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I Am the Main Character in My Own Story: A Psychological Counseling Case of Emotional Problems and Self-Identity in A Junior High School Student

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Abstract: This psychological counseling case involved a first-year junior high school boy who developed anxiety and depressive symptoms and fell into self-denial due to interpersonal difficulties. Guided by a positive psychology perspective, the school counselor conducted a systematic and integrative intervention by combining Solution-Focused Brief Therapy (SFBT) and Rational Emotive Behavior Therapy (REBT). The student received five individual counseling sessions over a period of one and a half months. Through the intervention, the client gradually modified his irrational beliefs, experienced reductions in anxiety and depressive symptoms, and developed a stronger sense of self-identity, ultimately achieving the expected counseling goals.

Keywords: junior high school student; general psychological problems; self-identity; Solution-Focused Brief Therapy; Rational Emotive Behavior Therapy

I. Case Overview

1.1 Background Information

The client, referred to as Liu to protect his identity, was a 13-year-old first-year junior high school boy with a younger brother. He had lived and studied in Guangzhou, China, since childhood. His family had an average socioeconomic status. Following his parents' divorce at the age of six, he had been raised by his mother, who exhibited a highly controlling parenting style.

Liu was introverted and generally demonstrated good academic performance and appropriate behavior at school. Because he primarily socialized with female classmates, he was ostracized by some male peers and subjected to derogatory labels, including being called “sissy.” As a result, he developed symptoms of anxiety and

depression accompanied by pervasive self-denial. He also experienced difficulty concentrating during class, and these symptoms had persisted for approximately two weeks before seeking psychological counseling. He reported no history of major physical illness or family history of psychiatric disorders.

1.2 Client's Self-Report

The client reported, “Friendship is very important to me, and I am afraid of conflicts with my close friends. However, those whom I consider my friends never stand up for me and often threaten to end our friendship, saying things like, ‘If you don't do what I say, we'll stop being friends.’ This makes me feel worthless and disrespected.

I want the boys in my class to stop spreading rumors and making hurtful comments about me. Being called a ‘sissy’ is deeply humiliating, and I do not dare tell anyone about it. I believe that if these things were not happening, I would be much happier at school.

My homeroom teacher informed my mother about my situation at school, but she did not understand what I was going through. Over the past two weeks, I have been feeling extremely anxious, experiencing frequent insomnia, feeling fatigued during the day, having difficulty concentrating in class, and noticing a significant decline in my academic performance.”

1.3 Counselor's Observations and Collateral Information

Counselor's observations. The client attended the counseling session independently and demonstrated a strong willingness to seek professional help. He appeared visibly distressed, with a persistently sad and depressed facial expression. He was able to describe his experiences in a clear and coherent manner and openly expressed his emotional distress throughout the session.

Homeroom teacher's report. According to the homeroom teacher and subject teachers, the client was perceived as a student who devoted little attention to his studies. Although he completed his homework on time, the quality of his work was often superficial. His primary focus appeared to be maintaining relationships with classmates, and he had recently become noticeably distracted during lessons.

Classmates' reports. Several male classmates reportedly insulted the client by calling him a “sissy” without provocation. Although he had a few close friends and belonged to a small peer group, he often assumed a highly submissive role within the group, frequently doing favors for other members, such as performing cleaning duties, bringing breakfast, and fetching drinking water.

Mother's report. The client's mother reported that he rarely contacted his father but had generally been cheerful and optimistic while growing up. She acknowledged having relatively high academic expectations for him, hoping that he would secure a less demanding job in the future. She also noted that he seldom talked to her about his experiences at school. After the homeroom teacher previously informed her of his interpersonal difficulties, she encouraged him to become more integrated with his classmates by interacting not only with girls but also with boys, believing that this would prevent him from being ridiculed. However, she was uncertain whether he had accepted her advice.

1.4 Pre-Counseling Psychological Assessment

After obtaining informed consent, the client completed the Symptom Checklist-90 (SCL-90), originally developed by Derogatis et al. (1977) and adapted into Chinese by Wang (1984), to evaluate psychological distress. The SCL-90 comprises 90 items across nine symptom dimensions, including somatization, obsessive-compulsive symptoms, interpersonal sensitivity, depression, and anxiety.

The client obtained a total score of 162, with a mean item score of 1.80, 46 positive symptom items, and a Positive Symptom Distress Index (PSDI) score of 3.52.

Compared with the Chinese normative data, the client's total score exceeded the clinical screening cutoff of 160, and the number of positive symptom items was above the reference threshold of 43, indicating clinically significant psychological distress. Furthermore, his scores on the Interpersonal Sensitivity, Depression, Anxiety, and Additional Items subscales reached or exceeded the established positive screening cutoffs. Among these dimensions, anxiety symptoms were the most prominent.

II. Analysis and Assessment

2.1 Problem Analysis

2.1.1 External Factors

The client's psychological difficulties appeared to be associated with multiple environmental risk factors. First, his family demonstrated impaired functioning, characterized by ineffective communication and limited emotional support. Growing up in a single-parent family following his parents' divorce, the relative absence of paternal involvement may have influenced the development of his male gender-role identity. The mother’s authoritarian parenting style, characterized by excessive psychological control and insufficient emotional responsiveness, may have hindered the development of autonomy and weakened the client’s self-concept clarity. Such parenting experiences may increase vulnerability to social-evaluative concerns and rejection sensitivity. Consequently, interpersonal difficulties with peers may trigger heightened social anxiety, negative self-appraisals, and emotional distress (Haghshenas et al., 2024; Qin & Peng, 2024). In addition, persistent negative peer experiences may deprive adolescents of important sources of emotional support and social belonging, further intensifying feelings of isolation and impairing psychological adjustment (Li et al., 2024).

2.1.2 Internal Factors

At the cognitive level, the client exhibited prominent negative automatic thoughts and cognitive distortions, including catastrophizing and overgeneralization. For example, the client reported thoughts such as “My classmates ignore me because I am useless” and “I feel ashamed when I am alone at school.” These irrational beliefs may reinforce negative interpretations of interpersonal experiences, undermine self-worth, and further contribute to negative emotional states, including anxiety and depressive symptoms. Previous research has indicated that negative self-evaluation and heightened concerns about social evaluation are important cognitive risk factors for social anxiety and depressive symptoms among adolescents (Saiding et al., 2025; Cao et al., 2025).

At the personality level, the client demonstrated relatively high levels of introversion and interpersonal sensitivity, with increased concerns about others' evaluations and changes in interpersonal relationships. These characteristics may heighten perceived interpersonal threats and increase vulnerability to social distress. When experiencing peer conflicts or relational difficulties, the client may be more likely to engage in negative self-attribution and repetitive negative thinking. Previous studies have shown that social-evaluative sensitivity and self-esteem are closely associated with social anxiety among adolescents, while positive social support can buffer against negative psychological outcomes (Saiding et al., 2025).

At the emotional level, the client showed persistent preoccupation with peer relationship conflicts, accompanied by elevated emotional distress and a tendency to maintain negative affect. Due to insufficient emotion regulation strategies, negative emotional responses to interpersonal setbacks may further exacerbate anxiety and depressive symptoms, thereby contributing to a vicious cycle characterized by "negative cognition–negative emotion–interpersonal withdrawal" (Zsigo et al., 2024).

2.2 Assessment

Based on the interview data and psychological assessment results, the client was evaluated according to Guo's (2011) criteria for distinguishing between normal and abnormal psychological functioning. The client demonstrated consistency between subjective experiences and objective reality, coherence among cognitive, emotional, and behavioral processes, and relative stability in personality characteristics. In addition, the client showed adequate insight into their difficulties and a strong motivation to seek psychological assistance. The client's primary concerns centered on peer relationship difficulties and social-evaluative concerns, with identifiable situational triggers (e.g., fear of peer rejection and feelings of shame associated with being given a nickname). Although the client exhibited symptoms such as anxiety, negative self-evaluation, and emotional distress, these symptoms did not meet the diagnostic criteria for a psychological disorder.Therefore, the client was preliminarily conceptualized as experiencing subclinical psychological distress rather than a diagnosable mental disorder, indicating that school-based psychological counseling was an appropriate context for intervention.

III. Psychological Counseling

3.1 Counseling Goals

Following repeated discussions and mutual agreement with the client, the following counseling goals were established:

Short-term goals. To alleviate the client's anxiety, emotional distress, and other negative emotional symptoms, with the subjective distress rating reduced from 9 to 4 on a 10-point scale; to restore a normal sleep pattern; to help the client modify irrational beliefs characterized by self-denial and a diminished sense of self-identity; and to enhance self-identity and improve interpersonal relationships.

Long-term goals. Building upon the achievement of the short-term goals, the counseling aimed to help the client develop a more realistic and positive self-perception, strengthen a stable and positive sense of self-identity,

establish healthy interpersonal interaction patterns and rational beliefs, and ultimately promote his long-term psychological well-being.

3.2 Counseling Approaches and Theoretical Foundations

Positive psychology emphasizes that the goal of psychological counseling is not only to alleviate individuals' psychological distress but also to identify and cultivate their positive resources. By fostering positive psychological qualities and enhancing adaptive functioning, counseling can facilitate clients' personal growth and improve psychological well-being (Seligman & Csikszentmihalyi, 2000; Chakhssi et al., 2024). From this perspective, an integrative counseling approach combining Solution-Focused Brief Therapy (SFBT) and Rational Emotive Behavior Therapy (REBT) was adopted to facilitate the achievement of the counseling goals.

3.2.1 Solution-Focused Brief Therapy

Solution-Focused Brief Therapy (SFBT) is a future-oriented, goal-directed therapeutic approach that emphasizes solutions rather than problems. Instead of focusing extensively on the causes or nature of psychological difficulties, SFBT highlights clients' existing strengths, resources, and successful experiences, encouraging them to identify effective solutions and build on their existing capacities. A central assumption of SFBT is that clients are the experts on their own lives and possess the resources necessary to resolve their difficulties(Xu, 2013, 2019).

3.2.2 Rational Emotive Behavior Therapy

Rational Emotive Behavior Therapy (REBT) proposes that emotional disturbances arise primarily from irrational beliefs rather than from external events themselves((Ellis & Ellis, 2019). Through rational analysis and logical disputation, REBT aims to help clients identify and modify maladaptive beliefs, replace them with more rational and adaptive beliefs, and thereby alleviate emotional distress, develop healthier coping strategies, and promote adaptive personality development.

The core theoretical framework of REBT is the ABC model. In this model, A (Activating Event) refers to an external event or situation; B (Beliefs) refers to an individual's interpretations, evaluations, and beliefs regarding that event; and C (Consequences) refers to the resulting emotional and behavioral responses. According to the ABC model, emotional and behavioral consequences (C) are determined not directly by activating events (A), but by the individual's beliefs and interpretations (B) concerning those events.

3.3 Counseling Process and Clinical Rationale

The counseling process consisted of three phases.

Phase 1: Assessment and Establishment of the Therapeutic Relationship (Sessions 1–2)

The initial phase focused on assessment and the development of a trusting therapeutic relationship. Counseling techniques, including active listening, empathy, unconditional positive regard, psychological assessment, relaxation training, the empty-chair technique, and Solution-Focused Brief Therapy (SFBT) strategies,

were employed to collect relevant information, establish rapport, and conduct a preliminary psychological assessment.

An excerpt from the first counseling session is presented below.

Counselor: Thank you for coming today and for trusting me. What would you like me to help you with?

Client: I've been feeling really upset. At school, people keep calling me a "sissy," even though I've never done anything to them.

Counselor: It sounds as though this has been very painful for you. Would you like to tell me more about what has been happening?

Client: It's not just my classmates. Even people I don't know insult me. One day on the bus after school, I overheard two students saying, "That's the sissy from Grade 7." Can you imagine how I felt?

Counselor: I can understand why that would be extremely upsetting. Anyone in your situation would likely feel hurt.

(The client lowered his head and became tearful.)

Counselor: It's okay. This is a safe place. If you feel like crying, you don't need to hold your feelings back.

(After several minutes, the client gradually calmed down.)

Client: I really don't know what I can do just to be treated with basic respect.

Counselor: I can see that you're feeling very anxious right now. Would you be willing to do a brief relaxation exercise with me?

(The client nodded.)

The counselor then guided the client through approximately 15 minutes of relaxation training, incorporating soft background music and mindfulness-based relaxation instructions. Following the exercise, the client reported feeling noticeably calmer and more relaxed.

After the client's emotional state had stabilized, the Symptom Checklist-90 (SCL-90) was administered with his informed consent.

During the first counseling session, a trusting therapeutic relationship was established through active listening, empathic responses, and unconditional positive regard. In addition, relaxation training, including music-assisted relaxation and guided mindfulness relaxation, facilitated emotional regulation and helped the client release accumulated emotional distress. A preliminary psychological assessment was subsequently completed based on clinical observations, the counseling interview, and the SCL-90 assessment.

An excerpt from the second counseling session is presented below.

Counselor: Since our last session, what has gone a little better? Have there been any positive changes?

Client: Last week, I gave one of my close friends a gift, and she gave me this in return. I really like it.

(The client showed the gift.)

Counselor: That sounds like a meaningful and enjoyable experience.

Client: Yes... but whenever someone calls me names, I still can't stop feeling hurt.

Counselor: I understand. It sounds as though there are two different voices within you—one that fears being judged by others, and another that wants to face these situations with courage. Would you be willing to try an exercise that may help you explore these two parts of yourself?

(The client nodded.)

The counselor introduced the empty-chair technique by placing two chairs facing each other.

Counselor: Please sit in the chair on the left and imagine that the chair opposite you represents the part of yourself that is afraid of criticism and negative judgments. Speak to that part and express your worries and fears.

(The client engaged in the exercise and openly expressed his emotions.)

Counselor: You did very well. Now, I'd like you to switch to the other chair. This chair represents the courageous part of yourself. From that perspective, what would you like to say to the person sitting in the opposite chair?

(After a brief pause for reflection, the client changed seats.)

Client: Maybe I would say, "Don't be afraid. Everyone has their own value, and you also deserve to be respected and accepted."

Counselor: That's an important realization. You've just discovered the courageous voice within yourself.

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During the second counseling session, the empty-chair technique facilitated the client's awareness of the conflicting aspects of his internal experience and promoted the integration of these different parts of the self. The counselor also assigned a reflective homework exercise, encouraging the client to continue the dialogue between these two internal voices outside the counseling sessions. Furthermore, the intervention provided a safe and supportive environment in which the client could confront his emotional difficulties and begin developing more adaptive ways of coping. Changes in his emotional state were also monitored throughout the session.

Phase 2: Solution-Focused Intervention and Cognitive Restructuring (Sessions 3–4)

The second phase focused on problem solving and cognitive restructuring. Through active listening, clarification, Solution-Focused Brief Therapy (SFBT) techniques, and Rational Emotive Behavior Therapy (REBT) interventions, the counselor guided the client to identify his irrational beliefs, explore the cognitive processes underlying his negative emotional responses, develop more rational and adaptive beliefs, and apply these new cognitive patterns in his daily life.

An excerpt from the third counseling session is presented below.

Counselor: What would be the first sign that tells you your problem is beginning to improve?

Client: I think it would be when people stop calling me names and I can have genuine friendships.

Counselor: Have you already done anything that has moved you even a small step toward that goal?

Client: I tried standing up for myself, but it didn't work. They only became more aggressive and treated me like a joke.

Counselor: Imagine that tonight, while you are asleep, a miracle happens and your problem is completely resolved. When you wake up tomorrow, what would be the first thing that lets you know your life has changed?

Client: I would feel much more confident, and I would be able to study at school in a relaxed and happy way.

Counselor: It sounds as though other people's opinions are very important to you, and their negative comments make you feel inferior, affecting both your learning and your daily life. Is that right?

(The client nodded.)

Counselor: So you believe that these experiences are the direct cause of your emotional distress?

(The client nodded again.)

Counselor: Those experiences can certainly be considered activating events, but they are not necessarily the direct cause of how you feel.

(The client looked puzzled.)

Client: Then what is the real cause?

Counselor: Before answering that, let's imagine a situation. Suppose you have just bought a book that you've wanted for a long time. As you're walking home after the rain, a child accidentally bumps into you, causing your new book to fall into the mud and become soaked. How would you react?

Client: I'd definitely be angry. I might even yell at the child.

Counselor: Now imagine I tell you that the child has autism and that the collision was entirely unintentional. Would you feel the same way?

Client: No. I wouldn't, because it wasn't intentional.

Counselor: Exactly. The event itself hasn't changed, yet your emotional reaction has. What do you think accounts for that difference?

(The client reflected for a moment.)

Client: The situation stayed the same, but the way I interpreted it changed.

Counselor: That's an excellent insight. People interpret the same event in different ways, and those interpretations shape their emotional responses.

Client: I think I'm beginning to understand. My negative emotions come from my irrational beliefs rather than from the event itself.

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Homework assignment. The client was asked to engage in physical exercise for approximately 30 minutes, three to four times during the following week, and to initiate at least one positive social interaction with a male classmate. He was also instructed to record situations that triggered anxiety using the ABC model of Rational Emotive Behavior Therapy (REBT) by documenting the Activating Event (A), his Beliefs (B) about the event, and the resulting emotional and behavioral Consequences (C) before the next counseling session.

During the third counseling session, the counselor introduced the ABC model of REBT to help the client recognize that his emotional distress resulted primarily from irrational beliefs rather than from activating events themselves, thereby laying the foundation for subsequent cognitive restructuring.

An excerpt from the fourth counseling session is presented below.

Counselor: Let's begin by reviewing the homework from last week.

Client: *(Showing his completed homework record.)*

Counselor: I noticed that whenever you felt ignored by members of your peer group, you became very anxious. At those moments, you believed that no one liked you and that you were worthless.

Client: Yes... that's true.

Counselor: Looking back, can you remember a similar situation that you handled without becoming anxious? If so, when was that?

Client: At the beginning of Grade 7, when some classmates ignored me, I usually thought there might have been a misunderstanding. Once we talked about it, things went back to normal.

Counselor: That's an important exception. What was different about your thinking then compared with now?

(The client reflected for a moment.)

Client: After experiencing repeated rejection and indifference from my peers, I gradually began to doubt myself. I started believing that people ignored me because I wasn't good enough.

Counselor: So, once again, it is our interpretation of an event that largely determines how we feel.

Client: Does that mean that if I stop blaming and rejecting myself when I have interpersonal difficulties, I won't become so anxious or depressed?

Counselor: Exactly. That's a very important realization.

The counselor then guided the client through a cognitive restructuring exercise. He was encouraged to record his automatic negative thoughts whenever similar situations occurred, reframe them into more balanced and constructive interpretations, and consider alternative explanations for the events.

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Homework assignment. The client was asked to engage in physical exercise for approximately 30 minutes, three to four times during the following week, and to complete a REBT self-help worksheet, in which he would identify, challenge, and dispute his irrational beliefs using the principles of the ABC model.

During the fourth counseling session, the client developed a clearer understanding of the relationship between his emotional distress and his irrational beliefs. This insight laid the foundation for the development of more rational beliefs and continued cognitive restructuring. The session also included an evaluation of changes in his anxiety symptoms.

Phase 3: Termination and Consolidation (Session 5)

The final phase focused on consolidating the therapeutic gains, evaluating treatment outcomes, and bringing the counseling process to a close through active listening, positive reinforcement, and post-intervention assessment.

An excerpt from the fifth counseling session is presented below.

Counselor: How have you been feeling recently?

Client: *(Showing his completed REBT self-help worksheet.)* I've been feeling much better. I've gradually figured things out and don't care as much about what other people think of me. When I hear unpleasant comments, they still bother me a little, but I don't feel anxious anymore.

Counselor: I'm really glad to hear that. It sounds like you've made meaningful progress.

Client: Yes.

Counselor: Looking at your REBT self-help worksheet, I can see that you've been challenging your irrational beliefs and replacing them with more balanced and constructive interpretations. Would you say that you are now able to evaluate your classmates' distancing behaviors in a more objective, accurate, and adaptive way?

Client: I think so. I believe I'm much better able to manage my emotions now.

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During the fifth counseling session, the counselor affirmed the client's progress, insights, and personal growth, while encouraging him to continue applying his newly developed rational beliefs in everyday situations. The counseling process was then comprehensively reviewed and summarized. With the client's informed consent, the Symptom Checklist-90 (SCL-90) was re-administered to evaluate post-intervention outcomes, after which the counseling was formally concluded.

IV. Counseling Outcomes and Reflections

4.1 Counseling Outcomes

Client's self-evaluation. Following the counseling intervention, the client gradually replaced his irrational beliefs with more rational and adaptive ways of interpreting interpersonal experiences. He reported substantial reductions in anxiety and depressive symptoms, an enhanced sense of self-identity, and improved sleep quality.

Counselor's evaluation. The counselor observed marked improvements in the client's emotional state. Compared with his presentation before counseling, he appeared noticeably more relaxed, cheerful, and emotionally stable. He demonstrated an increased awareness of his previously irrational beliefs and was able to interpret life events using more rational cognitive appraisals. In addition, his evaluations of both himself and others became more objective, and his self-evaluation became increasingly positive.

Collateral reports. According to feedback from the client's homeroom teacher, the quality of his homework improved significantly, and his attention and concentration during class increased markedly. Classmates also reported that he had become more easygoing and self-confident and had begun interacting more actively with male peers. When confronted with unprovoked verbal insults, he no longer reacted with significant emotional distress and instead responded calmly.

Psychological assessment. At the conclusion of counseling, the Symptom Checklist-90 (SCL-90) was re-administered. The client obtained a total score of 115, a mean item score of 1.28, and 22 positive symptom items. None of the SCL-90 subscale scores reached the established positive screening cutoff. Compared with the pre-intervention assessment, the total score decreased by 29%, exceeding the commonly used criterion of 25% for clinically meaningful improvement, indicating that the counseling intervention was effective.

Changes in social functioning. The client demonstrated improvements in daily functioning, including better sleep quality and a more positive school experience. In interpersonal relationships, he became increasingly attentive to his own emotional needs and was less affected by others' opinions or evaluations.

4.2 Reflections

A fundamental principle of psychological counseling is to empower clients to become capable of helping themselves. Over the course of five weeks of counseling, the client acquired a range of self-regulation strategies, including REBT self-help techniques, regular physical exercise, mindfulness meditation, and the empty-chair technique. As a result, his anxiety and depressive symptoms were substantially alleviated, and his irrational beliefs were significantly modified.

Throughout the counseling process, the counselor consistently embraced the Solution-Focused Brief Therapy (SFBT) principle that the client is the expert on his own life and possesses the capacity to resolve his own difficulties. By working collaboratively, the counselor and client successfully addressed his emotional distress and maladaptive cognitions, strengthened his psychological resilience, and facilitated the development of more adaptive coping strategies. Overall, the counseling intervention achieved its central objective of fostering the client's capacity for self-help and promoting sustainable psychological growth.

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