

Manifestations Of The Inferiority Complex In Adolescents

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Abstract: An inferiority complex in its dysfunctional, destructive form poses a serious danger to the individual. It is accompanied by specific states, fear, depressive states, and stress, and may culminate in its most extreme resolution—suicide. By evoking intense negative experiences, the inferiority complex leaves a lasting imprint on an adolescent's personality and influences their entire subsequent life course.

Keywords: Inferiority complex, destructive intrapersonal conflict, inadequacy, self-esteem, frustration, helplessness, stress, depression, personality, intellectual characteristics of the individual.

Introduction: An inferiority complex is a set of emotions, thoughts, and behaviors that reflect a sense of one's own deficiency and a belief in others' superiority. It manifests as insecurity, fear of making mistakes, avoidance of social interaction, envy, and feelings of personal failure and inability to achieve goals. It can serve as a basis for the development of depression, obsessive-compulsive neurosis, and anxiety disorders. Diagnosis is carried out through clinical interviews and psychological testing. Cognitive-behavioral psychotherapy, psychoanalysis, and training programs are used for psychocorrection. The concept of the inferiority complex was developed by the Austrian psychoanalyst A. Adler [1]. He studied the formation of compensatory mechanisms in children with developmental defects and initially regarded the feeling of inferiority as the result of a physical deviation, later considering it a universal driving force of development. Successful experiences in overcoming difficulties shape strong personality traits, while failures contribute to the consolidation of the complex. This explains its prevalence in Western societies, where personal achievement is highly valued. Gender roles influence how this symptom complex presents: men tend to experience it more severely, with neurotic disorders and hypercompensation. Low self-esteem, or an inferiority complex, is a persistent, intrusive feeling of being worse than others, accompanied by constant insecurity in oneself and one's abilities. A child's self-

esteem affects how they communicate, how they respond to criticism, how they behave in conflict situations, how strongly they seek social interaction, and what friends they choose.

LITERATURE REVIEW

The study of the inferiority complex has attracted both foreign scholars—A. Adler, Z. Freud, E. Fromm—and Russian scholars such as L. S. Vygotsky, E. A. Sokolova, V. M. Sorokin, and others. In their view, the leading roles in the development of the complex are played by the specifics of one's physical condition and upbringing. According to A. Adler's theory, the causes act in early childhood. Demographic, social, political, religious, and ethnic factors contribute to the maintenance and intensification of symptoms. The most likely causes of an inferiority complex include [1]:

Physical deficiencies. A person's effectiveness and success may be limited by functional impairment of an organ or by unattractiveness (disproportion, asymmetry, corpulence). This group includes congenital and acquired defects as well as features of appearance.

Errors in upbringing. Feelings of inferiority arise under excessive parental overprotection that hinders the development of independent problem-solving skills. Another form of destructive upbringing is insufficient attention, comparisons with more successful children, and a lack of praise and reinforcement.

Negative experiences. Failures in career, family life, and intimate relationships foster a lack of confidence in one's abilities. In women, the complex may be triggered by divorce; in men, by the absence of well-paid work.

Unwarranted criticism from others. The level of self-esteem is influenced by inappropriate remarks from significant people—parents, a spouse, a brother or sister, a supervisor. A common example is the use of overgeneralizations such as “you will never be able to” or “you always lose.”

The inferiority complex takes shape in early childhood, when a child begins to understand that not all desires can become reality and that the possibilities for realizing intentions are limited. At first, these limitations are detected at the physical level—underdeveloped skills, the presence of needs, and material barriers. Later, psychological boundaries set by upbringing and relationships with others are recognized. Before school age, play serves as an effective means of compensation: the child tries on roles and uses imagination to give figurative expression to desires. Schoolchildren, however, find themselves in a system of demands, evaluation, and the necessity of real achievement. A fear of being inferior takes form—of being unloved, rejected, and lonely. On the one hand, this fear becomes a driving force of development; on the other, it hinders productive activity. The complex becomes fixed within the personality structure in the presence of negative factors—experiences of failure, nonconstructive criticism, and a lack of support from close others.

Psychologists identify the main signs of low self-esteem in children and adolescents:

1. Appearance — may be slovenly or untidy.
2. Speech and voice — a quiet timbre, indistinct speech, ingratiating intonations, and a habit of apologizing for one's actions without any obvious reason.
3. Excessive self-criticism and self-reproach.
4. Facial expression and posture — a frequent look of suffering; during conversation they usually avoid eye contact; they slouch excessively (a wish to be inconspicuous); they sit on the very edge of the chair, intertwining their legs (as a defense from others) or hiding their legs under the chair.
5. Sociability — unsociable, easily led, and constantly complaining about feeling unwell or about problems. Most often, insecure children and adolescents are introverts (their emotions and feelings are directed inward rather than toward the external world).

6. Excessive aggressiveness — rudeness toward others as a defense against the outside world; lack of self-belief gives rise to distrust of others.

7. A painful reaction to criticism, tearfulness.

8. Overt, exaggerated self-confidence — paradoxically indicates low self-esteem and is accompanied by a desire to “stand out from the crowd” (unusual clothing or behavior with a claim to “originality”). This is especially pronounced during adolescence.

9. A constant need to be first everywhere — the adolescent lives under chronic stress, having to prove to themselves and others that they are better than everyone else. A self-confident person who loves themselves has no need to prove their “exceptionality.”

I.A. Krasilnikov and E.A. Sokolova believe that one of the main reasons for the formation of an inferiority complex in adolescence is an intrapersonal conflict arising from a mismatch between an individual's desires and the reality that blocks their fulfillment. In terms of its consequences, an intrapersonal conflict can be constructive or destructive. The destructive type unfolds as intense emotional distress accompanied by specific states—fear, depression, and stress—and may progress to neurosis [3,4].

Thus, the life script laid down in childhood influences a person's emotional disposition, the substantive content of their life, and its concrete outcome—often leaving no room for personal choice [2]. Since adolescence is marked by self-reflection and the choice of a future life path, an individual can become aware of the script they are following and, if necessary, replace it with a more constructive one—such as the “Winner”—thereby assuming responsibility and reclaiming authorship of their life. The principal role of the life script in forming feelings of inferiority among youths generally manifests in the “failures” that occur in their lives—in setbacks and in their lack of success [5].

The core manifestation of the complex is the experience of one's own inferiority and defectiveness. The destructive behavioral pattern includes withdrawal, limiting contacts, fear of being active, fear of making mistakes, and fear of becoming an object of ridicule or condemnation. Individuals avoid socializing, new acquaintances, and public speaking. They show little initiative at work and are seldom satisfied with their activities. Women tend to cast themselves in the role of victim, whereas men mask their insecurity with heightened aggressiveness and an accusatory stance. Also characteristic are arrogance, a proclivity for alcohol, and the display of external attributes of success (expensive clothing, accessories, cars).

Productive behavior in the context of an inferiority complex is called overcompensation. Inner tension and dissatisfaction with oneself become a motivating force. To avoid negative experiences, people overcome limitations through sheer willpower. Thus, a person with a stutter becomes an announcer; someone with motor impairments becomes an athlete; a “C-level” school student finishes university with honors. Achievements temporarily compensate for feelings of insecurity. However, if the complex has become part of the personality, people must continually work and succeed to gain others’ approval and admiration. Prolonged and acute experience of an inferiority complex leads to the development of neurotic disorders. In childhood, this may manifest as speech disturbances (stuttering, hesitations), involuntary muscle tics, nightmares, and fears. In adults, the most common complication is depression with an anxiety component. Less commonly, obsessive–compulsive disorder, panic attacks, and psychosomatic illnesses develop. With destructive behavior there is a risk of desocialization—family and friendly relationships deteriorate, people divorce, and leave their jobs.

According to M. I. Timofeev, an inferiority complex arises due to a pronounced dependence on others. Especially in the first years of life, the child is completely dependent on the mother—identifying with her; mother and child are inseparable. It is precisely the early emergence of a sense of inferiority that lays the foundation for a future struggle for superiority over one’s environment. The feeling of inferiority in itself is not considered an illness or a defect, since a person at birth is weak, defenseless, and helpless, and people are initially unequal by a number of criteria (sex, weight, height, physical features, etc.). However, this feeling of inferiority can transform into an inferiority complex [6].

RECOMMENDATIONS

In psychoprevention and in addressing this problem, several recommendations can be offered. Assistance to adolescents is based on psychotherapeutic methods. Sessions should be aimed at identifying the adolescent’s strengths and weaknesses, mastering self-analysis skills, developing productive communication, reducing emotional tension, and eliminating fears. Psychotherapy may be conducted with a specialist, independently, and in groups. Compensation for the inferiority complex proceeds successfully when the adolescent recognizes its presence and uses techniques proposed by the psychotherapist—self-analysis, stopping negative thoughts, improving communication skills, and accepting criticism. The foundation of prevention is proper upbringing. Parents and educators should avoid excessive overprotection, allow the child

to show independence, make mistakes, and treat those mistakes as learning experiences. It is especially important not to compare the child’s achievements with those of other children or to humiliate them after failures and missteps. It is very important to teach self-analysis: after receiving a poor grade or losing a competition, the child should be supported and the steps needed to achieve a better result in the future should be discussed.

CONCLUSION

A review of the literature shows that most adolescents with a pronounced inferiority complex are characterized by a well-developed imagination, an orientation toward the inner world, low tolerance for frustration, emotional susceptibility, mood lability, irritability, anxiety, depression, sensitivity, timidity, shyness, lack of self-confidence, suspiciousness, and impressionability. Among them, there are more who are critical, crave change, and are ready for radical actions. In interpersonal relationships, such adolescents are marked by calculation, perceptiveness, and a diplomatic approach to others. An inferiority complex interferes with the harmonious development of personality. It arises in childhood and often persists throughout life—and outwardly this is not always noticeable. The inferiority complex not only hinders personal development, but can develop into prolonged depression or neurosis, especially if exacerbated by an irrational sense of guilt. In addition, if a child or adolescent suffers from low self-esteem, they may experience fears, phobias, and other obsessive states, and psychosomatic illnesses may also occur. Psychologists and psychotherapists can help cope with severe forms of this complex.

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