



Basic Psychological Needs as Process and Content in Organismic Process Therapy (OPT): An SDT Framework for Counseling Practice

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Basic Psychological Needs as Process and Content in Organismic Process Therapy (OPT): An SDT Framework for Counseling Practice

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ABSTRACT

Background: Self-Determination Theory (SDT) offers a well-established framework for understanding human motivation, psychological well-being, and maladjustment within relational contexts. Despite its strong empirical foundation, the translation of SDT into a structured counseling process model remains limited in the counseling literature. **Objective:** This article aims to develop Organismic Process Therapy (OPT) as a theory-grounded counseling framework that systematically translates SDT principles into a coherent therapeutic model for counseling practice. **Method:** Using a theoretical and conceptual analysis, this study synthesises literature from SDT, humanistic and constructivist counseling traditions, and research on motivation, trauma, attachment, and multicultural counseling to construct an integrative conceptual model. **Result:** The analysis proposes OPT as a counseling model in which the satisfaction of three basic psychological needs, autonomy, competence, and relatedness functions simultaneously as both the process and the content of therapy. The model is organised into three recursive phases: relational attunement, motivational clarification, and autonomy restoration, which guide counselors in facilitating autonomy-supportive therapeutic relationships. **Conclusion:** OPT conceptualises counseling as a relational context that restores basic psychological needs and supports clients' movement toward volitional functioning and psychological integration. **Contribution:** The framework provides an integrative bridge between motivation theory and counseling practice, offering theoretical guidance for counseling practice, counselor education, and supervision while establishing a conceptual foundation for future empirical research on autonomy-supportive therapeutic processes.

1. INTRODUCTION

During the past two decades, research in counseling and psychotherapy has increasingly emphasised empirically supported approaches that attend not only to symptom reduction but also to the quality of the client's engagement in change (Ryan & Deci, 2008; Wampold & Budge, 2012). Despite advances in evidence-based practice, counselors continue to seek coherent frameworks that integrate theory, research, and humanistic process (Anchin & Marquis, 2024). Among contemporary theories of motivation, self-determination theory (SDT) (Deci & Ryan, 1985, 2000; Ryan & Deci, 2017) has proven especially valuable

for uniting empirical rigour with counseling's core values of respect, empathy, and growth.

SDT rests on an organismic metatheory that views human beings as active, growth-oriented organisms whose natural tendencies toward integration and vitality depend on the satisfaction of three innate basic psychological needs: autonomy, competence, and relatedness. When these needs are supported, individuals flourish; when they are thwarted, vulnerability to psychological distress and dysfunction increases (Ryan & Deci, 2017). Counseling, viewed through this lens, is fundamentally a process of rees-

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establishing need satisfaction within the relational context of therapy.

Despite broad consensus on the ethical centrality of client autonomy, few counseling models explicitly describe how to cultivate it in practice. Many evidence-based protocols focus on externally defined techniques and outcomes, leaving counselors to infer how to promote clients' sense of ownership and volition (Lynch et al., 2011). The Organismic Process Therapy (OPT) model addresses this gap by synthesising SDT's motivational framework with the relational and experiential insights of humanistic and constructivist counseling traditions (Guiffrida, 2015a, 2015b; Halligan et al., 2017; Patterson & Joseph, 2007).

The term organismic reflects SDT's foundational assumption that individuals possess an intrinsic tendency toward integration and coherence. Growth occurs when social and relational conditions support this natural tendency, but contexts of control or neglect disrupt it. In counseling, this means that genuine change arises not from external manipulation but from the restoration of self-determined motivation within supportive relationships. OPT thus conceptualises counseling as a process through which clients reclaim authorship of their experience and reconnect with their own vitality.

Historically, OPT has stood at the intersection of three developments in the counseling literature. First, SDT research has demonstrated that autonomy supportive environments promote deeper engagement and more durable change (Pelletier et al., 1997; Dwyer et al., 2011). Second, the common factors tradition highlights therapeutic alliance, empathy, and collaboration as consistent predictors of positive outcomes across theoretical orientations (Norcross & Lambert, 2018). Third, contemporary counseling has sought to integrate evidence-based methods with person-centred values (Wampold & Imel, 2015). OPT brings these threads together by viewing autonomy support as the motivational mechanism underlying the power of common factors.

In this synthesis, the counselor's role extends beyond technique to the creation of a need supportive environment, one in which the client experiences autonomy, competence, and relatedness as real, moment-to-moment phenomena. The counselor's stance, characterised by authenticity, empathic attunement, and collaboration, becomes the primary catalyst for transformation. Within such a climate, interventions drawn from any theoretical orientation can serve the same overarching purpose: to help clients integrate their experiences into coherent, self-endorsed meaning systems. Counseling, in this sense, is an inherently organismic process, a movement from external control toward internal coherence, from fragmentation toward integration, and from compliance toward volition.

This article elaborates on this framework, showing how SDT's principles can be operationalised in counseling

practice through the OPT model. It illustrates the model's practical application through a detailed case study and discusses' implications for counselor education, supervision, and future research.

Self-Determination Theory has been widely used to explain human motivation, psychological well-being, and adaptive functioning across educational, organisational, and clinical contexts. Previous studies have demonstrated that the fulfilment of basic psychological needs, namely autonomy, competence, and relatedness, plays a central role in promoting psychological health and intrinsic motivation. However, most SDT-based research has focused primarily on empirical findings related to motivation and well-being rather than translating these theoretical insights into a coherent counseling process model. Although autonomy-supportive practices have been discussed in the psychotherapy and counseling literature, integrating SDT principles into a systematic therapeutic framework that clearly explains the process of change in counseling remains limited. In addition, existing counseling models often draw on humanistic or cognitive traditions but rarely conceptualise the satisfaction of basic psychological needs as both the core mechanism and the content of therapeutic intervention. This theoretical gap indicates the need for a conceptual framework that integrates SDT with counseling practice in a structured and process-oriented manner.

This study aims to develop a theoretical framework for Organismic Process Therapy (OPT) grounded in Self-Determination Theory. Specifically, the study seeks to conceptualise how the satisfaction of basic psychological needs, including autonomy, competence, and relatedness, can function as both the process and the content of counseling. By synthesising literature on motivation, humanistic and constructivist counseling traditions, and trauma, attachment, and multicultural counseling, this article proposes a structured counseling model comprising relational attunement, motivational clarification, and autonomy restoration. Through this conceptual development and illustrative case example, the study aims to provide a coherent framework to guide counseling practice and inform future empirical research on autonomy-supportive therapeutic processes.

2. THEORETICAL FRAMEWORK

2.1 Conceptual Framework Development Model

2.1.1 Theoretical Foundations: Self-Determination Theory and the Organismic View of the Person

Self-Determination Theory (SDT) (Deci & Ryan, 1985, 2000; Ryan & Deci, 2017) provides an empirically grounded account of human motivation and well-being that has proven applicable across domains of life, including psychotherapy, education, and health care. At its core, SDT posits that humans are active organisms endowed with an

inherent tendency toward psychological growth and integration. This process depends on the satisfaction of three basic psychological needs: autonomy, competence, and relatedness. Autonomy refers to experiencing one's actions as self-endorsed and congruent with one's values, the sense of being the origin rather than the pawn of behaviour. Competence involves feeling effective in interacting with one's environment and achieving desired outcomes. Relatedness reflects the sense of being cared for, connected, and significant within one's relationships.

These needs are understood as nutriments essential for human flourishing (Ryan & Deci, 2017). When supported, they yield vitality, authenticity, and resilience; when thwarted, they lead to alienation, fragmentation, and vulnerability to psychopathology (Vansteenkiste & Ryan, 2013; Lynch, 2014). From this perspective, counseling's fundamental task is to provide a relational context that restores these psychological nutriments, or, perhaps more accurately, the ability to recognize and access them in the environment. Thus, as will be elaborated upon, basic needs provide a framework for thinking about both the content of therapy (the client's presenting issues) and the process of therapy (how those issues can be addressed within the client-counselor relationship).

2.1.2 From Mechanistic to Organismic Metatheories

In contrast to earlier mechanistic theories such as behaviourism, which emphasized external contingencies and reinforcement (Skinner, 1953), SDT adopts an organismic metatheory that assumes human beings are naturally inclined toward growth and self-regulation. Whereas mechanistic models focus on controlling external forces, organismic models emphasize the internal integration of experience. In counseling, this distinction is crucial: change achieved through external pressure may produce temporary compliance, but enduring transformation arises only when clients internalize the reasons for change in a self-determined manner.

This difference can be described through the metaphor of the acorn: just as an acorn contains the potential to become an oak tree but requires appropriate environmental conditions (soil, water, sunlight), people possess an inherent tendency toward development that depends on supportive social conditions. The growth history of each individual, whether tree or human, will be unique, but the nutrients required for life and growth are the same. Counseling, in this sense, functions as the psychological equivalent of a greenhouse with fertile soil, a nutrient-rich context providing both light and warmth that enables clients' natural tendencies toward growth to unfold.

2.1.3 Motivation along the Continuum of Autonomy

A key contribution of SDT is its differentiation between controlled and autonomous forms of motivation. Rather than viewing motivation as a simple dichotomy, SDT

articulates a continuum of internalization (Ryan & Connell, 1989) that ranges from external regulation (behaviour driven by external contingencies) to intrinsic motivation (engagement driven by inherent satisfaction). SDT identifies several points along the continuum: (1) External regulation: behaviour driven by external rewards or punishments ("I go to therapy because the court ordered me"); (2) Introjected regulation: behaviour controlled by internal pressures such as guilt or ego involvement ("I should go to therapy so I do not feel like a failure"); (3) Identified regulation: behaviour recognized as personally important and self-endorsed ("I go because I value improving my relationships"); (4) Integrated regulation: behaviour that is fully assimilated with one's sense of self and values ("Therapy helps me live according to who I truly am"); (5) Intrinsic motivation: engagement in an activity for its inherent interest and satisfaction.

This continuum underscores that motivation is dynamic and context sensitive. The counselor's goal is not to impose motivation but to create conditions that facilitate internalization, helping clients move from controlled to autonomous forms of regulation.

2.1.4 Autonomy Support as a Facilitator of Therapeutic Change

Research across modalities demonstrates that autonomy supports the counselor's ability to respect clients' perspectives, provide meaningful rationales, and offer choice within structure, which predicts better therapeutic outcomes (Markland et al., 2005; Lynch et al., 2011; Ryan et al., 2011). When counselors adopt an autonomy supportive stance, clients experience counseling as collaborative rather than coercive, thereby increasing engagement, persistence, and well-being (Ryan & Deci, 2017). Supporting any of SDT's three basic needs (autonomy, competence, relatedness) is held to promote internalization of motivation along the continuum, but support for autonomy within a relationship characterised as genuine or authentic is believed to be key in this regard (Lynch, 2013; Lynch, 2014; Lynch & Sheldon, 2020).

Autonomy support involves four key behaviours: (1) Acknowledging and validating clients' internal experiences, including any negative feelings (even resistance) they may have about coming to counselling; (2) Providing meaningful explanations (rationales) for therapeutic tasks; (3) Offering choice and flexibility within structured guidance; d) Avoiding controlling language or evaluative pressure

Conversely, a controlling therapeutic stance characterized by pressure, surveillance, or conditional approval undermines motivation and often reproduces the very patterns of external control that clients bring into therapy.

2.1.5 Integrating Attachment, Emotional Reliance, and Autonomy

SDT's view of autonomy harmonizes with attachment theory (Bowlby, 1988) by distinguishing between volitional dependence (autonomously chosen reliance) and controlled dependence (obligatory reliance): the relationship experienced as secure allows the person to feel safe and free to explore, that is, to exercise autonomy in the pursuit of one's interests and curiosity while building a sense of competence, feeling the presence, encouragement, and availability of the important other (Lynch, 2013; Williams et al., 2006). This nuance resolves a longstanding tension in counseling theory: the mistaken assumption that autonomy and connection are mutually exclusive. In fact, SDT asserts that autonomy and relatedness are mutually enabling: clients can rely more deeply on others when those relationships are experienced as noncontrolling and supportive of volition (Ryan et al., 2011). In counseling, this dynamic translates into a paradoxical yet liberating truth: autonomy flourishes most fully within relationships that honour interdependence.

2.1.6 Common Factors as Need Satisfaction

The common factors tradition in psychotherapy emphasizes alliance, empathy, and positive regard as universal mechanisms of change (Cuijpers et al., 2019; Wampold & Budge, 2012; Norcross & Lambert, 2018). SDT provides a unifying rationale for these findings: empathy and positive regard satisfy the need for relatedness; collaborative goal setting supports autonomy; and constructive feedback nurtures competence (Baier et al., 2025). Thus, from an SDT perspective, what makes counseling effective across modalities is not primarily the technique but the degree to which counseling relationships support basic psychological needs.

2.1.7 Trauma, Control, and Integration

From an SDT perspective, trauma can be understood as a profound and chronic thwarting of psychological needs (Lynch, 2012; Herman, 1992). Experiences of helplessness and relational betrayal lead to internalized patterns of self-control, self-blame, and hypervigilance. OPT approaches trauma not merely as symptom management but as a process of restoring volition and coherence. The counselor's task is to help clients reclaim agency within supportive relationships, transforming their relational experience from one of coercion to one of safety and choice.

2.1.8 Cultural and Contextual Dimensions of Autonomy

While some critics suggest that autonomy is a Western construct, cross-cultural research within SDT demonstrates that autonomy, as volition rather than independence, is a universal psychological need (Chirkov et al.,

2011; Lynch, 2023; Lynch et al., 2011; Kim, 2011). Within collectivist cultures, autonomy often manifests as the volitional endorsement of communal goals rather than self-focused independence. Culturally attuned counseling, therefore, involves helping clients identify which of their cultural norms and commitments feel self-chosen and which feel externally imposed (see, for example, Lynch, 2020).

2.1.9 Summary of Theoretical Foundations

In sum, SDT provides a theoretically coherent and empirically validated account of human motivation that closely aligns with counseling's relational values. The Organismic Process Therapy (OPT) model translates this theory into practice, framing counseling as a process of restoring autonomy within a relationship, a process that is both deeply humanistic and empirically testable.

3. RESULT AND DISCUSSION

3.1 Results

3.1.1 The OPT Framework and the Content of Counseling

The OPT model proposes that basic psychological needs provide an important lens through which to view the content of counseling, specifically, the client's presenting concerns. Counselors can use the framework of basic psychological needs to conceptualize both clients' strengths and vulnerabilities. Positively, a robust body of research links need satisfaction with positive affect, vitality, and life satisfaction (Deci & Ryan, 2000; Ryan & Deci, 2017). Presenting concerns, on the other hand, can often be understood as expressions of unmet needs (Wong et al., 2012). For example, loneliness may indicate a lack of relatedness; low self-esteem may reflect failures in competence; and indecision or ambivalence may signal a deficit in autonomy. Problems in everyday living may thus often be connected to low levels of satisfaction with one or more of the three basic needs. However, basic psychological needs may also shed light on the aetiology of more serious forms of pathology. Some studies suggest that specific patterns of need deprivation may contribute to particular disorders. For example, need deprivation has been associated with anxiety, depression, and maladaptive coping (Vansteenkiste & Ryan, 2013). Severe deprivation of relatedness has been implicated in borderline personality features, while thwarted competence or autonomy may contribute to eating disorders (Boone et al., 2014).

It is important to note that the impact of deprivation, also referred to as frustration or thwarting, likely goes beyond that of situationally low levels of need satisfaction. This is because frustration suggests that an important other is actively blocking or undermining one's attempts to satisfy one or more of the three basic needs essential to growth, integration, and well-being. The developmental

impact of early, severe, chronic deprivation is likely to be profound, particularly when that deprivation comes at the hands of caregivers; it can lead to internalized contingencies that undermine authentic motivation and, potentially, fractures in the self (Ryan, 2005; Vansteenkiste & Ryan, 2013). Thus, from this perspective, psychopathology can be viewed as the cumulative result of need deprivation or frustration. Conversely, environments that restore need satisfaction can reactivate clients' innate growth tendencies.

When counselors assess clients from an SDT-informed perspective, they consider both the historical and current conditions of need satisfaction. Assessment involves asking: Which needs are being met, and which are frustrated? In what contexts? How does the client experience autonomy, competence, and relatedness within significant relationships? These questions form the basis for both diagnosis and treatment planning within an OPT framework.

3.1.2 The OPT Framework and Counseling Process

The Organismic Process Therapy (OPT) model translates Self-Determination Theory (SDT) into a pragmatic, phase-based counseling approach. It conceptualizes counseling as a dynamic, recursive process through which clients reclaim self-determination within supportive relationships. OPT delineates three overlapping phases that correspond to motivational and relational transformations: (1) Relational Attunement, (2) Motivational Clarification, and (3) Autonomy Restoration (see Xu & Lynch, *under review*).

Although these phases are presented sequentially for clarity, in practice they recur cyclically as the counselor continuously assesses and responds to the client's motivational and emotional state.

a) Phase 1: Relational Attunement

Relational attunement provides the foundation of the therapeutic process. It refers to the counselor's capacity to be fully present with the client and to perceive, with empathy and accuracy, the client's inner frame of reference. Within SDT, attunement is the interpersonal mechanism that satisfies the client's need for relatedness and creates the safety necessary for autonomous functioning (Ryan & Deci, 2017; Lynch, 2014).

Core Principles: (1) Empathic Understanding and Presence: The counselor prioritizes understanding the client's lived experience before attempting interpretation or intervention. This conveys that the client's perspective is valid and worthy of exploration, fostering acceptance and trust; (1) Nonjudgmental Acceptance: Consistent with Rogers' (1959) principle of unconditional positive regard, acceptance communicates that clients are more than their behaviours or symptoms. Recognizing the psychological logic beneath maladaptive actions lays the groundwork for

change; (3) Attuned Responsiveness: The counselor monitors and adjusts to subtle cues of threat, withdrawal, or disengagement. These moments often indicate a need for frustration and call for renewed empathy or collaborative pacing; (4) Co-creation of Safety: Particularly for clients with trauma histories, psychological safety arises through shared control over session structure and therapeutic goals. The counselor's collaborative stance models respect and partnership, transforming the therapy relationship into an experience of mutual empowerment (Lynch, 2012, 2014).

Clinical Function: Relational attunement functions as the relational soil in which motivational change can take root (recalling the metaphor of the acorn). As clients experience attuned understanding and acceptance, defensive compliance gives way to openness and curiosity. In SDT terms, they begin shifting from controlled to more autonomous regulation. This phase thus represents the relational context necessary for the emergence of genuine, self-determined motivation.

b) Phase 2: Motivational Clarification

Once a sense of safety and connection is established, the counselor helps clients explore the *why* of their change efforts. Motivational clarification involves examining the internal and external pressures that shape clients' behaviours and fostering awareness of personal values and volition.

Core Interventions: (1) Eliciting Ambivalence and Values: The counselor invites clients to articulate conflicting motives their "shoulds" versus "wants." This nonjudgmental exploration increases clients' reflective awareness and supports integration; (2) Clarifying the Locus of Causality: Drawing on deCharms's (1968) concept of perceived locus of causality, the counselor helps clients identify when their behaviour feels self-endorsed rather than externally compelled. Recognizing the difference between acting *freely* and *under pressure* is pivotal to self-determination; (3) Exploring Identity and Values: The counselor facilitates a connection between therapeutic goals and personally meaningful values, transforming identified regulation into integrated motivation (Ryan & Deci, 2008); (4) Challenging Internalised Control: Clients often carry within them internalized voices of control, the "introjects" of past caregivers, teachers, or cultural authorities. Rather than rejecting these voices outright, the counselor helps clients examine their origins and decide whether to retain or revise them. This process transforms externally imposed, often rigidly held standards into self-chosen commitments.

Clinical Function: Motivational clarification is both analytical and experiential. Through empathic inquiry and reflective dialogue, clients discover that their own experiences and values matter within therapy. The counselor's stance of curiosity and respect contrasts with clients' histories of coercion or neglect, allowing internalization to

proceed through need satisfaction rather than compliance. Resistance is acknowledged and explored rather than corrected; SDT's perspective in this regard is similar to that of motivational interviewing (Deci & Ryan, 2012; Markland et al., 2005; Miller & Rollnick, 2012).

This phase also helps the counselor tailor interventions according to the client's motivational level, along the continuum of motivation identified within SDT. For instance, clients high in external regulation may benefit from structure and clear rationale, whereas those already internally motivated may thrive with increased choice and exploration. The counselor thus operates as a *facilitator of integration* rather than a director of change.

c) Phase 3: Autonomy Restoration

Autonomy restoration represents the consolidation of change, the process through which clients enact self-endorsed behaviours and internalize new patterns of thought, feeling, and relating. It is not synonymous with independence; rather, it is the ability to act volitionally within connected and meaningful relationships.

Core Components: (1) Supporting Competence through Mastery Experiences: The counselor assists clients in creating opportunities for successful engagement. These experiences build confidence and competence, reinforcing volition; (2) Scaffolding and Feedback: Consistent with Vygotsky's (1978) concept of the zone of proximal development, the counselor provides structure that is optimally challenging, neither overwhelming nor infantilizing. Feedback emphasizes progress, effort, and learning rather than evaluation; (3) Relational Reengagement: As clients strengthen their autonomy, they begin to test new ways of relating. The counselor models and reinforces autonomy-supportive communication, expressing needs without coercion, setting boundaries without withdrawal, and depending on others by choice; (4) Sustaining Internalization: The final goal of therapy is enduring autonomous self-regulation. Clients learn to recognize environmental conditions that either support or thwart their needs and to advocate for themselves accordingly.

Clinical Function: Autonomy restoration closes the motivational loop initiated in attunement and clarified in reflection. Clients who once acted under pressure now act with self-endorsement. The counselor's role shifts from active guidance to collaborative support, celebrating clients' self-determination and reinforcing their capacity to sustain growth beyond therapy. Autonomy thus serves as a process and outcome in therapy (Lynch et al., 2011).

Interconnectedness of Phases: Although described sequentially, these three phases are iterative. Clients may cycle through them repeatedly, in a spiral of growth (Basch, 1980), as they encounter new challenges or regress under stress. For example, moments of resistance often signal the need to return to relational attunement; rene-

wed ambivalence calls for motivational clarification. This cyclical movement parallels SDT's depiction of integration as an ongoing dialogue between the self and its context (Ryan & Deci, 2017).

By providing a flexible yet principled framework, OPT helps counselors integrate diverse interventions while maintaining fidelity to the overarching goal of fostering satisfaction in autonomy, competence, and relatedness.

3.1.3 Case Study: "Susan"

a) Background and Presenting Concerns

"Susan" (a pseudonym) was a 42-year-old woman referred to counseling by her primary care physician due to chronic anxiety, low mood, and relational exhaustion. She described feeling "stuck between doing everything for everyone and feeling empty." The eldest of three siblings and a mother of two adolescents, Susan worked at a high-pressure nonprofit agency. Her personal history included emotional neglect in childhood and an emotionally controlling marriage from which she had recently separated.

She presented with pervasive guilt and self-criticism, repeatedly stating that she "could not do enough" and "never felt free to make [her] own choices." Although she sought counseling voluntarily, she initially expressed uncertainty about what she wanted, saying, "I know I need to change, but I do not even know where to start."

From an Organismic Process Therapy (OPT) perspective, Susan's difficulties reflected chronic need thwarting. Her autonomy had been undermined by controlling interpersonal environments; her competence eroded by internalised standards she could never meet; and her relatedness compromised by relationships organised around obligation rather than mutuality. The therapeutic task, therefore, was to help her rediscover volition within connection: to experience herself as both agentic and relationally safe.

b) Phase 1: Relational Attunement

The counselor began by establishing a need-satisfying relationship characterized by acceptance, empathy, and collaboration. In the first several sessions, interventions were deliberately nondirective, emphasizing listening and validation. The counselor's consistent, calm presence helped to create a sense of safety that contrasted with Susan's past experiences of being judged or dismissed.

Counselor: "It sounds like part of you wants to make changes, and another part feels unsure or maybe even frightened. Does that fit?"

Susan: "Yes, exactly. I want to stop saying yes to everyone, but I am afraid people will think I do not care."

Counselor: "So saying yes helps you feel connected, but it also leaves you drained."

Susan: "Yes. It is like the only way people care about me is if I am useful."

Rather than challenging Susan's statement directly, the counselor reframed her pattern as evidence of her deep capacity for connection. By honouring the value embedded in her behaviour rather than pathologizing it, the counselor affirmed Susan's agency and preserved her dignity. This stance met her need for relatedness while laying the foundation for motivational clarification.

The counselor also began gently highlighting moments when Susan exercised choice, even in small ways. When she described choosing to take a walk instead of responding to emails one evening, the counselor reflected, "You decided to take care of yourself in that moment that sounds like you were listening to what you needed." Such comments reinforced the emerging sense that her preferences and perceptions mattered, subtly supporting autonomy and competence.

c) Phase 2: Motivational Clarification

As safety developed, the focus shifted to exploring Susan's internal conflicts between controlled and autonomous motives. The counselor introduced language drawn from SDT, distinguishing between "shoulds" and "wants," and invited Susan to identify the voices that accompanied each.

In one pivotal session, Susan discussed declining a friend's request for help with a weekend project:

Susan: "I felt awful. She really needed me, and I said no."

Counselor: "What led you to say no?"

Susan: "I was exhausted. But I kept thinking, 'A good friend would not say no.'"

Counselor: "It sounds like there is an inner voice with strong rules about what makes someone good."

Susan: "Yes - it is my mother's voice. She always said we should never let anyone down."

Together, they explored how this internalized message, once adaptive in preserving relational bonds, now constrained her sense of freedom. The counselor asked, "If you were to listen not only to that voice but also to your own experience, what might you hear?" After a long silence, Susan replied, "That I am tired, and that saying no does not mean I do not care. It means I need rest."

This insight marked a significant shift toward identified regulation: Susan could now articulate self-endorsed reasons for behaviour rather than acting under compulsion. Subsequent sessions deepened this process through values clarification exercises (e.g., [Kirschenbaum, 2013](#)), in which Susan identified her most important personal commitments: being present with her children "without resentment," and "having relationships where I can breathe." Linking therapy goals to these intrinsic values strengthened internalization and reframed counseling as aligned with her deepest aspirations.

Throughout this phase, the counselor-maintained autonomy support by providing choices ("Would you like to explore this today or revisit it next time?"), offering ratio-

nales for interventions, and explicitly acknowledging ambivalence. Mindfulness and journaling exercises were introduced as options, not prescriptions, framed as tools for noticing internal signals rather than fulfilling therapist expectations.

d) Phase 3: Autonomy Restoration

With greater self-awareness, Susan began enacting new behaviours outside of sessions. She practised assertive communication, set clearer boundaries at work, and negotiated coparenting arrangements with her ex-husband. Each success reinforced her sense of competence and agency.

In early attempts, however, asserting autonomy provoked anxiety: "It feels wrong to put myself first." The counselor normalized this discomfort, explaining that shifts from controlled to autonomous motivation often elicit internal resistance ([Ryan & Deci, 2008](#)). They collaboratively explored these reactions, framing them as signs of emerging growth rather than regression.

To consolidate the change, the counselor incorporated role-play to strengthen autonomy-supportive communication. For example, Susan practised responding to requests in ways that balanced connection and choice: replacing "I cannot help you" with "I would like to help, but I need to rest so I can be fully present next time." This new language embodied both relatedness and autonomy, helping her internalize that self-care and care for others need not conflict.

A major turning point occurred when Susan decided to enrol in a part-time art class, an activity she had abandoned years earlier as "selfish." Discussing this decision, she said, "Painting feels like something that's mine." The counselor reflected, "It sounds like this is about expressing who you are, not just doing something for others." This reframing helped Susan see creativity as a self-endorsed pursuit rather than a form of rebellion. Over subsequent weeks, she reported feeling "more like myself" and described relationships as "simpler and more real."

e) Outcome and Integration

After approximately 20 sessions, Susan reported significant reductions in anxiety and fatigue, along with a stronger sense of clarity and purpose. On follow-up three months post-termination, she maintained boundaries, continued her art practice, and described a shift in motivation: "I am still helping people, but now it is because I want to, not because I have to."

From an OPT perspective, Susan's progress reflected a restoration of basic psychological needs. Her autonomy was reestablished through self-endorsed choices, her competence strengthened by successful mastery experiences, and her relatedness deepened through more mutual relationships. The counseling process thus exemplified how

need satisfaction operates as both the process and the outcome of therapeutic change.

3.2 Discussion

The case of Susan illustrates how Organismic Process Therapy (OPT) operationalises Self-Determination Theory (SDT) in counseling practice. Through the recursive phases of relational attunement, motivational clarification, and autonomy restoration, the counselor established a context in which the client's basic psychological needs for autonomy, competence, and relatedness were systematically supported. The result was not merely behavioural change but a qualitative transformation in the source of motivation: from compliance to volition, from self-criticism to self-endorsement.

3.2.1 Counseling as a Context for Need Satisfaction

From an SDT perspective, Counseling is not simply a venue for teaching skills or reducing symptoms; it is a social environment specifically designed to restore basic psychological needs that have been thwarted in prior relationships (Ryan & Deci, 2008; Ryan et al., 2011; Lynch et al., 2011). Specifically, the counseling relationship provides a kind of 'corrective' experience that helps the client identify their needs (framed in SDT's terms), accept those needs as valid, and learn how to meet them in their daily lives. When counselors empathically attune to clients' perspectives, provide structure without control, and affirm choice within the relationship, they recreate the developmental conditions necessary for integration.

In Susan's case, the counselor's relational stance transformed therapy into an experience of secure dependence, a paradoxical condition in which reliance on the counselor promoted, rather than diminished, autonomy (Lynch, 2013). Early sessions emphasised relatedness and safety; later work shifted toward competence and volition. This progression mirrored the natural sequence of self-regulation development in supportive environments (Ryan & Deci, 2017).

OPT thus reframes Counseling as a microcosm of organismic growth. The counselor's empathic engagement and collaborative structure provide the conditions for internalisation, allowing clients to reclaim authorship of their lives. By conceptualizing Counseling in terms of need satisfaction, OPT unites the relational and technical aspects of therapy within a single motivational framework.

3.2.2 Reframing Common Factors Through SDT

The common factors movement in psychotherapy identifies alliance, empathy, and positive regard as the most consistent predictors of outcome (Norcross & Lambert, 2018; Wampold & Budge, 2012). OPT offers a theoretical explanation for why these factors matter: each

represents a specific form of need support. Empathy and positive regard satisfy the need for relatedness. Collaboration and shared goal setting satisfy autonomy. Constructive feedback and clear structure satisfy competence.

By interpreting the common factors through SDT, OPT bridges the long-standing divide between evidence-based and humanistic traditions. It suggests that diverse techniques from cognitive restructuring to mindfulness to exposure derive their efficacy not from the mechanics of the intervention but from how they are delivered: whether they support or undermine the client's sense of volition, mastery, and connection.

3.2.3 Trauma, Control, and the Restoration of Volition

OPT's integration of SDT with trauma theory provides a particularly powerful framework for understanding recovery. Trauma represents an extreme form of need thwarting, characterised by loss of control and violation of relational safety (Herman, 1992; Lynch, 2012). Survivors internalise patterns of hyper control and self-surveillance that replicate the coercive conditions of the original trauma.

Within OPT, these patterns are not pathologised but contextualised as adaptive attempts to preserve a fragment of autonomy under conditions of helplessness. The counselor's empathic recognition of these adaptations serves a dual purpose: it honours the client's resilience while simultaneously offering a new relational experience of safety without submission. Over time, this experience enables clients to act from choice rather than fear, completing the motivational transformation that defines recovery.

3.2.4 Multicultural and Contextual Applications

A frequent critique of autonomy-based models is that they reflect Western individualism. SDT, however, defines autonomy as volition rather than independence. Research across cultures demonstrates that the need for autonomy is universal, though its expression varies (Chirkov et al., 2011; Lynch, 2023; Lynch et al., 2011; Kim, 2011). In collectivist contexts, autonomy often involves the volitional endorsement of interdependence: choosing to act in accordance with communal values rather than being compelled by them.

In multicultural Counseling, autonomy support therefore translates into deep respect for cultural meaning systems. Rather than assuming Western notions of individualism, the counselor asks: "Does this behaviour feel self-chosen or pressured?" OPT thus helps counselors navigate cultural differences without imposing ethnocentric values. It also highlights how oppression and systemic inequity function as chronic forms of need thwarting, calling for both individual and structural interventions to restore autonomy, competence, and relatedness (Walck et al., accepted).

3.2.5 Implications for Counselor Education and Supervision

The motivational principles that guide OPT also apply to counselor training and supervision. Research shows that autonomy-supportive supervision, characterised by empathy, collaboration, and acknowledgement of supervisees' perspectives, enhances professional motivation, learning, and well-being (Guiffrida, 2015a, 2015b; Halligan et al., 2017).

Training programs grounded in OPT can promote counselor development by: (1) Modelling Attunement: Faculty and supervisors demonstrate empathic curiosity and respect for students' experiences; (2) Encouraging Reflective Autonomy: Trainees are invited to articulate their theoretical preferences and ethical reasoning rather than conform rigidly to prescribed models; (3) Scaffolding Competence: Feedback emphasises growth and mastery, fostering confidence without coercion.

By mirroring the autonomy-supportive dynamics of effective Counseling, OPT-informed supervision not only enhances skill acquisition but also protects against burnout, a growing concern in the mental health professions.

3.2.6 Ethical and Philosophical Considerations

At its heart, OPT embodies a humanistic ethic: respect for persons as autonomous, relational beings. It aligns with the American Counseling Association's (2014) ethical mandate to promote client empowerment and self-determination. The model urges counselors to attend not only to what changes occur in therapy but also to how those changes are achieved. Change accomplished through coercion or manipulation, even if symptomatically effective, risks perpetuating dependence and alienation. In contrast, change that arises from volition promotes enduring well-being and integrity.

3.2.7 Integrative Power of the Model

OPT serves as a meta-theoretical bridge connecting diverse schools of thought. It allows counselors trained in cognitive behavioural, psychodynamic, or experiential traditions to retain their techniques while aligning them with a shared motivational framework. The model's unifying focus on need satisfaction clarifies why seemingly disparate interventions often yield similar results: they each, when delivered autonomously, meet fundamental human needs.

In this sense, OPT not only advances the scientific understanding of Counseling but also restores its philosophical foundation: that therapy is a process of freeing the self to grow. It is not coincidental that the acronym OPT connotes autonomy and choice (options, to opt) and positive (optimal) processes.

4. IMPLICATIONS AND CONTRIBUTIONS

4.1 Implications of the Proposed Conceptual Framework

The proposed Organismic Process Therapy model has several implications for counseling theory, practice, and professional training. Conceptually, it provides a structured framework for translating the principles of Self-Determination Theory into counseling processes that emphasise the fulfilment of autonomy, competence, and relatedness within the therapeutic relationship. Practically, the model offers counselors a process-oriented framework consisting of relational attunement, motivational clarification, and autonomy restoration that can guide interventions aimed at strengthening clients' self-determined functioning. In counselor education and supervision, OPT may serve as a pedagogical framework to help trainees understand how autonomy-supportive relationships facilitate psychological growth and integration. Furthermore, the model encourages counselors to consider contextual factors such as trauma history, attachment patterns, and cultural dynamics when supporting clients' motivational development.

3.6 Contributions of the Conceptual Framework

This article contributes to the counseling literature by proposing Organismic Process Therapy as a conceptual framework that integrates motivation theory with counseling practice. By positioning the satisfaction of basic psychological needs as both the process and the content of the therapy, the model extends the application of Self-Determination Theory beyond explanatory research into a practical therapeutic approach. The article also bridges several traditions, including humanistic counseling, constructivist perspectives, and contemporary motivation research, thereby offering a unifying perspective for understanding therapeutic change. In addition, the inclusion of a case illustration provides an example of how the framework may operate in real counseling contexts. Overall, this study contributes a theoretically grounded model that can guide future empirical research, clinical innovation, and the development of autonomy-supportive counseling interventions.

5. LIMITATIONS AND FUTURE RESEARCH DIRECTIONS

5.1 Limitations of the Conceptual Framework

Although the Organismic Process Therapy (OPT) model is grounded in robust empirical and theoretical traditions, several limitations warrant consideration. First, empirical validation of OPT as a distinct counseling framework remains in its infancy. Although the model integrates well-established findings from self-determination theory (SDT) and motivation research, future studies, both qualitative and quantitative, are needed to examine the process and outcome variables unique to OPT. For example, researchers might assess whether changes in autonomy,

competence, and relatedness mediate the relationship between therapeutic alliance and client outcomes across counseling modalities.

Second, further work is needed to operationalise counselor behaviours that support autonomy, competence, and relatedness across different theoretical orientations. Establishing reliable process measures would facilitate training and fidelity assessment, allowing empirical comparison of OPT-informed practice with other evidence-based approaches.

Third, much of the existing SDT literature has been conducted in Western cultural contexts. Although cross-cultural research supports the universality of psychological needs as nutrients for well-being (Chirkov et al., 2011; Lynch et al., 2011; Lynch, 2023), additional studies should explore culturally specific expressions of need satisfaction and frustration in counseling relationships. Qualitative and mixed-methods designs could illuminate how clients in diverse cultural settings experience autonomy and relatedness within therapeutic contexts (Walck et al., accepted).

Fourth, clinical research should examine OPT's applicability to specific presenting concerns and populations. For instance, trauma survivors may benefit from interventions emphasising safety and volition restoration, whereas clients struggling with perfectionism or shame might require competence-focused scaffolding. Longitudinal and experience-sampling designs could clarify how need-supportive therapy influences maintenance of change after counseling ends.

Finally, the implications of OPT extend beyond individual counseling to counselor well-being and organisational climate. Studies of supervision and workplace motivation suggest that autonomy-supportive environments protect against burnout and promote vitality (Deci & Ryan, 2012).

5.2 Recommendation for Future Research Directions

Future research might explore whether counselors trained in OPT principles sustain higher levels of professional motivation and experience lower attrition rates in counseling practice. In addition, further investigation is needed to strengthen the empirical foundation of Organismic Process Therapy through systematic and multidisciplinary studies. Both quantitative and qualitative research can be conducted to examine the therapeutic processes and outcomes associated with OPT, particularly the role of autonomy, competence, and relatedness in supporting clients' psychological growth and well-being. Experimental and longitudinal research designs may also be useful for evaluating the effectiveness of OPT-based interventions compared with other established counseling approaches. Moreover, future studies should develop reliable and valid instruments to measure counselor behaviours that support psychological needs during therapeutic inte-

ractions. Cross-cultural research is equally important for exploring how psychological needs are expressed and experienced across diverse cultural contexts, and for adapting OPT principles accordingly. Clinical studies may also examine the applicability of OPT across different client populations and presenting concerns, including trauma, anxiety, depression, and issues related to self-esteem or identity development. Through continued empirical investigation and scholarly dialogue across counseling research, practice, and education, the development of OPT can be further refined. Ultimately, the potential of this model lies not only in its integrative theoretical framework but also in its capacity to reinforce counseling practice as a relational process that supports the restoration of human agency.

6. CONCLUSION

The Organismic Process Therapy (OPT) model offers a coherent, empirically informed, and humanistically grounded framework for counseling practice. Rooted in Self-Determination Theory (SDT), it conceptualizes psychological transformation as the restoration of autonomy within supportive relationships. OPT reframes counseling not as a process of fixing pathology, but as one of reconnecting clients to their innate capacity for volitional functioning, relational safety, and competence. It uses the construct of basic psychological needs (autonomy, competence, and relatedness) as a framework for conceptualising both the content and the process of therapy.

Through the recursive processes of relational attunement, motivational clarification, and autonomy restoration, OPT operationalizes SDT's principles in moment-to-moment practice. As illustrated in Susan's case, the counselor's attunement to the client's perspective, collaborative exploration of motivational dynamics, and support for volitional choice created conditions in which self-determination could emerge. What began as compliance and self-criticism evolved into agency and integration, the hallmarks of psychological well-being.

Theoretically, OPT bridges counseling's empirical and humanistic traditions, offering a motivational lens through which diverse interventions can be understood. In practice, it provides counselors with a flexible yet principled guide for tailoring interventions to clients' motivational readiness while maintaining fidelity to autonomy-supportive values. Ethically, it affirms the counselor's role as a facilitator rather than a controller of change, a stance aligned with the American Counseling Association's (2014) emphasis on empowerment and client self-determination.

In an era of increasingly manualized practice, OPT reasserts the primacy of process over protocol. It invites counselors to view therapeutic methods as vehicles for supporting autonomy, competence, and relatedness rather than as ends in themselves. When these psychological needs are met, the organismic tendency toward growth

naturally unfolds. As Ryan and Deci (2008) observed, when individuals experience their behaviour as self-endorsed, change becomes not only possible but sustainable.

Ultimately, OPT integrates science and humanism to honour the essence of counseling: the restoration of human freedom within a relationship. By providing a theoretically robust and practically adaptable framework, it offers the field a way forward, one that is empirically grounded, ethically sound, and true to the discipline's core mission of fostering human growth.

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CRedit Authorship Contribution Statement

The author declares that the entire study and writing process for this article was conducted independently. The author assumes full responsibility for all data associated with this study. No other individual contributed as a co-author or made any significant contribution to the content of this work.

Declaration of GenAI Usage in Scientific Writing

During the preparation of this manuscript, the authors used artificial intelligence-based tools to assist with language editing and to improve the clarity and readability of the text. The use of these tools was limited to linguistic support and did not involve generating research ideas, conducting data analysis, or interpreting findings. The authors carefully reviewed and edited all outputs and take full responsibility for the accuracy, originality, and integrity of the content presented in this article. All instances of Generative AI usage in this article were conducted by the authors in accordance with the [IJCP GenAI Tool Usage Policy](#), with the authors assuming full responsibility for the originality, accuracy, and integrity of the work."

Conflict of Interest Statement

The authors declare that they have no any financial, professional, or personal conflicts of interest that could have influenced the conduct or presentation of the work presented in this manuscript.

Informed Consent Statement

The author declares that this study is a literature review and does not involve human participants, personal

data, or any other subjects. Therefore, written and verbal informed consent is not required. The entire study process was conducted in accordance with academic ethical standards, upholding scientific honesty, integrity, and the ethical use of legitimate sources.

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