

SOC-433

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“A Boy Broken” is an emotional rollercoaster of an autobiography about the severities and importance of mental health awareness, primarily within schizophrenia. It is written from the perspective of the father, Doug, of the primary character, also Doug, but I will refer to the father as Douglas to prevent confusion. This is the story of Doug’s schizophrenia and his progression.

Douglas recollects old memories of young Doug, and how he is a sweet and innocent young boy. Douglas does move out and eventually away after his divorce with Doug’s and his other child Melissa’s mother, mentioning he constantly thinks about and regrets the decision he made due to it creating a distance between Douglas and his children in the midst of their peak developmental ages. He recalls when the divorce first happened and he moved out, how it pained Doug to see his dad leave the driveway at five years old, and then again at ten years old how the pain came back when he moved out of state.

In April 1991, Doug came to visit Douglas after dropping out of his second semester of college which worried Douglas and Wendy, his wife. When Douglas picked Doug up, he was dirty and smelled horribly. The older Doug got, the more he began to seem like an entirely different person. Doug explained to Douglas that he was hearing and seeing things; he had two people he saw regularly: Dave and Wendy. This got brought up because he saw Dave and Wendy in the backseat of Douglas’ car when he first got picked up, but there was no one there. Douglas experiencing this breakdown for the first time was very scared and had so many questions rushing through his head. I too would be very fearful with the situation because it is a scary

previously happened. The two of them go to eat dinner with Melissa and their brother Jake, Douglas encouraging Doug to clean up before they go but Doug persisting that he eat. He also would hardly speak to anyone, including in the nearly hour long car ride with his father. Douglas recalls this as the first time he ever felt uncomfortable with Doug and the situation, which he mentions multiple times throughout that he regrets feeling the way he did. While at dinner, Douglas suggests that Doug stay with Melissa for a few days, considering Wendy is pregnant and she was worried about Doug being around her. During this trip it was noticeable that Doug's symptoms rose drastically in which he needed to go live in an inpatient facility. During his stay with Melissa, he experiences an episode in which she does not know what to do and calls the police in fear. She calls Douglas the following morning, recalling everything that had happened the previous night. She claimed that Doug was outside yelling at open space, questioning why "they" have to die, Melissa being unsure who "they" is referring to. The police officer who responded to her call provided her with a resource of a potential facility he could be taken to which she relayed over to Douglas. After a few discussions with the police officer and a lot of contemplation, it was agreed upon that Doug had to go live in an inpatient facility at Loyola Medical Center's Mental Health unit. He was, however, struggling a little bit in this facility. Some of the other guys were making fun of him, referring to him as gay, and some others were stealing his money.

Outside of this mental health unit, he did not have a place to call home. Douglas recalls how he did not speak about Doug, regretting that he did not build a support system sooner and regrets hiding. His mother, Bonnie, was also not mentally well herself so that combination is doomed from the start. Douglas receives a call one day that Doug has run away from the facility

homeless shelter and food bank in the area and calls them, begging them to keep an eye out for Doug. After weeks of calling and not receiving any true answers, he insists on going out and searching for him himself. He creates a map of everywhere he could possibly be and while he does not find his son, it makes him feel better about the situation because he took initiative to look for him instead of doing nothing. After three weeks he receives a call from his son himself from a shelter he had previously contacted. Douglas comes and gets him to return him the following morning to the facility. In the time they had together, Doug shares about his three week adventure living on the streets. He shares that he ended up on a bad side of town called Madden, the one place Wendy was hoping he was not. He mentions how he ended up with a group of guys who protected him, which was a noticeably good change for him considering he was getting made fun of in the facility. They ultimately decide he would not go back to that facility and moved into an apartment with one of the guys in Madden and ended up going back to work, which unfortunately did not last long. He ended up joining another mental health institution called Chartiers Mental Health/Mental Rehabilitation Center and moved in with his mother shortly after, very quickly learning his mother did not have the ability to take care of him because she herself had her own issues. He then moved into an apartment with Melissa, which also did not work out. He proceeded to move to Brookline after progressing after his time at Mercy Behavioral Health. Watching him develop and improve with the daily check-ins was very encouraging to read and see him progressively get better and live on his own. Unfortunately, I was absolutely devastated that he passed the second he began to get better. The life he had begun was seemingly going to be beautiful for him and he deserved it after everything that went on leading up to this point.

One of the pieces that stood out the most to me was the struggle of caregiving. I have always acknowledged the fact that it is a very difficult thing to do, especially with all of the stigma that comes with the association of mental illness. Douglas mentions that “the burden often falls to caring family members to research and organize all of the resources available in order to navigate this new experience, as well as the resolve to access help for ourselves”. Wanting to have an answer seems to typically be the first response a parent has when their child becomes diagnosed with a mental disorder. Caregivers also typically tend to blame themselves, Douglas says so himself: “In many ways, when Doug was diagnosed, I felt responsible. Immediately and profoundly, Doug’s illness would be a reflection of my family, and of our parenting. This is what happens to a family, but why? Would I, for example, feel directly responsible for Doug’s diagnosis of cancer? Or a heart condition? Generally, the answer would be no.” This comparison of illnesses stood out to me because ultimately they are both life-altering illnesses that could eventually lead to death, it is simply measured differently. The mention of grief also stood out to me because observing the change of one person you once knew into a completely new, unrecognizable personality within the same body is absolutely terrifying and also a bit complicated, by the fact that the child is still with the family, and an ongoing relationship needs to be established.” Sometimes caregivers are left to leave the patients entirely and some stay with them the rest of their lives. Both are very draining mentally for these caregivers. While you want to stay and help them, it takes a toll on yourself when your everyday life is being occupied by someone else and what is going on in their life.

Family support should always be top priority whenever a diagnosis of any kind arises. With the amount of stigma that surrounds mental health specifically, it is important to have a support system, especially directly connected to you firsthand. In my own personal experience, I have a diagnosis for bipolar disorder and do not have a strong support system from my family. I would not define it as weak either, it is more so of a pick-and-choose. This has caused me to not love the status I am in yet be in a comfortable position. I am able to get medication, though I was not “allowed” to until I was an adult and my parents are encouraging me to be in therapy even though we cannot afford frequent sessions, but they also do not alter any stressors that could be triggering stressors nor do they “believe” I genuinely have this disorder. With a stronger support system like Doug had, I find that those situations typically turn out for the better.

I personally was very intrigued by this story, not only due to the fact that I enjoy examining mental health cases, but also because I am partially living it just not to the extent that Douglas wrote about. My younger sister was diagnosed with autism at the age of two, which her psychiatrist believes could be developing into schizophrenia. While she is only nineteen so the symptoms are more difficult to tell, as well as the fact that these two disorders can sometimes overlap with one another, she shows similar traits to Doug in how she sees people who are not physically present. She also sometimes becomes “taken over” by these characters, some being evil and some being good. Overall, I enjoyed reading and learning about a new perspective of schizophrenia and it opened my eyes about the mental illness.