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Philosophical Counselling and the Reconfiguration of the Self: Conceptual Clarification and Normative Tension

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Abstract

This article[**] examines philosophical counselling as a reflective practice situated at the intersection of practical philosophy, Socratic dialogue, and contemporary non-clinical helping professions, focusing on its capacity to clarify the concepts, values, and normative presuppositions that structure human suffering. Starting from the thesis that many contemporary forms of distress arise less from the absence of values than from their rigid internalization as agencies of self-judgment and total self-control, the text explores how philosophical counselling operates in the intermediate zone between pathology and everyday existential tension, where difficulties are configured as conflicts between internalized ideals and finite conditions of life. Methodologically, the article combines three materials—a critical framework concerning Positive Psychotherapy, a case conceptualization within positive psychology, and a case study centered on philosophical counselling and the use of questioning as an instrument of moral and existential clarification—and reconstructs them within an integrative model that articulates analytic-experiential, logical-dialectical, and monocultural–critical-pluralist axes. Through this reconstruction, I argue that philosophical counselling can function as a critical complement to positive psychology, maintaining vigilance toward the risks of normative rigidification while offering a space in which ideals, evaluative criteria, and cultural language games may be interrogated, so that a less tyrannical and more lucid relation to self, finitude, and plural forms of life becomes possible.

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Introduction

Philosophical counselling may be interpreted, within the broader framework of contemporary reflective practices, as a form of assisted inquiry through which the subject is invited to examine the concepts, values, and normative presuppositions that structure not only the way in which they describe their difficulties, but also the way in which these difficulties acquire existential, affective, and moral consistency. Human experience cannot be adequately understood through a mere inventory of symptoms or through a taxonomy of dysfunctions; it presupposes an analysis of the forms of self-interpretation that confer intelligibility upon it. In an age in which the subject is increasingly encouraged to evaluate themselves through indicators of efficiency, adaptability, and performance, such a practice becomes relevant precisely because it brings back to the foreground the question of the criteria by which life is considered successful, bearable, or worthy of being lived, and this question cannot be treated adequately without examining the vocabulary of values that sustains it and the images of the self that it projects (Amir, 2014).

Such a shift of emphasis should not be understood as a challenge to the relevance of psychological or psychotherapeutic approaches, but rather as their critical complement from a perspective that refuses to reduce the human being to the register of reaction, deficit, or immediate functionality. There are, undoubtedly, forms of suffering that require specialized clinical or psychotherapeutic interventions; yet there are also situations in which the difficulty is not primarily constituted as pathology, but as a tension between internalized ideals and the actual conditions of existence, between the normative image of the self and the constitutive limit of finite life, between aspirations formulated in the register of "everything" and the finite resources of an embodied subject. It is precisely in this intermediate zone, where the problem is not necessarily illness, but the form in which a person understands duty, value, and limits, that philosophical counselling reveals its strength, since it can work on the mode of interpreting experience, not only on its immediate content, and can intervene in the way lived situations are conceptually and axiologically organized, instead of limiting itself to symptomatic alleviation.

In the present article, I seek to develop an analysis of philosophical counselling by bringing together three thematic nuclei: a critical framework concerning *Positive Psychotherapy*, a case-conceptualization material within the paradigm of positive psychology, and a case study explicitly centered on

philosophical counselling and on the use of questioning as an instrument of moral and existential clarification. To these I add, in a transversal manner, the integration of several recent theoretical contributions concerning contradictions in philosophical counselling, cultural pluralism, and experiential philosophical practices (Ramharter & Romizi, 2015; Gruengard, 2015; Barrientos-Rastrojo, 2015). These texts are brought together not as merely juxtaposed pieces, but as variations on a meditation on the way suffering takes shape where ideals become too rigid to be lived, on the way certain models of rationality are put to work in counselling, and on the way culture and language influence what is considered a "problem."

The general thesis of the article is that the specificity and, at the same time, the relevance of philosophical counselling lie in its capacity to operate where existential tension is articulated around conceptual confusions or normative absolutizations that transform concrete life into a space of permanent guilt. This shift becomes all the more necessary because many forms of contemporary suffering are not generated by the absence of values, but by the excessive way in which they are internalized and transformed into agencies of self-judgment and total self-control. In this light, philosophical counselling appears neither as a substitute for other helping practices nor as a luxury reserved for a culturally privileged minority, but as the place where values, ideals, and evaluative criteria can be brought into discussion to the point at which a more acceptable relation to the self becomes possible: less tyrannical, more faithful to the finite human condition, and nevertheless sensitive to the plurality of forms of life and to cultural differences (Gruengard, 2015).

Philosophical Counselling and the Tradition of Practical Philosophy

The difficulty of defining philosophical counselling in a strictly univocal manner is not accidental; rather, it expresses the richness and heterogeneity of the field in which it is situated. Philosophical counselling stands at the intersection of practical philosophy, Socratic dialogue, applied ethics, existential hermeneutics, reflection on the good life and, in some contemporary forms, non-clinical practices oriented toward meaning, decision, and clarification, as well as educational, organizational, or community experiments in which philosophy is practiced outside the academy (Amir & Fatić, 2015). This plurality of genealogies and stakes explains why philosophical counselling cannot be reduced to a single methodological formula or to one type of competence, but must be understood as a space of convergence among different traditions of questioning life, each of them bringing to the foreground another dimension of the relation between thought, value, and existence: from the Socratic "examined life," through Stoic spiritual

exercises and meditations on death, to modern forms of critical reflection on institutions, identity, and vulnerability.

This orientation brings philosophical counselling structurally close to the great traditions of philosophy understood not only as theoretical exercise, but also as a practice of self-formation. Philosophy, in its practical sense, appears not only as a discourse on truth or the good, but also as the exercise of a life oriented by conceptual distinctions and forms of inner discipline, whether one has in mind the Socratic figure of the examined life, the Stoic ideal of discernment between what depends on us and what does not, ancient spiritual exercises, meditative practices from non-Western traditions, or modern forms of critical reflection on everyday existence (Hadot, 1995). In all these variants, philosophy ceases to be merely a discipline of concepts and becomes a technique of self-clarification, a pedagogy of fine distinctions, and a form of exercising lucidity in relation to what the human being can control, can transform, or must accept, within a framework in which care of the self and inquiry into the human condition cannot be separated.

In this framework, the role of the philosophical question acquires first-order methodological and existential importance. The question does not merely seek to obtain information or to produce rhetorical effects, but to disarticulate the automatisms through which the subject relates to themselves and to their situations. To ask what it means, for instance, "to be a good professional," "to be strong," "to succeed," "to love," "to be present," or "to be responsible" is not equivalent to a simple lexical clarification; it touches the normative core of life, because it brings to light the criteria by which the person judges, justifies, accuses, or blocks themselves. Philosophical inquiry has, in this sense, a function of de-stratifying false evidences: it obliges the subject to see that many of their most oppressive certainties are not brute truths, but sedimented interpretations, repeated until they have hardened and present in everyday language in the form of normative clichés ("you must always be there," "a true professional is not affected," "if you had really wanted it, you would have succeeded").

An important consequence of such a position is that human suffering may appear, in many cases, not only as the effect of painful events, but also as the product of an inadequate conceptual organization. Two persons may go through comparable situations and nevertheless live them in radically different ways, depending on the meaning they attribute to their emotions, obligations, and limits. Where one interprets sadness as a legitimate sign of contact with human vulnerability, the other may see it as proof of weakness; where one understands the impossibility of total control as a constitutive truth of the human condition, the other may feel it as a personal failure or as a character defect. From this follows a fact essential to the entire article: the problem is not only what happens, but also how what happens is understood, and this difference of interpretation can transform an ordinary difficulty into an existential crisis or, conversely, can make room for a

calmer and more adequate relation to limitation, in which suffering is no longer automatically transformed into guilt.

At the same time, philosophical counselling is also defined by the prudence with which it must manage its own object. On the one hand, it risks being absorbed by a clinical language that transforms every existential tension into a matter of symptom and regulation; on the other hand, at the opposite extreme, it may fall into excessive intellectualization, in which affective life and the biographical density of experience are flattened in favor of conceptual clarity. For this reason, the major methodological difficulty of philosophical counselling consists in holding together, without confusing them, normative analysis and the recognition of lived experience, reflection and experience, conceptual distinction and concrete vulnerability, so that clarity does not kill the density of life and proximity to experience does not compromise conceptual rigor. This tension runs through the entire field of contemporary philosophical practices and explains, to a significant extent, the divergences among models that emphasize, sometimes unilaterally, either logical coherence and the examination of "first principles," or the narrative, embodied, and situational character of counselling (Mijuskovic, 1995, pp. 85-99; Achenbach, 2010, pp. 5-10).

Positive Psychotherapy as a Term of Comparison and Critical Corrective

The integration, within the economy of the present article, of a critical framework concerning *Positive Psychotherapy* does not aim to shift interest from philosophy to psychotherapy, but to offer a theoretical counterpoint that makes the specificity of philosophical counselling more visible. As a development of the broader paradigm of positive psychology, *Positive Psychotherapy* is defined by a significant shift of emphasis: instead of focusing exclusively on symptoms, deficits, and pathology, it attempts to place resources, strengths, virtues, and the conditions of a flourishing life at the center, thereby presupposing a reevaluation of the relation between suffering and potential, between vulnerability and the capacity to construct meaning (Rashid, 2015; Rashid & Seligman, 2018). To the extent that this shift moves the accent from deficit to resource, it represents an important correction of an exclusively compensatory psychology; yet precisely through this move, a critical dialogue with philosophical counselling becomes necessary, because wellbeing cannot be adequately understood without interrogating the framework of values that makes it possible and, at the same time, vulnerable to rigidification.

This emphasis is also relevant to philosophical counselling insofar as both fields share the conviction that the human being is not defined only by lacks, but also by possibilities. From this follows the need to bring to light both what sustains life and the capacity to flourish, and what, starting from good intentions, can

transform resources into burdens. The difference between them nevertheless remains significant: while *Positive Psychotherapy* frequently works with empirically operationalizable constructs, such as wellbeing, PERMA, "signature strengths," or clinically validated interventions, philosophical counselling concentrates on the normative and existential questions through which the subject constitutes their relation to themselves, to the other, and to the world, as well as on the conceptual distinctions that make a certain way of using resources liberating or, on the contrary, oppressive (Seligman, 2011, pp. 10-25; Peterson & Seligman, 2004, pp. 3-12).

Yet precisely this difference does not exclude a fertile dialogue. On the contrary, the criticisms addressed to positive psychology are instructive for philosophical counselling as well, insofar as they draw attention to the danger of transforming any helping practice into a normative device that discreetly prescribes an already established form of the successful life. For this reason, philosophical counselling must remain vigilant toward its own temptations of normalization (Held, 2004; Christopher & Hickinbottom, 2008). When a vocabulary of resources, strengths, and personal development becomes too rigid, it can reproduce the very pressure it intended to mitigate. Philosophical reflection therefore has the role of restoring the flexibility and plurality of forms of life and of interrogating the criteria by which certain traits are declared "strengths" or "virtues," while others are marginalized.

The relation between the two domains is therefore more adequately described in terms of critical complementarity: *Positive Psychotherapy* can offer useful instruments for identifying and activating resources, while philosophical counselling can interrogate the conceptual framework that causes a resource to become oppressive, a value to become tyrannical, and an ideal to become a source of self-aggression. Instead of functioning as two competing registers, they can be understood as two different ways of contributing to the same general task: that of making life more intelligible and less exposed to the pressure of criteria of success formulated without attention to finitude and to the diversity of human situations (Donaldson et al., 2015; Bolier et al., 2013).

Methodology: From Raw Material to Theoretical Construction and the Articulation of the Experiential Level

The combination of the three materials used in this article presupposes, methodologically speaking, more than a simple coherent organization of heterogeneous sources; it requires a conceptual reconstruction through which descriptive, clinical, and dialogical elements are brought into a common horizon of interpretation. What interests me here is not fidelity to the anecdotal detail of each case, but the capacity to grasp, through these cases, recognizable forms of

contemporary normative suffering: suffering produced by the absolutization of ideals, by the hyperbolization of responsibility, and by the impossibility of assuming finitude without feeling it as guilt or defect; the suffering of a consciousness caught between high aspirations and limited resources, but also between therapeutic discourses that sometimes repeat, in new codes, the same logic of performance. In order to reach this stake, the disparate materials must be converted into a unitary framework of reading, in which each particular example is treated not as a dispensable illustration of a preexisting theory, but as a place where general tensions of contemporary subjectivity are condensed, tensions that require philosophical thematization in their own terms.

For this reason, the elimination of proper names and identifying elements is not merely a gesture of ethical discretion, but also one of rigorously assumed epistemic purification. As long as the objective is not to narrate individual destinies in their chronological flow, but to articulate a philosophical reflection on structures of experience that can appear, in different forms, in multiple biographies, empirical singularity must be translated into a form sufficiently general to allow conceptual analysis without losing the contours that make visible what is at stake for the subject. This translation does not cancel the living density of the cases and does not "thin" them into an abstract schema; rather, it offers them a form in which they can be compared, differentiated, and integrated into a broader argument capable of going beyond particularity without falsifying it. What is required, in this sense, is not a neutralization of the biographical, but its reconfiguration in the form of a "figure of life" in which a recurrent ethical and existential tension can be recognized.

The hermeneutic operation involved here can be described, in a first approximation, through three distinct but profoundly complementary moments. First, the analytical description of situations, necessary in order to grasp their phenomenological and normative configuration: who is involved, what roles intersect, what affects appear, what language the person uses when describing themselves and others, and what images of success and failure organize the story they tell themselves. Second, the translation of these configurations into philosophical language, that is, the identification of the concepts and presuppositions that organize the subject's experience—conceptions of responsibility, success, limits, duty, and freedom—and their connection with broader conceptual traditions that can illuminate or problematize them. Finally, the transversal comparison of the cases, through which it becomes possible to identify a common pattern susceptible to theoretical generalization without losing sight of differences; this permits not a mechanical typology of "profiles," but a map of recurrent normative tensions within which each case can be situated.

These moments, however, should not be seen as strictly successive stages of a rigid protocol, but as movements of the same inquiry, which passes from

description to conceptualization and then to the synthesis of a common perspective on the way suffering takes shape in relation to lived ideals, within a reflexive circuit in which returning to description is always possible in order to correct hasty abstractions. In a fourth moment, equally important and often neglected, reflection is required on the way language itself contributes to configuring the problem. Terms such as "responsibility," "limit," "excellence," "balance," "presence," or "fulfillment" are not simple neutral descriptive labels, but normatively charged concepts whose historical, cultural, and affective connotations orient or, conversely, may deform the experience of the person who uses them. For this reason, philosophical analysis does not content itself with repeating the content of narratives, as if it were taking over a raw given; it subjects that content to an examination of the vocabulary through which these narratives become intelligible, because it is precisely here that it is decided whether a difficulty is understood as failure, as limit, as guilt, as injustice, or as constitutive ambivalence.

In this respect, it is useful to integrate the distinction proposed in the specialized literature between forms of philosophical practice that are predominantly analytic-pragmatic and forms that are predominantly experiential. Some approaches to philosophical practice foreground conceptual clarification, the logical testing of beliefs, the identification of implicit presuppositions, and the verification of the consistency of a set of beliefs—what has recently been called "Analytic-Pragmatic Philosophical Practice," centered on argumentative rigor, criteria of coherence, and the defusing of contradictions that undermine the lucid articulation of the relation to the self (Barrientos-Rastrojo, 2015, pp. 280-285). In parallel, other projects concentrate especially on the way the person lives certain experiences, on the transformation of the mode of being in the world, and on the modification of the existential tone that accompanies conceptual clarification; this is what we might call "Experiential Philosophical Practice," in which the emphasis falls on exercises, narrative, the reconfiguration of a horizon of meaning, and the training of new ways of perceiving and living limit-situations (Barrientos-Rastrojo, 2015, pp. 285-292).

The model aimed at in the present material cannot be reduced to one of these two poles, but aspires to their articulation. On the one hand, it is undeniable that the case studies analyzed here require rigorous conceptual work: the fact that the person feels permanently guilty for events that completely exceed their control cannot be understood without interrogating the concept of responsibility and the way it has been extended beyond its legitimate sphere; the way perfectionism blocks action cannot be thematized without an analysis of the ideal and of the confusion between excellence and impeccability. On the other hand, even the finest conceptual clarification remains ineffective if it is not connected to an actual modification of the way the person lives their own limits and their relation to their ideals. In this sense, a philosophical counselling that remained purely "analytic"

would miss precisely the transformative dimension that gives it relevance for lived life.

This method therefore has a double function: a descriptive-critical one, because it seeks fidelity to the data of experience and calls into question forms of interpretation that can transform experience into an unnecessary burden, and a formative-experiential one, because it opens the possibility for the subject to exercise other ways of relating to themselves, to their own ideals, and to their own finitude. Only by combining these two levels can a philosophical reflection be constructed that is able to make visible the deep structure of the cases, without reducing them to convenient examples and without dispersing them into generalities devoid of analytical force, but also without leaving untouched that dimension of lived experience in which what is at stake is, in fact, the possibility of a more accessible life within the same constitutive limits.

Existential Contradictions and Conceptual Contradictions: A Theoretical Framework for Philosophical Counselling

In order to understand more deeply the type of tensions that philosophical counselling seeks to address in the context of situations such as those described in the case studies, it is useful to articulate a conceptual framework that distinguishes among various forms of contradiction involved in the subject's life, without hastily unifying them into a single figure of "incoherence." Recent literature in the field has proposed, in this respect, a typology that, although it does not exhaust the complexity of concrete situations, provides a useful instrument of orientation: contradictions among affects, between values and behavior, between aspirations and capacities, and, finally, among explicitly formulated beliefs (Ramharter & Romizi, 2015, pp. 127-131). Such a division is not meant to compartmentalize inner life artificially, but to make visible the fact that not all tensions experienced as "rupture" or "disagreement with oneself" have the same structure or can receive the same type of response.

From one perspective, there are contradictions at the affective level, in which the subject simultaneously experiences incompatible emotions toward the same object or situation—love and hatred, admiration and resentment, attraction and repulsion—without this coexistence being reducible simply to an error of judgment or to a lack of logical coherence. The experience of loving and detesting someone at the same time, or of simultaneously desiring closeness and distance, belongs to what we may call the constitutive ambivalence of human affectivity; to treat it as a "contradiction" to be eliminated would mean projecting onto affective life a norm of consistency that is not proper to it. From another perspective, there are contradictions between what the person declares that they want or consider valuable and what they actually do: situations in which someone sincerely claims

to value honesty but systematically resorts to small deceptions, or in which someone states that they desire peace and the simplification of life but constantly accumulates new commitments that complicate their existence. Here, the tension appears between an explicit normative level—the declared values or intentions—and the level of concrete behavior, while habits, fears, automatisms, and social constraints intervene between them and cannot be reduced to a simple "inconsistency."

In an even deeper register, we can distinguish that form of contradiction that arises between the sphere of aspirations and that of actual capacities, at the instinctual and emotional level as well as at the cognitive and practical level: for instance, the desire to be permanently present, available, competent, and affectionate in all the important roles of life collides with the limits of time, energy, psychological endurance, and concrete relational contexts. This "tragic gap" between aspiration and realization is reducible neither to a simple conflict of values nor to a conceptual error, but concerns the way the subject constitutes for themselves a horizon of expectations that constantly exceeds the finite possibilities of a human life (Amir, 2014, pp. 219-220). Finally, at the most explicit level, we have contradictions among beliefs: situations in which a person simultaneously maintains, for example, that "you cannot control everything" and that "any negative event in the lives of those around you is, ultimately, your responsibility," or in which they affirm that "no one can be perfect" and at the same time reproach themselves for every error as though it were an intolerable moral scandal. Here, the tension is logical and semantic, and philosophical counselling finds one of its privileged tasks in identifying these incompatibilities and clarifying the presuppositions that allow them to be maintained, despite the fact that, at a minimal level of reflection, they exclude one another (Ramharter & Romizi, 2015, pp. 127-131).

Within this framework, the cases analyzed in the article concentrate especially on the zones in which contradictions between values and behavior, between aspirations and possibilities, and among beliefs overlap, producing a form of global dissonance of the self. The person who works in a medical context experiences a tension between feeling compassion—which they value—and refusing any manifestation of vulnerability for fear of compromising their efficiency; between recognizing, at the theoretical level, that there are objective limits to intervention and judging themselves as though they were the sole agent responsible for outcomes that depend on a multitude of factors. The person caught in the logic of perfectionism experiences, in turn, contradictions between the ideal of balance they declare and the way they actually organize their life, between the verbalized conviction that no one can be present everywhere and the tacit demand never to be absent from any of the roles defining their identity. In both cases, suffering derives not only from the coexistence of divergent affects or from concrete failures, but

from the architecture of a normative economy in which aspirations are formulated in a way that tacitly implies a model of omnipotence or of coherence impossible to realize.

Case Study I: Compassion, Guilt, and the Illusion of Integral Control

The first applied nucleus of my analysis concerns the situation of a person active in a highly demanding medical setting, who feels with ever more oppressive acuteness that the limit-experiences of the profession do not remain delimited by the institutional space of work, but continue to accompany them, in the form of a moral and affective burden, beyond the end of the workday. This means that the difficulty cannot be satisfactorily described in purely functional terms, since it involves the continual reactivation of a tense relation among duty, limit, and meaning. This tension does not concern only workload or exposure to suffering, but also the way the subject organizes their own professional identity, coming to confuse care with total responsibility and affective presence with the obligation to absorb the full weight of the situation, so that every death or complication is experienced as a personal blow, as proof of insufficiency, and as a kind of "betrayal" of the assumed mission.

The deep structure of the case becomes visible when one observes that the person lives under the pressure of a false but extremely powerful alternative: either they remain sensitive and thereby risk becoming vulnerable to the point of destabilization, or they remain competent and, for this reason, must aspire to a form of almost complete detachment, as though professionalism were incompatible with any form of affective participation in the suffering of the other. In reality, this opposition is constructed through an overly rigid ideal of competence, which no longer leaves room for any well-tempered sensitivity, for any ethical presence that is neither absorbed by pain nor denies it. The problem is therefore not that the person feels "too much" in relation to an abstract norm of emotional control, but that they lack a sufficiently nuanced grammar for interpreting what it means to feel well and, at the same time, to remain lucid, to be "affected" without being overwhelmed.

To be strong does not necessarily mean to be immune to suffering, just as being touched by another's suffering does not necessarily amount to the loss of discernment. This is because a certain capacity to feel the moral reality of the situation constitutes one of the conditions of an authentic practice of care, in which competence does not exclude sensitivity, but disciplines it without annulling it. In the absence of this distinction, strength is confused with a form of invulnerability, and invulnerability becomes, paradoxically, the criterion by which the quality of a profession founded precisely on the encounter with the fragility of the other is evaluated. Philosophical counselling therefore intervenes here through a

reconfiguration of the concept of strength, showing that authentic strength does not consist in the refusal of affect, but in the capacity to integrate it into a presence that remains effective without becoming insensitive, into a combination of discernment, compassion, and lucidity that cannot be reduced to the cliché of "cold professionalism."

Equally important is the problem of responsibility. The person tends to interpret unfavorable outcomes, including the patient's death, through a grid in which professional failure and moral guilt overlap, even where, at the factual level, there is no sufficient basis for such an identification. This shows that suffering is generated not only by the event itself, but also by the way it is assimilated into an economy of self-judgment. This economy of self-judgment is particularly oppressive precisely because it transforms every limit of intervention into a verdict on the person, and not only on a particular situation: if things did not go well, it means that "you did not do your job," that "you made a mistake somewhere," even where uncertainty and unpredictability are inherent. An essential step of philosophical counselling consists, at this point, in separating legitimate responsibility, which involves assumption, learning, and discernment, from phantasmatic responsibility, through which the subject attributes to themselves a power of control they do not and cannot have.

Here one of the most precious functions of philosophical counselling intervenes: that of separating, through conceptual clarification, what the person tends to confuse, since not every pain that follows a loss is guilt; not every impotence is culpability; not every limit of action can be read as moral failure. This distinction does not aim to diminish the gravity of the loss or to affectively "anesthetize" the experience, but to prevent its transformation into a mechanism of moral self-annihilation, to free a space in which pain can be lived as pain, not as permanent proof of an ontological insufficiency. To the extent that the subject manages to see that not controlling everything is not the same as being indifferent or incompetent, a space for moral breathing reopens, and professional experience can again be lived as an exercise of care, not as an uninterrupted examination of one's own value.

At the center of the case also stands the ideal of the perfect professional, an internal figure that functions simultaneously as a model of aspiration and as a punitive agency. The image of the one who does not make mistakes, does not hesitate, does not become disturbed, is not affected, and never betrays their fragility produces, in relation to concrete life, an effect of alienation, because the subject can no longer encounter themselves except in the form of a continuous absence from an inhuman standard of impeccability. The more present this standard becomes, the more the experience of work moves away from its real meaning, and professionalism is converted into a ceaseless examination of insufficiency. In this sense, philosophical counselling is not limited to calming or redirecting attention,

but works on the ideal structure that produces anxiety, attempting to return the ideal to its status as orientation, not condemnation, as open calling, not as an algorithm of non-fulfillment.

Finally, the case also opens a meditation on the status of death. As long as the profession is thought exclusively under the sign of the struggle against death, every death risks being interpreted as a global invalidation of the meaning of work, and this representation is profoundly problematic, because it transforms an ontological limit of the human condition into an absolute criterion of professional success and thereby distorts the very meaning of medical practice. Instead of seeing death only as a defeat, philosophical counselling permits its reframing as a limit of human action, a limit that does not annul the value of care, but determines its true measure and even confers upon it its specific dignity: not "I won" or "I lost," but "I accompanied," in a dignified and attentive manner, a path that, in the final instance, escapes any human power of control.

Case Study II: Perfectionism as a Pathology of Value and Suspension of Action

The second case study shifts the analysis from the conflict between compassion and control toward another configuration, equally characteristic of contemporary sensibility: one in which the person, situated at the intersection of several significant roles—professional, familial, relational, and personal—pursues such intensity of presence and coherence that the demand to do everything well becomes, paradoxically, an obstacle to any effective action. The blockage no longer appears as a simple lack of motivation, but as the effect of an ideal of integrality that cannot be fulfilled under the conditions of finite life. From this perspective, perfectionism should not be understood merely as a tendency to demand too much of oneself, in a vague psychological register, but as a form of organization of existence in which value is linked so tightly to performance and total coherence that every imperfection is experienced as a diminution of personal identity, as a betrayal of the "true self."

Here, the perspective of positive psychology and, in particular, of strengths-based interventions brings an extremely useful observation: what appears as a problem can be understood, at least partially, also as the effect of the overuse of real resources. Responsibility, perseverance, appreciation of excellence, orientation toward meaning, and the desire for authenticity are not, in themselves, dysfunctional traits; on the contrary, they belong to a rich and fertile axiological profile, but they become burdensome precisely when detached from the measure that would allow them to remain creative (Proyer et al., 2015, pp. 97-100; Seligman et al., 2005, pp. 412-418). What was meant to sustain becoming ends up obstructing it, because the demand to live constantly up to one's own values produces fatigue,

postponement, and, ultimately, an impotence that the subject misinterprets as lack of character or as proof that they are "not truly" what they declare they would like to be.

Philosophical counselling intervenes here, above all, at the level of the concept of balance. In the person's imagination, balance is associated with the idea of a harmonious and simultaneous distribution of self-presence among all their roles: to be at the same time an excellent professional, a present partner, an involved parent, an available friend, an individual concerned with personal development, and an active citizen. Such a representation is, however, illusory, because it transforms the dynamics of life into an ideal of static symmetry, whereas real life unfolds through mobile priorities, successive choices, and temporary asymmetries that need not be automatically converted into reasons for self-blame. To live in balance does not mean, therefore, to maintain everything at the same intensity, but to accept that some dimensions of life require, at certain moments, more attention than others, without this redistribution amounting to a betrayal of secondary values, but rather to a practice of discernment between what must be done "now" and what may be left, without guilt, at a lower intensity.

The same logic applies to the concept of presence. The wish to be present in one's relationships, in one's work, and in relation to oneself is undoubtedly a legitimate aspiration. But when presence is understood as total and unfragmented availability, it becomes impossible, because the finite subject cannot be wholly present everywhere and at the same time without falling into the illusion of a perfect division of the self. Real presence is always situated, limited, and selective, and this conditioning does not degrade it, but gives it precisely the concrete form through which it becomes possible. To demand absolute presence from oneself is, in fact, to demand the impossible and to transform the impossible into constant moral accusation, which can lead only to a diffuse feeling of duty never fulfilled and to a chronic state of exhaustion.

From here follows the rehabilitation of small steps, incomplete action, and non-heroic fidelity. A life lived with meaning is not built through the continuous exceptionality of performance, but through the continuity of finite, imperfect, yet real acts, which have the merit of transforming intention into practice without demanding that this passage take place in an ideal form. For the person caught in the logic of perfectionism, this lesson is essential, because it allows them to understand that it is not necessary to live permanently in the vicinity of exhaustion in order to honor their values. Instead of an ideal of simultaneous plenitude, philosophical counselling proposes an ideal of measured fidelity, capable of accepting that the good life is composed of adjustments, returns, and bearable imperfections, and that approaching what one considers valuable does not mean coinciding at every moment with an absolute image of the self. In a deeper sense, this case also shows that perfectionism is a pathology of value not because values

are wrong, but because they are lived in a regime of absolutization that detaches them from the concrete context of action. When excellence becomes identical with the absence of any error, when authenticity is confused with total coherence, and responsibility with unlimited availability, the subject can no longer act, because every step appears insufficient even before it has been taken. Therefore, philosophical counselling does not seek to weaken values, but to restore to them a human scale, in which they can orient without paralyzing and inspire without dominating. To live with values means, in this context, to accept that they are horizons of orientation, not photographs of a definitive state, and that what matters is not perfect coincidence with the ideal, but the way one allows oneself to be guided by it without confusing oneself with its tyrannical caricature.

Comparative Reading: Two Figures of Normative Absolutization

Read comparatively, the two case studies reveal a common structure that exceeds the difference in context and points to a broader problem of contemporary subjectivity. In both situations, the person is deeply value-committed; we are dealing neither with cynicism, nor with indifference, nor with the lack of reference points. On the contrary, it is precisely the intensity of normative commitment that constitutes the starting point of the difficulty, which suggests that suffering does not arise here from the absence of values, but from their overly rigid and insufficiently negotiable internalized form. This observation is important because it shifts the emphasis from the question "what is lacking?"—what traits, what resources—to the question "how is what already exists as value being lived?"—how does a virtue turn into a source of oppression?

In both cases, what weighs heavily is also an erroneous distribution of responsibility. The person in the medical context implicitly assumes control over processes that exceed the power of any finite intervention, while the person confronted with perfectionism assumes the task of being fully available and coherent in all dimensions of life. The result is a common form of excessive self-demand, in which the subject relates to themselves through a logic of impossible totality: either control is total, or it is no control at all; either presence is integral, or failure is total. In both situations, the problem is not the absence of good will, but the fact that good will is organized around a model of control and coherence that exceeds human limits and leaves no room for what we might call the "resonance" between values and limits, that is, for the continual adjustment of ideals to the finite condition.

In addition, both cases make visible the fragility of the concepts of success and failure. In the first, success is associated too closely with the survival of the other, and failure with their death; in the second, success is associated with the impeccable management of all roles, and failure with any deviation from this ideal

of integrality. Through this association, concrete life is subjected to an evaluative grid that leaves very little room for ambivalence, for circumstances, and for those intermediate zones in which there is neither triumph nor collapse, but only limited yet real efforts. Philosophical counselling has precisely the task of reintroducing these nuances, so that the subject is not forced to live within a binary logic of absolute success or total failure, but can recognize the existence of modest yet significant achievements and of partial failures that do not become defining for the entire self.

This comparative reading also shows that the two cases do not differ fundamentally in terms of their affective structure, but especially in terms of the language through which this structure is expressed. In one case, the language is that of care and professional duty; in the other, the language is that of personal performance and inner balance. Beneath them, however, lies the same tension: the impossibility of accepting that the good life does not coincide with the life controlled in its entirety, and that fidelity to values does not presuppose the elimination of all limits, but the learning of a lucid coexistence with them. What comes to the foreground, from a philosophical perspective, is the figure of normative absolutization: where the ideal loses its orienting function and becomes a mechanism of uninterrupted self-judgment, both compassion and the desire for excellence are diverted from their original vocation and transformed into sources of suffering.

Major Axes of Philosophical Problematization

Responsibility and the Illusion of Omnipotence

One of the most fertile lines of analysis opened by these materials concerns the relation between responsibility and omnipotence, a relation that, at first glance, may seem merely ethical, but that in depth involves an entire conception of the limits of human action, of the status of guilt, and of the way the subject represents their own power to intervene in the world. Ordinarily, responsibility is valued as a virtue of moral maturity, associated with the capacity to assume the consequences of one's actions, to answer for one's choices, and not to flee from obligations. Yet, when this virtue is separated from thinking about limit, it can slide toward a form of unlimited self-demand, in which the person comes to believe that they must control not only their own intentions, but also the entire unfolding of situations that are, by definition, opaque and partially uncontrollable. At this point, responsibility ceases to be a proportional relation between power and duty and becomes, rather, a fantasy of moral omnipotence, in which the subject implicitly declares themselves guilty for everything that does not correspond to their ideal of success.

In the case of the medical profession, this mutation becomes dramatic, because constant proximity to suffering and death favors the emergence of a tacit ethics of absolute rescue, in which every limit of action can be experienced as a personal moral failure, and every unfavorable outcome is lived as proof of one's own insufficiency. The problem is therefore not the absence of responsibility, but its deforming excess: the subject assumes a disproportionate responsibility that no longer reflects a mature ethical conscience, but the internalization of an ideal of total control, impossible to sustain in the real world and, moreover, incompatible with the recognition of the other's freedom and alterity. Philosophical counselling has the task of reconfiguring the boundaries of responsibility so that the person can remain involved without transforming themselves into the absolute judge of all consequences, and of bringing the concept of responsibility back into its legitimate area: that of one's own acts and decisions, situated within a network of factors that cannot be mastered in their entirety.

The Ideal as Orientation and the Ideal as Oppressive Mechanism

Another major axis concerns the status of the ideal, and here the most important distinction is that between the ideal that orients and the ideal that constrains. Human life cannot be conceived without ideals, because they offer orientation, a hierarchy of meaning, and an impulse toward self-overcoming. Yet precisely this orienting function can be compromised when the ideal is absolutized and detached from the concrete conditions of existence. Instead of becoming a flexible horizon of becoming, it can be transformed into an agency of permanent evaluation, which measures life only in relation to a standard of plenitude never attained and therefore always guilt-inducing. Where the ideal ceases to be what calls us and becomes what condemns us, suffering takes the form of a chronic shame of not being "enough."

In the material analyzed, this drift takes the form of perfectionism, of the ideal of the impeccable professional, of the ideal of the perfectly balanced person, or of the ideal of an integral presence in all domains of life. All these figures share the fact that they demand from the subject an integrality that human finitude cannot offer. For this reason, philosophical counselling does not seek the abolition of the ideal—which would amount to a form of cynicism or resignation—but the restoration of its original function: the ideal must remain orientation, not tribunal; it must remain calling, not condemnation; it must remain a possibility of growth, not an instrument for shaming inevitable limits. In this sense, philosophical intervention consists in rehabilitating the idea of a "human measure" of the ideal, in which the ideal is recognized as an open horizon, not as a norm of permanent performance.

Emotion, Lucidity, and Integrated Compassion

A third problematic concerns the relation between emotion and lucidity, a relation that is often falsified by overly simple oppositions. In contemporary professional and cultural space, emotion is often treated either as an obstacle or as raw material that must be quickly regulated so as not to disturb performance. Yet this opposition fails to grasp the profound nature of emotion, which is not only an excess of sensitivity, but also a modality through which the subject comes into contact with the moral significance of what they live. Emotion can signal the importance of a situation, can protect against indifference, and can keep alive the bond with the other; in its absence, responsibility risks becoming purely formal, and care risks being reduced to technique, lacking the vibration of a real encounter.

On the other hand, uncontrolled emotion can lead to affective absorption, exhaustion, and the loss of evaluative criteria. Therefore, what must be sought is not the elimination of emotion, but the articulation of an integrated compassion in which sensitivity does not annul discernment, but supports it. This form of compassion is especially important in the caring professions, where to feel does not mean to give way, and to understand does not mean to become cold. Philosophical counselling offers here a framework for rebuilding the balance between participation and distance, so that emotion can be recognized as a resource of humanity, not as a symptom of incapacity. From this perspective, what is required is not the "erasure" of emotions, but the intensification of the capacity to read them, interpret them, and integrate them into a mode of being in the world in which neither lucidity nor compassion is sacrificed.

Limit as Ontological Truth, Not Personal Shame

Perhaps the most important lesson imposed by these cases is that limit should not be thought as an accidental defect of existence, but as its constitutive truth. Death, finite time, limited energy, the impossibility of total presence, the partial character of control, and the inevitability of mutually excluding choices are not accidents correctable by unlimited optimization, but forms of the human condition itself. Their acceptance is not equivalent to resignation, but to the acquisition of a form of existential lucidity. When limit is lived as personal shame, the subject begins to relate to their own finitude as to a defect; when it is thought as a structure of life, however, it becomes the framework within which action acquires meaning and proportion. In this sense, philosophical counselling has a therapeutic function in the broad sense: it does not promise the annulment of limits, but a change in the way they are interpreted.

Nevertheless, no analysis that aspires to a reasonable degree of academic rigor can avoid problematizing the limits of its own object, and philosophical counselling

is no exception. Although its potential for clarification is considerable, there is a real risk that the emphasis placed on concepts, distinctions, and presuppositions may lead to a form of over-intellectualization, in which the affective and biographical density of experience is excessively subordinated to the demand for clarity. In such a situation, philosophical counselling would lose precisely what gives it relevance, namely the capacity to remain close to concrete life without abandoning conceptual rigor. Therefore, one of the essential conditions of responsible practice consists in maintaining a balance between analytical distance and proximity to experience, between the critical examination of concepts and the recognition of the person's concrete vulnerability.

Equally, philosophical counselling faces the risk of subtle moralization. Precisely because it works with concepts such as the good life, responsibility, limit, lucidity, or authenticity, it may, if insufficiently attentive, come to project upon the person its own ideal of a well-articulated existence. This risk becomes especially serious when the counselor confuses the role of facilitator of questioning with that of provider of a doctrine about the good life. In such a case, dialogue closes, and inquiry is transformed into a set of camouflaged prescriptions. For this reason, reflexive neutrality and epistemic modesty are not secondary options, but conditions of possibility for this practice: the counselor must be able to think critically about their own cultural and philosophical presuppositions and avoid instrumentalizing counselling in order to consolidate a particular tradition or ideological agenda, even when these are their own (Gruengard, 2015, pp. 120-126).

Finally, the question of the relation to empirical validation remains open. Unlike certain forms of psychotherapy, which have robust instruments for evaluating efficacy, philosophical counselling often functions through hermeneutic, ethical, and existential transformations that are more difficult to quantify. This situation does not annul its importance, but obliges it to clarify more carefully its criteria of success: visible change does not always consist in the immediate disappearance of suffering, but sometimes in the modification of the way the subject can think, inhabit, and integrate it into their own biography. Thus, the validation of philosophical counselling must be sought not only in measurable outcomes, but also in the quality of the clarification it produces and in the degree of inner freedom it reopens, in the person's capacity to rearticulate their relation to themselves, to their ideals, and to constitutive limits.

Toward an Integrative Model: Conceptual Clarification, Experience, and Critical Pluralism

From the confrontation between the materials analyzed and the recent literature, one may draw the hypothesis of an integrative model in which philosophical counselling preserves its reflective and critical core without refusing

the useful contributions of resource-oriented approaches and experiential practices. Such a model would begin from the recognition that the human being does not live exclusively in the register of deficits, but neither exclusively in that of potential; rather, the human being lives in the continuous tension between what is lacking, what can be developed, and what risks being absolutized. For this reason, an integrative framework should not be eclectic in a lax sense, but capable of articulating three complementary demands: to see resources without idealizing them, to examine the normative pressures that accompany them, and to recognize cultural plurality without capitulating before an "anything goes" relativism (Gruengard, 2015, pp. 103-112; Barrientos-Rastrojo, 2015, pp. 280-292).

In a first dimension, the integrative model presupposes the articulation of the analytic-experiential axis. The analytic-pragmatic component aims at clarifying concepts, identifying contradictions among beliefs, calling "first principles" into question, and reconstructing a coherent conceptual framework in which the person can think without constantly colliding with tacit incompatibilities in what they affirm about themselves, others, and the world (Mijuskovic, 1995, pp. 85-99). The experiential component, by contrast, insists that true transformation does not consist only in modifying a set of propositions, but in changing a "manner of being," an affective tonality, and a way of perceiving one's own limit-situations; it resorts to narrative, exercises, metaphors, and reconfigurations of the interpretive framework in order to make possible another way of living the same world (Barrientos-Rastrojo, 2015, pp. 280-292). In an integrative model, the two dimensions are not placed in opposition, but are thought as complementary phases or registers of the same process: conceptual clarification creates the space for a freer lived experience, and experiential change verifies and reactivates the usefulness of conceptual distinctions.

In a second dimension, the integrative model articulates the logical-dialectical axis. On the one hand, there is a nucleus of logical exigency: the impossibility of accepting, in the long term, a set of contradictory beliefs, the need for coherence as a mode of respect for one's own rationality, and the importance of argumentation and justification in the face of objections. This nucleus is visible in projects that emphasize the role of internal consistency and work on argumentative structures, treating philosophical counselling in continuity with the analytic tradition (Mijuskovic, 1995, pp. 85-99; Brenifier, 2010, pp. 23-30). On the other hand, there is a dialectical component, which insists on the fact that life cannot be enclosed within a system and that some contradictions express constitutive tensions rather than errors that can be simply logicized. This approach, frequently associated with Achenbach, emphasizes questions that do not aim to "close" the problem, but to multiply its facets, the person's capacity to bear ambivalence, and the recognition of the plurality of internal perspectives on one's own life (Achenbach, 2010, pp. 5-10). The integrative model proposes, here, a position of balance: it does not

renounce the demand for clarity and coherence where beliefs and arguments are concerned, but it accepts that not every tension must be resolved by reduction to a single voice; some contradictions can be consciously "inhabited," without being swallowed by them, and can become sources of existential creativity (Ramharter & Romizi, 2015, pp. 135-140).

Finally, the third dimension of the integrative model concerns the monocultural-critical pluralist axis. In the present global context, philosophical counselling can no longer presuppose a single implicit cultural framework, whether "Western" or "humanist," and it cannot ignore the fact that the values, ideals, and languages in which problems are formulated come from different traditions, often in tension with one another. A strictly monocultural position risks transforming philosophy into an instrument for confirming a particular tradition, while a poorly understood pluralism, identified with the relativism of "everything is equally good," deactivates any critical criterion and makes philosophical inquiry itself impossible (Gruengard, 2015, pp. 103-112). The integrative model supports, instead, a critical pluralism: it recognizes the existence of a diversity of cultural "language games," but insists that they are not homogeneous blocks, but spaces traversed by internal disagreements; it allows recourse to resources internal and external to the person's culture, but refuses to consider culture an ultimate, untouchable instance before which philosophy should bow.

Within this horizon, the philosophical counselor is called to recognize their own cultural and theoretical situatedness, to avoid both the temptation of "returning" the person to a presumed idealized cultural "authenticity" and the temptation of exporting their own norms as universal. The counselor can work with ethical, religious, or juridical concepts specific to a tradition, but is invited to interrogate them critically, to investigate the selections, omissions, and interpretations through which they become normative in the person's life, and to distinguish between what is lived as a resource and what functions, de facto, as an oppressive mechanism. From this point of view, pluralism is not an invitation to suspend judgment, but to a more demanding exercise of judgment, aware of its own situatedness and attentive to the diversity of perspectives (Gruengard, 2015, pp. 120-126).

Conclusions

In the present article, I have attempted to outline, on the basis of *Positive Psychotherapy* and of the integration of recent theoretical contributions concerning existential contradictions, experiential philosophical practices, and cultural pluralism, a way of understanding philosophical counselling as a reflective practice oriented toward conceptual clarification and the reconfiguration of the relation to the self. Starting from two case studies—one focused on the suffering of a care

professional confronted with the illusion of integral control and with an overextended responsibility, the other centered on the perfectionism of a person situated at the intersection of several normative roles—the analysis has shown that many forms of contemporary suffering are nourished by absolutizations of the ideal, erroneous distributions of responsibility, and confusions between limit and failure. In this context, philosophical counselling finds its relevance not in offering quick "tools" of adaptation, but in the possibility of interrogating these normative structures and restoring to the person a space of freedom in relation to their own ideals.

At the same time, philosophical counselling must recognize its own limits and risks: over-intellectualization, subtle moralization, implicit monoculturalism, or, at the other extreme, paralyzing relativism. Between these deviations, the possibility of an integrative model takes shape, one that articulates conceptual clarification with work on experience, logical exigency with dialectical openness toward the constitutive tensions of life, and sensitivity to cultural plurality with the preservation of a critical horizon. Such a model does not promise definitive solutions, but proposes a way of using questions, of dismantling the absolutizations that suffocate life, and of reconciling, as far as possible, the generosity of values with the modesty of an assumed finitude.

From this perspective, philosophical counselling becomes relevant precisely where the person does not need to be "repaired," but helped to understand their condition better and to reorder their relation to their own values and limits. It replaces neither clinical interventions, nor spiritual or religious practices, but introduces, in the space of intersection among them, an exercise of lucidity oriented not so much toward the "solution" of life as toward the possibility of living it more consciously, with a responsibility not confused with omnipotence and with an authenticity that does not confuse fidelity to oneself with the tyranny of an idealized self.

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