A vastly revised and updated version of this preprint is available as a chapter in 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)-activities further explained, and theory of activities compared with theories of needs

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1. A logical way to look at our activities

Our meaning of activities has already been explained, and they have been classified as growth related (GR), adjustment related (AR), and restoration related (RR).¹ This classification seems to group activities according to their corresponding needs. But activities are not synonymous to needs—and needs of one group are not as a rule fulfilled by the corresponding group of activities alone (Table-1). For example, to fulfill our growth needs, we are often required to make wider change across all three groups of activities. This happens because to promote one activity, we are almost always constrained to curtail other activities. But that is not always true for the needs, and we try to fulfil all of them to the maximum extent possible.

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RR activities lead to restoration or disruption of biological and/ or psychological equilibrium. Obvious examples are sleeping, taking rest, watching television, eating, consuming tobacco or alcohol, getting angry, feeling depressed or anxious. All activities are by default RR activities. Activities for adjusting to external or internal threats and reality are AR activities. A teenager getting admitted to a college in a far-off city must adjust to the hostel life: adjusting to new living conditions, new peers, and possibly very different food. A newly diagnosed diabetic must adjust to dietary regulations and a physical activity routine. A person having angina will do everything to stop tobacco. Activities related to realization of potential are GR activities. Improving educational qualifications or technical skills, learning a new language, and reading a new book may all be GR activities.

1-1. These groups are not water tight compartments

The above classification is not intended to separate the activities into water tight compartments. An activity can be a part of more than one group. Playing football can be a GR activity for a person wishing to be a professional football player. It could be a necessary adjustment (physical activity) for a person suffering from diabetes. It could just be an entertainment (RR activity) for a teenager wishing to have a good time. Buying new clothes may also be RR activity for a person, who has lost her wardrobe in a fire. But the same thing could be AR activity for a person, whose body size has changed.

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This preprint has not been peer reviewed. Author reports no conflict of interest. Date of creation: 12 July, 2020

Suggested citation: Agarwal A. Reorientation of activities and self-environment integration (ROASEI)-activities further explained, and theory of activities compared with theories of needs [Internet]. PsyArXiv; 2020. Available from: psyarxiv.com/dxtvh

DOI: <https://doi.org/10.31234/osf.io/dxtvh>

Table-1. Activities may be classified according to the related need.

Maslow's Needs	ERG Theory of Needs	Types of Activities
Self-Actualization	Growth	Growth Related (GR)
Self-Esteem	Relatedness	Related to adjustment to self, society, and the environment (AR)
Social Needs		
Safety Needs	Existence	Related to restoration or disruption (default activities) (RR)
Physiological Needs		

1-2. Then why should we group our activities?

Classifying our activities gives us a bird's eye view of them, both quantitative and qualitative. It gives us a fair idea as to how we are spending our time and energy—and what the desirable changes could be in our activities as a whole. It might also give us a clearer understanding: how to manipulate our activities for better adjustment and growth? It can provide us insights into diseases like depression and bipolar illness.¹

2. Activities versus needs or motivation

The purpose of this paper is further development of a new theory of activities and its comparison with existing theories of needs. Activities are proximal, while needs are

distal to us. So, activities are meant to fulfil or address our needs. Broad similarities and essential differences between the two are expected and should be understood. A broad agreement exists between most prominent classifications of needs provided by Maslow² and Alderfer³ (Table-1).

Categories of activities seem strikingly similar to Alderfer's ERG classification of needs. Every need has a related category of activities. However, this is not a simple copy and paste operation, as wide-ranging differences can be found in the conceptualization of the two classifications.

Let us compare categories of activities with Alderfer's ERG classification of needs. Growth category exists in both and the meaning of growth is nearly similar in two classifications. I say nearly because there are important differences. Some growth needs of need theorists may be considered RR activities under the classification of activities. Particular examples are consumerism and materialism or our wish to have more so that we need to do less—or it could be that we are unable to do; so, we want to have. This has

Table-2. Three types of activities.

Type of activities		
Growth related activities	Adjustment related activities	Restoration related activities*
Purpose/ outcome		
Related to realization of potential	Activities for adjusting to external or internal threats and reality	Related to restoring or disrupting biological and psychological equilibrium
Examples (Activities are not exclusive to one group)		
Higher education Creating wealth Developing a skill	Adjustments are needed, when life changes: onset of a disease, marriage, divorce, death of spouse, beginning of a hostel life.	Watching television, sleep, & rest. Smoking, alcohol, and drugs. Anxiety & anger. Probably attempting suicide will come here.
* Activities belong to this group by default.

Figure-1. Usually multiple activity types are required for addressing one type of need.

been further explained later in this article.

We have relatedness in ERG classification. However, that has been termed adjustment for grouping of activities. This is logical as relatedness is a need, and to address that need we should adjust our activities. Alderfer's relatedness is confined to interpersonal relations. However, adjustment in case of activities has a much wider meaning that means adjusting to or modifying biological (internal), social, political, economic, cultural, and physical environments. RR activities address existence needs, but there is a difference. RR activities include two types of activities that would restore or disrupt biological and/ or psychological equilibrium. Thus, getting angry or feeling anxious or depressed are RR activities. Any activity that cannot be classified as growth or adjustment related, becomes RR activity by default. Thus, attempt to commit suicide becomes a RR activity.

2-1. A need cannot be fulfilled by related activities alone

Growth needs cannot be addressed by GR activities alone. Relatedness needs cannot be addressed by AR activities alone. Existence needs cannot be addressed by RR activities alone.

Usually multiple restoration (R), growth (G), and adjustment (A) related activities are required to address just one type of need (Figure-1). This is true for all types of needs, whether it is growth, relatedness, or existence. For example, let us look at the activities of a teenager, who want to perform better in her examinations (growth need). In order to devote more time to studies, she needs to cut down on her sleep and television viewing (RR activities). She will also need to reduce the time spent with her friends and family (RR or AR activities).

A man wants to win over a woman (relatedness need).

He needs to quit smoking (RR activity). He needs to develop interpersonal and emotional skills (GR activities). He also needs to spend more time thinking about and actually meeting the woman (AR activity).

2-2. Individual activities have no hierarchy

Needs are supposed to have a hierarchy—and according to Maslow, lower level needs should be satisfied, before experiencing higher level needs. Maslow² kept self-actualization needs at the top—followed by esteem, social, safety, and physiological needs. Alderfer in his ERG theory retained the notion of need hierarchy without requiring it to be strictly ordered.³ This means that higher order needs can be satisfied without lower order needs getting satisfied. Contrary to needs, three group of activities do not have an inherent hierarchical interrelationship. There are no lower-level or higher-level activities, but prioritizing activities (within legal and social framework) is considered to be the prerogative of an individual. While no such prerogative has been described for the needs, which are considered entitlements (see below).

2-3. Activities are limited

Activities are what we are actually doing. Therefore, our activities are limited or constrained by time and other resources. We may have the need to be present at Delhi and Bengaluru at the same time. But at a particular time, we can be present at one place only. If we are sleeping, we cannot be reading at the same time. In the same vain, we may have the need to sleep (existence), share something for our spouse (relatedness), and learn a new software (growth)—however, we can carry out only one of these activities at a particular time.

2-4. Activities-circles: the pie charts of activities

As their quantity is limited, the activities can be represented by a circle that has been called activities-circle¹. Activities-circle is a pie chart, having three pie slices representing—restoration, growth, and adjustment related—all

Figure-2. Quantitative views of our activities. See text for details.

three groups of our activities. In standard pie charts the sizes of these slices would be exact, representing exact data. In the absence of exact data, and we do not need exact data, as our purpose would be served by dominance. I have conceptualized three types of activities-circles: R dominant (X), balanced (Y), and G&A dominant (Z). These are the quantitative views of our activities (Figure-2), which can be used to compare and categorize individuals according to their activities. In this manner, the groupings or classification of activities shown in Table-1 become relevant for our purpose. And a new theory of activities based on this classification starts gaining significance.^{1,4-7}

Figure-2 shows activities-circles of three different individuals (X, Y, and Z). Each activities-circle is a pie chart having three pie slices (A, R, and G), where R represents RR activities, A represents AR activities, and G represents GR activities. A casual view of three circles would tell us that three groups of activities are equal in Y. RR activities are dominant in X, and GR and AR activities are dominant in Z. This means that X is likely to indulge more in RR activities such as sleeping, watching television, using tobacco, worrying etc., while Z would be more adjusted and growth oriented. If they have diabetes, Z is likely to have more control over diabetes than X. If they are students, Z is likely to be better in studies than X. In comparison to X, Z is less likely to suffer from diseases like angina⁷, obesity, asthma, backache, and depression—and Z is likely to be better adjusted in family and society and at workplace. Also, Z is likely to be happier and less likely to suffer from diseases.

2-5. Activities have quality

Our activities have links with performance, in terms of both quality and quantity. Referring again to Figure-2, Z is likely to have better overall performance than X. This is a macro-view, but we are here exclusively concerned with a micro-view of activities. For example, a teenager smokes to improve focus on his studies. Another teenager meditates or does a breathing exercise for the same purpose. Two activities (smoking and breathing exercise) have different qualities. One of them may be more effective or efficient, but they are serving the same purpose. Thus, to improve performance we should go for more effective activities to fulfill our needs. But that is not always the case, as we often go for an avoidable activity. Thus, needs are the same, but the activities to gratify those needs have marked

differences.

Alderfer's major propositions are reproduced later in this article. A Need can be both fulfilled and unfulfilled. A frustrated need leads to regression that is: "if a higher-order need is frustrated, the next-lower-order need is activated"³ (Alderfer's propositions P2 and P5). Moreover, in case of existence and relatedness needs, frustration leads to an increased desire of the same needs (propositions P1 and P4). These propositions are meaningful for us for understanding and for improving quality of the activities.

Let us understand these propositions from the perspective of activities. It was observed that depression/anxiety and stress predicted later unhealthy behaviors, but unhealthy behaviors did not predict later mental problems—and on that basis it is suggested that "targeting mental health may be important to promoting improvements across multiple health behaviors".⁸ From our perspective, feeling stress, anxious, or depressed means that existence needs are not being satisfied. This will lead to increased desire for existence needs (proposition P1). This explains increased risk of health compromising behaviors amongst mentally challenged.

Why do people become anxious, depressed, or mentally ill? From Alderfer's propositions (P2, P4, and P5), we can derive that their growth and relatedness needs are not getting satisfied. So, their existence needs have increased—and therefore their RR activities (feeling anxious and depressed) have increased. Partner's infidelity (frustration of relatedness needs) has been linked with psychological symptoms and health compromising behaviors (increase of existence needs).⁹ This study also found that "women who reported negative appraisals and high levels of mental health consequences engaged in more health-compromising behaviors".

Figure-3 conceptualizes a model linking health compromising behaviors with frustration of growth and relatedness needs. From our perspective feeling anxious and depressed (psychological symptoms), and health compromising behaviors like unsafe sex, tobacco and drug use, unhealthy eating etc. are less effective or efficient RR activities. These poor-quality activities persist because they may be only or most reliable source of need gratification in a given situation. Reorientation of activities and self-environment integration¹ involves replacing them, with more

Figure-3. Health compromising behaviors and psychological symptoms emerge due to frustration of growth and relatedness needs.

effective or efficient RR activities.

2-6. Activities are socially and culturally determined

This is how culture has been defined: “A shared system of beliefs (what is true), values (what is important), expectations, especially about scripted behavioral sequences, and behavior meanings (what is implied by engaging in a given action) developed by a group over time to provide the requirements of communal life (food and water, protection against the elements, security, belonging, social appreciation, and the exercise of one’s skills) in a particular geographical niche. This shared system enhances communication of meaning and coordination of actions among a culture’s members by reducing uncertainty and anxiety through making its member’s behavior predictable, understandable, acceptable and valuable.”¹⁰

We can briefly say that culture is a shared system of activities. People who share a culture think, feel, and behave in a culturally defined manner. Thus, culture has a strong impact on our activities. While needs do not vary according to the culture, but the manner by which we fulfil our needs is dependent on culture. A large number of Indians consume home cooked diet based on plant food and milk that totally excludes meat, egg and poultry.^{11, 12} In many European countries, particularly in Netherlands and Denmark, cycling as a means of commuting is becoming increasingly popular.^{13, 14}

Social factors influence our activities in more complex ways.⁵ Marx reportedly said that quantitative differences become qualitative ones, and it is too simplistic to think of the difference between rich and poor, as former having more money.¹⁵ Poverty has adverse health consequences, but a more challenging phenomenon exists. In a 2006 article, Marmot called this Status Syndrome, a social gradient in health in individuals who cannot be considered poor: the higher the social position, the better the health.¹⁶

By analysing the data from the first Whitehall study of British civil servants Marmot had in 1978 for the first time showed that health followed a social gradient.¹⁷ In this study the risk of cardiovascular disease was evident across all four British employment grades: other, clerical, professional/ executive, and administrative. It is not that the risk jumped suddenly, but the consistency is the concern with which it kept on rising across the grades: meaning executive/ professional grades had higher risk than administrative, but lower risk than clerical—while the other grade had highest risk of all. There is an eerie resemblance between Whitehall study data and what Erikson observed down the educational hierarchy in egalitarian Sweden. That individuals with a PhD had lower mortality than those with a master’s degree, who had lower mortality than those with a bachelor’s degree, and so on.¹⁸

Social factors or disparities influence our activities that leads to health disparities.⁵ We have strong evidence that those at the lower social strata have unhealthy lifestyles: they are more likely to consume tobacco^{19, 20} and energy rich unhealthy food²¹ (p. 158). Many other unhealthy behaviours such as unsafe sex, lack of physical activity or sedentary habits, and excessive alcohol intake can also have higher prevalence amongst disadvantaged or less privileged sections of society.

There is evidence that social support depends on the social class.^{22, 23} Countries with greater income inequality have higher homicide rates and violence, because wide income differences are considered socially corrosive. Putnam²⁴ illustrated the inverse relation between economic inequality and social capital. During the early part of last century, in his view, the economic differences were narrow and community life was greater. So, the social support for the poor is declining, and this must be contributing to health disparities.

Stress is slowly emerging as an upstream link between social disparities and health inequalities. For a comprehensive view, the reader is referred to Brunner and Marmot.²⁵ Stress is linked to unhealthy lifestyle choices. It is a common observation that, when under stress, people go for binge eating or drinking, and they smoke or indulge in other risky behaviours. This common observation has been scientifically validated.⁸

2-7. Our current activities are anti-need on a very wide scale

Our activities may or may not be directed by underlying needs. They may be more related to our wants (or immediate gratification). Most striking example of this could be a person, who wants to die and consumes a poison—while her need is to exist. Thus, activities could be anti-need.

On a very wide scale also our activities seem to be anti-need. We are facing existential crisis, and we need to protect and preserve our environment. But our activities continue to damage our environments. Another common example would be feelings of anxiety and depression. Our need is to feel happy, but feelings of worry and depression exist in normal people. Our need is to remain healthy (existence need), but we often indulge in potentially health damaging behaviors. Our need is relatedness, but many of our activities lead to conflict, isolation, and disparity. Fromm wrote: “We are a society of notoriously unhappy people: lonely, anxious, depressed, destructive, dependent-people who are glad when we have killed the time we are trying so hard to save.”²⁶

Theories of needs give us a sense of entitlement that every individual is entitled to fulfillment of her needs. But our activities continue to defeat that purpose on a very large scale. In this scenario, it is difficult to understand

how the purpose of fulfillment of needs can be achieved. Theory of activities would be better placed (or essential perhaps) to create insights and direct our activities on a larger scale towards actual fulfillment of needs.

2-8. Activities represent us much better than needs

Theories of needs were created to understand people on the basis of their deeper motives. Maslow wrote², “Such a theory should stress and center itself upon ultimate or basic goals rather than partial or superficial ones, upon ends rather than means to these ends. Such a stress would imply a more central place for unconscious than for conscious motivations.” So, Maslow had in his mind deeper motivation, and he clearly acknowledged the difference between motivation and behavior: “Motivation theory is not synonymous with behavior theory. The motivations are only one class of determinants of behavior. While behavior is almost always motivated, it is also almost always biologically, culturally and situationally determined as well.”

What we mean by our activities⁵ is much wider than our meaning of behavior. It has been argued here that activities (as we have conceptualized them) represent us much better than behaviors or needs. A theory of activities would give us a better idea of ourselves and serve our purpose better than the theories of needs.

3. Activities underlie the process of change

The significance of wider activities (as a process of change) has been emphasized in the Transtheoretical model of health behavior change: “Processes of change are the covert and overt activities that people use”²⁷.

The transtheoretical model represents an ambitious attempt to draw together many different types of models, theories and behavior change techniques, and it has received unprecedented research attention.²⁸ “[This] model uses a temporal dimension, the stages of change, to integrate processes and principles of change from different theories of intervention, hence the name transtheoretical. This model emerged from a comparative analysis of leading theories of psychotherapy and behavior change. The goal was a systematic integration of a field that had fragmented into more than 300 theories of psychotherapy. The comparative analysis identified 10 distinct processes of change, such as consciousness raising from the Freudian tradition, contingency management from the Skinnerian tradition, and helping relationships from the Rogerian tradition.”²⁷

3-1. Reorientation of activities versus

processes of change

The transtheoretical model envisages ten processes of change spread across six stages of change, and it emphasizes that while changing their behavior, people use these processes of change and go through the envisaged stages of change.^{27, 29} Thus, transtheoretical model is a theoretical model of change, and the protagonists naturally expect that more effective behavior change interventions would be built around this model.

Ten processes of change are: consciousness raising, dramatic relief, self-reevaluation, environmental reevaluation, self-liberation, social liberation, counterconditioning, stimulus control, contingency management, and helping relationships. Progress towards smoking cessation involves a large number (forty core items are given in this article²⁹) of changes in the thinking, feelings, and behaviors of the smoker: For example, removing things from home and workplace that remind one of smoking (stimulus control), and instead of smoking one engages in some other activity (counterconditioning). In my opinion this is an exhaustive model, but at the same time this is an overkill. Because very large number of changes are to be brought about, just to quit smoking (a single behavior change). My argument is that if a person is capable of making multiple changes in her feelings, thinking, and behaviors—that person probably requires no intervention for quitting. The problem is that people find it difficult (or they do not want) to make substantial changes in themselves.

The significance of relapse prevention has been emphasized by several workers: It is easy to quit tobacco, but the difficulty is related to preventing the relapse. For tobacco cessation purposes, self-liberation thus becomes the most important process of change included in transtheoretical model. Current tobacco cessation measures are either ‘more’ or ‘less’ potent, but they are equally (in)effective in relapse prevention—we need to develop a “true blue” relapse prevention program, capable of creating organisms that are “fundamentally altered with respect to relapse proneness. In other words, a true relapse prevention treatment must somehow render the ex-smoker relatively impervious to the most typical instigators of smoking relapse. Relapse researchers have long understood this to be an important goal, but it remains unattained.”³⁰

Reorientation of activities and self-environment integration (ROASEI) is a new theory of activities paving the way for a deeper fundamental change.^{1, 5, 7} A quantitative view of activities, with activities-circles of three individuals (X, Y, and Z), has been shown in Figure-2. A tobacco user would have dominance of RR activities (X) in the activities-circle. A fundamental change would mean dominance of GR and AR activities (Z) in the activities-circle. This fundamental change requires reorientation of activities.¹ After that fundamental change the individual would be simply rendered impervious to tobacco relapse—as urge

would be replaced by hatred for tobacco. This may be considered true 'self-liberation'.

4. Alderfer's major propositions

Alderfer's major propositions³ are being reproduced below:

P1. The less existence needs are satisfied, the more they will be desired.

P2. The less relatedness needs are satisfied, the more existence needs will be desired.

P3. The more existence needs are satisfied, the more relatedness needs will be desired.

P4. The less relatedness needs are satisfied, the more they will be desired.

P5. The less growth needs are satisfied, the more relatedness needs will be desired.

P6. The more relatedness needs are satisfied, the more growth needs will be desired.

P7. The more growth needs are satisfied, the more they will be desired."

4-1. A student who is unable to focus on her studies

Let us think of a student *Ramaa*, who is finding it increasingly difficult to focus on studies. She has no friends, except virtual friends on Facebook and other social media, where she spends several hours daily, mostly with people whom she does not know in real life—and she also spends a lot of her time in watching television and playing mobile games. She is gaining weight, but she finds it difficult to resist high energy foods rich in fats and simple sugars.

Let us look at this student from the perspective of Alderfer's propositions. Her growth needs are not being met, so she is likely to desire more relatedness needs. She trying to fulfil that through social media, conversing with people whom she does not know in real life. But she continued to feel unloved, and her relatedness needs are also not satisfied, therefore she is likely to desire more existence needs. Predictably she is eating, sleeping, watching television, and playing mobile games. Alderfer's need theory is able to explain the behavior of the student. But how shall we motivate her to focus on her studies?

Unable to find a solution, we are likely to invoke various ecological perspectives.³¹ Perhaps the teachers should change their pedagogical approaches. Or the parents should spend more time with her to meet her relatedness needs. We should give more attention to our education. Some would want us to do away with the examination-based promotions. Psychiatrists would be inclined to

call this depression. Others would start blaming the whole system, the rat-race to which we are subjecting our younger generation. In this age of electronic and social media, such voices become instantly audible, whenever the news of a distressed student committing suicide catches our attention.

A theory of activities provides a simple and logical solution. Let us refer back to Figure-2. The activities-circle of *Ramaa* has dominance of RR activities (X). She needs to change her activities-circle to Z, which has dominance of GR and AR activities. This reorientation of activities¹ is going to be a strong and decisive move towards solving her problems.

4-2. A society with unlimited desire for consumption and 'growth'

Alderfer's propositions (P3, P6, and P7) mean satisfaction of existence, relatedness, and growth needs leads to more desire for relatedness and growth needs. According to these propositions, growth needs can never be fully satisfied. Even if every member of the society is having basic satisfaction of growth needs, everybody cannot reach the same level of growth satisfaction. This is bound to lead to classes within the society. Industrial-revolution, despite its successes, has been the major engine that intensified these classes and class conflicts.²⁶

This desire for growth has fueled a consumption driven economy. "It is becoming increasingly accurate to speak in terms of the economic construction of reality, rather than the cultural construction of reality."³² Modern society creates a type of man whom Fromm has named the *homo consumens*²⁶ -- the consumer man whose main interest becomes, aside from working from nine to five, to consume. However, this endless consumption has not led to satisfaction. We can say that this level of consumption too is not fulfilling the needs, which are according to Alderfer's propositions not satisfiable. "The satisfactions associated with many types of consumption have deviated so far from real sources of need that they are best understood as a type of irrational sensuality that has been stripped of all profanity in the vague hope that it can continue to generate excitement."³²

"Marsha Richins summarizes research showing that materialism is increasing at a rather sharp rate. For example, one study of high school seniors assessed the importance of having "at least two cars." In 1976, 40 percent said that this was very important; by 1986, this percentage had risen to 63 percent. This study found similar increases when students were asked about the importance of having the latest fashion in clothes, a top-of-the line stereo, a summer house, and so forth. A different study asked adults whether or not having "a lot of money" was one of the main things they wanted out of life. In 1975, 38 percent wanted a lot of money; by 1988 this had risen to 62 percent. This pattern

explains in part why psychologists and psychiatrists are encountering an increasing number of patients who are best diagnosed as suffering from money fetishes.”³²

“Results from both correlational and experimental studies show that higher social class predicts a greater desire for wealth and status. These results also suggest that self-definition and self-categorization in terms of wealth and status are mechanisms that might explain this “having more—wanting more” phenomenon.”³³ This is also in accordance with Alderfer’s propositions.

Most of us unfortunately look at wealth as an end product, but Amartya Sen a Nobel laureate economist wants to promote the idea of wealth as means. “Economics is not solely concerned with income and wealth but also with using these resources as means to significant ends, including the promotion and enjoyment of long and worthwhile lives. If, however, the economic success of a nation is judged only by income and by other traditional indicators of opulence and financial soundness, as it so often is, the important goal of well-being is missed.”³⁴

This “having more—wanting more” phenomenon or the phenomenon of looking at wealth as an end product is explained by ROASEI using a different perspective. According to this perspective in our society most of the ‘rich and successful’ individuals have an activities-circle characterized by dominance of RR activities (Figure-2, X). They have wealth and status, but at the same time they are also suffering from stress, anxiety, and depression. They may be having unhealthy lifestyles, and they may be suffering from lifestyle related disorders such as obesity, cardiovascular disease, asthma, backache, and tobacco use. Most importantly, they need a vision that would make them capable of using their wealth to achieve significant ends. Thus, creation of more wealth may be a RR activity, and not a GR or AR activity. A graphical account of the tragedy that struck a busy lawyer and his subsequent transformation has been given by Robin Sharma in his bestseller.³⁵

We may be looking for more and more wealth, but reorientation of activities¹ can lead to a deeper fundamental change in us. Thus, we become capable of using the wealth that we have earned to achieve significant ends. Our activities-circle changes from X to Z (Figure-2). Simultaneously, our anxiety, depression, and stress are relieved. our lifestyle improves, diseases go away, and wellbeing gathers momentum.

5. Summary

Needs and activities are intimately related, as activities are means to fulfill the needs. Thus, activities are proximal and needs are distal. In my knowledge, this is the first at-

tempt that compares need with activities. In this attempt, important similarities and differences between needs and activities emerge. The classifications of needs and activities have superficial resemblance. Both have been grouped in three identical looking categories. However, growth, relatedness, and existence needs are not the same as GR, AR, and RR activities. We need to have greater focus on activities, and at the same time we need to reduce focus on needs.

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