Them and Me — The Care and Treatment of Black Boys in America

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"Black people love their children with a kind of obsession. You are all we have, and you come to us endangered."

So writes Ta-Nehisi Coates in *Between the World and Me*, and for all my clinical training, it's narratives such as his that have provided me with a shadow curriculum of racial affirmations.[1]

As I complete dual fellowships in child and adolescent psychiatry and addiction medicine, honing my expertise in diagnosing and treating disorders of thinking, feeling, and behavior affecting children, adolescents, and their families, I have seen patients with a wide range of disorders. I have also consumed textbooks, attended conferences, and inquired endlessly about clinical cases and opinions during supervision. But it took the national attention now being paid to Black lives to make me consciously acknowledge that caring for Black boys and their families is one of the most rewarding and emotionally challenging endeavors I face.

When I interview parents of Black boys, I frequently come away with a similar narrative — a story in which normative behavior is characterized as aberrant, or behaviors classically associated with common diagnoses are misattributed.

The preschool version: A widowed mother of a 4-year-old Black boy sought consultation for what his teacher described as aggressive and noncompliant behaviors, including not sitting "Indian-style" during reading circle and overly aggressive play. When I spoke with the mother, she described a precious child interested in learning multiple languages, including the Kreyol spoken in his home. I spent 90 minutes interviewing and observing the boy and questioning him and his mother, but I saw no hint, let alone a pattern, of behavior warranting pharmacologic or even behavioral intervention.

When I pivoted to questions about his academic environment, the mother told me her son drew much attention as the only Black child in his parochial preschool. The mother, a diligent and strong academic who had begun to question her own parenting skills, showed me photos of her son in his classroom; indeed, he was not sitting cross-legged, but neither were several non-Black students. In the photo, the boy looked attentively at the book his teacher was holding and held his hands high, apparently waiting to ask a question.

Assessment: 4-year-old Black male child being a child. Plan: Share the growing evidence that educators, even in preschool, have biases toward viewing normative behaviors of Black boys as challenging, which partially explains the overrepresentation of Black boys among students suspended or expelled from school.[2] Validate mother's decision to place the child in a more culturally diverse kindergarten in the fall, while cautioning that removing him from the school doesn't remove the melanin from his skin. Schedule regular parent-guidance follow-up sessions, since the mother appreciated the opportunity to talk with someone who could assuage her anxieties about her child, validate concerns about structural racism in education, and discuss normative behavioral development.

"I was a curious boy, but the schools were not concerned with curiosity. They were concerned with compliance. I loved a few of my teachers. But I cannot say that I truly believed any of them."[1]

When I speak to elementary school teachers, I'm often asked about behavioral compliance and Black boys: "What am I supposed to do when they just don't listen?" I walk them through my clinical thought process, acknowledging that children exist within dynamic tapestries of complex social, psychological, and biologic diversity. I encourage teachers to see their Black male students as individuals and to find strategies that allow for their individuality.

The grade-school version: I met an 8-year-old Black boy and his parents after he'd been suspended from school four times in 4 months. As I read his chart and talked with his teachers and school counselors, I was prepared to encounter not a boy but an "aggressive, out-of-control" force of nature who would "intimidate" me. His school record indicated that he had difficulty "letting go" during classroom transitions. His parents told me he'd received early-intervention language services but aged out at 3 years old;

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they recognized that he had relatively few friends, since “he can be intense, wanting to play with them every day.”

The child I met was neither aggressive nor intimidating, but he showed classic atypical social reciprocity and a strikingly keen interest in Legos and maps. Rather than forcibly fitting him into my scripted questions, I sat awkwardly with him on the floor and attempted to enter his world, which he welcomed without tantrum or rage. I recognized his difficulty in letting things go as cognitive rigidity, not defiant behavior.

Assessment: 8-year-old Black boy, concern for an undiagnosed neurodevelopmental condition — autism spectrum disorder (ASD), with or without intellectual impairment, level 1. Plan: Provide psychoeducation about ASD. Share evidence about children of color and missed diagnoses.[3] Refer for neuropsychological evaluation so that an Autism Diagnostic Observation Schedule is completed and a report written. Encourage parents to apply for developmental services from the state and to seek support of their child at home and in the community while preventing placement in a more restrictive setting.

“You exist. You matter. You have value. You have every right to wear your hoodie, to play your music as loud as you want. You have every right to be you. And no one should deter you from being you. You have to be you. And you can never be afraid to be you.”[1]

The high school version: A 16-year-old Black boy whose records are full of pronouncements that he is “not motivated” comes to see me with his mother. We discuss his life, including scholastic pursuits, and he acknowledges that he doesn’t always give his best effort — not unusual for a teenager — but tells me candidly, “It’s not that I don’t care, but I don’t feel like *they* care.” Sensing that boys like him need a holding space during a period of identity formation, I generally seek to provide supportive and cognitive behavioral therapy, rather than strictly psychopharmacologic management. With such patients, I delve into and process thoughts, feelings, and behaviors and provide space where they can feel anxious, frustrated, or embarrassed or laugh without pretense. Much to others’ surprise, communication with these teenagers gradually improves and accusations of apathy fade. But I’m not offering a unique cure — just validated and evidence-informed therapy. I educate the parents about the worrisome frequency with which Black boys are mislabeled with behavioral disorders[4] when they simply have emotions like everyone else.

“So I feared not just the violence of this world but the rules designed to protect you from it, the rules that would have you contort your body to address the block, and contort again to be taken seriously by colleagues, and contort again so as not to give the police a reason.”[1]

When it comes to Black boys, I’m often primed to encounter frightening caricatures — creatures who are at least rough around the edges, possibly hostile. Yet when I sit still, focused on being present and listening to their thoughts and feeling their emotions, I don’t feel angst or hear distortions of their reality. Instead, I see reflections, of both myself and society. I see individual boys navigating a society that often has negative conceptions of who they are. And I think, “He’s just a boy — must he be more responsible for his actions in a way that others cannot know?” The reality is, in our country . . . yes, he must.

When parents, colleagues, and friends ask, “How should I talk to my Black son?” or “How do I talk about racial tensions?” I aim to provide answers based on the best evidence — the lived experiences of patients and the history of Black men’s lives and deaths in America. I hope I’ll be ready to bear the weight of expectations, as I remind myself and others of philosopher Paulo Freire’s words: “No one can be authentically human while he prevents others from being so.”[5]

For I, too, am a Black man.

Identifying details have been changed to protect the patients’ privacy.

Disclosure forms provided by the author are available at NEJM.org.

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