Some years ago I met David, a nine year old who was born deaf and had no access to any formal language, signed or spoken, until he was aged four years of age. As well as neglect, David had experienced other forms of abuse, which continued until he was placed into care. When I met David he had a cochlear implant and used a combination of Sign Supported English and English to communicate. David’s behaviour was problematic to himself and those around him, hence the referral to the Deaf Child and Adolescent Mental Health Service. However, before he could access the therapeutic interventions he so clearly required, he needed to have a language to tell his story.

David’s language appeared largely intelligible, though it was quickly apparent that he struggled with chronology, even ‘simple’ re-telling of events. For example, when relaying the events of the previous weekend, he began on Sunday night and ended on Saturday with Friday’s events in the middle. He also included in his description an event that had taken place two years earlier. To compound his difficulties and those he communicated with, David was unclear in his referents, using nouns, such as ‘brother’ to refer to a range of individuals, all male but not all related. David was the first, but not the last young person I have met with what Gulati calls Language Deprivation Syndrome (LDS). Before we could embark on any meaningful therapeutic work, we needed to establish which was David’s preferred language, or combination of languages, how proficient he was, or could be, and, once this was established, how could we help him with chronology, grammar, referents and meaning?

Glickman and Hall have put together a book that would have been a valuable companion reader for us in our work with David, and, I’m sure, will prove to benefit young people like David and those who work with them in the future.

Corinna Hill’s foreword to the book succinctly navigates the reader through the manualist v oralist debate, which is a strand weaved throughout the book. Fittingly, given the battle motif, Hill uses the markers of the American Civil
War (when the majority of deaf children had access to sign language in residential schools) and Great War (almost all – around 80% - of deaf children were educated in the oral method) to describe the shift from manualism to oralism.

Although the introduction and the book itself is largely focussed on the experiences of Deaf people in the United States, there are parallels, shared concerns and recognisable descriptions of the experience of deaf people and those working with them to make this book relevant to all interested in Deaf mental health, wherever we are in the world.

There are several key themes throughout the book but at its core is a clear message that all people have a basic human right to a language. Language is more than speech, and language is required to enable a person to live life to the full. Without language we struggle to articulate feelings, and we struggle to make sense of the world, where we locate ourselves within it and how we relate to others. Therefore, once we appreciate the centrality of language to the human condition, we have no grounds to deny any individual the right to language, and we have no right to dictate what language that is. In effect, in denying sign language or failing to promote sign language whilst prioritising spoken language does just that.

The contributors are sensitive in their discussions about approaches that do not promote sign language. Cochlear implant (CI) surgery is undoubtedly beneficial for many people. However, there are concerns raised, for example, that professionals, some associated with CI and the oral tradition, have advised families against the introduction of sign language, expressing the view that it will compromise the child’s ability to pick up spoken language. The authors are mindful to acknowledge the positive intent but do not shy away from expressing concerns that such advice is misjudged.

The point is made by more than one contributor that a flaw in the oralist (my language) approach is the focus of hearing over language and that not promoting signed language is described as both detrimental and a high risk policy given the variability of CI outcomes.

The contributors are passionate about promoting language, however, this book offers much more. The richness of deaf history and culture is well-covered, contributors are active and passionate about working in this field and there is a wealth of ideas about how to prepare individuals for therapy, how to modify approaches, and how to work effectively with interpreters. Furthermore, it covers a range of areas in Deaf mental health, talks about how teams should work, and who they should include. There are also thoughts on using what law there is available to marshalling forces, or ‘the village’, to promote deaf children’s rights to language.

The book is rich in testimony and vivid case study and, overall, it is inspiring.

If one accepts the compelling arguments put forward in the ten chapters, it would be difficult to read this book and not feel impassioned to do what we can in our own roles to promote, as the initial inscription says, ‘the human right of deaf people to their natural sign languages’.