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RESEARCH ARTICLE

Happiness-Focused Therapy: The introduction

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ABSTRACT

In this article, we seek to develop a new therapeutic path, which we call Happiness-Focused Therapy (HFT) for the promotion of mental health and, in particular, increasingly frequent experiences of happiness. This, from a new theory, which is based on Aristotelian ethics and evolutionary science. In this sense, the HFT was designed to focus on what is special about us humans: the ability that we all have to understand reality more and more accurately (acquisition of wisdom) and to act based on what we know so far (rational act) in view of the increasingly frequent production of good consequences, of which we can be proud of having been the causative agent through our choices, pride that we understand to be the true happiness. With this in mind, we propose that the HFT consists of four stages of treatment, each with its main objective (expansion of wisdom, acquisition of the habit of acting rationally, elaboration of a happy life project, and elaboration of a routine in favor of the realization of a happy life project), and that the patient must go through all of them, but according to the rhythm of the evolution of their treatment (minimum of nine sessions in total); and also that each stage has its structure of sessions fixed (for better use of time).

Keywords: Happiness, Virtues, Aristotle, Evolutionary Science, Psychopathology; Psychotherapy.

1- Why a new therapy?

In a recent book chapter, Osmo, Borri & Falcão¹ suggested a system of ideas that aims to demonstrate that true happiness can serve as a shortcut to mental health; but because it was not the scope of the work, a “how” to take this shortcut, in order to even reach the point of experiencing happiness frequently, was not detailed. The suggestion of a “how”, which we call Happiness-Focused Therapy (HFT), is therefore what we are proposing here. A question that should immediately arise is: “why a new therapy?”. The answer to this question needs to be elaborated in two stages, one destructive and one constructive. First, we see that the theories underlying existing psychotherapeutic practices leave much to be desired; which implies that its results also fall short, since reality tends to reward worldviews that reflect it reasonably well². Cognitive theory, which underlies, for example, cognitive-behavioral therapy (CBT), ignores the existence of virtues³, an essentially human phenomenon⁴, and as such, important to be contemplated if the interest is to better understand our nature, in order to achieve better results in promoting the mental health of individuals of our species.

In the case of the theory that underlies positive psychology, it does address the topic of virtues indeed, although it does so in a superficial way. Such an approach offers a list of virtues raised from an analysis of convergences in common opinion⁵, based on the assumption that people's point of view, in general, is a reliable source of knowledge. In our view, people's opinions probably contain “brute truths”, or half-truths⁶, and therefore must be taken into account; however, we also see that such truths need to be honed in their inaccuracies in order to make it possible to achieve a perspective that better reflects reality⁷. Probably as a result of this problematic methodology for gathering knowledge, positive psychology has been severely criticized by scholars in the field of virtues^{8,9,10,11}, who point out flaws in it, such as considering self-control a virtue, rather than a faculty that enables the development of virtues (self-controlled individuals are not yet considered virtuous); and of ignoring the existence of an important intellectual virtue: prudence (also called practical wisdom), which would be responsible for making decisions itself, in accordance with the knowledge that we have so far^{1,4}. Another problematic point about the theory of positive psychology is the fact that it defines itself as an

approach focused on promoting happiness¹² but without offering a precise definition of what is happiness, considering this human phenomenon as “the name of the field of study”⁶, going so far as to give up theorizing about it⁶ (which, by the way, goes against the investigative attitude adopted by Positive Psychology: to use common opinion to discover truths - happiness is certainly “on people's lips”).

The theory of behaviorism is another that we see as problematic, especially with regard to the human phenomena of virtues and happiness. This theory argues that humans and animals emit a response to a stimulus either because it was previously associated with a triggering reflex for that response (e.g., salivating in response to a bell that has been associated with food), or because the response was rewarded in the presence of this stimulus (e.g., pushing a bar that releases a portion of food). In other words, behaviorism defends that humans and animals are “hostages” to a history of reinforcement, which is already known to be a mistaken idea¹³. This is an idea inimical to the virtues because it disregards the capacity that human beings have to elaborate theories and act based on them, choosing to give vent or not to an established inclination, which is, as we shall see in more detail, the practice of moral and intellectual virtues.

The reductionism seen in behaviorism, in fact, is something frequent within the field of psychology⁴, and this in itself is already an enemy of virtues (and happiness). After all, how is it possible to realize the human potential if the conception of the human is reduced? This is what we see in psychoanalysis and critical psychology, for example. The first argues that all our desires can be reduced to the desire for copulation⁴, and the second, echoing Foucault, to the desire for power¹⁴. By the way, the theory of critical psychology is permeated by two ideas that make it one of the greatest enemies of virtues: a) that everything is socially constructed, that there are no objective truths (everyone has their own)¹⁴, which implies defending the non-existence of the virtue of wisdom; and b) that reason is an instrument of domination and therefore an evil in itself⁸. In this regard Pinker³ is precise in pointing out that being against reason is, by definition, being in favor of irrationality.

Finishing the “destructive stage”, it is worth mentioning that a considerable part of the theories of psychology is permeated by the idea that the

psychotherapist should not offer any evaluative guidance to patients. However, as noted by Fowers¹⁵, this idea of “value-free” is fanciful, since any psychotherapeutic intervention already presents, albeit implicitly, evaluative guidelines, such as that the patient should become autonomous and more skilled in making authentic choices. By the way, this is an implicit orientation friendly to the virtues, since rationality has to do with making choices in accordance with what the person knows so far^{1,15}. However, this is still a “timid” orientation, as it does not help the patient to understand that universal values such as happiness and virtues are at the top of a hierarchy that serves as a guide for the realization of the peculiar nature of our species. It’s worth already mentioning that at HFT the choice to adopt universal values that help to realize our potentials would be the patient’s, but that the psychologist’s role is to suggest them, which does not mean to impose. The problem with the value-free approach is that it inhibits even suggestions by underestimating the patient’s ability, through the exercise of reason, to choose whether or not to adopt the suggestion. Within this perspective, we defend the “cure” for indoctrination is not to prevent the psychologist from offering a perspective, but to stimulate the questioning of this perspective based on what the patient knows so far, which includes what he comes to know in the course of the therapeutic process¹⁶.

Introducing the “constructive stage” we would like to mention that it is beyond the scope of this work to carry out a critical analysis of all current psychological theories and that the criticisms we have made about those we have addressed refer to the systems of ideas themselves, to the “whole”; which we see to be largely incomplete or mistaken. In this sense, our intention is not to “throw away” everything that has been elaborated in this field of study to propose something “from scratch”, as we see that there are many truths already discovered that must be carried forward in the effort to propose a whole that reflects better the reality, our ambition. Therefore, we do not hesitate to incorporate in what we are proposing here, ideas present in other theories, such as, and in particular, that psychology should focus not only on diseases but on the realization of human potential⁶, and that the patient should be encouraged to seek an increasingly accurate view of reality¹⁷.

The system of ideas that aims to demonstrate that true happiness can serve as a mental shortcut to mental health, which we mentioned earlier, is actually a new psychological

theory, which not only underlies the “how” we are proposing here, but that seems to account for misunderstandings or incompleteness that we see exist in current psychological theories. This is because the ideas present in this theory all start from the assumption that the human mind is a product of evolution; so that, fulfilling Darwin’s prophecy¹⁸ (see note 1), it offers a perspective based on the theory of natural selection, which, like it or not, is the one that best explains “how animals function”; and, if we don’t parachute onto this planet, it’s certainly the one that best explains “how we function” as well. However, the focus of such a perspective is not only on “how we function”, but also on how we should function given our peculiar nature¹⁹, which is where enters the Aristotelian ethics incorporated in it, which, it is worth mentioning, is highly compatible with evolutionary science²⁰. In this line, the perspective adopted in this work offers the understanding of concepts of Aristotelian philosophy, such as virtues and happiness, from the perspective of this science, and leading to the notion that human pathologies can be understood as chronic failures in the manifestation of what is special in the human being in comparison with other animals, which refers to being able to accumulate wisdom and act based on what we know so far (acting rationally); so that it would be possible to find at the root of psychopathologies a lack of a minimum level of wisdom or rationality.

In general terms, we understand that the offer of a therapeutic “how”, the object of this work, is based on a more precise and complete psychological theory than what we see around, that is, it better reflects reality, and therefore we hypothesized that HFT is capable of offering superior results (since reality tends to reward with better results worldviews that reflects better reflect it, as we said), thus justifying the proposition of a new therapy.

2 - Theoretical foundations

The purpose of this section is to offer the theoretical tools necessary for understanding the rationale behind the interventions we are proposing here. In this regard, it is worth mentioning that although the HFT is based on a new theory of psychology that has already been published elsewhere, we are continuing the elaboration of such a theory so that a “branch” of it, of a “how” nature, can be established. Therefore, we will present here not only an overview of what has

already been published but also new theoretical notions that we see as being of special use for the elaboration of the HFT.

2.1 Basic categorizations pathways and basic emotions

In a recently published article⁴, the main author of this work, argued that not only is categorical thinking shared by humans and other animals, but also certain types of categorizations (“what is something?”; “what end to seek?”; “by what means?”; “was there success in accomplishing the end?”), which would be aligned in a mat of categorizations, constituting what he called the basic evaluation process⁴. He hypothesized that within this evaluation process there are five options for basic categorizations pathways (BCP), namely: “identification of patterns in the novelty”; “acquisition of the benefit”, “promotion of the good of the other”; “elimination of the threat”; and “escape the threat”. Thus, the basic evaluation process would follow a certain path depending on the type of categorization “what is something?” performed (“a novelty”, “a benefit”, “an ally (or potential ally) in difficulty”, “a threat that can be eliminated”, or “a threat that cannot be eliminated”). With this in mind, and also from the idea that in the last stage of the BCPs occurs the categorization responsible for evaluating whether or not there was success in reaching an end, Osmo proposed that emotions can be understood as psychophysiological reactions selected by evolution, mainly because: 1) they directly increase the chances of reaching an end; and 2) increase the chances of realizing whether or not there was success in achieving an end, which indirectly increases the chances of achieving a basic end next time. In this sense, he suggested that there are two types of emotions, those selected because of “1”, which he called emotions of trajectory; and those selected because of “2”, which he called emotions of result^{21,22}.

The central idea is that at the root of every emotion there is an evaluative thinking^{23,24}, and that: 1) the evaluative thinking behind the emotions of trajectory are categorizations related to “what end to seek?”; and 2) the evaluative thinking behind the emotions of result are categorizations related to “was there success in accomplishing the end?”. Thus, the categorizations present in the basic evaluation process would be at the root of basic emotions. Curiosity, which would be an emotion of trajectory, for example, would come from the categorization

that “we must seek the end of identification of patterns in a novelty”; and joy, which is an emotion of result, would come from the categorization that “there was success in achieving this end”. Therefore, and considering the existence of five different BCPs, Osmo⁴ suggested that there would be five basic trajectory emotions, namely:

- 1) Curiosity: emotion that arises in response to the categorization that we must seek the end of “identification of patterns in the novelty”, and which is capable of providing an increase in the chances of achieving this end.
- 2) Craving: emotion that arises in response to the categorization that we must seek the end of “acquisition of the benefit”, and that it is capable of providing an increase in the chances of achieving this end.
- 3) Fear: emotion that arises in response to the categorization that we must seek the end of “escape the threat”, and that it is capable of providing an increase in the chances of achieving this end.
- 4) Anger: emotion that arises in response to the categorization that we must seek the end of “elimination of the threat”, and that it is capable of providing an increase in the chances of achieving this end.
- 5) Compassion: emotion that arises in response to the categorization that we must seek the end of “promoting the good of the other”, and that it is capable of providing an increase in the chances of achieving this end.

In addition, based on the notion that there are only two possibilities with regard to the result of an action, the success or failure in achieving an end, Osmo⁴ also argued that there are, then, two basic emotions of result:

- 1) Joy: responsible for signaling success in achieving the end, encouraging the use of the same means in the future, and also encouraging the interruption of action in view of the fact that the goal has already been reached.
- 2) Sadness: responsible for signaling failure in achieving the end, encouraging the use of other means in the future, and also encouraging the interruption of the action as it has already proved inadequate for achieving the end (“making room” for the manifestation of a new line of action).

2.2 Ancestral desires

There is a curious phenomenon with regard to emotions of result. We have already seen that joy and sadness arise, respectively, from the perception that a goal has been achieved or not. But is it possible to feel joy or sadness even when we weren't actively pursuing a goal? Our common experience shows that it does. We often feel some level of joy when we see the news that a thief has been arrested, or sadness when we are told that our favorite team has been defeated. What these things show is that we have what we might call a latent interest in ends^{4,20,25}. With this idea, we mean that if an end has already been internalized as good (i.e., it has become a value), then there will be a latent interest in it. In this sense, it would not be necessary to intentionally seek it so that it is possible to feel joy or sadness with the perception of success or failure in achieving it. This is because the seek for such an end would already exist in a state of latency, that is, there would be a natural interest for the end, so to speak; so that the simple perception that it has been achieved or not provides the

experience of joy or sadness. This would apply mainly to ends that were established as good from the experience of beneficial consequences over the course of evolution, such as acquiring the benefit of domination (status) and eliminating the threat of subordination⁴.

Osmo⁴ offered a list of ends (Table 1) that he understood to be latently desired by all of us, which we can call ancestral desires, which are desires that we have in common with other animals, and that we see to be at the root of all our desires, including "human" ones, such as the desire to have money, for example (which we can understand as derived from the desire to acquire resources for survival in general) or for health (which would derive from the desire to avoid physical harm)²⁶. It is worth emphasizing that the purpose of this list is not to offer a canonical list, but to make evident certain ends, which seem to be often categorized by us as achieved or not, and which, therefore, are often everyday sources of sorrows and joys²⁵.

Table 1

<i>Some Ancestral Desires</i>		
Dimension "patterns identification"	Dimension "benefit"	Dimension "harm"
Joy or Sadness if Success or Failure in:		
Identification of patterns in the novelty	Food acquisition (and tools acquisition)	Avoidance of food loss (and loss of tools)
	Mate acquisition	Avoidance of mate loss
	Territory acquisition (and shelter acquisition)	Avoidance of territory loss (and shelter loss)
	Ally acquisition (acquisition of a reciprocity relationship)	Avoidance of ally loss (loss of a reciprocity relationship)
	Group acquisition	Avoidance of group loss (group exclusion)
	Status acquisition (acquisition of domination over the other)	Avoidance of status loss (avoidance of subordination)
		Avoidance of direct physical damage
	Avoidance of physical damage to a group member	

Based on the notion of ancestral desires, we can understand that the loss of a friend generates sadness not because of the loss of the friend itself, but because of the categorization that there was a failure to achieve the end of avoiding the loss of an ally. In the same way, we can understand that we usually feel joy when we realize that someone cooperated with us, not because of the corporation itself, but because we see that this “acceptance” in cooperating means the achievement of the end of “acquisition of reciprocity”²⁵.

2.3 *The peculiar human nature*

Osmo⁴, however, considers that the perspective presented in the previous topic is only the foundation for understanding human action, because its focus is on what is common between humans and other animals. Thus, in order for us to understand all kinds of human actions, he suggested that it is necessary to add to this perspective elements that are particular to humans.

We are known for being “sapiens” and rational, and not for nothing, as we actually have two capacities that other animals don't have: 1) that of understanding more and more about reality, beyond the dimension of perception^{27,28,29} (theories acquisition); and 2) that of making choices based on our theories (rational choices). Regarding “2”, it is worth noting that this capacity implies being able to understand why we are seeking an end and by certain means; that is, to understand why an end is more worth pursuing and why certain means are the best to be employed in a particular situation³⁰. In this type of reasoning, the individual accesses his or her network of theories about reality to analyze the consequences that the choices of ends and means can generate, and then establish what is best to pursue and in what ways. In this view, the exercise of rationality means, in essence, supervision, followed by acceptance or review of the line of action dictated by the first BCP activated in a given context (which could be the deactivation of a BCP, in case the person notices that they shouldn't feel any emotion) based on the personal network of theories); or conscious activation of a BCP, in line with what the person thinks is right, when no assessment of the situation has been made by the person (ie, when the person has viewed the situation with indifference, when deep down he knows that such assessment is inappropriate)¹. This process allows, for example, the person to resist a piece of pie (activation of BCP 2), because he or she understands that health is superior to the pleasure of eating something that, although tasty, can be

harmful. In this case, the person acted out of fear of some peril (activation of BCP 3.1), diabetes, for example, and so had to use self-control to resist the craving of eating the pie. Thus, what happened in this case was the person being aware of their first inclination, which is the first BCP activated in a given. An alternative option would be the person, for having the habit of prioritizing health, seeing, beforehand, the pie as an evil, and, with that, not feeling crave to eat it. In this case, in which the person only needs to accept, and not review, the first activated BCP, based on what he or she believes to be right, there would be what Aristotle called harmony between the rational and appetitive parts of the soul³¹.

In fundamental terms, this harmony seems to occur with the consolidation of new inductive heuristics in the BCP, these in line with the person's current worldview, due to the experience of advantageous consequences from its use over time, in various situations. It is important to note that, based on the perspective presented, this harmony occurs between the theories of the person and, specifically, the first emotion of trajectory evoked; that is, the first categorization “what end to seek”¹² (e.g., end of acquiring the benefit “health”)⁴. In this line, Osmo suggested that, while the person still experiences the conflict between his or her worldview and the first categorization “what end to seek?”, he or she needs to use principles (self-rules or meta-heuristics) that offer support for decision-making in the direction in line with his or her worldview, which is a different direction to which this first categorization and the emotion of trajectory (that emerges from it) point. So, roughly speaking, the person needs to adopt some principle that helps him or her deal with the emotion that is in disarray with the best of his or her knowledge and supports the task of reviewing the “what end to seek?” categorization. In the case of inadequate activation of BCP 3.1 and experience of fear, this principle can be something like “I need to choose the best end in spite of being afraid”. In this way, Osmo concluded that behind the task of reviewing each basic end there is the adoption and internalization of principles that enable the management of basic trajectory emotions. With regard to BCPs, this management has to do with reevaluating the categorizations made (or lack of categorization, in case of viewing something as neutral) with the help of principles; something that only humans would be able to do.

2.4 Virtues

The notion we mentioned above, in fact, reflects what Aristotle wrote about moral virtues. According to him, moral virtues are principles that are internalized in the soul of the individual, which are responsible for making possible the choice for the best end³¹. Furthermore, it is evident in his writings that he understands that each moral virtue exists to make it possible the management of an emotion³². The moral virtues would then be rules that we establish for ourselves (that is, self-rules) and that we learn to follow, leading us to acquire the ability to reason better when we feel an emotion that drives us towards a goal; or even when we don't feel the emotion we think we should feel. Thus, the possession of a moral virtue means the possession of the ability to put into practice a self-rule capable of making us reason well (based on the knowledge we have so far), in situations of domain of a trajectory emotion⁴. It is worth noting that the relationship between moral virtues and emotions implies that if we know which are the basic emotions of this type, we will know which are the basic moral virtues. As we talked about earlier, our view is that there are five basic emotions that have this property, that of driving us (five emotions of trajectory). Thus, the five basic moral virtues that seem to exist are: 1) Courage, to deal with fear or lack of fear; 2) Moderation, to deal with craving or lack of craving; 3) Mildness, to deal with anger or lack of anger; 4) Useful curiosity, to deal with curiosity or lack of curiosity; and 5) Generosity or Love (and self-generosity or self-love), to deal with compassion or lack of compassion (which includes self-compassion)^{4,25}.

Aristotle also defended the existence of virtues related to good reasoning itself, the intellectual virtues³¹, such as: 1) Wisdom, a set of theories that an individual has, and that reflect reality reasonably well; 2) Discernment, ability to identify, based on wisdom, the best goal, the best means, and whether there was even success or failure in achieving the end; 3) Prudence, ability to choose the end and means established by discernment, based on wisdom; 4) Facility in the apprehension of universals, ability to apprehend difficult causes, making use of existing knowledge, which implies an easiness in reaching new knowledge and in developing the virtue of wisdom; and 5) Understanding, ability to identify, based on wisdom, what is relevant to take into account in a particular context³¹.

Thus, we see that a moral virtue is responsible for calling reasoning, which starts with

a good grasp of the particulars of the situation (understanding), and continues with the determination of the best end and means (discernment, making use of wisdom). Then, the actual decision-making takes place, regarding the end to be pursued and the means to be employed; this on the basis of the options that discernment has established as being the best. Making such decisions means putting into practice the virtue of prudence. And finally, there is again the performance of discernment, based on wisdom, to carry out a good assessment of whether or not there was success in reaching the end. It is still possible to have the ability to learn difficult causes acting after all this process, especially in case of perceptions of unexpected success or failure, which prompt us to investigate why things went right or wrong; what refers to the attempt to apprehend new universals, new theories^{4,25}.

One of the pillars of Aristotle's ethics is that it is possible for a person to feel, in objective terms, the right emotions and to the right extent in practically any field of activity, which would be when he or she can be considered as possessing all the virtues, the ideal of being human that the philosopher called magnanimous³¹. We see that this is possible and that it occurs when a person has reached a high level of wisdom, but, above all, has put it into practice in different situations over time (which means having a high level of experience)^{16,31}. In fundamental terms, such a practice allows mental shortcuts that "drink" from objectively correct knowledge to become fixed in the person's mind (to become his or her second nature), which in turn allows that his or her first evaluations (and emotions that emerge from them) to be really appropriate to the contexts³³ (see notes 2 and 3) – which, by the way, also makes it possible that his or her actions tend to results in objectively good consequences⁴.

2.5 Vices

Aristotle suggested that there are moral and intellectual virtues, as we speak. Moral virtues would be abilities to follow self-rules that lead us to put intellectual virtues into practice, so that, in a particular situation, we can deal well with our emotions of trajectory (or lack of them) and make choices based on the knowledge we have so far. Not practicing a moral virtue can cause us to fail to act rationally (especially if we are under the influence of an emotion of trajectory), that is, it can cause us to fall into some vice. Thus, for each basic emotion of trajectory there must be a specific vice.

In fact, Aristotle said that there are two types of addiction related to an emotion, that of excess and that of lack³¹.

Starting with the extreme of excess, it would occur, for example, when someone criticizes a belief we have and, almost without thinking, under the influence of anger, we go on the attack. In essence, what happened, in our view, was that we interpreted criticism as a threat that could be eliminated, perhaps a threat of domination, which made it settle in our minds that we must pursue the goal of eliminating this threat; and then, almost without thinking, we set out to try to eliminate it. We did not seek, therefore, to review this objective based on our knowledge, which could have occurred if we had followed a rule such as "I must choose the best objective in the presence or absence of anger" and therefore practiced the moral virtue of mildness, which could even serve to simply confirm that it was appropriate to feel anger in the context (which would lead us to confirm that the best thing to do was in fact to "eliminate" the criticism). People who tend to resolve things impulsively, following an emotion almost blindly, demonstrate the possession of a vice related to excess. In the case of anger, the vice of irascibility, which would be nothing more than letting flow an ancestral inclination that is well established in our personality: the inclination that directs us towards the elimination of threats. Note that if anger is not the emotion we believe is appropriate for the context, the "wrong" emotion we experience (anger) is of the "emotion of trajectory" type, and "accepting" it means acting in a wrong direction. Here, therefore, one "sins" by action, and not by omission²⁵.

In the case of vice related to lack of emotion, we see that this can happen in two ways: 1) feeling an emotion of result when we actually believe we should feel another emotion; such as, feeling joy when we've just noticed that our best friend has lost money on the stock market. In this case, the person may believe that what was actually right was to feel compassion, but instead felt joy; which may denote the nurturing of some level of competition for status with the friend, so that seeing his or her downfall meant realizing success in being better than him or her, causing this person to feel joy. Note that as the emotion experienced here was joy, an emotion of result, which does not generate impulse, the person did not fall into the error of going in an inappropriate direction, but into the error of not acting, that is, "sinned" by omission. The other case (2), which also makes one fall into the error of omission, is when the person

does not feel any emotion, believing he or she should feel an emotion of trajectory. Bringing up the same example above, the person may have remained indifferent to the fact that the friend had lost money. This denotes the perception of what happened as something neutral, and thus not leading to an assessment capable of making the person feel an emotion. If the person in question really believes that "okay, it's a part of life to lose money, and that it's even a learning experience", then it is understandable that he or she has perceived what happened as neutral, not feeling any emotion (i.e., rational evaluation from the point of view of the person); but if this person believes that, at that moment, the right thing to do was to offer a few words of comfort to the friend, for example, then he or she should think that compassion was the right emotion to feel. Note that if the person realizes this, he or she may revise their previous assessment, feel compassion to some extent, and thereby want to act in the direction of providing emotional comfort to the friend (thus avoiding falling into the error of omission, in case the person has actually decided to act in this direction)^{1,25}.

In both cases, of excess and lack, not experiencing the emotion appropriate to the context may represent not following a self-rule capable of calling reasoning, which in the case of the last example could be something like "I need to choose the best objective in the presence or absence of compassion", which may mean not putting into practice the moral virtue of love. This, in turn, means not behaving in a way peculiar to humans, acting almost exclusively on the basis of what we perceive, without considering the knowledge we already have about reality.

Note that if there are five basic emotions that drive us toward something, and two vices for each emotion, then there must be ten vices, namely^{1,25}:

- Vices related to fear
 - Excess: the person "blindly accepts" the emotion of fear (cowardice).
 - Lack: the person "blindly accepts" another emotion (trajectory or result); instead of the emotion of fear (which, according to his or her knowledge, would be the right emotion to feel) (temerity).
 - Lack: the person does not pay attention to the details of the situation which, if

- perceived and evaluated based on what the person already knows, would make him or her feel the emotion of fear (temerity).
- Vices related to anger
 - Excess: the person “blindly accepts” the emotion of anger (irascibility).
 - Lack: the person “blindly accepts” another emotion (trajectory or result); instead of the emotion of anger (which, according to his or her knowledge, would be the right emotion to feel) (passivity).
 - Lack: the person does not pay attention to the details of the situation which, if perceived and evaluated based on what the person already knows, would make him or her feel the emotion of anger (passivity).
 - Vices related to craving
 - Excess: the person “blindly accepts” the emotion of craving (licentiousness).
 - Lack: the person “blindly accepts” another emotion (trajectory or result); instead of the emotion of craving (which, according to his or her knowledge, would be the right emotion to feel) (rigidity).
 - Lack: the person does not pay attention to the details of the situation which, if perceived and evaluated based on what the person already knows, would make him or her feel the emotion of craving (rigidity).
 - Vices related to compassion
 - Excess: the person “blindly accepts” the emotion of compassion (“soft hearted”).
 - Lack: the person “blindly accepts” another emotion (trajectory or result); instead of the emotion of compassion (which, according to his or her knowledge, would be the right emotion to feel) (indifference).
 - Lack: the person does not pay attention to the details of the situation which, if perceived and evaluated based on what the person already knows, would make him or her feel the emotion of compassion (indifference).
 - Vices related to curiosity

- Excess: the person “blindly accepts” the emotion of curiosity (investigation without criteria)
- Lack: the person “blindly accepts” another emotion (trajectory or result); instead of the emotion of curiosity (which, according to his or her knowledge, would be the right emotion to feel) (closed to novelties).
- Lack: the person does not pay attention to the details of the situation which, if perceived and evaluated based on what the person already knows, would make him or her feel the emotion of curiosity (closed to novelties).

2.6 Specific moral virtues

Osmo & Borri²⁵ suggest that although it is possible to use basic self-rules for the task of making conscious choices, in practice, we choose to rely on more specific self-rules. This is because we end up needing the strength of something more concrete to be able to deal well with each type of situation that life offers. In this sense, we can establish for ourselves the self-rule of “don't delude people who fall in love with us”, for example, which directs us to be sincere with a view to their good. So, if the type of situation “person in love declares himself to us, and we don't want to be in a relationship with him or her” arises, this self-rule can come as a “pop up” in our mind directing us to a path to follow; the way of, for example, saying: “it won't happen, and I think it's better being honest. I say this from the heart because I feel that life goes by too fast, and the last thing I want is for you to waste time with me”. Another situation worth mentioning is when we are rejected by the person we are in love with. We can adopt for ourselves a self-rule that helps us to deal well with this type of situation, which can be one of the type “I need to respect the other's choice of not wanting to be in a relationship with me”, which is also a self-rule that aims to the good of the person, as it acts in the matter of respecting the person's right to choose what he or she thinks is best. Note that acting on the types of self-rules just presented refers to dealing well with compassion to make choices based on the best of our knowledge, but in specific situations. Based on this notion, Osmo and Borri²⁵ suggest the following conclusions:

- 1) Each specific principle leads to the development of a specific moral virtue (the

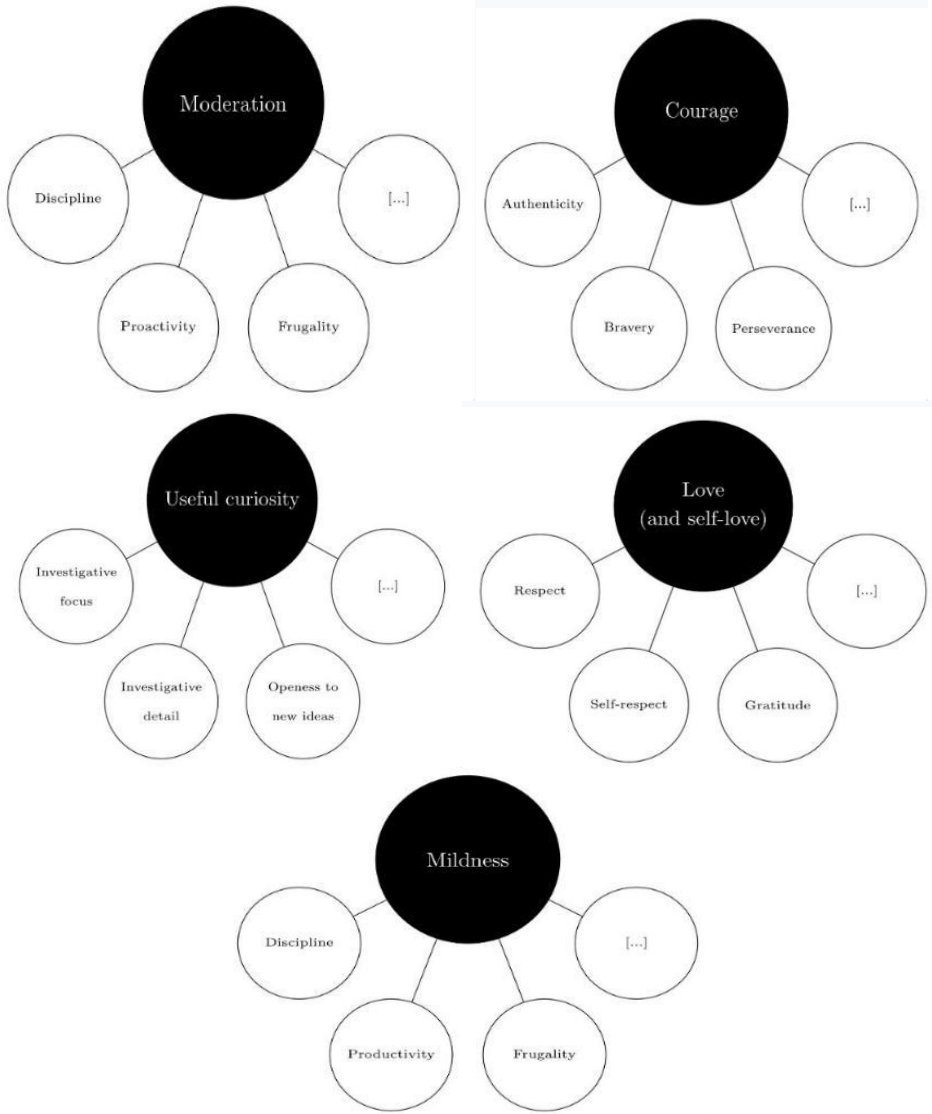
principle of the first example leads to the practice of compassionate sincerity; the principle of the second to the practice of respect).

- 2) The practice of a specific moral virtue implies the practice of a basic moral virtue; so that the development of different specific moral virtues related to an emotion of trajectory makes the

basic moral virtue related to this emotion also develop¹⁰.

In other words, basic moral virtues grow with the practice and growth of specific moral virtues subordinate to them (see note 4), as illustrated below (Figure 1):

Figure 1 - Relationships between basic and specific moral virtues



2.7 True Happiness

Aristotle gives us good tips on what happiness is, we just need to connect the dots and add a dash of evolutionary psychology. He said that of all animals only humans are capable of

experiencing happiness³¹, and that happiness is what we all ultimately seek³¹. Furthermore, He also said that to achieve happiness one must use reason (and the virtues)³¹; and that happiness is a kind of pleasure³¹. Well, what pleasure can only human

beings feel? It must be one that depends on the awareness that we are agents in the world, that is, on the notion that our actions themselves cause things. With that, we then discard the pleasures of sex, drinking, eating, among others. These are what Aristotle calls the pleasures of the senses³¹, which are those that depend only on sensory contact with something to be experienced; this kind of pleasure, other animals are also capable of feeling. And we also discard the pleasure of the most rudimentary joy that comes when we see success in reaching a goal; which can be anything from getting a fruit on the tree, to gaining status, resources, or identifying patterns in something we see as new in the environment, for example. This kind of pleasure other animals can also experience³⁵; what changes between us and them is that we are able to set more specific goals, and with that, feel joy with more specific things.

We already know a little bit about what happiness is not, but what we want is to know exactly what it is. The key to this is Aristotle's assertion that in order to feel it, it is necessary to employ rationality; which means that happiness is a reward for the use of reason. Based on this notion, and making use of the evolutionary approach, we can say that happiness is then a pleasure selected by evolution for stimulating us to act rationally, which is the way of acting that puts us at an advantage in the fight for survival in relation to other animals; and in relation to other humans as well. But then, what is happiness? We can only think of a type of pleasure that meets all these requirements: that would be precisely the pleasure that arises when we feel proud of the result of our rational actions³⁶, which is when we look to a recent or distant past, and feel proud of what we have done through thoughtful choices; it can be something simple, like being proud of having managed to fix a shower, or more complex, like writing a best-seller. Another pertinent example is feeling proud of having reached a conclusion through the "reasoning" action itself, being proud of a "eureka!" (actually, this has to do with being proud of any conclusion itself, which we perceive to be the result of good reasoning). Happiness would then be a specific type of joy, which arises when we perceive the result of a rational action as being good, when we realize that we have performed good works of reason^{8,31,37}. Note, however, that we do not experience this pleasure when we see the outcome as bad, even though we are aware that we have done our best.

There is, however, a small inconvenience to happiness: although it seems to be the pleasure we all ultimately seek, we cannot experience it if we seek it directly. This is because, if, at the moment we make a rational choice, we are focused not on the immediate objective in question, but on the pleasure we will obtain in achieving it, we will not engage in the action to the point of being able to produce an expected result³⁸. This implies that, although happiness is probably, by nature, fixed at the top of the hierarchy of values of every human being, it is important to place just below it the value of acting rationally, since it is through the achievement of this goal that it is possible to experience happiness. Thus, for practical purposes, it is worth considering the objective of acting rationally as our greatest goal, and happiness as the prize that comes whenever achieving this goal brings good results³⁹ (good results from the perspective of the individual).

2.8 The role of regret in the acquisition of wisdom and the habit of acting rationally.

It is worth noting that having "acting rationally" as our main goal implies experiencing sadness whenever we fail to achieve this goal. In fact, a specific kind of sadness that we call regret that only humans can feel because it depends on the conscience of agency. However, as we said, the emotion of sadness is a pain that serves the function of stimulating us to act differently in the future (also in order to avoid experiencing it again, in the case of humans). Thus, as we are not born with the habit of acting based on the knowledge we have so far, the pain of regret for having failed to act rationally serves the function of putting us in the direction of acquiring this habit³⁸. However, it is also worth noting that having "act rationally" as a goal, achieving it can provide a reduction in the intensity of the pain of regrets. This is because we are led to conclude that, despite having generated a bad result, we acted based on the knowledge we had so far, that is, we did the best we could. In this case, regret would not cease to exist, but it directs our perception to what really matters: the fact that our knowledge was insufficient to promote a better result; and thus influences us to increase our level of wisdom^{1,25}. One thing we need to keep in mind, however, is that we don't need to feel regret beyond what is necessary, that is, to prolong the pain by recurrent lamentations (see note 5); but only to the extent that this emotion leads us to see that we need to study more or consolidate the habit of acting based on what we already know²⁵.

Before moving forward, we would like to highlight that there are two types of emotions that depend on agency awareness, but which we see as not being very useful for the development of virtues, and therefore, to the ever more frequent experience of happiness: self-blame and shame. We believe that such types of emotions are not very useful because what we want with the experience of a negative emotion that depends on agency awareness is not that it leads us to attack the “I” of the past (as is the case with self-blame, that leads to the experience of anger), or running away from a negative evaluation that the other may be making about us (as is the case with shame, which leads to the experience of fear)^{41,42}; but to lead us, especially to lamentation; to repent for not having acted according to what we knew, or for not having the necessary knowledge to have acted better, so that we can become wiser and more adept at acting rationally, in order to do better in a similar situation in the future^{1,25}.

2.9 *Life purpose and a more intense happiness*

In Aristotelian philosophy, every human being has a responsibility as a species, a general life mission, so to speak: to make his rational potential a reality, in order to consolidate the habit of acting rationally (which occurs with the practice of virtues), which represents being in a state of “good functioning”; functioning according to the type of being we are. The reward for this endeavor is to experience the pleasure of being proud of the result of rational choices on a regular basis^{20,43}. However, common experience shows us that this pleasure can vary in intensity. The pleasure a writer feels at the moment he realizes he has managed to fix a shower is certainly not the same as when he sees his work finished, or even a paragraph⁴⁴. But why is that?

As we talked about earlier, we are naturally interested in “whys”, and among the “whys” we are interested in knowing why we exist, what is the purpose of being here. Saying that we are here to fulfill our natural responsibility to act rationally is not enough for us as an answer⁴⁵, as we want to know not only why the human species exists, but also why we, as individuals, exist; that is, we want to know what is our specific function, our individual responsibility, in the whole that we believe to be inserted^{8,46,47} (and here it doesn't matter the size of this whole, it can be from the micro group “you and your child” to the entire planet, for example). Thus, it is once we find an answer to this question (regardless of whether it is objectively

true), which generally involves understanding our own specific interests and abilities (which includes understanding our specific moral virtues), that we started, then, to recognize what our responsibility would be, our specific role in the whole that we believe to be inserted. As a result, we can acquire the notion that we have something to do in this world that no one else is capable of; that we have a mission, which, it is worth noting, can vary in “size” (it can range from caring for a child to preparing a treatise on human nature, for example)²⁶. And from there, when we take responsibility for a specific mission, we come to feel the kind of pleasure that the writer of our example experienced: a more intense pride in the result of rational choices; more intense because it is a result that indicates that we are fulfilling, to some extent, our mission; it means that we are managing to fulfill the “why” of our individual existence.

Finally, it is worth noting that, as we have the ability to be proud also with regard to a macro set of results and actions, we can also feel a more intense type of pride if we see that this set of results and actions represents the successful realization of our life purpose. Bringing again the writer's example, he will feel a happiness of the most intense kind when, after publishing his works, he looks at them together and assesses that his specific mission, or a good part of it, has been fulfilled^{1,25}.

2.10 *An expanded notion of pathologies*

In this work, we are assuming that the human mind is a product of evolution^{4,48}. In this way, holding firm to such perspective, we understand that a better understanding of the pathologies that plague humanity can be achieved if we first look at them in their rudimentary form, that is, how they are manifested in other animals; for then, based on this first notion, to analyze how they are amplified in us due to specificities of our nature. This implies looking at pathologies based on the notion of the role of BCPs, and our ability to elaborate theories and act on them. To better understand this idea, let's take depression as an example.

The perception that there was a failure to achieve a goal, as we said, generates sadness, emotion that seems to have a role in encouraging the use of other means in the future. It turns out that when a non-human animal is faced with a threat that it categorizes as “not possible to be eliminated”, and tries, unsuccessfully, to achieve the goal of escaping the threat by successively employing one or more forms of “run away”, this animal may simply end up giving up on escaping

the threat, accepting that it is “imprisoned”, which in practice means accepting that there is nothing to do; in other words, that the failure is consummated, which would lead the animal to a chronic experience of sadness^{49,50}. This, in our view, would be the rudimentary form of what we know in humans as depression. However, in the case of humans, such sadness would be amplified by the ability we have to realize that there is really no way out of an unwanted condition, that we are trapped in it: the notion that we are not capable of causing a better future for us, which has to do with what we call hopelessness^{49,51}. This is the case, for example, of a relationship termination, in which the person who has been “abandoned” is afraid of being alone, believing that he or she is not able to find another partner (a possibly false theory), which would likely make this person to behave in the direction of proceeding with countless attempts at reconquest, which, in essence, are attempts to avoid the threat of losing the relation of reciprocity (stage of grief known as “bargaining”). However, there may come a point, after unsuccessful attempts to avoid such a threat, that the person ends up giving up trying, which represents reaching the stage of grief known as depression⁵². In this stage, what we see occurring is a chronic assessment that an end has not been reached and, as a result, the chronic experience of sadness.

It is worth noting that, within the perspective that we are offering, the vulnerability of a person to go into a depressive state is directly related to: 1) although the person has the wisdom to understand that he or she is not facing “a threat that cannot to be eliminated”, even so almost thoughtlessly accepts this assessment (and the others that follow), acting in accordance with them (lack of rationality); and 2) the person does not have the wisdom to understand that he or she is not facing a “threat that cannot be eliminated” (because of having false theories), and, at the same time, does not have the wisdom as to how to accomplish the goal of elimination of the threat (if that person has this wisdom, he or she could eliminate such a threat, even if it is not objectively a threat) (lack of wisdom). It can be seen that human psychopathologies are related to emotions, that is, the chronic experience of an emotion (or lack of it) means being in a psychopathological condition. Of course, unless reality doesn’t actually call for evaluating things in the same direction almost always, like when we are in a hostile environment and categorizing things as a “threat that cannot be eliminated” should be highly frequent (and with

that, the experience of fear), for example. By this we mean that as the stimuli, in objective terms, must be of the most varied types, categorizing them almost always in the same way (or treating them almost always as neutral) probably means being in a psychopathological condition. The chronic experience of joy or indifference when facing friends in difficult situations, for example, rarely feeling compassion for them, is related to what we know as psychopathy (see note 6)⁵³.

The point we want to reach is that, in our view, the chronic excess or lack in experiencing each of the seven basic emotions represents being in a psychopathological state (i.e., vices of lack and excess, paralleling what we talked about earlier), which in essence, as we said, means that we are chronically evaluating things in some direction, or treating them almost always as neutral (see note 7)^{31,54}; and this, in turn, bringing out the main idea of our perspective, has to do with either a lack of wisdom or rationality. In other words, and echoing Aristotle’s ideas louder, as we are “sapiens” and rational beings, when we don’t put into practice our peculiar nature we are malfunctioning, in disagreement with the type of being we are; and if this becomes recurrent we develop a condition of psychopathology^{20,31}.

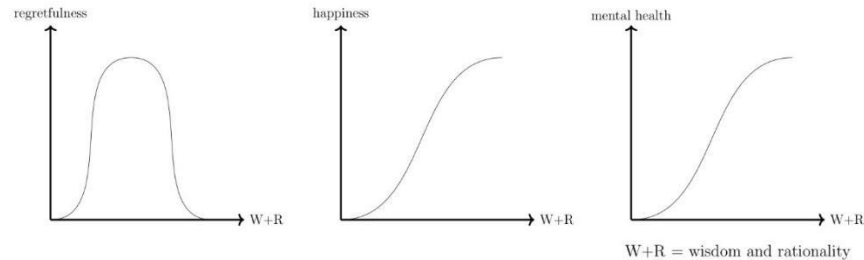
The argument presented in this topic leads us to adopt in the HFT another way of diagnosing psychopathologies, which differs from the current one, which takes, instead of taking as a basis the Diagnostic and Statistical Manual of Mental Disorders, seeks to identify excess or lack of each of the seven basic emotions that seem to exist.

2.11 Beyond the pathology: moving towards frequent happiness experiences

From the notion that at the root of human pathologies there is probably a lack of wisdom or rationality, we can conclude, then, that the acquisition of more and more knowledge that reflects reality reasonably well (which represents developing the virtue of wisdom), and the acquisition of the habit of acting based on the knowledge that one has so far (which represents developing moral and other intellectual virtues) should provide a way out of a psychopathological condition and maintenance of mental health⁸. But not just that. According to what we are proposing, the habit of acting rationally allied to the acquisition of wisdom leads us to feel less regrets and more happinesses (even more intense ones, if we realize that we are fulfilling our life mission), since we will have more opportunities to see

ourselves as agents of good consequences. The graph below illustrates the relationships we are suggesting:

Figure 2 - Relationship of regret, happiness, and mental health as a function of wisdom plus rationality



2.11.1 Structuring a routine for the realization of a happy life project

There is no point in establishing a greater, long-term objective if we do not also establish much more specific objectives, which, as they are achieved, bring us closer and closer to achieving the greater objective; that is, it is not enough to prepare a happy life project if we do not elaborate and follow a routine capable of bringing us closer and closer to the realization of this project⁵⁵. This routine must reflect, then, the happy life project that we have established for ourselves, which, as we already know, is a project based on our network of theories, on our “whys”. This implies that the routine designed to carry out a happy life project must, necessarily, also be designed based on our “whys”, which makes it a rational routine. In this sense, we agree with the Stoics when they say that if a routine is not rational it is useless⁸ (or almost useless, we would say). We agree with this idea for two reasons. First, and more fundamentally, because we see that, if a routine is not designed based on the best of our knowledge, our daily lives cannot be permeated by the experience of the pleasure of feeling proud of the result of rational actions; that is, there is no way our daily life can be part of a whole that constitutes a happy life. And second, because a routine that was not built on the basis of our knowledge in order to carry out our happy life project, is a routine that or does not bring us closer to the realization of this project (and may even distance us from its realization); or if we get closer to carrying out this project, it does so slowly that, given the fact that our life is finite, the chances of carrying it out become close to zero²⁵.

3 - Happiness-Focused Therapy

The “how” that we are proposing here should not start “out of nowhere”, as we said in the introduction, that is, it should be inspired by other ideas that are probably already true, and a “how” that is most supported by scientific evidence, at least in the sense of providing a good (perhaps the best) level of effectiveness in helping the patient to come out of a condition of psychopathology is the cognitive therapy proposed by Beck⁵⁶. Therefore, we understand that “building blocks” of such therapy must be present in the foundation on which the HFT is built. Furthermore, we have to recognize that the construction of the HFT is carried out by the driving force that comes from an intention inspired by positive psychology: to aim not only at overcoming a psychopathological condition, but at the increasingly frequent experience of a specific well being (in the case of the HFT, the frequent experience of the pleasure of pride that comes from the perception that we cause a good consequence through rational choices, which can only be frequent if based on knowledge that reflects reality reasonably well).

The HFT, as we have just said, has significant similarities with principles of cognitive behavioral therapy in its fundamental structure (CBT), which we will highlight below, presenting them under the perspective of the therapy we are proposing^{17,57}:

- Goal-oriented
 - CBT focuses on resolving the patient’s complaint; the HFT as well, but as a starting point of the treatment, since the main focus of this new therapy is the increasingly frequent happiness through the,

also increasingly frequent, rational action informed by knowledge that reflects reality reasonably well; which, we understand, is what will in fact promote the resolution of the complaint initially brought. Within this line, we understand that although the initial motivation of a patient to seek help from a therapist is the psychic pain he or she has been experiencing, by nature, he or she does not want, ultimately, simply to eliminate it in order to live in a state absence of this type of pain (what the ancients called *Ataraxia*)⁸; but to live a life permeated by the kind of pleasure we know by the name of happiness³¹.

- **Educative and promoter of autonomy**
 - CBT educates about the nature and trajectory of the patient's disorder and how to set goals, identify and evaluate thoughts and beliefs, and plan behavioral change, with the patient becoming their own therapist. The HFT educates about human nature itself (which includes but is not limited to the nature of psychopathologies), what we have in common and peculiar in relation to other animals; which involves acquiring the notion of virtues, and knowing how to practice them; so that, like CBT, the patient becomes his own therapist, but a therapist who specializes in living according to our peculiar nature, that is, a good life for the kind of being we are (a life awarded with the increasingly frequent experience of happiness).
- **Make maximal use of time**
 - In CBT, most patients are treated in four to fourteen sessions; the HFT works with four stages of sessions (we will talk about them later), which, depending on the patient, can result in a treatment of only nine sessions. The idea is that the patient passes the stage in the rhythm of the evolution of the treatment. Each stage has a

greater (but not exclusive) focus, such as expansion of wisdom; and at the end of the treatment the patient is expected to gain a clear idea of these stages, so that he or she can revisit them for him or herself, and thereby become his or her own therapist.

- In terms of structure, CBT works with a fixed model for the sessions, which remains constant throughout the therapy (e.g., checking the patient's mood, requesting a brief review of the week). In HFT there is also a fixed model, which we will explain below, but within it there is a more specific model for each of the nine types of sessions, which are designed to achieve specific objectives, which, when achieved, contribute to the achievement of the main objective of a particular stage of treatment.
- **Collaborative**
 - CBT encourages the patient to see therapy as teamwork: where together with the therapist he or she decides things like what to work on in each session and what the homework will be. The HFT maintains this line in the sense that it is permeated by reflective debates. However, as each of the nine sessions has its specific objective, the HFT does not leave it to the patient to choose what to work on in each session, as well as what the homework will be (at least in general terms). Note that this does not imply imposition of what to do, but pre-defined and adequate guidelines to meet the patient's demand in their daily lives, and that it is within this degree of specificity that joint decisions occur (for example, in the case of a homework of practicing the virtue of courage, it is necessary for the patient to decide, with the help of the therapist, in what kinds of situations of his or her daily life he or she intends to practice it).

- Primarily use Socratic questioning and guided discovery techniques
 - CBT makes use of such techniques to help patients identify, assess, and modify key cognitions in the direction of achieving a more accurate view of reality. Socratic questioning and guided discovery are also central techniques in HFT, but mainly because they encourage the practice, in the therapeutic setting itself, of virtues, including useful curiosity that is responsible for achieving a more accurate view of reality. The big issue here is that in the development of virtues, what is wanted is for the person to exercise reasoning based on their current knowledge, because only then will he or she acquire the ability to make good decisions in different particular situations. This is not possible, however, if the patient simply accepts a list of ready-made answers from authorities (in this case, the therapist) or the crowd and makes decisions based only on it.
- Primarily use of homeworks
 - Homework (e.g., reading about a topic, monitoring thoughts) is a non-optional part of CBT and is intended to expand opportunities for cognitive and behavioral change throughout the patient's week. Homework is also an integral part of the HFT, but for two fundamental reasons: 1) it helps the patient to progress more quickly in therapy (ie, advance to the next stage); 2) in the case of tasks related to the practice of virtues, it stimulates the patient to increasingly value rational action through experiencing the good consequences that come from it (especially the consequence "happiness"); and 3) it helps the patient to gradually internalize rules inherent to the virtues, so that they become his or her "second nature"; which makes it possible for

the patient that his or her first evaluations tend to be in line with what, deep down, he or she believes to be right (i.e., enables the establishment of psychic harmonies).

Having finished the explanation on the foundations of the HFT, it remains for us to talk about its construction. In general terms, as we said, it is built with a view to happiness and has 4 floors, or stages (each with its main objective), and the patient must go through all of them, but according to the rhythm of the evolution of their treatment (minimum of nine sessions in total); and that each stage has its fixed session structure. As each stage aims at a greater objective, each one must have means (that is, therapeutic techniques) that enable the objective to be effectively achieved. This implies that the objective of the stage restricts the type of techniques that will be applied and that each stage will have its own portfolio of techniques. In addition, it is worth mentioning that the major objectives of a previous stage can be revisited, in the form of secondary ones, when they serve as a basis for achieving the major objective of the current stage. It is also important to mention that we do not intend to offer a canonical list of techniques, nor are we closed to innovation, to the inclusion of new techniques; and even to the abandonment of those we propose if the evidence points to their ineffectiveness.

We will now proceed with the presentation of the four stages of treatment and their respective sessions:

Stage 1) Expansion of wisdom

The habit of acting on what is already known, even if the person has developed it intuitively, is not enough for him to be able to produce, with good frequency, consequences of which he or she will be proud to be the causative agent. The person's level of wisdom, in the perspective we are offering, represents the frequency plateau of happiness that the person will be able to feel in case of being stably rational. Thus, the first step we propose is to raise the patient's level of knowledge, especially about human nature (which includes knowing what virtues and vices are and how they work); and about himself, especially with regard to his or her vices and virtues (which we understand to be the most essential part of our personality)⁵⁸. Regarding the expansion of knowledge about oneself, it is worth noting that, many times, it occurs through

confirmations and objections of the other about our person, which can help us to reach a more accurate view about ourselves³⁵. If we perceive ourselves as undisciplined (basic vice of licentiousness), for example, but others tell us that we manage to stay focused on the things we set out to do, maybe we are not really undisciplined. The therapist's role in this aspect is crucial, as he or she can give an objective look at how the patient defines him or herself in terms of vices and virtues. An important caveat to be made is that the therapist should not refrain from agreeing with a negative view of the patient about himself when it reflects reality, and also not refrain from guiding the discovery of negative views that the patient has not yet seen, since such omissions go against the main objective of this stage: the expansion of wisdom. The patient may, for example, not yet have the notion that he or she usually tries to impose his or her ideas on others, which may indicate the presence of the vice of irascibility, if what occurs is an impulsive attitude guided by anger. Note that the patient gaining this notion is certainly of great value, since the expansion of his or her level of knowledge about this aspect of reality (the reality of him or herself) makes him or her more capable of making choices in the context of interpersonal relationships that generate better consequences.

- Minimum number of sessions:

- Three, considering that there is a need to: 1) establish rapport with the patient, meet their demand, and present the HFT; 2) present knowledge in general, especially those that underlie the HFT; and 3) expand the patient's knowledge about him or herself

- Structure

- Session 1 – Introduction
 - Establishing rapport and listening to the patient's complaint;
 - Presentation of HFT.
- Session 2 – Presentation of the theory
 - Presentation of theory that underlies HFT and other important notions, through guided discovery;
 - Present the homework, which refers to studying part of the didactic material

provided (see note 11) (the part that presents the theoretical basis of the HFT), giving special attention to the topic of virtues and vices and others that were left open or that the patient could not reach a good understanding throughout session 2.

- Session 3 - Consolidation of the understanding of the theory and investigation of the patient's virtues and vices (this session is repeated until the patient demonstrates that he or she has reached requirements related to overcoming the stage 1)
 - If necessary, clarify aspects of the theory that the patient has not yet reached a good understanding;
 - Reflective debate, based on facts, about possible vices and basic and specific virtues that the patient has (taking the patient's complaint as an initial starting point, but without limiting the investigation around it);
 - Filling in, with the help of the therapist, the part of the didactic material during the session that refers to identifying the presence of manifestations of vices and virtues from the patient's daily situations;
 - If the patient has not met the requirements to move on to the other stage, present a new homework activity, which can refer to studying more about the theory that underlies the HFT and observing new everyday facts in order to identify the presence of addictions and virtues, thus continuing with the

completion of the didactic material.

- Applied techniques
 - Bibliotherapy, with the reading of the part of the didactic material that presents the theoretical basis of the HFT;
 - Through Socratic questioning and guided discovery, joint analysis, especially (but not exclusive) on the demand brought by the patient, to verify if there is a lack, excess or adequate occurrence of emotions of trajectory and emotions of result (see note 12).
- Stage overcome when:
 - The patient demonstrates a good understanding of the theory underlying the HFT and other important notions;
 - The therapist and patient agree on a list of virtues (including specific ones) and vices that the patient seems to possess.

Stage 2) Acquisition of the habit of acting rationally

Stage 2 refers, in essence, to the acquisition of the habit of acting rationally, and for that it is necessary that the patient sees usefulness in this, so that he can value the act of acting rationally in itself, mainly because such the act leads to the experience of happiness (which also implies consciously valuing happiness in itself). Hence the usefulness of the previous stage, of acquiring important knowledge, since it is through an action informed by knowledge that reflects reality reasonably well that the patient will be able to produce, with a high frequency, results that he or she can be proud of having them caused and, with that, be able to feel happiness more often. For this, it is important to present the patient with new knowledge also at this stage, especially those referring to "how to practice the virtues" (see note 13).

Acquiring the knowledge of how to practice the virtues, in our view, involves learning to:

- 1) Understand relevant aspects of the situation;
- 2) "Hover" over trajectory emotions (when they are present);
- 3) Reflect, based on the knowledge that once has so far, which trajectory emotion would

be most appropriate in the context (see note 14);

- 4) Review or accept a course of action (which may be opting for inaction) based on one's "whys" (especially based on the consequences of the action or inaction) (see note 15);
- 5) "Hover" over emotions of result (when they are present);
- 6) Reflect, based on the knowledge that one has so far, which result emotion would be more appropriate in the context, in view of the result of the action or inaction (see note 16);
- 7) Regret (instead of feeling nothing, or being ashamed, or blaming yourself, or blaming others) when one perceives an outcome to be bad; and also learn to "enjoy" the pride of having produced a good result (see note 17).

A knowledge that we also consider important to offer to the patient is the notion that our knowledge and that others offer us may be wrong, and that, as a consequence, we do not actually know many things. Such a notion serves as a basis for the practice of useful curiosity, especially in situations in which the person is faced with something that he or she still does not have much idea of how to solve, so the best act for the moment would be to go in search for more knowledge. This "going in search" can be to reflect better on what is already known to make a new inference that represents a possible solution to the challenge (internal investigation, so to speak), or in fact to try to reach new knowledge from "the external world", since based on what the person knows so far there would be no way for him or her to infer the solution (external investigation).

The practice of moral virtues involves learning to deal well with the presence or absence of emotions so that intellectual virtues can then be put into practice, which involves making evaluations and "hitting the hammer" on choices, especially in the view of their consequences. Such evaluations and decisions are based on the set of explanations that the person has about reality so far, which now, after Stage 1, is expected to be minimally sufficient to enable the patient to produce good consequences; or at least minimally sufficient for the patient to realize that he or she made a mistake and feel regret for having caused a poor outcome. In addition, it is also expected that the knowledge that the patient now possesses will be sufficient to

enable him or her identifying whether the poor outcome he or she caused was due to: 1) not having acted on what he or she already knew (which leads him or her to the conclusion that it is necessary a greater focus on acting on what he or she already knows in related situations); or 2) having acted on the basis of knowledge that does not reflect reality well (which leads him or her to the conclusion that it is necessary to go in search of expanding knowledge about something). It is worth mentioning that the practice of virtues allows the patient to develop new mental shortcuts that “drink” from his or her network of theories for different types of situations. Putting such shortcuts into practice in the appropriate situations causes them to be gradually internalized so they become the patients’ “second nature”; which, in turn, makes it possible for his or her first evaluations to be in line with what he or she believes it to be right. In this way, as the patient is exposed to different types of situations and practicing the virtues in them, he or she becomes increasingly capable of dealing with the different types of challenges that reality imposes on him. This implies in the patient gradually developing a psychic harmony between reason and emotion, that is, starting to feel, at first, an emotion that already points to the objective that his or her reason understands to be the best to be accomplished at the moment²⁵.

- Minimum number of sessions:

- Two, because it is necessary to have at least one proposed home activity with subsequent debate about it (in this case, exposing the patient to situations with which he or she does not usually deal well so that he or she can practice the virtues).

- Structure

- Session 1 – Consolidation of the understanding of how to practice the virtues and elaboration of the exposure plan to challenging situations
 - Presentation of the theory of how to practice the virtues and other relevant notions;
 - Together with the patient, elaboration of a list of challenging situations that will serve for the patient's

exposure and self-assessment until the next session;

- Presentation of the homework activity, which refers precisely to the practice; of virtues in the challenging situations listed during the session, as well as the completion of the part of the didactic material that refers to the evaluation of the exposure experiment.

- Session 2 – Joint analysis of the experience of exposure to challenging situations (this session is repeated until the patient demonstrates that he or she has reached requirements related to overcoming the stage 2)

- General reflection on the experience of exposure to challenging situations;

- Detailed evaluation of each of the expositions, taking into account the consequences produced with the practice or not of virtues;

- If it is considered that there is a need for the patient to continue at this stage, a new similar home activity must be presented.

- Applied techniques:

- Extraction of dilemmas from situations experienced by the patient to teach them to reason in line with their values and with a view to consequences, which involves assessing how much they want each of at least two different outcomes coming from two options for action, and what are the chances of success in producing each of them⁵⁹ (see note 18);
- Teaching emotion regulation strategies that help the patient to be able to make assessments about which emotion (if any) is the most appropriate to be experienced in a given context;

- Patient exposure to situations in which he or she has difficulty in practicing virtues⁶⁰;
- Through Socratic questioning and guided discovery, joint analysis of homework exposure situations to:
 - a) verify the occurrence of emotions (including emotions of results) and evaluations appropriate to the contexts; and
 - b) assess the actions and consequences produced (see note 19). Both cases involve debating whether it would be appropriate to regret or feel happiness from the analysis of the results produced, as well as debating about alternative courses of action, especially if the result produced was considered bad (see note 20).
- Stage overcome when:
 - The patient demonstrates that he or she has learned to practice the virtues in his or her daily life (including useful curiosity, the patient realizes that he or she does not have enough knowledge) and to analyze the result of his or her actions;
 - The patient demonstrates an improvement in his or her pattern of manifestation in everyday life, managing to produce objectively good results, which he or she can feel proud of having produced from thoughtful choices based on knowledge that reflects reality reasonably well.

Stage 3) Elaboration of a happy life project

As we said, our self-conscious questioning nature makes us want to know why we exist, and that greater happiness can be experienced when we realize that we are succeeding in fulfilling the mission we believe we have²⁵. The discovery of a mission that the person really sees purpose in fulfilling depends on a high reflective effort, especially with regard to personal interests, skills (i.e., specific virtues) and problems of the world. As a suggestion, we see that it is possible for a person to find his or her life mission through a reflexive effort to answer at least three questions^{1,13,46}:

- 1) What would you agree to do for free for the rest of your life?
- 2) In this task, you would be employing your best qualities (i.e., virtues)?
- 3) Does the world need what you're willing to deliver? In other words, can what you will be delivering make the world, to some extent, a better place?

The discovery of a life mission is the first step towards the elaboration of a project to live a life permeated by happiness of a more intense type and with a high level of frequency. The second is to organize a personal hierarchy of desires that put them at the service of fulfilling this mission, so that the patient has an orientation that helps him or her to deal with the countless dilemmas that life will impose on him or her without losing the direction of what the patient desires most. The way we suggest for this is to use the structure of desires that we propose to fit, according to the patient's moment of life, the hierarchy of his desires. In this sense, there would be the maintenance of happiness as a major fixed goal, but contemplating in it the happiness that comes from the achievement of goals that represent the accomplishment, at some level, of a life mission. In the same way, rationality would also remain fixed, but also contemplating using it especially in favor of moderating other desires in order to promote consequences linked to the accomplishment of such a mission (which includes the experience of more intense happiness). Furthermore, in the area that corresponds "to other ancestral desires (or that derive from them)", it is up to the patient, with the help of the therapist, to reflect (in particular, considering the consequences based on their "whys") on how to organize them according to his or her moment of life; in order to increase the chances, considering a long-term time horizon, of the accomplishment of his or her mission.

- Minimum number of sessions:
 - Two, because it is necessary to have at least one proposed home activity (in this case, reflections on the life mission and elaboration of the happy life project) complemented by a subsequent debate about it.
- Structure:
 - Session 1 – Initial elaboration of the happy life project

- Presentation of the proposed structuring of desires and how it is possible to take it as a basis for the elaboration of a happy life project;
 - Presentation of the three questions that help in the reflection of the life mission;
 - Elaboration, together with the patient, of a first draft of his or her happy life project;
 - Presentation of the homework activity, which refers to filling in the part of the teaching material intended for reflection on each of the three questions and on the first draft of the happy life project; so that the patient can proceed with adjustments and additions if he or she sees the need.
 - Session 2 – Joint analysis of the patient's happy life project (this session is repeated until the patient demonstrates that he or she has reached requirements related to overcoming the stage 3)
 - General reflection on how was the process of elaborating the happy life project and what questions ended up arising during the execution of the activity;
 - Detailed joint assessment of each of the elements that constitutes the happy life project so far prepared for making final adjustments if necessary;
 - If it is considered that there is a need for the patient to continue at this stage, a new similar home activity must be presented.
 - Applied techniques:
 - Through Socratic questioning and guided discovery, joint analysis of the patient's reflections on the three questions of life mission and about the happy life project.
 - Stage overcome when:
 - The patient demonstrates that he or she has assumed a life mission for him or herself;
 - The patient managed to elaborate a happy life project.
- Stage 4) elaboration of a routine in favor of the realization of a happy life project*
- It is not enough for the patient to develop a happy life project if he or she does not develop and follow a routine capable of bringing him or her closer to the realization of this project. This routine should reflect the happy life project that the patient, with the help of the therapist, established for him, and be based on the network of "whys" he or she has, which makes it a rational routine. It is worth noting that the elaboration and execution of a routine aligned with a life project means establishing priority activities on a daily basis, considering the need to dedicate efforts over time, which increases the chances of accomplishing a mission of life. And it is also worth noting that as the patient follows a routine consistently, he or she cultivates the moral virtue of moderation, since following a specific plan brings us into conflict with other "strange" desires that arise in our mind throughout the day, which requires us, with reasonable frequency, to evaluate whether the best thing for a moment is to dedicate ourselves to the programmed activity or to do something else; and also, if the best for the day or period of days is to follow the routine as a whole or not (we can consciously choose to travel and take a break from the routine, for example).
- Finally, it is worth noting that: 1) excessive rigor in following a routine represents the practice of the vice of rigidity: denotes failure to reflect based on what is known about the consequences that another course of action may generate (for example, a course of action that has to do with unscheduled relaxation in routine, which can help us "catch our breath" to return more forcefully to the established routine); and 2) the routine may undergo constant re-elaboration, which may reflect a change in the life mission he or she believes he has, as well as advances in the patient's knowledge about what works or not for his or her case (such changes may denote the practice of the virtue of useful curiosity).

- Minimum number of sessions:
 - Two, because it is necessary to have at least one proposed home activity (in this case, the initial elaboration of a routine in favor of the realization of a happy life project) with a subsequent debate about it.
- Structure:
 - Session 1 – Initial elaboration of a routine in favor of the realization of a happy life project
 - Presentation of the routine model for the realization of happy life projects;
 - Elaboration together with the patient of a first draft of a routine in favor of his project of a happy life, especially taking into account the current routine of the patient, his preferences (among other details), which involves reflecting together on the reason for each routine item has been included in the outline, and how the items relate to the whole of his or her project of a happy life;
 - Presentation of the homework activity, which refers to completing the part of the didactic material intended for reflection on the routine draft prepared during the session, as well as its practice and evaluation of the experience; in order to proceed with adjustments or complements if the patient sees the need.
 - Session 2 – Joint analysis of the patient's routine in favor of the project of a happy life (this session is repeated until the patient demonstrates that he or she has reached requirements related to overcoming the stage 4)
 - General reflection on how was the process of execution and elaboration of the happy life project routine and what consequences were observed (which includes realizing if happiness of the most intense type was experienced more frequently);
 - Detailed joint assessment of each of the elements that constitutes the elaborated routine, especially if changes have been made between sessions;
 - If it is considered that there is a need for the patient to continue at this stage, a new similar home activity must be presented; otherwise, proceed with the discharge of the patient.
- Applied techniques:
 - Through Socratic questioning and guided discovery, joint analysis about a routine in favor of a happy life project and the consequences experienced with the practice of an elaborated routine.
- Stage overcome when:
 - The patient managed to elaborate and execute a routine in favor of his or her happy life project.

Conclusion

As it was possible to perceive in the introduction of this work, we do not hesitate to point out inadequacies in the “whole” of the psychological theories on which the therapeutic approaches are based. In addition to being necessary for the question of justifying a new therapy, we see that pointing out problems in systems of ideas is important for another reason: we understand that in spatial terms the world of ideas, which includes ideas of “how”, is not infinite (after all, there is no infinite space in people’s minds, to accommodate different theories); so it is necessary to destroy some systems of ideas so that others can take their place. But we see that it is not enough to just destroy systems of ideas (and systems of ideas of “how”), because if the enterprise is successful, there is a void, and between a system of ideas that does not

reflect reality so well and a void, the first is better. However, avoiding emptiness and not being satisfied with the current state of things, we decided to offer a new therapeutic “how”, the HFT, which we believe to be capable of offering superior results, as we understand that the theoretical foundation on which it is built reflects reality better than current psychological theories (assuming that reality tends to reward with better results worldviews that better reflect it)

Although the HFT is based on original concepts, and mainly an original “whole”, it recognizes that there are many truths in the parts of other “wholes”, and with that it seeks to rely on many writings from the field of clinical psychology, with emphasis on the CBT (which offers valuable principles used in building the fundamental structure of the HFT) and Positive Psychology (which provides the driving force for the construction of the HFT, which is the intent to help the patient experience a specific well-being with high frequency).

The present work, as the title implies, is just the introduction of a new “therapeutic how”, a new

theory of psychotherapy focused on what is special about us humans: the ability to explain reality and act on the basis of explanations, and having in mind, ultimately, the experience of happiness. Therefore, this work represents just the first step of many that are necessary for a possible consolidation of the HFT, such as: a) the elaboration of more specific intervention protocols in order to provide more specific knowledge and homework tasks (and with that provide greater effectiveness in dealing with the types of demands brought by the patient, and those that arise during the therapy); and, most importantly, 2) verification of the effectiveness of this therapy (especially in comparison with the ones we have available) in the sense of not only providing a way out of a condition of psychopathology but the experience of happiness more frequently. After all, if the HFT proves to be an ineffective “how” or not superior to the existing ones, it is better to continue with what works best, rather than adopting a new one that does not actually bring advances.

References

1. Osmo, F., Borri, M. M., Falcão, M. True happiness as a shortcut to mental health: A new theory of psychopathology and psychotherapy based on Aristotle's ethics and evolutionary science. In K. Fukao (Ed.), *Counseling and therapy: Recent developments in theories and concepts*. London: Intechopen, 2022.
2. Anscombe, G. E. M. Must one obey one's conscience? In: M. Geach & L. Gormally (Eds.), *Human life, action and ethics: Essays by G. E. M. Anscombe*. Exeter: Imprint Academic, 2005. (pp. 243- 247).
3. Pinker, S. *O Novo Iluminismo: em defesa da razão, da ciência e do humanismo*. Companhia das Letras, 2018. (pp. 452, 455).
4. Pinker, S. *Como a mente funciona* (L. T. Motta, Trans.). São Paulo: Companhia das Letras, 2001. (pp. 34, 49, 68, 69, 73, 189, 239, p. 279, p. 358, 504-507).
5. Osmo, F. Basic Evaluation Process and some Associated Phenomena, Such as Emotions and Reactive Defense of Beliefs. *Integrative Psychological and Behavioral Science*. 2021: 1-30.
6. Seligman, M. E. *Authentic happiness: Using the new positive psychology to realize your potential for lasting fulfillment*. Simon and Schuster, 2002. (pp. 12, 22, 25, 56, 359).
7. Mill, S. *Sobre a liberdade e A sujeição das mulheres*. (P. Geiger, Trans.). São Paulo: Companhia das Letras, 2017. (p. 108-109).
8. Nussbaum, M. C. *The therapy of desire: Theory and practice in Hellenistic ethics*. Princeton: Princeton University Press, 1994. (pp. 24-26, 109, 114, 237, 353, 354, 399, 502).
9. Fowers, B. J. From continence to virtue: Recovering goodness, character unity, and character types for positive psychology. *Theory & Psychology*. 2008; 18(5): 629–53.
10. Kristjánsson, K. *Virtues and vices in positive psychology*. Cambridge University Press, 2013. (pp. 5, 199)
11. Schwartz, B. & Sharpe, K. E. Practical wisdom: Aristotle meets positive psychology. *Journal of Happiness Studies*. 2006; 7(3): 377–95
12. Sugarman, J. Practical rationality and the questionable promise of positive psychology. *Journal of Humanistic Psychology*. 2007; 47(2): 175–97.
13. Seligman, M. E. P. *Flourish: A visionary new understanding of happiness and well-being*. New York: Free Press, 2011. (pp. 77, 215).
14. Gruda, M. P. P. Breves considerações, comentários e ideias acerca de uma Psicologia Social Crítica. *Pesquisas e Práticas Psicossociais*. 2016; 11(2): 514-526.
15. Fowers, B. J. An Aristotelian framework for the human good. *Journal of Theoretical and Philosophical Psychology*. 2012; 32: 10-23.
16. Lipman, M. *A filosofia vai à escola* (M. E. de B. Prestes & L. M. S. Kremer, Trans.). São Paulo: Summus, 1990. (pp. 20, 69, 168).
17. Beck, J.S. Cognitive Therapy. In *The Corsini Encyclopedia of Psychology*. (eds I.B. Weiner and W.E. Craighead). 2010. <https://doi.org/10.1002/9780470479216.corpsy0198>
18. Darwin, C. *On the origin of species*. London: CRW Publishing Limited, 2004. (p. 525).
19. Foot, P. *Natural goodness*. Oxford, England: Oxford University Press, 2001. (p. 15,16, 24, 32).
20. Fowers, B. J. *The Evolution of ethics: Human sociality and the emergence of ethical mindedness*. London: Palgrave Macmillan, 2015. (pp. 6, 7, 18, 30-37, 228, 246, 256).
21. Aquino, T. *Onze lições sobre a virtude: comentário ao segundo livro da ética de Aristóteles* (E. Tondinelli, Tans). Campinas: Ecclesiae, 2014. (p.54-55).
22. Gopnik, A. Explanation as orgasm and the drive for causal knowledge: The function, evolution, and phenomenology of the theory formation system. In F. C. Keil and R. A. Wilson (Eds.), *Explanation and Cognition*. Cambridge: MIT Press, 2000. (p. 312).
23. Lazarus, R. S. Thoughts on the relations between emotion and cognition. *American Psychologist*. 2982; 37(9): 1019.
24. Oatley, K., & Johnson-Laird, P. N. Cognitive approaches to emotions. *Trends in Cognitive Sciences*. 2014; 18(3): 134-140.
25. Osmo, F., Borri, M. M. *Educação das virtudes através dos mitos gregos: Ajude nossas crianças e jovens a realizarem seu potencial racional*. Salvador: Escola das Virtudes, 2021. (pp. 21-22, 56, 59, 61, 111-112, 125-126, 126, 127, 131-132, 154-156, 158-161, 178-180, 184-188, 191-192, 192-195, 199-201, 202, 203, 204-205, 205-206, 208-209, 212-213, 230-232, 257

26. Frankl, V. E. *Em busca de sentido: Um psicólogo no campo de concentração* (W. O. Schlupp & C. C. Aveline, Trans.). São Leopoldo: Sinodal, 1987. (pp. 88-99, 139).
27. Penn, D. C., Holyoak, K. J., & Povinelli, D. J. Darwin's mistake: Explaining the discontinuity between human and nonhuman minds. *Behavioral and Brain Sciences*. 2008; 31(2): 109-130.
28. Povinelli, D. *Folk physics for apes: The chimpanzee's theory of how the world works*. Oxford University Press, 2000. (p. 299).
29. Povinelli, D. J., & Dunphy-Lelii, S. Do chimpanzees seek explanations? Preliminary comparative investigations. *Canadian Journal of Experimental Psychology/Revue Canadienne de Psychologie Expérimentale*. 2001; 55(2): 185-193.
30. Boyle, M. Essentially rational animals. In G. Abel and J. Conant (Eds.), *Rethinking Epistemology*. Berlin: de Gruyter, 2012.
31. Aristóteles. *Ética a Nicômaco* (E. Bini, Trans.). São Paulo: Edipro, 2018. (097a29-1097b1, 1098b30-1099a8, 1099b34-1100a5, 1100b6-13, 1106b36-1107a6, 1115b10-14, 1123a32-1123b31, 1138b35-1140b20, 1141a8-19, 1143a1-b1, 1145a5-8, 1151b20-1153b19, 1167b16-1168a19, 1176a1-4).
32. Aristóteles. *Ética a Eudemo* (E. Bini, Trans.). Edipro, 2015. (Book III).
33. Stichter, M. The role of motivation and wisdom in virtues as skills. In: J. Annas, D. Narvaez, & N. E. Snow (Eds.) *Developing the virtues: integrating perspectives*. Oxford University Press, New York, 2016. (p. 204–223).
34. Davison, G. C. Systematic desensitization as a counterconditioning process. *Journal of Abnormal Psychology*. 1968; 73(2): 91–99.
35. MacIntyre, A. *Dependent rational animals: Why human beings need the virtues*. Chicago: Open Court, 1990. (pp. 26-27, 52).
36. Hutchinson, D. S. *Ética*. In J. Barnes (Org.), *Aristóteles* (R.H.P. Machado, Trans.). Aparecida: Ideias & Letras, 2009. (p.276).
37. Marco Aurélio. *Meditações* (A. Pires Vieira, Trans.). São Paulo: Montecristo Editora, 2019. (3.6).
38. Jimenez, M. Aristotle on “steering the young by pleasure and pain”. *The Journal of Speculative Philosophy*. 2015; 29(2): 137-164.
39. Sherman, N. *The fabric of character: Aristotle's theory of virtue*. New York: Oxford University Press, 1989. (p. 191).
40. Seneca, L. A. *Da tranquilidade da alma; Da vida retirada; Da Felicidade* (L. S. Rebello & E. I. N. Vranas, Trans.). Porto Alegre: L&PM, 2012. (p. 53).
41. Herdt, J. A. Guilt and shame in the development of virtue. In J. Annas, D. Narvaez, & N. E. Snow (Eds.), *Developing the virtues: integrating perspectives*. New York: Oxford University Press, 2016. (pp. 224-234).
42. Kuppens, P., & Van Mechelen, I. Interactional appraisal models for the anger appraisals of threatened self-esteem, other-blame, and frustration. *Cognition and Emotion*. 2007; 21(1): 56-77.
43. MacIntyre, A. *Depois da virtude: Um estudo em teoria moral*. Bauru: EDUSC, 2001. (p. 99-100)
44. Séneca, L. A. *Cartas a Lucílio* (J. A. Segurado e Campos, Trans.). Lisboa: Fundação Calouste Gulbenkian, 1991. (letter 34).
45. Kristjánsson, K. Flourishing as the aim of education: Towards an extended, “enchanted” Aristotelian account. *Oxford Review of Education*. 2016; 42(6): 707-720.
46. Damon, W. *The path to purpose: How young people find their calling in life*. London: Free Press, 2008. (pp. 43, 49, 91).
47. Maslow, A. H. *Motivation and personality*. New York: Harper & Row, 1954. (pp. 35-58, 46, 198).
48. Cosmides, L., & Tooby, J. Evolutionary psychology: A primer. *Center for Evolutionary Psychology*. Santa Barbara: University of California, 1997. <http://cogweb.ucla.edu/EP/EP-primer.html>
49. Gilbert, P., & Allan, S. The role of defeat and entrapment (arrested flight) in depression: an exploration of an evolutionary view. *Psychological medicine*. 1998; 28(3): 585-598.
50. Seligman, M. E. P. Learned helplessness. *Annual review of medicine*. 1972; 23(1): 407-412.
51. Abramson, L. Y., Metalsky, G. I. & Alloy, L. B. Hopelessness: a theory-based subtype of depression. *Psychological Review*. 1989; 96: 358–372.

52. Kübler-Ross E, Kessler D. *On grief & grieving: finding the meaning of grief through the five stages of loss*. New York: Scribner 2014. (chapter 1)
53. Lee, S. A., & Gibbons, J. A. The Dark Triad and compassion: Psychopathy and narcissism's unique connections to observed suffering. *Personality and Individual Differences*. 2017; 116: 336-342.
54. Cloninger, C. R. A systematic method for clinical description and classification of personality variants: A proposal. *Archives of general psychiatry*. 1987; 44(6): 573-588.
55. Séneca, L. A. *Cartas a Lucílio* (J. A. Segurado e Campos, Trans.). Lisboa: Fundação Calouste Gulbenkian, 1991. (letter 85; letter 12).
56. Hollon, S. D., DeRubeis, R. J., Shelton, R. C., Amsterdam, J. D., Salomon, R. M., O'Reardon, J. P., et al. Prevention of relapse following cognitive therapy versus medications on moderate to severe depression. *Archives of General Psychiatry*. 2005; 62: 417–422.
57. Beck, J. S. *Terapia cognitiva: teoria e prática* (Trans. S. Costa). Porto Alegre: Artmed, 2007. (pp. 20-24, 252).
58. Fowers, B. J. *Virtue and psychology: Pursuing excellence in ordinary practices*. Washington, DC: American Psychological Association, 2005. (p. 16).
59. Pinker, S. *Rationality: What it is, why it seems scarce, why it matters*. New York, NY: Viking, 2021. (pp. 151-161).
60. Marks, I. Exposure Therapy for Phobias and Obsessive-Compulsive Disorders. *Hospital Practice*. 1979; 14:2: 101-108. DOI: 10.1080/21548331.1979.1170748

Notes

1. "In the distant future I see open fields for far more important researches. Psychology will be based on a new foundation, that of the necessary acquirement of each mental power and capacity by gradation".
2. There is, here, the establishment of a psychic harmony based on knowledge that reflects reality well.
3. This has to do with the psychotherapeutic procedure known as systematic desensitization³⁴, which we understand to be not only able to provide an objective cessation of feeling inappropriate emotions (such as being afraid of cockroaches), but also a cessation of feeling an emotion at an excessive intensity, even if it is adequate for the type of context that presents itself (for example, it is reasonable, in objective terms, for a person to be afraid to walk alone in a neighborhood considered not very safe, but not to be terrified)³¹.
4. More precisely, Osimo & Borri²⁶ understand this process as being of the bottom-up/top-down type, that is, that specific virtues make the basic ones grow, which, in turn, influence the growth of specific virtues.
5. As suggested by Seneca⁴¹: "We must behave in such a way that, in our own ills, we give to pain only what nature asks for".
6. A person who feels joy at the loss of a friend in a game, in which they are competing, or who evaluates a difficulty a friend is going through as a good thing (because it can help him or she grow with the experience), could hardly be considered a psychopath. As we said, psychopathy has to do with the chronic experience of joy or indifference in contexts in which a friend is perceived to be in a situation of difficulty, and not with occasional joy or indifference in a context of this type.
7. Based on this notion, it might be a good idea to divide the Diagnostic and Statistical Manual of Mental Disorders (DSM) into seven large dimensions, related to the 7 basic emotions that we suggest exist, in order to consider the chronic excess and lack in each of them as being psychopathologies, which is equivalent to vices; and that, in general, it represents recurrent failures to act in the peculiar human way, according to Aristotelian philosophy.
8. Which in essence refers to accomplishing goals towards which our desires point.
9. It is worth noting that, from our perspective, rational heuristics are built with the practice of virtues, because it is through their practice that we are able to evaluate things based on our most current knowledge.
10. Pinker¹¹⁸ explains that men do not care about status and wealth in women, only about youthful beauty (which indicates greater potential to generate healthy children over time). Women, in turn, care about status and wealth, because they are indicative that the man is able to take care of her and the children properly (but they also care about beauty, although not necessarily jovial, because it is an indication of health). However, we cannot deny the fact that rich and famous women have an easier time having sex and having a romantic partner. We suppose that in many cases this must be due to the man, initially, seeing this woman as a bridge to achieve status and wealth for himself.
11. We consider it important for the patient to have at hand a kind of "HFT patient book" to be used on some occasions together with the therapist and for homework.
12. Note that context-appropriate emotions of result denote the presence of a well-developed intellectual virtue of discernment, at least with regard to the last stage of the basic evaluation process.
13. Here we have an example of what we said: that the major objectives of a previous stage can be revisited, in the form of secondary ones, because they serve as a basis for the realization of the major objective of the current stage.
14. Whether it should be an emotion different from the one experienced; whether it should be some emotion when none have been experienced; or even if no emotion should be experienced, because the situation, in the person's understanding, is neutral.
15. This step, in essence, refers to the patient learning to elaborate and put into practice self-rules related to the moral virtues, so that he or she can learn to practice the intellectual virtues.
16. Whether it should be an emotion different from the one experienced; whether it should be some emotion when none have been experienced; or even if no emotion should be experienced, because the situation, in the person's understanding, is neutral.
17. And, in both cases, learning from mistakes and successes, which results in the expansion of wisdom.

18. This technique is based on rational choice theory, which is dedicated to understanding what lies behind the type of reasoning that characterizes it as rational. Pinker⁴ shows an example of this understanding in an everyday situation: "I'm in a convenience store and don't remember whether there's milk in the fridge; should I buy a quart? I suspect I'm out, and if that's the case and I forgo the purchase, I'll be really annoyed at having to eat my cereal dry tomorrow morning. On the other hand if there is milk at home and I do buy more, the worst that can happen is that it will spoil, but that's unlikely, and even if it does, I'll only be out a couple of bucks. So all in all I'm better off buying it."
19. Such an assessment can take place through a reflective effort to answer the following questions for each situation: "what did the patient propose to do?", "what did he really do?", and "what was the result?" (what really happened).
20. It is worth mentioning that such analyzes are carried out with the sum of the knowledge of the patient and the therapist, but when the patient is no longer in therapy, this analysis is done by him or herself, based on the knowledge he or she has so far.