The Meaning and Application of Empathy in Philosophical Counseling and Psychotherapy

Aleksandar Fatić

Abstract: While empathy is regularly seen as an integral aspect of any meaningful humanistic counseling and psychotherapy, the actual meanings attached to the concept vary widely. Such variance leads to different modalities of application of empathy in the humanistic helping professions, including psychotherapy. This paper discusses how far empathy actually involves the feeling of another's feelings and what conditions and limitations apply to its role in the counseling process. Two central ideas are developed. First, empathy is predicated upon suffering and commiseration: the assumption of pain and deprivation is internal to the very concept of empathy, and Schopenhauer's philosophy of the will provides the strongest account of why this is so. Second, empathy as a way of relating to another's suffering is constitutive of the only morally justified community, namely the healing organic community. It is our capacity to cross-identify with other members through shared suffering that creates lasting, resilient communities. The paper concludes that any organic community is by nature therapeutic, and that much of what psychotherapy does is recreate the mechanisms of empathy and human care that were the foundation of pre-institutional human society.

Keywords: commiseration, counseling, empathy, philosophical counseling, psychotherapy, organic community, suffering.

I. Key Concepts and Ideas

Empathy has been a conceptually contested value for large swaths of early modern and contemporary history of philosophy, ranging at least from Hume and the Scottish Enlightenment to today's discussions about the role of empathy both as an emotional relationship and an intervention tool in psychotherapeutic practice and in philosophical counseling alike (Slote 2010; Fatić 2021). While psychotherapy has developed empathy primarily as a healing modality, philosophical counseling (Marinoff 2002) emphasizes empathy as a foundation for collaborative inquiry into fundamental questions about life's meaning and value.

While engaging with the conceptual debate on the meaning of empathy in full would not be productive here, I wish to argue that empathy in practice, and in principle, is predicated upon suffering and commiseration. When we speak about empathizing with someone, we always have in mind an undesirable or painful condition of the other, and our own propensity to reach out to that person emotionally and somehow emotionally relate to their suffering. The assumption of suffering, pain and deprivation is thus internal to the very idea of empathy. This

is the first idea I develop here in some detail, primarily engaging with Schopenhauer and his views on the quality of life and will to live as relevant to any debate involving the helping professions overarched by the humanities, in particular psychotherapy and philosophical counseling.

The second idea is that empathy as a way of relating to another's suffering is constitutive of the only morally justified community, namely a healing, organic community. It is our care for others and our ability to cross-identify with the other members of our community in our capacity to suffer through the exigencies of everyday life that creates lasting, helping and resilient communities. Any institutional regulation, or state, is a compromise to the organicism of a community. Early communities, some of which were very organic and permeated with links of solidarity, had almost no institutional structures of governance, although they did have a hierarchy of power articulated in organic ways – the best warrior, the best decision maker, the council of elders, and so on. Such structures of leadership have very little to do in principle with modern governing institutions, which are created on mainly procedural criteria that often cause the manipulation of even the most basic principles of democracy, such as the will of the majority in the constitution of government. Thus, the more institutional and procedural the determinations within a community, the less authentic and organic that community is. Such societies are barely still communities; they are political conglomerates of more or less comprehensively controlled and manipulated nominal constituents (Fatić 2010).

The two ideas, that of suffering as the foundational condition we all face and at the same time a precondition for meaningful empathy, and that of the community as a consolation, structure this discussion.

II. A Taxonomy of Empathy: Psychotherapeutic, Philosophical, and Hybrid Forms

Before proceeding to examine suffering as the foundation of empathy, it is essential to distinguish between different modalities of empathic engagement. While empathy is widely invoked as a unifying concept across psychotherapy and philosophical counseling, the actual functions and structures of empathy differ significantly across these fields. Establishing a clear taxonomy prevents the conflation of distinct empathic practices and illuminates the particular contribution of each field.

Psychotherapeutic empathy, as developed from the humanistic tradition (Rogers 1959) through contemporary clinical practice, operates as what we might call healing empathy. Its primary function is diagnostic and therapeutic: the therapist's empathic attunement serves to create conditions for the client's psychological reorganization and emotional relief. In this modality, empathy functions as a clinical tool. The therapist enters the client's phenomenological world not merely to understand it, but to facilitate change within it. Psychotherapeutic empathy operates within a framework where emotional

comfort and reduction of suffering are legitimate and primary goals. Importantly, as Yalom (1996) emphasizes, this empathic engagement creates the conditions for transference and countertransference, namely the emotional mirroring through which therapeutic work occurs.

Philosophical counseling, by contrast, operates what we might term investigative empathy or dialogical empathy. Marinoff (2002) has articulated that philosophical counseling uses empathic engagement not primarily as a healing tool but as a foundation for collaborative philosophical inquiry. The counselor's empathy creates the relational safety necessary for clients to examine their assumptions, values, and life narratives. Philosophical counseling maintains a commitment to truth that may sometimes require the counselor to gently challenge the client's perspective, even when comfort might be easier. Empathy here serves inquiry: it permits the counselor to understand the client's framework deeply enough to engage it philosophically, not to validate it clinically (Sivil 2009).

A third crucial distinction concerns the accuracy of empathy versus its comforting function. Van Deurzen (2012) identifies a persistent tension in empathic practice: an empathic response may comfort without being accurate, or it may be accurate without providing immediate comfort. The psychotherapist may sometimes prioritize the comforting dimension when the client is in acute distress. The philosophical counselor, however, must maintain fidelity to accuracy even when accuracy creates temporary discomfort. Philosophical counseling sometimes requires what might be called truthful empathy, that is, empathic understanding coupled with willingness to name inconvenient truths about the client's situation (Fatić 2025). This distinction is not a criticism of psychotherapy; it clarifies the different ethical obligations that structure each field.

A hybrid form of empathy, which we might call philosophical-therapeutic empathy, emerges when counselors trained in philosophical counseling assume some therapeutic function, or when psychotherapists ground their clinical work in philosophical inquiry. In this mode, the practitioner holds both commitments simultaneously: to the client's wellbeing and to the pursuit of philosophical truth. The tension between these commitments becomes generative rather than problematic. As we shall see, the concept of organic community discussed below necessarily embraces this hybrid form, as deep therapeutic relationships inevitably acquire philosophical dimensions.

Understanding these distinctions allows us to recognize that the paper's central claim – that empathy is foundational to meaningful counseling – does not require that all empathy operates identically. Rather, empathy functions as a prerequisite across these modalities while taking on distinct structural forms depending on whether the primary commitment is to healing, inquiry, truth, or some integration thereof.

III. Suffering: Schopenhauer and the Psychotherapeutic Perspective

If empathy is predicated upon suffering, then the universal nature of the normative application of empathy is connected with the assumption of a universality of suffering. The idea, championed by Michael Slote, that empathy has the capacity to be the normative foundation for an ethics that is at once deontological and consequentialist in nature (Slote 2010) presupposes that suffering as the logical and practical precondition for empathy is a universal human condition. If the moral justification of an action can be argued to be based on the consistency of that action with empathy as a universal principle, as Slote argues, then suffering is presumed as the primary condition of all people. This is an assumption that reverberates through much of practical philosophy and psychotherapy, and is in fact deducible from several major philosophical and psychological theories.

One particularly strong early modern theory that posits suffering as the original context of our existence is Schopenhauer's philosophy of life. According to him, pain is the universal condition that determines our existence. Our everydayness is marked by the necessity of routine labor and, in a complex society, attendance to administrative, institutional and social tasks and chores that consume most of our day. The room for any human creativity is circumscribed by necessity and need. The experience we all face that connects us is not that of joy or jubilation, but that of frustration, acute pain, illness, death and existential angst. Any moments of joy, according to Schopenhauer, are merely a respite from the continued suffering at various levels and in various ways (Schopenhauer [1818] 1966, Book IV; Stewart 2023). Suffering is caused by desire; we are driven by a will to live; this will is in itself aimless, it merely occurs, and it manifests itself in human beings as desire and drive. Given that desire can never be completely fulfilled, and that efforts to reach its object only lead to new desires and a sense of lack, the entire life, which is dynamized by will to live, is suffering and deprivation. This existential condition facilitates empathy as the foundation of our constructive mutual relationships. A way to escape suffering is by denying the will to live its objects, by embracing asceticism and by trying to step off the wheel of causality by becoming an observer rather than actor of social relationships. The argument is common to Indian philosophy and to much of ancient Stoicism, and Schopenhauer makes repeated references to Indian philosophical sources.

The condition of suffering, as fundamental to our place in the world, renders us both susceptible to hurt and betrayal by others, and at the same time capable of establishing powerful links with the other members of our community based on our vulnerabilities. Empathy appears to be the core emotion and relationship that facilitates such community-building.

The assumption of suffering produces interesting value consequences for counseling and psychotherapy. The attitude required of a therapist when entering the counseling room with any client, against the backdrop of this general hypothesis about the human condition, is one of commiseration. Schopenhauer,

radically, sees all human love as a type of commiseration, of feeling sorry for the other because of this inescapable condition of deprivation, lack and insufficiency (Schopenhauer [1818] 1966). This means that when we see someone's psychotic compensations for unbearable pain or deprivation in immediate experience, we do not perceive it primarily as a pathology, but as a manifestation of suffering, and focus on the sources and modes of that suffering endured. Empathetic intervention tends to differ from a medicalized, detached approach that sees ideational divergence from reality as a mental illness, in that in the former case the therapist will engage the person's ideas regardless of how odd they might seem, while in the latter case the therapist will most likely treat them merely as symptoms rather than as interpretative attempts by the patient, each of which holds particular symbolic meanings. The therapist's metaphysical assumptions play a crucial role in determining the value-laden approach to any client and to the suffering involved in the complaints presented. Philosophical counselors (Van Deurzen 2012) maintain an additional commitment: that empathic understanding must serve truth-seeking, not merely comfort, creating the truthful empathy that characterizes philosophical engagement with fundamental life questions (Fatić 2025).

An important clarification must be made here regarding empathy's role in counseling. Empathy, while foundational, is not synonymous with validation or comfort. There is a crucial distinction here that philosophical counseling illuminates: empathy can be accurate without being comforting, and comforting without being accurate. This distinction becomes acute precisely when we adopt a Schopenhauerian framework.

If we accept Schopenhauer's diagnosis that suffering is the fundamental human condition and that illusions about life are sources of additional suffering, then truly empathic engagement sometimes requires the counselor to gently dismantle the client's comforting illusions. A client may report that they feel hopeful about outcomes that, realistically, are improbable. A truly empathic counselor understands the client's need for hope and the fact that this need itself arises from the universal suffering Schopenhauer describes. But empathic accuracy may require acknowledging that hope is a palliative, not a solution.

This is where philosophical counseling's commitment to truth, as emphasized by Van Deurzen (2012) introduces productive tension into the empathic relationship. The philosophical counselor, while deeply understanding the client's emotional needs and vulnerabilities, maintains what we might call truthful empathy, namely empathy coupled with honest assessment. This is not cruelty; it is a more profound form of respect. It says: I understand why you need this comfort, and I respect your human vulnerability. But I also respect you enough to speak truthfully about what we both can see.

Schopenhauer himself models this stance. His philosophy is deliberately pessimistic and uncomfortable. Yet he offers it precisely as an empathic response to human suffering, arguing that illusions about life's potential for lasting

satisfaction are themselves sources of deeper suffering. The empathic response, from a Schopenhauerian perspective, is to help the client see reality as it is, not to reinforce comforting falsehoods.

In clinical psychotherapy, the balance may shift toward comfort during acute crisis; the suffering client in acute distress may need reassurance before they are ready for uncomfortable truth. But in philosophical counseling, and in longer-term therapeutic relationships that acquire philosophical dimensions, the counselor's empathy must encompass both understanding of the client's need for comfort and commitment to accurate perception. This creates what we might call the productive discomfort of genuine dialogue, namely the discomfort that arises when someone truly understands your situation deeply enough to challenge you thoughtfully.

The hypotheses of suffering as the primary human condition, of commiseration and mercy as the emotions that best describe a mature relationship to others, and of empathy as the normative beacon for ethics, psychotherapeutic and otherwise, determine our sensibility with regard to adopting our method, tools and philosophy of psychotherapy and counseling, as well as our portrayal and delineation of the role of our clients in our own lives. The ethics of therapy and counseling determines how relevant and significant our clients will be for us, within and outside therapy.

Another related aspect of the therapeutic relationship and the empathy that lies at its core is that of the characters of the client and the therapist. Assuming that character is a relatively stable structure around which identity is solidified, the nature of the client and the therapist will determine the extent of the transference and countertransference and the limits of empathetic reach in either direction. Empathy as the normative foundation of a relationship posits character at the structural center of that relationship. Not every therapist can adequately empathize with every client, and vice versa. A certain alignment of character is the prerequisite of a truly effective and close therapeutic alliance, and this very character similarity propels individuals towards more collaboration and willingness to reach beyond the traditional professional boundaries in their relationship (Yalom 1996). In the context of philosophical counseling, the counselor's capacity to engage the client's fundamental questions is equally dependent on character compatibility, suggesting that both therapeutic and philosophical modalities depend on this deeper structural alignment.

The convergence of characters between the therapist and client in a strong therapeutic relationship fosters the emergence of a clear and symbolically powerful private language between them. Such a language characterizes most close relationships. Lovers, colleagues at the same job, or members of the same organic communities share parts of the language that only they understand. Their language game, to use Wittgenstein's term, is almost entirely private: the boundaries of that language game are the normative boundaries of their very relationships. The rules, values and emotions involved in the relationship are all

parameters of the essentially private language game that unfolds between the client and the therapist, and the same is the case with any close relationship. Any organic relationship and organic community rests on a particular value-laden language game that defines the particular interactions between its members. Agamben describes these significant interactions as special actions that define membership in a particular community (2013).

Assuming that our vulnerabilities, our awareness of our own predisposition to suffering as an essential life condition, determine our close, significant language games, the very special actions that take place within the language game focus on empathy. It is the type of empathy that we show to other members of our community that largely determines the identity and nature of that community. The ways in which the members of a particular community help and support each other also arise from the modality of empathy that they share. Workers gather around work conditions and their solidarity and a sense of shared identity arise from empathy concerning the precariousness of the workplace and all of the existential exigency that this precarity generates. Members of various religious communities articulate their sense of collective identity through empathy concerning the values and way of life that require considerable discipline, asceticism and a critical distance to the dominant ways of secular society.

The language game is fundamentally embedded in empathy for the shared worries and threats to the community. The history of any community bears witness to the same structural phenomenon: concern over the threats and temptations faced by that community over time produced various models of action, rules and principles of the language game that arose from the empathetic relations between the community's members. We always connect with others deeply through our vulnerabilities, through our awareness of shared suffering as the elemental situation of life. Deep structure is the structure of awareness of pain and vulnerability, not one of joy, power or convenience. The psychotherapeutic relationship, when it is a truly effective and strong therapeutic alliance, goes beyond the professional setting and engages both participants in their deeply human capacities (Yalom 1996).

IV. The Community: Value Unity as Opposed to an Institutionalized Group

When I speak of the organic community, I mean a community that does not depend for its sustenance and identity on procedural and institutional guarantees. In this sense, an organized society is an inorganic group, because it is intransparent, dependent on procedures and institutions, and the members' very perception of other members is mediated by rules and procedures. We do not know our neighbors in an organized town; rather, we draw conclusions about them based on how well they fit the rules of the community. The very concept of an ideal neighbor is based on an institutional vision of community, one where virtue is projected based on the adoption of shared normative structures and on daily rule following. Contrariwise, an organic community is one where members are

fundamentally bound to the community and the other members of it because they are deeply connected. Traditionally, the family was seen as a par excellence organic community; however, with the destruction of the family factually through an exceptionally high rate of divorces worldwide, and the erosion of hierarchical relations between parents and children, new organic communities are needed in place of the family.

One of the critical points in the constitution of such communities is the lack of physicality and the mediation of all human relationships by electronic devices and channels. This violent imposition of electronic and global forms of communication upon any individual directly impacts the language games of empathy and solidarity that our joining together through shared vulnerabilities entails. Electronic communities thus precede organic communities and are sometimes hoped to mirror organic communities in the electronic space. However, these are inescapably quasi-communities, because the full sense of another's predicament, suffering and thus the preconditions for full-fledged empathy are impossible in electronic communities, as they lack physicality. One can imagine the suffering of another in an electronic relationship, but one can only experience the pain and vulnerability of another person through physical presence.

We suffer through our bodies and the reflection of this suffering, awareness and sometimes anticipation of it generates meta-level suffering in our minds. Indeed, we can suffer mentally through a representation of pain that is fundamentally felt physically. Even our supposedly *sui generis* psychic pain, such as that arising from the loss of loved ones, is primarily experienced physically, through the physical processes that cause us to feel unwell, to have diminished life energy, to experience a range of functional problems that all add up to the aggregate experience of mental suffering. Our physical encounter with a person who mentally suffers makes it very clear, in most cases, that their suffering is as physical as it is psychic: their appearance, their body language, their energy and their overall demeanor command empathy in much the same way as does an encounter with someone who suffers only physically. It is the encounter that generates the full-fledged language game of empathy, because it is only through physicality that we are able to fully express our suffering, or to fully experience the suffering of another to the level of genuine empathy.

The language games of organic communities focus on values and the related emotions. The values and emotions that dynamize behavior arising from such values further project a common virtue, on which the sense of collective identity is based (Fatić 2016). An organic community is different from that regulated by institutions and rules, because the latter can bring together individuals with very different views of life, values and sensibilities; such individuals can coexist in a tolerant liberal society through refraining from expressing their differences in order to respect the autonomy of others. Organic communities are communities of destiny: they are seen as lifelong or at least very long-term collectives where members are simply destined to live together and care for each other; they do not

merely tolerate others, but integrate them and strive to be one with them as much as possible. The dynamic foundation of organic communities is not tolerance, but deep acceptance. This is at once the difference between the psychotherapeutic community as an organic one and the social community that clients and therapists alike come from. When they step from their everyday communities into the therapeutic relationship, they enter a new world, where many of the norms and assumptions typical of their society no longer apply. They leave one language game and gradually, as their therapeutic relationship develops, build a new one, the structure, meaning and level of detail of which reflect the quality and depth of the very relationship.

The above-described dynamics of the therapeutic alliance leads us to the controversy over the professional nature and limitations of the psychotherapeutic process in light of the empathetic relationship that marks the organic dimension of the therapeutic community. Empathy and the recognition of suffering are at the core of the phenomena of transference and countertransference. Both the client and the therapist project their own structures of empathy, recognition of personality and important others into each other. In cases where there is sufficient compatibility of character and sensibility, the alliance can grow strong, and in such cases the boundaries of a professional relationship are quickly transcended. The organic community that is thus created resembles all other organic communities and positions the client and therapist in a variety of roles typically held by members of organic communities: friendship, solidarity, mutual care, shared values, the creation of new values and attitudes that arise from the particular relationship. All of these elements make up a strong and highly articulate private language, and the corresponding language game. Such a strong, highly private language game is at once highly therapeutically effective, because the client is under a strong healing influence of the therapist, and vice versa, the therapist is additionally sensitized and enriched by the client. However, the boundaries of such a relationship are often blurred in relation to the therapeutic professional standards. Once they step into a community of strong interpersonal empathy and develop their own private language and the flow of a private language game, the client and the therapist step out of the ordinary social relationship categories, including the professional one. Everything they do in such a deep organic community, while it tends to be highly therapeutically effective, also tends to be normatively controversial from the point of view of professionalism. Love is not the least of such controversial, yet powerful facets of the organic therapeutic community.

V. Love and Counseling as Foundational Processes in Organic Communities

I have some clients who are career criminals. This has come to me as an unintended part of my counselling practice. First, one client appeared who had been drawn to me through my YouTube channel, where he found some videos that he was able to identify with. He was abroad and in a difficult life situation. Upon

returning, he started therapy, demonstrated a high level of psychological vitality, and in time overcame his major existential issues. It turned out that this client, while not a criminal, was immersed in a highly criminalized neighbourhood, and soon other clients started coming to me from that same subculture. I never had any personal safety issues with them, though they tended to be unstable and irregular in attendance. However, at one point, when I asked one of them why he and his friends kept coming to me when none of them appeared to really want to change their way of life, he responded: this is because you love us.

I do not actually think that I particularly love criminals, nor am I inclined to listen to their problems from the workplace. Most of my work with them is focused on their emotional and family lives, with occasional overtures to the underlying need for them to change their life structure. However, they fascinate me as human beings, because I have never met a person from that milieu who is slow in thinking, insensitive or indifferent to their family and close friends. Individuals who engage long term in the criminal world seem to possess a misplaced, perverted leadership personality structure, where their talents to inspire others and take risks for their close family members and friends are distorted into all kinds of unacceptable behavior.

It turned out, in time, that some of my other clients, when I asked them similar questions, responded in a similar way, suggesting that they felt that I loved them. This caused me to rethink my practice and the way I relate to the people I work with.

Upon reflection, I decided that my unconscious selection of clients was not exactly professional. I select clients based on whom I find interesting, who I feel initial empathy for, and I deselect and refer to other colleagues those whom I find boring, dislikeable or not within the realm of issues that I maintain a personal interest in. Hence, those who I work with are individuals that I feel for and who are dear to me. It turns out that they precisely pinpointed the simple core of our relationship that was opaque to me: I did love those people in a particular way in which I was able to form a relationship with them, regardless of whether I approved or disapproved of what they did. They mattered to me.

It is a familiar aspect of philosophical and psychological counseling that therapists benefit from many therapy sessions on a personal level. We develop as persons, and are often able to view our own life issues in a more constructive and explanatory light due to the conversations we have with our clients and our clients' experiences that we become aware of through therapy. Our clients, in an important way, help us be better persons, better parents, lovers, friends, colleagues. Yet this mutuality is not a betrayal of the professional relationship whereby the client considers themselves to have received a service from the therapist through the therapy process. The service itself is the relationship, and the mutuality of it gradually leads it beyond being a mere professional service. Once the therapeutic relationship becomes an organic community, it takes on characteristics that define various types of organic unions. Not infrequently, the

therapeutic relationship is one of human love (agape). We become friends who care for each other, and this friendship, while retaining the professional layer of service through the therapy process and the retention of the roles of therapist and client, in its substance stretches considerably further than the mere service. We become involved in our clients' lives and they become a part of our lives. Our empathetic relationship carries us further and further from the original professional encounter and navigating that sea of potential directions in which our alliance could lead us becomes one of the major challenges for the therapist. Freud befriended many of his clients. Despite his proclamations that the psychoanalyst must be detached and precise like a surgeon, and should never analyse those who are close to them or socialize with them, Freud frequently invited his clients for dinners at his house, travelled with them and engaged in joint business ventures. They left a lasting imprint on Freud's very psychoanalytic thought and, without a doubt, on him as a human being. The same is the case with most other founders of modern psychotherapy, from whichever tradition they might have come.

The love that characterizes the organic community applies to all kinds of alliances that contain a professional element but, by their very nature, stretch beyond that relationship. Psychotherapy is perhaps the most intense such profession, but consider academic mentorship. We start mentoring our PhD students on a professional level. In most cases we do not even know them and agree to offer them our services to build their major work after which they join the guild. However, with some of them, we develop deep friendships that stretch far beyond their PhD defence. We care for them, know many things about their lives that nobody else knows – a common element with the psychotherapeutic relationship – write together with them, travel, go out, visit each other at home, and develop strong interpersonal bonds. Years later, such relationships are no longer formal supervisorships, but they tend to retain the element of academic mentorship. We are still not the same academically, one leads the other, but on a human level we are sincere friends. Not so infrequently, academics who died, in the absence of family, are buried by their former students and now friends, and their estates are managed by their younger colleagues whom they once supervised. The links of organic alliance in both professions are apparent.

VI. Conclusion

In conclusion, let me take this argument one step further. So far, I have argued that a deep psychotherapeutic relationship is an organic community that resembles, in its key features, all other now largely lost organic communities, and that venturing deep into such a relationship leaves the professional standards and criteria largely behind the newly emergent quality of a deeply human and decidedly private relationship between the client and therapist. There is, however, a more radical conclusion at hand here. It is not just that any deep therapeutic relationship is an organic community; any organic community is by nature also therapeutic.

Given the argument at the beginning that we connect deeply only through our vulnerabilities, through an empathetic reaching out to each other through the recognition of the universal pain that marks our lives inescapably, the organic communities that we establish through such deep empathetic interpersonal connections are naturally healing, comforting and supportive. A large part of the reason therapy is so necessary in modern society is the absence of organic communities and their healing influence. It appears that most of what we do in therapy is recreate and revitalize these same mechanisms of empathy and human love that were the very foundation of human society, in an environment of institutional, detached and rule-driven societies that are no longer communities. Some regular experiences within the psychotherapeutic process reflect this principle, as individuals who have more access to any remnants of organic communities through hobbies, sports or religious groups tend to be more resilient and progress more and faster through therapy, while those who are denied access to organicism, physicality and significant, empathetic others completely tend to present much more difficult and demanding cases in counseling and therapy.

References

Agamben, Giorgio, and Adam Kotsko. 2013. *Opus Dei: An Archaeology of Duty.* Stanford: Stanford University Press.

Fatić, Aleksandar. 2010. *Uloga kazne u savremenoj poliarhičnoj demokratiji* [The Role of Punishment in Modern Polarchic Democracies]. Belgrade: Institute for International Politics and Economics.

———. 2016. *Virtue as Identity: Emotions and the Moral Personality.* London: Rowman and Littlefield International.

———. 2021. "Value Identities: Personality as an Ecology of Values." *Socium i Vlast* 2: 18-35.

———. 2025. *Modal Integrative Psychotherapy: A Logical Integration of Psychotherapy*. New York: Palgrave Macmillan.

Marinoff, Lou. 2002. *Philosophical Practice.* New York: HarperCollins.

Rogers, Carl R. 1959. "A Theory of Therapy, Personality, and Interpersonal Relationships as Developed in the Client-Centered Framework." In *Psychology: A Study of a Science,* vol. 3, edited by Sigmund Koch, 184-256. New York: McGraw-Hill.

Schopenhauer, Arthur. [1818] 1966. *The World as Will and Representation.* Translated by E. F. J. Payne. New York: Dover Publications.

Sivil, Richard Charlton. 2009. "Understanding Philosophical Counseling". *South African Journal of Philosophy* 28: 199-209. https://doi.org/10.4314/sajpem.v28i2.46679

Slote, Michael. 2010. *Moral Sentimentalism.* Oxford: Oxford University Press.

Stewart, Jon. 2023. "Schopenhauer's Theory of Human Suffering and Lack of Meaning." In *A History of Nihilism in the 19th Century,* edited by Jon Stewart,

126-148. Cambridge: Cambridge University Press. https://doi.org/10.1017/9781009266734.006.

Van Deurzen, Emmy. 2012. *Existential Counseling and Psychotherapy in Practice.* London: SAGE Publications.

Yalom, Irvin. 1996. *Lying on the Couch.* New York: Basic Books.