

practical handbook for use in day-to-day work with people who have long-term mental health needs. However, their approach is firmly based on research studies, descriptions of models and philosophies, and could also receive the trainee's accolade of being "exam-orientated". The role of the multidisciplinary team in the overall framework of rehabilitation is emphasised throughout. The chapter on assessment reinforces the central place of this process, and also gives a step-by-step list of information which should be obtained, ways of obtaining this information, and topics which should be highlighted in assessment conferences and reviews. An account of behavioural interventions is well illustrated by case studies, and the sections on resettlement issues and accommodation are excellent. With increasing emphasis on the provisions of the Community Care Act, case management and the care programme approach, it is good to see a checklist of essentially practical tasks which should be carried out before a patient moves out of hospital. The importance of audit issues and quality assurance in mental health work is recognised in the last chapter on rehabilitation outcomes.

This book is well written, concise and clear. Good use is made of paragraph numbering and headings to underline its use as a handbook to be kept on the rehabilitation ward for reference. It deserves to be read by those of all disciplines, both clinical and managerial, who are involved in the care of the long-term mentally ill.

RHINEDD TOMS, *Colchester General and Severalls Hospitals, Colchester*

The Emerging Self: A Developmental, Self And Object Relations Approach to the Treatment of the Closet Narcissistic Disorder of the Self. By JAMES F. MASTERSON. New York: Brunner/Mazel. 1993. 306 pp. US\$28.50 (hb).

In this book Masterson, a respected American theorist on disorders of the self, attempts to open up and describe his views of the fashionable DSM-III diagnosis of narcissistic personality disorder. He starts by criticising DSM-III for not being sufficiently detailed in its description of this condition, and then goes on to elaborate why he feels there are really two specific types of narcissistic personality disorder. The first he

calls the "exhibitionistic narcissist", which is what people mostly think of as the narcissistic personality: someone who has a grandiose sense of self-importance combined with cool indifference, contempt and rage for those who don't share this view. The second he calls a "closet narcissist", someone who feels inadequate and fragile but who survives by idealising another and 'basking in the glow' of the other's wonderfulness. These are convincing clinical descriptions, but are, of course, two sides of the same psychic structure, which Masterson partly acknowledges. The bulk of the book is a detailed account of the closet narcissist along with psychotherapeutic treatment, and how the disorder mimics and can be distinguished from others such as borderline, schizoid, and avoidant personality disorders. His theoretical understanding of the conditions derives from ego psychology, self psychology and object relations theory, as the title suggests.

To the British reader, what is striking is the American preoccupation with accurate diagnosis of a notoriously inaccurate area of the human personality. Much is made of distinguishing the different personality disorders, because for Masterson's approach to analytical psychotherapy the technique used will vary, sometimes quite strikingly, depending upon which of these chameleon personality disorders the therapist believes himself to be dealing with.

The last section gives an interesting account of Masterson supervising trainee therapists, where he helps them understand the countertransference issues in psychotherapy. His accounts are clear and convey his particular style of therapeutic intervention.

This recommended and interesting book will suit those British psychiatrists and psychotherapists who want to get an idea of what our American colleagues do in a similar sort of once-weekly NHS type of psychotherapy setting. I think it shows how different the American and British approaches are. In the US there is a great deal of telling the patient what is wrong with them intrapsychically, while here in the UK these intrapsychic problems are talked about as they manifest themselves in the transference and countertransference, in the belief that it is only by experiencing their problems in the patient-therapist relationship that any successful treatment can occur.

IAIN OSWALD, *Department of Psychiatry, Watford General Hospital*