

# A Case Report on the Management of a Romantic Relationship Crisis Using Rational Emotive Therapy

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## Abstract

This study examines the intervention process for a psychological crisis precipitated by a romantic relationship. During their university tenure, the student experienced self-doubt stemming from a romantic conflict, which culminated in suicidal ideation. By incorporating Rational Emotive Therapy (RET) into counseling sessions, the student was effectively guided to confront their emotions, scrutinize irrational beliefs, and ultimately surmount their emotional distress. It is imperative that psychological methods are judiciously applied in campus counseling to expedite the restoration of students' mental well-being.

## Keywords

Rational Emotive Therapy, Psychological Crisis, Romantic Relationships

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## 1. Profile

Xiao C (pseudonym) is a female Han Chinese undergraduate student and an only child. Her parents are divorced, and she was raised by her father. The family's financial status was classified as lower-middle class. Due to her father's health issues, Xiao C currently lives with her aunt. Upon her initial psychological assessment at university entry, the results indicated potential severe psychological distress, primarily attributed to familial issues and a lack of social support. Given her previous experience of suicidal ideation related to her foster care situation, she was identified as a student requiring special attention. Her father was informed of this through direct communication with the medical staff. Subsequently, during ongoing monitoring, neither her counseling sessions nor psychological assessment results revealed any abnormalities.

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## 2. The Crisis

Late one night, Xiao C chatted online with her teacher. Xiao C said she wanted to end her life because her ex-boyfriend had been contacting her repeatedly lately, comparing her to his current girlfriend and mocking her. Xiao C recalled that during their relationship, he had often used details of their past sexual encounters to belittle her, accusing her of not taking care of herself, and had repeatedly used this as leverage. Xiao C had resolved to cut off all contact with him and start anew. Unexpectedly, even after he began dating someone new, he relentlessly hounded her. Deeply heartbroken and utterly disappointed in herself, Xiao C felt that life had lost all meaning. She quietly wrote a suicide note and prepared to take her own life but was discovered by her roommate, who promptly contacted the counselor. The counselor intervened immediately and helped Xiao C abandon her suicidal thoughts that night. The next day, Xiao C went to the hospital alone, where she was diagnosed with severe depression.

## 3. Questionnaire Assessment

C's total score on the Beck Depression Inventory was 31, and the total score on the 90-item symptom checklist was 351. The average scores were as follows: somatization 3.67, obsessive-compulsive symptoms 4.70, interpersonal sensitivity 3.44, depression 4.62, anxiety 4.90, hostility 3.17, phobias 2.29, paranoia 3.17, and psychoticism 4.30.

## 4. Analysis of Causes

### 1) A Complex Family Environment

Little C's father divorced her mother many years ago and raised Little C alone after the divorce. Although he was eager to support her education, he often felt powerless to do so. After Little C started college, she lived far from home; she would sometimes return for a few days during holidays but otherwise contacted her father about once a month. Her father often had to ask her teachers about her performance and grades at school. The primary reason for sending Little C to live with her aunt was that the father was ill and had difficulty walking; he also felt that he could not properly care for her. Additionally, because Little C had been admitted to a high school near her aunt's home, he decided to place her in her aunt's care. Her aunt has a son, who is Xiao C's older brother. Xiao C recounts, "When I first arrived at my aunt's house, I genuinely treated them as family. However, my aunt treated me differently than my brother. I was just an outsider in their homes. I felt miserable there and grew to dislike my aunt increasingly. But as for my dad—I didn't have anything to say to him either." Little C felt very lonely at her aunt's house; she had no one to confide in. Growing up in such an environment, Little C developed a withdrawn and introverted personality marked by a deep sense of emotional deprivation.

### 2) Emotional Confusion in Romantic Relationships

During high school, Xiao C longed for someone who would care for and un-

derstand her, but she could not find emotional support within her family. Compounded by the emotional stirrings of adolescence, the young man who entered her life at that time became her emotional support. Lacking sufficient knowledge about sex, Xiao C sought to exchange physical intimacy for care and love, thereby sowing the seeds of future emotional instability in her relationships. In her college relationship, the power dynamics were uneven. The boyfriend used his experience and appearance to belittle her, placing her in a subordinate position within the relationship. The pattern of her pleading for love with an almost adoring and submissive attitude reemerged. Xiao C once again found herself in a toxic relationship, gradually coming to believe that “I really don’t love myself” and “I’m truly not good enough for him”... Xiao C fell into the “Stockholm syndrome,” believing during the relationship that the man’s criticism was a sign that he “cared about her,” which only made her more dependent on him.

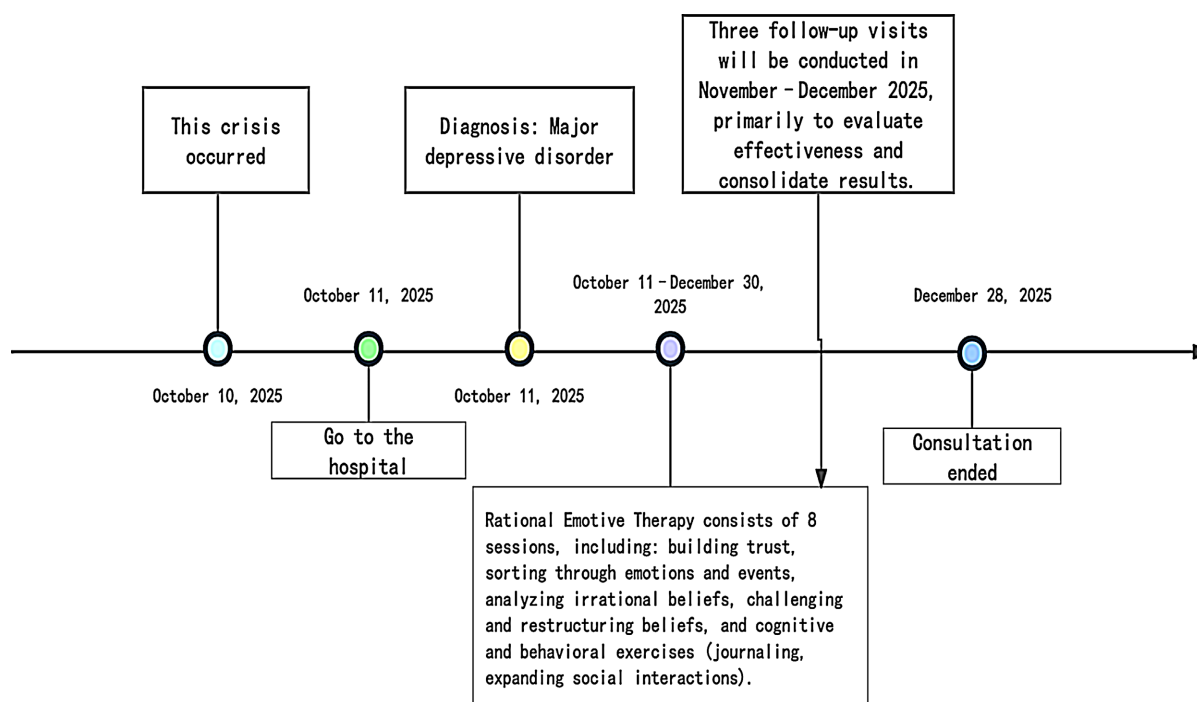
### 3) Cognitive Distortions

Throughout her relationship with her ex-boyfriend, Xiao C’s unhealthy dynamic caused her sense of self-worth to decline steadily. She developed distorted self-perceptions, began to believe his claims that she was indeed “not good enough,” and saw her self-worth being continually undermined. Her judgment becomes warped, and she can no longer distinguish between love and harm. For Xiao C, the greatest psychological harm resulting from her experience of “emotional abuse” lay in the excessive generalization of “jumping to conclusions.” Because of her past experiences, she came to see herself as a worthless person who did not love herself. A single incident defined her entire sense of self-worth, causing her to view life through an extreme “black-and-white” lens. She began to misplace responsibility, proactively apologizing, and even trying to compensate for him. This cycle of repeated pain eventually led to complete despair about life, and she once again contemplated ending it all through suicide.

## 5. Counseling Process (Figure 1)

### 1) Building a Relationship of Trust

Immediately after the psychological crisis, I proactively approached Xiao C to begin the first counseling session. Before the session began, I conducted a standardized safety assessment to systematically evaluate the client’s suicidal ideation, history of self-harm, current triggers, and immediate risk level. Xiao C was assessed as being at high risk of suicide. In accordance with school requirements, I immediately initiated emergency response procedures, simultaneously notified the family to intervene, had the parents sign a consent form, and ensured continuous dynamic risk monitoring and documentation throughout the process. Simultaneously, I began the counseling process. During the first session with Xiao C, she was uncooperative and remained silent throughout. After sitting with her for a long time, Xiao C took the initiative to ask about “views on sexual activity among minors.” This broke the ice, and I patiently waited for her to calm down. Throughout this process, I maintained focused listening without interrupting her, using



**Figure 1.** Crisis event development timeline.

nods and empathetic responses to help her feel understood and accepted, thereby gradually building a trusting relationship.

## 2) Sorting Through Emotions and Events

As the conversation deepened, Xiao C began to open up about her experiences of “emotional abuse” in her relationship. She had shared her past with her ex-boyfriend without reservation, hoping to bring them closer. Instead, he began constantly belittling her, accusing her of not taking care of herself, having poor looks, lacking ability, and falling short of others’ standards. He told her that a girl like her would never be accepted by his family and that they would look down on her, making her feel completely worthless. At the same time, he restricted her social life, sowed discord between her and her roommates, and convinced her that her roommates did not truly have her best interests at heart, thereby cutting off her connections with friends. He even used various forms of emotional blackmail to instill intense guilt and a sense of shame in her regarding the relationship, making her obey his every command.

She now deeply regrets her past actions. She feels as though she has fallen into an abyss, has started doing more foolish things, and feels that her life is a complete failure. She has lost all hope for the future and is now experiencing suicidal thoughts. I carefully documented the specific incidents she described and her corresponding emotional reactions, guiding her to clearly recognize the connection between Event A (emotional abuse in the relationship) and her current negative emotional and behavioral reactions C (depression, disappointment, and suicidal thoughts), laying the groundwork for introducing the core theories of Rational Emotive Therapy later on.

### 3) Analyzing Irrational Beliefs

After Little C was diagnosed with severe depression, I immediately contacted her parents to discuss whether she should take a leave of absence from school. However, both she and her parents refused. To help Little C recover as quickly as possible, in addition to requiring her to take her medication as prescribed by her doctor, I introduced and explained the ABC theory of Rational Emotive Therapy to her. I pointed out that between the event (A) and the emotional and behavioral response (C), there lies a belief (B)—and that it is irrational beliefs that lead to negative emotions and behaviors. I guided her to reflect on her thoughts regarding this relationship, and she gradually became aware of irrational beliefs such as “Death would be a release,” “I’m so worthless; no one could possibly like me,” and “I deserve it for him demanding so much of me.”

Once Xiao C realized that these thoughts were incorrect, I helped her analyze the irrationality of each belief during our subsequent sessions. For example, “I’m so worthless” is excessive self-denial—everyone has their own strengths and value; “I deserve it because he demands so much of me” is a case of faulty attribution—suffering “emotional abuse” is not her fault, and no one should be expected to unconditionally obey another person’s demands;

### 4) Challenging and Rebuilding Beliefs

To address her irrational beliefs, I employed questioning and exaggeration techniques to challenge her. Regarding her belief that “death would bring relief,” I asked, “If you die, won’t you lose everything? did not you come here to build a better future? Are you really willing to give up everything for this?” Regarding “I’m so terrible; no one will ever like me,” I asked her to list her strengths and past instances of recognition, guiding her to discover that she had many positive qualities. As for “He demands so much of me; I deserve it,” I asked with exaggerated emphasis, “If your friend were treated this way, would you also think she deserved it?”

Through continuous counterarguments, I helped her challenge and gradually let go of her irrational beliefs, then guided her to develop healthy ones, such as: “The past is behind me; I can rediscover myself and start a healthier romantic life,” “I have many strengths and deserve respect and love,” and “I am my own person; I accept my imperfections, and I don’t need to change for anyone.”

### 5) Cognitive and Behavioral Exercises

After establishing rational beliefs, I designed cognitive and behavioral exercises for the patient. On the cognitive front, I had her write down her positive thoughts and experiences in a journal or share them with me on WeChat every day to continuously reinforce her rational beliefs. When irrational beliefs resurfaced, she was to use the methods she had learned to challenge them. Behaviorally, I encouraged her to reconnect with her roommates, integrate into the group, enrich her social activities, and expand her social circle. I also helped her create a personal growth plan to learn new skills, increase physical activity, and boost her sense of self-worth. Throughout this process, I established a follow-up plan to communicate with her regularly, offering affirmation and guidance for her positive progress to

help solidify her new cognitive and behavioral patterns.

#### 6) Outcome Assessment and Consolidation

After a period of counseling, through conversations with Xiao C and observations of her emotional state and behavioral changes, it was evident that her emotional state had significantly improved, her suicidal thoughts had disappeared, and she had developed a positive outlook on herself and her future. We then reviewed the entire counseling process, summarized her growth and progress, reinforced her mastery of healthy beliefs and coping strategies, and helped her prepare for potential future challenges. After the counseling session, I encouraged her to return to the hospital to complete a questionnaire to evaluate the effectiveness of the counseling; however, Xiao C refused, expressing reluctance to return for another visit.

## 6. Case Reflection

### 1) Existing Issues

The early family environment influences an individual's psychological development. Traumatic events, such as family breakdowns and childhood foster care experiences, can easily disrupt an individual's secure attachment patterns, leading to a lack of self-worth and abandonment anxiety (Zhang, 2024). Developmental psychology emphasizes that every individual follows a specific developmental sequence and progresses through distinct stages (Yang & Zhou, 2022). Traumatic experiences during childhood may cause individuals to develop severe interpersonal sensitivity issues, manifesting as adaptive disorders such as social withdrawal, a people-pleasing personality, and excessive emotional dependence in social interactions (Xie et al., 2025; Zhao & Gong, 2025).

Mismanagement of romantic relationships: Given that college students' physiological maturity often outpaces their psychological development and due to a lack of a stable emotional cognitive framework, they struggle to build healthy, sustainable intimate relationships. When emotional conflicts arise, most students choose to suppress their feelings out of concern for their family's judgment, causing negative emotions to accumulate over time. Eventually, these emotions breach the threshold of psychological defenses, triggering emotional breakdowns (Liu, 2025). Simultaneously, the influence of extreme emotional narratives in mass media further exacerbates the psychological vulnerability of the student population, potentially triggering suicidal ideation or the onset of mental illness.

Inadequacies in the sex education system: The asynchrony between sexual physiological maturity and personality development means that while college students possess the capacity for sexual behavior, they have not yet developed the corresponding value judgments and behavioral self-regulation skills, giving rise to a series of sexual psychological distress (Yang, 2020).

### 2) Recommendations for Improvement

Optimizing college courses on romance and sex education. Education on romance and sexual psychology helps enhance students' emotional literacy and psy-

chological coping skills (Ministry of Education of the People's Republic of China, 2023; Fang, 2021). In terms of curriculum design, specialized courses on romance and sexual psychology should be introduced, such as "Psychology of Romance," "Building and Maintaining Intimate Relationships," and "Sexual Health." Incorporate psychological theories, such as Sternberg's Triangular Theory of Love, to systematically teach students about the psychology of romance from the three dimensions of passion, intimacy, and commitment. By thoroughly explaining this theory, students can gain a correct understanding of the components of love and acquire practical skills for managing emotional conflicts and nurturing stable and positive relationships. During classroom instruction, representative cases involving romantic or sexual disputes can be selected for case analysis, allowing for an in-depth examination from multidisciplinary perspectives, including psychology and sociology. Group discussions should focus on current issues, encouraging students to express their views and exchange ideas. Role-playing allows students to immerse themselves in various romantic scenarios, helping them enhance their understanding of romance and sexuality and improve their ability to handle emotional issues through practical exercises. This promotes the harmonious development of sexual and personal maturity, effectively preventing psychological distress and behavioral deviations caused by sexual issues.

Establishing a multi-tiered early warning mechanism by integrating information from multiple channels, including campus surveillance, online sentiment monitoring, and observations of students' daily behavior, to build a psychological risk early warning system. Regularly organize professional training sessions for homeroom teachers, counselors, and psychological counselors to enhance their ability to address relationship-related psychological issues. Actively build bridges of communication between homes and schools. Through online exchanges, home visits, and other methods, scientific educational concepts and methods were disseminated to parents. On campus, psychological counseling services should be promoted through various channels, such as campus broadcasts, official WeChat accounts, and themed class meetings, to foster an atmosphere of acceptance and inclusivity, encouraging students to seek professional help promptly when relationship issues arise. Simultaneously, fully leverage the positive role of peer groups by organizing peer counseling activities. Because peers share similar ages and experiences, they are better able to understand and empathize with each other. By organizing peer-sharing sessions and one-on-one mutual support activities, students can exchange views and share their dating experiences and concerns. This emotional resonance helps alleviate psychological stress and builds a strong psychological-support network. Furthermore, by establishing early warning and intervention mechanisms for psychological crises, schools can dynamically monitor students at risk of psychological crises to ensure early detection and intervention.

## 7. Additional Notes

Informed consent for publication was obtained for this article, and the students'

identities have been kept confidential throughout the text. In cases where a high risk of suicide has been identified, medical attention is sought immediately, and communication between the school and the family is established. The parents were informed of the cases discussed in this study. However, as this study involved a single case and multiple interventions were implemented simultaneously, the conclusions should not be generalized indiscriminately.

## Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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