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Book Review

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Book Review

Ethics in Mental Health and Deafness.

Gutman, V. Editor (2002)

Washington, DC: Gallaudet University Press

When a "critical mass" is reached in a profession's collective knowledge and experience, the task of defining and clarifying the details of its ethos emerges. The publication of Gutman's edition about the ethics of mental health work in the field of deafness is an example of such an emergence, and offers reflection of how much this specialized field has evolved, in terms of clinical and research practice with deaf and hard-of-hearing people, training and supervision of both deaf and non-deaf mental health professionals, involvement of sign language interpreters, impact of technology and the law, and even the sophistication level of deaf and hard-of-hearing clientele.

Intended as a resource for teachers and students in graduate and professional mental health programs, as well as clinical practitioners working with deaf and hard-of-hearing people, this book should also be useful to researchers and other practitioners (e.g., medical, educational) who work with this population. Gutman herself and several other authors explicitly (Leigh, Brice, Corbett, Peoples) and implicitly (McCrone, Taylor, Arnos, Pray) emphasize the issue of general as well as specialized clinical competence, including both academic and practical training in professionally relevant codes of ethics, as a primary ethical concern. Two other ethical themes repeatedly observed by Gutman in this collection of writers were those of confidentiality/privacy and management of multiple roles/relationships, including "boundary management" (e.g., sign language interpreter role and function, as discussed by Taylor; or deaf therapists living and working in the same community, as illustrated by Leigh). Several chapters, particularly with respect to advocacy and research issues, discussed the issue of autonomy/self-determination; for example, who determines the "best interests" of deaf/hard-of-hearing children (Brice) or older adults (Pray)? Or was the process of obtaining informed consent for treatment or research purposes appropriately conducted and confirmed (McCrone, Pollard)?

As a collection of ethical considerations of different aspects of mental health work with deaf and hard-of-hearing people, these writers

leave few stones unturned; perhaps the largest difficulty this reviewer had was reconciling Gutman's stated goal to "address ways to transcend some of the limitations and inherent contradictions in the codes of ethics by developing methods of thinking through ethical problems in a sound manner" (Preface, p. x) with the actual format of presentation, in which different chapters reverberated with discussion of key ethical principles. From this preface, this reviewer expected some overview of the mental health and deafness field, followed by discussion(s) of the identified key ethical principles and illustrations in different mental health training, clinical, practice and research situations involving deaf and hard-of-hearing people, and then some summarizing formulations or guidelines for disciplined ethical analysis applied to these unique experiences. Perhaps a re-ordering of chapters, so that Chapter 2 (Gutman) provided the overall historical and contextual overview including, for example, deaf culture and deaf community characteristics and multiple relationships/roles as well as competence, paternalism (or "colonialism", see Lane, 1999¹) and the principles of maleficence/beneficence, disability law and issues of equality/equity, informed consent and autonomy/self-determination, would help the reader work through more effectively the subsequent chapters addressing these issues in more depth.

Peoples (and to some extent, Corbett) commented astutely on the need for mental health practitioners to have some exposure and practice with ambiguous or complex ethical situations—an effective means for wrestling with "limitations and inherent contradictions" in ethical codes in supervised or mentored settings—and such experience is crucial in later efforts to sort out ethical dilemmas with added layers of communication, linguistic and cultural concerns unique to deaf and hard-of-hearing clientele. Notwithstanding the fact that such ethical code weaknesses or gaps are generally revealed in this process out in the field or through the illustrations provided by the contributing authors, an additional chapter was somehow expected that would recapitulate significant examples of unique shortcomings of extant ethical codes with respect to this specialized area of work and hypothesize a set of guidelines for addressing them and evaluating the impact of attempted strategies or solutions. An added value of such a compilation would be provocation for further exploration and research in ways that would facilitate collaboration and consensus-building.

¹ Lane, H. (1999). *Mask of Benevolence: Disabling the Deaf Community*. San Diego, CA: DawnSignPress

These comments should in no way detract from the important contributions made by this collection of writers, with obvious knowledge and experience, as well as the courage of self-scrutiny and self-disclosure so that others may stand on their shoulders and see further down the road of evolution of ethical mental health practice. While still a seminal work for the field of mental health and deafness, and should be required reading in all programs educating and training mental health and other professionals planning to work with deaf and hard-of-hearing people, this book has already the potential for significant impact on the modification of ethical codes concerned with addressing cultural diversity issues in mental health practice, particularly with increasing sensitivity to communication and linguistic, as well as cultural or ethnic, factors.

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