Ten years ago, the first edition of this book gently surprised the clinical community. It was the first single volume to present mental health perspectives of diverse subcomponents of the deaf community. Clinicians who read that volume reorganized their understanding of deaf people as a singular homogeneous group and began to appreciate the wide diversity within and between groups who are deaf. It was perhaps the first formal nudge to conceptualize the word “deaf” as belonging to different cultures, different groups, and different conditions.

As editor, Irene Leigh, through her exemplary work, has now raised the bar of excellence (which should be our clinical standard) even higher. In this revised and updated second edition, readers are no longer nudged but are startled into reconceptualizing, reorganizing, and, in some instances, learning for the first time about the subtle and not-so-subtle subcomponents of the deaf community. The degree to which one feels somewhat startled is perhaps reflective of the fact that psychotherapy with the deaf community has substantially lagged behind delivery of service to other groups and also that there are still relatively few of us out there doing it. As the first (and so far the only) deaf clinical psychologist in Canada, I was both energized by this book and ashamed by my lack of knowledge regarding diversity. Some of it generates a “how did I not know that?” reaction, whereas other details represent information that I have not been exposed to or perhaps never sought information about before.

This book needs to be on the bookshelf of every clinician working with deaf clients and not just gathering dust. It begins with a helpful review of service delivery highlighting the ethical issues that are relevant and instrumental in working with deaf clients as well as the diversity of consumer (deaf patients) knowledge, attitudes, beliefs, and experiences. Of particular importance are the issues to consider from the perspective of the deaf clinician or therapist in working with deaf clients.

The second section examines psychotherapy as implemented with deaf women; lesbian, gay, and bisexual deaf individuals; hearing children of deaf parents; and people with Usher syndrome. The third section examines the critical issues brought forth in psychotherapy with deaf clients who are African American, American Indian, Asian American, and Latino. Although these chapters are written from an American perspective, there is much to be learned for clinicians and therapists from other countries and continents such as Canada and Europe in terms of the importance of cultural knowledge and sensitivity.

The final section provides informative and rich descriptions of other deaf populations including deaf college students, recipients of cochlear implants, and deaf elderly clients. This book closes with a thought-provoking description of dialectical behavior therapy as an intervention option. The underlying theme throughout is the idea that deafness may unite people on some level; yet within a therapeutic context, attention must be paid to critical differences that may differentiate.

Throughout this book, there are numerous and detailed client descriptions and narratives of therapeutic examples. These examples bring to life not only the rich knowledge these experienced authors are sharing with us but also the diverse tapestry woven into the humanity that represents the deaf community. Buy this book, read it, and then read it again.

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