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Healthy Linguistic Risk-Taking and Communicative Resilience in Children with DLD: Two Sides of the Same Coin

Abstract

This article expands on the existing LRT initiative in two ways. First, it focuses on vulnerable language learners with developmental language disorders and the particular challenges they face. Their case shows how linguistic risks can arise in the context of first language acquisition and how healthy linguistic risk-taking can possibly support communicative participation and language development. Second, this article summarizes the extensive resilience research conducted over the past decades and concludes with an initial conceptualization of communicative resilience, thereby attempting to provide new impetus to the LRT initiative.

Dieser Artikel erweitert die *Linguistic Risk-Taking* (*LRT*) Initiative in zweierlei Hinsicht. Er konzentriert sich auf vulnerable Sprachlernende mit Sprachentwicklungsstörungen und die besonderen Herausforderungen, denen sie gegenüberstehen. Ihr Fall zeigt, wie *LRT* im Kontext des Erstspracherwerbs entstehen und wie ‚gesundes' *LRT* möglicherweise die kommunikative Teilhabe und die Sprachentwicklung fördern kann. Damit trägt dieser Beitrag zur Erschließung des *LRT*-Konstrukts für die sonderpädagogische Forschung bei. Weiterhin fasst dieser Artikel die umfangreiche Resilienzforschung der letzten Jahrzehnte zusammen und schließt mit einer ersten Konzeptualisierung der kommunikativen Resilienz als Impuls für die LRT-Initiative.

Keywords

developmental language disorder, well-being, resilience, communicative participation, linguistic risk-taking

Sprachentwicklungsstörung, *Well-Being*, Resilienz, Kommunikative Teilhabe, *Linguistic Risk-Taking* (*LRT*), Sprachliche Risikobereitschaft, Kommunikative Resilienz

1. Introduction

The term **linguistic risk** refers to a situation in which language learners must step out of their comfort zone and face challenges in meaningful and authentic communication (Griffiths & Slavkov, 2021, p. 129). Linguistic Risk-Taking (LRT) offers opportunities to raise language learners' awareness about their associated feelings and their current language competence at the same time. The concept combines interdisciplinary perspectives and can be related to various social, medical, psychological and pedagogical concepts and theories (cf. Slavkov, 2023, p. 33).

LRT can be helpful for learners of a foreign language and those in multilingual contexts (Slavkov, 2023, p. 52). However, it could also be suitable for **vulnerable language learners**. On the one hand, the learners' choices are related to their cognitive, emotional, social and linguistic abilities. The lower these are, the greater the likelihood that students will hesitate or even avoid overcoming their own doubts, discomfort or anxiety in the process. On the other hand, LRT might give them the chance to discover feelings of empowerment and enjoyment (Slavkov, 2023, p. 52). In line with Slavkov (2023, p. 39), we argue that taking linguistic risks in a healthy and playful way can promote language development, well-being and resilience.

Schick and Rohde (2025, p. 253) assume that children with **developmental language disorders** (DLD) regularly experience situations that pose a linguistic risk. Even in everyday interactions, they might be confronted with interactions of uncertain outcome and "the possibility of failure" (Beebe, 1983, p. 39). Based on this insight, our article aims to present the special needs of children with DLD. To this end, empirical findings on well-being, resilience and communicative participation of this group are summarized. Subsequently, "healthy risk-taking practices" as described by Cervantes (2013, p. 432) are related to children with DLD. The article concludes with an initial conceptualization of communicative resilience. It intends to contribute to making the LRT initiative accessible to vulnerable language learners. In our view, theoretical and empirical integration with current resilience research provides an important impetus for the further development of LRT as a pedagogical approach, especially in inclusive school settings.

2. Theoretical Background

2.1 Well-Being and Resilience

Traditionally, medicine and psychology tend to deal with people's (mental) health problems. A paradigm shift was first initiated in the 1970s by the sociologist Antonovsky. His research with women who survived the Holocaust showed that—despite their traumatic experiences as a child—around one third of them continued to live in good health. Antonovsky (1979, p. 68) concluded that **well-being** should not be understood as a passive state, but as an active process. His salutogenesis theory focuses on factors that serve to maintain or restore mental and physical health. Today, modern brain researchers investigate neuronal processes ensuring that people see their problems less as paralyzing obstacles "but simply as challenges that can be faced, overcome and learned from" (Siegel & Payne Bryson, 2018, p. 15). The integration of different brain regions seems to be crucial in this context. However, according to these authors, a well-integrated brain is not inherited. It does not form on its own but is shaped by everyday interactions and individual experiences.

Developmental psychologist Emmy Werner studied the entire 1955 birth cohort on the island of Kawaii ($n = 698$) for 40 years. She found that many of the subjects were

exposed to high-risk stress (mainly due to poverty and low education). Werner was particularly interested in those who, nevertheless, developed well. In line with Antonovsky's studies, this group made up approximately one third of the participants. Werner (2011, pp. 37–38) identified personal and social **protective factors** that mitigate potential life risks and make positive developmental trajectories more likely. These include, for example, good cognitive skills, a high level of social competence and optimism. Werner repeatedly described secure bonding to at least one caregiver as the most important social protective factor. In addition, other social resources (e.g., peer friendships) are now also regarded as empirically proven protective factors (Wustmann Seiler, 2021, p. 116).

In fact, well-being is a multidimensional construct that depends on individual, situational and contextual factors. Its conceptualization in the last 25 years has particularly been driven by positive psychology. The early PERMA model which was developed by Seligman (2011) and the EMPATHICS model of learner well-being by Oxford (2016) contain many components (e.g., emotion, meaning, hope, agency, time and relationships). That is why they can hardly be operationalized and should be validated and revised (Alrabai & Dewaele, 2023, p. 8). However, they already offer an important theoretical framework for language teachers as well as speech and language pathologists.

Resilience refers to maintaining well-being in the face of adversity. There is international agreement that the term means bouncing back from serious stressors and coping with challenges (Avdagic et al., 2020, pp. 2070–2071; Lyons & Roulstone, 2018, p. 325). Resilience is not an innate personality trait. It rather describes a "process whereby a child develops capacity to make effective adaptations" when experiencing adverse circumstances (Avdagic et al., 2020, p. 2074). It develops dynamically with the demands of life. The more demanding it is, the greater resilience can become. It helps in dealing with ongoing crises as well as in acute stress situations. However, once resilience has been gained, it can also be lost again or only relate to certain aspects of life. Just like well-being, resilience is a complex construct which consists of several components, some of which cannot be clearly distinguished from one another and are mutually dependent (Avdagic et al., 2020, p. 2071; Masten, 2014, p. 14; Wustmann Seiler, 2021, pp. 115–116).

According to Ungar (2015, p. 4) resilience is determined both by individual and social aspects. The number and naming of these aspects vary depending on the cultural, scientific and contextual background of researchers (Zolkoski & Bullock, 2012, p. 2299). For a child, "resilience reflects all the adaptive capacity available at a given time in a given context that can be drawn upon to respond to current or future challenges facing the individual, through many different processes and connections" (Masten & Barnes, 2018, p. 2). Unfortunately, until now there is no international agreement on which criteria are mandatory or optional for resilience. It is also unclear to what extent they interact and influence each other. Further studies are needed to answer these questions.

2.2 Personal Resilience Factors and Social Resources

The active role of the individual in overcoming challenges is fundamental. That is why educational research focuses primarily on personal resilience factors and social resources which—in contrast to genetic components—can be acquired throughout social interactions or influenced by the environment (Wustmann Seiler, 2021, p. 33). Personal resilience factors show a high degree of conceptual overlap with the theoretical frameworks of well-being by Oxford (2016) and Alrabai & Dewaele (2023). The differentiated analysis of international reviews and studies by Froehlich-Gildhoff and Roennau-Boese (2024, pp. 42–58) shows that, at the personal level, six resilience factors are particularly relevant for overcoming challenges:

1. **Self-awareness**: appropriate self-assessment of one's own emotions and thoughts
2. **Self-efficacy**: confidence in one's own competences and the conviction of being able to overcome challenges, knowledge of one's own strengths
3. **Self-regulation**: the control of one's own feelings, arousal and thoughts (both activation and calming), emotional flexibility
4. **Social competences**: help-seeking, self-assertation, adequate conflict resolution, empathy and theory of mind
5. **Problem solving skills**: goal orientation, recourse to past experiences and analogies, brainstorming, reduction to a single task
6. **Adaptive strategies**: flexible use of different coping strategies, assessment of situations and options, knowledge of one's own limits

Furthermore, resilience is not only an individual achievement of the child. Ungar (2015, p. 7) points out that it is always a matter of the interaction between a person and their environment. The social network influences the process immensely. According to Wustmann Seiler (2021, p. 111) most studies have shown that a caring, appropriately demanding upbringing is of central importance for the development of resilience. The author also states that empirical studies show that a caring environment outside the family plays a crucial compensatory role, both in terms of direct support and positive role modeling. After all, the most prominent social resources are appreciation (recognizing and showing that someone is valuable), secure attachment (to at least one caregiver), autonomy (experience of volition, freedom and control) and support (feedback, praise, encouragement).

The following framework (Fig. 1) is based on the work of Froehlich Gildhoff and Roennau-Boese (2024). The starting point is a **challenge** (blue) which may occur acutely in a specific situation or over a longer period. Challenges for children can also be age-appropriate developmental tasks (e.g., an argument with a friend) or transitions (e.g., starting school). The interaction of **personal factors** (orange) and **social resources** (purple) results in an adaptation and facilitates the **coping** (green). The more of these re-

sources and factors are available and the better they work together; the more likely coping becomes. In return, each successful coping process can promote the consolidation of the resilience factors and social resources already acquired.

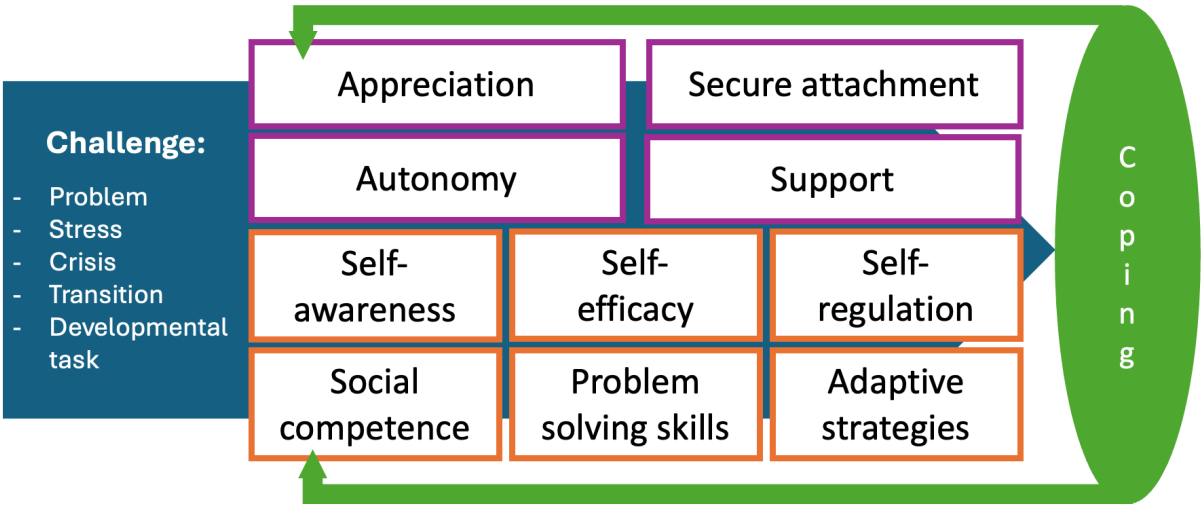

Fig. 1: Resilience factor model (based on Froehlich-Gildhoff & Roennau-Boese, 2024, p. 44)

It should be noted that this model shows only a selection of possible aspects. It does not claim to be complete and should be seen as work in progress. Nevertheless, it offers starting points for the development of effective and preventive interventions for diverse vulnerable populations (Zolkoski & Bullock, 2012).

3. Vulnerable Learners with Developmental Language Disorder

3.1 Developmental Language Disorder

Developmental Language Disorder (DLD) is defined by persistent difficulties in the acquisition, understanding, production or use of language (spoken or signed) (WHO, 2019; ICD-11 6A01.2). The difficulties arise during the early developmental period and cannot be explained by another neurodevelopmental disorder (e.g., autism), a sensory impairment (e.g., deafness) or neurological condition (including the effects of brain injury or infections). The language and communicative abilities are below those expected for the individual's age (WHO, 2019).

To better understand the characteristics of language disorder, Paul (2020, p. 23) summarizes the domains and components of our language system: DLD includes difficulties in form, content and use of the language system (Tab. 1).

phonology	morphology syntax	form
semantics		content
pragmatics		use

Tab. 1: Domains of our language system

The symptoms at the different levels may vary over time, mainly including reduced vocabulary, limited sentences and impairments in discourse, and they can affect speaking as well as understanding language (for an overview of the diagnostic criteria see Calder et al. 2022, p. 2045). Developmental language disorder with

- impairment of receptive and expressive language (6A01.20)
- impairment of mainly expressive language (6A01.21)
- impairment of mainly pragmatic language (6A01.22)

are distinguished in the ICD-11 (WHO, 2019).

As mentioned above, DLD is defined in the absence of another primary diagnosis. Nevertheless, children with DLD show difficulties that are not only specific to language—for example, in executive function or motor coordination. Evidence and clinical experience as well as poor agreement on the terminology itself led to a multinational and multidisciplinary Delphi consensus study (Bishop et al., 2017). Subsequently, the nomenclature changed from specific language impairment (SLI) to developmental language disorder (DLD).

Different studies from English-speaking countries indicate a prevalence rate of 7% among 4- to 5-year-old children, with higher rates for the receptive and combined receptive-expressive disorder (Calder et al., 2022, p. 2044). Language delays and difficulties associated with other disorders like intellectual disabilities, autism, deafness or ADHD are not included in these studies. Thus, the proportion of children showing language difficulties in most classrooms is much higher. Although it is one of the most prevalent neurodevelopmental disorders—if not the most—there is limited awareness in society, even in professional (medical or educational) contexts (Bishop et al., 2012, p. 259; Calder et al., 2022, p. 2045).

In summary, DLD shows considerable variation in terms of symptoms, developmental trajectory and comorbid disorders. In line with this heterogeneity, no single underlying cause for DLD has been identified yet. Paul (2020, pp. 25–28) discusses a constellation of genetic, biological and cognitive factors. The way children learn (language) is central to explanatory models for DLD today, which include auditory processing deficits, working memory deficits, and procedural memory deficits. The persistence of DLD into adulthood is emphasized by many authors. Paul (2020, p. 22) summarizes that children who show persistent deficits into school age are at high risk for continued communicative as well as literacy problems. Furthermore, symptoms of social, emotional, behavioral and academic difficulties often occur.

3.2 Impact of DLD on Well-Being

There is burgeoning evidence to suggest that the quality-of-life of children with DLD may be compromised in several ways (Duinmeijer et al., 2025; Feeney et al., 2012; St. Clair et al., 2011). Adverse experiences may depend on both the impairment itself and external barriers. In many cases, there is a negative impact across the entire lifespan. Although individuals with DLD are considerably heterogeneous, researchers have found that they are more likely to

- experience bullying and peer victimization (Knox & Conti-Ramsden, 2007; Redmond, 2011; Gerbig et al., 2018),
- feel excluded and lonely (Wilmot et al., 2024; Lloyd-Esenkaya et al., 2020) and
- have poor quality friendships (Lyons & Roulstone, 2018; Durkin & Conti-Ramsden, 2010).

Links between DLD and socio-emotional and behavioral difficulties (SEB) are theoretically and empirically well established. Current studies indicate that there is a high risk of co-occurring SEB for children with DLD, even if the complexity of the connections and correlations are not fully analyzed and understood yet (Burnley et al., 2023, 2024; Ekström et al., 2023). DLD may contribute to internalizing conditions such as low self-esteem, (social) anxiety, depression and social withdrawal (Wilmot et al., 2024). Further research supports that some children with DLD may also show externalizing (i.e., aggressive) behavior due to misunderstandings or constant communicative exhaustion (Burnley et al., 2024).

But these conditions are by no means inevitable and cannot be wholly explained by linguistic limitations alone. The evidence base indicates a range of other/additional risk factors that mediate SEB in children with DLD. For example, difficulties with emotion regulation have been frequently observed in this population. Burnley et al. (2023, p. 2) point out that such difficulties could be linked to limited vocabulary and grammatical problems. Furthermore, there is initial evidence that some children with DLD show an "intolerance of uncertainty", which may stem from reduced control of social interactions due to language difficulties (Burnley et al., 2024, p. 3013). In this context, insistence on sameness—such as (strict adherence to) timetables and classroom routines—and control-like behaviors could therefore be understood as coping strategies and the attempt to gain autonomy, particularly "when much of their day to day felt out of their control" (Burnley et al., 2023, p. 3).

3.3 Impact of DLD on Education and Communicative Participation in School

Education and learning processes strongly depend on language abilities. It is therefore not surprising that there is global evidence suggesting that children with DLD are at elevated risk of experiencing severe academic difficulties, such as poor reading and writing skills, low academic self-esteem, limited use of learning strategies, and academic underachievement (Conti-Ramsden et al., 2009; Ekström et al., 2023, p. 1169).

In addition, DLD may have a lasting impact on the daily communicative participation at school as it limits the children's ability to interact (Singer et al., 2023). Communicative participation in classroom activities means, for example, understanding the teacher's instructions, taking part in group work or initiating discussions with fellow students. "Children with DLD may begin to perceive themselves as 'stupid' or 'lazy' in the school context and may camouflage (i.e., mask) their difficulties to 'fit in' with peers" (Wilmot et al., 2024, p. 7). Constantly hiding their language problems in social interactions and compensating for not understanding or speaking to others during classroom activities might lead to mental and physical exhaustion of many children with DLD. In a qualitive study of Wilmot et al. (2024, p. 6), an adult with DLD reports: "[...] it is a tiring process, and I don't think people actually understand how much effort we have to go through on a daily basis." This statement clearly shows that individuals with DLD need a 'person-centered' support in everyday school life, whether it is in inclusive settings or at special needs schools (Merrick, 2020, p. 103).

However, empirical studies show great variations in communicative participation of children with DLD (Singer et al., 2023). As seen before, their behavior also depends on emotional and cognitive factors. Therefore, the evaluation and handling of communicative challenges strongly depend on individual experiences. Some children with DLD are effective communicators and others are not. The way children use gestures, facial expressions and social behavior determines the effectiveness of their daily communication (Bruinsma et al., 2024). Furthermore, low awareness of DLD in the community can lead to continuous excessive demands, especially in school.

3.4 Impact of DLD on Resilience

So far, little research has been conducted on the resilience of children with DLD and how they navigate daily life. Studies have mainly focused on their linguistic deficits rather than their emotional strengths and social competences. Little is known about protective factors in the context of DLD or the strategies children use in potentially adverse situations, nor about the impact these might have on their resilience.

Burnley et al. (2024) explored individual psychosocial experiences through semi-structured interviews with $n = 11$ mothers of children with DLD and $n = 5$ adults with DLD. As a result, the authors conceptualized a maintenance cycle (Fig. 2). While it is unsurprising that experiences of anxiety are associated with social frustration and that these are maintained by various factors (e.g., exhaustion or low self-esteem), this noteworthy study also highlights, for the first time, the relative strengths of the children affected. Despite their linguistic limitations, empathy and kindness are often displayed through caring actions and body language (e.g., care given to animals, attempts to include others). Another nonverbal way of expressing themselves appeared to be creativity (e.g., drawing). "All mothers described great admiration for their children, that despite their difficulties, they persevered and showed great resilience" (Burnley et al.,

2024, p. 3021). Overall, the researchers suggest that the recurring and ongoing challenges in everyday communication might lead to particularly strong resilience in some children with DLD. Based on the early studies discussed above, it can be assumed that this applies to about one-third of children with DLD.

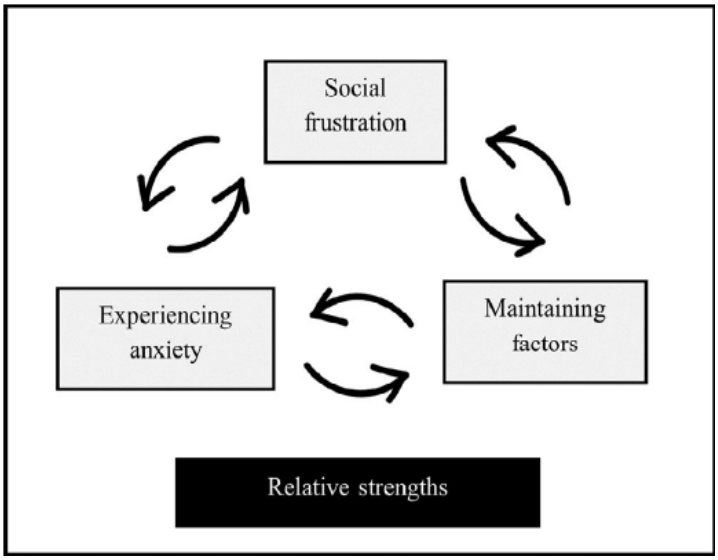

Fig. 2: Visualization of the core themes identified by Burnley et al. (2024, p. 3013)

Lyons and Roulstone (2018, p. 326) emphasize the strong relevance of coping strategies when addressing language difficulties. They analyzed 59 narrative interviews with $n = 11$ children with DLD. Based on the experiences described by the participants, the authors identified three potential protective factors:

1. **Optimistic mindset:** focusing on improvements, reframing negative experiences, building on overcoming obstacles in the past, co-constructing hope with others (family, peers, teachers and therapists).
2. **Agency/autonomy**: belief of control, sense of purpose and coherence, experiences of empowerment, being proactive, making choices, exerting influence in different everyday situations and settings.
3. **Positive relationships:** friendships, supportive social network, finding advocates and allies, affirmation by others, perceptions of being valued.

Both Ekström et al. (2023, pp. 1176–1177) and Lyons and Roulstone (2018, p. 340) highlight the importance of social resources regarding resilience. It is crucial that the environment recognizes and understands the individual language problems of the child in order to provide appropriate reactions and support. The social network must take the child's concerns and fears seriously. In doing so, it becomes possible to develop hopeful visions together and achieve communicative improvements.

4. LRT in Children with DLD

4.1 Linguistic Risks for Children with DLD

One way or another, most children with DLD experience linguistic risks in everyday (school) life. Schick and Rohde (2025, p. 10) identify relevant symptoms and vulnerabilities of students with DLD based on their literature review. They assume that these children are more likely to struggle with linguistic risks in the following core areas based on the symptoms and their effects of learning, communication and well-being:

- Limited comprehension monitoring, including difficulties in assessing and regulating understanding during verbal communication or text reading as well as limited awareness of potential causes of misunderstanding
- Limited use of language learning strategies (e.g., vocabulary) and communication strategies (e.g., asking), including experimenting with language
- Impaired speech production and comprehensibility; including compensation strategies (e.g., all-purpose words like 'thing' or 'do')
- Difficulties in building and maintaining social relationships, especially peer friendships
- High or low self-awareness and reflection (including awareness of the impairment) and associated emotional states.

Furthermore, based on preliminary results from their $n = 2$ expert interviews with special education teachers, the authors identify specifically risky situations for children with DLD. The *location* and *context* seem to be crucial: classroom situations and large group settings are judged as high-risk situations, whereas free contexts like breaks or talking to friends are classified as lower risk-level (Schick & Rohde, 2025, p. 263). Challenging conversational situations (in the classroom) may include teacher-centered instruction, asking for help, speaking in front of a group or conflicts with classmates (Riehemann, 2024, p. 217).

Comparable results can be seen for other vulnerable learner groups, e.g., people with autism spectrum disorder (ASD), which is characterized by difficulties in social (pragmatic) communication (WHO, 2019). A particularly relevant study by Howard and Sedgewick (2021) investigates the communicative preferences of people with ASD. In this study, adults with ASD had to rank communication modes (e.g., email, phone call, live messaging) according to their preference in different scenarios (e.g., education, customer services, family) and were then interviewed to explain their rankings. The results indicate that the mode of communication could be “enabling or disabling” (Howard & Sedgewick, 2021, p. 2265). People with ASD often prefer written communication, e.g., when interacting with unfamiliar individuals. Preferences for face-to-face communication, by contrast, were found to depend on the perceived closeness and acceptance of the communicative partner.

4.2 Healthy vs. Heavy LRT

Based on these results, the question arises as to what role linguistic risk-taking could play in supporting well-being and resilience in children with DLD. To date, special educational support and therapeutic interventions have primarily focused on *reducing* challenges. On the one hand, this is done through communicative relief—for example, when children are exempted from certain tasks, such as giving a speech in front of the class or writing essays. On the other hand, professional caretakers aim to increase awareness within the child's social environment—particularly among teachers—thus enabling specific support in everyday activities, such as providing linguistically optimized reading texts.

In contrast to this, LRT's goal is to consciously challenge language learners by placing them in new situations with unknown procedures and uncertain outcomes. At first glance, this may seem contradictory and counterproductive. Upon closer inspection, however, it becomes clear that linguistic risks not only lead to unpleasant feelings, such as anxiety, or to mistakes. Rather, overcoming a challenge can also give rise to positive feelings—such as joy or pride—and expand linguistic competence. There seems to be a fine line between communicative overload and appropriate challenges. This idea is illustrated by the adapted three-zone model of Luckner and Nadler (1997) as shown in Fig. 3.

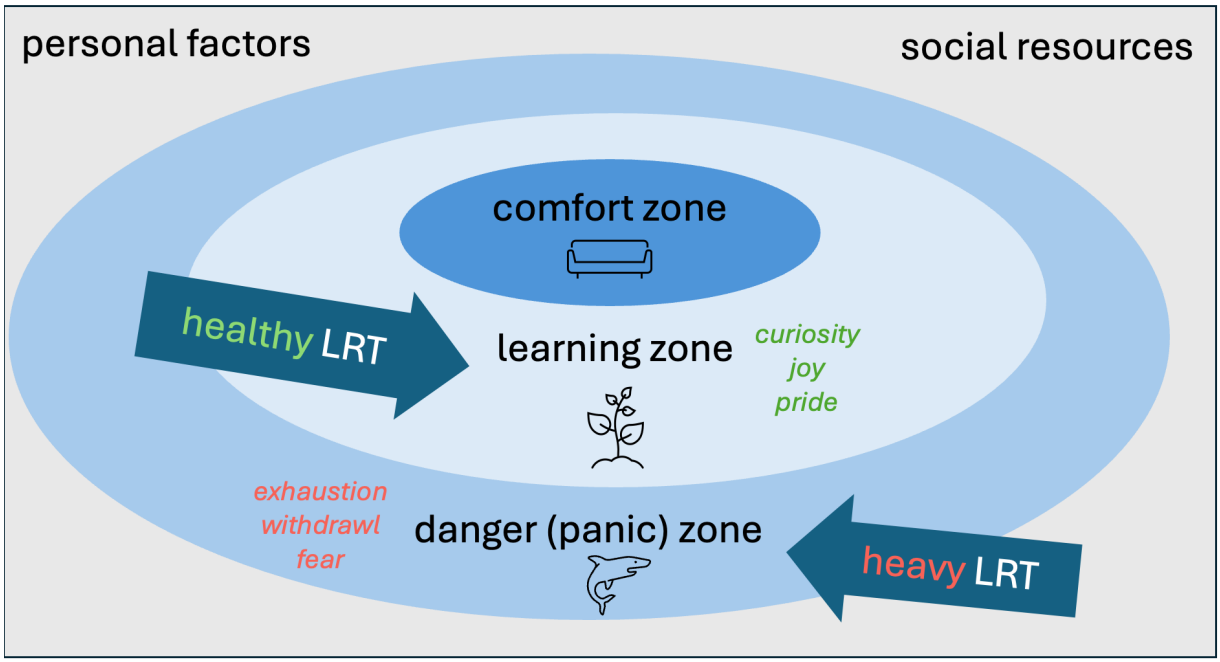

Fig. 3: Healthy and heavy LRT in the three-zone-model

According to this model, learners feel most at ease in the *comfort zone*. However, change—and therefore learning—is only possible when they leave it and venture into the unknown, into something new. This is called the *learning zone*. Curiosity drives the

learner, and new insights or skills lead to feelings such as joy or pride. From this perspective, the reduction or even prevention of risky situations through the creation of an entirely "safe space" can be disadvantageous in the long term. All language learners necessarily need a certain degree of willingness and courage to take **healthy linguistic risks** within the learning zone to expand their language and communication skills. However, if learners stray too far from their comfort zone, they experience excessive demands, strong negative emotions (e.g., fear, anger or exhaustion) and they show defensive reactions (e.g., social withdrawal or masking). This is called the *danger or panic zone*. In this zone, risk-taking becomes heavy. There is no progress in this zone. In fact, repeatedly experiencing **heavy LRT** could lead learners to withdraw from taking linguistic risks altogether and to language learning being permanently compromised.

Linguistic risk-taking and the courage to face communicative challenges are embedded in diverse internal (personal) and external (social and context) factors (Cervantes, 2013). These factors not only determine whether learners choose to leave the comfort zone in the first place, but also how they respond to failure and frustration within the danger zone. In our view, these factors highly overlap with the resilience factors and social resources discussed earlier (see Fig. 1).

Vulnerable language learners need to be particularly resilient when it comes to LRT. The lower their level of linguistic competence, the more quickly communication becomes a linguistic risk or even a burden. Their comfort and learning zones might be smaller due to limited language competences on all levels and modalities (see Tab. 1). As a result, they are more likely to reach their individual danger zones quickly. In such cases, the boundaries between relaxed, challenging and overwhelming language learning situations might become blurred (Fig. 4).

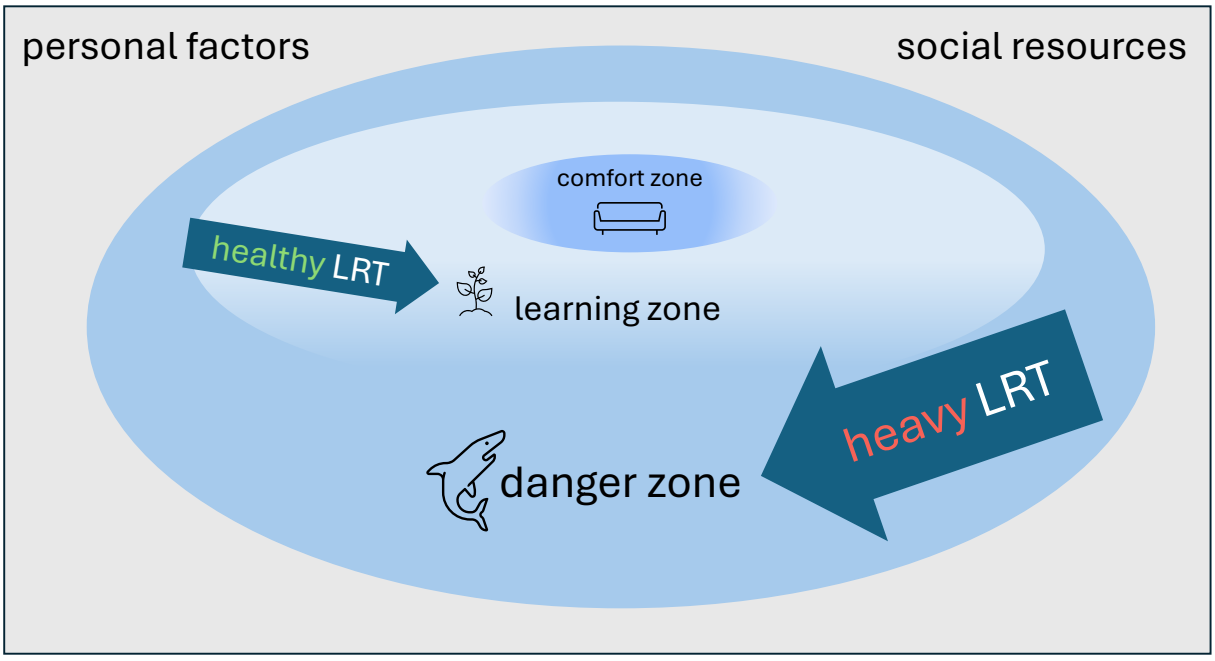

Fig. 4: Healthy and heavy LRT in children with DLD

As a result, children with DLD are more likely to experience heavy LRT than typically developing peers. This may also explain the well-intentioned desire of many teachers to "spare" children with DLD from linguistic challenges. The question of when a risk is healthy and when it is already heavy is not easy to answer and the answer may vary from child to child, but also from day to day. Regular exposure to the danger zone should be largely prevented with close educational support. Nevertheless, heavy LRT cannot be completely prevented in children with DLD. Thus, they need resilience in many communicative situations and settings.

4.3 LRT and Communicative Resilience

Research shows that there is no universal resilience in the sense of perpetual invulnerability; an individual's ability to cope with adversity and stress varies depending on context and situation. Petermann and Schmidt (2006, p. 1) therefore suggest differentiating between domain-specific forms of resilience. Wustmann Seiler (2021, p. 329) points out that resilience in one specific area of life cannot automatically be transferred to other areas. The author distinguishes between academic, emotional, social, cultural and behavioral resilience. Although some of these forms could also be relevant for heavy LRT, it also seems appropriate to define a specific form called **communicative resilience**. According to Riehemann (2024, p. 217), it is formed by the competences and resources a person needs to master linguistic and interactive challenges, regardless of their current language skills. This form of resilience is based on the confidence that communication barriers can be successfully overcome, either by one's own means or with the help of others. In this context, it is irrelevant whether language is used orally or in writing, or whether it is a matter of language production or comprehension. Even competent speakers experience such challenging situations from time to time—for example, when reading a complex article or having a difficult conversation.

The observable reactions of students with DLD in the danger zone are often adverse and have a negative impact on their social and communicative participation (see 3.2/3.3). Communicative resilience is indispensable because it helps children with DLD to bounce back from heavy to healthy risk-taking. Consider the following scenario: A child with DLD does not understand a task on a worksheet. For many of their peers, asking for clarification would be a healthy risk to take. However, because this student frequently experiences such situations, they attempt to hide their misunderstanding. Feelings of shame and frustration arise and asking for help in front of others becomes a heavy linguistic risk for them. In such cases, communicative resilience makes it easier for the learner to manage this situation. Self-calming, making eye contact with the teacher, or asking a classmate are behaviors that indicate strong personal resilience factors, while a supportive environment is characterized, for example, by a thoughtful teacher who takes the initiative to explain the task again.

The social resources of resilience presumably play a crucial role in fostering healthy LRT in children with DLD. Familiar communication partners or peer-buddies

are also identified as important aspects of linguistic risk-taking in the interviews conducted by Schick and Rohde (2025). According to Cervantes (2013, p. 432) “fostering constructive relationships” and “establishing an adequate affective bondage [sic] between the learner, peers, and the language teacher” are considered essential for healthy LRT. Furthermore, healthy LRT should balance support and autonomy. Schick and Rohde (2025, p. 269) conclude that children with DLD need close support to acquire a healthy risk-taking mindset. Otherwise, these children might experience long term restrictions in communicative participation or become dependent on ongoing external support.

Moreover, children with DLD need proactive behavior and functional coping strategies. In line with personal resilience factors, the research literature on LRT discusses various variables that influence risk-taking behavior. For example, previous experiences of success or failure are directly reflected in self-efficacy and lead to different problem-solving skills or adaptive strategies. Self-esteem is another variable frequently addressed in LRT studies. Cervantes (2013) points out that learners with low self-esteem might be more hesitant to take risks. Self-awareness as an important personal factor of resilience was also mentioned in the interviews conducted by Schick and Rohde (2025, pp. 268–269).

Based on the studies mentioned above, it can be assumed that approximately one-third of all children with DLD develop communicative resilience, even under high levels of stress. Conversely, this implies that the majority of children with DLD would benefit from preventative support.

The fact that risk-taking is not associated with a fixed personality trait allows researchers to consider it a potential tool that students can use to improve their language learning when appropriately regulated (Cervantes, 2013). Promoting healthy LRT represents a possible paradigm shift in the treatment of children with DLD. Instead of focusing solely on eliminating language difficulties and minimizing potential risk factors, LRT emphasizes emotional and personal empowerment as well as the strengthening of protective factors. The goal is not simply for the children to speak better in the future, but rather for them to be able to cope with communicative challenges more easily, calmly and successfully—regardless of their current linguistic abilities.

Building resilience and taking risks is not solely the responsibility of the children themselves but also involves their environment. Prevention programs are most effective when they consistently involve this environment, address the realities of children's daily lives, and are implemented over an extended period (Froehlich-Gildhoff et al., 2020; Froehlich-Gildhoff & Roennau-Boese, 2024). Failing, trying again and not giving up are important lessons from which all children can grow. With close support, even vulnerable language learners might seek more opportunities to communicate and take linguistic risks. Early 'easy wins' and a sense of feasibility are required to initiate the process. Once students have had initial positive experiences in risky situations, it is important to reflect on their associated emotions and evaluate risks together. Building on this foundation, the risk level can be increased step by step—for example, by changing

support/cooperative settings, the complexity of the challenge or the linguistic modality. Ultimately, taking risks could improve not only their communicative resilience but also their language proficiency in the first place.

To further investigate the possibilities of preventive promotion of LRT in the context of DLD, more interviews with professional caretakers have already been conducted at the University of Cologne and are currently being evaluated.

5. Conclusion

Based on the results presented here, we assume that—unlike the original target groups of university students in multilingual environments—vulnerable learners with DLD require greater support and guidance, if they are to take linguistic risks, particularly at younger ages. For them, **healthy linguistic risk-taking** means:

- Being open to new experiences while learning to choose their own risks wisely.
- Coping with setbacks by developing self-awareness, self-esteem, and self-efficacy.
- Trying out different strategies in difficult interactions to find a suitable/individual solution.
- Reflecting on their own actions and recognizing their own possibilities.
- Receiving positive feedback and support from teachers and peers.
- Having a supportive environment, inside and outside the classroom.

In this sense, taking healthy linguistic risks and building communicative resilience are two sides of the same coin—and always a collaborative effort.

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