



Speech Difficulties in Children and the Role of Talking Therapy: A Psychological and Social Perspective

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Abstract

Speech development is a foundational aspect of childhood growth, directly influencing emotional well-being, cognitive function, and social integration. This article explores the causes and consequences of limited speech and selective mutism in children, with particular attention to psychological, neurological, environmental, and emotional factors. Drawing upon interdisciplinary perspectives from child psychology, educational theory, and Islamic ethics, the paper emphasizes the critical role of talking therapy in addressing these challenges. Modern therapeutic methods such as Cognitive Behavioral Therapy (CBT), speech and language therapy, and expressive play therapy are examined for their effectiveness in restoring verbal expression, confidence, and emotional regulation. Simultaneously, the article highlights prophetic models of child-centered communication, illustrating how the Sunnah of the Prophet Muhammad ﷺ prioritizes listening, compassion, and gentle correction. Practical strategies for parents, educators, and religious institutions are presented to foster a language-rich and emotionally safe environment at home, school, and within spiritual spaces such as mosques and madāris. The paper argues that an integrated psycho-spiritual approach merging evidence-based therapy with Islamic values offers a holistic path for helping children overcome speech difficulties. It concludes with recommendations for collaborative care and early intervention as essential to empowering every child to find and use their voice.

Keywords: Speech Difficulties, Talking Therapy, Psychological issues, Social Perspective

Introduction

Children form the foundation and future of any society, and the development of their personalities relies heavily on emotional, social, and linguistic growth. Language is not merely a tool for exchanging words; it reflects character and communicates confidence.¹ If a child consistently speaks less, hesitates to engage with others, or becomes entirely silent, it may not simply be a matter of shyness but a deeper psychological or linguistic concern that requires immediate attention.

While reduced speech in children is sometimes a temporary phase, persistent silence can significantly hinder their mental, academic, and social development. If such children are given timely guidance and professional support, their lives can be positively transformed. It is in such situations that the value of modern and effective treatments like “talking therapy”² becomes critically important.

It would be incorrect to categorize speech difficulties in children under a single label, as these challenges manifest in various forms, each with its own psychological, social, or innate causes. Generally, the following types of speech difficulties are observed:

(Introversion)

Some children are naturally introverted. They prefer solitude and avoid social settings, not due to a psychological disorder but as a personality trait.³ As long as they are socially content, their quiet nature should not be considered pathological.

(Selective Mutism)

Selective mutism is a psychological condition in which a child refuses to speak in certain settings (like school or around strangers)⁴ despite being able to speak normally in others (such as at home). This often stems from severe anxiety and should be addressed with professional care.

Silence Due to Social Anxiety or Embarrassment

Some children exhibit silence not because of a language disorder but due to **social anxiety** or chronic feelings of embarrassment. These children may be overly self-conscious and fear being judged, corrected, or ridiculed in social settings.⁵ As a result, they may avoid speaking altogether, using silence as a defense mechanism to protect their fragile self-esteem. This

behavior can be particularly observed in classroom environments where performance pressure is high or where peer interactions are unsupportive⁶.

Silence Due to Emotional or Psychological Distress

Children who are exposed to **emotional trauma**, such as domestic violence, parental separation, abuse, or neglect⁷, often withdraw into silence as a psychological coping mechanism. In such cases, the silence is not merely behavioral but is a symptom of deeper emotional turmoil and unresolved trauma. These children may lack the emotional vocabulary or security to articulate their feelings, and therefore, speech avoidance becomes a way to manage their internal chaos.

Neurological or Medical Causes of Speech Difficulties

Certain **neurological or physiological conditions** can impair a child's ability to speak. These include **Autism Spectrum Disorder (ASD)**⁸, **Childhood Apraxia of Speech (CAS)**, **hearing impairments**, or **developmental delays** that affect the motor planning of speech. Children with such conditions may not lack the will to speak, but they struggle with the neurological processing or articulation mechanisms necessary for verbal expression. These cases require a **multidisciplinary intervention**, often involving speech-language pathologists, occupational therapists, psychologists, and sometimes neurologists

Family Pressure and Emotional Climate

A tense home environment characterized by constant parental conflict, harsh discipline, emotional neglect, or lack of affection can deeply affect a child's sense of safety and emotional security. In such settings, the child may begin to perceive the world as threatening and unpredictable. When exposed to frequent shouting, arguments, or physical punishment, they may internalize feelings of fear and helplessness.⁹ As a result, silence often emerges as a psychological defense mechanism a way to avoid triggering further conflict or attracting unwanted attention. For these children, withdrawing into silence is not a sign of peace, but a survival strategy used to shield themselves from emotional harm and verbal or physical aggression. It becomes a refuge in which they can temporarily escape the chaos around them.

Constant criticism and punitive parenting further erode a child's self-worth and discourage self-expression. Children who are routinely belittled, scolded, or physically punished may start to believe that their opinions, emotions, and even their presence are unimportant or inherently flawed. This leads to a breakdown in communication and emotional development, often resulting in chronic self-doubt, anxiety, and social withdrawal. Over time, the absence of warmth and emotional support deprives them of the confidence needed to voice their thoughts and needs. In such cases, silence is not simply the absence of speech it is a manifestation of internalized pain, rejection, and unmet emotional needs. To help such children, it is crucial to build safe, nurturing spaces where empathy, validation, and open communication are consistently practiced.

Social Embarrassment or Low Self-Esteem

Some children avoid speaking due to deep-seated feelings of inferiority that stem from shame about their accent, physical appearance, or perceived lack of intelligence. In environments where differences are mocked or where children feel they do not measure up to their peers, silence becomes a protective shield against judgment and ridicule. Instead of risking embarrassment, rejection, or being laughed at, they retreat inward, suppressing their voice to avoid drawing attention to themselves.¹⁰ This self-imposed silence is often misunderstood as shyness or lack of interest, when in reality it reflects a painful struggle with self-worth and acceptance. The fear of being exposed, misunderstood, or humiliated can be so overwhelming that even simple acts of communication feel threatening.¹¹ To support such children, it is crucial to build environments that celebrate diversity, promote kindness, and offer consistent emotional reassurance, helping them to rebuild their confidence and feel safe enough to speak.

Fear or Pressure in Educational Settings

In school settings, children may resort to silence as a coping mechanism when exposed to harsh disciplinary methods, unsympathetic teachers, or bullying peers. When a child is frequently scolded in front of classmates, ridiculed for asking questions, or mocked for their accent, speech pattern, or academic mistakes, it can lead to deep emotional wounds and a fear of speaking. This public humiliation chips away at their confidence, creating anxiety around verbal expression and social interaction.¹² Over time, they may begin to equate speaking up with the risk of further embarrassment or rejection, leading to a pattern of withdrawal and self-censorship. Such silence is not merely a behavioral issue but often reflects an internalized sense of inadequacy and fear. If left unaddressed, it can hinder not only the child's academic progress but also their emotional development and ability to form meaningful relationships. Therefore, it is essential for educators to foster a supportive, inclusive environment where every child feels safe, respected, and encouraged to express themselves without fear of ridicule. Silence Due to Social Anxiety or Embarrassment.

Excessive Use of Digital Screens

Today's children are increasingly engrossed in digital devices such as mobile phones, tablets, television, and video games. While these tools offer entertainment and learning opportunities, excessive use significantly reduces opportunities for real-life verbal interaction. When screen time replaces conversations with parents, peers, and teachers, children miss out on practicing essential communication skills such as expressing thoughts, listening actively, and responding appropriately.¹³ Over time, this lack of meaningful interaction can hinder their linguistic, emotional, and social development, leading to delayed speech, reduced vocabulary, and difficulties in building relationships.

Linguistic or Physical Disabilities

Sometimes, children remain silent or speak very little not out of choice, but due to undiagnosed speech, hearing, or developmental disorders such as speech delay, hearing loss, or autism spectrum disorder. These conditions often go unnoticed, especially in early childhood, when parents or caregivers may mistake quietness for shyness or good behavior. Without early identification and professional intervention, these underlying issues can escalate and create significant communication barriers. The child may struggle to form sentences, respond appropriately, or even comprehend spoken language, which can lead to frustration, social isolation, and academic difficulties. Timely assessment by speech-language pathologists, audiologists, or developmental specialists is essential to provide appropriate therapies and support, enabling the child to develop their full communicative potential¹⁴.

The Power of Speech as Healing

Speech is not merely a function of communication; it is a profound human faculty that allows individuals especially children to externalize their thoughts, regulate emotions, and form meaningful connections. When a child experiences difficulty in speaking or expressing thoughts, the consequences extend far beyond silence; they may struggle with learning, emotional resilience, and social integration.

Talking therapy, also referred to as **psychotherapy through verbal interaction**, has emerged as a key clinical intervention in addressing such difficulties. According to the **American Psychological Association**¹⁵ psychotherapy or "talking therapy" helps individuals, including children, understand and cope with their problems through guided conversation, emotional exploration, and behavioral strategies.¹⁶

From an Islamic perspective, the sacredness of language is evident in the Qur'anic verse:

خَلَقَ الْإِنْسَانَ ○ - عَلَّمَهُ الْبَيَانَ

“He created man, and taught him speech”¹⁷

This divine emphasis on communication reinforces the psychological view that the ability to articulate is part of a child's natural developmental process and deserves therapeutic attention when impaired.

Defining Talking Therapy

Talking therapy is a broad term encompassing various psychological treatments where a trained therapist works through dialogue to help the individual understand their emotions, thoughts, and behavior. For children with speech delays or communication issues, talking therapy may involve:

- Helping them express what they feel but cannot say.
- Developing vocabulary and sentence formation.
- Managing anxiety, trauma, or selective mutism.
- Enhancing self-confidence through repeated safe verbal interaction.

This process does not involve medicine but relies heavily on **active listening, structured questioning, and empathetic dialogue.**

Types of Talking Therapy Relevant to Children

Speech and Language Therapy

Speech and language therapy is the most direct form of intervention for children facing issues with pronunciation, vocabulary, fluency, or articulation. According to the **NHS (UK)**, this therapy is vital for children with speech sound disorders, stammering, or language delays often associated with developmental conditions such as autism or hearing loss¹⁸.

Therapists use structured exercises, repetition, visual cues, and play-based interaction to encourage linguistic development.

Cognitive Behavioral Therapy (CBT)

CBT helps children overcome unhelpful patterns of thinking that may be hindering their ability to speak freely. Children who internalize negative thoughts like “I sound stupid” or “People will laugh at me” benefit from CBT, which re-frames these beliefs into empowering self-talk. The **APA** affirms CBT as highly effective in treating anxiety-related speech avoidance.¹⁹

Play Therapy

Since many children express themselves better through play than direct verbalization, therapists often use toys, puppets, drawings, and storytelling to explore emotional blocks and encourage

expression. This aligns with **Jean Piaget's** theory that children learn and communicate through symbolic play.²⁰

Art and Expressive Therapy

Art therapy provides non-verbal routes to emotional expression, especially for children who are traumatized or deeply introverted. By drawing, painting, or role-playing, they develop the ability to transfer their expressions into words. This method supports children with **selective mutism**, where the child chooses silence in certain environments due to anxiety²¹

Integration with Islamic Principles

Though talking therapy is rooted in modern psychology, its core elements compassionate listening, encouraging expression, building trust are deeply reflected in Islamic tradition.

The Prophet Muhammad ﷺ was known for his attentiveness, even to the youngest and least articulate members of society. He never interrupted others, gave full attention, and responded with gentleness. As narrated in a Hadith:

"The Prophet never interrupted a person until he completed his speech."²²

These principles echo the therapeutic foundation of **"unconditional positive regard"** as promoted by modern psychotherapists like Carl Rogers.

Furthermore, Islamic ethics encourage reflection and verbal expression:

"Ask the people of knowledge if you do not know"²³

This command not only promotes inquiry but highlights the importance of verbal engagement as a means of learning and healing.

Talking Therapy and the Brain: What Science Says

Dr. Dan Siegel, a clinical professor of psychiatry at UCLA, emphasizes that emotional safety is key to verbal expression. He explains that the **"integrated brain"** where emotion (limbic system) and reasoning (prefrontal cortex) are in balance flourishes in environments where the child feels heard and safe (Siegel & Bryson, 2011)²⁴. Talking therapy, through empathic engagement, activates this balance.

Similarly, **UNICEF's Early Childhood Development Report (2021)** underlines that when young children are denied opportunities to express themselves or are left in silence, it can affect their brain's architecture, leading to emotional dysregulation and social alienation.

Real-World Impact of Talking Therapy

Children who undergo regular talking therapy sessions show remarkable progress:

- **Increased confidence** in class participation and peer interactions.
- **Better emotional regulation** fewer tantrums, improved sleep, reduced anxiety.

- **Enhanced linguistic fluency** and vocabulary.
- **Reduced social withdrawal**, especially among children with selective mutism or autism spectrum disorders.

The **World Health Organization (WHO)** has acknowledged talking therapy as a frontline tool in early childhood mental health interventions, particularly in low-resource settings where early language stimulation can prevent long-term developmental delays (WHO, 2020).

Collaboration Between Parents and Therapists

For therapy to be successful, parents and caregivers must reinforce the techniques at home:

- Engage in daily five-minute conversations without screens.
- Practice storytelling or role-play to spark expression.
- Praise verbal efforts, however small.
- Avoid criticism or correcting speech harshly.

As **Lev Vygotsky** noted, "Children grow into the intellectual life of those around them." Therapy becomes truly transformative when caregivers continue the process of supportive dialogue outside the therapy room²⁵

Practical Strategies to Help Children with Speech Difficulties

Home, School, and Religious Settings

While talking therapy provides structured clinical support, real and sustainable progress happens when the child's **entire environment** home, school, and community actively contributes to their communication development. Below are practical, research-based strategies to support children with speech and communication challenges in everyday contexts.

At Home: Creating a Language-Rich Environment

Talk More, Even If the Child Doesn't Respond

Children learn speech through exposure. Caregivers are encouraged to speak regularly with their child even if the child remains silent. Describe daily activities, ask simple questions, and model conversational patterns. According to UNICEF, everyday conversation builds a child's vocabulary and promotes neural development in the early years.²⁶

Read Aloud Every Day

Reading aloud, especially storybooks with pictures, improves listening, comprehension, and language structure. Repetition of favorite stories reinforces new words. Choose books with moral lessons or Islamic values to combine literacy and ethics.

Prophetic model: The Prophet Muhammad ﷺ often used stories (qasas) and parables to teach children and adults alike.

Avoid Overcorrection or Pressure

Constant correction may cause the child to feel self-conscious. Instead, model the correct pronunciation gently. For example, if the child says “tup” instead of “cup,” reply:

“Yes, that’s a nice cup.”

2. In School: Inclusive and Encouraging Classrooms

Train Teachers in Speech Awareness

Educators must be trained to recognize early signs of communication difficulties and avoid labeling children as “lazy” or “unintelligent.” According to the NHS, teacher awareness significantly affects intervention outcomes.²⁷

Use Pair or Small Group Work

Children who fear speaking in front of large groups may open up in pairs or triads. Peer learning reduces pressure and builds confidence.

Encourage Non-Verbal Responses

Allow children to nod, point, or draw their answers while building their verbal capacity. Gradually transition from non-verbal to verbal interaction.

Celebrate Small Wins

Recognizing small improvements motivates children. Public praise should be sensitive and private feedback should be encouraging.

Islamic reflection: The Prophet ﷺ praised children even for small good deeds, saying, “Good words are charity.”

3. In Mosques and Religious Settings: Spiritually Supportive Spaces

Religious spaces can play a vital role in supporting children’s communication through spiritually guided, emotionally safe environments.

Involve Children in Qur'an Recitation and Du‘ā

Even children with speech challenges benefit from listening to and repeating small verses and du‘ās. The rhythm, repetition, and melody of Qur’anic recitation can improve speech clarity and memory.

The Qur’an states: “And We have certainly made the Qur’an easy for remembrance, so is there any who will remember?”²⁸

Use Gentle Encouragement in Madāris

Teachers in Islamic institutes must show empathy rather than shame. If a child stammers during recitation, correcting them with kindness will increase their willingness to try again.

Create Children’s Circles (Ḥalaqāt)

Mosques can organize weekly children’s storytelling or nasheed sessions, where speaking is encouraged without formal correction. Such informal spaces build confidence and religious identity simultaneously.

4. Technology and Media Use: Guided, Not Replaced

Although some educational apps support language development, passive screen time especially unsupervised can delay speech and reduce interaction. The World Health Organization recommends limited screen exposure for children under five, emphasizing interactive play instead.²⁹

Use Technology Actively, Not Passively:

- Watch short educational videos together, asking questions afterward.
- Use speech apps like “Articulation Station” or “Endless Alphabet” with supervision.

Avoid replacing human interaction with devices.

5. Social and Emotional Safety: Foundational for Speech

Speech difficulties are often linked to emotional states like anxiety, fear, or trauma. A calm, supportive emotional environment is essential.

Validate the Child’s Feelings

Rather than saying “Don’t be shy,” say:

“It’s okay to feel nervous sometimes. I’m proud that you’re trying.”

Be Patient with Silence

Give the child time to answer. Do not rush to fill in words or interrupt. This pause is part of building expressive courage.

Maintain Eye Contact and a Gentle Tone

Children feel seen and heard when adults kneel to their level, maintain soft eye contact, and use encouraging body language.

Sunnah practice: The Prophet ﷺ would turn his full face and body toward children, signaling full attention and love.

6. Collaborating with Therapists and Schools

If the child is undergoing therapy, it's essential that **parents, teachers, and therapists remain in communication**. Consistent vocabulary, techniques, and encouragement across settings improve outcomes.

- Keep a speech diary shared between home and school.
- Attend follow-up meetings and ask for home-based exercises.

Lev Vygotsky believed that children grow into the intellectual and linguistic patterns of those around them.⁴ Caregivers must embody the verbal and emotional patterns they wish to cultivate in their children.³⁰

Conclusion: Integrating Speech Development, Therapy, and Faith in Raising Resilient Children

Speech is not simply a skill it is a human right, a divine gift, and a foundational component of identity. Children who struggle with speech disorders or selective silence are not merely “shy” or “slow”; they are navigating complex cognitive, emotional, and often spiritual terrains that require empathy, attention, and coordinated care.

This article has explored the causes of limited speech in children, the transformative role of talking therapy, and the power of supportive environments across the home, school, and religious domains. We have seen that when speech challenges are approached early and holistically rather than ignored or punished children can recover, grow, and thrive. Their voices, once hidden or stifled, can become confident and clear.

The Qur'anic worldview does not separate the body, mind, and soul. The Prophet Muhammad ﷺ modeled an education of gentleness and presence, treating every child with dignity, regardless of ability. His attentiveness to the emotions and expressions of the young serves as a timeless blueprint for modern therapeutic engagement.

Modern psychology affirms what the Islamic tradition has long upheld: that **compassionate listening, safe environments, and guided verbal expression** are essential not only for learning, but for healing. As **Dr. Dan Siegel** notes³¹, the developing brain is shaped by experience and experiences of being heard are central to how a child perceives the world and their place in it.³²

Thus, talking therapy is not merely a clinical procedure; it is a practice of restoring connection between child and caregiver, thought and word, soul and self. Whether delivered through a professional therapist or cultivated organically in the warmth of a parent's lap, a teacher's classroom, or a mosque's prayer hall, its essence lies in one fundamental act: **listening with the intention to understand, not to correct.**³³

As communities, we must ask not just, "Why doesn't this child speak?" but "Have we given this child a safe space to speak?" By combining the best of contemporary psychological insights with the ethical and spiritual wisdom of Islam, we can create a future in which every child regardless of their starting point is empowered to use their God-given voice.³⁴

Recommendations (Summary Points)

- **Early Screening:** Regular assessment of speech development in children, especially under age five.
- **Accessible Therapy:** Ensure availability of speech and talking therapy in both public and private sectors, including rural areas.
- **Parental Training:** Educate parents on language-rich activities like storytelling, reading aloud, and emotional support.
- **Teacher Support:** Train educators to recognize and support speech-challenged children with inclusive classroom strategies.
- **Faith-Informed Models:** Encourage therapy approaches that integrate Islamic values such as empathy, patience, and encouragement.
- **Community Collaboration:** Promote cooperation between therapists, teachers, parents, and religious leaders for holistic care.
- **Mindful Use of Technology:** Use speech-supportive apps with adult interaction; avoid excessive screen exposure.
- **Further Research:** Promote studies on Islamic-faith-based therapy and child mental health in Muslim societies.
- **Policy Development:** Advocate for child-centered language and therapy policies that include psychological and spiritual well-being.

References

¹ American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Arlington, VA: American Psychiatric Publishing, 2013.

² Rutter, Michael, Dorothy Bishop, and Daniel Pine. Rutter's Child and Adolescent Psychiatry. 6th ed. Wiley-Blackwell, 2015.

³ Cain, Susan. *Quiet: The Power of Introverts in a World That Can't Stop Talking*. New York: Crown Publishing Group, 2012.

⁴ Shipon-Blum, Elisa. *Understanding Selective Mutism: A Guide for Parents, Teachers, and Therapists*. SMG Press, 2010.

Beidel, Deborah C., Samuel M. Turner, and Michael A. Morris. *Social Effectiveness Therapy for Children: Treatment Manual*. Needham Heights, MA: Allyn & Bacon, 2000.

⁶ Beidel, Deborah C., Samuel M. Turner, and Michael A. Morris. *Social Effectiveness Therapy for Children: Treatment Manual*. Needham Heights, MA: Allyn & Bacon, 2000

⁷ van der Kolk, Bessel A. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York: Viking, 2014.

⁸ Volkmar, Fred R., and Rhea Paul. *Handbook of Autism and Pervasive Developmental Disorders*. 4th ed. Hoboken, NJ: Wiley, 2014.

⁹ Perry, Bruce D., and Maia Szalavitz. *The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook*. 3rd ed. New York: Basic Books, 2017.

¹⁰ Pianta, Robert C., and Bridget K. Hamre. "Conceptualization, Measurement, and Improvement of Classroom Processes: Standardized Observation Can Leverage Capacity." *Educational Researcher* 38, no. 2 (2009): 109–119. <https://doi.org/10.3102/0013189X09332374>

¹¹ Brown, Brené. *The Gifts of Imperfection: Let Go of Who You Think You're Supposed to Be and Embrace Who You Are*. Center City, MN: Hazelden Publishing, 2010

¹² Pianta, Robert C., and Bridget K. Hamre. "Conceptualization, Measurement, and Improvement of Classroom Processes: Standardized Observation Can Leverage Capacity." *Educational Researcher* 38, no. 2 (2009): 109–119. <https://doi.org/10.3102/0013189X09332374>

¹³ Christakis, Dimitri A. "Interactive Media Use at Younger Than the Age of 2 Years: Time to Rethink the American Academy of Pediatrics Guideline?" *JAMA Pediatrics* 164, no. 12 (2009): 1105–1106. <https://doi.org/10.1001/archpediatrics.2010.52>

¹⁴ Paul, Rhea, and Courtenay Norbury. *Language Disorders from Infancy Through Adolescence: Listening Speaking, Reading, Writing, and Communicating*. 5th ed. St. Louis, MO: Elsevier Health Sciences, 2018, p/45

¹⁵ Alan E. Kazdin, *Behavioral and Cognitive-Behavioral Treatments for Children and Adolescents: An Empirical Guide*, 2nd ed. (New York: Oxford University Press, 2017). p/23

¹⁶ NHS, "Speech and Language Therapy," NHS UK, last modified September 2023, p/56 <https://www.nhs.uk/conditions/speech-and-language-therapy/>.

¹⁷ **(Qur'an 55:3–4).**

¹⁸ NHS, "Speech and Language Therapy," NHS UK, last modified September 2023, p/67

¹⁹ American Psychological Association (APA), *Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults* (Washington, DC: APA, 2017), <https://www.apa.org/ptsd-guideline/>

²⁰ Garry L. Landreth, *Play Therapy: The Art of the Relationship*, 3rd ed. (New York: Routledge, 2012) p/56

²¹ Jean Piaget, *Play, Dreams and Imitation in Childhood* (New York: Norton, 1962) p/13

²² Mishkat al-Masabih 252 In-book reference : Book 2, Hadith 49

²³ **(Qur'an 16:43).**

²⁴ Daniel J. Siegel and Tina Payne Bryson, *The Whole-Brain Child: 12 Revolutionary Strategies to Nurture Your Child's Developing Mind* (New York: Delacorte Press, 2011).

²⁵ UNICEF, *Early Childhood Development: The Foundation for a Fair and Sustainable Future* (New York: United Nations Children's Fund, 2021), <https://www.unicef.org/reports/early-childhood-development-2021>.

²⁶ Lev S. Vygotsky, *Mind in Society: The Development of Higher Psychological Processes*, ed. Michael Cole et al. (Cambridge, MA: Harvard University Press, 1978).

²⁷ National Health Service, "Speech and Language Therapy for Children," last modified 2022, <https://www.nhs.uk/conditions/speech-and-language-therapy/>.

²⁸ (Qur'an 54:17)

²⁹ World Health Organization, Caring for Children and Adolescents with Mental Disorders: Setting WHO Direction (Geneva: WHO, 2020), <https://www.who.int/publications/i/item/9789240005932>.

³⁰ Lev S. Vygotsky, *Thought and Language*, ed. and trans. Alex Kozulin (Cambridge, MA: MIT Press, 1986), originally published 1934.

³¹ Daniel J. Siegel and Tina Payne Bryson, *The Whole-Brain Child: 12 Revolutionary Strategies to Nurture Your Child's Developing Mind* (New York: Delacorte Press, 2011), 35–45.

³² Qur'an 55:3–4 and 54:17. For tafsīr see: Ibn Kathir, *Tafsīr al-Qur'an al-'Azīm*, vol. 4 (Cairo: Dār al-Ḥadīth, 1999), 421; Ṣaḥīḥ Muslim, *Kitāb al-Birr*, ḥadīth no. 2197.

³³ abid

³⁴ Jean Piaget, *The Language and Thought of the Child*, trans. Marjorie and Ruth Gabain (London: Routledge, 1959), originally published 1926.