

Conceptualization Report on a Case of Cognitive Behavioral Counseling for Low Self-Esteem

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Abstract: This paper discusses the conceptualization of a case of low self-esteem and its important guiding significance for the counseling process from a cognitive-behavioral therapy (CBT) perspective. The visitor presented symptoms of low mood, self-doubt, and distrust of others due to interpersonal and parent-child relationship issues. Counseling practice was conducted to address cognitive, emotional, and behavioral issues, using the SCL-90 Symptom Checklist and SDS Depression Scale to assess emotional changes before and after counseling. After 16 sessions, the visitor developed more adaptive and functional beliefs, with significant improvement in symptoms and overall functioning, achieving the expected counseling goals. This study suggests that conceptualizing low self-esteem from a cognitive-behavioral perspective can effectively guide counseling practice.

Alfred Adler, an Austrian psychologist, was the first to systematically study low self-esteem. His influence continues to shape current psychological research on low self-esteem. According to Adler's theory, low self-esteem can be divided into a sense of inferiority and an inferiority complex^[3]. Over the years, low self-esteem has been defined as various related concepts such as failure, worthlessness, low sense of belonging, low self-esteem, and self-doubt^{[1][2][8]}. However, there is a lack of empirical evidence to support these theories, possibly due to the difficulty in defining the concept, as it may be composed of multiple structures^[12]. Inferiority feelings are complex emotions that usually indicate perceived weakness and helplessness.

Although there is no unified concept of low self-esteem in the academic community, based on the explanations of the scholars mentioned above, this study understands low self-esteem as a negative psychological state, including low self-evaluation and negative emotional experiences.

The most widely used measure of inferiority complex is "The Feelings of Inadequacy Scale (FIS)", which can also be called "Defect Scale". The scale was originally compiled by Janis and Field. In 1984, Fleming and Courtney further revised the scale with college students as the norm group to form the final inferiority complex scale^[9]. The scale uses seven-point scoring, Cronbach's α is 0.92, including five dimensions, namely, self-worth, socialization, learning ability, appearance and physical fitness. In addition, Strano and Dixony compiled the "Comparative Inferiority Scale" according to the fact that people's inferiority complex originated from the process of social comparison^[20]. Secord and Jourad compiled the "body-cat anxiety scale" to measure the inferiority complex of individuals, and scored it with 5 points^[18].

In this study, Fleming and Courtney's The Feelings of Inadequacy Scale was selected to measure the inferiority complex of college students' visitors.

In the empirical research on the intervention of college students' inferiority complex, some scholars have intervened in college students' inferiority complex through social work mode. For example, Wang Chuhan^[21] intervened in poor college students' inferiority complex through social work, and selected three students with different inferiority complex to make an intervention plan and intervene, which effectively alleviated the inferiority complex of college students and summarized the intervention mode of social work. Some researchers try to improve college students' inferiority complex through traditional individual psychotherapy. For example, Cui Yuzhong^[7] reported a case study of using rational emotional therapy to intervene female college students' inferiority complex,

which enabled visitors to discover their irrational beliefs and help them replace irrational beliefs with rational beliefs and rational cognitive thinking modes. From the intervention effect, visitors' inferiority complex has been improved rapidly and for a long time. Some scholars use group intervention to interfere with college students' inferiority complex. In his intervention research, Gao Qi^[11] first investigated the inferiority complex of medical university students, studied the influencing factors of inferiority complex, and further carried out cognitive behavior group training for medical university students. The results showed that the intervention on inferiority complex of these college students achieved good results. Zhou Xinyu^[23] used group intervention, acceptance commitment therapy and rational emotional behavior therapy to intervene college students' inferiority complex, and compared the intervention effects of the two therapies. The results showed that there was no significant difference in the immediate effect of the two therapies, but in the long run, acceptance commitment therapy was more effective in intervening college students' inferiority complex.

To sum up, the intervention research on college students' inferiority complex includes group intervention and individual intervention, but most of the individual intervention research is through social work mode, and there are few case reports of intervention on inferiority complex through psychological counseling. In the psychological intervention of college students, group counseling and case counseling have their own advantages and complement each other. In view of the fact that the accumulation of individual counseling cases for college students' inferiority complex in the current literature needs to be enriched, this study attempts to intervene college students' inferiority complex through individual counseling, and tries to alleviate the inferiority complex of visitors by cognitive behavioral therapy^[13]. Through the narrative and reflection of cases, it summarizes effective psychological counseling ideas for peer reference.

Conceptualization refers to formulating hypotheses about the causes and maintaining factors of the visitor's problems based on a certain therapeutic theory, providing a guiding blueprint for constructing a treatment plan^[19]. In clinical practice with a cognitive-behavioral orientation, Aaron T. Beck's "Cognitive Conceptualization Model" is widely used^{[4][5]}, which mainly includes three parts: ① collecting data on dysfunctional thoughts, emotions, and behaviors dominating the visitor's current problems; ② identifying the mechanisms underlying these obstacles or problems, such as how the visitor fundamentally views themselves, others, and the future (core beliefs or key schemas); what "intermediate beliefs" (potential assumptions, rules, and attitudes) the visitor has developed to cope with the pain of core beliefs; and what compensatory behavioral strategies the visitor adopts; ③ considering "how core beliefs are generated and maintained," examining the antecedent events related to the visitor's core beliefs and behavioral strategies. Beck believes that this cognitive conceptualization model logically links automatic thoughts and deeper beliefs, providing a cognitive map of the visitor's psychopathology. This paper uses this model to guide counseling practice for a case of low self-esteem and summarizes the entire counseling process and its effects according to the record format of the Academy of Cognitive Therapy^[5], aiming to accumulate more clinical experience for cognitive-behavioral interventions for low self-esteem.

1. Case Background

1.1 Basic Information

Xiao Tian, a 19-year-old female, is a freshman at a vocational college. She lives with her stepfather, mother, and half-sister, and their family's financial situation is average. Her stepfather is a history teacher at a local middle school, and her mother has a low level of education and is a homemaker. The relationship between her parents is average. Her stepfather has a bad temper, is strict with Xiao Tian, criticizes her frequently, and often scolds her, but he is caring and patient with her half-sister. Xiao Tian has sought help from her mother, but her mother mostly chooses to ignore her requests, defaulting to her stepfather's actions. Xiao Tian feels uncared for and undervalued, communicates very little with her stepfather and mother, and is reluctant to share any incidents with her family. She expresses strong dislike and fear towards her stepfather, does not like her mother, feels disappointed in her mother, and has no expectations.

1.2 Reason for Seeking Counseling

Xiao Tian is aware of her low self-esteem in terms of appearance and social interactions. Since middle school, she has been ridiculed by classmates for freckles on her face and protruding mouth. She feels unattractive and unsophisticated. She easily gives up and withdraws from interactions with boys she likes, desires intimacy but fears entering a relationship, and avoids joining various social gatherings and activities.

Regarding her family, she feels alienated and disappointed, lacking support and care, and believes she is worthless and wants to break free from the influence of her original family. She hopes to enhance her self-worth through counseling, form a more positive self-awareness, and have a more objective perception of others.

1.3 First Impression

Xiao Tian is around 163 cm tall, has a well-proportioned figure, shoulder-length light brown hair, regular features, very fair skin, and many freckles on her face. She arrived at the counseling center 20 minutes early, spoke politely and courteously, but appeared slightly nervous, giving the impression of being obedient. She speaks at a moderate pace, has a strong desire to express herself, and occasionally cries while recounting her past experiences. She maintains eye contact with the counselor.

1.4 Personal History

Xiao Tian's primary caregivers during her childhood were her non-biological grandparents, with her grandfather being the most important person in her life, serving as her emotional support. Her mother married at the age of 24 and gave birth to Xiao Tian at 30, then divorced her biological father. Xiao Tian has never met her biological father or had any contact with his family. Due to her grandmother's dislike of her biological father, her mother refused to care for Xiao Tian after the divorce, so her mother entrusted Xiao Tian to her grandparents, while she went to work in another city. When Xiao Tian was in first grade, her mother returned to Tianshui, rented a house near Xiao Tian's school, and lived with her boyfriend, bringing Xiao Tian back to her side. Six months later, her mother and her boyfriend broke up, and through her grandmother's introduction, she met her current stepfather and quickly got married. Xiao Tian has been living with her mother and stepfather since then.

During elementary school, Xiao Tian appeared lively at school but always had low self-esteem. She was frequently physically punished by her stepfather, and her mother either stood by, tacitly approved, or ignored it. She had poor relationships with her classmates in middle school and felt isolated. In the first year of middle school, she experienced bullying and was sexually harassed by her stepfather, leading to a strong aversion towards males. From the second year of middle school, her academic performance gradually declined, and she engaged in self-harming behavior until her second year of high school. In high school, Xiao Tian suppressed her emotions even more, feeling unreal, mentally absent, severely depressed, experiencing severe insomnia, and feeling disconnected from the world, believing it to be virtual and that if she died suddenly, she would return to her own world. She felt that if she were suddenly diagnosed with a terminal illness, she wouldn't have to face the future. Her homeroom teacher once told her that she had "fallen into her own strange circle." She became increasingly silent from her first year of high school, showing no reaction to amusing incidents that others found funny, refusing to interact with the world, feeling severe depression, wanting to seek medical help but not wanting to rely on her mother to take her or spend money, thinking her mother wouldn't take her or understand her, and giving up the idea. She had difficulty reading, couldn't comprehend written content, and had difficulty understanding texts. Her condition improved after starting college, and she could read and interact with others normally.

1.5 Psychological Assessment

Xiao Tian communicates logically, speaks earnestly, has good judgment, focused attention, appropriate emotional expression, and tears up when recounting past traumatic experiences. Her

perception and memory are normal, as are her thoughts, intelligence, and orientation, with no signs of delusions, hallucinations, or other psychotic symptoms. There is no family history of mental illness, no personal history of mental illness, and no history of using psychiatric medications, ruling out the assessment of psychotic disorders.

Due to Xiao Tian's past suicidal thoughts, a crisis assessment was conducted. Xiao Tian mentioned that she had suicidal thoughts in high school due to feeling particularly depressed, helpless, and lonely. After graduating from high school, the thought of coming to Lanzhou and being able to see her grandfather improved her mood. Since then, she has not had any suicidal thoughts for over a year. Xiao Tian subjectively trusts counseling, has the initiative and strength to become more positive, and has adapted well to campus life after coming to Lanzhou Vocational College. She no longer has thoughts or behaviors of self-harm. Based on the comprehensive assessment, it is believed that Xiao Tian currently does not pose a risk of self-harm or suicide.

Xiao Tian scored 180 points in FIS, all of which were 5 points, which was greater than the median of 4 points, and her inferiority complex was serious; Among the five dimensions, self-worth is 35 points, socialization is 70 points, learning ability is 27 points, appearance is 24 points and physical fitness is 24 points. She scored 98 points on the SCL-90 Symptom Checklist, with an average score of 1.09, and had 21 positive items, which is within the normal range. Her Self-rating Depression Scale (SDS) scored 58 points, which was mild depression. Her score on the Self-rating Anxiety Scale (SAS) was 47, below the cutoff value of 53, indicating a normal result.

Currently, in terms of emotions, she experiences irritability, anxiety, and fear, which are controllable. Her irritability and anxiety are always related to specific situations and of short duration, followed by self-doubt and subsequent feelings of low mood, which last longer and have a greater impact. Cognitively, she is pessimistic, has mild catastrophic thoughts, finds it difficult to trust others (especially the opposite sex), blames herself, has low self-esteem, and negative body image. Behaviorally, she exhibits a certain degree of social anxiety and avoids challenging situations (talking to boys she likes, being in crowded places).

In summary, Xiao Tian's problems mainly revolve around two aspects: irrational beliefs and low self-esteem. She feels embarrassed doing anything in public (absolutist thinking); sharing her personal matters makes her feel vulnerable (absolutist thinking); she believes she is unattractive, lacks emotional and intellectual intelligence, and is foolish and unreachable (absolutist thinking); she believes everyone in her family is biased against her (overgeneralization). She exhibits the following characteristics: physiologically, she experiences numbness in her mouth, nose, and limbs when feeling irritable and low; psychologically, she feels self-conscious, shy, sensitive, and lonely; negative emotions include depression, anxiety, and tension.

The second aspect is social anxiety. She avoids participating in group activities, finds it difficult to trust others, and her interpersonal interactions are affected. Xiao Tian's low self-esteem and social interaction issues are mainly caused by her poor parent-child relationship and internal irrational beliefs and thoughts, exacerbating her psychological problems. Although the current level of psychological distress caused by Xiao Tian's issues is relatively mild, and she can study and live normally, with only mild impairment in social functioning, her avoidance behavior and physical reactions during group activities have persisted for many years and cannot be self-regulated. She is tentatively assessed as having a suspected neurosis.

2. Case Conceptualization

2.1 Precipitating Factors

The thought of returning home for the entire holiday and facing her stepfather and mother triggered anxiety and irritability in Xiao Tian. Her lack of enthusiasm for participating in social activities and her avoidance of social interactions also lead to her distrust of others.

2.2 Current Cognitive and Behavioral Cross-Sectional View

Xiao Tian's main distress stems from situations related to interpersonal interactions and family. By

examining her main complaints and homework, typical events with high frequency, significant impact on Xiao Tian, and long duration were identified for a cross-sectional analysis of "cognition-emotion-behavior," aiming to help her discover the relevant stimuli and clues that trigger her irritability, anxiety, and depression. Xiao Tian experiences low self-esteem in terms of appearance, building intimate relationships, and social interactions. When she attempts to communicate with a boy she likes, she has automatic thoughts such as "I can't do it, I'm not capable of being in a relationship right now, I can't solve my own problems, I don't feel secure, and I don't know how to interact with the other person, I definitely can't do it." This leads to feelings of low mood and irritability, and she stops talking to the boy she likes. When Xiao Tian goes shopping with a friend, she feels "unsophisticated, like a country girl"; when participating in class activities, she feels "embarrassed, and her clothes are ugly." This leads to feelings of shyness and sadness, and she avoids social situations and denies her appearance. When Xiao Tian has a disagreement with a friend, she thinks, "I don't like others interfering too much in my affairs, I don't want to talk to others about my affairs, I don't want to be in a vulnerable position," leading to irritability, but she doesn't express her dissatisfaction and instead acts coldly towards the other person. Whenever she thinks about interacting with her family, she has typical automatic thoughts such as "home is not safe, I don't belong here," "no one really cares about me, and no one really cares about me," leading to feelings of loss, distress, and worry, followed by the typical behavior of not wanting to go home or communicate with her family.

2.3 Vertical Perspective of Current Cognition and Behavior

Starting from a typical automatic thinking pattern of Xiaotian, the "downward arrow" technique is used to explore the possible "core beliefs" deep inside and to consider which early experiences may be related to the development and maintenance of these beliefs, and what these experiences mean to Xiaotian. Specifically, Xiaotian has lived in a foster family since birth. Although her grandfather treated her well, she was long separated from her mother and other relatives, and had a very distant relationship with her mother, even considering her as a "stranger." During elementary school, the family's triangular relationship shifted from imbalance to completeness. Due to the lack of communication and emotional exchange with her mother, Xiaotian could not adapt to the complete triangular relationship. Additionally, the physical and emotional abuse from her stepfather, and her mother's limited help during difficult times, made Xiaotian gradually feel the family's support was weak, leading to inner feelings of depression and further exacerbating the parent-child relationship alienation. These negative experiences led Xiaotian to develop three core beliefs about herself: "I am incompetent," "I am unlovable," and "I am worthless." (1) Xiaotian believes she is "incompetent." This core belief can be activated in different situations and specifically expressed as "I am helpless," "I am easily hurt," or "I can't do anything well," all pointing to "I am incompetent." In her early life experiences, the harsh parenting style and stepfather's derogation led Xiaotian to form beliefs such as "I am stupid, I can't study well, my memory is terrible, I can't do anything well," and "I am weak and incompetent." In interpersonal interactions, facing conflict situations or choosing to withdraw from intimate relationships reinforced her doubts about her abilities and strengthened the "incompetence" developed since childhood. Experiences such as feeling embarrassed to participate in group activities during her first year of college reactivated the belief "I am incompetent." To avoid the confirmation of negative core beliefs, Xiaotian gradually developed cognitive and behavioral coping mechanisms, namely intermediate beliefs and compensatory behavioral strategies. Specifically, Xiaotian's intermediate beliefs mainly appeared in the form of assumptions and attitudes, such as "the future is uncertain and uncontrollable," "if I spend a long time with family, I will feel uncared for and have no sense of belonging," and "if others understand me, they will look down on me." Corresponding behavioral strategies include avoiding difficulties and refraining from seeking help proactively. Xiaotian believes that adopting these behavioral strategies can protect her from failure and avoid exposing her incompetence. (2) Due to the absence and neglect of her parents, Xiaotian always believes she is unlikable and unlovable. Although she has many virtues, such as sincerity and kindness, she always feels she is not good enough, focusing on her shortcomings. This led to assumptions such as "I will only receive attention and affection if I look good," "if I expose my weaknesses, friends

will distance themselves from me," and "I have to be perfect to be worthy of love." Typical coping strategies include avoiding intimacy in interpersonal relationships, not giving others the chance to dislike her. (3) The violence Xiaotian suffered in her family, especially the verbal abuse from her stepfather, led her to internalize external evaluations and feel worthless and insignificant. The "worthlessness" led to intermediate beliefs that her life has no meaning, devaluing herself and her existence. Particularly, the experience of sexual harassment by her stepfather and school violence during junior high school made Xiaotian resentful towards males, distrustful of others, and even wishing she were a boy, easily falling into self-doubt and self-loathing. Throughout high school, she was unable to receive support and care from her family and school, leading to a worsening of her behavior, further suppressing her emotions, and experiencing dissociation to cope with emotional and physical pain, feeling detached from the outside world and living a hollow existence, reinforcing the "worthlessness" developed since childhood. Although she became more lively in college, the thought of situations related to her stepfather still made her restless and anxious, reactivating the core belief of "worthlessness," making her unwilling to return home.

2.4 Conceptual Summary

Based on the above analysis, further summarizing and refining Xiaotian's cognitive conceptualization according to Dr. Beck's "three-level cognitive system," as shown in Figure 1. This cognitive conceptualization chart reflects the relationship between Xiaotian's automatic thinking, intermediate beliefs, and core beliefs.

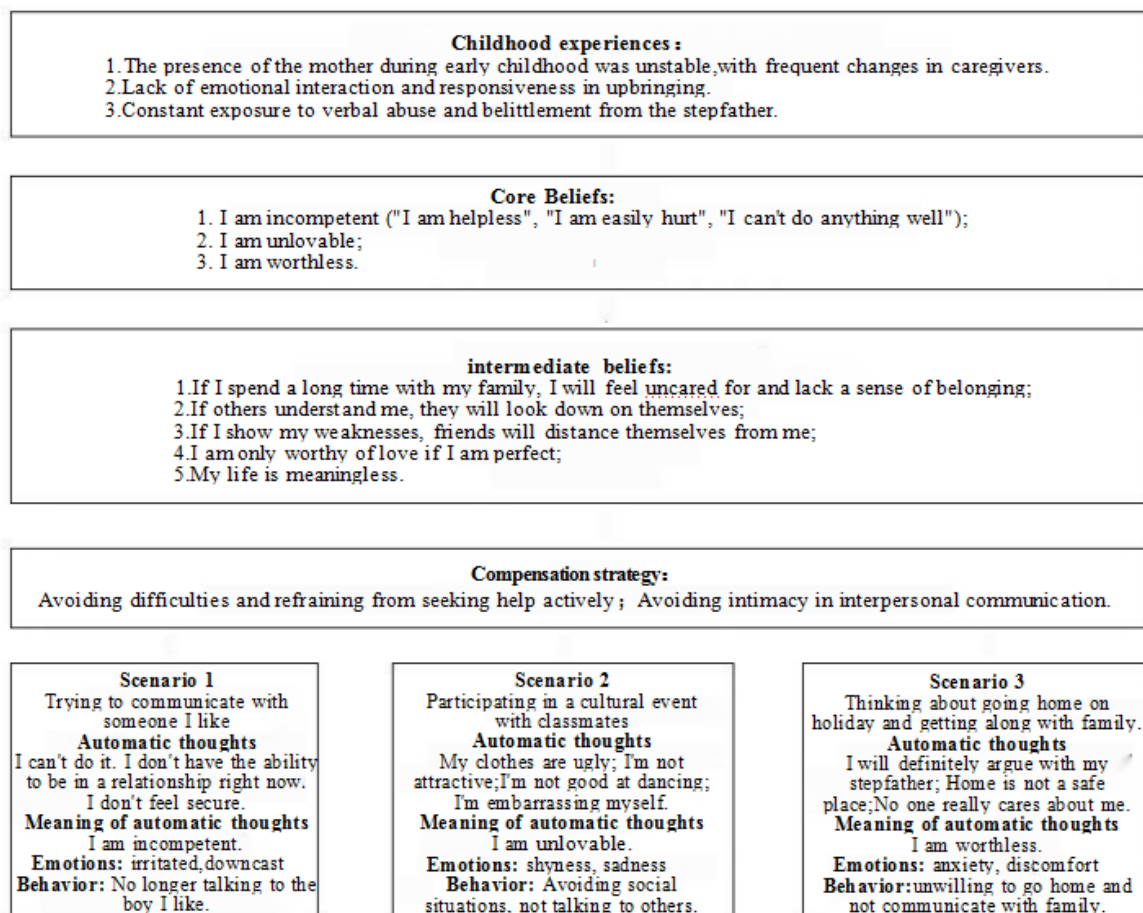


Figure 1 Cognitive Conceptualization Diagram of Xiaotian

2.5 Strengths and Advantages

Xiaotian has a strong motivation for counseling, a good attitude of trust in counseling, self-exploration awareness, good critical thinking, and reasoning abilities. She is attached to her grandfather and can provide support and companionship. She has the ability to establish good relationships with others.

2.6 Counseling Goals

Based on the conceptualization of the case and considering Xiaotian's strengths and current conditions, the following counseling goals were formulated after discussion: identifying her feelings of inferiority and cognitive behavioral patterns, understanding the cognitive process and erroneous cognitive strategies; correcting distorted cognition, reducing negative self-evaluation, developing flexible and adaptive beliefs, enhancing self-confidence, alleviating her depressive and anxious emotions; adopting more positive coping behaviors, breaking social barriers, improving interpersonal communication; clarifying what she is willing and unwilling to accept in parent-child relationships, helping her define her boundaries and limits, reflecting on the benefits of adversity, enabling Xiaotian to accept herself in a helpless state, enhancing her sense of self-worth, and promoting self-growth.

3. Counseling Process

Counseling for Xiaotian was conducted once a week for 50 minutes each session, with the 15th-16th sessions adjusted to once every two weeks, totaling four stages. To ensure the effectiveness of counseling, Xiaotian agreed to individual supervision by the supervisor.

3.1 Stage 1 (1st-3rd sessions): Information gathering and conceptualization process, jointly formulating counseling goals and plans

Understanding the reasons for Xiaotian's seeking help, jointly establishing a "problem list" and guiding Xiaotian to prioritize the importance and urgency of the issues; understanding the process of the current problems and related factors, collecting relevant personal growth history, and forming a preliminary case conceptualization. Through psychoeducation, sharing partial conceptualization understanding with Xiaotian, she quickly realized that, in addition to objective situational factors, her sensitivity, suppression, and inferiority were closely related to the emergence of her problems. Subsequently, based on the problem list and case conceptualization, the goals that could be achieved through four stages of counseling were discussed. Specific counseling techniques were used for basic information gathering, establishing the therapeutic relationship, and cognitive behavioral therapy (CBT) psychoeducation, inspiring Xiaotian to think about the relationships between events, perspectives, feelings, and behaviors. The jointly formulated counseling goals were: 1) improving the impact of anxiety and depression on daily life; 2) reducing avoidance in social situations and learning to cope better; 3) building self-confidence and enhancing the ability to cope with difficulties in life and learning; 4) establishing and developing intimate relationships with a boy she likes; 5) re-evaluating her relationship with her parents, accepting herself, and enhancing her self-worth.

3.2 Stage 2 (4th-8th sessions): Identifying and challenging automatic thinking, while implementing problem-solving strategies

Guided by the case conceptualization and counseling plan, the identification, assessment, and challenge of automatic thinking (especially related to "incompetence" and "unlovability") were carried out. For example, regarding the event "trying to chat with a boy she likes" in Figure 1, the automatic thinking was "I can't do it, I currently don't have the ability to date, I can't even solve my own problems; my mother's marriage is very bad; I don't feel secure, and I don't know how to interact with others, I definitely can't do it." Using thought records and self-disclosure techniques, Xiaotian was guided to reconstruct her cognition, forming new beliefs such as "there are no perfect people, I have the power to choose, the right to love and be loved; a family can be warm, my parents' unhappiness does not mean I cannot be happy; when I feel unhappy, I don't have to endure it like I did when I was a child, I have the ability to solve problems." Considering Xiaotian's social anxiety and reluctance to return home during the holidays, problem-solving strategies were used to address her avoidance behavior: changing self-image and using a positive list to develop her self-worth and establish positive self-concepts; using "grounding" techniques to help Xiaotian manage painful memories and encouraging her to expand her leisure activities during the summer vacation (e.g., traveling, exercising more).

3.3 Stage 3 (9th-14th sessions): Working on intermediate beliefs and core beliefs to stimulate change

After the first 8 sessions, Xiaotian was able to consciously use learned cognitive techniques to "stop" habitual automatic thinking and conduct more comprehensive and rational analysis, resulting in a noticeable improvement in her daily negative emotions. At the same time, Xiaotian further pondered why she always had such habitual reactions in similar situations, indicating that it was time to work on her beliefs. Using the "downward arrow" technique, Xiaotian was guided to see the relationship between surface automatic thinking and deep core beliefs, and to summarize the similar response patterns in different situations, identifying the intermediate beliefs Xiaotian developed to cope with the core belief of "incompetence." Through guided discovery and cost-benefit analysis, she was guided to form more adaptive and functional rules and assumptions. Finally, Xiaotian was guided to explore the factors that formed and reinforced the core beliefs of "I am incompetent," "I am unlovable," and "I am worthless," and to conduct a comprehensive evaluation of herself through cognitive reconstruction techniques. Behavioral experiments were also used to help Xiaotian realize that even if she cannot gain everyone's approval or do everything well, she still has the ability and value, and is worthy of love.

3.4 Stage 4 (15th-16th sessions): Consolidating corrected core beliefs, reducing the risk of recurring negative beliefs, and gradually ending counseling

As counseling progressed, Xiaotian's problems had significantly improved, and the initial counseling goals were basically achieved. Xiaotian became more involved in counseling and began to take on the role of being her "own counselor," indicating that it was time to end counseling. In the final stage, the counselor first helped Xiaotian summarize her gains in counseling, integrating the changed factors with the principles of CBT and reinforcing them. Xiaotian was encouraged to continue comparing old and new beliefs in her life, collecting evidence of "I am capable," "I am valuable," and "I am worthy of love," and actively acting according to the new beliefs. Finally, realistic expectations for the future were established with Xiaotian, discussing how to identify signs of relapse and coping strategies.

4. Results

16 consultations ended as planned, and a follow-up was conducted 3 months after the end, and the consultation effect was evaluated from three aspects: emotion, cognition and social function. In terms of emotion, Xiaotian's SDS and SAS scores were 58 and 47 respectively at the initial consultation, which was mild depression. At the end of the consultation, the scores of SDS and SAS were 43 and 45, and the scores of anxiety and depression were in the normal range. The comparison of the data before and after the measurement table is shown in Figure 2.

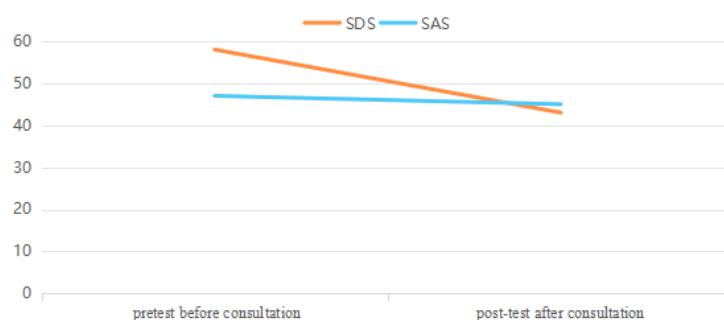


Figure 2 Comparison of measurement results before and after SAS and SDS

The Feelings of Inadequacy Scale also produced a certain score change. Xiaotian's initial score is 180 points, which are all divided into 5 points, which is greater than the median value of 4 points. Among the five dimensions, self-worth is 35 points, socialization is 70 points, learning ability is 27 points, appearance is 24 points, and physical fitness is 24 points; At the end of the consultation,

Xiaotian's FIS scored 142 points, all of which were 3.94 points, less than the median of 4 points. Among the five dimensions, self-worth was 28 points, socialization was 46 points, learning ability was 22 points, appearance was 17 points, and physical fitness was 29 points. Among them, the total score, sense of self-worth, socialization, learning ability and appearance scores have all decreased, and the inferiority complex has been improved. The data comparison of the front and rear measuring tables is shown in Figure 3. This showed that Xiaotian's emotional distress had been significantly improved.

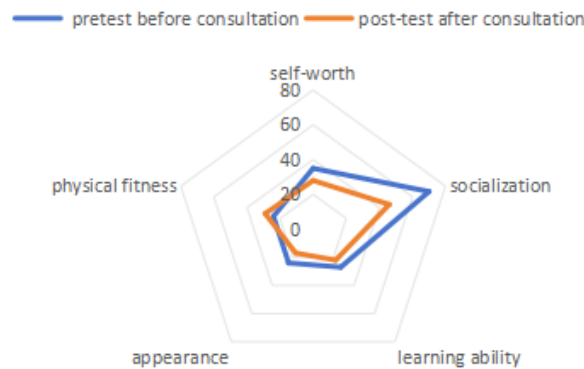


Figure 3 Comparison of measurement results before and after FIS

In terms of cognition, Xiaotian can recognize the relationship between her emotions and thoughts, distinguish between thoughts and facts, actively identify the automatic thinking in the situation at that time when there is emotional change, and work on some dysfunctional automatic thinking, and develop some new intermediate beliefs, such as "I can't let everyone recognize it in all aspects" and "I allow myself to make mistakes and not pursue perfection, and I am learning to accept myself", so that I can look at myself objectively.

In terms of social function, Xiaotian has also made some improvement, from escaping behavior to letting nature take its course and facing it positively, showing more self-confidence in speech and behavior and being more proactive in interpersonal communication.

5. Discussion

Cognitive-behavioral therapy (CBT) is a psychological treatment method that includes cognitive therapy and behavior therapy, aimed at reducing maladaptive emotions and behaviors by changing individual cognitive and behavioral patterns^[10]. Research shows that CBT is rapidly becoming the most widely used psychological treatment method by therapists^[6]. Modern CBT philosophy believes that cognition and behavior mutually influence each other and are equally important, and cognitive and behavioral techniques complement each other in therapy^[22]. In this counseling case, the discussion and change of cognition and behavior went hand in hand from the beginning. The client had many cognitive problems, such as attributions and cognitions about parent-child alienation, herself, others, interpersonal relationships, and intimate relationships, as well as clear behavioral problems, such as avoidance in specific situations, making her suitable for cognitive-behavioral therapy. The counseling process progressed smoothly using cognitive-behavioral thinking to understand and treat her problems. The 16 counseling sessions achieved certain effects, with the client's anxiety and depressive emotions alleviated, social functioning improved, and attributions changed, indicating that CBT was effective for the client's feelings of inferiority.

Accurate "conceptualization" of the case is another very important but relatively difficult skill that clinical workers need to master. CBT-oriented counseling emphasizes the assessment of the client, making an accurate case conceptualization to grasp the essence of the client's problems, and then guiding subsequent work strategies^[14]. The systematic progression of this counseling case along the framework of case conceptualization, from the efficiency and effectiveness of counseling, confirms the importance of case conceptualization in counseling practice. Specifically, this process includes: the counselor making a case conceptualization for Xiaotian based on information collection and

psychological assessment; formulating specific counseling goals based on the case conceptualization; the case conceptualization and counseling goals help the counselor develop a counseling plan that is truly suitable for Xiaotian's current problems and is targeted; the establishment of the counseling plan played a good role in planning and guiding the actual counseling process, but the progress and rhythm of counseling were flexibly adjusted according to the actual situation. In summary, the formation of case conceptualization is a process of continually proposing, verifying, and revising hypotheses, and from case conceptualization to counseling goals and counseling process, they are interrelated; the counseling process is guided by case conceptualization and, in turn, verifies the case conceptualization hypotheses^[16]. In practical operation, Dr. Beck's developed "cognitive conceptualization schema" can help counselors make the abstract conceptualization process more intuitive, easy to learn, and operate, making it a very practical tool^[15].

Effective "conceptualization" can also help counselors not be misled by surface phenomena, as fully demonstrated in the counseling process of this case. For example, in the early counseling sessions, the client reported feeling better after each session, gradually building trust in the counselor, and being very inspired; she actively completed homework and was very cooperative during counseling. However, after the 8th session and entering the summer vacation, the client contacted the counselor to express feelings of restlessness, fatigue, and sadness. Through supervision, based on the case conceptualization of Xiaotian, the counselor realized that Xiaotian's cognitive improvement was not immediate, and her belief in most negative automatic thinking remained high. In the next 4 sessions after the summer vacation, her belief level decreased significantly, indicating that the counseling process had entered a new stage. Possible reasons include: 1) Xiaotian had a very high belief level, making cognitive improvement difficult; 2) Xiaotian learned to change negative automatic thinking methods in the 7th and 8th sessions, but still needed time to master them, making it difficult for her cognition to improve significantly in the short term, although her rigid cognition had loosened; 3) In the later 4 sessions, through homework, Xiaotian continuously practiced changing automatic thinking methods and had sufficient time to collect evidence that did not support negative automatic thinking; 4) In the later counseling sessions, working on deeper core beliefs would also promote cognitive improvement.

Looking back on the entire process, the main reasons for the smooth progress and good results of the treatment include: ① Establish a good relationship between consultation and visiting. During the consultation, the author always communicates with visitors sincerely, equally, respectfully and warmly. Visitor Xiaotian said that during the consultation, she felt the warmth and unconditional acceptance, which allowed her to express her deepest troubles without wanting to hide them, even if it was about sex, a topic that communication with the opposite sex easily caused embarrassment. And when the inner thoughts are expressed, allowed and accepted, they are cured a lot. ② The effectiveness of CBT. The direct factor of Xiaotian's inferiority complex is his unreasonable understanding and evaluation of himself. CBT can improve visitors' unreasonable understanding of themselves, that is, core beliefs, so that visitors can use well-functioning thinking to look at themselves comprehensively, objectively, reasonably and positively, thus alleviating their negative emotions and maladaptive behaviors caused by inferiority. After identifying Xiaotian's automatic thinking and beliefs, we use "evidence" questions, "disaster-free" questions and behavior experiments to evaluate her automatic thinking, and use core belief worksheets, reconstruction of early experiences, exposure exercises and other techniques to correct Xiaotian's core beliefs, so that she can rebuild her understanding and evaluation of herself, reduce negative core beliefs and alleviate her inferiority complex. ③ The effectiveness of homework. Homework is a necessary but not optional part of cognitive behavioral therapy. Patients who do homework make better progress in the treatment than those who don't^[4]. Every time I consult, I will arrange my homework according to the key issues surrounding Xiaotian. She can sort out and digest the contents of the consultation by completing each assignment after the consultation, thus consolidating what she has learned in the consultation and strengthening her confidence in the consultation and herself. Xiaotian's self-reported homework is very helpful to consolidate the consulting effect. ④ Pay active attention to visitors. When they meet visitors who are disappointed with themselves, they often have a narrow range of consciousness, and

it is easy to see their own shortcomings and hope. At this time, the active attention of the therapist will broaden their horizons and help them open the door to hope^[17]. In the consultation, we constantly pay attention to what Xiaotian has done well, so that she can see her own strengths, believe in herself more and learn to be her own "consultant".

There are still some shortcomings in this case. Firstly, the discussion of Xiaotian's beliefs is not yet sufficient and has not been fully transferred to other areas of life. Secondly, this study only focused on one case of "inferiority complex" and conducted CBT-oriented counseling under the guidance of individual conceptualization, limiting the representativeness of the results. In the future, specific conceptual models for inferiority complex should be further established, and case and empirical studies should be conducted in a larger sample. In addition, due to the university environment, the compliance of the visitors as students and the establishment and maintenance of the counseling relationship and alliance still need to be further managed.

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