

Self-Agency in the Face of Inferiority: Examining the Boundaries

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Abstract: The act of "feel[ing]" in Roosevelt's statement encompasses both emotions and judgments, revealing the first flaw in her assertion: its conceptual imprecision regarding "feel[ing]" in the context of inferiority. By definition, inferiority refers to "a condition or state of being or having a sense of being inferior or inadequate especially with respect to one's apparent equals or to the world at large" (Merriam-Webster, n.d.). Crucially, emotions and judgments represent distinct psychological processes—the former being automatic and the latter requiring higher-order cognition—each eliciting divergent mental mechanisms that either wholly undermine or partially support her claim. This terminological vagueness renders the statement misleading.

1. Introduction

In 2023, the British Journal of Sports Medicine reported that 38% of Olympic athletes experience imposter syndrome — a persistent belief that one is undeserving of success despite achievements. Meanwhile, in *What Life Could Mean To You*, individual psychologist Alfred Adler argues that all individuals have varying degrees of inferiority complexes, driven by innate desire for self-improvement ^[1]. Given that humans are social animals and evaluate self-worth constantly, feeling inferior is inevitable. Consequently, Eleanor Roosevelt's assertion that "no one can make you feel inferior without your consent" warrants critical re-examination.

To assess its validity, one must critically evaluate four interrelated components. First, what constitutes "feeling inferior"? Second, what is the limit of our agency? Third, when is consent — a voluntary assent or approval ^[2] — meaningfully given? And fourth, can one assume that the experience of dealing with inferiority is universal, as the statement implies?

Through empirical research from biological, cognitive, social, developmental, and clinical psychology, this essay argues that Eleanor Roosevelt's assertion is fundamentally limited due to its conceptual imprecision and its misattribution of agency of the notion of consent. Nevertheless, the statement retains a degree of validity, as psychological interventions can empower individuals to overcome the feeling of inferiority.

2. What constitutes "feeling inferior"

The act of "feel[ing]" in Roosevelt's statement encompasses both emotions and judgments,

revealing the first flaw in her assertion: its conceptual imprecision regarding "feel[ing]" in the context of inferiority. By definition, inferiority refers to "a condition or state of being or having a sense of being inferior or inadequate especially with respect to one's apparent equals or to the world at large"^[3]. Crucially, emotions and judgments represent distinct psychological processes — the former being automatic and the latter requiring higher-order cognition — each eliciting divergent mental mechanisms that either wholly undermine or partially support her claim. This terminological vagueness renders the statement misleading.

Emotion is a complex reaction by which an individual attempts to deal with a personally significant matter or event ^[1]. Neurobiology offers empirical research that demonstrates emotions to be instinctual, involuntary and subconscious. For example, fear — a primary emotion — can be triggered approximately 12 milliseconds after a stimulus is received. This rapid reaction occurs via the subcortical pathway, where sensory information bypasses cortical processing and travels directly from the thalamus to the amygdala ^[4], a limbic structure specialized for emotional processing ^[2]. Consequently, if inferiority constitutes an emotion, it operates beyond conscious control, making the notion of "consent" in Roosevelt's statement biologically implausible.

Judgment, on the other hand, is the process of forming an opinion or evaluation by discerning and comparing information ^[3]. Judgments are logical, effortful and conscious. A fMRI study revealed that the dorsolateral prefrontal cortex (dlPFC) — a region involved in logical reasoning and cognitive control — is activated during deliberate judgment, whereas damage to this area results in impaired logical decision-making. Moreover, when participants override emotional biases, increased activity is observed in the anterior cingulate cortex (ACC), which is associated with cognitive effort and conflict monitoring ^[5]. The activation of these two regions highlights a key distinction between emotion and judgment processes: while the amygdala responds automatically, the dlPFC and ACC engage only during conscious evaluation. If inferiority is a judgment then there is a sense in which we participate in, or consent to, inferiority.

Having now demonstrated the difference between emotion and judgement, it is clear that the phrase "feel[ing] inferior" in Roosevelt's statement is conceptually imprecise. This inevitably leads to divergent interpretations of the quotation's core premise.

3. The limit of agency

Another error in Roosevelt's statement occurs in its misidentification of the subject of the consent. An examination of biology, dual-process theories of cognitive systems, the Social Comparison Theory ^[6], and human hedonic adaptation shows that individuals lack the volitional capacity to consent to feeling inferior.

First, from a biological perspective, 40%–50% of human behavioral traits are inheritable ^[7]. This means that about half of our reactions — such as responses to a scornful remark — are genetically determined; one does not have full control over how they react to stimuli. Some biologists even insist on hard determinism, in which biological makeup and environmental influence dictate one's behavior ^[8], leaving little to no room for the will to give consent.

Additionally, it is theorized that human cognition is divided into two systems. System 1 is intuitive, effortless and prone to biases — people react without cognitive control. Responding instantly and running continuously, actions that stem from System 1 are biologically ingrained and dominate daily life; humans operate on autopilot more often than we realize ^[9]. When being either physically or psychologically attacked, the experience of discomfort emerges before the brain can modulate it. This occurs due to two key factors. First, System 1 involves the limbic system, which performs rapid and subconscious processing of threats and rewards. Specifically, the amygdala is part of the "fight or flight" response while the hypothalamus enables our physical reaction in face of

threat, known as embodied emotion. These processes mean that the negative reaction to an attack is natural and that physiological arousal, like the rising of heart rate, is inevitable ^[10]. Second, because System 1 relies on heuristic-based judgments derived from prior experiences ^[11], cognitive biases — such as the confirmation bias — easily influence perception. For instance, individuals with preexisting insecurities favor information that reinforces their fears. In novel situations where no prior schema exists, System 1 is particularly prone to errors due to its dependence on associative reasoning. Consequently, the immediate reactions to aversive stimuli are reflexive rather than voluntary ^[9].

Further, from the perspective of social psychology, humans have a natural drive to compare themselves against societal standards and others in order to form a self concept. Social Comparison Theory distinguishes between upward and downward comparison. Upward comparison (i.e., comparing oneself to those who are better situated) occurs more often than downward comparison (i.e., comparing oneself to those who are worse situated) ^[6]. While upward comparison could be seen as a source of inspiration, it often appears to be the origin of low self-esteem and feeds endlessly into discontent. In *Stumbling On Happiness*, Harvard psychology professor, Daniel Gilbert, argues that people are trapped on a hedonic treadmill ^[12], always wanting more despite a goal being achieved. Thus, the instinctive need to socially compare leads to inevitable feelings of inferiority.

4. Overcome Inferiority

Although the initial feeling of inferiority happens without consent, once the initial distress of an attack passes, individuals can regain agency to overcome setbacks through resilience and cognitive control. This process underscores the dynamic interplay between automatic emotional reactions and conscious cognitive regulation. By employing resilience and activating higher-order cognitive systems, people are not merely passive recipients of inferiority but can actively reshape their psychological responses. Thus, the boundary between inevitability and choice becomes clearer: while one cannot prevent the onset of inferiority, one can determine how to respond to and ultimately transcend it.

4.1 Harnessing Resilience Overcome Inferiority

First, from a biological perspective, while 40%–50% of human behavioral traits are genetic^[7], 50%–60% are environmentally shaped, indicating that adaptive capacities such as resilience can be cultivated through experience and practice. This highlights the essential role of environmental context in mitigating vulnerability to inferiority. The brain demonstrates plasticity in response to stress, enabling individuals to recover and even grow stronger after adversity. Studies on learned helplessness show that belief states matter: perceiving a sense of control over adverse situations protects against trauma and PTSD ^[13]. Moreover, resilient animals exhibit stronger medial prefrontal cortex (mPFC) activation, which inhibits the dorsal raphe nucleus (DRN) to regulate serotonin release and reduce stress reactivity ^[14]. These findings underscore that resilience is not merely a psychological construct but has identifiable neurobiological underpinnings. Translating these insights to human behavior, growth mindsets serve as a cognitive counterpart, enabling students, for example, to achieve higher academic outcomes after setbacks ^[15]. Thus, resilience provides both biological and cognitive pathways through which individuals can counteract the seemingly involuntary experience of inferiority.

4.2 System 2 can Overcome Inferiority

Additionally, another system of human cognition is System 2, also known as slow thinking. While System 1 is the originator of reactive feelings, System 2 constructs thoughts into a logical series of action, establishes explicit beliefs and makes deliberate choices ^[9]. This logical, effortful mode of processing facilitates the construction of deliberate strategies, explicit beliefs, and long-term goals that counteract the reflexive tendencies of System 1. Importantly, System 2 is mobilized in moments when willpower is tested—for instance, in persisting through adversity—or when impulses must be regulated, such as resisting the tendency to ruminate on negative emotions. The prefrontal cortex (PFC), the neural foundation of System 2, supports planning, decision-making, and executive control, providing the biological infrastructure for psychological agency. Through sustained activation of System 2, individuals can override maladaptive inferiority schemas, replacing them with adaptive interpretations that promote growth. In this sense, while inferiority may arise uninvited, deliberate cognitive intervention enables people to reclaim autonomy and transform these experiences into opportunities for resilience and development.

5. The universality of dealing with inferiority

We must also consider developmental and clinical psychological influences, namely early caregiving and mental health status, when answering the question whether dealing with inferiority is universal, as the statement implies? Longstanding psychological theories and the Diagnostic and Statistical Manual of Mental Disorders, Version 5 (DSM-V) suggest that there is significant variability in an individual's experience with low self-esteem.

As commonly acknowledged, parenting is fundamental in shaping a person's personality, mental health and social behavior, thus impacting one's ability to develop resilience and cope with inferiority. According to Baumrind's ^[16-17] parenting styles framework, there are four types of parenting styles, each contributing to a different developmental outcome. A landmark review that synthesized decades of parenting research confirmed that only ~ 45%–50% of U.S. parents take an authoritative approach ^[18], in which the parents nurture with responsive and supportive attitudes, yet set firm limits for their children ^[2]. This implies that approximately half of the parents in the study employ one of the other three parenting styles — authoritarian, permissive, or neglectful — characterized by punitive, indulgent, or indifferent approaches to child-rearing. These styles are associated with varying degrees of developmental challenges, including increased susceptibility to low motivation ^[19], deficits in self-regulation ^[17], and cognitive-emotional delays ^[20]. Such traits compound vulnerability to inferiority and undermine resilience to psychological distress. Furthermore, as suggested by Bowlby's attachment theory ^[21], the quality of early emotional bonds between infants and caregivers is significant in one's emotional regulation and social skills. In sum, one's capacity to respond to negative judgment is highly related to one's early experience and can both enable and prevent the development of inferiority.

Moreover, individuals with certain mental health disorders are more prone to inferiority than individuals who are mentally well. For example, people with Avoidant Personality Disorder (APD) are hypersensitive to negative comments and are socially inhibited. Their minds are preoccupied with social criticism and they believe that they are socially inept. They develop an inferiority complex, where they overestimate their weakness due to feeling inadequate ^[22]. In turn, they are easily hurt and are avoidant due to their intense fear of being exposed and shamed. Likewise, individuals with Narcissistic Personality Disorder (NPD) also feel inferior but instead develop the flip side of the inferiority complex, the superiority complex, which is an “overcompensation for perceived inadequacies” to hide a deep-lack of self worth ^[1, 23]. Individuals with NPD demand excessive attention, compliments, and admiration, becoming furious when reality fails to conform

to their desires ^[22]. Both of these disorders are influenced by temperament, the biological foundation of personality ^[2], and early developmental experience, such as parenting styles. Importantly, individuals with these types of psychopathologies have less ability to give consent. These disorders exemplify significant individual differences in overcoming inferiority, thereby challenging the idea of a universal psychological mechanism.

6. Conclusion

In summary, research from biological, cognitive, social, developmental, and clinical psychology reveals that inferiority involves both a feeling and judgment, feeling inferior happens without consent and individuals differ in their vulnerability to feeling inferior, discrediting Eleanor Roosevelt's statement. The paper advances four concrete claims: (1) Inferiority is a compound phenomenon comprising rapid, involuntary emotional reactions and slower, deliberative judgments; (2) Agency is constrained — emotions generated by subcortical and System 1 processes often occur without conscious consent, and genetic, developmental, and social forces (e.g., social comparison) further limit immediate volitional control; (3) Agency can be recovered — through resilience-building and activation of System 2 (prefrontal-mediated cognitive control), individuals can reappraise, regulate, and restructure inferiority schemas; (4) The experience is not universal in its form or malleability: early caregiving, temperament, and psychopathology (e.g., APD, NPD) produce meaningful individual differences in vulnerability and responsiveness to interventions. Based on these claims, educational practices should prioritize early interventions that cultivate resilience and growth mindsets. School-based programs and supportive parenting strategies can reduce maladaptive social comparison and strengthen children's capacity to cope with experiences of inferiority across the lifespan.

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