Beating the Odds—Nothing Is Impossible, Its Just a Road Less Traveled

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By contrasting students with learning disabilities and students with schizophrenia, it becomes conspicuously clear that they face many of the same hurdles. I know through personal experience because I have both. Postsecondary institutions are making great strides in balancing the scales for disabled students. Special education for learning-disabled students is more a hindrance than a benefit; mainstreaming many learning-disabled students seems a more appropriate option. Students need to take advantage of the services that are most beneficial to them. The least restrictive environment is predominantly, if not always, the correct choice.

Key words: schizophrenia/learning disability/schizoaffective

In this day of age, it is troublesome that the general population is not aware that disabled students have the potential to be very successful in college. Oftentimes, they are written off as not having the capabilities to succeed. But the fact remains that some disabled students succeed and others fail. There is no exact formula for success. More often than not there is driving force that allows them to be successful. This article examines the factors that determine college success or failure among students with schizophrenia and students with learning disabilities. I will also argue that some of the milestones that students with learning disabilities or schizophrenia face are the same and that some are different. First, I will discuss what a learning disability (or LD) is and how special education can negatively impact it. Second, positive educational outcomes such as mainstreaming and college enrollment/success will be explained. Third, the reader will see what characteristics help a student to be successful and what support services are available for students. Fourth, schizophrenia will be defined, and the reader will see how this disability affects the college students who have it. And finally, this article will disclose to the readers this writer’s personal story about his experiences as a special education student at Rocky River High School and how he went on to prove the establishment, school administration wrong even after being diagnosed with schizoaffective disorder/schizophrenia.

Definition and Identification of Learning Disabilities

“Specific learning disability is a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. The term includes such conditions as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The terms do not apply to students who have learning problems that are primarily the result of visual, hearing, or motor disabilities; mental retardation; emotional disturbance; or environmental, cultural, or economic disadvantage.”¹ There are 3 major test scores used in the diagnosing of learning disabilities: verbal scores, performance scores, and composite scores. A person is diagnosed as learning disabled if he/she has a qualifying deficit in 1 of the following areas: oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematical calculation, or mathematical reasoning. A person has a qualifying deficit in an area if there is a discrepancy between his/her achievement and his/her ability in that area. The majority of the time, discrepancies must either be 1 or 1.5 SDs in size—depending upon which school the student attends. Where there is also a large difference between performance and verbal IQ scores, the higher of the 2 rather than the composite IQ score is used as the measure of ability.² I have close to a 3 SD difference in word reading, spelling, and reading composite—for pseudo-word decoding, it is closer to 4 SDs. Needless to say, my enunciation ability is extremely poor when it comes to foreign languages. That is why I worked so hard at Sanskrit but just barely squeaked by through 2 semesters of it.

There are 3 categories for learning disabilities. Developmental speech and language disorders which are developmental receptive language disorder, developmental expressive language disorder, and articulation disorder; academic skills disorders which appear in reading, writing, arithmetic, and listening; and other learning differences such as coordination disorders. Children with

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developmental speech and language disorders have difficulty producing speech sounds, using spoken language to communicate, or understanding what other people are saying. This is a common type of LD for children who are young, but as they become older, they outgrow this problem. Other learning differences include coordination disorders, which can lead to poor penmanship, as well as certain spelling and memory disorders. Attention disorders, with or without hyperactivity, are not considered learning disabilities in themselves. This article will be concentrating on academic skills disorders, which include such aspects, but are not limited to, reading, writing, mathematics, and spelling.3

**Special Education’s Negative Effects**

Special education causes learning-disabled students to have lower academic expectations of themselves, and it puts them years behind their nondisabled peers. This was me, I was held back by special education from 2nd to 11th grade. Many learning-disabled students are coming out of special education and are feeling overwhelmed in college. Many suffered from feelings of helplessness, hopelessness, and low self-expectations. The learning disabled see their ability to make it through a tough class as a lost cause. They are defeated before they even get started. They lose motivation and see it as “them against the world.” Oftentimes, they do not seek help or are afraid to do so because of prior high school stigmatization—this was the case for me. This stigmatism is even reflected in the attitudes of society as shown by Roper’s survey of 1200 adults in 1995 where 85% of the people surveyed associated LD with mental retardation.4(p55)

The boards of education need to recontemplate the idea of special education. Teachers’ expectations for learning-disabled students are a poor prognosis for student success. One study stated that after a 5-year review, only 25% of LD children were mainstreamed; however, other results were even much poorer.5(p371) It took the Rocky River school system 10 years to mainstream me. There are many more effective ways to educate LD students, such as using teacher’s assistants and tutors. Special education creates dependence and feelings of helplessness for students who are placed in it.5(p384) But through early intervention, use of tutors and assistance, special education may be circumvented. A survey by Strag in 1972 found that children diagnosed with dyslexia in the first 2 grades could return to normal classes 82% of the time, while for a third-grade diagnosis, it was 46%, and a fifth- and seventh-grade diagnosis returned only 10%—15% of the time.6(p825) The boards of education simply house all these students by putting LD students in a special education area rather than having tutors assist them in a mainstream classroom. With learning-disabled students, you need to keep expecting more and more at a constant rate. It is not the teachers’ fault because they have been trained to do it a certain way. If they have to have special education, they should not hold students to a lower standard. They should at least hold LD students to the general class level. Does special education really prepare students for college?

Keeping learning-disabled student in special education cause other students to label them. This in turn stigmatizes these students and creates low expectations for academic success.7(p111) Learning-disabled children view themselves with a more overall negative academic self-perception and have lower self-esteem (p 102). They have low expectation of future success and high expectation of future failure. The learning disabled attribute failure to lack of ability and view themselves as more academically incompetent (p 102).

LD students have been handicapped by years of special education; this undermines their ability to be successful; as a result, they cannot accomplish what would be considered attainable. I say this because special education does not challenge them on the same level as the curriculum for normal high school students. Students in many cases receive a second-class education and are less prepared as a result. The material used to teach LD students does not challenge them on the same level in regards to processing and problem solving as it does students in the regular classroom.8(p145) Learning-disabled children are often exposed to ridicule and the negative expectations of others; as a result, they have poorer social skills and fewer interactions.9(p73) Furthermore, if special education students get to college, it is a culture shock; they are unprepared—2 of my friends who where in special education said, as much.

I shared many of these feelings and was placed in that situation. I was placed in special education classrooms for English for 10 years. When I finally was mainstreamed, I was ill prepared for 12th grade English and college English. When I started taking English classes at the University of Toledo, as a result, I had to take an English class that did not count for any college credit. I know if I was given a chance earlier that my transition to college and upper echelon schools could have been a smoother transition. Many LD students have not been given a chance. They are not motivated from the inside. My grades improve at a constant rate with every passing year. My English grades improve at a constant rate. I worked hard to overcome my LD and surpass many of my scholastic peers.

Learning-disabled students are not being encouraged or are even being actively discouraged from going to college. More often then not, learning-disabled students are not considering postsecondary education because, unlike the general population, they are not “encouraged, assisted or prepared to do so.”10(p437) Out of 97 learning-disabled students, 20 reported receiving discouragement.
from a teacher or a counselor in regards to pursuing college. Additionally, it was found that only 8% of students with learning disabilities “met with a school counselor during high school to discuss coursework and requirements for applying to college” (p 437). College counselors have a habit of selling students short. However, there are reasonable limitations that should not be overlooked. When looking at colleges and programs, individuals need to have a firm grasp on reality and the willpower to persevere. They also should not let labels get them down. In college, I had a firm grasp on my academic abilities and what I could accomplish. Regardless, my mental instability made it difficult for me to succeed.

During my 11th-grade individualize education plan (IEP) meeting, I sat down with my parents and the educational staff at my high school. It was recommended to me that I look at alternatives for college, like trade schools. They questioned whether I could handle any college. The IEP team also emphasized the point that they did not agree with my decision to leave the special education English program. Later, after I did well at Toledo, I went to my high school guidance counselor to pick up some school applications. I told her that I was planning on applying to the University of Michigan and Vanderbilt University. She replied in a polite way, I would never get in and I had to be more realistic. Vanderbilt held off on the process because I told them that I would retake my ACTs or SATs to meet their requirements, but I was happy with University of Michigan, so I went there.

Educational Outcomes Among the Learning Disabled

“Studies show that special-education students who are mainstreamed have higher academic achievement, higher self-esteem, a greater probability of attending college, and better physical health. They are more likely to graduate (high school).”11 LD children from kindergarten through 12th grade do much better if they are mainstreamed. From 1984 to 1997, more and more learning-disabled students are being mainstreamed, and as a result, there is a 14% increase in the graduation rate. LD children who are mainstreamed are more competitive. Moreover, because they are not negatively labeled, they do not suffer from feelings of hopelessness and helplessness as a result.11

It is difficult to say what anyone will do with any accuracy. There are some overachievers who do not fit into a category, and there are some underachievers who do not fit into a category. “Children who are exceptionally low or high in intelligence tend to be ‘more average’ in achievement, so that more underachievers will be identified in the high ability group and more overachievers in the low ability group.”5(p359) Sometimes the unsuccessful become successful, and sometimes the successful becomes unsuccessful. This happened to me; I became an over-achiever after high school. It is how people see themselves and what they make of the positive and negative experiences in their lives. My diagnoses were correct except that I improved myself from eighth grade to the end of college.

Moreover, not everyone who is in special education needs special education, “classification errors could lead to inappropriate labeling and needless intervention.”6(p826) Many people who are labeled learning disabled are not, and many could be mainstreamed but are not. “At best, about 75% of those predicted to have later learning problems, in fact did, and about 25% did not.”5(p372)

Learning-disabled students are not going to college as much, and those who do go do not graduate. There has been a 173% increase in the number of students attending postsecondary institutions from 1989 to 1998. However, the fact remains that “only 13% of students with learning disabilities compared to 53% of students in general population have attended a 4-year post secondary school program within two years of leaving high school.”10(p436) Of those who attend school for a postsecondary degree, only 53% of the learning disabled graduated or were still enrolled in college, while the percent who fit this classification for students without disabilities is 11% higher (p 437). “Murray et al (2000) found that of the students with learning disabilities who had attended postsecondary education institutions, 80% had not been graduated 5 years after high school, compared to 56% of youth with no disabilities.”12(p98) Unfortunately, the more prestigious the school, the less LD services they have; however, there are exceptions.

While there are fewer LD students than non-LD students in college, LD students are going to college at increasing rates. The reason is that prospective students know their options and rights, and schools are actually trying to level the playing field by recruiting them. The 2 major questions that learning-disabled people should ask themselves when looking at colleges are (1) what are the needs and problems for students with disabilities? and (2) what type of support services do they offer? Many students do not specify that they have an LD on their college application, and many do not receive the support services they so truly need once they go off to college. Astin reported that 1% of all freshmen claim to have an LD.13(p355) And it is in their benefit to identify themselves as such. In 1998, Vogel found that 55% of colleges and universities were taking extenuating circumstances into account and were trying to close the gap between the learning disabled in the population and the learning disabled who attend college (p 356). The learning disabled should know that they have educational options.

Characteristics of Successful Students

Characteristics that work well for students and allow them to succeed are self-advocacy, preparation, and
motivation. Contradictory to what is needed, many students are timid and are lacking in their ability to self-advocate (p. 439). Many students get to college and never try because they are afraid to try and fail. If they would put their mind to it and give it a 100%, they would be surprised what they could accomplish. The characteristics that have led to my academic success are my hardworking mentality and sense of optimism. Nevertheless, excessive optimism can be a pitfall if it is not grounded in reality. Students who tend to be successful have the appropriate support network from their parents, siblings, relatives, friends, and even counselors. However, people can develop successful attributes for just about any reason. Goldberg describes these “success attributes” as the following: “self-awareness, proactivity, perseverance, appropriate goal setting, effective use of social support systems, and emotional stability/emotional coping strategies.” He measures success through 8 domains: “employment, education, independence, family relations, social relationships, crime/substance abuse, life satisfaction and psychological health.” (pp 222–223) His study shows how both learning-disabled and nondisabled people who have these attributes are much more likely to be successful. The most crucial aspects of success, as I see it, is never giving up, being aware of limitations but not being defined by them, and knowing that each person has power over his or her own destiny.

Colleague Support Services and How Frequently They Are Offered

“Since the passage of the Americans with Disabilities Act (ADA) of 1990, more and more colleges and universities have implemented support services for students with disabilities.” Now, there are more services available for the learning disabled, depending on where he/she goes to school. But these services only work if the student uses them. These services help to balance the scales between the disabled and nondisabled students. I went most of my college career not taking advantage of these services to the full extent. These services include but are not limited to special seating assignments, alternative or modified assignments, modified testing procedures, electronic spellers and dictionaries, word processors, talking calculators, books on tape, note takers, readers, proofreaders, extended or unlimited time on exams, course substitution such as foreign language waiver, exam readers, and training for effective learning habits and strategies.

Many services are common in American universities and colleges, and in many cases, they improve the level of education LD students receive. Between 55% and 69% of the schools surveyed offered textbooks that are prerecorded onto audiotape. The use of prerecorded material significantly reduces the difficulty of extracting data from the printed text. I have never taken advantage of this, but I plan to do so when I go to graduate school. I imagine that if I had used taped textbooks, my grades would have been higher. Eighty-eight percent of the universities surveyed used extended or unlimited time for students taking exams (p. 363). It has been proven that extra time is tremendously valuable to the learning disabled who has reading comprehension deficits, unlike student with no disability (p. 363). I used this service quite frequently. Multiple choice, short answer tests and oral exams work the best for the learning disabled. Forty-two percent of the institutions surveyed used a class waiver for foreign language or mathematics requirement for students with learning disabilities in those areas (p. 365). I was very grateful to be excused from the foreign language requirement and to be allowed to take a course substitution because I do not know how I would have made it through another 2 semesters of Sanskrit. I worked so hard but struggled so much with this course. Seventy-seven percent of institutions provide tutoring—one-on-one assistance from an upper level undergraduate or graduate student. I have used this service but not frequently. I only used it for calculus when I skipped the prerequisites and for part of 1 psychology class when I first started college. All these services are good and helpful in making learning-disabled students succeed academically. But afterward, in the working world, are they being “relyant on technologies that are no longer available to them” (p. 363). Thus, in addition to the typical services, counseling and therapy can be extremely valuable to learning-disabled students. The counselor can help him/her develop “autonomy, integrity, positive self-identity, and self-esteem” (p 368). From my perspective, the most essential part of college success is the ability to study both smarter and harder. Sometimes, I feel I neglect the most crucial component. But with each day of school, I believe I improve my strategizing capacity; henceforth, I am working smarter. One has to have outlets as well—going out and having a good time.

What is Schizophrenia and What Academic Hurdles Do Individuals With Schizophrenia Face?

What is schizophrenia? Schizophrenia can manifest itself through these symptoms: hallucinations, delusions, disorganized speech, grossly disorganized behavior, and negative symptoms such as lack of emotion, speech, and motivation. An individual with any of these 2 symptoms would be classified with having schizophrenia. However, hallucinations need only consist of hearing 1 voice participating in a running commentary of the patients’ actions or of hearing 2 or more voices conversing with each other to be considered schizophrenia. Schizophrenia is a serious, debilitating, chronic condition, and the prognosis is often poor. Schizophrenia tentimes begins during late adolescence and early
adulthood between ages 16 and 25 years. It is more popular then one might think around 1% of the population has it. This condition many times interrupts post-secondary studies. Oftentimes, students have to drop out in the middle of college because of schizophrenia—this almost happened to me. I was hospitalized 2 times for my schizophreniform/schizophrenia while at the University of Michigan. My schizophrenia distracted me and made it harder for me to work. However, one of my delusions actually helped me. This delusion was that there was this secret society that balanced the power between big business and the people. I believed that they had some sort of position of prestige and power for me. I believed that they were watching me and that on my completion of my degree they would give me this position. I thought they were giving me this position because of my unique learning ability and disability. Now I know that this is a fallacy in my thinking. However, later after being medicated still holding on to my delusions, my grades shifted above a 3.7 for the summer semesters at Michigan.

The number of individuals with schizophrenia and other people who suffer from severe mental illness in college is on the rise—as shown by the rise of “college students seeking treatment at community mental health centers or hospital-based outpatient clinics” (p 22). Students with schizophrenia face obstacles just like the learning disabled. In the past, there were not many programs to support either one. Now, at least in selected colleges, there is a contusive environment where they can have a fighting chance. They do not ask for an advantage, just a chance. The difficulties faced by students with schizophrenia are enormous. Thirty-six potential college students were identified for this study, but 8 were non-compliant and 7 refused enrollment (p 23). Sung’s study took 21 Korean college students between ages 18 and 29 years who had been diagnosed with schizophrenia for 2 or more years. Forty-three percent of the participating students stated that they were almost always alone and without friends in school (p 27). The students who had friends reported that they were better off than those who did not. At the University of Michigan, I only had 2 true friends. About 62% of students with schizophrenia had to miss school due to a relapse of their psychotic symptoms. Twenty-nine percent reported difficulties concentrating on their studies. Another 29% reported difficulty comprehending lectures. Thirty-three percent reported poorer grades. Fifty-two percent reported difficulty completing their degrees. Forty-eight percent said that they oftentimes skip lectures (p 28). I was affected by many of these negative factors that other people with schizophrenia faced. I had to miss school twice in the same year at Michigan due to a relapse. I also can report poorer grades and difficulty completing my degree as a result of schizophrenia. Many students with schizophrenia do not go to college and those who go oftentimes fail. Many are not seeking the help they need. I was told by one of the students that there were only 4 registered students with schizophrenia at the University of Toledo in 1997.

Students with schizophrenia and learning-disabled students can face similar challenges like comprehending lectures, concentrating in class and on homework, feelings of futility such as hopelessness and helplessness, difficulties completing their degrees, and being stigmatized by labels at certain points in their lives. Students with schizophrenia differ from the learning disabled because they also have delusions, hallucinations, rapid thoughts, more problems making friends, and less friends. Oftentimes students with schizophrenia miss school for medical reasons; however, medication may be able to effectively treat schizophrenia.

Medication can control and stop the symptoms of schizophrenia. I personally feel like my medication has worked miracles for me. I notice that I am about 10 times better with my medication than without it. It is not perfect, but it has been really effective. At times, I am scared that the positive effects of my medication will wear off—that it will stop working. If that were to happen, to me it would be worse then being stuck neck deep in a quagmire of manure. Countereffective, the medication for schizophrenia can cause sleepiness, weight gain, feeling miserable, or being dull with a loss of physical energy (p 29). Too often, people stop taking their medication for the reasons above. Only a psychiatrist knows what to put you on. If you have a mental illness, it is better to have an unskilled psychiatrist than to have no psychiatrist at all or to be self-medicating. My medication Zyprexia is an antipsychotic, and it causes me to be sleepy and gain weight. I have been on a significant enough medication dosage for about 3 years. I have gained well over 60 lbs from taking Zyprexia. Zyprexia helps me tremendously. I do not have the same delusions and racing thoughts I have without it. Nonetheless, because I am on a much higher dosage, I will want to sleep 10–12 hours a day. Notwithstanding, I have gained so much weight that I have to go off it; it makes my appetite so voracious that I eat hoards of food. Zyprexia makes me crave for food that is bad for me. I will sit down for a meal, and when I finish, oftentimes, I will start on another meal—something has to be done. My doctor agreed with me that I should try another medication. Currently, I am taking less Zyprexia and substituting it with Geodone. I have had both an episode of racing thoughts and one involving delusional thinking because I have started decreasing my Zyprexia. My head is not as clear as I would like it to be. I hope that this is only temporary. I will see my doctor in a couple of days and converse with him about my symptoms. It could be as little as a self-fulfilling prophecy of a reverse placebo effect. I have tried Risperdal and Haldol and have felt like I was a zombie on them. I am taking Wellbutrin for attention-deficit disorder
Overcoming my LD was a long and arduous process. I am a firm believer in the human psyche, and I will not let my disabilities get me down. I was much more successful at overcoming my disabilities in my early adulthood as opposed to my adolescences. I was like any other kid, I wanted to have a good time and not be bogged down with school. Special education would be more effective if the teachers only held their students to the same standards as regular classes. If I were going to teach special education, I would look at the curriculum that the advance placement and regular classes had, so that I could get a feeling of what needs to be taught. Parents have to actively educate their children. The special education material that I learned was lacking; it would have been much more effective if it was held to a higher standard. You have to challenge students. You have to get them out of their lackadaisical comfort zones. The staff at Rocky River should have done a more thorough assessment and seen my potential. In kindergarten and second grade, it was reported that I would gaze off at other students or just gaze off. At these times, it was said that I was “extremely easily distracted.” Each teacher has to try and break through to every student, and that did not happen with me. Someone inspiring could have changed it all.

I hated it in special education. I was picked on and was the blunt of everyone’s jokes. I thought that bells should have gone off, there was inconsistencies in my educational evaluations. It is said that a person cannot change his/her IQ by more then 5 points. My cognitive aptitude score is documented at a 27-point improvement from eighth grade till now, which is almost 2 SDs. My vocabulary went up from a raw score of below 85 to above 130. I developed and enhanced my cognitive abilities past what anyone would expect. In eighth grade, my scores started off as follows: 81 performance IQ, 93 verbal IQ, and 86 full-scale IQ. These scores for the eighth grade do not exactly add up, but this is the best I got to work with. My cognitive ability was considered 86—this score is in the bottom 18%. However, 3 years later, my cognitive ability was tested at 94, which is considered in the bottom 34%. In 11th grade, my scores were as follows: 88 performance IQ, 102 verbal IQ, and 94 full-scale IQ. Much later, I updated my documentation because I wanted to get accommodations on the GRE. This was when I was 29 years old and a University of Michigan graduate. This time my cognitive ability was measured at 113, which is in the top 19%. My scores on the aptitude test were as follows: 94 performance IQ, 130 verbal IQ, and 113 full-scale IQ. These scores were not concrete because I maxed out 2 of the areas that verbal IQ tested for. Hardwork improved my IQ scores. But nothing could be done without God’s gracious gifts, and I will continue to strive when I get my masters degree.

My high school assessment team wrote this in terms of my plans to attend a 4-year college, “Mike will make realistic career choices with consideration of student’s abilities and limitations.” The assessment team thought that I would not be able to handle college. They figured that I would drop out of college; but I graduated with good grades from a top 25 university. They told me that I could not do it, but I did. There are many people saying that they cannot do it, but they can. If I can do it you all can do it—never quit, never give up. You can perform miracles if you believe in yourself. Come prepared with an attack plan or strategy. I was able to make it through college by never giving up and studying 10–16 hours a day. But now I am into studying smarter too. I would tape-record my lectures and rewrite notes, sit down and ask myself what I thought was essential, skim through the book trying just to pull out the important parts, and take these important parts and play them, over and over, in my tape recorder. I was no stranger to the teacher’s office hours. This is important to do if you have the time. If you are in between a B+ and A—, it is crucial. You need to show your professor that you care and are interested. I would read and reread essays over and over to make sure I was on task and mistake free and that they flowed well.

I was in denial of my schizophrenia for such a long time, probably because there was a precursor to my mental illness in my childhood. My psychological problems peaked during my later years at the University of Michigan. When I was young, I did not have the far-fetched delusions I had with the onset of my schizoaffective disorder/schizophrenia. My aspirations were like any other kid, wanting to be rich and powerful. It has always been said about me that I take things too serious. However, when I was young I remember my head would converge with me. It would say or think things that I would not identify as coming from my brain. My brain would usually say things like tap your pencil 3 times and if you do not you sell your soul to the devil. Do this in this short amount of time or you sell your soul to the devil. It would also say that if you do extra then you will be selling your soul to the devil. Since I was young, I remember having at least 1 commentary that I did not think was my own. During the growing up process, I became better able to ignore or purposely mess up the task and tell these thoughts off. Although there is no known and proven link between schizophrenia and LD, that is not to say there is not one. I believed that I could have used appropriate psychological counseling from a young age. And
what at one time was manageable became too great to handle. I would not classify my thinking in childhood and early adulthood as being consistent with one having schizophrenia, but it was definitely disturbed. From an early age, I may have had both an LD and a mild form of a mental illness.

I would have to say that the progression of my mental illness was gradual. It is hard to say where it all started. One could classify my illness as delusional, really rapid thinking, panic attacks, running commentary, and depression with all the highs and lows. My illness did not present itself in the form of auditory or visual hallucinations. To me, a real auditory hallucination means hearing sounds that are not there and that cannot actually be differentiated from voices or speech. There were times when the thoughts in my brain were telling me that these people were talking about me and saying this. My state of mind was that I was psychic or that psychics were transmitting their thoughts via telepathy to my brain. There would be times that I could actually hear real voices talking; however, the thoughts in my head were telling me that their barely distinguishable voices were saying this or that. I had delusions no question, but would that all be considered a severe delusion or was part of that an auditory hallucination? The amount of actual time I believe I had auditory hallucinations actually could fit in the span of a minute. There is one exception to this. Every once in a while, I hear this noise in my head. My thoughts tell me that something is moving around there, but I know that this is not the case. What it is I am unsure.

My mental illness came with a whole gamete of problems. I was first diagnosed with schizophreniform in 1999 March. I was convinced that I did not have a mental illness. No one helped me realize that there was a problem. Many of these psychiatrists never use their noggin; they think that all people with schizophrenia need is medication and talk therapy does not help. It always helps discuss your problems and come to the realization that there is a problem. My first doctor that I will call doctor A barely saw me and did not really talk to me. He just prescribed Risperdal with no explanation. If someone had sat me down then and spent a couple of hours for a couple of days, maybe I would not have had the type of problems that I had. The University of Michigan was no help, with the exception of counseling from Mildred Tradio. They were afraid how a schizophrenic person who has not come to grips with his mental illness might tarnish their reputation. A realization is what I needed, someone who was willing to put in the time for a breakthrough—someone who knew me and how the disease operates. I suppose that if I was in the University’s position, I may have not been as helpful and emphatic as I should be. Around this time, there was a psychologically disturbed student Sinedu Tadesse who murdered her roommate Trang Ho. Ho’s family sued Harvard on the grounds that they did not provide a “reasonably safe and secure environment.”

The University of Michigan erred on that side of circumspection, not in fairness, when they said I should reconsider coming back this soon. They ran me through some red tape before I could start up again. Even with severe delusions, I was never violent.

That same year at University of Michigan I thought that my problems went away; however, I was not medicated and was suffering from severe delusions. I relapsed again. This time I went home and relapsed in the care or lack of care of doctor B. Doctor B was my second doctor and she was anything but helpful. I told her that the medication she put me on did not mix well with me—she refused to explain her decisions. She told me that I never had an LD or ADD and that I was just trying to manipulate her by diverting her attention from the only disability I had—my mental illness. She did not believe my parents either when they told her as much. She got mad with my dad when he questioned the type of medication I was on. She was really old school. I was quite perturbed by the fact that she could formulate an opinion in a matter of seconds and never take anything else into consideration.

Counseling makes all the difference, and that is why I relapsed for my third and final time. Because of all these delusions and feelings of helplessness and hopelessness, I viewed finding peace in my life was futile. I thought that the medication messed with my brain. But the truth of the matter is that it helped me significantly. I will need counseling and medication for the rest of my life, doctor B was right about that. Dr Hussein is my current doctor, and he is the best as far as I am concerned. Jane Spiegelberg and Mike Holyko are counselors who have given me good recovering therapy through Far West Center.

Conclusion

With support and encouragement, learning-disabled students can be successful in college. They need reaffirmation and encouragement to graduate. They should work both smarter and harder to maximizing their potential. Both people with learning disabilities or schizophrenia should not get bogged down by internally listening to feeling of helplessness, hopelessness, and low self-expectations. Some of these self-defeating feelings are fostered from the stigmatism of being labeled learning disabled and the lack of faith teacher and guidance counselors have in their students. Many LD students do not go to 4-year college, and those who do are less likely to graduate. Some popular and effective services are taped textbooks, note takers, extra time or unlimited time on exams, class wavier, and tutoring. Both students with schizophrenia and learning disabilities can have a really difficult time in college. Oftentimes, little can be done for students with schizophrenia except medication and counseling, and of course, working on success strategies for getting good grades for classes, a program designed for ways to study smarter. These problems are compounded.
several times if they have trouble admitting there is a problem—many of them do. And they will continue to struggle until they come to terms with their illness or disability. On several occasions, I was discouraged from attending college because of my LD and attention-deficit disorder. I thought that I could do anything for a while. I was able to fight through my LD with hours of tedious work. But things took a turn for the worse when I was diagnosed with schizophreniform/schizophrenia. I pushed my way through. But for the grace of God, there go I. I was in denial about my mental illness for years. Now I accept it as a lifelong condition. My current diagnosis is schizoaffective disorder, which in my case is schizophrenia with manic depression. Nonetheless, through all this, I was able to graduate from an elite top 25 university with a GPA of 3.08. Special education is lacking and oftentimes leaves its students unprepared for postsecondary education. The reason that I have written this essay is because I want to help others in similar situations, and by writing this all out I expand my awareness from the thoughts generated. I think this essay is crucial for both the learning disabled and mentally ill. All we want is a chance, a level playing field.

The Author
My name is Michael Brady and I have a BA in Psychology from the University of Michigan. I developed schizoaffective disorder since second grade to current. I am not affiliated with any university, and I have written this article on my own accord—being the sole author. I do not have a PhD or even a masters. I will be applying to masters programs for both school counseling and mental health counseling. I am devoutly passionate to helping others who have similar disabilities.

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