeable.

There are three types of bipolar disorder, namely:

**The first type**, Bipolar Disorder Type I, is characterized by the occurrence of one or more manic episodes, where the individual experiences extreme euphoria, elevated mood and self-esteem, or intense irritability. These exaggerated changes in behavior may be followed or preceded by hypomanic or depressive episodes.

**The second type**, Bipolar Disorder Type II, is the most common and is characterized by one or more hypomanic episodes and one or more depressive episodes, regardless of the sequence in which both episodes occur—the hypomanic episode may precede or follow the depressive episode or vice-versa.

**The third** and final type, Cyclothymic Disorder or Cyclothymia, is characterized by the presence of mild hypomanic and depressive symptoms, not sufficient to constitute a full hypomanic or depressive episode. These symptoms persist for at least two years—or one year in the case of children and adolescents—during consecutive periods that do not present a longer interval of inactivity than two months.<sup>4</sup>

Bipolar disorder does not only involve mood changes. There are also rarer cases where bipolar disorder in its manic phase manifests with psychotic symptoms, such as hallucinations and beliefs of being chased up.<sup>4</sup> At the same time, manic and hypomanic phases may not always have significant intensity or duration. Another aspect of bipolar disorder is that it can be induced by medication.<sup>4</sup>

Having explained bipolarity, which the adult in the Pioneer Case likely has as Bipolar Disorder Type I, we now turn to another pathology affecting the same adult: Depression. This condition has been reported since before Christ.

Between 460 and 377 B.C., the Greek physician Hippocrates described a case of a woman suffering from severe melancholia, accompanied by insomnia and weight loss, which are signs of depression.<sup>5</sup>

According to Lopes (2019), from a psychological perspective, depression manifests in individuals when they experience significant losses, such as the death of a loved one (p.7). The author summarizes depression as a psychic disorder with characteristic signs, which are defined by the historical periods and locations in which it is studied and also by the preferences of the authors and the adopted viewpoints (p.8-9).

According to the author,<sup>5</sup> there are several types of depression. These include: Melancholic Depression, Catatonic Depression, Seasonal Depression, Mild Depression, Moderate Depression, Severe Depression, Psychotic Depression, Atypical Depression, Postpartum Depression, and Reactive Depression.

In order to not explain all of them here, the focus is on the two types of depression that affect the adult in the Pioneer Case, Moderate Depression and Atypical Depression, as follows:

**Moderate Depression:** In addition to the recurring loss of energy seen in mild depression, there is functional and social impairment, although it is not completely disabling. It is generally considered a progression from inadequately treated dysthymia or a dysthymia that becomes chronic. It is important to monitor the duration of the illness, as depression lasting more than two years is classified as moderate and can potentially lead to more serious issues.<sup>5</sup>

**Atypical Depression:** Common symptoms of this type include moodiness, pronounced fatigue, increased body mass, and appetite. This version of the illness is typically characterized by individuals with extreme sensitivity, who often feel rejected by others. It is also frequently associated with bipolar disorders.<sup>5</sup>

The adult in the Pioneer Case has had depression since adolescence, with functional impairment always being a persistent issue that he has tried to address without effective success. There was a time when this depression was less pronounced, which was when he worked as a basic education teacher. Teaching and interacting with his students helped alleviate the symptoms of his depression.

However, when his job was taken away due to the attitude of a school director who chose to embarrass him in front of his colleagues instead of addressing the situation privately, he impulsively resigned. This led to severe anxiety crises, hoarding objects in his room, increased body mass, and worsening mood, which exacerbated his Morbid Obesity Grade III and made him pre-diabetic. This situation was further aggravated by a director from one of Brazil's oldest law schools, the oldest in the southern part of the country, who acted irresponsibly by forcibly removing him from law classes, contrary to a court order that mandated her and the university to enroll him in the courses and provide the necessary assistance. This resulted in him experiencing crisis episodes in the previous semester, leading to failure in almost all his subjects.

To conclude the discussion on this adult's conditions, we now address Borderline Personality Disorder, which encompasses all the previously described pathologies

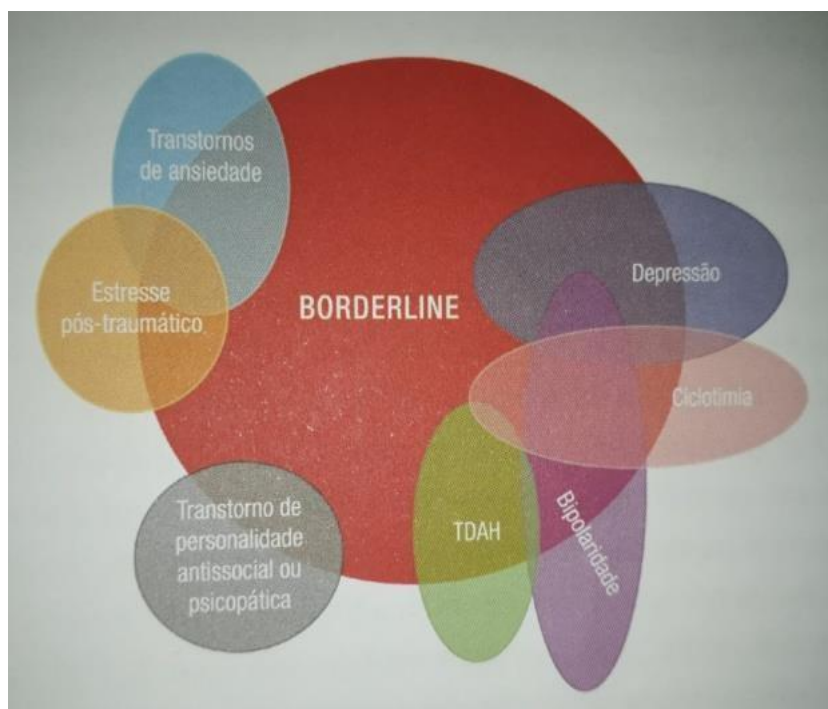
and is often confused with them. To describe this personality, we refer to the following characterization by Brazilian psychiatrist Ana Beatriz Barbosa Silva (2018):

Broadly speaking, personality is a set of patterns of thoughts, feelings, and behaviors that a person displays throughout their existence. It is the result of the dynamic interaction between what we inherit genetically from our parents (temperament) and the experiences we acquire throughout our lives (character). Genetic factors are fundamental to the formation of our personality, but our interpersonal experiences and the environment in which we are immersed also influence the person we become day by day.<sup>6</sup>

As mentioned (SILVA, 2018), personality is complex and influenced by both genetics and the social environment in which an individual is situated. Thus, no two human beings are exactly alike; no two individuals with autism are

alike, no two individuals with ADHD are alike, no two anxious individuals are alike, no two individuals with bipolar disorder are alike, no two individuals with depression are alike, and likewise, no two individuals with Borderline Personality Disorder are alike. With this explanation, we now turn to the explanation of Borderline Personality Disorder.

The term 'borderline' is an English word that means 'bordering,' 'limit,' or 'margin'.<sup>6</sup> In individuals with Borderline Personality Disorder, they often cross the boundaries of emotions and other mental disorders previously discussed in this article, such as ADHD, anxiety, depression, and bipolar disorder.<sup>6</sup> Thus, symptoms can often overlap and become confused. In the case in question, the Pioneer Case, there is also the presence of autism among the diagnoses this adult has. According to Silva (2018), Borderline Personality Disorder has the following intersections with other disorders:



Source: Ana Beatriz Barbosa Silva and Lya Ximenez, 2018, p. 21.

To avoid being lengthy, individuals with Borderline Personality Disorder are dependent on the approval of others and often, in order to be accepted and to feel better about themselves, they end up living the life of another person and struggle to handle potential rejections. They exhibit characteristics of various disorders. Therefore, professionals who contribute to their accurate diagnosis (neuropsychologists, psychologists, and psychiatrists) must pay close attention to the details.

The LBI (Brazilian Law of Inclusion) outlines in its Article 2 what is required for a person to be considered a PwD (Person with Disability). Here is the excerpt:

Article 2. A person with a disability is defined as someone who has a long-term impairment of a physical, mental, intellectual, or sensory nature, which, in interaction with one or more barriers, may obstruct their full and effective participation in society on an equal basis with others.<sup>7</sup>

This article also clarifies how the LBI addresses physical, mental, and/or intellectual barriers, specifying the

necessary adaptations required for each case of disability. Thus, not only must equality be present in all environments, such as education (from nursery to post-doctoral levels), but also equity, meaning the necessary adaptations for people with disabilities to compete on equal terms with people without disabilities.

### Methodology

For this scientific article, the research method used was autobiographical research, as it involves the experience of a music teacher with a disability who encountered barriers in some musical spaces he passed through. Autobiographical research, in this case, autobiographical research in education, is based on the life experiences of a teacher in his attempt to be hired for the position of Music Teacher in a Brazilian municipality. Thus, Souza and Passeggi (2011) state the following about autobiographical research:

Biographical and autobiographical research in education focuses on the interpretation of those who construct/live the story. In this sense, it has a particular interest in the (auto)biographies of educators and the processes of

biographization of teachers in training, but also of children, youth, and adults.<sup>8</sup>

In this context, regarding the assumptions of autobiographical research, the authors (Souza & Passeggi, 2011) state that: It acknowledges that these narratives reveal the relationships between educational actions and educational policies, between individual histories and social history.<sup>8</sup> Concerning the autobiographical research approach, it is qualitative according to Souza and Passeggi (2011):

Its epistemological principles are therefore aligned with qualitative approaches, which recognize the margins of resistance of the subject and acknowledge that in the act of narrating their story, instabilities and uncertainties become reflected experiences. It is precisely these experiences and margins of maneuver that allow for the proposal of a differentiated approach to education and training.<sup>8</sup>

Regarding the notions of this research, the authors express that there are two facets of this research: the facet of existential experience and the facet of interpretation. Namely:

Two notions can be placed at the center of these discussions: that of existential experience, as it pertains to the subjectivity of the narrator, and that of interpretation, as it implies opinions, beliefs, and values in the understanding of the reported events, both on the part of the subject narrating their story and on the part of the researcher who gives meaning to these lives to make history.<sup>8</sup>

Finally, the objective of autobiographical research, according to the authors, is:

Its objective is therefore to present diverse concepts and epistemological and methodological issues of research using (auto)biographical sources and, more specifically, regarding the connections between training practices and teaching work.<sup>8</sup>

For this report of experience, which involves the experience of a person who contributed to the research, the other method choice was the case study (GIL, 2002) was adopted, as the aim was to deeply analyze a Brazilian case where an adult with disabilities faces significant barriers imposed by the university where they are enrolled in a law course.<sup>9</sup> This university had the support of part of the Federal Justice of Brazil, the Federal Public Ministry, and the Federal Police in their actions of exclusion against this adult with multiple disabilities. Thus, the case presented, without identifying the adult—hence no ethical committee approval was sought as the adult's characteristics were not disclosed in a way that would identify them through this text—is called the Pioneer Case. Likewise, the institution in question was also not identified.

As an approach, the research focused on quality rather than quantity. Thus, the research was based on analyzing these data with the aim of understanding their meanings.<sup>10</sup> As for data analysis, the author was guided by the content analysis of Laurence Bardin (1977).<sup>13</sup> Thus, adapting Bardin's (1977) approach, which utilizes the treatment of messages and what is evident and what is not evident in these messages, the author, for the present

article, sought to analyze both evident and non-evident (covert) data clearly in his experiences as a person with a disability, as well as the barriers he faced.

For data analysis, the author utilized their personal and professional knowledge and experiences with individuals who have Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Generalized Anxiety Disorder (GAD), Bipolar Disorder, Depression, and Borderline Personality Disorder. Therefore, the methodology for evaluating the collected data in the research was based on the concepts and understandings of the author as a specialist.

## The Pioneer Case

*Pioneer*, translated from Italian to English, means 'the first on any field.' The name 'Caso Pioneer' was chosen because one of the professors in the law course referred to this adult as a pioneer for questioning his authority when the adult challenged his teaching methodology and class materials, which were not suitable for their learning needs (disability). For instance, an adult with ADHD who struggles to focus on what needs to be focused on at that moment. What this professor, who accused the adult with a disability of questioning his authority, which for this adult is indeed questionable, might not realize is that this adult is truly a Pioneer. This is because he descends from a European family whose surname was altered by some notaries upon arrival in Brazil, a common practice in the 19th century and the first half of the 20th century. Additionally, his pronunciation has been transmitted through family oral history in more than one form (Pioneer and Piõneer).

Since this involves a person with a disability, the case has been treated as a 'confidential matter,' where the identity of this person and the institution they study at will not be revealed. When this adult student entered the law course at this institution, they encountered a series of barriers, both during a previous undergraduate course where they did not feel comfortable disclosing their ADHD diagnosis (which they had at the time) and in the law course itself, which they had entered through a reserved spot for PwDs.

The university does not recognize this adult as a person with a disability, even though the justice system has already recognized them as such. The university has caused and continues to cause significant distress to this adult, leading them to no longer withstand the psychological pressure imposed by its staff, many of its professors, and some students from this institution. As a result, they took to social media to protest the lack of assistance they have received and continue to receive from the institution.

Only in the third semester of the course, which was the first semester that started 'partially addressing the needs of this adult,' as previously nothing was being addressed, the institution, since the second semester, had been acting behind the scenes (without informing the adult and their lawyers that they were being accused by five of their six professors from the first semester and one from the third semester they were currently taking, of alleged slander and defamation) against a federal judge's order to suspend the autistic student (the institution is the plaintiff

in this action), due to a simple phrase used by the student to highlight the severity of the problem they were facing at the institution: 'Would it get the media's attention if I went in there [the institution] and killed someone?'

This phrase and another said in a private conversation with the institution's inclusion department, Incluir, were used against him. During this conversation with the inclusion sector, the adult sought help due to fear that his Friday night professor, who was unwilling to provide an adapted exam, might cause him harm. The student used the phrase: 'I am afraid something might happen on Friday.' The inclusion sector staff member interpreted this as the student fearing that the professor would do something to him, rather than the student harming the professor. The student clarified this to the staff member, and she even asked if he was afraid of the professor, to which he confirmed. She said that this could not happen and that he should not worry.

Days before this conversation with the inclusion sector, the adult student had already suffered a verbal attack from another professor during one of their classes, and he only defended himself with words, without even getting up from his seat. Months earlier (in the third semester), another professor from the first semester confronted him in the law school corridor to threaten him and accuse him of attacking her honor the previous year by calling the professors of the school corrupt, and that she would seek her rights. Despite knowing that he might have an anxiety attack due to his autism, which she was aware of, having approached him unexpectedly like his colleague did in a classroom later, she insisted on confronting the autistic adult and sat beside him to say these things.

If we analyze the Brazilian Penal Code,<sup>7</sup> Article 317 demonstrates what constitutes the crime of passive corruption. For this student with a disability, it is apparent that his professors at the oldest law school in southern Brazil and the third oldest in the country, and other staff members of the institution, exhibited behaviors of passive corruption by deviating from their functions and complying with illegal orders (regarding education and the rights of people with disabilities) from their superiors (administration and rectorate). The case becomes even more alarming because these professors were and are all lawyers who know the law better than most of the Brazilian population.

These professors further deviated not only by attacking the rights of a person with a disability but also by not respecting the very Law of Educational Bases and Guidelines,<sup>7</sup> in Article 13, which clearly states that teachers must prioritize the learning of their students. As can be seen, even in the absence of specific laws, students in general, and especially those with disabilities, are not respected and their learning is not taken seriously by Brazilian higher education.

Returning to the inclusion department, the staff member took the words of the disabled adult, distorted them, and sent an email to the director of the law school stating that this disabled adult student had 'said that something would happen on Friday.' Consequently, the professor of that subject was instructed to report this student, along with his other colleagues who, according to the student, are

indeed corrupt, and canceled the classes, informing all students in a virtual message that 'due to force majeure [clearly because of the disabled student], I will not hold in-person classes on that date.

A few weeks later, the director unilaterally and another sector of the institution suspended the adult student with a disability as a form of punishment, without giving him the right to defense before being condemned. Neither he nor his lawyers were informed about this internal process against him and also against the order of a federal judge at the institution. Thus, the process did not follow due legal procedure, as only the side of the professors and other university staff was heard, despite a court order against the institution granted weeks after the professors' complaint against the disabled student was filed with the relevant department of the university.

The director maintained the suspension of the disabled adult at all costs and wanted him to explain what she heard from the inclusion sector (the famous hearsay). Additionally, illegally, she wanted to impose psychiatric treatment on the adult and know his medications. Thus, also illegally, she wanted access to this student's medical records.

Furthermore, the university obtained a court order to prevent the student from entering any part of the institution beyond the law school, which he was already barred from entering and attending classes by the director (against a court injunction and more than a month before this new judicial decision). However, the new court order did not state that he was not a person with a disability and also did not specify that the institution was not required to provide the necessary assistance for him to take the exams for the courses in which he was enrolled that semester.

The law school and its professors, except for one, did not inform the disabled student that there were tasks to be completed in the virtual environment. They only notified him and his lawyers about a week before the deadline to complete the activities for seven subjects. Consequently, the lawyers sent an email to the law school requesting an extension, as all university students were on vacation at that time, and also requesting assistance for their client from the monitors he had, but they received no response. As a result, the student failed all the subjects for the third time, except for one, clearly demonstrating that the university and a large part of its professors and public staff do not respect judicial decisions and human rights.

In the 2022 judicial decision, which is still in effect in 2024, that virtually expelled this disabled student from the university, the justice system, aiming to restrict the freedom of expression and criticism, imposed a fine of R\$5,000 (five thousand reais), approximately \$900 (nine hundred dollars), for each social media post made by the disabled adult from the moment of this decision, should he exercise his right to freedom of expression and publicly expose the absurdities he has been and continues to suffer regarding this educational institution.

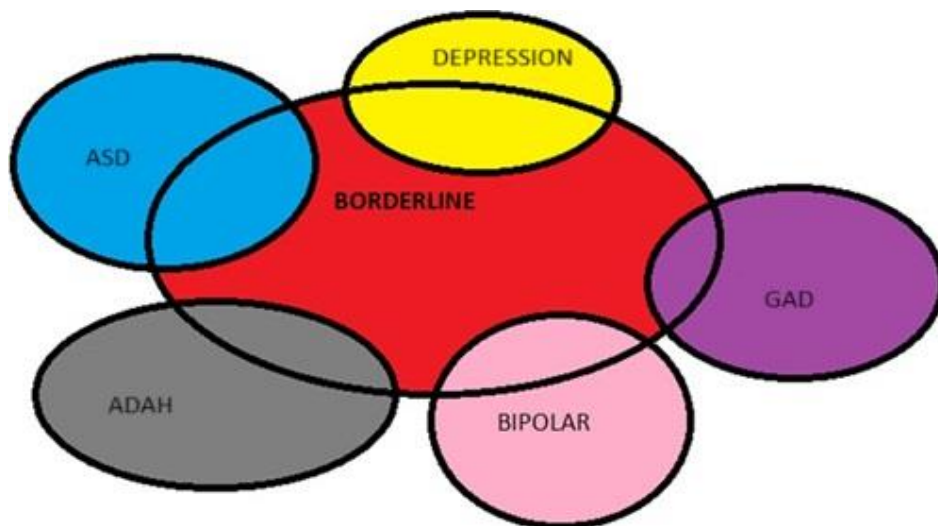
For the judiciary (part of it) and for the institution, the disabled student is accused of slander and defamation

regarding the university. According to the Brazilian Penal Code,<sup>7</sup> Articles 138 (Slander) and 139 (Defamation), for it to be considered slander and defamation, the student would need to have imputed a crime to the professors and the institution (Slander) and/or attributed offensive facts to the professors and the institution (Defamation). In this case, the disabled student did not lie in his allegations. The institution indeed practices the crime of passive corruption, and this is tied to the acts of persecution by the institution (which even went to his home and workplace personally instead of contacting his lawyers with proper legal authorization before the federal court and the institution to deliver a summons to the disabled student), and its professors, including taking

photographs of him without his proper consent. This intimidation by the institution is very similar to what that professor from the law school of the same institution did to the disabled adult when she approached him in the law school corridor. Both instances, in the two occasions, were aware of the student's disabilities and that he could have a crisis when approached unexpectedly as they did.

### Results

With everything explained, an analogy was made. In the Pioneer Case, the pathologies of this adult are interconnected as follows, based on Silva's scheme (2018). As follows:



Author's elaboration of the present article, 2023

Recalling the guiding question: Is Brazilian higher education, particularly public institutions, concerned with the mental health of its students, in this case, students with mental disorders? The answer is:

No. Don't worry, due to the fact that many teachers and institutions claim that their students are adults and are no longer in Basic Education, and that these adults should pursue learning, not the Higher Education teachers who have to worry about such an objective. Which is? the learning of the university student, whether they have a disability or not.

This reality is observed in the high number of student suicides at Brazilian universities. These suicides occur within the premises of these institutions, as is the case with the same institution where the disabled adult discussed in this article is situated. Such news articles can be accessed through the following links <https://g1.globo.com/rs/rio-grande-do-sul/noticia/2019/01/21/homem-e-encontrado-morto-em-campus-da-ufrgs.ghtml> e <https://sul21.com.br/noticias/educacao/2023/09/suicidio-na-ufrgs-alerta-para-necessidade-de-acolhimento-e-promocao-da-saude-mental/>. In the aforementioned articles published in the media in Brazil, it is possible to observe at least two cases of students who committed suicide within the most competitive higher education institution in the southernmost state of the country, the state of Rio Grande do Sul.

Another institution, this time in the state of Rio de Janeiro, in the southeastern region of Brazil, also has cases of student suicides, as we can read in the links

<https://www.danielmatos.com.br/2014/07/a-verdade-sobre-os-suicidios-na-uerj.html> and <https://pedrofigueira.pro.br/2018/11/29/suicidios-na-uerj-uma-questao-ainda-nao-solucionada/>. Also, in the federal capital of Brazil, located in the central-western region of the country, there are cases of suicides in public universities, just as in the states of Rio de Janeiro and Rio Grande do Sul, as can be read in the link <https://www.metropoles.com/distrito-federal/morte-de-estudante-na-universidade-de-brasilia-suspende-aulas>.

In this sad reality, there are also student suicides at the largest university in Brazil, which is also public and located in the most populous city on the entire American continent, situated in the state of São Paulo, also in the central-western region of the country. This can be confirmed in the link

<https://veja.abril.com.br/coluna/jose-vicente/por-que-sonho-de-diploma-na-usp-resultou-no-suicidio-de-um-jovem-negro>, With at least one of the three students who committed suicide having done so on the university premises.

These are living testimonies that, in some Brazilian universities—referring here to public universities—the mental health and physical and emotional safety of students are aspects overlooked by such institutions and their professors.

For them, the life of a student is of little value, regardless of whether they have a disability or not. Life, for these people and places, is nothing more than something trivial

and insignificant. Many professors only care about themselves and their research. Complaining about this is seen as a sign of weakness and a reason for you to be persecuted within these institutions to the point where you can no longer bear it. The incredible thing is that there are also many students from these institutions who defend these universities and do not care about their colleagues who are suffering for being there.

The denialist spirit regarding the suffering and suicides of students is common among individuals who do not care about this within these institutions, including professors, public employees of the institution itself and contracted workers, university administration, students who do not suffer from such situations, and other departments of the university.

## Discussion

It is crucial to remind society that conditions such as Borderline Personality Disorder (BPD), Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Generalized Anxiety Disorder (GAD), and Bipolar Disorder do not have a cure, only treatment. Similarly, depression does not have a definitive cure; those who have experienced a depressive episode have chances of experiencing another one, regardless of the type of depression.

The assistance provided by many Brazilian universities to students is primarily for low-income students in the form of scholarships and for students with physical disabilities, assuming that this is sufficient. However, for students with mental disorders and/or any other non-visible disabilities, it is very difficult to receive the necessary support to address their needs equitably.

In the case of the public university where the adult with disabilities from the Pioneer Case studies, at least two student suicides have occurred on its premises in the last decade. There is much speculation about the reasons that led these two young men to commit suicide. However, it is known that the academic environment of this institution is not healthy. Thus, these two young people, who had their whole lives ahead of them, might very well have committed suicide due to academic pressures, including those from professors like the ones the adult with disabilities from the Pioneer Case had to deal with, as described in this article.

Evidence of this is the "Previamente Hígido" page on the social network Facebook (<https://www.facebook.com/previamentehigido>), where students from this same institution report the absurdities they suffer within it. This proves that in Brazil, there is no real inclusion. What exists are many university professors who talk and write about the social inclusion of everyone, with or without disabilities, in their academic research, but in practice, do not implement it. Inclusion and minorities only serve as subjects of research and/or are appreciated when they are distant from these researchers. However, when these minorities wish to enter and do enter Brazilian universities, especially public ones, these researchers end up disliking it and do everything possible to harm this population and make them give up on being there at the university.

It is worth noting that the current concept of health, according to the WHO (World Health Organization), does not refer only to the absence of disease but also to the absence of fear and the presence of social, political, mental, and physical well-being, according to the United Nations Brazil website (UN, 2016) and the statements of public health physician Sérgio Arouca during his speech at the 8th National Health Conference held in 1986 in Brazil's federal capital, Brasília.<sup>11</sup> It is precisely the opposite that many higher education institutions in Brazil promote for their students.

There is a lack of humanity in dealing with university students. Being an adult does not mean they can be treated in any way and with inhumanity. Adults also need care and to be treated with respect.

Many university professors in Brazil believe that because they were treated inhumanely by their teachers during their own student years, this justifies continuing this genealogy of mistreatment of university students. These professors also think that since many studied at the best basic and higher education institutions in Brazil, as well as abroad, and that they themselves did not experience situations of social vulnerability like a significant portion of their neglected students, they should, at all costs and without any adaptation to the Brazilian reality, impose the educational realities of developed countries. This creates pressure in their studies for these vulnerable students, whether or not they have disabilities, the majority of whom come from Brazil's public and underfunded schools, to the point where it becomes unbearable for them to cope.

Evidence of this practice in Brazil, which is a developing country, can be found in a quote from another field of knowledge, specifically from Brazilian economist Celso Furtado (PAULA, 2018), who states that the Brazilian economy seeks to reproduce the consumption patterns of developed capitalist countries, disregarding the large portion of the Brazilian population regarding what is necessary to ensure a decent life. Namely:

In particular, through the analysis of the evolution of the Brazilian economy, Furtado was able to understand the social disparities present in the various Brazilian regions based on the way their territory is occupied. The problems faced by the population are not solely due to the extensive process of adjustment that took place in the global economy. To a large extent, they result from a difficult situation that arose in our society, which is the pursuit of reproducing the consumption patterns of developed capitalism, depriving a large portion of the population of the means necessary for a decent life. By failing to avoid these imitative behaviors, a falsification of a mass society was created in the country, where simultaneously sophisticated modes of excessive consumption coexist with basic deprivations in the same social strata and sometimes within the same family.<sup>12</sup>

Brazil is far from having humane universities that are adapted to the social reality of its students, whether they come from wealthy families or, even more so, from poor families, as the difficulties of maintaining good health can affect both higher and lower social class students. However, it is known from the lessons of life that "the rope always breaks on the weakest side"; in this case, despite



being the majority in the Brazilian national scenario, the weaker side is that of students from low-income families with little or no influence in society.

Not to mention students from any social class who use medications and/or other legal and illegal substances to maintain good performance at university, as well as to cope with the pressures imposed on them within higher education institutions in Brazil. In this case, the situation is even more alarming.

Many of these university professors at public institutions in Brazil take advantage of the idea that they are public servants and that they have not lost their jobs, or it will be very difficult for them to lose their jobs, because in Brazil, unfortunately, there is a culture (not supported by legislation) that public employees cannot be dismissed. As a result, many exploit the weaker individuals, in this case, the students.

This does not happen in Brazilian private and/or community universities, at least not on a large scale as it does in Brazilian public universities. This is certainly related to a statement made by a professor of the author of this article, when he mentioned that in private and/or community universities, professors tend to treat their students well, as they are under constant supervision from their superiors. Losing a student to a paid institution is valuable, unlike in public institutions where funding arrives every month, and salaries continue to be paid

regardless of whether the professors, for example, abuse their power over their students.

When this professor explained this to the author, her student, he explained to her that this would be the right thing to do. What thing? That university professors should be under constant supervision and accountability to their superiors, as this would make the academic environment healthier and more productive for everyone. Allowing professors, university administrations, and other departments of public universities in Brazil to do as they please is very dangerous, even if there is legislation in Brazil that allows universities (both public and private) to act on their own.

## Conclusions

It is imperative to enforce the laws and public policies regarding the inclusion of People with Disabilities (PwD). The Pioneer Case is proof that even though there are clear laws in Brazil, they are not being followed.

The neglect towards PwD is sad and frightening because these are individuals who, due to certain physical or mental functions, are vulnerable and unable to comprehend and/or perform certain tasks. According to the standards imposed on them, they do not know how and/or are unable to defend themselves from prejudiced attacks by the so-called "standard" society. PwD are human beings and deserve to have dignity.

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