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RESEARCH ARTICLE

“I HAVE LIVED IN THE U.S FOR NEARLY 20 YEARS AND I DO NOT SPEAK ENGLISH”: ASPECTS THAT INFLUENCE MEXICAN IMMIGRANTS’ ORAL PROFICIENCY IN THE U.S

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ABSTRACT

Being proficient in a second language can present difficulties for adult immigrants (Hu, 2016; Chand, 2021; Islam, Ahmad & Islam, 2022; Amoah & Yeboah, 2021; Steber & Rossi, 2021); oral proficiency is considered the most challenging because it demands the display of multiple abilities (complexity, accuracy, and fluency, Kuiken & Vedder, 2018) that have to be used immediately and in real time to have a successful social interaction. It has been observed that many adult Mexican immigrants in the U.S. present low levels of oral proficiency in English, regardless of their geographical proximity and the number of years living in the country. This phenomenon may be the result of multiple factors (social, emotional, or cultural ones). Our purpose was to explore the reasons for the lack of oral proficiency. We conducted a qualitative phenomenological study and, by using a semi-structured interview, collected the experiences of four adult Mexican immigrants: 3 females, one age 64 and two age 54, and one male age 57. They have lived in the U.S. for more than 15 years. Findings revealed that the need for communication as well as personal experiences during social interaction of the immigrants in an English-speaking environment may favor or not the development of the oral skill in English as a second language.

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INTRODUCTION

During the immigration process, individuals must deal with several challenges, including emotional, social, and cultural challenges—ones. When the new country has a different official language than the home country, immigrants face a linguistic barrier. For children, learning a new language is easier than for adults. Studies have revealed that adults may face problems in second language acquisition (Hu, 2016; Chand, 2021; Islam, Ahmad & Islam, 2022; Amoah & Yeboah, 2021; Steber & Rossi, 2021). Among the four skills, speaking tends to be the most challenging to perform, and is probably the most important for immigrants because it serves the immediate need for communication. Difficulties that might be experienced by the adult immigrants for a correct oral performance are attributed to multiple factors: Biological factors (Critical Period Hypothesis—Lennenberg, 1967); neurological factors (Brain Plasticity—Johnson & Newport, 1989; Penfield & Roberts, 2014); cognitive factors (implicit and explicit learning—Ellis, 2015; Skill Acquisition Theory—DeKeyser, 2020); linguistic factors (Interlanguage Theory—Selinker, 2015); and emotional factors (Affective Filter—Krashen, 1982) have been considered to explain the difficulties adults face to develop the oral skill. Other theoretical principles have also tried to explain the reason why

some adults, regardless of their ability to understand the language (listening or reading), are unable to produce it (speaking and writing): Interlanguage and Fossilization principles (Selinger, *ibidem*); Input Hypothesis (Krashen, 1982); Output Hypothesis (Swains, 1993); Foreign Language Anxiety (Horwitz, Horwitz & Cope, 1986); Implicit Vs Explicit Knowledge (Ellis, *ibidem*); Silent Period Hypothesis (Okhunov, 2025); and Language Ego (Guiora, 1994) provide the idea that age might affect the four skills, but two or one of them. On the other hand, emotional aspects such as shame, anxiety, fear of making mistakes, and motivation are considered to influence the oral performance of a second language in adult immigrants. One example of adult immigrants who face difficulties in the oral performance of a second language are adult immigrants born in Mexico and living in the U.S. Data regarding oral proficiency in English as a second language among Hispanic immigrants reveal that nearly four in five (78%) have lived in the U.S. for more than 10 years. Data also revealed that the speaking proficiency in English of those who were born outside the U.S. is 40% lower than oft for those born in the U.S. (Moslimani & Passel, 2024). According to Batalova (2024), the population of immigrants that has a higher rate of being non-proficient in the English language are those that were born in Mexico. Specifically in

the year 2023, "about 65 percent of Mexican immigrants ages 5 and over reported speaking English less than 'very well,' compared to 47 percent of all immigrants." These data raise the question of why immigrants, despite living in the US for many years, have low oral English proficiency. What are the reasons that a person is not able to express themselves properly in daily activities and social interaction? Why do Mexicans, given their geographical proximity to the U.S., display such low oral performance in English as a second language?

Oral proficiency in second language learning: Oral proficiency in a second language can be defined as the successful display of a set of skills: conceptualization of preverbal messages, retrieval of correct lexical items quickly, retrieval of sounds in connected speech, and sending the processing to articulatory muscles to produce intelligible sounds that an individual needs to master to communicate in the second language (De Jong, 2022). This understanding indicates that the complete process demands knowledge of the sounds as well as knowledge of how to produce them, establishing oral competence and performance in a second language. Oral proficiency in second language acquisition has been operationalized through complexity (ability to elaborate the language,; accuracy (ability to produce the language without errors), and fluency (ability to utter the language in real time) (Kuiken & Vedder, *ibidem*). De Jong (*ibidem*) also mentioned that second language speakers need to display the management of the language in a different sociocultural settings, handling problems that may naturally occur during communication, for example, correct pronunciation, rephrasing, among others. Second language oral proficiency differs for sequential bilinguals, simultaneous bilinguals, and immigrants.

Immigrants and second language learning: Immigrants, defined as people who move into a country different from their nationality or usual residence making the country of destination their new residence (UNESCO; Gimeno-Feliu, Calderón-Larrañaga, Díaz, Laguna-Berna et al, 2019), when arriving in a country with a language different from their own, must embrace the new language as their second language. Adult immigrants might experience more difficulties than child immigrants: adult immigrants usually face a wide array of emotions such as fear, sadness, trauma, frustration, helplessness, and loneliness might be usual (Crocker, 2015), which are nurtured by multiple changes, such as cultural, linguistic, and societal, during resettlement, with the linguistic one probably being the most challenging. Some authors support the idea that immigrants who have to learn English as a second language face multiple challenges before and after settlement, such as the cultural and linguistic shock of learning English (Dovchin, 2021; Park & Bernstein, 2008). Among the four skills, speaking might be the most important, as it has the highest mean for social interaction, but it is also the most challenging, being influenced by emotional aspects like anxiety, shame, fear of making mistakes, and lack of motivation (Wilson & Lewandowska-Tomaszczyk, 2019; Adamson, 2024; Winstead & Wang, 2017).

Anxiety and shame in oral proficiency: Anxiety is a subjective feeling of tension and nervousness connected to neural recurrent reactions triggered by certain stimuli (Teimouri, Goetze, and Plonsky, 2019); during the performance of a second language, those feelings of tension

and nervousness affect learners' ability performance, especially the oral one (Horwitz, Horwitz and Cope, 1986; Teimouri, et. al, 2019). Tankosić, Dryden & Dovchin (2021) found that many ESL immigrants are rejected due to their "peculiar" oral performance, which generates feelings of anxiety and loss of self-confidence. On the other hand, shame can be described as a feeling of humiliation or distress after facing a ridiculous situation in one's own or another's behavior or circumstances (Oxford Dictionary, 2015). In second language performance, it is linked to responses that seem to protect the self from negative evaluation by escaping, hiding, or disappearing" (Galmiche, 2020). Shame may affect the oral proficiency in a second language, because it decreases oral interaction, which leads to less practice and fewer attempts to use the language in a social context.

Motivation and oral proficiency: Motivation, in addition to shame and anxiety, is probably the most common reason affecting the oral performance of adult immigrants. Motivation can be affected by the following factors: context, personality, language ego, lack of cultural and emotional connection, lack of opportunities, negative past experiences, and lack of identity.

- Context. A lack of a real-life purpose for speaking the second language is considered a contextual reason for students' lack of motivation. (Ushioda & Dörnyei, 2017). Not facing a real reason or immediate need to speak the foreign language means that immigrants do not have an actual motivation to talk.
- Personality. Introverted individuals prefer internal reflection rather than external communication, such as speaking, especially in social situations. They might prefer listening to oral interactions rather than participating in them (MacIntyre & Charos, 1996).
- Language ego. From a psychological perspective, an individual thinks that speaking a second language carries a loss of identity and emotional investment. Speaking a new language threatens self-identity (Güiora, 1985; Brown, 2007).
- Lack of cultural connections. Adult immigrants may not feel emotionally or culturally connected to their second language. Therefore, intrinsic motivation becomes non-existent. (Gardner, 2014). Immigrants leave their familiar cultural environment and start from zero in all areas of cultural interaction (school, work, and neighborhood); the lack of cultural connection turns into a barrier, and language, as the means to cultural interaction, is not considered relevant.
- Lack of opportunities. Immigrants either do not have enough opportunities to practice speaking, do not have a proper social network that speaks the second language, or do not find real-life applications of the language. (Swain, 1997; Zhang, Hong, Takeuchi, and Mossakowski, 2012).
- Negative past experiences include negative experiences in the If immigrants have faced situations of humiliation during the performance of the second language, they might not be willing to try again. (affective filter hypothesis - Krashen, 1982). The persistence of a diminished perception of oneself can lead foreign language learners to be unwilling to interact with those who can make value judgements based on their speaking abilities, as well as not take part in any experience that may make room for judgment.

Under the light of the complexities that oral proficiency in English in adult immigrants represents at the level of affective aspects, we aimed to explore how those aspects influence or not the oral proficiency of adult Mexican immigrants, using a qualitative phenomenological approach.

METHODOLOGY

To determine the emotional aspects that influence the low oral performance of the English language among the observed population, a descriptive qualitative research was conducted. The participants were four adult Mexican immigrants who had lived in the USA for almost 20 years with low oral English-speaking proficiency.

The following characteristics were considered in the selection of participants:

- Status of immigrant
- Long-time living in a foreign English-speaking country
- Low English oral proficiency and Spanish as their first language.

Description of the participants: Participant #1. She identified herself as a female aged 64. She has been living in the U.S. for 17 years. She considers her level of English to be low. Participant #2. She identified herself as a female, aged 54. She has lived in the U.S. for 22 years. She displayed self-awareness of her limitations in communicating in English. At the beginning of the interview, the participant mentioned that she was able to understand the English language but was unable to speak it. She graded her understanding at 40%. Participant # 3. He identified himself as a male, aged 57. He has lived in the U.S. for 23 years. He defined his level of English as low. He works in a school. Participant # 4. She identified herself as a female aged 54. She has lived in the U.S. for 23 years. She considers her level of English to be intermediate. She acknowledges that she can understand (orally and in writing); however, she cannot speak the language.

Data Collection: Data were collected using semi-structured interview guidelines. The first part of the interview was about demographic aspects; the second part was intended to find out about their experience as immigrants in the U.S.; and the third part was about the emotions they experienced during oral interaction in English while living in the U.S. It is important to highlight that the interviews were conducted in Spanish. Consequently, there was no data to analyze the participants' oral proficiency. Discourse analysis and data visualization were used to analyze the collected answers.

Data analysis

Participant #1

Q: With whom do you talk in your everyday life and in what language?: The answer of the first participant revealed that she does not actually need to use English in her daily interactions. The context does not favor oral performance. She expressed that in her former workplace, her coworkers were of different nationalities and with different mother languages; as a consequence, the use of English was the only device to communicate among them. In her current workplace, most of

her coworkers are Spanish speakers, and she interacts on a regular basis only in Spanish; there is a lack of opportunities or need to speak English.

Q: How do you feel when you speak in English, and when you have to speak in English?

The participant stated that she could not speak English. Shame was the primary emotion experienced. She feels very ashamed if people stare at her when she is talking, and she is constantly judged by her daughter, who tells her that her English is really bad. The feeling of rejection can be considered.

Q: How do you feel during your oral interaction with a native English speaker?

The participant asserted that she was able to understand the language but not perform it. She acknowledged that some people might be willing to help during oral interactions.

Q: How do you feel during your oral interaction with a non-native English speaker?

She asserted that she felt more confident interacting in English with non-native than with native speakers.

Q: Have you had a positive experience speaking in English in the U.S.?

She acknowledged the positive reinforcement she received from her former English teacher. The teacher helped her feel more confident speaking English. She also considers that her poor oral performance is due to a lack of practice.

Q: Do you think your emotions affect your oral performance in English?

She considers that after many years of living in the U.S., she is not ashamed of speaking. She does not speak English because she is not motivated to do so.

Participant #2

Q: With whom do you talk in your everyday life and in what language?

The participant reported that her daily social interactions were conducted in Spanish. She acknowledged that she was temporarily forced to speak English because she needed it to interact. However, as soon as the need disappeared, she stopped using the language.

Q: How do you feel during your oral interaction with a native English speaker?

Participant #2 was conscious of using gestures to compensate for the lack of oral skills during her interactions with native English speakers.

Q: How do you feel when you speak in English and when you have to speak in English?

The participant said that she feels proud of herself when she speaks English and people understand her. When she is not understood, she feels anxious.

In situations where it is mandatory to speak English, she asks for help. She related a story in a hospital where she was anxious due to her lack of oral communication skills. She had to ask for help to communicate and receive medical assistance.

Q: Have you had a positive experience speaking in English in the U.S?

The participant mentioned that she feels good when people understand her; in situations when non-native English speakers pretend not to understand her, she feels angry. She thinks they can understand her, considering their family background; however, the lack of empathy makes her feel negative feelings such as anger.

Q: Do you think your emotions affect your oral performance in English?

The participant experienced anxiety when she was not understood by people, and she felt blocked from communicating. The ability to be understood gives her self-confidence and motivates her to communicate in English.

Participant #3

Q: With whom do you talk in your everyday life and in what language?

Participant #3 interacts at work (a school) with the principal, teachers, and students mostly in English and occasionally in Spanish.

Q: How do you feel when you speak in English and when you have to speak in English?

He used to feel scared, thinking that he did not speak English well enough. Nowadays, regardless of not speaking perfectly, he feels more comfortable because he is able to communicate with the principal of the school, teachers, and students. He thinks he was able to overcome his fears day by day, learning and putting into practice what he learned by talking and reading in English.

Q: How do you feel during your oral interaction with a native English speaker?

He stated that he used to be worried in the past, but not anymore. He relates that he talks to native English speakers who think that he has mastered the language; sometimes he is concerned about not being fully understood, but he tries to get more explanation from people during the oral interaction; he asks for vocabulary and definitions of words and tries to understand the words deductively using the context.

Q: How do you feel when you speak in English and when you have to speak in English?

He mentioned that he feels a little worried, especially when he goes to health services because he does not know medical terms. He tries to get someone to explain the situation to him.

Q: Have you had a positive experience speaking in English in the U.S?

He related his experiences at the first school where he worked. He stated that he only knew basic words. The principal of the school realized that he did not understand the instructions for performing his tasks at work. This situation made him feel stressed and desperate. When the principal realized that he was unable to communicate in English, he was sent to school.

Q: Do you think your emotions affect your oral performance in English?

Participant #3 is confident when speaking English. He can compensate for his lack of knowledge of the language. He does not feel shame for interacting in English: he is not embarrassed during his oral performance, regardless of whether he is interacting with native or non-native English speakers. Participant #3's motivation to communicate orally in English was high. He expressed that at the beginning, he was a little anxious and ashamed of speaking English. However, the positive interactions he has had at her workplace have facilitated learning the language and social interaction. It is likely that the environment in which he works eases his interactions. He works in a school where managers and teachers could be more empathetic with people who are not proficient in English; they might also be able to help the participant learn the language and show a more positive interaction with immigrants. Participant #3 has had the opportunity to work in environments where only English is spoken. He acknowledges that the situation encouraged him to communicate using the language. Also, he admits that the principal, teachers and students were very empathetic with him when he was unable to speak properly, helping him to improve the English language. The participant #3 is very confident during his social interactions in English. He is not anxious in situations where he has difficulties to communicate; he rather tries to use paralinguistic resources to communicate effectively: he tries to avoid shame and embarrassment, he tries to use gestures and synonyms to communicate with others.

Participant #4.

Q: With whom do you talk in your everyday life and in what language?

Participant #4 workplace is 100% English speaking. She mentions that she is able to understand what she hears; however, she is not able to have long conversations at work due to her low level of English. She considers that the main reason she is unable to participate actively in conversations at work is her shame: she thinks that people might understand what she says and might mock her. As a consequence, she engages in short conversations, where the opportunities to make mistakes are low. On the other hand, she interacts at home 100% in Spanish.

Q: How do you feel when you speak in English and when you have to speak in English?

She expresses that she does not feel confident when she is speaking in English. She feels shame and fear of making mistakes. Due to that, she does not risk herself to be exposed and she prefers to express her ideas through short oral interactions.

Q: How do you feel during your oral interaction with a native English speaker?

She considers that her peers non-native English speakers are less empathetic than native English speakers. She said that native speakers, starting from the assumption that she does not speak the language, do not judge her and try to facilitate the oral interaction, which makes her feel more confident; however, non-native English speakers might judge her and mock her.

Q: How do you feel when you speak in English and when you have to speak in English?

She feels confident because she is able to understand what she hears in English. She experienced a situation in a medical environment where she was involved 100% in English. She was able to understand doctors' medical terms: instructions, diagnostics, treatment and results. Since she was able to understand, doctors thought she was also able to speak. That situation made her feel good and confident.

Q: Do you think your emotions affect your oral performance in English?

She asserted that she thinks that it is very difficult for her to speak English, so she is insecure and ashamed of making mistakes and she avoids being engaged in long conversations.

DISCUSSION

We tried to find out the emotional factors that affect oral proficiency in English among adult immigrants. We selected specifically Mexicans born in Mexico because, from informal engagements, we realized that there is a significant number of those individuals who have problems regarding oral proficiency in English.

Analyzing the answers of the four participants of the study, we can assert the following:

- Adult immigrants in the U.S. may not speak English basically because they do not feel the urge to do it. The establishment of ghettos gives the immigrants the freedom of interacting among their co-nationals, with whom they are culturally, socially, and linguistically connected. The theory of Guiora (1972) is still valid because regardless of the opportunities to interact in English-speaking environments, the multiple pieces of information in English available in social media, and the multiple apps that could be used to improve oral proficiency, some immigrants prefer to stay in their linguistic comfort zone.
- The level of formal education of the native speakers that interact with the immigrants may or may not favor the improvement of the oral proficiency in English of the Mexican immigrants. Participant 3, who has worked mainly in schools, informed us that people at the workplace have been willing to help him to improve his English. Participant 1 mentioned that the positive feedback provided for her English teacher helped her to feel confident during her oral interactions in the second language. Also, participants 2 and 4 expressed that during their interaction in health facilities, doctors have

been empathetic with them during the oral communication. We could say that environments where the majority of the people hold formal education favor a positive environment, lowering the affective filter of the adult immigrants (Krashen, 1982), particularly for this discussion, Mexicans.

Based on what the participants said, we can't guarantee the biological factors (like interlanguage and fossilization principles suggested by Selinker, 2015) because none of them believe that their age impacts their speaking skills. The Input Hypothesis (Krashen, 1982) and the Output Hypothesis (Swain, 1985) cannot be considered related to the low oral proficiency among the participants because all of them pointed out their ability to understand what they listen to, and they acknowledge that their problem is specifically the oral proficiency. We may then affirm that the oral proficiency of the study participants is primarily linked to societal dynamics rather than emotional factors, such as anxiety and shame, which authors often cite as causes of poor oral proficiency among adult immigrants.

CONCLUSION

This study was conducted to find out the reasons why adult Mexican immigrants that have lived in the U.S. for around 20 years have a low oral performance. Also, what are the reasons that immigrants are able to understand spoken English but unable to produce it? The interviews with the participants provided their personal perspectives towards the oral performance of English and their limitations to achieve a high level of that oral performance. One of the findings of this work was the relation between the actual need to communicate orally in English and the willingness to perform the oral act. Participants 1 and 2 indicated that they do not have a real-life purpose for speaking English, which leads to their lack of need to talk (Dörnyei & Ushioda, 2011). Those answers are closely related to research conducted by Putra (2017) that revealed that the more motivated people are to learn how to speak English, the more likely they are to develop the oral ability. From a practical perspective, the approach of the participants might be considered actually appropriate: why am I going to learn something that demands effort if I am not going to actually need it or use it? However, living in a foreign country where a different language is spoken always requires learning that second language to participate in society. Another reason accounted as influential for the oral performance of adult Mexican immigrants in the U.S. is shame. Participants express that they feel shame, and they do not take the risk to talk in English because they protect themselves from negative evaluations (Galmiche, 2020). Shame, in the particular case of the participants, is not triggered by the evaluation of native speakers but from their selves after being judged by their relatives. For example, participant 1 mentioned that she has been judged by her daughter, and participant 2 that she has been judged by other non-native English speakers. It's worth noting that the participants' shame stems from rejection by fellow citizens who should have supported them, not from negative experiences in the country or with native speakers. The finding that adult Mexican immigrants receive positive feedback and empathetic responses from native English speakers during their oral interactions constitutes a fact that is opposite to the premise that speaking English as a second language can be stressful for fear of being judged (Tan, Jospa,

Mohd-Said & Awang, 2021; Coppinger & Sheridan, 2022). The positive experience of the participants (especially participant 3, who interacts with people in a formal environment—a school) has been nurturing for him, and the belief that native speakers of the language are “authorities” when referring to the correctness and appropriateness of the production of a language has not affected him (Kong & Kang, 2022), and he is not actually interested in speaking as a native but in being understood. Acceptance received by participant 4 in medical contexts has praised her listening comprehension skill. Also, she has experienced situations when native speakers have been empathetic when she is speaking in English. Participant 2 also mentioned that she has faced situations in which native English speakers have made the effort to understand her, and she has risked speaking English; the role of the listener during the oral interaction is crucial to motivating an active process (Simon, Lybaert, & Plevoets, 2022). It is appropriate to remember that the communication process demands sympathy and empathy. In conclusion, the need to communicate with others to achieve social interaction, in the case of the participants of this study, is the main reason to try to improve or not the oral proficiency in English. To receive positive feedback from English native speakers, interlocutors may favor the willingness to speak.

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