

A Boy Broken Reflection

The memoir, *A Boy Broken*, written by Dr. Douglas Engelman provides a comprehensive understanding into his complex relationship with his late son Doug. Doug struggled with schizophrenia for the majority of his adult life and faced the many ups and downs that come with having a psychotic disorder. While I do not personally have experience with a psychotic disorder, I have lived with an eating disorder as well as obsessive compulsive disorder (OCD), depression, and anxiety for nearly a decade. Getting treatment for my mental disorders has been life changing, but it is still a constant struggle to stay on top of everything. This memoir provides insight to topics that are often seen within those experiencing a mental disorder such as social isolation, genetics, and family relationships while also providing more insight into the world of mental disorders.

Social isolation can be seen from those experiencing a mental disorder. Often there is stigma surrounding these individuals as the public generally sees those suffering from a mental disorder as weak, scary, dangerous, etc. Schizophrenia is one of the most misunderstood mental illnesses as it is often depicted as unsafe by the media leading people to have misconceptions as to what it means to be schizophrenic. This may be one of the reasons these individuals are often seen isolated from their peers and family. Doug experienced varying degrees of isolation from his peers and family at the start of his first psychotic break and this pattern continued throughout the rest of his life. His isolation was likely due to hallucinations, and the paranoia that accompany those who are schizophrenic. However, there was a probability his isolation was due to subconscious fears of people thinking he was crazy or broken when in reality he was experiencing something out of his control.

mental health. Social isolation and withdrawal is a common symptom of depression which is something I have been clinically diagnosed with for ten years. When I notice my depression getting worse, I tend to find myself slow to respond to text messages, cancelling plans often, and unable to leave my house. This is challenging in today's world, but I have learned coping skills to help with the debilitating symptoms that depression can carry.

Another topic that is touched on in this memoir is genetics and its strong connection to those struggling with mental illness. Most mental disorders have some connection to genetics. Psychotic disorders are caused by having a genetic predisposition to various genes that trigger symptoms of mental disorders. Doug's great uncle Harry was diagnosed with schizophrenia when he was in his twenties. This genetic predisposition is likely a large contributor to Doug's schizophrenia as well as the trauma associated with his parent's divorce.

Most of my mental health struggles have a strong link to genetics as a lot of my mother's family experiences similar mental illnesses to me. Both of my parents as well as my brother and sister struggle with an eating disorder, but I am the only one actively seeking help for it. This is challenging to navigate as I do not like to watch people I love and care about struggle with a disease I know all too well. Additionally, my maternal grandmother struggles with severe depression leading me to have genes that trigger depression symptoms due to the struggles I have going on in my life. OCD also has a genetic component to it, but there is no one in my family officially diagnosed with it. That being said, it is something I struggle with immensely which leads me to believe it developed primarily as a way to gain control. OCD is commonly misdiagnosed as a generalized anxiety disorder, so some of my family members may have it, and just not know. For me, being transgender in a world that does not accept me for who I am has

disorder, and OCD. My anxiety and depression can also be largely attributed to this as they are common co-occurring disorders.

Family relationships are another important part of this memoir as it is spoken to frequently throughout the book. Often family members feel as though they must “fix” the individual dealing with mental illness even though that is not possible. This often manifests by family members becoming care givers for their loved ones. In the memoir, Douglas speaks of caring for Doug as he struggled with his mental health. He held on to his money for Doug as he was unable to responsibly use it. This was a system that seemed to work well for them overall. Douglas also found himself arranging Doug’s therapist and psychiatric appointments as well as ensuring he attended them. Additionally, he is the one who initially helped Doug find a place to receive care after his first psychotic break. This created a lot of challenges for Douglas and I can only imagine how challenging it is to watch a loved one struggle while not being able to solve all their problems. Not only did Douglas help him, but his sister, Melissa, and his mother, Bobbie, also supported him at various points of his life. Due to the two’s personal struggles and life experiences, they were unable to caretake for Doug for long and Douglas was sent to step back in.

Doug was fortunate and had an extremely supportive system set up, however, not all individuals struggling with mental disorders have this support. Some people are left to find their own resources and navigate the challenging experience of finding care on their own. Other individuals are left with no health insurance or means to afford mental health care which creates a challenging situation and is why a large majority of the unhoused population struggles with a variety of untreated mental disorders. Even if one has health insurance, it can still be challenging

required to treat the issues at hand especially in more rural areas.

While reading this memoir, I found myself reflecting on my experience with my family and how they perceive my own mental health struggles. When I was initially diagnosed with anorexia, my parents did not seem to believe it was real or that I needed help even though my therapist at the time recommended a higher level of care for treatment. As I got older, I continued to struggle with my eating disorder. When I came home from Appalachian State University for the summer, I entered an intensive outpatient program (IOP) to have extra support with both my eating disorder and relationship with my parents as they were not very supportive of my gender identity. Eventually, I was fortunate enough to have a team of providers who cared about me enough to refer me to a residential treatment program where I found myself living for eight months. The center was in Alabama as it is one of the only places in the United States that is well trained in eating disorders within the transgender population. Most eating disorder facilities are only for women which made it challenging for me to find the right treatment center. While in treatment, my mother became receptive to the idea that I did in fact need help for my anorexia and began asking for ways to support me. On the other hand, my father was extremely transphobic and unreceptive to anything therapists were telling him, so we decided to solely focus on my relationship with my mom. She became my sole caregiver from a distance. Once I was done with treatment and able to come back home, we created ways that she could support me and ensure I was eating properly to maintain recovery. She also became more supportive of my gender identity and while she still has some struggles with it, she has grown a lot.

Now that I am stable in recovery and moved out of my house, she has found new ways to continue her role as a caregiver without it being as draining for her. We work together on meal

independence now that my body can keep up with me and my mom is not as worried about me all the time. Sometimes, it can feel like one is a burden when they rely on someone to care for them, but I always have to remind myself that they would not be helping me if they did not love me.

While I was in a partial hospitalization program (PHP) for anorexia, I attempted suicide which caused me to end up in a psychiatric ward. My experience there was very bizarre as I met a wide variety of people and was met with rules and regulations that largely did not make sense to me. In the psychiatric ward, I called my mother and she seemed to react similarly to Douglas when he spoke with Doug in a similar situation. My mom had the reaction of not exactly knowing anything about these places and also expressing relief that I was going back to residential treatment with some of the best mental health professionals I have ever met. Douglas seemed to react similarly with Doug when they spoke for the first time after Doug began his treatment journey. Like Doug, I also do not exactly remember my time in the psychiatric ward and have a very hard time discussing that week of my life. I hope I can get to a place one day where I am able to talk about it.

Overall, the themes of social isolation, genetics, and family connections are very apparent throughout this memoir as well as the impact that mental disorders have on one's everyday life. The impact may be due to one experiencing symptoms, but it also tends to be seen through loved ones experiencing something challenging and wanting to help them. While this memoir was heartbreakingly sad at times, I enjoyed reading it and gathering more insight into the world of schizophrenia. Reading this has helped me feel more connected to the course content, and I am glad I got to do so.