The last part of this book breaks with the pattern of introducing each contributed section separately and deals in general with the question of crises that happen in a person's life. Before the final three chapters, on psychopathology, management of pain and the problems of bereavement and death, there is a section in which we look again at some of the ideas that have been offered earlier in the book and relate these to the onset and resolution of physical and mental disorders.

So far we have presented a human being as having the dignity of an identity that makes him distinct from his environment and we have agreed that he has an effect on his environment as well as being affected by it. This interaction can be seen as an inevitable dialogue which we have 'interrupted' with our series of questions: 'What, why, when and how does anyone do things?' The dialogue began at birth and continued throughout life with definite periodicity and in different settings. Our human being grew up surrounded by the activities of education, work and recreation. In Part III we had a deliberate scheme of time and social periods and we saw the healthy individual as he developed within the home, school and employment settings, where he made more and more social relationships.

Given that the whole population is not healthy all the time, where does the hospital or clinic and the concept of the 'sick' person fit into our scheme? Although some references have been made to abnormal reactions from time to time, we have not really considered the sick person nor all the other settings that are associated with him or surgeries, clinics, hospitals, nursing homes and the like. How does a healthy individual become a 'sick person'? And what differences does illness make to the patterns created by the person/environment interactions?

We would be misrepresenting life and psychology if we failed to acknowledge and consider that an individual's progress through time is also marked by crises of varying severity. Before we go any further, it would be as well to agree what is meant by crisis. Referring to a standard dictionary definition, we find that it is a 'turning point, a moment or brief period of danger or suspense'. This promptly
invites each one of us to judge what is dangerous and to find out where the corners are, so that we can give the definition a real meaning for ourselves. It draws attention to the fact that the quality of crisis is linked inextri- cably with such personal interpretations; what is critical and threatening for one person may be seen as of no con­sequence to another, depending on the previous experience and personality of the individual. But we must make some value judgements or we will be unable to pursue the matter any further.

Perhaps it is reasonable to talk about some of the consequences of crisis. In most cases, a crisis alters the immediate environment of the person in terms of health, social or economic prospects. Someone facing a health crisis is aware of mental or physical symptoms (often including 'pain' or 'discomfort'), and these tend to bring him into contact with a different set of people such as doctors, nurses and other members of the caring professions. Usually, this change in human environment is matched by changes in the non-human environment; at the simplest level, this may mean confinement within the home at an unusual time of day, and may include being in bed for much longer than usual. A more serious health crisis may cause more extreme disruption of his environment, with the individual finishing up in the ward of a hospital. Other forms of crisis (such as loss of employment, breakdown of a marriage, financial gain in a lottery, or sudden death of a close relative) will bring parallel but different invasions of the person's life style and social surroundings.

It would be illogical to follow the interpretation of 'crisis' too far into the realms of disaster without pausing to consider that there are 'turning points' throughout life that do not put people under medical care. We could go back to our earlier discussions in chapters 8 and 9 and pick out examples of periods in which the child faced the necessity of deciding how to deal with a novel situation, trying the solution he selected and then judging the results. Each of these experiences is bound to make its mark on the child who learns as much about his accuracy in predicting his ability to manage himself and his environment as he does about the quality of his world. On reflection, it seems that people progress through their lives meeting and managing one problem after another. The more often they are pleased with the outcome, the higher is the chance that they will become confident in their ability to deal with the unexpected as well as with the expected. However, not all people find their efforts or the results of those efforts particularly rewarding, and those who have repeated experiences of being defeated by problems have a tendency to become discouraged. They do not develop a normal amount of self-reliance and they become preoccupied with their own inadequacy, so we have a picture of two alternatives. The crises of develop­ment may be met, managed and mastered, leaving the person