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Perceived social stigma and friendship skills among students with Learning Disabilities

Khaled Awad Elballah

Research Article

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Author for correspondence:
Khaled Elballah
kelballh@kfu.edu.sa
Department of Special Education, Faculty of Education, King Faisal University, Saudi Arabia.

Abstract

Background/purpose. Friendship skills among people with learning disabilities (LD) are affected by the amount of social skills they possess, which are characterized by their inability to start a conversation, ask a question, and apologize, in addition to behavioral problems associated with attention deficit, social stigma, feelings of inferiority, and lack of self-confidence. The current study aimed to investigate the nature of the relationship between perceived social stigma and friendship among LD students, and the differences between males and females in social stigma and friendship skills.

Materials/methods. The sample consisted of 68 male and female students from an elementary school. The Perceived Social Stigma Scale and Friendship Skills Scale were applied in the study. The results of the study showed a negative correlation between the perceived social stigma and friendship among LD students.

Results. The results also showed statistically significant differences in favor of females in the preserved social stigma and differences between students in favor of males in friendship skills.

Conclusion. The results of numerous previous studies in various cultural and academic settings. The results indicated that male students are better able to confront stigma by engaging in sports or artistic activities. Males also have superior friendship skills to females, although they are more prone to impulsiveness and disregard for norms and rules. They attribute academic failure to external factors that affect their social skills in general and, in particular, their skills in forming and maintaining friendships. We believe that sharing our results with other colleagues will stimulate further research in this area.

1. Introduction

Stigma is associated with learning disabilities (LD), as it negatively affects students with LD in social interactions, which leads to lower levels of peer acceptance than their normal peers, in addition to feelings of rejection and discrimination. Stigma also has negative effects on mental health based on social comparison processes, which showed the importance of stigmatization, especially towards students with LD, and its impact on their psychological quality of life, social competence, and peer acceptance (Elballah, 2018). The perceived social stigma and discrimination against persons with disability is an obstacle that creates barriers and restrictions to full participation in the lives of persons with special needs. This facilitates interaction and achieving more positive relationships between people with (LD) and their normal peers (Lisle, 2011). Pupils who receive special education services may not overcome challenges that are indirectly related to their main problem, and parents and caregivers may view these challenges as secondary. Those who treat neurological problems or LD through intervention programs may overlook feelings of isolation from peers and a sense of inferiority. Differences from others, lack of value, and lack of belonging to the group are all factors that contribute to the formation of self- and social stigma (Kayama et al., 2014).

Stigma may stem from low academic expectations as perceived by parents and teachers. It describes prejudicial, harmful attitudes toward the negative treatment of vulnerable, undesirable, and low-value individuals. Students with LD are seen as lazy or stupid because of their poor performance in education. In addition, stigma may result from addressing, labeling, and classification through official diagnosis, due to others' views that distinguish students by legitimizing stratification (Shifrer, 2013). Description and labeling is an element of stigma that describes the levels of social acceptance in groups because it sets differences and differences as a criterion for this group or that, and in general people with special needs suffer from social restrictions, and referring students with LD to evaluation and identifying characteristics in terms of academic achievement and behavior and diagnosis according to the diagnostic criteria using standardized and fixed tools that make them a minority on the basis of language, behavioral, or educational problems (Shifrer et al., 2011). Research has shown that individuals with specific learning disabilities (SLDs) are vulnerable to stigma. Studies examining the associations between stigma associated with SLDs, stereotype threat, and psychological and academic outcomes in individuals with SLDs have shown strong associations. Higher SLD stigma scores were moderately and statistically significantly associated with lower self-esteem and poor psychological adjustment (Can., et al, 2017; Haft et al., 2022).

Negative stereotyping contributes to the distinction between the stigmas that make people outside the circle, away from, or less than... and the labeling that is attached to students with LD that keeps them away from participating in good achievement. In addition, unwanted differences from the level of ordinary people may affect the attitudes and behaviors of others towards those with differences and disabilities, which is called social stigma, while what the individual realizes of differences in himself is what causes him self- or internal stigma, which constitutes social and psychological obstacles for some individuals with disabilities. (Kayama et al., 2014). Students with LD are exposed to the risk of social-emotional suffering and peer pressure, and they try to compensate for feelings of deficiency and stigma. And they are exposed to rejection from their peers, so they resort to isolation; therefore, peer acceptance plays an important role in shaping acceptable behavior, just as rejection is in return for acceptance. They play an important role in their psychological, social, and academic health. Moreover, the individual who suffers from stigma responds in one of two ways towards rejection: aggressive attack in situations or avoiding situations, and stigma affects academic performance and limits the efficiency of social interactions (DeRoche, 2010). Considering that the majority of students with LD receive a comprehensive education alongside their peers, we find that they experience difficulties in social relationships, which negatively

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affect their emotional, social, and academic development. Exclusion may even extend, which leads to low self-esteem, school dropout, and crime (Lorger et al., 2015).

Students with LD have fewer mutual friends, lower quality of friendship, lower social acceptance, lower academic self-concept than their peers, deficits in social skills, higher levels of loneliness and depression, and experience bullying because they are more shy, less popular, and less likely to be a potential leader. These problems continue. In addition, accompany them in the later stages of life as well (Firat, 2020). Friendship skills among people with LD are affected by the amount of social skills they possess, which are characterized by their inability to start a conversation, ask a question, and apologize, in addition to behavioral problems associated with attention deficit, anxiety associated with social stigma, feelings of inferiority, lack of self-confidence, and inability to make decisions (Estell, 2008). Despite this, there is a lack of research on stigma among people with LD (Lisle, 2011). It is worth noting that people with LD face stigma like other groups, with its negative impact on self-esteem, psychological quality of life, and their mood (Abraham, 2002). Students with LD may try to take protective measures against the effects of stigma. However, the process of social comparison with their peers indicates that they are more experienced with feelings of stigma, which appear to be vulnerable to vulnerability and emotional disorders, which need intervention programs to reduce the effects of stigma through training on social skills so that they can positively integrate into society (Paterson, 2007). Stigma also affects students with special needs' sense of belonging to the school, academic self-concept, and sense of control and success in the school context, and this may lead to a lack of healthy social attachment at school, a decreased sense of academic competence, a weak sense of autonomy, and negative experiences (Kizzie, 2009). Thomson and McKenzie (2005) indicated that students with LD perceived negative interactions resulting from labeling and being labeled as having LD, and found that half of these children were feeling depressed as a result of this stigma.

Anita (2004) also found that the child with LD who is given a new title "with difficulties" through diagnostic processes understands and realizes that he is different from his normal peers and feels inferiority, alienation, and many emotional and behavioral problems, loneliness, anxiety, depression, and low self-concept. In addition, students with LD report higher rates of stigma than normal, lower self-esteem, feeling lonely, social pressures, and depression due to harassment, violence, and mistreatment by normal peers, as well as suffering from poor peer status and being generally less accepted by their peers. That is related to the development of social-emotional function; they are less popular, and they report peer rejection, harassment, poor social acceptance, and neglect due to the stigma of LD in the results of studies (Abraham, 2002; DeRoche, 2010; Fleming, 2017; Paterson, 2007; Shifrer, 2013). Peer neglect of children with LD is common in special education classes, and peer acceptance is lower for children who received special assistance in the resource room than for those children who received their education from a special education teacher in general classes (Wiener & Tradif, 2004). This may be related to the type of integration. Is it spatial integration only, or is it academic integration? Although the school years are a challenging time for students with LD, they also offer a good opportunity to make friends and increase the number of friends they have (Plata, 2005). Deficits in social skills are common among children with disabilities, directly affecting their ability to maintain relationships for a long period of time. Problems in social recognition and solving social problems lead to complications in both establishing and maintaining friendships, even among ordinary students in the achievement aspects (Lindsey, 2002), as the emergence of problems in social skills may increase the intensity of conflict, and children with LD tend to report high levels of conflicts in their friendships. The aims of the current study are to identify the nature of the relationship between social stigma and friendship skills among students with LD and to investigate gender differences in social stigma and friendship skills. Based on the previous presentation, the problem of the current study is focused on trying to answer the following questions:

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1- Is there a statistically significant correlation between social stigma and friendship skills among students with LD?

2. Are there statistically significant differences between males and females with LD in social stigma?

3. Are there statistically significant differences between males and females with LD in friendship skills?

2. Literature Review

2.1. Social stigma with LD students

Stigma is generally defined as negative social attitudes toward a person's characteristics, often perceived as mental, physical, or social deficiencies, and may involve social rejection, leading to injustice, discrimination, and the person's exclusion from the group. Stigma is defined in the Oxford Dictionary as a visible sign or pathological characteristic that indicates disgrace, disgrace, or bad reputation. It is a trend or belief that strengthens an individual's distinction from a group, such that he becomes isolated from them. The American Psychiatric Association guide states that stigma is the negative stereotypes and harmful beliefs that people have, as well as the discriminatory or irrational practices that can result from this, and the level of social structure that causes unfair negative attitudes, which varies according to societies, customs, and traditions (Sartorius, 2010). Definitions of stigma hold that people who experience stigma are assumed to have, or believe they have, a characteristic that distinguishes them from others. This reduces their value in the eyes of others. Signs of stigma may be visible or invisible and may or may not be controllable. They may be linked to appearance, such as deformities and disabilities, membership of particular groups, and origins, races, and minorities within large societies. It is worth noting that stigma is linked to a specific social context (Link & Phelan, 2001).

Stigma occurs when people judge others based on labeling, descriptions, and judgments, rather than on the nature of personality and individual differences. Students who are diagnosed with LD immediately become disabled in the eyes of their teachers and peers, and stereotypical judgments are associated with difficulties when applying diagnostic tools to students. Once a student is labeled or addressed, it becomes a determinant of their success because it adds new challenges to overcome, and students need to overcome hidden obstacles. Labeling also means an increase in services within the framework of schoolwork. Stigma also occurs when negative attitudes are formed towards a general set of characteristics without considering the specific characteristics of individuals. Understanding the context in which beliefs emerge in society helps determine how they grow and develop, which in turn leads to discriminatory behavior (Lisle, 2011). Students with LD suffer from stigma. In addition, peer rejection and stigma become an obstacle for individuals seeking mental health services (Barkley, 2015). Stigma refers to a set of negative, often unfair beliefs held by some members of society about the characteristics and behaviors of certain people or things. Stigma can be cultural and chronic. It appears clear in perception, emotion, and behavior and is communicated or expressed in social interactions. Stigma takes three species:

A. Public stigma: focuses on society's general attitudes toward the stigmatized individual. This occurs due to preconceived notions and stereotypes about those who differ in some way from members of the group, whether physically or behaviorally. Public stigma represents a label, sign, signal, or characteristic that devalues a particular group, and the negative social meanings associated with this stigma become attached to the individual in social contexts. Public stigma encompasses cognitive, negative, and emotional reactions, including stereotypical judgments, prejudice, and discrimination toward a group (Boyle, 2013).

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B. Self-stigma: Focuses on individuals' internalization of negative societal views and evaluations of themselves. It results from public stigma, which affects people's self-image. Self-stigma not only affects self-image but also affects the quality of emotional and social functioning. Self-stigma refers to feelings of inadequacy and inferiority that lead to negative thoughts and reactions, including shame, low self-esteem, and feelings of self-inadequacy.

C. Family stigma: refers to the stigma that an individual experiences as a result of their association with relatives who have stigmatizing characteristics. It comes from negative judgments that a group forms about a particular family because of its association with a person with deficiencies, and then blaming the family and considering it negligent towards its child during pregnancy and birth (Vogel, 2010).

2.2. The effect of stigma on students with LD

Stigma leaves many effects on those who are stigmatized, as it changes their behavior and extends to changing feelings and cognitive developments, and may cause psychological disorders such as depression and low self-esteem, due to the difference in the way others view and deal with them from the way their peers deal with them. Heatherton (2000) believes that the person with the stigma suffers from discrimination, humiliation, and assault, and every individual who sees himself as a member of the stigmatized group suffers from psychological distress and a look of self-loathing, and that social stigma negatively affects the self-view of the stigmatized person, affecting self-esteem. Hansen (2009) points out that stigma negatively affects children because parents may not be able to deal with them, which leads to them getting into serious problems at school and society, especially in adulthood and adolescence, and for this reason, they are more vulnerable to delinquency. There is also strong evidence that stigma in various groups negatively affects psychological state and self-confidence, and influences mood, which is transmitted to interactions with others, and that those living in a stigmatized environment have less self-confidence, and that social groups may affect respect for others. Self, which requires protecting individuals from the negative effects of stigma, and the prevalence of social comparisons can affect the relationship between perceptions of stigma and self-esteem (Paterson et al., 2012).

There is no doubt that stigma has negative consequences for students with LD and for their psychological health, and that its effects are evident in a low level of self-esteem and a sense of inferiority compared to their normal peers. In addition, the student’s receipt of special education services, in itself, draws attention to the marking of the individual and highlights differences between him and his peers, and, according to the formation of attitudes, special education services become a source of stigma (Kayama et al., 2012). When a person shows that he is different from the normal standard, we attach a stigma to him. We do not do this because we are bad, but only because we do not understand the behavior of others that is different from our own. Stigma causes feelings of guilt and shame, and stands in the way of acceptance.

A percentage of children with LD have a lack of awareness or misunderstanding of the meaning of the term LD or diagnostic criteria and intelligence measures, while others realize that they have LD and have been included in its services to contribute to alleviating their academic effects. Labels and stigma are a compound adopted by the social group due to differences in mental functions and compatibility skills. It is not strange that the group of people with LD is a stigmatized group, and it is clear that they are weak in achieving the goals of social values, and in most cases, they do not behave normally in society. Link and Phelan (2001) believe that stigma exists when its components are linked and converged. These components include: labeling differences between people, making negative, stereotypical judgments, isolation in groups, loss of value, and discrimination. People with LD also suffer from stigma in learning centers. These people reported that they are exposed to harassment and violence from their ordinary peers in school and transportation, and at home even from their

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siblings, and that many people with LD are aware of stigma and negative stereotypes in their daily lives, in forms of rejection, humiliation and discrimination in the social context (Paterson, 2007). Most efforts to reduce stigma are focused on adults or adolescents. It is best to confront stigma at an early age. The role at this stage falls on the family, school, and then society. It must be noted that the role of individual counseling and narrative therapy in changing the negative personal model of stigmatized individuals, in addition to the role of support groups in reinforcing positive ideas. Moreover, canceling their negativity (Vogel et al., 2010). When teachers begin implementing individual educational plans and take the student from the classroom to the resource room, this isolates him, even partially, from the peer group, and from there, the risk of stigma-related sensitivity becomes active. To confront this, teachers must take measures to ensure that the student with learning disabilities is accepted by his peers in the classroom. Perhaps by encouraging peers to support each other within the peer group, fostering a friendly environment among them, and promoting good relationships and cooperation within the classroom (Kayama et al., 2014).

2.3. Friendship skills with LD

The literature indicates that friendship plays a central role in everyone's well-being, acting as a protective factor against mental and physical health problems. The antithesis of a successful friendship can be assumed to be the term 'loneliness,' because it is "an unpleasant experience arising from inadequate social interaction," with loneliness reflected, "as well as the discrepancy between the individual's expectations regarding relationships and their interpretation of them from their own social experience. For people with LD (Mason et al., 2013). We find that LD is increasing among primary school students despite the different diagnostic and evaluation criteria and various therapeutic and educational procedures. However, LD is defined as a neurological problem that affects academic skills in reading, writing, and mathematical thinking. Rather, the impact extends to daily social relationships and interactions among peers within the school, where students with difficulties feel frustration resulting from academic reputation, which leads them to social stigma, which is evident in the desire of people with LD for isolation, loneliness, social discomfort, and low self-esteem, leading to a high frequency of internal disturbances, which are anxiety and depression (Musetti et al., 2019).

3. Methodology

3.1. Design

This study uses quantitative descriptive data and correlational analysis. The purpose of a descriptive study is to systematically and precisely describe a situation, population, or phenomenon (Johnson & Christensen, 2024). Correlational analysis examines the relationships among key variables. Therefore, the current study adopted a descriptive, inferential approach. The specific data collection method was structured questionnaires, completed by participants in Arabic in early 2025. After obtaining their consent, the questionnaire was administered via a Google Form. Participants were asked to respond honestly and transparently, with the assistance of LD teachers in inclusive education schools. The primary purpose of the questionnaires was academic research only.

3.2. Participants

Participants consisted of 68 students from schools in the city of Al-Ahsa in the Kingdom of Saudi Arabia, 40 males and 28 females, aged between 12-13 years, with a mean of 11.60 and a standard deviation of 0.494 in the fifth and sixth grades, who have been included in the LD program and who have been officially diagnosed with academic LD. For demographic details of the participants, see Table 1.

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Table 1. Percentages for demographic variables of the study sample

No	Demographic Characteristics	Students	
		Total	%
1.	Gender		
	Male	40	59%
	Female	28	41%
2.	Type of LD		
	General disabilities.	39	57.36%
	Specific disabilities.	29	42.64%
	Total	68	100%

3.3. Data Collection

All measurements were conducted in Arabic, the participants' native and preferred language. Results were presented in English, the language of publication, and a detailed explanation of the translation process is provided below. The researcher relied on teachers of students with LD to facilitate communication and data collection.

3.4. Data Analysis

Demographic data, descriptive statistics, and inferential statistics were analyzed using the Statistical Package for the Social Sciences (IBM SPSS Statistics 25). Descriptive statistics were used to assess relationships among study variables. Means and standard deviations were calculated, and a t-test was used to assess differences in study variables by gender.

3.5. Procedure

A letter was sent to the students' parents, containing a detailed description of the study's purpose and information on informed consent. The study objectives were explained, and students were informed of their role as participants and that participation was voluntary. All students completed questionnaires in a single session in May 2025. The questionnaires were distributed during class, with the help of the LD teacher.

3.6. Instruments

3.6.1. Prevised Social Stigma Scales (PSSs) among LD prepared by Elballah (2018), the dimensions of the social stigma scale for children with LD, which consists of 30 items distributed along the following dimensions: Labeling or classification: This means placing a classification and naming a person based on certain characteristics, abilities, or shortcomings in the person compared to others. It is expressed in terms of numbers (1-6-11-16-21-26). Discrimination: This means that individuals treat the student unfairly because they see him as different from others; it is expressed in items 2, 7, 12, 17, 22, and 27. Stereotypes: The process of issuing subjective preconceived judgments about an individual, not based on their personal characteristics, and believing in them in a generalized manner without verification. It is expressed in item numbers (3-8-13-18-23-28). Sarcasm: Always looking down on the student while laughing at his actions and activities in the classroom and at school. It is expressed in item numbers 4, 9, 14, 19, 24, and 29. Loss of social value: This means the student is viewed as inferior or weak by parents, peers, or teachers. It is expressed in items of numbers (5-10-15-20-25-30). The students' responses were measured on a 5-point Likert scale (always, almost, sometimes, rarely, or never) and assigned the following marks: 5, 4, 3, 2, and 1, respectively. To verify

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the scale's validity, the internal consistency among its paragraphs was estimated for a reconnaissance sample of 40 students (male/female). The scale dimensions showed a correlation range of 0.469 to 0.541, and the reliability was assessed at 0.962 (Alpha).

3.6.2. Friendship Skills Scales among LD (FSs) prepared by Thien (2012), which consist of (21), have delineated FQUA as a multidimensional construct that can be explained by a set of positive features of friendship dimensions: (1) Closeness, (2) Help, (3) Acceptance, and (4) Safety. The scale, in its final form, consists of 21 items, for which students' responses were determined using a 5-point Likert scale (applicable exactly, applicable, applicable somewhat, not applicable, or not applicable at all). The preparer of the original version of the scale calculated the validity of the factorial structure using an exploratory factor analysis with the Hotelling principal components method and an orthogonal rotation using the Varimax method, selecting items with loadings exceeding 0.3, according to Guilford's criteria. The Alpha scores for the scale dimensions were safety (0.88), closeness (0.83), acceptance (0.84), and help (0.81), respectively. These results indicate that the scale achieved a satisfactory degree of validity and reliability.

4. Results

H1. There is a significant correlation between the dimensions of social stigma and friendship skills with LD students. To verify this hypothesis, Pearson's correlation coefficient was calculated from the raw scores of the study sample, as shown in Table 2.

Table 2. The relationship between social stigma and friendship skills among LD students

Social stigma	Friendship skills			
	Safety	Closeness	Acceptance	Help
Labeling or classification	- 0.420	- 0.390	- 0.514	- 0.384
Discrimination	-0.413	-0.443	-0.465	-0.391
Stereotypes	-0.419	-0.411	-0.418	-0.402
Loss of social value	-0.436	-0.443	-0.453	-0.423

Table 2 showed a negative relationship between social stigma and friendship skills among LD students.

H2. There are differences in the dimensions of social stigma across genders. To verify this hypothesis, a T-test was performed on the raw scores of males and females.

Table 3. Differences between dimensions of social stigma according to gender

Social stigma	Male		Female			
	M	*SD*	*M*	*SD*	*T*	*P*
Labeling or classification	29.02	2.05	31.02	1.12	5.99	0.01
Discrimination	19.94	1.32	22.94	1.66	8.23	0.01
Stereotypes	22.57	1.43	28.11	2.38	11.89	0.01
Loss of social value	22.16	1.45	28.26	2.19	11.73	0.01

Table 3 shows a statistically significant difference ($p < .01$) in favor of females on the scale of dimensions of social stigma.

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H3. There are differences in friendship skills according to gender. To verify this hypothesis, a T-test was performed on the raw scores of males and females.

Table 4. Differences in friendship skills according to gender

Friendship skills	Male		Female			
	M	*SD*	*M*	*SD*	*T*	*P*
Safety	31.28	1.12	29.02	2.05	5.99	0.01
Closeness	22.94	1.66	19.94	1.32	8.23	0.01
Acceptance	13.66	1.32	12.42	1.41	4.47	0.01
Help	13.92	0.93	12.65	1.51	4.18	0.01

Table 4 shows a statistically significant difference ($p < .01$) in favor of males for friendship skills.

5. Discussion

5.1. The relationship between social stigma and friendship skills with LD students

Students with LD face educational challenges related to the difficulties they encounter with oral or written information that detracts from their "ability to listen, think, speak, read, write, spell, or perform arithmetic operations," which leads to the emergence of social challenges in the form of fewer friends, separation from classmates, and growing perceptions of isolation. Scientists believe that the social stigma resulting from difficulties negatively affects social acceptance, thereby hindering social interaction, which serves as a catalyst for forming friendships (Bruefach & Reynolds, 2022). Students with LD always feel psychological loneliness and isolation resulting from the classroom reaction towards them, which is represented in ridicule, bullying, and isolation. Rather, the matter extends to being described as inferior to the emergence of social stigma, whose impact is evident on the psychological level of the student or on the social level in the patterns of interaction that exist between people with disabilities. Learning and normal peers, who are characterized by the ability to form friendships, may reach the behavioral level of school dropout, delinquency, and identity loss (Langher et al., 2010).

Theoretical frameworks identify factors that help people with LD build friendships, including both traditional understandings of friendship, which depend on personal experiences, and personal perceptions of the psychological benefits of friendship, which include feelings of reassurance, enjoyment, and amusement (Lunsky, 2008). People with LD suffer from a lack of friends. This is because LD prevents people from making or maintaining friendships, and the inappropriate educational system, negative attitudes, bad social behavior, and low popularity prevent people with LD from forming or maintaining friendships (Estell et al., 2009). Some factors play a major role in overcoming the difficulties faced by people with LD and in making friendships successful and well-built. They are represented in support, advice, and basic guidance skills directed towards people with LD, and in opportunities that help realize tendencies and desires for building friendships while benefiting from experiences. Good for other people by displaying their successful social experiences (Jenner & Gale, 2006). According to numerous previous studies, students with LD lack social etiquette in their interactions with others and in providing evaluative social feedback. They also lack the social skills to resist negative peer pressure, which stigmatizes them, discriminates against them, prejudices them, and stereotypes them in mental, academic, linguistic, and social aspects. Furthermore, people with LD feel different from others and generally have a heightened awareness of stigma and low self-esteem. Undoubtedly, perceived stigma negatively impacts social participation and social competence due to negative self- and other-evaluations and a persistent sense of difference, resulting from weak academic self-efficacy (DeRoche, 2010; Fleming et al., 2017; Paterson, 2007).

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Friendships are negatively affected by stigma for students with LD. For example, if a teacher describes a student in school as strange and different from his peers, this is considered a stigma. If he receives additional education or special education services, this is culturally considered a difference. Then, the student develops sensitivity to stigma or becomes aware of the social stigma that teachers, perhaps unintentionally, and peers create. To understand the meaning of stigma, it is necessary to examine cultural concepts related to the self, that a person derives his or her high value from independence and his or her relationship with the changes around him or her, and to emphasize interpersonal relationships. To understand stigma in students' daily school life, it is necessary to understand the goals of primary education, which go beyond academic aspects but also encompass spiritual and moral aspects, which play a significant role in personal development—socially, emotionally, and academically—and focus on building the heart and mind and enhancing students' sensitivity and ability to understand the thoughts and feelings of others (Kayama et al., 2014). Stigma affects social interactions, leading to rejection or acceptance. Students are exposed to emotional and social suffering, peer and home pressure, and violence and ridicule. They resort to withdrawing from activities, which diminishes their social experiences. They are also burdened by labeling, discrimination, prejudice, and stereotyping, which consequently impacts their friendship-forming skills.

5.2. The difference between males and females with LD students in social stigma

In light of the available theoretical data, it can be said that poor peer relationships and poor social skills are related to school dropout and juvenile delinquency. Furthermore, labeling students with LD because of their comparison with the average student population creates a stigma. When stigmatized individuals broadly accept negative societal beliefs about them, the stigma affects self-esteem because society does not consider them normal. Hence, the stigmatized individuals' perception of abnormality and lack of acceptance from others results from the belief that they are less than average. While general stigma results from people's behavior toward a specific group, self-stigma is the way stigmatized individuals view themselves, through the stereotypes, prejudice, and discrimination they experience from others. Preconceived stereotypes become negative beliefs about the self, and prejudice produces negative emotional experiences in response to negative attitudes. These cognitive-emotional outcomes can lead to self-discrimination, limiting individuals' ability to work, live independently, form successful social relationships, and access other social opportunities. Self-stigma is associated with reduced self-esteem, self-efficacy, quality of life, social interactions, and psychological well-being, in addition to mental health problems such as learned helplessness, anxiety, and depression (Boyle, 2013; Musetti et al., 2019). It can be noted that the feeling of stigma is higher among females than among those with LD, due to the prevalence of shyness, low social competence, and a weak ability to deal with embarrassing situations and ridicule, or views that carry meanings of inferiority or deficiency. Therefore, the female student who suffers from LD will face a great challenge and pressure from peers and teachers because she cannot keep up with her peers. In contrast, males can interact with peers and hide stigma to some extent through athletic excellence or physical activity, which reduces the pressure in academic situations that cause stigma (Barkley, 2015; Elballah, 2018; Haft et al., 2023). Peer support for people with learning disabilities can challenge stigma and help people with difficult experiences such as low self-esteem and loneliness (Ali et al., 2024).

5.3. The difference in friendship skills with LD according to gender

Results indicated that boys with LD had more friends than girls. Regarding friendship quality and gender, boys with LD were significantly more likely to nominate friends who were at least 2 years younger than they were. According to parent reports, boys with LD were more likely than girls with LD or children without LD to have family friends. Boys with LD were also more likely to interact with

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their friends, as indicated by friendship continuity and stability. Avramidis et al. (2018) found that students with language LD had fewer friends and fewer social interactions with their peers; however, these students had a positive social self-concept and scored very high on all dimensions of friendship quality assessed. Hoffman et al. (2021) found that students with LD's perceptions of the quality of their friendships did not differ from those reported by their classmates.

Results from other studies have indicated that males are more likely than females to accept friendship recommendations. Females interacted through conversation and self-expression, while males interacted through physical activity, play, and outings outside of school. Differences in levels of social acceptance between students with and without LD (Andreassi, 2007; Mason et al., 2013) are also observed, and these differences are related to the type of educational placement (partial isolation in resource rooms or full integration in regular classes). Poor peer acceptance may be attributed to the poor behavioral skills displayed by students with LD in the classroom. Teachers describe them as having negative interactions with their peers, slowness in completing tasks and following classroom rules, poor communication skills, and difficulties with independence, forming friendships, teamwork, and self-control. Several researchers have studied peer relationships among students with LD from four perspectives: peer status, friendships, peer victimization, and psychological loneliness (Gstel et al., 2009; Fleming & Wated, 2017). Although these perspectives overlap, it is important to distinguish between them because they relate to adaptive behavior. The results of some research have shown that students with LD suffer from a high degree of peer rejection, compared to low acceptance by their peers, especially those who receive special education services in resource rooms, more than their colleagues who receive special education services in regular classes with regular students (Wiener, 2004).

6. Conclusions

This study examined the nature of the relationship between perceived social stigma and friendship skills among primary school students of both genders. The results revealed statistically significant differences in perceived social stigma based on gender, in favor of females. This supports the results of numerous previous studies in various cultural and academic settings. The results indicated that male students are better able to confront stigma by engaging in sports or artistic activities. Males also have superior friendship skills to females, although they are more prone to impulsiveness and disregard for norms and rules. They attribute academic failure to external factors that affect their social skills in general and, in particular, their skills in forming and maintaining friendships.

7. Suggestion

The need to form opinion and advice groups within the educational institution, implement peer support group programs, develop mentoring programs, promote awareness programs for LD, foster peer acceptance in the classroom and activities, and avoid stereotyping that creates stigma. The student's problem must be accurately defined. For example, in dyslexia, the label is often mild, providing acceptable explanations for the student's inability to read or spell. Therefore, the student is not viewed as lazy or intellectually disabled. Labeling has many effects, both positive and negative, that shape the child's learning style. Labeling a student as having disabilities, hyperactivity, or emotional behavioral problems affects teachers' perceptions and expectations of success. Parents and teachers must seek out and train in strategies to reduce stigma and transform it from a negative to a positive, enhancing psychological resilience and friendship-building skills, rather than perpetuating feelings of helplessness in the student. Important strategies and recommendations include the following: Activating various group activities (trips, seminars, literary, artistic, and sports events, etc.) because they provide opportunities to form new friendships, thus helping to alleviate social stigma. Educating male and female students through student guidance and counseling

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programs, in classrooms, and elsewhere, about the negative consequences of sensitivity to ostracism and peer rejection, which represent an obstacle to forming friendships. This is crucial to achieving psychological and social harmony for students. The need to develop programs on the quality of friendships, as part of training on methods for choosing a best friend, mechanisms for forming friendships, contributing factors, maintaining and sustaining friendships, and their role in reducing social stigma.

8. Limitations

The current study is not without limitations. First, it was a correlational study, meaning that relationships can only be discussed without causal links. This requires further research to investigate the causal factors behind social stigma among students with LD. The study did not directly address stigma-related behavior, but rather the propensity for social stigma. This requires conducting case studies of students who have experienced the negative consequences of social stigma. The current study examined a sample from a single geographical area; therefore, the findings cannot be generalized. Future studies should examine the individual and contextual factors underlying social stigma and their effects on the friendship skills of students with LD in light of cultural and social norms.

Declarations

Author Contributions. K.E.: Literature review, conceptualization. K.E.: methodology, data analysis. K.E.: Review-editing and writing, original manuscript preparation.

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About the Contributor(s)

Khaled Awad Elballah, Department of Special Education, Faculty of Education, King Faisal University, Saudi Arabia.
Email: kelballh@kfu.edu.sa
ORCID: https://orcid.org/0000-0001-9131-4192