Abstract
This article examines depression from an existential and humanistic perspective, and is enriched by the author’s own experiences as a victim of depression. A theory of Need-Based Psychology (which is an extension and modification of Maslow’s theories) is introduced to explain that psychological needs are functional parts of the human psyche, and that need fulfilment is necessary to recover from depression and maintain mental health. A hypothesis on the purpose of human emotions is offered. An innovative form of psychotherapy, which the author has named Need-Replenishment and Environment-Enrichment Therapy, is proposed for providing solutions to depression, and as a general theory for improving the mental and emotional well-being of individuals who are healthy or ill. Practitioners are invited to validate this proposed theory through empirical testing, and are encouraged to collaborate with the author for feedback.

Keywords: depression; environment-enrichment and need-replenishment therapy; existential; human emotions; humanistic; Maslow’s theory of needs; need-based psychology

Having endured several serious, prolonged bouts of depression, lasting six to twelve months each, I have firsthand knowledge of its symptoms. Furthermore, for nearly two years, I have attended two to three meetings per week of a self-help organisation called Emotions Anonymous (EA), in which an eclectic variety of participants, including newcomers (some referred by psychotherapists and mental hospitals, some who find out about the meetings on their own via the internet or other sources), frequently discuss their personal struggles with depression. I have also examined depression from a theoretical perspective, within the context of my own theory of Need-Based Psychology, which is presented in its entirety in my recently published book, *Who Are We?* (Dultz, 2007), which has been reviewed in the *Annals of the American Psychotherapy Association* (Ennis, 2008), *Analyses of Social Issues and Public Policy* (Heitner, 2008), and *New Voices in Psychology* (Hagen, 2008).
DEPRESSION

Diverse views of depression

One’s view of depression (its symptoms, causes, and susceptibility to treatment) will depend in large part upon one’s philosophy of who we humans are as mental and emotional beings, and upon one’s philosophy of the nature of mental health. As Abraham Maslow, who was President of the American Psychological Association (APA) in 1968, put it: ‘When the philosophy of man (his nature, his goals, his potentialities, his fulfilment) changes, then everything changes, not only the philosophy of politics, of economics, of ethics and values, of interpersonal relations and of history itself, but also the philosophy of education, of psychotherapy and of personal growth …’ (Maslow, 1968, p. 189).

It is clear that different psychotherapists, who identify the structure, functions, and characteristics of the human psyche using differing theories, hypotheses and models, will view depression (its symptoms, causes, and susceptibility to treatment) differently. And differing concepts of the nature of mental health, and of the relationship of depression to mental health, will result in differing approaches to treating or responding to depression.

The purpose of human emotions

If mood disorders, such as depression, are to be understood and properly treated, it is important to achieve a good, working concept of human emotions. Six prominent psychologists I contacted, who were listed in the *Who’s Who in America* (2008) and *Who’s Who in the World* (2008), among them a former President of the APA, unanimously confirmed that, in their judgment, there is not yet any consensus of opinion about the nature of human emotions, or how to treat them when they are under duress.

One way to begin to comprehend human emotions is to show how they can be distinguished from our ideas and thoughts, and why they have a unique role in human existence and human behaviour.

Human emotions are quite different from our thoughts and ideas. Emotions tend to happen to us, or burst forth from us, or seize us in their power. We are often not in control of our emotions; they seem to be in control of us. By contrast, it seems that we can be master and manipulator of our thoughts, placing them together and manipulating them as one would do to building blocks. We can string them together dispassionately, or organise them into different patterns to accurately represent our concerns and understanding, whereas emotions are either pushing us from behind or pulling us, as from a leash connected to a band around our neck.

A good reason for the existence of our emotions is that they are vehicles for our spontaneity and impulsiveness, and thus help preserve and manifest our genuineness
and humanness. Thoughts and ideas alone could not keep us in contact with who we are because thoughts can be used to deceive or manipulate; and there is nothing to prevent us from using our thoughts to deceive ourselves, or from trying so hard to behave in ways that are expected that we cease being true to our own nature.

One of the prime attractions of children is their naturalness. They are usually far more spontaneous and uninhibited than adults. Once we adults learn defensive and guarded behaviour, and learn the methods of concealing our emotions (at which all adults are experts), there is always the danger that we can lose touch with our own realness and genuineness. Spontaneity and impulsiveness involve some risk because they bare our innermost feelings, our vulnerabilities and our sensitive side to the world; but they are necessary to preserve our humanness. To be healthy and genuine expressions of ourselves, our emotions cannot always be preceded by our thoughts; but must happen of their own accord, spontaneously, uninhibitedly, sometimes unexpectedly. We cannot, and should not, be able to control the genuineness of our innermost feelings or think about the impression we will make before every comment we make, every action we take, or every outburst of spontaneity or impulsiveness we manifest. Thus our emotions serve the dual purpose of helping us manifest our genuineness and humanness, in part through spontaneous and impulsive behaviour, and they preserve our human qualities.

My hypothesis about the purpose of human emotions seems in sync with the thinking of psychologist James Hillman, who states in his book, Emotion (Hillman, 1997, p. 194) that: ‘There is so much hatred, fear and depression in our lives because there is so much (in the world) to hate, fear and be sad about. The emotions only cognize the real facts. These real facts are in the social world and not only subjective ideas and images within the personal psyche of the perceiver.’ Hillman’s point is that our emotions are genuine expressions of ourselves, to be worked with and dealt with constructively, instead of something to be opposed, eliminated, dumbed down, or dispensed with. That which can cause us so much pain can also cause us equal pleasure — once their health is returned to them. Many of our most human qualities are tied up in our emotions, and cannot be separated from them. Thus, our emotions are to be cherished, and any treatment for their illness must also include every effort to preserve them. The intensity of human emotions is not to be feared or shunned because that intensity will be useful once their health is returned to them.

Identifying depression

According to clinical psychologist Sue Breton, ‘in order for a disorder to be classified as depression, there has to be evidence of lowered mood. This lowered mood may vary slightly throughout the day but the sufferer cannot usually be cheered up, and this is the major distinction between simply being unhappy and being clinically depressed’ (Breton, 1996, p. 5).
Major and mild depression

There is a distinction in some of the literature on depression between major depression and mild depression (Corsini, 1999; Gregory, 2004). According to *The Oxford Companion to the Mind* (Gregory, 2004, 248-249), ‘major depression was cited by the World Health Organization as the fourth main cause of burden of disease in the world in 1990, and it is projected that by 2020 it will then occupy first place in developing countries, and third place in developed ones. Depression is second only to hypertension as the most common chronic condition encountered in Western general medical practice’.

In *The Dictionary of Psychology* (Corsini, 1999, p. 265), depression is defined as ‘an emotional state of persistent dejection, ranging from relatively mild discouragement and gloominess to feelings of extreme despondency and despair’. I would argue that the distinction between major depression and relatively mild depression can be misleading if one believes that mild depression is an acceptable condition, or unworthy of arousing much concern. I find that depression is a precipitous ailment, which can quickly escalate in seriousness and complexity, and requires treatment in its earliest stages lest it gain too great a hold of the person in whom it resides.

Breton states: ‘Depression has a vicious downward spiral that sucks one in if one is not careful. The more depressed one feels, the less inclined one is to do anything positive and the deeper one sinks’ (Breton, 1996, p. 9).

Origin of depression

There are numerous schools of thought regarding the root cause of depression, such as: biological, genetic, biochemical, neurological, cognitive, environmental, and existential.

I view depression as a *mood disorder* resulting primarily from failure to satisfy one’s innate psychic (mental and emotional) needs. One of the key principles of my theory of Need-Based Psychology is that most mental and emotional disorders, including depression, are caused by a failure to satisfy one’s innate psychic needs. This correlates well with Maslow’s (1968) findings that:

Neurosis seemed at its core, and in its beginning, to be a deficiency disease; that it was born out of being deprived of certain satisfactions which I call needs in the same sense that water and amino acids and calcium are needs, namely that their absence produces illness. Most neuroses involved, along with other complex determinants, ungratified wishes for safety, for belongingness and identification, for close love relationships and for respect and prestige. My data was gathered over twelve years of psychotherapeutic work and research and twenty years of personality study. One obvious controlled research study (done at the same time and in the same operation) was on the effect of replacement therapy which showed, with many complexities, that when these deficiencies were eliminated, sickness tended to disappear. (Maslow, 1968, p. 21)
In identifying unsatisfied needs as the most common cause of depression, I am aligning myself with the existentialists, who trace conflict (including mental and emotional conflict) to each individual’s ‘confrontation with the givens of existence’ (Yalom, 1998). I maintain that one of the ‘givens of existence’ is the wide assortment of recurring psychological needs which all humans inherit.

**Some symptoms of major depression**

The type of depression I have personally experienced, and which so many of the participants I have met in EA have experienced, is an incapacitating, debilitating personal discontentment. When a person is afflicted with an intense form of depression, he or she feels miserable. The person’s ability to function and his or her sense of well-being are seriously impaired. Some of the symptoms of intense depression, as I have witnessed them occurring in myself and others, are: discouragement, resignation, hopelessness, lack of energy and enthusiasm, fear of participating with and interacting with others, preference for isolation and for withdrawal from many normal human pursuits and activities, lack of incentive and lack of initiative, apathy, listlessness, despondency, loss of ability to focus on and commit to sustained pursuits, lack of self-confidence, unhealthy perspective, disorientation, suspending one’s goals and dreams, poor motivation, confusion about one’s identity, suicidal impulses, accepting defeat. Many of the symptoms just listed are also listed in *Depression: Your Questions Answered* (Breton, 1996).

**Achieving a better understanding of depression**

From the presented list of symptoms, it is easy to see that a person undergoing serious or intense depression is at least partially giving up on life, and is heading in the direction of shutting down, which is the inevitable result of escalating and prolonged non-participation in life’s normal activities and pursuits. In the worst periods of my own bouts of depression (from which, thankfully, I have now fully recovered), I felt immobilised. The recurring question that haunts a person afflicted with serious or intense depression, whether that question is consciously or unconsciously experienced, is: ‘Why should I fully participate in the living of my life if the benefits are not satisfactory?’

People who discuss their depression in EA commonly talk of a feeling of safety and security in their wish to isolate and withdraw from many of their previously normal activities and pursuits (*Emotions Anonymous*, 1995). This is likely a form of self-protection, a defensive manoeuvre.

A rational explanation of the cause of clinical depression is that one’s psyche has been violated (by acute need-deprivation, by overwhelming anxiety or stress, by a disruption, such as loss of a loved one or source of employment, or by some other mental or emotional upheaval); and like a wounded animal, that violation has caused
it to react by isolating, withdrawing from many normal pursuits and activities; and in serious cases, heading in the direction of shutting down.

In their main EA approved and EA compiled self-help book, which is accessed at virtually all Emotions Anonymous meetings and read by most EA members (Emotions Anonymous, 1995), there are many personal stories of members’ struggles with a variety of psychological ailments, depression being a predominant theme. A close examination of these stories confirms the idea that depression causes people to isolate themselves, withdraw from many normal human pursuits and activities, and head in the direction of shutting down. This disaffection with living seems reasonable if living one’s life is not producing favourable results.

It is easier to understand depression if one acknowledges the existence of a definitive psychological being which has native vulnerabilities, susceptibilities and limitations, and a plethora of psychological (mental and emotional) needs engaged in a daily fight for survival, and for an enhanced quality of life that satisfies the complex (and often sophisticated) requirements of those needs. The idea of the existence of an innate psychological human being is postulated by Abraham Maslow in these extraordinary remarks: ‘First of all, and most important of all, is that man has an essential nature of his own, some skeleton of psychological structure that may be treated and discussed analogously with his physical structure’ (Maslow, 1954). Maslow is stating that humans have a native, psychological identity that is different from the identity of their physical body.

When the native, psychological identity of which Maslow (1954) speaks, and which I concur exists, is under assault from forces within or outside the individual, depression can result. As mentioned previously, one of the key principles of Need-Based Psychology is that the primary cause of mental and emotional disorders, including depression, is frustration or lack of fulfilment of innate psychological needs, that can be caused by inadequacies in one’s external environment, inadequacies in one’s ability to access health-giving, psychological nutrients within one’s external environment, or inadequacies in one’s thinking, emotional responses or personal development and orientation.

**Why depression?**

For humans, living their lives is a difficult, often frustrating journey. Let no one doubt that it is not easy to be fully human, or entirely oneself, or satisfied and fulfilled on an ongoing basis. When I think of the challenges people must face, the struggles they must endure and the swamps of discouragement and disappointment they must sometimes wade through to try to obtain and hold life’s top prizes, such as love, freedom, success and understanding, it amazes me that more people do not submit to resignation, cynicism and defeat, which are preludes to depression. Depression is the inevitable result of failure to be oneself, failure to accomplish one’s goals, failure to remain true to one’s beliefs and values, or failure to find freedom and well-
being in this complex and hectic world in which we live. Depression is a widespread
affliction of modern times because we are more aware than ever of what it is possible
for us to become, to achieve and to have; yet only a modest percentage of us will find
success in all the important types of accomplishment and satisfaction which can be
experienced by humans. To sum up this section, I would have to append Maslow’s
(1968) assertion that ‘neurosis is a deficiency disease’ by adding that depression
also is a deficiency disease. Depression is a negative state of mind and reduced
quality of life caused by having less than we need and want of life’s advantages and
opportunities.

It is easier to understand depression if we closely examine the content and
functioning of the multitude of psychological needs which all humans inherit, because
we can then see the connection between depression and unfulfilled needs. My work
in the area of Need-Based Psychology, which is an extension and modification of
Maslow’s (1968) theories, provides a basis for understanding psychological needs,
and thus for better understanding depression. An introductory summary of the topic
follows.

NEED-BASED PSYCHOLOGY

All living things are need-based, meaning that they have needs which must be met
on an ongoing basis to ensure their survival and well-being. This is easy to witness
regarding the needs of the body, such as its nutritional needs. Since it has become
common knowledge that satisfying our nutritional needs improves physical health
and depriving them leads to physical illness, it is not much of a stretch to conclude
that satisfying our psychological (mental and emotional) needs improves mental
health and depriving them leads to mental illness.

The human psyche functions like every other living entity: properly when its
needs are met, and poorly when they are not. A person who has mental health has
the bulk of his/her essential psychological needs being met on an ongoing basis.
This means the person is experiencing no acute deprivation of his/her essential
mental and emotional needs, unless for a brief rather than a prolonged duration.
For example, the individual who is mentally healthy is not experiencing acute
loneliness which has been ongoing for a prolonged period of time, because she
would then be missing one of the essential ingredients needed for mental health.
Neither is the person experiencing a serious, prolonged and ongoing blockage of
his personal developmental needs, because he would then be missing one of the
essential ingredients needed for mental health. Nor has the person been experiencing
acute boredom for a prolonged period of time, depriving him of adequate mental
stimulation to invigorate his senses and make life challenging and interesting –
things needed for mental health. The person is furthermore not experiencing an
identity crisis in which she is confused about who she is relative to the things that
are important in life. The individual’s autonomy has also not been compromised –
because that would interfere in mental health, and so on.
Fulfilling multiple needs simultaneously

A person who is attempting to keep all his legitimate needs (and reasonable wants) fulfilled and satisfied must be alert – ever watchful for opportunities to satisfy those needs in a manner which is fair and just, and which does not take advantage of, or hurt, other people; and often in collaboration with others who are simultaneously attempting to satisfy their own needs and wants. In other words, we are all in the same boat, continually seeking out the best avenues and outlets for satisfying this or that need, or multiple needs simultaneously, sometimes contemplating strategies for meeting our needs. It may be that looking for a source of love and affection is on one’s mind, or looking for opportunities to help friends or loved ones who are in need, or trying to find a purpose which brings more meaning to one’s life, or looking for sources of mental stimulation so that one can utilise one’s thinking abilities, or searching for more avenues of enjoyment and entertainment to balance out one’s hectic schedule of work and responsibility, or searching for more opportunities for growth and development, or seeking answers to pressing issues of conscience. These, and many others, are needs and motivations which are either on the minds of people, or soon will be, and are a reflection of the complexity and actual substance of the human psyche; and by acknowledging these needs, we start to understand the psychological essence of human nature.

Mental health is interactive

Need-Based Psychology asserts that the human psyche has needs which are as pronounced, specific, numerous, and recurrent as are the nutritional needs of the body. If the human psyche is a need-based entity, meaning it has needs which must be satisfied on a recurrent basis to ensure its survival and well-being, it raises many issues about the nature of mental health; and indirectly, about the causes of depression. If mental health is tied to need-fulfilment, then mental health is interactive. The needs of the psyche require appropriate interaction with appropriate elements in the environment to become satisfied and fulfilled, otherwise mental discomfort and mental/emotional ailments (such as depression) will occur within the individual. This means that mental health is not an inherited, fixed or static condition. It means that mental health is fluid, changing from day to day, hour to hour and even minute to minute as one’s essential psychological needs are in the process of being satisfied, fulfilled, frustrated or depleted.

A good way to understand the process of attempting to satisfy a legitimate psychological need is to consider that the human psyche needs to be fed just as the body needs to be fed. To obtain food for one’s body, someone has to purchase and prepare it; and, for people who still live off the land, the food may first have to be grown, hunted, caught or picked. In addition, without some knowledge of the nutritional content of food, a person cannot know which food will best meet the
needs of one’s body. Similar facts hold true for satisfying the mental and emotional needs of the human psyche. We cannot expect them to be satisfied by simply wishing that they be satisfied. We must often go on a search for the things that can satisfy them, and then take proper steps of interaction with those things.

As an example of need-gratification, please consider that one legitimate psychological need is that of the human mind to be stimulated and challenged on an ongoing or frequent basis. The existence of this need should be obvious to any seasoned observer of human nature, and fits well with Maslow’s (1968) concept of basic cognitive needs; but evidence for its existence can be presented another time. By this example, suppose an individual goes to a large bookstore because he is bored and feels the need for some fresh ideas to stimulate his thinking. He feels the need for a mental challenge or for some mental inspiration. He may or may not be successful at fulfilling this need, depending upon which steps he takes in the bookstore, and upon his own understanding of the need. To satisfy the need, he may not just look to the books, but also to other elements in the large bookstore, such as the people.

In studying the recurrent need humans have for mental stimulation, it is possible to infer certain facts about the structure and functions of the human psyche. Just as we can determine certain key facts about a human arm by how it handles a ball, such as strength and reflexes, we can also determine facts about the human psyche by studying the extent and frequency of the need for mental stimulation, and by studying the manner in which humans exercise their need for mental stimulation. If a person exercises their need for mental stimulation with great passion and intensity, and does so frequently, it becomes obvious that the psychic need for mental stimulation is important to the internal harmony of that individual’s mind, and of course it can give important clues about the universal nature of the psychic need for mental stimulation.

In recalling Maslow’s (1968) list of psychological needs and some of his explanations of them, and in thinking about the many other essential mental and emotional needs which I have tried to document in previous writings, it is my belief that every legitimate mental and emotional need can be witnessed occurring in all humans when they are fully engaged in the process of living their lives, and reveals significant facts about the actual essence, structure and functions of the human psyche.

Psychological needs can be thought of as functional parts of the human psyche. They are there in every human and must be fed (satisfied) on an ongoing and recurring basis. Satisfying them is vital to achieving or maintaining mental health.

If depression is caused by need-frustration or need-deprivation, as I believe it is, and as Maslow’s (1968) findings imply, one can conclude that depression may be a legitimate, rational response to unhealthy circumstances, events or conditions, as does James Hillman (Hillman, 1997), or that it may be caused by inadequacies in one’s ability to access health-giving ingredients in one’s environment.
ENVIRONMENT-ENRICHMENT AND NEED-REPLENISHMENT THERAPY

From the perspective of Need-Based Psychology, the cure for depression, and for most other mental and emotional disorders, is: enrichment of one’s environment with the ingredients which reinforce and produce mental and emotional well-being; obtaining better access to those ingredients; and self-improvement in those areas which will permit the individual to utilise the health-giving ingredients in his or her personal and society-wide environments, so that proper need-replenishment can take place.

Need-Replenishment Therapy

The concept of Need-Replenishment Therapy corresponds perfectly with Maslow’s concept that neurosis is a deficiency disease resulting from unsatisfied needs (Maslow, 1968). This type of therapy is likely a small portion of what many therapists attempt, even though they have not given it a name, but it is not their primary focus. I propose a type of therapy for the sole purpose of need-replenishment, which evaluates the mental health of people in terms of how well their mental and emotional needs are being met, and in terms of the ultimate goals and potentialities of people. Need-Replenishment Therapy would begin with a template of mental and emotional needs that are presumed to be representative of the types of nourishment needed by the human psyche for its maintenance and well-being. It would consider the majority of mental and emotional disorders to be the result of unfulfilled, frustrated or deprived psychological needs.

This concept is unique because it attempts to pinpoint the types of mental/emotional nourishment that must be provided to the psyche for its well-being. Then the therapist works with the client to help the person gain better access to those ingredients which can satisfy, or feed, the person’s needs. One of the primary roles of this type of therapist is as a resource provider in helping her clients obtain need satisfaction or need fulfilment.

For example, let us assume it has been determined that a particular client has symptoms that clearly indicate a deficiency in companionship of quality. The therapist is fairly certain of this, and the client agrees that this deficiency exists in his life. The therapist and client could then work together to discover causes and solutions. It could be that the client has not been effective in seeking adequate companionship or in nurturing relationships and friendships.

The therapist and client could enter into a discussion to ascertain the entire range of companionship which the client has, including family, friends and work associates, and any socialising activities which provide a type of camaraderie or companionship. The client’s concepts of love, friendship, and socialising could be discussed. The therapist could try to determine something about the ways the
client interacts with significant others in his life, and how he participates in social situations. To accomplish this, it may be necessary for the therapist to move far beyond the traditional one-on-one encounter of the therapist-client relationship. The therapist may need to meet some of the client’s friends and family members to observe the interactions that occur between them and her client, and the therapist may need to attend socialising events with the client to observe his social skills. Introducing the client to loosely structured group therapy would be a great way to observe a client’s socialising skills.

An investigation into the type of companionship the client is lacking would be helpful. Is the client in need of a significant other in his life? Does the client need to be a part of an extended family of people, or need more socialising events or activities which have socialising components? Is the client suffering from lack of close comrades with whom he can share his life? The therapist could suggest social activities to the client, such as Karaoke (especially if the individual enjoys singing), or dancing classes. If the individual likes hiking and outdoor activities, participating in a hiking club might be a good choice.

**Environment-Enrichment Therapy**

People suffering from mental or emotional disorders have diminished functioning ability, which handicaps their ability to obtain what they need from their environments. Healthy environments produce health in people who experience them, and contain many wonderful ingredients that may be absorbed without much effort. Healthy environments play an important role in causing people to feel good, and in stimulating their interest and participation. Everyone needs to live their lives within environments that reinforce and contribute to emotional well-being; but persons who are already suffering from mental and emotional disorders are even more sensitive than the rest of us to the ingredients in their environments.

Various psychologists, including Abraham Maslow (1968) and Erich Fromm (1955), realised that environment is an important contributor to mental health. If a therapist tries to resolve the mental/emotional problems of an individual on a one-on-one basis, the therapist has an enormous, and often impossible, undertaking because there is only so much one individual can do for another, especially when therapy sessions usually last only an hour, and occur in weekly intervals. However if a therapist directs people to healthy environments, the therapist is giving them the benefit of entire sets of circumstances that they can access in numerous ways and for numerous benefits. For example, if a therapist directs a lonely person to a weekly community dance, which the therapist knows to be a healthy event, the therapist may have done far more for the client than simply talking to him or her.

What is a healthy environment? A healthy environment enables people to be themselves. It is rich in the things people need for their happiness and well-being. A
healthy environment can exist just about anywhere. It can exist in the classroom of a teacher, or at a place of employment, or at home. It can exist at an event or meeting. It can exist between two people or among a group of friends. It can exist within an in-patient mental facility. One’s local community can be healthy, or the living circumstances at one’s apartment building might be healthy.

Every environment, whether at home, school, work, or elsewhere, contains many ingredients which contribute to and reinforce, or which detract from and undermine, mental and emotional well-being. Why is this true? It is true because we humans are very sensitive creatures. We are highly sensitive to, and vulnerable to, all sorts of conditions and circumstances. Plainly and simply, we are not robots! We have needs, and we think and feel. We have an identity as beings, who must feel a sense of belonging, be able to connect and interact in meaningful and rewarding ways, must express themselves and find a suitable path of being and development. There is so much to it all, to this process of being a human being. We cannot afford to underestimate human sensitivity, human vulnerability, human feelings, the individuality of each person, or the full range of human needs ... for growth and development, for love and affection, for dignity and self-esteem, and so on; or all will be lost.

A therapist who practices Environment-Enrichment Therapy should examine each facet of the many environments that constitute a person’s overall living environment: home environment; school environment; work environment; community environment; social environment; political environment; and so on. The objective would be to determine the healthy and unhealthy ingredients in each environment in which a person participates, and then attempt to enrich those environments to make them healthier, or remove unhealthy elements. The Environment-Enrichment Therapist would be knowledgeable about resources in the local and society-wide environments that can enrich and contribute to the mental health of people. At the very least, by discussing how the various environments in which people participate affect their mental and emotional well-being, Environment-Enrichment Therapists can draw attention to this important aspect of mental health.

One’s environment can be enriched in many ways. One can bring health-producing ingredients (consisting of people, activities, objects, events or entities) into one’s usual environments, or seek them out in unfamiliar or rarely frequented environments. For example, some years ago, a neighbour in the apartment building where my wife and I live told us about a weekly Karaoke event she thought we would enjoy. My wife likes to sing, so we tried it out. We wound up attending the event almost every week for several years. It became an important creative outlet for my wife, and a means of socialising for us both. If a therapist had recommended the event to us, the therapist could be said to be practicing environment-enrichment therapy. Besides bringing health-producing ingredients into one’s usual environment, and seeking out unfamiliar or rarely frequented environments which contain an
abundance of health-producing ingredients; there is likely room for improvement in accessing or utilising the health-producing ingredients that are already found in one’s usual environments. For example, a person’s place of employment may offer rich possibilities of camaraderie and friendship that have not been adequately explored; or one’s church may offer pot-luck dinners that are good socialising events, but which many lonely church members have never attended.

For guidance in determining which ingredients in the environment might be health-giving, it is necessary to have a good understanding of the psychological needs of humans that require frequent replenishment. In *Who Are We?* (Dultz, 2007), I have provided a large template of essential psychological needs which require replenishment. Please note that my presentation of psychological needs is not a mere list of needs; but, in most instances, I have tried to provide thorough explanations of their functions within the living circumstances of humans.

**CONCLUSION**

If an individual cannot achieve and maintain an acceptable degree of mental and emotional wellness, or wishes to overcome depression, persistent unhappiness, or another psychological ailment, two types of therapy are well-positioned to provide a solution: Need-Replenishment Therapy and Environment-Enrichment Therapy (Dultz, 2007). Both of these types of therapy can benefit persons who are well or who are ill, and work best in combination with each other. I can think of no better solution to depression than applying maximum use of the concepts of Need-Replenishment and Environment-Enrichment, both as a therapeutic approach and as a philosophy for understanding the needs of the human psyche.

**BIOGRAPHICAL NOTE**

Ron Dultz is a freelance writer working in the areas of philosophy and popular psychology. His writings have appeared in magazines and journals in eight countries. His credits include a Point/Counterpoint debate with prominent psychologist, Albert Ellis, published in the American Psychological Association’s book review journal, Contemporary Psychology — now called PsycCRITIQUES (February 1997, pp. 175-176), and a mini-article about the science of psychology, titled A Paucity of Philosophy, that appeared as the lead letter in the December, 2008 issue of *The Psychologist*, pp. 1070-1071, which is distributed monthly to all members of the British Psychological Society.
REFERENCES