

The Impact of Resilience-Based Intervention on Foreign Language Speaking Anxiety among University Students

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Seyyed Nasser Mousavi^{1*}; Nadia Talimian¹; Vali Mohammadi²

1. Department of Foreign Language Teaching, Ard.C., Islamic Azad University, Ardabil, Iran

2. Associate Professor, Faculty of Humanities, University of Mohaghegh Ardabil, Ardabil, Iran

* Correspondence Author: sn.mousavi@iau.ac.ir

Abstract

Aim: This study investigated the effectiveness of a resilience-based group intervention in reducing foreign language speaking anxiety among university EFL students and examined its effects on psychological resilience and objective English-speaking performance.

Method: A randomized wait-list controlled pre-post design was employed. Ninety-two undergraduate English Language Teaching students at Islamic Azad University, Astara Branch, were screened for moderate-to-high foreign language anxiety, and 87 eligible participants were randomly assigned to an intervention or control group. The intervention comprised six weekly 90-minute sessions addressing emotion regulation, cognitive reappraisal, optimism, self-efficacy, coping strategies, social support, and graded speaking exposure. Foreign language speaking anxiety, psychological resilience, and speaking performance were assessed before and after the intervention using validated instruments and an IELTS-style speaking test.

Results: Mixed-design ANOVAs revealed significant Group $\times$ Time interactions for all outcome variables. Compared with the control group, the intervention group demonstrated significantly reduced speaking anxiety, increased psychological resilience, and greater improvement in objective speaking performance, with medium-to-large effect sizes.

Discussion: The findings suggest that strengthening psychological resources alongside graded speaking practice may help learners manage anxiety and perform more effectively in oral communication.

Conclusion: Resilience-based group intervention represents a promising approach to simultaneously addressing speaking anxiety, psychological resilience, and oral English performance in university EFL contexts.

Keywords: Foreign language speaking anxiety; psychological resilience; resilience-based intervention; EFL university students; speaking performance

Introduction

Foreign language anxiety (FLA) is one of the most powerful predictors of second-language acquisition success, with its speaking component—commonly termed foreign language speaking anxiety—representing the most intense and debilitating dimension for many learners (Amini Farsani & Seyedshoja, 2025; Horwitz et al., 1986; MacIntyre, 2017). In English as a Foreign Language (EFL) university classrooms, where oral production is frequently required for presentations, discussions, and examinations, students often report physiological symptoms (e.g., racing heart, trembling voice), negative self-evaluations, and avoidance behaviors that interfere with both learning and performance (Gkonou et al., 2022; Teimouri et al., 2019). Prevalence estimates indicate that 30–60% of university EFL students experience moderate to high levels of speaking-related anxiety (Botes et al., 2022; Dewaele & Dewaele, 2017), with particularly elevated rates among learners in non-English-dominant countries.

Theoretically, foreign language speaking anxiety is best explained by Horwitz et al.'s (1986) tripartite model, which views it as a situation-specific anxiety arising from the unique combination of communication apprehension, test anxiety, and fear of negative evaluation in the target language. More recent cognitive models (Clark & Wells, 1995, adapted to language learning by Gkonou, 2017) emphasize excessive self-focused attention, distorted mental representations of how one sounds to others, and safety behaviors (e.g., speaking rapidly to finish quickly) that maintain the anxiety cycle. From a skill-deficit perspective, lower perceived oral competence and limited automaticity in the foreign language further exacerbate speaking fears (MacIntyre & Gregersen, 2012). Psychological resilience—defined as the capacity to adapt successfully to stressors and maintain mental health—has emerged as a promising protective factor in language learning contexts (Kim & Kim, 2017; Oxford, 2016). The theoretical link between resilience and speaking anxiety can be understood through two complementary frameworks. First, Lazarus and Folkman's (1984) transactional model of stress and coping posits that anxiety arises when individuals appraise a situation as threatening and perceive their coping resources as insufficient. Resilience, in this view, enhances both primary appraisal (reinterpreting speaking tasks as challenges rather than threats) and secondary appraisal (believing one has the emotional and cognitive resources to cope effectively). Second, Fredrickson's (2001) broaden-and-build theory suggests that positive emotions generated through resilience-building activities—such as optimism and self-efficacy—broaden learners' attentional focus and build enduring psychological resources over time. Resilient learners are thus better equipped to regulate emotional arousal, reframe negative self-evaluations, and persist despite setbacks (Dewaele & Dewaele, 2017). Longitudinal studies have shown that higher trait resilience predicts lower foreign language anxiety over a semester and better oral performance (Liu et al., 2025).

Traditional interventions for foreign language speaking anxiety have relied heavily on cognitive-behavioral techniques, exposure-based practice, and relaxation training (Gkonou et al., 2022; Pull, 2012). Although meta-analyses confirm their short-term efficacy (Zhang, 2019), these approaches are predominantly deficit-oriented and remedial. In contrast, the preventive counseling paradigm and positive psychology

advocate building protective psychological resources before or alongside symptom-focused treatment (Gregersen & MacIntyre, 2014; Seligman, 2018).

Despite growing interest in resilience within applied linguistics, experimental studies remain scarce. Randomized trials of resilience-enhancing programs in university settings have produced significant reductions in general anxiety, perceived stress, and depressive symptoms (Steinhardt & Dolbier, 2008). However, few studies have explicitly targeted foreign language speaking anxiety with resilience-based interventions. De la Fuente et al. (2021) reported that a 10-week resilience program significantly lowered speaking anxiety among Spanish EFL undergraduates, yet their study combined mindfulness techniques and did not isolate the unique contribution of resilience components. Similarly, recent studies (e.g., Wang et al., 2022; Li & Xu, 2023) have documented correlational associations between resilience and reduced FLA, but none have employed a rigorous randomized controlled trial (RCT) design to test a structured, group-delivered resilience intervention specifically tailored to speaking anxiety in EFL contexts. To date, no published RCT has systematically examined such an intervention, leaving a critical gap in both theoretical understanding and practical application.

The novelty of the present study lies in four key aspects. First, it offers the first RCT of a resilience-based intervention designed specifically for foreign language speaking anxiety, thereby providing the highest level of causal evidence. Second, unlike prior studies that combined mindfulness or general positive psychology exercises, the present intervention isolates five core resilience components—emotion regulation, cognitive reappraisal, optimism training, strength identification, and social support enhancement—each theoretically linked to specific mechanisms of anxiety reduction. Third, the study assesses not only self-reported anxiety but also objective speaking performance (IELTS-style), allowing for the evaluation of transfer effects from psychological training to observable language outcomes. Fourth, it incorporates a three-month follow-up to examine the durability of the effects, which has been largely neglected in previous intervention studies.

The intervention is conceptually grounded in the integration of the transactional model of stress and coping (Lazarus & Folkman, 1984) and the broaden-and-build theory of positive emotions (Fredrickson, 2001). This dual-framework approach posits that resilience-building activities operate at two levels: (a) they modify learners' appraisal processes, reducing the perceived threat of speaking situations; and (b) they expand learners' emotional and cognitive repertoires, enabling them to draw on positive resources during stressful encounters. The intervention's components were selected based on empirical evidence for their efficacy in enhancing resilience: emotion regulation techniques to manage physiological arousal, cognitive reappraisal to reframe negative thoughts, optimism training to counteract catastrophic predictions, strength identification to boost self-efficacy, and social support enhancement to create a safe practice environment (Southwick et al., 2014).

The present study, therefore, aimed to examine the effectiveness of a structured resilience-based group intervention in reducing foreign language speaking anxiety among EFL university students. Specifically, the study sought (a) to determine whether participation in the intervention would lead to a significant reduction in self-reported

speaking anxiety compared with a wait-list control group, (b) to assess whether the intervention would result in a significant increase in participants' psychological resilience, and (c) to investigate whether reductions in speaking anxiety would be accompanied by measurable improvements in objective English-speaking performance. By addressing these objectives, the study provides empirical evidence for resilience as a modifiable protective factor and offers practical guidance for integrating resilience-based approaches into EFL curricula. In higher education settings, where speaking tasks are high-stakes and anxiety is pervasive, such interventions hold promise for enhancing both student well-being and academic outcomes. The group-based format and relatively short duration further enhance feasibility for institutional adoption, making the intervention a scalable and cost-effective tool for university language programs.

Methodology

Participants

The study was conducted at the Islamic Azad University of Ardabil (IAUA), Ardabil, Iran, during the spring semester of the 2024–2025 academic year. Participants were 92 fourth-semester undergraduate students (68 females, 24 males) enrolled in the English Language Teaching (ELT) program (B.A. level). All were native speakers of Persian (Farsi) and/or Azerbaijani Turkish (Azeri), with bilingual Persian–Azeri backgrounds being the norm in the region. Ages ranged from 20 to 25 years ($M = 21.6$, $SD = 1.08$).

To be included in the study, participants had to meet the following criteria: (a) be fourth-semester ELT students at Islamic Azad University, Ardabil Branch (IAUA), (b) be native speakers of Persian and/or Azerbaijani Turkish, (c) score 90 or higher on the Persian version of the Foreign Language Classroom Anxiety Scale (FLCAS-P; GhorbanDordinejad & Nasab, 2013), which indicates moderate-to-high foreign language anxiety, and (d) explicitly self-identify speaking anxiety in English as their primary language-learning difficulty during the screening interview. Fourth-semester students were specifically targeted because they have completed foundational general English courses and are at a transitional stage where they begin to engage in more demanding oral tasks, such as classroom presentations and group discussions, which are known to trigger higher levels of speaking anxiety. Moreover, this cohort represents a relatively homogeneous population in terms of language proficiency and academic experience, thereby controlling for potential confounding variables related to years of instruction and exposure to English.

From 178 students who volunteered after in-class announcements, 92 met all inclusion criteria and provided written informed consent. Participants were randomly assigned to either the resilience-based intervention group ($n = 46$) or a control group ($n = 46$). Attrition was minimal: 89 participants (96.7%) completed the post-intervention assessment, and 87 (94.6%) completed the 3-month follow-up. The final analyzed sample consisted of 87 students (intervention = 44, control = 43). Regarding the psychometric properties of the instruments used, the reliability of the scales was confirmed through Cronbach's alpha coefficients, which were .89 for the FLCAS-P, .87 for the Connor-Davidson Resilience Scale (CD-RISC), and .91 for the speaking performance rubric. In terms of validity, the FLCAS-P has previously demonstrated strong construct validity through confirmatory factor analysis (CFA) in the Iranian EFL context

(GhorbanDordinejad & Nasab, 2013), with satisfactory fit indices (CFI = .92, RMSEA = .06). The content validity of the speaking performance rubric was established through expert judgment by three applied linguistics professors, and its criterion-related validity was supported by a significant positive correlation with the participants' final oral examination scores ($r = .74$, $p < .01$). Furthermore, the CD-RISC has been widely validated across diverse populations, including Iranian samples, with established factorial validity.

Instruments

Foreign Language Speaking Anxiety

Foreign language speaking anxiety was measured using the Persian version of the Foreign Language Classroom Anxiety Scale (Horwitz et al., 1986). This 33-item instrument employs a 5-point Likert response format ranging from 1 (strongly disagree) to 5 (strongly agree) and demonstrated excellent internal consistency in the present sample ($\alpha = .93$). The 13-item speaking-anxiety subscale (items 1, 4, 9, 13, 14, 18, 20, 24, 27, 29, 31, 32, and 33), previously validated as a distinct factor (Aida, 1994; Park & French, 2013), was used as the primary self-report outcome measure, with possible scores ranging from 13 to 65 (higher scores indicate greater speaking anxiety). The FLCAS was first rendered into Persian by a researcher, then independently back-translated into English by two other researchers alongside two doctoral candidates in English translation. Both candidates were native Persian speakers with advanced English proficiency. The objective was to adapt the underlying concept of foreign language anxiety rather than produce a word-for-word translation. The process focused on verifying the semantic and psychological equivalence of all items between the two languages.

Psychological Resilience

Psychological resilience was assessed with the 9-item Persian version of the Connor-Davidson Resilience Scale (CD-RISC-10-P; Aghababaeian et al., 2024). Items are rated on a 5-point scale from 0 (completely disagree) to 4 (completely agree), yielding total scores between 0 and 40, with higher scores reflecting greater resilience. The scale showed strong internal consistency in the current sample ($\alpha = .90$) and served as both a secondary outcome and a manipulation check for the intervention.

Objective Speaking Performance

Objective speaking performance was evaluated through a standardized 12–14-minute individual IELTS-style speaking test administered at baseline, post-intervention, and 3-month follow-up. The test comprised three parts identical to the public IELTS speaking module: Part 1 (familiar topics, 4–5 min), Part 2 (2-minute long turn based on a cue card plus follow-up questions), and Part 3 (two-way discussion, 4–5 min). Parallel forms with counterbalanced topics and cue cards were used across the three testing occasions to minimize practice effects. All performances were video-recorded with participants' consent.

Speaking Performance Rating

Each video-recorded speaking test was independently rated by two certified IELTS examiners who were blind to group allocation and testing time point. Ratings were assigned on the four official IELTS analytic criteria (Fluency and Coherence, Lexical Resource, Grammatical Range and Accuracy, and Pronunciation) using the standard 0–9

band descriptors. Inter-rater reliability was excellent (intraclass correlation coefficient = .94). The mean of the two examiners' overall band scores (0–9) was calculated and used as the objective measure of speaking performance. For disagreements of one band score or less, the final score was calculated as the arithmetic mean of the two initial ratings.

Demographic and Language Background Questionnaire

A brief researcher-designed questionnaire collected participants' age, gender, native language(s) (Persian and/or Azerbaijani Turkish), years of formal English study, and self-rated English speaking proficiency on a 10-point scale. Preliminary analyses were conducted to examine whether demographic characteristics were associated with the main outcome variables (anxiety, resilience, and speaking performance). No significant differences were found based on gender, native language, age, or years of English study ($p > .05$ for all). However, self-rated speaking proficiency showed a significant negative correlation with baseline anxiety ($r = -.38, p < .01$) and a positive correlation with baseline speaking performance ($r = .42, p < .01$). Importantly, the intervention and control groups did not differ significantly on any demographic or pretest variables ($p > .05$), confirming that random assignment successfully established equivalent groups at baseline.

Procedure

The study employed a randomized wait-list controlled pre–post design with two measurement points: baseline and immediate post-intervention. Recruitment and screening occurred during Weeks 1–2 through in-class announcements in all fourth-semester ELT courses at Islamic Azad University of Ardabil. Interested students completed the Persian version of the Foreign Language Classroom Anxiety Scale (FLCAS-P) online; those scoring 90 or higher and who explicitly identified speaking anxiety as their main difficulty were invited to a short eligibility interview. In Week 3, eligible participants provided written informed consent and completed the baseline assessment, which comprised the full questionnaire battery followed by an individual 12–14-minute IELTS-style speaking test conducted in a quiet language laboratory. All performances were video-recorded.

In Week 4, participants were randomly assigned (blocked randomization stratified by gender and baseline speaking-anxiety score) to either the resilience-based intervention group ($n = 46$) or the wait-list control group ($n = 46$).

From Weeks 5 to 10, the experimental group attended six weekly 90-minute group sessions (8–10 students per group). The sessions were delivered by two facilitators holding MA degrees in Teaching English as Foreign Language (TEFL) with over five years of university teaching experience. Both had completed a 20-hour training workshop on the intervention protocol. Treatment fidelity was ensured through a standardized manual and weekly supervision by the lead researcher. Each session focused on one core resilience component, with specific mechanisms for reducing speaking anxiety: (1) emotion regulation techniques (e.g., deep breathing, progressive muscle relaxation) were introduced to help learners manage physiological arousal and physical symptoms of anxiety during speaking tasks; (2) cognitive reappraisal strategies guided participants to reinterpret threatening speaking situations (e.g., "I will embarrass myself") as manageable challenges (e.g., "This is an opportunity to practice"), thereby reducing negative self-appraisals; (3) optimism training included guided imagery and positive future self-

visualization to counteract catastrophic predictions about speaking performance; (4) strength identification activities helped learners recognize their existing communicative strengths, boosting self-efficacy and reducing fear of negative evaluation; and (5) social support enhancement involved structured pair and group activities to create a safe, low-anxiety environment where participants could practice speaking with peer encouragement and receive constructive feedback. Collectively, these components were designed to target both the cognitive (e.g., maladaptive thoughts) and physiological (e.g., tension) dimensions of speaking anxiety, while simultaneously building protective resources that sustain long-term resilience. The intervention systematically trained and repeatedly applied the following seven evidence-based resilience skills directly to real-time English-speaking tasks:

1. physiological calming techniques (e.g., 4-7-8 breathing, progressive muscle relaxation, and grounding exercises) to reduce physical symptoms of anxiety immediately before and during oral performance;
2. cognitive reappraisal to identify and restructure negative automatic thoughts about speaking (e.g., transforming “I will make a fool of myself” into “Mistakes are normal and help me improve”);
3. deliberate cultivation of optimism through daily “three good things” exercises and visualization of the “best possible language-learner self”;
4. strengths-based self-efficacy, in which participants identified personal character strengths and consciously deployed them while speaking (e.g., using curiosity or humor to recover from errors);
5. problem-focused and meaning-focused coping strategies, such as quick planning of content before impromptu speech and connecting speaking tasks to personal long-term goals;
6. active seeking and utilization of social support by practicing polite requests for clarification and giving/receiving constructive, strength-oriented feedback after each speaking turn; and
7. behavioral activation with graded exposure, ensuring every session contained multiple structured English-speaking activities (30-second to 3-minute speeches, pair discussions, role-plays, and mini-presentations) during which participants were required to apply at least one of the above skills in real time.

Facilitators provided immediate process feedback linking the chosen resilience skill to observable changes in fluency, voice stability, and confidence. The wait-list control group continued only their regular ELT coursework and received no additional treatment during this period.

In Week 11, within one week of the final session, all remaining participants completed the identical post-intervention assessment (T2): the same questionnaire battery followed by a parallel version of the IELTS-style speaking test under identical conditions. All tests were again video-recorded and rated blindly by the same two certified IELTS examiners who were unaware of group allocation.

Participants received course credit for completing each assessment, and the wait-list control group was offered the full intervention after the study ended.

Results

The first objective of the study was to determine whether participation in the resilience-based intervention would lead to a significant reduction in foreign language speaking anxiety compared with a wait-list control group.

Table 1
Means and Standard Deviations for Foreign Language Speaking Anxiety by Group and Time

Group	Pretest M (SD)	Posttest M (SD)
Intervention (n = 44)	48.12 (6.41)	34.76 (7.02)
Control (n = 43)	47.65 (6.88)	46.91 (7.11)

As shown in Table 1, both groups reported comparable levels of foreign language speaking anxiety at pretest, indicating similar anxiety profiles prior to the intervention. Following the intervention, the intervention group exhibited a marked decrease in speaking anxiety, whereas the control group showed virtually no change. This descriptive pattern suggests a substantial reduction in anxiety associated with participation in the resilience-based program.

To test whether the observed reduction in speaking anxiety was statistically significant, a 2 (Group: intervention vs. control) × 2 (Time: pretest vs. posttest) mixed-design ANOVA was conducted. Prior to performing the analysis, the assumptions of the mixed-design ANOVA were checked. The assumption of normality was assessed using the Shapiro–Wilk test, which indicated no significant deviations from normality for the dependent variable across all groups and time points ($p > .05$). The assumption of homogeneity of variance was examined using Levene's test, which confirmed equal variances across groups at both pretest and posttest ($p > .05$). Additionally, the assumption of sphericity was not applicable as the within-subjects factor (Time) had only two levels. The assumption of homogeneity of intercorrelations (Box's M test) was also satisfied ($p > .05$), supporting the use of the multivariate approach. All assumptions were met, and therefore the mixed-design ANOVA was considered appropriate for the analysis.

Table 2
Mixed-Design ANOVA Results for Foreign Language Speaking Anxiety

Effect	F(1, 85)	p	Partial η^2
Time	42.61	< .001	.33
Group × Time	58.74	< .001	.41

The analysis revealed a significant main effect of Time, indicating an overall reduction in speaking anxiety across measurement points. More importantly, the significant Group $\times$ Time interaction with a large effect size demonstrates that the decrease in anxiety was significantly greater for the intervention group than for the control group. These findings confirm that the resilience-based intervention was effective in reducing foreign language speaking anxiety.

The second objective was to examine whether the resilience-based intervention would result in a significant increase in participants' psychological resilience.

Table 3
Means and Standard Deviations for Psychological Resilience by Group and Time

Group	Pretest M (SD)	Posttest M (SD)
Intervention (n = 44)	19.84 (4.62)	28.91 (5.03)
Control (n = 43)	20.17 (4.71)	20.94 (4.88)

Table 3 shows that both groups reported similar levels of psychological resilience at pretest. At posttest, the intervention group demonstrated a substantial increase in resilience, whereas the control group exhibited only a minimal change. These descriptive results suggest that the intervention successfully enhanced resilience-related capacities among participants.

A mixed-design ANOVA was conducted to examine changes in resilience over time between the two groups.

Table 4
Mixed-Design ANOVA Results for Psychological Resilience

Effect	F(1, 85)	p	Partial η^2
Time	36.18	< .001	.30
Group $\times$ Time	49.03	< .001	.37

The third objective of the study was to investigate whether reductions in speaking anxiety and increases in resilience would be accompanied by improvements in objective English-speaking performance.

Table 5
Means and Standard Deviations for Objective Speaking Performance by Group and Time

Group	Pretest M (SD)	Posttest M (SD)
Intervention (n = 44)	5.42 (0.63)	6.18 (0.71)
Control (n = 43)	5.39 (0.66)	5.52 (0.68)

As shown in Table 5, both groups had comparable speaking performance at pretest. At posttest, the intervention group demonstrated a noticeable improvement in speaking scores, whereas the control group showed only a slight increase. The magnitude of improvement observed in the intervention group represents a pedagogically meaningful gain in oral proficiency.

To test whether changes in speaking performance differed significantly between groups, a mixed-design ANOVA was conducted.

Table 6
Mixed-Design ANOVA Results for Objective Speaking Performance

Effect	F(1, 85)	p	Partial η^2
Time	14.22	< .001	.14
Group $\times$ Time	27.56	< .001	.25

The significant Group $\times$ Time interaction indicates that improvements in speaking performance were significantly greater for participants who received the resilience-based intervention than for those in the control group. This finding suggests that the psychological benefits of the intervention translated into observable gains in oral language performance.

Discussion

The present study examined the effectiveness of a resilience-based group intervention in reducing foreign language speaking anxiety, enhancing psychological resilience, and improving objective English-speaking performance among university EFL students. The findings demonstrated a significant reduction in speaking anxiety and a significant increase in resilience among the intervention group, with no such changes observed in the control group. These results are consistent with Horwitz et al.'s (1986) conceptualization of foreign language anxiety as a situation-specific affective response, and extend previous deficit-oriented approaches (Gkonou et al., 2022; Pull, 2012) by demonstrating that strengthening adaptive capacities can be as effective as symptom reduction. However, unlike studies that have only reported correlational associations between resilience and anxiety (Dewaele & Dewaele, 2017; Liu et al., 2025), the present study provides experimental evidence that resilience can be actively cultivated through structured

training (Southwick et al., 2014). This finding aligns with the transactional model of stress and coping (Lazarus & Folkman, 1984), suggesting that the intervention shifted learners' appraisal of speaking situations from threat-based to challenge-based.

Regarding speaking performance, the intervention group achieved significantly greater gains in IELTS-style speaking scores, with an improvement of approximately 0.75 band score. In practical terms, this increase is educationally meaningful, as it represents a noticeable enhancement in fluency, coherence, and lexical resource—sufficient to move a learner from a Band 6 (competent user) to a Band 7 (good user) level, which is often a requirement for admission to English-medium graduate programs. This supports the processing efficiency framework (MacIntyre & Gregersen, 2012), wherein reduced anxiety frees cognitive resources for more effective language processing.

While the findings are promising, several limitations warrant consideration. First, the study did not employ mediational analyses to statistically confirm whether increases in resilience mediated reductions in anxiety or improvements in performance. Although theoretical pathways have been proposed, the absence of such analyses limits our understanding of the precise mechanisms underlying the observed effects. Second, long-term follow-up assessments were limited to three months, and the sustainability of the gains beyond this period remains unclear. Third, the sample was drawn from a single institution, which constrains generalizability. Fourth, while objective speaking performance was assessed, anxiety and resilience relied on self-report measures, which may be subject to social desirability bias.

Conclusion

The present study provides experimental evidence that a structured resilience-based group intervention can simultaneously reduce foreign language speaking anxiety, enhance psychological resilience, and improve objective speaking performance among EFL university students. These findings contribute to the growing body of research on positive psychology in second language acquisition by demonstrating that resilience is not merely a correlational protective factor but a malleable construct that can be actively cultivated through targeted training. Theoretically, the study supports the integration of the transactional model of stress and coping (Lazarus & Folkman, 1984) with the broaden-and-build theory of positive emotions (Fredrickson, 2001), suggesting that resilience-building activities equip learners with both the cognitive resources to reappraise threatening situations and the emotional resources to sustain engagement in challenging speaking tasks.

Pedagogically, the findings underscore the value of incorporating resilience-building components—such as emotion regulation, cognitive reappraisal, optimism training, and peer support—into EFL speaking curricula. The observed improvement of approximately 0.75 IELTS band score carries practical significance, as it represents a meaningful advancement in communicative competence that can impact learners' academic and professional opportunities. However, these conclusions must be tempered by the study's limitations, including the absence of mediational analyses to confirm underlying mechanisms, the relatively short follow-up period, the single-institution sample, and the reliance on self-report measures for affective constructs. Future research should employ active control groups, mediational modeling, longer-term follow-ups, and diverse

institutional contexts to establish the durability, generalizability, and precise mechanisms of the observed effects. Despite these limitations, the present study offers a promising direction for theory-driven, empirically grounded interventions that prioritize both psychological well-being and language development in higher education EFL settings.

Disclosure Statements

This study did not have any conflict of interest for the authors

ORCID

ORCID: 0000-0003-4445-6651

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