**AFFECTIVE THEORY OF MIND IN UNIVERSITY STUDENTS WITH LEARNING DISABILITIES**

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**Objectives:** The ability toinfer others’ emotional states is a fundamental aspect of social interaction; this ability, known as affective theory of mind (ToM), impacts expectations (Dziobek et al., 2006) and guides behaviour when others’ feelings are not explicit (Baron-Cohen et al., 1985).Although there is an extensive literature investigating affective ToM in individuals with intellectual and developmental disabilities, it has largely focused on persons with autism given the profound social deficits experienced by this population (see Baron-Cohen et al., 1993). However, individuals with learning disabilities (LDs) also experience social deficits and show consistent challenges in understanding others’ emotional perspectives (Loveland, Fletcher & Bailey; 1990) and recognizing complex social emotions (Bauminger et al., 2005).   
  
According to simulation theory (Gallese & Goldman, 1998), affective ToM is dependent on physiological arousal, whereby understanding others’ emotions involves physiologically simulating others’ affective states in the self. Indeed, increased electrodermal activity (EDA) – an index of sympathetic arousal – has been demonstrated when individuals engage in affective, as opposed to cognitive, ToM (Kalbe et al., 2007) implying that dampened physiological activity may lead to affective ToM deficits. Studies have shown, however, that those with LDs are not physiologically underaroused at baseline (Dykman et al., 1983) indicating that an alternative mechanism may underlie their challenges. Instead, it has been proposed that affective impairments in those with LDs may reflect deficits in perceptual reasoning and emotion encoding (Tur-Kaspa & Bryan, 1994). Thus, this research sought to investigate the factors that influence affective ToM among students with LDs.

**Methods:** 239 university students with (*n* = 16) and without (*n* = 223) diagnosed LDs completed the Interpersonal Reactivity Index (IRI; Davis, 1980) and the Questionnaire of Cognitive and Affective Empathy (QCAE; Reniers et al., 2011) to measure ToM. A series of timed tasks were administered to capture perceptual skills, and EDA was recorded at baseline.

**Results:** Although no differences were observed in cognitive ToM, students with LDs endorsed lower levels of affective ToM, *t*(233) = 2.491, *p* = .013, and empathic concern, *t*(235) = 2.334, *p* = .020, on the IRI, and decreased peripheral responsivity on the QCAE, *t*(232) = -2.158, *p* = .032, compared to students without LDs. No differences in baseline arousal were observed between those with and without LDs, *t*(234) = 1.031, *p* = .304, although EDA significantly predicted affective ToM. When LD groups were examined independently, EDA significantly predicted affective ToM only among those without LDs. Students with LDs, however, showed impairments on measures demanding visual discrimination and attention to detail, *p’s* < .05, relative to those without LDs, and there was a trend for performance on these tasks to be associated with affective reasoning.

**Discussion/Conclusion:** These findings provide preliminary evidence that affective ToM deficits among individuals with LDs may reflect perceptual processing challenges, rather than physiological dysregulation. In particular, despite the learning-targeted nature of LDs, these individuals may be more likely to misperceive emotions and misinterpret social situations given that they are less able to process the detailed information required to understand others’ affective states.

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