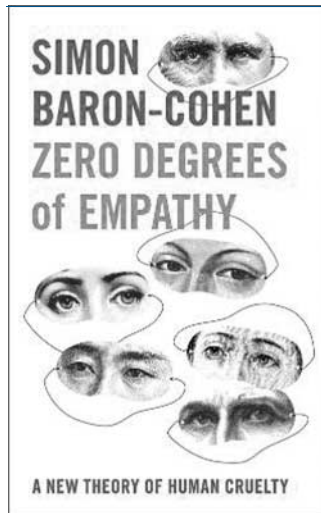


## Book reviews

Edited by Allan Beveridge, Femi Oyeboode  
and Rosalind Ramsay



**Zero Degrees of Empathy:  
A New Theory of Human  
Cruelty**

By Simon Baron-Cohen.  
Allen Lane Publishing. 2011.  
£20.00 (hb). 208pp.  
ISBN: 9780713997910

The Director of the Autism Research Centre at Cambridge University, Simon Baron-Cohen is a well-known expert on autism. He has appeared in the media arguing for the place in society of people with autism and against any attempt to remove autism-spectrum disorder genes, once discovered, from the population. This book is in part an extension of that argument. It is short – only six chapters – and written in an accessible style. But it lays claim to a much bigger achievement – the explication of human cruelty and, possibly, evil.

The argument goes like this. The capacity for empathy can be measured – it is normally distributed in the population. People with a lot of empathy might be good therapists. People with ‘zero empathy’ are liable to treat others roughly or instrumentally, as objects, and can reasonably be assumed to be responsible for most of the human cruelty in the world. The remainder is likely to be committed by those of us who experience temporary lapses of empathy. Baron-Cohen believes that people with autism-spectrum disorder lack empathy, but have a redeeming feature, namely their ability to systematise. They are thus ‘zero empathy positive’ – positive because there are advantages to their condition. They also tend not to be implicated in cruelty to others, or where they are, their actions do not appear to be calculated to cause harm. He compares them to another group of people who lack empathy, who may well understand the consequences of their actions, but do not really care. Their condition lacks any redeeming features, thus they are ‘zero empathy negative’. Baron-Cohen subdivides this group into types B, N and P: borderline, narcissistic and psychopathic. He is referring to people with personality disorder, whom he wants to reclassify, along with those with autism-spectrum disorder and apparently normal people who appear to act as if lacking empathy from time to time, in an ‘empathy disorder’ category.

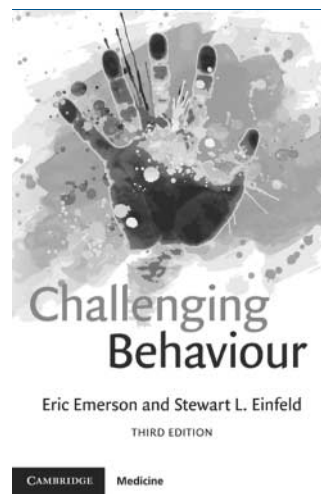
The central thesis – that human cruelty appears to involve a lack of empathy – is not new, and does not furnish a complete or satisfactory account. Baron-Cohen’s assumption that cruelty in those who can show empathy must be due to a temporary loss of empathy begs the question, and in blaming the rest of human cruelty on people with personality disorders, he reduces a multifaceted feature of human interactions to a psychiatric

disorder. This will not do. Dreadful cruelty can occur in the context of group processes, such as operated at My Lai during the Vietnam War; it is subject to cultural and hierarchical pressures, such as operated in the German police units that carried out atrocities in the Second World War (which Baron-Cohen references); and it is related to simple self-interest, such as operates when any one of us carries out a small cruelty to another person. Identifying a small group of people who appear to lack a capacity for empathy does not account for events such as the Holocaust or the Stalinist purges; tens of thousands of others have to be involved, and it is contrary to what we know of how such events have unfolded to imagine that all those who took part had a personality disorder. Baron-Cohen attempts to explain such events through ignorance of the purpose of the activity (‘I only loaded the trains’) and diffusion of responsibility (‘I was following orders’), but in doing so only describes them. He allows no room for personal choice (‘knowing what the consequences of my actions might be, and retaining the ability to empathise, I remain able to commit them’).

This is a moving book, with examples of cruelty that are at times difficult to read. It is also a compassionate book in its plea to understand people who can appear cruel without meaning to be so. Baron-Cohen has highlighted a role for empathy in the capacity for evil, which seems correct; and he has provided an account of recent neurobiological research into empathy. But in attempting to engender sympathy – or empathy – for one group he has performed a disservice to another, already stigmatised, group. And if a satisfactory scientific account of evil is possible, we will have to wait for it.

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**Challenging Behaviour  
(3rd edn)**

By Eric Emerson  
& Stewart L. Einfeld.  
Cambridge University Press. 2011.  
£40.00 (pb). 228pp.  
ISBN: 9780521728935

‘Challenging behaviour’ is an umbrella term used to describe any behaviour that puts the person and those around them at risk. These behaviours range from verbal or physical aggression to self-injurious acts to obsessional or ritualistic conduct and are commonly found in people with intellectual disability. Emerson is a well-known researcher in the field of intellectual disabilities and has made valuable contributions in the field of challenging behaviour. The definition of challenging behaviour he proposed is widely used and commonly cited in the literature.

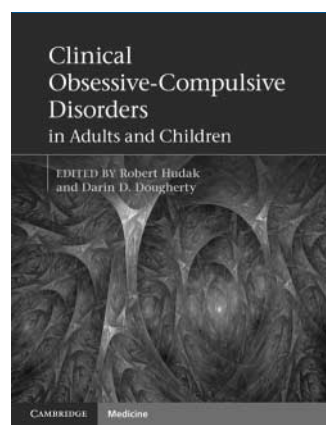
This book focuses primarily on people with severe intellectual disabilities, although the broad principles outlined are applicable to individuals with all degrees of intellectual disability. The first section aims to improve the reader's understanding of challenging behaviours. In the opening chapter, Emerson and Einfeld emphasise the importance of the social context in defining challenging behaviour. Then, the prevalence and risk factors associated with challenging behaviour are described. Chapter 4 summarises various behavioural phenotypes in specific genetic disorders, such as fragile X syndrome, psychiatric disorders and general health conditions associated with challenging behaviour. The behavioural models used for analyses of challenging behaviour are described in detail.

In the second section of the book, Emerson and Einfeld examine the design and implementation of interventions and support for people with intellectual disability and challenging behaviour. In the absence of a robust literature on the use of psychotropic medication for challenging behaviour, the authors provide a comprehensive account of behavioural interventions, which will be very useful for psychologists, psychiatrists and other professionals involved in the care of people with intellectual disabilities. Towards the end, the situational management of challenging behaviour is explored. The authors propose a range of specific strategies, from active listening and use of restraints to the use of psychotropic medication.

I feel that the authors could have explored the psychodynamic approach in the assessment and management of challenging behaviour. Similarly, their comments on the use of complementary and alternative therapies in people with intellectual disabilities and challenging behaviour would have been interesting to examine further. However, the book provides a good mix of theoretical knowledge and clinical examples. It contains up-to-date information on this important topic, relevant not only to psychiatrists, but also to other professionals working with people who have intellectual disabilities.

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**Clinical  
Obsessive-Compulsive  
Disorders in Adults  
and Children**

Edited by Robert Hudak  
& Darin Dougherty.  
Cambridge University Press. 2011.  
£55.00 (hb). 230pp.  
ISBN: 9780521515696

Type the words 'obsessive-compulsive disorder' into the search tab of your favourite online bookstore and you will be greeted by a plethora of books detailing personal accounts of the illness and varying aspects of cognitive-behavioural therapy for the disorder. However, this is a book with a difference: it aims to be a textbook, stating it is a complete, comprehensive overview of obsessive-compulsive disorder (OCD), covering its underlying causes, manifestations and treatment.

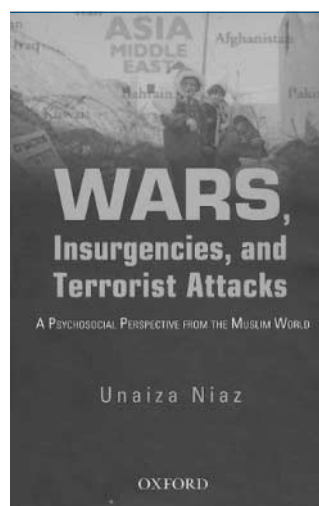
The introduction acknowledges OCD's 'chameleon like' presentation and gives useful case examples, helping to demystify common issues that may contribute to misdiagnosis. The first chapter, however, propels the reader into a comprehensive account of psychosurgery for the disorder. Even with an initial account of the neurobiology and neurocircuitry, this comes as a bit of a shock and sets the scene for the book to be more biological than psychological in its overview of the condition.

Subsequent chapters are less controversial and are clinically relevant. They vary in the nature of their content, from straightforward reviews of the relevant evidence to more discursive accounts, and cover a wide range of topic areas, including pharmacological treatment, exposure and response prevention and common comorbid conditions. The book deals with more social topics, including community supports and implications for the family in treatment, before reviewing related disorders, body dysmorphic disorder and trichotillomania. There are separate chapters on pharmacological and psychological treatment of children with OCD. Personally, the chapter on compulsive hoarding was particularly clinically relevant and interesting. It acknowledges that, despite not being a diagnosis in itself, compulsive hoarding is highly associated with various axis I and axis II disorders, and the authors describe the maladaptive cognitive and behavioural patterns that appear to be common in this syndrome across disorders.

In conclusion, this comprehensive and informative book is a welcome addition to the psychiatrist's bookshelf. My only criticism is that it is disproportionately light on the psychological formulation and treatment of OCD. On the other hand, given the number of readily available publications on cognitive-behavioural therapy, this book could easily be supplemented with another guide relevant to the reader's needs.

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**Wars, Insurgencies,  
and Terrorist Attacks:  
A Psycho-Social  
Perspective from  
the Muslim World**

By Unaiza Niaz.  
Oxford University Press Pakistan.  
2010.  
£15.99 (hb). 350pp.  
ISBN: 9780199060139

The terrorist attack on the World Trade Center on 11 September 2001 changed the lives of many people throughout the world and resulted in further destruction and trauma. Apart from leading to wars and violence in Iraq, Afghanistan and Pakistan, it also possibly led to the recent wave of public awakening and a drive towards democracy in the Middle East. The cycle of violence and hatred does not seem to stop, however, and religion is being used once again. Thousands have lost their lives. Millions have