Canadian Audiologist
The Official Publication of the Canadian Academy of Audiology

The Movie, “The Silent Child” Based on Outdated Concepts

Published May 8th, 2018

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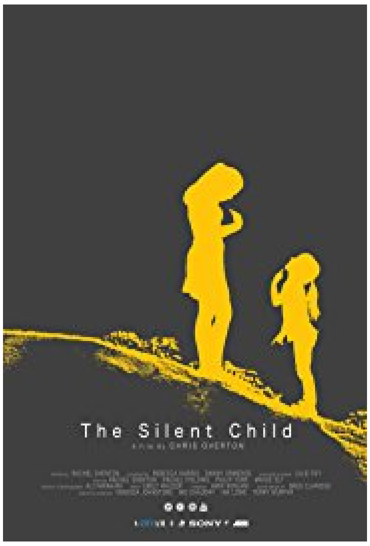

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The Silent Child is a British-made film that won an Oscar at this year’s Academy Awards for Best Live Action Short. In short, I found the film completely predictable, full of false clichés, and outdated concepts that have long since been abandoned. It reflects views held in the 1950s rather than the breadth and depth of clinical treatment and deaf education opportunities available today.

“The Silent Child” tells the story of a profoundly deaf 4-year girl named Libby in contemporary society, who neither knows how to communicate through spoken speech nor though British Sign Language (BSL). She becomes acquainted with a social worker who then teaches Libby how to communicate using BSL. This approach was not fully discussed with the family and they ultimately reject BSL and insist that Libby learn to lip-read.

So, what is wrong with this story? A lot. Although the film was a mere 20 minutes in duration, it took me over an hour to complete the viewing because of the number of times I had to pause the film to write down all the inaccuracies.

In one of the opening scenes, the father tells the social worker that “we have quite low expectations” for Libby. In all of my extensive interaction with parents of children with varying degrees of hearing loss, most parents want their deaf children to achieve their full potential, be academically successful and have gainful and fulfilling employment. This perspective has been voiced by advocates of sign language and auditory-verbal approach to deaf education.

We also learn three key things about Libby that made little sense to me. First, was that Libby was not identified until she was three and a half years old. This prompted me to see if the UK has a Universal Newborn Screening Program. Sure enough, there is a document from the UK Government published April 1, 2013, that outlines the National Health Service (NHS) newborn hearing screening program. Two care pathways have been developed, one for well-babies and another for babies who have been in a Neonatal Intensive Care Unit (NICU) or a Special Care Baby Unit (SCBU). In short, the NHS protocol follows the evidence-based guidelines that many countries use for newborn hearing screening including the use of Automated Otoacoustic Emission (AOAE) screening test followed by more in-depth Auditory Brainstem Response (ABR) testing on those who failed the AOAE screening. While it is possible that Libby became deaf after birth, it is unlikely since the film alluded to a family history of deafness. Therefore, it begs the question, why did the filmmakers choose to ignore that the UK has a newborn hearing screening program that could have prevented her late identification? Early identification is crucial, regardless of which education approach one choses. It allows the family to begin auditory stimulation or the use of sign language as early as possible.

The second thing we learn from Libby's mother is that Libby "has a hearing aid but won't wear it." Is the implication here that Libby's mother thinks it is her daughter's fault for not using the hearing aid? No further detail is provided as to why she does not use her hearing aid. Is it not set correctly? Is it not helping because she does not have enough residual hearing? Today's use of the Real Ear to Coupler Difference (RECD) and the various prescription methods have enabled pediatric audiologists to provide hearing aids that are both effective and comfortable.

The third thing we learn is that Libby apparently did not qualify for a cochlear implant (CI). This again seems highly unlikely. If Libby is not getting benefit from conventional amplification, then she most assuredly would qualify for a CI. But alas, this is only a 20-minute short film and so I suppose we must allow for some artistic licence. However, since the filmmakers are trying to make a case for how things are today, I believe they have a moral obligation to at least portray a reasonably accurate description of the modern services provided in the UK and other developed nations.

Another gross inaccuracy in the film is the notion that a deaf child could potentially learn to communicate using lip-reading, the approach that certainly Libby's mother was advocating in the film. This "Oral Method" of deaf education may have been used in the past but is now an outdated and generally abandoned method. Audiologists, AV therapists, speech-language pathologists, and hearing resource teachers all know that this approach has failed. Many speech sounds look the same on the lips due to the same place of articulation (e.g. [p], [b], and [m]), and others are not even visible since they are produced near the back of the mouth (e.g. [k] and [g]). Voicing is not visible, thus making voiced and voiceless consonants appear exactly the same. This is why it is critical to make speech audible either through hearing aids or cochlear implantation.

I am not suggesting that the decision to use sign language is based solely on audiometric considerations. It is crucial that all families, when they learn their child is deaf, be provided with as much information about various educational approaches including sign language and AV therapy. As professionals in hearing care, our role is to ensure that families make informed decisions based on accurate information. This process may take time as the family deals with the implications of the diagnosis. We must help them on this journey, but not make the decision for them.

In short, this film may have attempted to oversimplify a complex debate in a medium that is too short to fully develop the issues. It uses outdated concepts and is grossly inaccurate by today's standards. It represents a missed opportunity to accurately portray the impact of deafness in modern times.