
Book reviews

Knowing Our Own Minds: A Survey of How People in Emotional Distress Take Control of Their Lives. By ALISON FAULKNER. London: Mental Health Foundation. 1997. 104 pp. £15.00. ISBN 0-901-94439-4

This is the first report of a survey carried out by the Mental Health Foundation during 1996. The aim of the research was to gain insight into the activities and treatments that people with a range of different mental health problems find helpful, and to learn about the different coping strategies people develop. Six hundred and fifty questionnaires were sent out to subjects who identified themselves as users of mental health services, 401 responded. They were recruited in three different ways: one group responded to adverts in local papers (45, 11%), another group came from organisations represented on the Steering Group of the project such as the Manic Depression Fellowship (217, 54%), and the third from people attending mental health projects and services (139, 35%).

There was a reasonable representation for age, gender, ethnic origin, demography and employment status. Treatments and help experienced included psychiatric medication, electroconvulsive therapy, alternative and complementary therapies, talking treatments, religious and spiritual beliefs and self-help coping strategies.

This is an interesting study but can obviously be adversely criticised in relation to the sample of subjects. It can be claimed that the sample used came to a large degree from possibly atypical groups of people (i.e. pressure groups and those that respond to adverts in newspapers). The problem is how do you recruit people for such studies? Whatever method used will have significant disadvantages.

The fact that this study has some faults with sampling should not detract from the importance of the lessons to be learned from it. What the people in the survey are saying is what most of us should know already, but knowing does not necessarily mean paying attention. Pressure of work, pressure from others and many other mechanisms influence what we do and what we fail to do. Reading this report with an open mind may help the reader to think about how they practise psychiatry and move their practice towards meeting at least some of the needs and expectations of those who seek their help.

I have not mentioned any of the findings since I think this may spoil reading a book that is easy to read, not too long and contains material of importance to all of us.

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Shell-Shock: A History of the Changing Attitudes to War Neurosis. By ANTHONY BABINGTON. London: Leo Cooper. 1997. 218 pp. £16.95 (hb). ISBN 0-85052-562-4

This book comes at an opportune time. Shell-shock is a subject familiar to readers of Pat Barker's acclaimed trilogy of novels about the First World War, and is set to reach an even wider audience with the release of the film of *Regeneration*, in which a psychiatrist (W. H. R. Rivers) figures as the unlikely hero. The First World War continues to exert its pull on our imagination: the present book has developed out of the author's interest in the justice meted out to soldiers. It makes a useful and informative addition to the literature on the history of war.

Half of the book deals with the First World War, the area in which the author clearly feels more comfortable. However, the periods before and after (from the Ancient Greeks to the Gulf War) are also covered in considerable detail. The chapter on the American Civil War, which saw a huge number of men breakdown, is particularly fascinating. The overall balance seems to be right – the First World War produced by far the greatest number of psychological casualties, it is the best documented, and it crystallised the transition from a physiological to a purely psychological explanation for war neurosis. Babington describes this process thoroughly, and even though he explicitly denies any claim to be writing a medical book, psychiatrists could find much to interest them in his discussion of the psychiatric ideas current at the time. British psychiatric practice, still rooted in the 19th century, was beginning to be invigorated by the fresh psychoanalytic winds blowing in from the Continent; Babington shows how the First World War catalysed this reaction by legitimising modified psychoanalytical ideas and methods.

The book's chronological approach mingles military, political, medical and legal topics. The author, a former circuit judge, has previously written on the soldiers who were court-martialled

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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