

for cowardice and desertion in the First World War (in *For the Sake of Example*), and this book comes most fully alive in the passages detailing the cases of men who were shot for cowardice, many of whom were undoubtedly suffering from shell-shock. There is a healthy sense of outrage in his description of the economy with the truth used by the military authorities and the politicians to justify the unjustifiable. In many cases there was a refusal to allow medical reports to be heard, and in others these were simply ignored. The undercurrent to these chapters is the author's sense of justice, which distinguishes this from more dispassionate 'medical' accounts of shell-shock.

When he moves on to the Second World War, however, the author is on less sure ground. Too much of this part of the book reads like a standard military history with occasional items of psychological interest added. The disadvantages of the non-medical perspective becomes more apparent here, since there is a tendency to accept uncritically practitioners' own descriptions of their treatment approaches. This affects the discussion of Sargant and Slater's rapid abreaction technique, and the Northfield experiments, which were so influential for the therapeutic community movement, would have benefited from a more searching treatment.

Babington wisely steers clear of too much discussion of post-traumatic stress disorder. He confines himself to a factual account of the conflicts (Korea, Vietnam, the Falklands and the Gulf War) which have generated much of the research in this area. It is a useful summary of recent findings, interesting for the light it sheds on the way the changing views on the psychological effects of war have influenced official policy. This is a stimulating read, comprehensive rather than critical, and strongest on the judicial aspect of war, when the author's own feelings are most evident. There is as yet no up-to-date history of similar scope written from a psychiatric perspective. Despite its lack of medical pretensions this book has something to offer to anyone with an interest in military history, the development of psychiatric ideas or the psychological impact of war.

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**The Role of Counsellors in General Practice (Occasional Paper 74).** By BONNIE SIBBALD, JULIA ADDINGTON-HALL, DOUGLAS BRENNEMANN and PAUL FREELING. London: Royal College of General Practitioners. 1996. 19 pp. £9.90. ISBN 0-85084-230-1.

Few people in the United Kingdom can be unaware of the expansion of counselling services

within general practice. In the 1960s and 1970s counsellors often attached themselves to general practices in a voluntary capacity. Numbers grew rapidly in the 1980s. In 1993, Sibbald and her colleagues reported that one-third of GPs in England and Wales employed someone in the practice whose main task was to provide a talking therapy to patients. In this Occasional Paper they report on an in-depth study of 100 of these general practices, where GPs and counsellors were interviewed. The data are qualitative in nature and are not submitted to statistical testing. The aim was to describe the kinds of counselling services available and the work carried out by counsellors and GPs.

The results make interesting reading. One-third of the counsellors held no formal qualification in counselling or any of the psychotherapies. However, 70% came from nursing or social work, suggesting that they would have had training in the use of counselling skills. The problems they undertook to treat were extremely variable. Their therapeutic styles were equally wide and included Rogerian counselling, behaviour therapy and psychodynamic psychotherapy. Sibbald and colleagues highlight that this ignores whether the type of problem should determine the nature of the intervention. None of the counsellors and only a small number of the GPs expressed the need to monitor or evaluate their service. Communication between doctor and counsellor was most difficult for 'practice counsellors'. Community psychiatric nurses and clinical psychologists were more used to receiving referral information and giving opinions to doctors. Doctors and therapists considered there were many advantages and few disadvantages to counselling.

The paper ends with three recommendations. The first is for more research into the efficacy and cost-effectiveness of counselling in general practice settings. We have yet to substantiate whether the counsellor is more effective in managing mental health problems than the GP. The second is for the establishment of a minimum national standard for the training of counsellors working in medical settings, and the third is for better education of GPs on the organisation and role of counselling services.

This interesting paper will inform GPs and their staff about the role of brief psychotherapy in general practice. It places meat on the bones of the authors' previous survey. I hope that the Royal College of General Practitioners, as well as national funding bodies, takes note of its recommendations.

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