
Component 2: The Emotional Health of our Sons

“Boys and girls handle stress differently. They need different approaches, different understanding and, quite often, different interventions.”

—Tracey Shors, Ph.D., Department of Psychology and Neuroscience, Rutgers University⁷³

The Invisible Stepping-stones to our Sons' Suicides

- The more boys advance through adolescence, the more their suicide rate increases relative to girls:⁷
- prior to **age nine**, boys and girls commit suicide at **equal** rates.
- from ages **10 to 14**, boys' rate is **twice** as high⁷⁴;
- from **15 to 19**, **four** times as high⁷⁵; and
- from **20 to 24**, more than **five** times as high.^{76 77}

The more a boy is exposed to the pressures of the male role, the more he is likely to commit suicide. What are these pressures? For starters...

Item. When a relationship is not going well, boys' mental health is “more negatively affected” than girls'.⁷⁸

Why are our sons' broken hearts so invisible? We often assume that when it comes to girls, “boys just want sex.” The assumption masks boys' vulnerability. And boys' methods of expressing their vulnerability—such as drinking, drugs, or speeding—lead us to focus on the behavior boys express rather than the vulnerability they suppress.⁷⁹

But it goes deeper than that. In the past forty years, we've increasingly given our daughters the option of taking sexual initiatives. Our sons are left with the expectation of taking sexual initiatives—that is, the expectation of risking sexual rejection. Our sons still hear that sex is dangerous (AIDS) and dirty (herpes, Chlamydia). Yet their hormones shout out their desire and therefore their shame at wanting it more than girls. Their expectation to initiate—especially with the girls to whom they are most attracted—is in the context of our sons being less emotionally mature than girls, knowing little about sex, and even less about girls.

In brief, we send the message that sex is dirty, and our sons should initiate the dirt. We tell the less mature sex that they should be the ones to risk sexual rejection by the girls toward whom they feel the most attracted when the girls are at the height of their beauty power. And then, if their journey through their risks of rejection succeeds, and it leads to a relationship that captures

their heart but breaks apart, his methods of acting out and our assumptions that “boys just want sex” leaves our sons with little support when they most need it.

What can make this spiral downward into suicide? In romantic relationships, boys typically put all their “emotional eggs” in the basket of women, so when a relationship sours, they may feel the “four prerequisites to suicide”:⁸⁰ 1. no one wants me; 2. no one needs me; 3. there is no hope of that changing; 4. I don’t feel I can speak to anyone who will really empathize. In combination, those unarticulated feelings and their hormones are the invisible stepping-stones to suicide.

Yet the Commission is not aware of any program focusing specifically on helping boys rearrange their stepping-stones, creating a journey to recovery.

When our sons get older, they are more likely to commit suicide during specific periods of vulnerability:

- *When unemployed.* Unemployed men commit suicide at twice the rate of employed men. Rates for employed and unemployed women are similar.⁸¹
- *After divorce,* a man is ten times as likely as a woman to commit suicide.⁸²
- *Later in life.* For example, men over 85 have a suicide rate more than 1300% higher than their female age peers.^{83 84}

Overall, 80% of suicides completed are by boys and men.⁸⁵ Yet the Commission is aware of only a couple of under-funded programs for adult men.⁸⁶ The Council can develop programs to help boys and men at these vulnerable moments. One method is learning more about depression in males...

Depression. The greater frequency of boys and men’s suicide suggests parents and professionals may need to be more alert to signs of depression. If doctors were trained to see boys and men’s extreme behavior— extreme sports, reckless driving, violence, alcoholism, gambling, or addiction to sex or work—as possible reflections of the need for adrenaline and dopamine to counteract depression, we might prevent boys and men’s more extreme destructiveness. Women’s socialization to express feelings, ask for help, and accept a diagnosis of depression can be part of the solution to depression; men’s socialization to repress feelings and “tough it out” can be part of the solution—or part of the problem.

Violence and Criminality among Young Men

The majority of acts of violence-related injuries⁸⁷ and violent deaths involve boys and young men⁸⁸:

- Compared with females, boys and young men have higher death rates from violence and virtually every other type of dangerous behavior—firearms⁸⁹, drowning⁹⁰, motor vehicles⁹¹, and motorcycle deaths.
- Among 15 to 24 year olds, for every female who died from violence, six males died.^{92 93}

- Boys are more often diagnosed with conduct disorder⁹⁴, which is linked with anti-social personality disorder, aggression and violence, repetitive lying, theft, destruction of property, and conflicts with authority.⁹⁵
- Among those 17 or younger, the boy-to-girl ratio in correctional institutions is 9:1^{96 97}. Among 18-21-year olds, the ratio grows to 14:1⁹⁸.

Such statistics can overwhelm our compassion, but each of those violent teenagers were once baby boys, and at that point, were far more capable of accepting guidance and rejecting negative influences. Maximizing early prevention programs can minimize the economic costs of criminal incarceration and investigation. The Council can help assess what is most effective.

Other solution possibilities for a White House Council on Boys to Men are:

Educating Parents and Professionals about Boys' Emotional Problems and Potential Solution. Parents, teachers, clergy, and even mental health professionals may have difficulty responding appropriately to boys' feelings because boys often act out in ways that mask their vulnerabilities. What is really bothering boys, and the most productive re-channeling of their energy, needs to become a focus of specialized training available to parents. For example, what is healthy and unhealthy male behavior at any given developmental stage? What is the impact of nutrition and physical exercise on boys' hormones and brains? What are the optimal ways a male mentor or a father's involvement can help a boy emotionally? How do we identify and help a boy with a broken heart, or a broken family? Professional education and parent-education programs such as the Harlem Children's Zone,⁹⁹ which engage whole communities in family training, should be examined and perhaps adapted to other settings.

Mentoring programs and positive male rites of passage. The Council would identify the best mentoring programs offered by faith communities; by organizations such as Stepping Stones, the Young Men's Ultimate Weekends and Family Wellness Courts in California, to the Alliance for Concerned Men in D.C.; from Big Brothers and Sisters, to Boys' Clubs and the Boy Scouts, and the Boys to Men Mentoring Network of the Mankind Project. Discovering what mentoring works best for which boys, and developing evidence-based programs, can be one of the best investments in our future.

Education and support for children of unwed or divorced parents. Because in 2010, being raised in a non-intact family often means that a boy loses his dad, and is more likely to suffer emotionally, academically, socially and in physical health, it is necessary to educate family court psychologists, social workers, legislators, and judges to help assure that dads are not unnecessarily removed from their children's lives.

Let's take a closer look at what is perhaps the least expensive and most effective solution to the problems of boys, and to men adrift...

Conclusion to Emotional Health Section

In the past, our dads learned from their dads what to do in the fields, or what to do as an apprentice. It was our dads' job to do, not to feel. The messages to our dads from their dad, mom,

church and community were both clear and unified. And for dads who could fit in, that enhanced emotional stability. Today, with so many boys raised in non-intact families, there is neither clarity nor unity; neither dad nor mentor. And that can create emotional insecurity.

While our sons need two parent families and mentors, the messages we send our sons to prepare them for the future need not be the same as the messages of the past. Just as more of our daughters found that more flexible expectations allowed them to experience emotional fulfillment from the permission to discover who they are, so we have the opportunity to create more flexible expectations for our sons rather than the pressures of the male role that too frequently lead to emotional distress or suicide.

The Council's mandate includes helping our parents and professionals give our sons leadership that balances the ability to do with the ability to feel—to help our sons make the transition from human doing to human being.

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- 76 Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File. 1999–2006. CDC WONDER On-line Database, compiled from Compressed Mortality File 1999–2006 Series 20 No. 2L, 2009. <http://wonder.cdc.gov/cmfi-icd10.html>.
- 77 U.S. Department of Health and Human Services. Centers for Disease Control and Prevention, National Center for Health Statistics. Health, United States, 2005, with Chartbook on Trends in the Health of Americans. Table 46 (page 1 of 3): Death rates for suicide, according to sex, race, Hispanic origin, and age: United States, selected years 1900–2003, p. 221. <http://www.cdc.gov/nchs/data/hs/hs05.pdf#027>.
- 78 Robin Simon and Anne Barrett, “Non-Marital Romantic Relationships and Mental Health in Early Adulthood: Does the Association Differ for Women and Men?” *Journal of Health and Social Behavior*, June, 2010. The study is of 1,000 unmarried young adults between 18 and 23.
- 79 Warren Farrell, *Women Can't Hear What Men Don't Say*. New York: Berkely Books, 2001. Chapter 4, “How to Help Men Express Feelings.” See also Robin Simon and Anne Barrett, *Journal of Health and Social Behavior*, June, 2010 as well as Michael Gurian and Kathy Stevens. *The Minds Of Boys: Saving Our Sons from Falling Behind in School and Life*. San Francisco: Jossey- Bass, 2005.
- 80 Warren Farrell, *Women Can't Hear What Men Don't Say*. New York: Berkely Books, 2001. Chapter 4, “How to Help Men Express Feelings,” and, on the disappointments in love that lead to suicide, see pp. 153, 166.

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- 81 Augustine J. Kposowa, "Unemployment and Suicide: A Cohort Analysis of Social Factors Predicting Suicide in the U.S. National Longitudinal Mortality Study." *Psychological Medicine*, January, 2001; 31(1):127–38.
- 82 Augustine J. Kposowa, "Marital Status and Suicide in the National Longitudinal Mortality Study." *Journal of Epidemiology and Community Health*., Vol. 54, April 2000, p. 256. The figure is 9.94 higher in divorced men than in divorced women. The 9.94 figure was obtained from Dr. Kposowa using information from Table 1 on p. 256. Personal correspondence with Warren Farrell, June 29, 2000.
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- 84 National Center for Health Statistics. *Health, United States, 2008 with Chartbook*. Hyattsville, MD: 2009. Table 45. Death rates for suicide, by sex, race, Hispanic origin, and age: United States, selected years 1950–2006.
- 85 Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999–2006. CDC WONDER On-line Database, compiled from Compressed Mortality File 1999–2006 Series 20 No. 2L, 2009. <http://wonder.cdc.gov/cmfi-icd10.html>.
- 86 Inquiry by Tom Golden of Lanny Berman, director of the American Association of Suicidology. A program for adult men in Colorado is a collaborative project of the Colorado's Office of Suicide Prevention, The Carson J Spencer Foundation, the Suicide Prevention Coalition of Colorado, Regis University and the American Foundation of Suicide Prevention. Contact Dr. Sally Spencer-Thomas.
- 87 CDC Web-based Injury Statistics Query and Reporting System (WISQARS) query: Violence-Related All Injury Causes Nonfatal Injuries and Rates per 100,000. Fifty-nine percent of violent injuries were to males.
- 88 CDC Web-based Injury Statistics Query and Reporting System (WISQARS) query: Violence-Related All Injury Causes Fatal Injuries and Rates per 100,000. Seventy-nine percent of violent deaths were to males. Surveillance for violent deaths—national violent death reporting system, 16 States, 2006. D. L. Karch, L. L. Dahlberg, N. Patel, T. W. Davis, J. E. Logan, H. A. Hill, L. Ortega; Centers for Disease Control and Prevention (CDC). *MMWR Surveillance Summaries*, March 20, 2009; 58 (1):1–44.
- 89 National Center for Health Statistics. *Health, United States, 2008 with Chartbook*. Hyattsville, MD: 2009. Table 4346 (page 1 of 3). Death rates for firearm-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1970–2006. 2005.
- 90 CDC Web-based Injury Statistics Query and Reporting System (WISQARS) query: Violence-Related All Injury Causes Fatal Injuries and Rates per 100,000. Seventy-five percent of drowning deaths were male.
- 91 National Center for Health Statistics. *Health, United States, 2008 With Chartbook*. Hyattsville, MD: 2009. Table 4043 (page 1 of 4). Death rates for motor vehicle-related injuries, by sex, race, Hispanic origin, and age: United States, selected years 1950–2006. 2005.
- 92 CDC Web-based Injury Statistics Query and Reporting System (WISQARS) query: "Violence-

deaths was 6.1 men per woman.

- ⁹³ Judith Kleinfeld, "The State of American Boyhood." *Gender Issues* 26:2. June, 2009: 113–129.
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- ⁹⁷ U.S. Census Bureau, Census 2000, unpublished tabulation. Census 2000 PHC-T-26. Population in Group Quarters by Type, Sex and Age, for the United States: 1990 and 2000.
- ⁹⁸ U.S. Census Bureau, Census 2000, unpublished tabulation. Census 2000 PHC-T-26. Population in Group Quarters by Type, Sex and Age, for the United States: 1990 and 2000.
- ⁹⁹ Harlem Children's Zone. Family, Community and Health <http://www.hcz.org/programs/family-community-a-health>.