

Language Without Fear: Tackling Speaking Anxiety in the First-Generation ESL Learners

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ABSTRACT

Affective factors such as anxiety, low motivation, and low self-esteem are well-known psychological barriers to second-language learning, particularly in the development of oral proficiency. High speaking anxiety raises learners' affective filter, resulting in reduced language intake and more disfluent oral production. This study evaluates the effects of training first-generation ESL learners in selected anxiety-coping strategies on English-speaking anxiety and speaking fluency. Participants received 45 regular intervention sessions, in addition to counselling and feedback sessions. Using notetaking and phased pedagogical interventions, including systematic desensitisation, rehearsal opportunities, mirror talk, and record-and-review techniques, the researchers measured speaking anxiety through the English Language Speaking Anxiety (ELSA) scale and assessed speaking fluency through a rubric. The significant improvement in learners' fluency following anxiety reduction is promising and has implications for teachers, particularly those who work with first-generation learners.

KEYWORDS: ESL learners; First-generation learners; Speaking anxiety; English Language Speaking Anxiety (ELSA) scale; Anxiety-coping strategies

INTRODUCTION

Speaking anxiety has long been recognised as an obstacle to second language acquisition (SLA) and has been the subject of various studies, especially in connection with English as a second language (ESL). In India, where English serves not only as a lingua franca but also as a medium of instruction and a widely valued tool for educational and professional advancement, oral proficiency presents a particularly demanding challenge. This challenge is especially acute for first-generation learners, whose parents have not benefited from formal education in English. Linguistic diversity, economic constraints, and social barriers further intensify the problem. As a result, many learners experience significant English-speaking anxiety.

Anxiety has been described as "an unpleasant emotional state with potentially harmful implications for performance and achievement" (Lewis, 1970, cited in Duong & Trang, 2023). Ellis (1994, cited in Duong & Trang, 2023) identifies three types of anxiety: trait anxiety, state anxiety, and situation-specific anxiety. Trait anxiety, as defined by Scovel (1978), reflects a relatively stable predisposition toward anxiousness and may therefore be regarded as a personality-like

disposition. State anxiety is a temporary feeling of apprehension, tension, or nervousness in a particular moment (Spielberger, 1983, cited in Duong & Trang, 2023). Situation-specific anxiety is associated with particular contexts or events, such as public speaking, examinations, classroom participation, or other situations in which performance is evaluated. This study focuses on situation-specific anxiety in relation to English speaking, particularly anxiety produced by classroom circumstances and the surrounding learning environment.

Extensive research shows that interventions can reduce speaking anxiety among school-age and college-level learners. The English Speaking Anxiety Reduction (ESAR) programme, which combined content instruction, motivational sessions, and communication workshops over 30 hours, significantly reduced speaking anxiety among Gujarati-medium upper-primary students (Prajapathi, 2016). Similarly, research on Task-Based Language Teaching (TBLT) with fourth-year undergraduates in Kerala showed that task-based approaches improved oral proficiency and reduced students' anxiety (Krishnan, 2022).

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By emphasising real-world tasks, authentic communication, and collaborative work, TBLT creates a supportive environment in which learners can express themselves more clearly without excessive anxiety about accuracy (Shiny, 2021). Studies conducted in Goa have examined Public Speaking Anxiety (PSA) and its predictors, including internal factors such as self-confidence and foreign language anxiety, as well as external factors such as peer support, family background, teacher support, maternal support, attitudes of teachers and peers, and type of school (Fernandes & Rodrigues, 2022). Sociocultural factors, including medium of education, gender, and parental education level, also affect students' anxiety levels (Ranjith, 2023). Other home and sociocultural factors, including self-esteem, motivation, family pressure, peer pressure, home language environment, monitor overuse, and communicative proficiency, have also been found to influence learners' experiences (Leena, 2022). Despite these findings, few studies have explicitly examined first-generation learners as a distinct group. Issues such as fragile learner identity, home literacy practices, and feelings of linguistic inferiority remain underexplored. In addition, while many interventions report significant improvement, there is generally little longitudinal evidence showing whether anxiety reduction is sustained after the intervention. Existing research often groups learners together, leaving the effectiveness of interventions for first-generation learners in particular insufficiently examined.

LITERATURE REVIEW

Second- or foreign-language speaking anxiety is a common phenomenon in language classrooms and often deprives learners of fluency and ease (Horwitz, Horwitz, & Cope, 1986; MacIntyre & Gardner, 1994). Humanistic language teaching regards learners' feelings, self-esteem, and psychological safety as central to language learning (Stevick, 1980). Research shows that anxiety in face-to-face speaking situations reduces learners' willingness to communicate and lowers perceived competence (Humphries, 2011). In this context, researchers and educators have highlighted the potential of anxiety-coping strategies to strengthen learners' confidence and improve speaking proficiency.

Effective techniques in this area include self-regulated strategy instruction, through which learners consciously plan, monitor, and evaluate their performance (Zimmerman, 2002). Such self-regulation is usually taught through four kinds of strategies: cognitive strategies, including rehearsal,

elaboration, and problem solving; metacognitive strategies, including planning, monitoring, and evaluation; management strategies, including effort regulation and help-seeking; and motivational strategies, including positive self-talk and valuing the task (Weinstein & Mayer, 1986; Dignath, Büttner, & Langfeldt, 2008). With such strategies at their disposal, learners can regain control over the learning process, leading to better task outcomes and lower anxiety in public performance.

El-Sakka's (2016) study supports this view. In that study, self-regulated strategy training with Egyptian university EFL students resulted in substantial improvement in speaking proficiency and a marked reduction in speaking anxiety. The intervention used strategies such as goal setting, rehearsal of language and situational responses, positive self-talk, reflection, and peer collaboration, creating a supportive atmosphere in which learners could take risks in oral tasks. Other scholars have noted similar coping strategies. Marwan (2007) found that learners used preparation, relaxation, positive thinking, and peer support to cope with language anxiety. Liu and Chen (2014) reported that less anxious learners used more metacognitive and social strategies, while Noormohamadi (2009) likewise found that less anxious learners tended to use more effective coping strategies.

These strategies are closely related to speaking proficiency. When affective barriers are lowered, learners can more freely engage in the cognitive processes involved in speech production, including conceptualisation, formulation, articulation, and monitoring (Levelt, 1989). Rehearsing content, planning ideas, and monitoring delivery can reduce hesitation and increase fluency. Repeated and reflective rehearsal also helps learners identify weaknesses and improve performance. As El-Sakka (2016) suggests, gains in speaking proficiency can reduce speaking-test anxiety, while lower anxiety can further support proficiency. Confidence fosters competence, and competence lowers anxiety.

The specific strategies used in the current study, namely mirror talk, record-and-review, gentle correction, rehearsal opportunities, and systematic desensitisation, are consistent with existing evidence on strategy use and anxiety reduction in speaking classes. Two bodies of literature are especially relevant: first, self-regulated strategy instruction that emphasises planning, rehearsal, monitoring, and positive self-talk; and second, research on learners'

spontaneous coping behaviours and teachers' role in establishing low-anxiety speaking environments.

Sari's (2017) work with foreign language learners showed that explicitly encouraging rehearsal techniques, self-monitoring strategies, self- and task evaluation, and positive motivation led to gains in speaking proficiency and reductions in anxiety. This aligns closely with mirror talk as a confidence-building strategy, record-and-review as a self-monitoring technique, and rehearsal as guided practice. El-Sakka's (2016) student participants also reported using several coping strategies, including memorising words and phrases, repetition, positive thinking, self-encouragement, peer support, and humour, to reduce anxiety when speaking before the class. These strategies correspond with the techniques used in the current study. The record-and-review technique extends beyond memorisation and repetition by adding reflection and feedback. Mirror talk fits within Sari's emphasis on positive self-experience. The literature also emphasises the need for teachers to avoid harsh correction and create a low-anxiety environment during speaking tasks, which supports the use of gentle correction in the present study. Finally, informal learner practices such as drinking water, praying, or smiling before speaking suggest that systematic desensitisation can be understood as a more formal exposure-and-relaxation technique.

Overall, the present study targets the cognitive, metacognitive, motivational, and affective dimensions of speaking anxiety. By engaging learners in these strategies, the intervention aims not only to improve fluency through systematic practice, monitoring, and feedback but also to build confidence and reduce dependence on the teacher. The goal is not simply to make anxious learners speak more often; it is to help them develop confidence, autonomy, and oral competence in ways that align with existing research on anxiety reduction and speaking development (El-Sakka, 2016; Sari, 2017).

RESEARCH OBJECTIVES

- To analyse the factors that cause English-speaking anxiety among undergraduate first-generation ESL learners.
- To examine the impact of anxiety-coping strategies on reducing English-speaking anxiety among undergraduate first-generation ESL learners.

RESEARCH QUESTIONS

- Which factors, including learners' background, teacher support, learners' involvement,

classroom environment, and past language-learning experience, contribute most significantly to English-speaking anxiety?

- To what extent do anxiety-coping strategies improve learners' self-efficacy, confidence, and English-speaking fluency?

RESEARCH METHODOLOGY

The participants were selected through purposive sampling. Initially, 92 first-generation undergraduate ESL learners, aged 18-21 years, completed the English Language Speaking Anxiety Scale (ELSA). This self-report questionnaire was used to identify the participants' levels of anxiety and fluency. The ELSA questionnaire analysis showed that, out of 92 participants, 21 self-reported high anxiety levels and low fluency due to learner beliefs and lack of exposure to language practice. In the subsequent phase, a diagnostic speaking fluency assessment was conducted through one-minute speaking-activity prompts, and the data were collected through video recordings. The analysis of verbal and non-verbal aspects showed that 14 out of 21 learners were at the minimal level of speaking fluency, as defined by IELTS (2020), and had high levels of anxiety. These 14 participants were selected as the final sample for the intervention because they recorded high levels of anxiety and minimal fluency. The 45 intervention sessions were conducted in three phases, each consisting of 15 sessions and lasting approximately one month.

Phase 1 focused on "Reproductive Language Use" activities to enhance learners' access to language and practice with teacher-researcher support. Along with language input, systematic desensitisation techniques, such as rehearsing, taking deep breaths before speaking, and drinking water, were practised to reduce anxiety levels among the participants. In Phase 2, "Adding Challenges and Choices" activities emphasised practising language chunks learned in the previous phase in new contexts. Participants were asked to use mirror talk to build confidence speaking in front of the class. In Phase 3, "Productive Language Use" activities were more linguistically demanding, with greater exposure to new vocabulary and complex sentence structures. Challenging activities were practised with record-and-review strategies to enhance participants' fluency and improve confidence levels in the classroom.

The intervention included both comprehensive language input and anxiety-coping strategies. Data collection tools included the English Language

Speaking Anxiety Scale (ELSA), video recordings, the Classroom Observation Checklist (COC), and a structured interview. The data comprised both quantitative and qualitative dimensions.

The English Language Speaking Anxiety Scale (ELSA) themes were analysed using descriptive statistics, including means, standard deviations, frequencies, and percentages, to identify levels of anxiety. To compare pre- and post-test scores and examine the relationship between background variables and speaking anxiety, inferential statistics, including t-tests and correlation analysis, were employed. Qualitative data collected through the Classroom Observation Checklist and structured interviews were analysed thematically through coding, categorisation, and identification of recurring patterns in learners' confidence, participation, and coping strategies. Finally, triangulation connected the quantitative and qualitative findings, strengthening the study's validity, reliability, and depth.

Phase-Wise Strategy Implementation

The intervention was planned across three phases, with each anxiety-coping strategy and language-input component designed to address the particular needs of that phase. Throughout the intervention, the researcher maintained an integrated approach, ensuring that strategies from earlier phases were continued and adapted as needed in subsequent phases.

Phase 1: Systematic desensitisation was introduced in this phase and practised throughout the intervention. This gradually reduced participants' anxiety while they performed speaking tasks. Learners began with self-talk, moved to pair work, and eventually progressed to pair presentations in front of the class. Emotional safety was maintained throughout the process, and controlled breathing was used as an additional form of exposure-based anxiety

management. This helped learners understand and accept their anxiety levels constructively.

Phase 2: Mirror talk and record-and-review strategies were introduced to create more rehearsal opportunities. These strategies aimed to provide more language practice and address body-language issues such as posture, gestures, and eye contact. These strategies were also part of home assignments, in which learners were instructed to speak and record videos on familiar topics and share them in the class group for feedback. This process helped reduce performance pressure, provided space for self-correction, fostered fluency and confidence, and gradually addressed learners' anxiety.

Phase 3: This phase placed greater emphasis on an integrated approach to employing strategies that enhanced speaking fluency and reduced anxiety. Language input and anxiety-coping strategies were employed according to learners' needs during task preparation, practice, and performance. Learners were encouraged to participate in group tasks, seminars, presentations, discussions, and debates. During these tasks, they engaged in self- and peer feedback using feedback keys co-developed with the learners. These keys focused on descriptive feedback about what worked well and what needed improvement. Gentle corrections and reformulations were generally used after task completion so that errors could be addressed without interrupting performance. Learners supported each other with constructive feedback and reformulation techniques to improve fluency.

Table 1 provides full details of the designed activities for comprehensive language input, including the types of activities conducted with the students across all 45 sessions. The comprehensive fluency scores across all three phases are presented in Figure 1.

Table 1: Integrated Speaking Activities to Develop English Speaking Fluency and Reduce Speaking Anxiety

Level 1	Level 2	Level 3
Greetings	Mirror talk	Story circle
Introduction of self and others	Introducing a famous personality and a prestigious organisation	Story creation
Likes and dislikes of self and others	Advice and suggestions	Expressing opinions: agreeing and disagreeing
Description of people and places	Comparative adjectives	Discussion
Description of things and feelings	Comparative adjectives	Debate: arguments
Daily routines	WH-questions: direct and indirect questions	Persuasion skills
Yes/no questions	Story completion	Persuasion skills
Just-a-minute activity (JAM)	Word formation	Negotiation skills

Level 1	Level 2	Level 3
Story retelling	Connecting words	Negotiation skills
Asking for permission	Possibility and probability	Presentation skills
Accepting and refusing permission	Active and passive sentences	Presentation skills
Expressing ability	If-sentences I and II	Summarising a talk/event
Requesting	If-sentences III and IV	Interview skills
Inviting: accepting/declining an invitation	Narrating an event and a situation	Reporting
Talking about just-completed actions	Just-a-minute activity (JAM)	Critical-thinking activity
Welcome speech and vote of thanks		

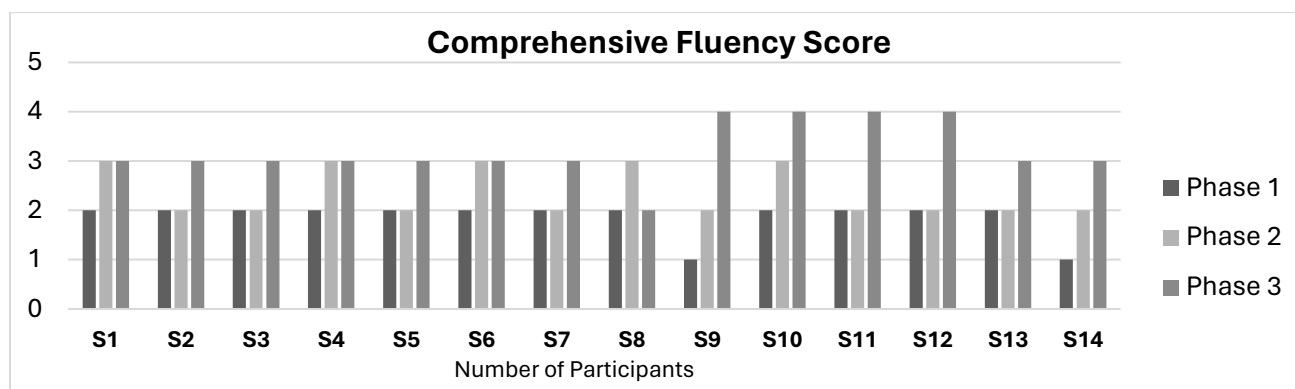


Figure 1. Speaking Fluency and Speaking Anxiety

Speaking Fluency and Speaking Anxiety Assessment Instruments

The speaking fluency assessment rubric was adapted from IELTS (2020), as presented in Table 2. The rubric aligns score levels with specific fluency markers, thereby operationalising the construct of speaking fluency. Higher scores (5-4) reflect speech characterised by natural flow, complex sentence use, and minimal repetition, whereas mid-range scores (3) indicate reliance on simpler structures, occasional hesitation, and word-searching. Lower scores (2-1) correspond to frequent pauses, stuttering, reliance on memorised utterances, or mother-tongue interference. This structured mapping ensures that fluency is measured consistently across varying proficiency levels.

Speaking anxiety was assessed using a validated Classroom Observation Checklist (COC) adapted

from an unpublished doctoral thesis (Leelavathi, 2025). The assessment focused on communication apprehension, fear of negative evaluation, and performance-related anxiety. To ensure consistency and reliability in evaluating learners' speaking performance across the intervention phases, the same rubric was used throughout.

The data were analysed primarily through descriptive statistics and comparisons of individual learner performance across the three phases. The data were also analysed by strategy to demonstrate the impact of each anxiety-coping strategy on lowering speaking anxiety and improving speaking fluency. Attention was given to progress during each phase and to the effectiveness of the strategies, thereby increasing the study's pedagogical relevance and validity.

Table 2: Rubric adapted from IELTS (2020) to measure fluency

Scores	Fluency Markers
Exceptional fluency - 5	Natural flow of ideas, appropriate sentence construction, and minimal or no repetition.
Good fluency - 4	Minor self-corrections, repetition of words two or three times, and minor errors in complex sentences.
Moderate fluency - 3	Use of simple sentences, repeated conjunctions, word-searching, and occasional stuttering.
Low fluency - 2	Slow speech, simple sentences, repeated sentences, frequent pauses, and stuttering.
Minimal fluency - 1	Long pauses, frequent restarts, memorised sentences, and reliance on the mother tongue.

Data Analysis and Results

Using the scores of the same 14 students across the three phases, paired-samples t-tests were used to interpret the study outcomes and compare learners' progress from one phase to the next.

Paired-Samples t-test Results

The mean difference was -2.21, indicating that Phase 3 scores were significantly higher than pre-intervention scores. The 95% confidence interval ranged from -2.55 to -1.88, indicating 95% confidence that the true mean difference fell within this range. Because the confidence interval did not include zero, it further confirmed that the difference was statistically significant.

The t-value was 14.3109, which is very large and suggests a strong effect. Degrees of freedom (df) = 13, indicating that there were 14 participants in each phase (df = N - 1 for a paired-samples t-test). The standard error of the difference was 0.155, showing variability in the mean difference. Since the mean score increased from 1.00 (pre-intervention) to 3.21 (Phase 3), it can be concluded that the intervention significantly improved the participants' performance.

Table 3. Paired-Samples t-test

		Paired Differences					T	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Pre-intervention - Phase 3	-2.21429	.57893	.15473	-2.54855	-1.88002	14.311	13	.000

After the intervention, semi-structured interviews were conducted to gather participants' opinions regarding the Integrated Speaking Activities and Anxiety-Coping and Fluency-Enhancing Strategies. Of the 14 participants' responses, two were selected at random and are presented below as S1 and S4.

S1 remarked in the semi-structured interview, "Before this, I was afraid to speak in front of teachers and lacked confidence to talk to anyone outside the class. Now I'm better." She explained that feedback after each session, combined with gentle correction, supported her confidence in speaking.

Reflecting on her improvement, S4 credited the practice of positive affirmations. The participant further described mirror talk as the most effective strategy for her, because it provided a safe environment for practice and helped improve her confidence and body language while reducing anxiety.

The statistical analysis confirms that the intervention had a highly significant impact on the participants' scores, leading to substantial improvement in their fluency/anxiety levels.

The data revealed that most students (93%) showed notable improvement in fluency scores across the three phases of the study. Consistent progress was observed across all three phases. Most students moved from low fluency (Score 2) in Phase 1 to moderate fluency (Score 3) in Phase 2, indicating steady improvement throughout the intervention. Four students (S9, S10, S11, and S12) showed remarkable progress, attaining good fluency (Score 4) in Phase 3, which underscores the intervention's effectiveness in fostering advanced fluency skills. However, one student (S8) regressed to low fluency (Score 2) in Phase 3, highlighting the need for individualised support to address specific difficulties and ensure sustained progress. Along with improved fluency, participants also showed lower anxiety levels than before the intervention, as noted using the observation checklist. The combination of anxiety-coping and fluency-enhancing strategies supported learners in becoming independent learners.

FINDINGS AND CONCLUSION

The findings suggested that the intervention, which employed Integrated Speaking Activities and Anxiety-Coping and Fluency-Enhancing Strategies, was effective. Despite some variation, the intervention significantly reduced anxiety and improved fluency for most participants, with many achieving substantial gains in speaking fluency.

Rehearsal and systematic desensitisation appeared to promote fluency, especially at lower levels, while self-monitoring through mirror talk and record-and-review supported fluency at higher levels. Future research can further examine the incremental relationship between affective regulation and speaking fluency.

The study has limitations, including the absence of a control group and the small sample size. Longitudinal studies are recommended to track the durability of

fluency gains and to isolate the impact of specific anxiety-coping techniques across proficiency levels.

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