A vastly revised and updated version of the theory (Reorientation of activities and self-environment integration) is available in the form of a book titled: Reorientation of activities and self-environment integration: A new theory of activities. The book is available from <https://www.amazon.com/dp/9357738096>.

Reorientation of activities and self-environment integration (ROASEI): A new theory of Human Activities

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1. Introduction

We take a highly restrictive view of our activities, dividing them into behaviors, thinking, and feelings—and trying to modify a few (risky) behaviors. A large majority of us have become totally comfortable with such approach. Today's highly influential cognitive behavior therapy is based on a similar paradigm.¹ Wave after wave of newer interventions² are being based on same old behavior change paradigm. We pick up some influencers that influence a particular behavior (say tobacco use)—and then we try to develop interventions to influence one or more of those influencers, in order to modify that particular behavior. We are venturing into multiple health behavior change research³, but the interventions remains the same i.e. influencing the influencers to change multiple health behaviors. This summarizes the behavior change industry of today.

A preliminary model of activities has been introduced⁴ that quantitatively divides all our activities into 'useful' and

'useless or harmful'. We may follow the path of promoting activities useful to us, while reducing the rest. This novel model can help us in improving multiple dimensions of society, including the health sphere. But we need a way of quantifying and dividing activities into 'useful' and 'useless or harmful'. In this paper, I will present a more robust model of activities. A corresponding theory of activities shall also emerge.

This model and the theory have arisen from actual clinical experience spanning my lifetime. Then why have I taken such a long time before sharing my experience? A short answer to this is: By late 1980s, I had already developed an intervention, which I now call Multiple Activities Change Intervention or MACI. I have recently reported three cases

Figure-1. An activities-circle: G (growth), A (adjustment), and R (restoration) related activities.

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of drug resistant depression showing quick and sustained recovery.⁵ MACI has been giving similar results across many more conditions including angina, asthma, and backache. The results, however, could not be explained on the basis of any existing theoretical framework. I faced tremendous resistance; the details of that experience I hope to share at a later date. So, the innovative intervention had to wait for several decades, till I was able to develop of an appropriate theory,^{4, 6-8} capable of explaining the outcomes.

2. The activities circle: a bird's eye view of our activities

An activities circle (Figure-1) divides our activities into restoration related (RR), adjustment related (AR), and growth related (GR) activities. Thus, activities can be classified according to their underlying motive.⁶ This is a new way to look at our life or personality.⁷ In Figure-1 the proportion of three kinds of activities is roughly equal, but this is not true for all individuals (see Figure-3 and Figure-4). Different kinds of activities-circles can also be applied to an epoch in the history⁸, to a kingdom or an empire, or to a society or a nation.

This classification of activities looks very similar to classifications of needs.^{9, 10} But it emerged from an independent observation that all our activities are meant to influence stability, adjustment, and growth. The reader is strongly urged to first read this article,⁶ wherein I have for the first time introduced this classification of activities and tried to highlight some basic differences between activities and needs. It has been highlighted that most activities are part of more than one group. So, the classification of activities does not and cannot separate the activities into water tight compartments, but it gives us a bird's eye view of them, both quantitative and qualitative. After we have understood the classification of activities, in this article we shall have a clearer understanding: how to manipulate our activities for better adjustment and growth? This article shall

Figure-2. Activities-circle cannot have an empty space (E).

also provide us new insights into diseases like depression and bipolar illness.

2-1. As a thumb rule, to allow one kind of activity to grow, the other kind is to be sacrificed

What should we learn from a farmer, a shopkeeper, and a manager? What do they have in common that is relevant to us? A farmer must know that weeds need to be removed, as weeds and crops are competing for the same resources: water, nutrients, and sunshine. The shopkeeper needs to replace slow moving items with fast moving items. Both are competing for limited shelf space. A manager has limited budget. He would rather spend it on efficient employees and shall try to weed out inefficient employees.

All of us have activities. We need to weed out activities that are harmful and even those that are useless. Otherwise useful activities shall not flourish, simply because there shall not be enough resources left with the individual. To devote more time to her studies that is GR activity, a teenager should reduce television viewing time that is RR activity.

2-2. When we have sacrificed one activity, we should promote another to grow

Something, which people know by intuition, can also be explained by a simple graphic (Figure-2). Cigarette smoking is a RR activity. When an individual quits tobacco use, a potential empty space (E) is created in the activities circle. For a person to be successful in quitting, this space needs to be filled (by default or by intent) by other activities. The default is RR activities (R). If they are considered unsuitable, AR activities (A) or GR activities (G) should be allowed to expand.

2-3. In major depression, the activities-circle might look like this.

Figure-3. Activities-circle in major depressive disorder

Depression means low mood or sadness. It means feeling hopeless and helpless, guilt, low self-esteem, irritability, lack of pleasure in ordinary activities, suicidal thoughts and attempts. Physical symptoms include low energy or weakness, aches and pains, sleepiness and insomnia, changes in weight and appetite. They avoid social activities and social contacts, and perform poorly in studies or at workplace. A diagnosis of major depressive illness requires that the above symptoms are continuously present for at least two weeks.

How will the activities circle of an individual suffering from major depression look like? The main symptom of depression is low mood. We have all experienced low mood, and we try to restore it. Those who are clinically depressed need more such restoration. Their restorative activities may be ineffective, because they do not derive pleasure in ordinary activities. Their sleep may be excessive or disturbed, and they may have day time sleepiness. Low energy or weakness, aches and pains, and other physical symptoms of depression also result in bloated RR activities—leading to constriction of GR and AR activities (Figure-3). Lack pleasure from their work or studies and from human interactions shall also lead to constriction of growth and adjustment.

2-4. Activities-circle of maniac phase of bipolar disorder

Symptoms of mania are somewhat opposite to those of major depression. “Manic states are typically characterized by heightened mood, more and faster speech, quicker thought, brisker physical and mental activity levels, greater energy (with a corresponding decreased need for sleep), irritability, perceptual acuity, paranoia, heightened sexuality, and impulsivity.”¹¹ These maniac activities are considered disruptive. “In more intense episodes, however, they profoundly disrupt the lives of patients, their families, and society.”¹¹

Despite dramatically different clinical picture, the activities circle of mania in general would closely resemble

Figure-4. A better than normal activities-circle

depression. This is because of disruptive nature of these activities. Mania may be more disruptive than depression and may need a greater restoration. In general maniac activities cannot be categorized as adjustment or growth related; so, we eventually come to an activities circle with bloated restorative activities.

Mania and depression have similar activities circles; so, they are qualitatively similar in many respects. These insights are likely to have important implications for the understanding of depressive disorders and for devising effective treatment strategies for them.

2-5. A different activities-circle?

A better than normal activities circle is shown in Figure-4. It belongs to somebody highly adjustable, maybe somebody who is building a financial empire from a scratch through sheer hard work and unwavering commitment. If I have to give a real-life example, among others I can also think of workaholic Narendra Modi, a vegetarian with frugal lifestyle. According to him, he sleeps only 3-4 hours, yet he is energetic throughout the day.¹² And the “menu for Indian Prime Minister’s private dinner at the White House Monday night (2014 Sep 29) was a simple one: warm water”.¹³ If I am calling this a better than normal activities circle, it is because I am already thinking of classifying people according to their activities-circles, some better and others worse than normal.

2-6. A dynamic balance of Activities:

According to the principle of balance of activities these three categories of activities (growth, adjustment, and restoration related) are in a dynamic balance as they are pulling at the individual from three different directions for having a greater share of his inherently limited resources (Figure-5). This triangular tug of war that may also be termed as conflict of activities makes this balance of activities inherently unstable. Instability has the potential to

Figure-5. Three kinds of activities vie for limited resources of the individual. The resulting tug-of-war is inherently unstable.

Figure-6. Longer-term or major reorientation of activities can be our response to imbalanced activities. Shorter-term or minor reorientation can be in either direction. These activities-circles (X, Y, and Z) can also be used as identification tools.

lead to imbalances of activities and such imbalances typically lead to symptoms, stress, diseases, and poor performances. Simple examples based on this principle can help the individuals to understand the mechanisms responsible for their problems in terms of their own activities. This sets the stage for finding solutions for changing their own activities. Such solutions (or formal interventions) can be termed reorientation of activities.

2-7. Loss of harmony or imbalance of activities

Loss of control or imbalance of activities leads to unwanted, unexpected, and relatively rapid changes in activities-circle of an individual. For example, COVID-19 pandemic led to sudden and massive disruption of normal activities, as billions were confined to their homes. On a lesser scale though, the same can happen due to illness, accident, or a natural calamity. We can also expect this due to failure, unemployment, loss, or conflict. Indiscrete behaviors such as drugs and alcohol consumption, crime, domestic violence, and social or political unrest can also result in changes in activities-circle, with short or longer-term shifts occurring towards left (Figure-6, X).

2-8. Reorientation of Activities:

Let us go back to Figure-5. Here the individual is at the center, who is not a passive watcher allowing the activities to tug at her resources. So, every individual is supposed to exercise reasonable degree of control—and in order to fulfil her needs, a normal (and even an abnormal) person would continuously manipulate her activities, with innumerable strategies, both intuitive and formal. These strategies can be collectively called reorientation of activities. Such reorientation can be reversible, minor, short-term, or routine that we carry out during the course of the day. Such reorientation is intuitive or without any formal intervention. During exam time the activities of a student shall be centered on the forthcoming examinations (GR activities). Immediately after the examinations the same student is likely to go for enjoyment and fun (RR activities). This dynamic balance of activities reflects the perpetual prioritization of the needs of the individual. For example,

a woman after her marriage may be devoting a lot of time to improve her personal appearance. But a childbirth she may become totally devoted to her newborn.

Longer term or major reorientation may also be in response to imbalance of activities (Figure-6). For example, chronic cough may force a person to stop smoking, and detection of diabetes may force a person to change her dietary habits. An individual who develops heart disease will do both: stop smoking and change her dietary habits. Interventions, targeting these activities, are also meant to effectively reorient the activities of the individual. Thus, reorientations occur with a longer-term perspective to deal with future and immediate threats related to loss of control and imbalance of activities. But such longer-term reorientation of activities may fail in its purpose and the imbalance of activities may persist or worsen.

2-9. The principal reorientation related activity or this group of activities

We are tired in the evenings, then we sleep every night and start working every morning. Thus, sleep helps us in reorientation of activities—and it may be termed central reorientation related activity for all of us. Eating may also be a central reorientation related activity. But when I am talking about the principal reorientation related (PRR) activity, I mean something more peripheral and optional—such as smoking, sexual activity, and even overconsumption, which may be used as a PRR activity by some. These are typically RR (and not GR or AR) activities.

To understand PRR activities, let us look at a contextual example: After day's work, a man returns home. His wife is busy with an infant, who is crying. The man becomes extremely agitated. After that only, he is told the truth that the child is having fever. He feels uneasy and guilty, lights a cigarette, and forgets the incidence. His anger is gone, but next time, when he becomes angry due to any reason, he is likely to behave in the same manner. Here tobacco consumption is a PRR activity.

Look at another example: An alcoholic having no fixed source of income lives in a slum. The wife is working as a

housemaid. Her earning is regular and decent. One evening she refuses to give him money for his booze, so he becomes extremely violent and beats her. Thereafter he goes out, consumes alcohol, and starts behaving normally. Here alcohol consumption is a PRR activity, because without its consumption life cannot continue as usual.

Schumaker tracks the relation between modern consumerism and mental health.¹⁴ His main argument is that consumerism has replaced (or is replacing) all other dimensions of human activities, including work, leisure, nature, and culture itself (p. 30-31). He argues: “Endless consumable objects and services of every description make tasks more convenient, while creating the potential to enjoy free time. Frequently, the time that is liberated by our many time-saving offerings is used for additional money earning.” Such consumerism and materialism are not a growth or adjustment related activity. It doesn’t lead to personal growth, skills, or character development. Whenever we are bored, depressed, or empty—and that is quite frequent—we go out, fill ourselves with food, entertainment, and physical goods, and feel happy about it. So, materialism and consumerism have become PRR related activities in the modern world.⁶

Equally relevant to us are the activities of a terrorist, who must switch to a life of harshness and violence. Thus, indoctrination of an individual into terror related activities leads to reorientation of activities. A terrorist lacks growth. Moreover, a terrorist is adjusted to an ideology and not adjusted to the world. A large part of his activities is related to saving his life—that is restoration. Thus, a terrorist has an activities-circle dominated by RR activities (Figure-6 X), and indoctrination into terrorism is a PRR activity, through which a normal educated person can be converted to a terrorist. Such indoctrination is a continuous process, and it may be highly difficult to reorient such a person away from the dogma of terror.

2-10. The value of principal reorientation related activities

Reorientation of activities and PRR activities have been discussed above. Now, I am going to examine the interrelationships between the two. It seems that based on prior experience every individual becomes used to a particular set of PRR activities for reorientation of activities. We can take the example of a person, who starts smoking—and discovers steadiness, ability to adjust to the unpleasant reality, and ability to remain focused on the task. Thus, smoking becomes a PRR activity. Continuous and prolonged indoctrination into the perceived benefits of terror acts is PRR activity. After that a person becomes ready to leave the comforts of ordinary life, adjusts to a much harder life, and learns the necessary skills for the operations.

Another assumption that I am making is that all PRR activities have quality.⁶ They may be perceived as a ‘good’

and ‘desirable’, whenever they seem to (or actually) help in modifying the activities circle in the desired direction (Figure-6). This is how activities like tobacco use are positively reinforced. These activities often divert the attention of the individual from symptoms, real issues in life, and other problems. Nevertheless, in real life some of these PRR activities may become unwanted. But howsoever unwanted they may be, they remain difficult to eliminate. A good PRR activity is also a RR activity, but it leads to effective reorientation of activities, and so it shifts the activities-circle towards the right, promoting growth and adjustment related activities (Figure-6). Thus, a good PRR activity such as meditation or breathing exercise should essentially be self-eliminating. Smoking and indoctrination into terrorism are not good PRR activities, as they do not shift the activities circle to the right—and they are not self-eliminating.⁶

2-11. Activities-circle as an identification tool

The act of characterizing people by their activity circle may seem theoretical or arbitrary, but it has enormous practical significance. I have explained different activities circles to people and asked them to identify, to which one (in Figure-6) their life resembled? And I found their responses to be very largely correct.

In Figure-6, we can easily predict longevity and health for Z in comparison to X. The reasons are simple to understand. Z is less like to indulge in smoking, alcoholism, unhealthy eating, unprotected sex, and other risky behaviors. Z is more adjustable. Z is likely to have a better social position. So, X needs help, even without any obvious risk factors. We come to a practical question. Can we help X and how? And to what extent? Activities circles can become a simple tool for ordinary person to know: whether or not an individual is going to have longer and healthier life? Whether a change is required? And what change is required?

2-12. Selective consolidation of activities:

After reorientation of activities comes selective consolidation of activities. Effective reorientation of activities means a shift to the right (Figure-6, Z), which means contraction of RR activities and more space for GR and AR activities. When there is more space for GR and AR activities is available, we select some such activities and try to consolidate them. For example, a diabetic will try to consolidate regular physical activity and healthy dietary patterns.

But selective consolidation of activities does not end there, as it is a continuous process of selecting and consolidating activities to arrive at new patterns of need gratification. During this step the individual reaches out

Figure-7. Self-environment integration means integration across multiple environments.

for self-determined goals. If health is the goal the health promoting activities can be selectively taken up for consolidation. If improved relationships are the goal interpersonal skills can be developed and sharpened. The pace and direction of consolidation is to be determined by the Individual. The process of selective consolidation of activities should continue with the ultimate aim of self-environment integration.

3. Self-environment integration

It is expected over a period of time selective consolidation of activities shall allow the individual to integrate more and more with her environment leading to self-environment integration. This includes but is not confined to development of relationships with family, friends, co-work-

ers and others; cultural integration with one or even more cultures; biological integration that is living with physiological or pathological conditions that one may be having to maintain the health; and also, integration with physical environment for environmental protection. Such self-environment integration is only likely with development of qualities like awareness and general compassion.

We are often living in a maladjusted society, where a majority is adjusted to maladjustment. Factors responsible for social and health disparities seem firmly entrenched in our ecosystem.⁴ We are hardly ignorant of sycophancy being taught in primary classes and in homes, organized crime, arms race, institutionalized corruption, countries involved in terrorism, drug mafias, dishonest policing and bureaucracy, stock market cartels, unethical nexuses between politicians, businessmen, and the criminals. So, when I am talking about self-environment integration, I am talking about a new normal. I am talking about a qualitatively better adjustment that means adjustment for the actual needs of the society and the environment. For that we probably need many more qualitatively better adjusted individuals, who will have the courage to challenge the current ecosystem.

This may seem idealistic or a political philosophy. I must hastily add that ROASEI is primarily concerned with understanding and explaining individuals on the basis of their activities—and ROASIE is not a theory of character building or indoctrination of values. Interventions based on ROASIE would be concerned with health and happiness of the individual, or concerned with a better adjusted individual—ensuring a lot more autonomy to the individual.

Figure-8. ROASEI based interventions such as multiple activities change intervention effectively change the activities-circle by reducing the fluctuations in a person's life and thereby making her more stable. Wavy lines A, B, & C represent the degree of fluctuations. Horizontal arrows point towards the corresponding activities circle. For example, when the fluctuations are widest, the RR activities would be dominant—because wider fluctuations (A) mean more restorative efforts (longest thin vertical arrows) are required to reach the baseline (horizontal arrows). A simple way to reduce the degree of restorative effort would be to reduce the fluctuations and to enhance stability. Expectedly this would lead to dominance of AR and GR activities. When the opposite occurs, and fluctuations become wider—more restorative efforts would be required and an opposite move can be expected.

How will ROASEI based interventions ensure more autonomy and better adjustment for the individual and result in enhancement of health and happiness? How will they ensure a better social system? We must be skeptical, but the key is promotion and adoption of better PRR activities. As explained above, smoking is a PRR activity. Yoga is also a PRR activity. Yoga's potential for helping people in quitting tobacco and other addictions¹⁵⁻¹⁷ and promotion of psychosocial health^{18, 19} is being increasingly recognized. Substantial improvements are likely to a society that shifts the PRR activities from tobacco use to Yoga. We can rephrase this to: substantial improvements are likely to a society that shifts to better PRR activities. The hypothesis is that with the help of better and better ROASEI based interventions this shift to better PRR activities can go on and on, and society would continue to improve.

Continuous shift to better PRR activities may not be an easy task for all. But my expectation is: out of the many some are likely to end up becoming qualitatively highly adjusted individuals, who will have the courage to challenge the norms. And it is expected that such autonomous individuals will feel the power within to grow into leaders, who would take up the challenge of making self-environment integration a new norm in the society.

4. The basic principle of manipulating activities-circle

The principle of manipulating the activities circle during ROASEI based interventions are simple and effective—reducing restorative activities and replacing the resultant vacuum with growth and adjustment related activities (Figure-8). Moreover, these principles have been effectively applied to people across diverse socio-economic, educational, and cultural backgrounds. Because of the simplicity of these principles, it is assumed that they can be applied by everybody including volunteers, school teachers, and health workers.

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