



Contents lists available at [Journal Nalatama](https://journal.nalatama.org/index.php/jude)

Journal of Urban Development in Education

Journal homepage: <https://journal.nalatama.org/index.php/jude>

Frustration Dynamics and Cognitive Counseling for a University Student with Neurotic Symptoms: A Case Study

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Article Info

Article history:

Received Jun 18th, 2025

Revised Jun 29th, 2025

Accepted Jun 30th, 2025

Keyword:

Cognitive Counseling

Neurotic Symptoms

NSSI

Academic Motivation

Emotional Regulation

ABSTRACT

This study aims to explore the psychological dynamics and evaluate the effectiveness of cognitive-based counseling in supporting a university student experiencing neurotic symptoms and Non-Suicidal Self-Injury (NSSI) behaviors. Using a qualitative case study approach, the research focused on a final-year student who exhibited social withdrawal, decreased academic motivation, and difficulty expressing emotions issues shaped by authoritarian parenting and frustrating interpersonal experiences. Data were acquired through in-depth interviews, behavioral observations, and standardized psychological assessments, including the WBIS, Rorschach, EPPS, and graphic projective tests (WZT, BAUM, DAM). The intervention consisted of five counseling sessions using cognitive techniques aimed at restructuring negative thought patterns, enhancing emotional regulation, and fostering adaptive coping strategies. Results showed improvements in self-awareness, emotional expression, and renewed motivation toward academic engagement and independent functioning. These findings highlight the relevance of cognitive counseling in addressing emotional barriers to learning and promoting psychological resilience among students in higher education settings.



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Introduction

Mental health challenges among university students have gained growing attention in educational psychology due to their impact on academic performance, emotional well-being, and social functioning. Neurotic symptoms, such as persistent anxiety, emotional dysregulation, and intrapsychic conflict are commonly found in students who face high academic demands and limited emotional support, leading to diminished learning motivation, academic disengagement, and psychosocial maladjustment (Conley, Durlak, & Kirsch, 2015; Kring et al., 2018). These difficulties can disrupt concentration, reduce classroom participation, and impair interpersonal relationships within the campus environment.

One maladaptive coping mechanism observed in such students is Non-Suicidal Self-Injury (NSSI), which is often used to manage overwhelming negative emotions like frustration and helplessness (Klonsky & Muehlenkamp, 2007; Nock, 2010). Students with unresolved emotional conflict, often rooted in authoritarian parenting or emotional invalidation, may struggle with self-awareness and emotional expression, both of which are vital for healthy academic functioning and social interaction.

University counseling centers play a critical role in identifying and supporting students with emotional and psychological difficulties. However, many students either do not access or are unaware of these services despite clear need (Yorgason, Linville, & Zitzman, 2008). Integrating evidence-based interventions, such as cognitive counseling, into academic support systems can help students recognize and restructure maladaptive thought patterns, thus enhancing resilience, self-regulation, and educational engagement (Beck, 2011; Conley et al., 2015).

This case study explores the emotional and cognitive profile of a final-year university student exhibiting neurotic symptoms and NSSI behaviors in the aftermath of repeated interpersonal and academic failures. It investigates how cognitive counseling may improve emotional regulation, strengthen self-understanding, and promote adaptive academic adjustment. By contextualizing this intervention within broader student mental health concerns, this study contributes to ongoing efforts to design holistic and responsive campus mental health strategies that support student success.

Method

This study adopted a qualitative case study design aimed at gaining an in-depth understanding of the emotional and cognitive dynamics of a university student exhibiting neurotic symptoms and maladaptive coping behaviors. The case study approach was selected to explore the lived experience of a student within the real-life context of academic stress, family influence, and emotional regulation challenges (Yin, 2018). This design is particularly suited for examining complex psychological processes that influence student adjustment and academic engagement, and for evaluating targeted counseling interventions in higher education settings.

The participant in this study was a 22-year-old male, a final-year undergraduate student enrolled at a private university in Bandung, Indonesia. He was referred for counseling after demonstrating social withdrawal, diminished academic motivation, and Non-Suicidal Self-Injury (NSSI) behaviors. The student reported long-standing emotional distress stemming from authoritarian parenting, experiences of emotional rejection, and multiple academic and interpersonal failures. Purposive sampling was used to select the participant based on the relevance of his psychological and educational profile to the research objectives. To maintain confidentiality and adhere to ethical research practices, all identifying information was anonymized (Miles, Huberman, & Saldaña, 2014).

Data were collected through multiple qualitative sources, including in-depth semi-structured interviews, behavioral observations, and standardized psychological assessments. The interviews explored the participant's emotional experiences, academic motivation, coping strategies, and family dynamics. Observations were conducted during counseling and assessment sessions to analyze the student's affective expression and interpersonal behaviors.

Psychological assessments included the Wechsler Bellevue Intelligence Scale (WBIS), Rorschach Inkblot Test, Edwards Personal Preference Schedule (EPPS), and graphic projective tests (WZT, BAUM, and DAM). These tools were used to gain a comprehensive profile of the participant's cognitive functioning, personality dynamics, and emotional regulation patterns (Groth-Marnat & Wright, 2016). Triangulation of data sources enhanced the credibility and trustworthiness of the case study findings (Creswell & Poth, 2018).

The intervention consisted of individual counseling sessions based on cognitive-behavioral principles. The counseling process aimed to help the student recognize how dysfunctional thought patterns shaped through early parenting experiences and internalized expectations, contributed to frustration and disengagement. Sessions focused on increasing cognitive insight, restructuring irrational beliefs, developing assertive behaviors, and recognizing personal competencies. Relaxation techniques were also introduced to support anxiety management and improve academic focus.

This case highlights the broader psychological and academic challenges faced by vulnerable students in higher education, particularly those experiencing persistent emotional distress, diminished motivation, and inadequate coping strategies. It underscores the importance of campus-based mental health services that provide individualized, context-sensitive interventions, approaches that extend beyond symptom alleviation to actively promote academic functioning, emotional resilience, and social adjustment. Case studies of this nature can inform student mental health policy by revealing the nuanced interplay between emotional well-

being, familial dynamics, and educational engagement, while also demonstrating the utility of cognitive-based counseling in enhancing student resilience and participation in campus life. The insights derived may serve as valuable guidance for improving university counseling protocols, establishing early detection mechanisms, and designing preventive programs that address the diverse and evolving needs of students in today's higher education landscape.

Results and Discussions

The cognitive counseling intervention provided to the subject was conducted over five sessions and demonstrated gradual positive changes in affective, cognitive, and behavioral domains. In the first session, the subject was able to identify his main complaints, namely social withdrawal, loss of motivation, and engagement in Non-Suicidal Self-Injury (NSSI). He also began to reflect on feelings of disappointment and sadness triggered by interpersonal conflicts and academic pressure.

The second and third sessions showed increased subject awareness of the impact of authoritarian parenting on the formation of his cognitive schemas, particularly those related to negative perceptions of himself and his environment. The subject began to realize that his strong desire to please others and fear of rejection had contributed to the development of dysfunctional perfectionistic thinking. Psychoeducation on cognitive schemas combined with emotional validation helped the subject to express himself more assertively.

During the fourth and fifth sessions, the subject demonstrated a deeper understanding of his frustration dynamics and was able to identify unmet emotional needs as one of the roots of his maladaptive behavior. He also began developing new coping strategies, such as limiting irrational thoughts, practicing breathing relaxation techniques, and taking responsibility for his academic progress. Final evaluations revealed increased motivation, heightened self-awareness, and a decreased intensity of repetitive negative thoughts.

The results of this intervention suggest that the cognitive approach is effective in helping subjects overcome negative thought patterns and develop more adaptive emotional responses. This aligns with Beck's theory (2011), which posits that emotional disorders such as depression and anxiety stem from cognitive distortions, and that cognitive restructuring is a key step in behavioral change. In this case, the subject exhibited maladaptive internal schemas rooted in authoritarian parenting such as beliefs that he must always obey, never make mistakes, and is unworthy of expressing emotions openly.

These findings support Millon's (2004) view of obsessive-compulsive and negativistic personality types, which are marked by a dominance of internal control, rigid perfectionism, and a conflict between repressed anger and the desire for approval from authority figures. The subject internalized these patterns, which manifested in his inability to express frustration in a healthy manner, leading instead to self-injurious behavior as a form of repressed aggression (Alwisol, 2011).

Furthermore, the intervention highlighted the central role of emotional regulation in the recovery of individuals with neurotic disorders. Gross (2015) emphasized that difficulties in emotion regulation are often associated with maladaptive coping strategies such as avoidance, self-blame, or self-harm. In this case, the development of assertiveness skills and emotional processing through counseling effectively helped the subject adopt more constructive emotional responses and coping behaviors.

The use of breathing relaxation techniques and the reinforcement of realistic thinking also proved effective in reducing the subject's anxiety symptoms, consistent with findings by Hofmann et al. (2012), who demonstrated that cognitive interventions involving self-awareness can enhance affective balance and strengthen emotional control. In addition, the therapist's empathic and nonjudgmental support facilitated the development of the subject's self-efficacy which is his belief in his ability to manage life's demands independently (Bandura, 1997).

This study illustrates how the experience of attachment loss from significant figures can exacerbate psychological vulnerability. Bowlby (1980) noted that disruptions in adult emotional attachment can trigger complex grief reactions, including withdrawal, extreme pessimism, and despair symptoms that closely mirror the subject's subjective experience in this case. Such unresolved emotional trauma not only affects personal well-being but also disrupts critical aspects of academic functioning, including motivation, focus, and interpersonal engagement in learning environments. In the absence of adequate support, emotional wounds related to attachment loss may manifest as academic disengagement and a declining sense of purpose.

This case also illustrates how unaddressed emotional distress can significantly hinder academic persistence and engagement among university students. The subject's initial withdrawal from social and academic environments reflected a broader loss of direction and diminished learning motivation. Through

counseling, the student gain self-awareness, which allowed him to reframe academic challenges as manageable challenges rather than overwhelming obstacles. As emotional regulation improved, the subject began demonstrating greater consistency in attending classes, initiating academic tasks, and actively participating in campus-related responsibilities. These outcomes support the view that enhancing students' emotional competencies can directly strengthen their capacity to function effectively in academic settings.

From an institutional standpoint, this case underscores the importance of implementing preventative mental health strategies to identify and support students at risk of emotional disengagement. Educational institutions can play a proactive role by integrating emotional wellness programs into the academic environment, offering peer mentoring, and training faculty to recognize early signs of psychological distress. Furthermore, embedding cognitive-based interventions within campus counseling centers, as part of a tiered system of support can enhance accessibility and early intervention for students facing psychosocial challenges. By fostering a culture that normalizes help-seeking and emphasizes emotional literacy, universities can improve student retention, academic performance, and psychological well-being.

Conclusions

This study demonstrates that cognitive-based counseling can be an effective intervention for university students experiencing emotional distress, maladaptive thought patterns, and academic disengagement. By fostering self-awareness, emotional regulation, and constructive coping strategies, the intervention supported the student's reintegration into academic routines and improved psychosocial functioning. These findings highlight the importance of integrating evidence-based cognitive interventions into student mental health services within higher education contexts. Future interventions are encouraged to include structured training in emotional validation, assertiveness, and anxiety management skills which essential for student resilience and academic success. Preventive efforts should also target family and educational environments, promoting flexible, supportive parenting and early emotional education. By identifying and addressing emotional vulnerability before it escalates into more serious dysfunction, institutions can reduce long-term maladaptive behaviors and foster healthier, more engaged learners. The findings of this case underscore the need for proactive psychological support systems within educational institutions to address emotional barriers to academic success.

References

- Alwisol. (2011). *Psikologi kepribadian* (ed. revisi). Malang: UMM Press.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W.H. Freeman.
- Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd ed.). New York: Guilford Press.
- Bowlby, J. (1980). *Loss: Sadness and depression* (Vol. 3). New York: Basic Books.
- Conley, C. S., Durlak, J. A., & Kirsch, A. C. (2015). A meta-analysis of universal mental health prevention programs for higher education students. *Journal of Counseling Psychology*, 62(3), 243–256.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Thousand Oaks, CA: Sage.
- Feist, J., Feist, G. J., & Roberts, T.-A. (2017). *Teori kepribadian* (Edisi ke-8, terj.). Jakarta: Salemba Humanika.
- Gross, J. J. (2015). Emotion regulation: Current status and future prospects. *Psychological Inquiry*, 26(1), 1–26. <https://doi.org/10.1080/1047840X.2014.940781>
- Groth-Marnat, G., & Wright, A. J. (2016). *Handbook of psychological assessment* (6th ed.). Hoboken, NJ: Wiley.
- Hofmann, S. G., Asnaani, A., Vonk, I. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of cognitive behavioral therapy: A review of meta-analyses. *Cognitive Therapy and Research*, 36(5), 427–440. <https://doi.org/10.1007/s10608-012-9476-1>
- Klonsky, E. D., & Muehlenkamp, J. J. (2007). Self-injury: A research review for the practitioner. *Journal of Clinical Psychology*, 63(11), 1045–1056. <https://doi.org/10.1002/jclp.20412>
- Kring, A. M., Johnson, S. L., Davison, G. C., & Neale, J. M. (2018). *Abnormal psychology* (13th ed.). Hoboken, NJ: Wiley.
- Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). Thousand Oaks, CA: Sage.
- Millon, T. (2004). *Personality disorders in modern life* (2nd ed.). Hoboken, NJ: John Wiley & Sons.
- Nock, M. K. (2010). Self-injury. *Annual Review of Clinical Psychology*, 6, 339–363. <https://doi.org/10.1146/annurev.clinpsy.121208.131258>

- Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). Thousand Oaks, CA: Sage.
- Yorgason, J. B., Linville, D., & Zitzman, B. (2008). Mental health among college students: Do those who need services know about and use them? *Journal of American College Health*, 57(2), 173–181.