Proceedings of the 4th International Conference on International Law and Legal Policy
DOI: 10.54254/2753-7048/2025.NS29670

# *The Conditional Validity of "No One Can Make You Feel Inferior": Autonomy, Therapy, and Social-psychological Constraint*

**Xuanxi Zhou**

*Experimental High School Affiliated to Beijing Normal University, Beijing, China*
*cynthiazhou0128@gmail.com*

***Abstract.*** This article looks at Eleanor Roosevelt's saying, "no one can make you feel inferior without your consent," and how it might be used in many social, developmental, and psychological situations. The argument stresses how autonomy and agency can help people reject outside judgments, which could lead to better performance. It does this by using principles like internal locus of control, resilience, unconditional positive regard, and the strategic acceptance of inferiority. These elements show when Roosevelt's claim is true. It also talks about some basic limits on people's freedom. Cultural frameworks that are deeply ingrained, bad things that happened in childhood, and natural personality traits can all hurt someone's sense of self without meaning to. According to empirical studies on trauma, personality traits, and social rank theory, these psychological and institutional restrictions diminish agency. To restore autonomy, the research underscores the imperative for therapeutic approaches, such as Adlerian, psychodynamic, and cognitive training procedures, that enhance self-efficacy, recontextualize detrimental cognitive patterns, and modify maladaptive emotional responses. The study posits that Roosevelt's assertion is conditionally valid: individuals may dismiss emotions of inferiority if they possess the psychological resources and resilience; but, structural and personal constraints often supersede individual sovereignty. Roosevelt's higher emphasis on self-determination and empowerment aligns with therapeutic approaches that facilitate the reclamation of personal agency.

***Keywords:*** inferiority, autonomy, agency, resilience, therapeutic intervention

## 1. Introduction

In 1884, Eleanor Roosevelt started her winding path of experiences. She was born in an elite household as the niece of President Roosevelt, yet tragically lost her parents during early childhood. Nonetheless, she was resilient enough and became the First Lady at the age of 28 and advocated for women empowerment. Being criticized towards her progressive views and targeted by rumours such as infidelity did not erode her autonomy, she famously stated "No one can make you inferior without your consent". In contrary, J.K. Rowling once consented to inferiority involuntarily after internalising the hardships. As a single mother, she faced poverty before Harry Potter launched and

© 2026 The Authors. This is an open access article distributed under the terms of the Creative Commons Attribution License 4.0 (https://creativecommons.org/licenses/by/4.0/).

DOI: 10.54254/2753-7048/2025.NS29670

suffered from clinical depression. Their stories demonstrate that the consequences of adverse experience can be double-edged, in terms of influencing an individual's consent to inferiority.

Inferiority, describing people being lower in status or quality than others, is a reflection of self-concept and significant others [1]. Consent refers to obedience and acceptance of others or their opinions. The control of consent or dissent is through autonomy, which is influenced by intrinsic motivation [2]. This essay argues that Roosevelt's claim holds when autonomy and self-esteem are bolstered; fails when choice to dissent is constrained; and how therapeutic interventions can restore control over self-worth.

## 2. Agency and autonomy: when individuals can resist inferiority

Strong autonomy enables individuals to resist external judgments. They are empowered by different psychological factors and the following section will discuss four of them.

Firstly, unconditional positive regard (UPR), a core concept in Carl Rogers' humanistic psychology, fosters autonomy by promoting non-judgmental self-acceptance [3]. By adopting neutral and intrinsic perspectives toward themselves, individuals are less likely to waver in response to external criticisms that might otherwise undermine their self-worth. Recent research [4] shows that UPR is positively correlated to self-esteem, accepting external changes, etc., fostering individuals to accept challenges without falling into self-doubt and inferiority. A study from two decades ago also aligns with Roosevelt's claim. Four questionnaires were distributed to 302 participants and revealed that individuals with low self-esteem are more vulnerable to self-doubt in relationships, lacking UPR [5]. With higher self-esteem, people will have higher unconditioned positive self-regard, so they are less inferior. Therefore, UPR enables individuals to refuse consent to inferiority. Internal locus of control (LOC) is another way to strengthen autonomy by attributing outcomes to personal effort rather than external forces [6]. People with internal LOC believe that others' comments are unrelated to their determined pathways, reducing the possibility to consent to inferiority. A study demonstrates that learners with internal LOC are likely to confront difficulties and mistakes, and they took part in an online course deeply without feeling disturbed by feedback [7]. External judgments are seen as irrelevant to these people's controllable pathways; thus, they support Roosevelt's statement that inferiority is a choice.

Furthermore, resilience also reinforces autonomy of consent by facilitating individuals to adapt adversity and cope with stress [8]. Resilient people are optimistic to a realistic extent, prone to build social network, practice religious rituals, and accept adversity. The importance of social support is stressed for people to build resilience, empowers individuals to not believe in themselves, but also actively reject external discriminations or criticism, complementing Roosevelt's claim. Interestingly, consenting to inferiority is sometimes a strategic choice. It acts as a catalyst for achievements because it may motivate people to work on their perceived weaknesses and improve accordingly [9] [10]. A study has shown that university students who had moderate inferior feeling got the highest ACT score and highest GPA [11], further proved by another study conducted in college [12]. However, future research is necessary to explore the effects of inferiority in other age groups, including children and adults beyond 20 years old. Through sublimation, channelling emotions into socially-acceptable ways such as doing sports, inferiority becomes a psychological tool rather than a passive state. Thus, people choose to embrace inferiority rather than resist it in some instances, and it requires consent. Overall, voluntarily withholding or offering consent to inferiority requires autonomy and agency, and Roosevelt's claim stands if an individual is equipped with cognitive independence.

DOI: 10.54254/2753-7048/2025.NS29670

## 3. Constraints on consent: psychological and social barriers to autonomy

Although we can resist our inferiority using our agency, inevitable restrictions on autonomy including personality, adverse childhood experience, and social hierarchies, invalidate Roosevelt's statement.

One of the factors is personality. Autotelic individuals, who reflectively accept adversities and challenges, are less likely to feel inferior comparing to the non-autotelic [13]. In contrast, narcissistic people, having more emotional fluctuations, are more likely to feel inferior [14]. In addition, the other four personality traits such as openness, conscientiousness, extraversion, and agreeableness negatively correlate to inferiority. In sum, personality disposition may lead to involuntary consent by limiting individual's autonomy over self-perception, as opposed to Roosevelt's statement. In addition, adverse childhood experience (ACE), traumatic events in childhood, can also erode the autonomy of consent to inferiority. ACE impairs children's physical health, including brain and endocrine system [15]. Consequently, it harms children's psychological health, urging them develop defence mechanism to deal with the problem through more extreme ways such as fighting and psychotropic drugs [16]. ACE also harms children's sense of security, which can be explained by Beck's cognitive triad [17]. Negative experiences generate distorted self-views, perceptions of hostile world, and hopeless future, all of which reinforce inferiority, which can cause depression [18]. The negative thoughts can be interpreted as the sign of inferiority as inferiority contains lower feelings. Therefore, for individuals who have experienced ACE, consenting to inferiority is triggered as a pathological reflex when facing external judgments.

Beyond individual factors, social hierarchies undermine systematic pressures that constrain consent to inferiority. Social rank theory stresses how dominance imposes perceived lower status [19]. Results showed that partner dominance, which means the dominance between two people, obedience of the other one, was strongly related to perceived inferiority among more depressed participants. Similarly, another study demonstrates that low-income is positively related to anxiety [20]. Personality traits, adverse childhood experiences, and social hierarchies impede autonomy. These factors oppose Roosevelt's claim, because not all individuals withhold consent or inferiority. However, as discussed below, autonomy can be restored or regained through therapeutic interventions.

## 4. Therapeutic intervention: restoring autonomy and self-worth

Although autonomy may be diminished due to personal and societal factors, psychological therapies offer solutions to restore control over self-worth. Some of these effective therapies are humanistic therapy, psychodynamic therapy, and cognitive training. The aims and outcomes of these therapies support Roosevelt's focus on agency.

Adlerian therapy focuses on individual growth and social interests. It restores autonomy by exploring past experiences and encouraging positive behaviours [21]. This approach resonates with both cognitive and social approaches and can affirm both the collectivistic and individualistic aspects of human functioning. In the study of abused Syrian refugee women, the effectiveness of the counselling program raises the level of self-efficacy through Schwarzer & Jerusalem Self-efficacy Scale [22]. All in all, this therapy can decrease inferiority by offering the ability to consent to individuals.

Psychodynamic therapy explores individual's unconsciousness, relieving stress from the root. Specifically, adjusting techniques of defence mechanisms can lead to enormous differences in mental health [23]. For instance, using sublimation to channel negative emotions to socially

DOI: 10.54254/2753-7048/2025.NS29670

acceptable activities, transforms inferiority into constructive energy. In contrast, when suppression is developed, individuals stagnate on reflecting on a particular memory or thought to avoid triggering negative feelings [24], which may cause depression in the long term. Psychodynamic treatment, which helps people better control their emotions and makes it less likely that they would mistakenly give in to feelings of inferiority, supports Roosevelt's focus on agency.

Cognitive training also helps people regain their independence by changing negative patterns of thought, feeling, and behavior. It enhances the locus of control, fostering a sense of autonomy and allowing individuals to perceive challenges as manageable [25]. It also boosts self-efficacy and self-esteem while slowing down functional decline [26]. Cognitive training can improve cognitive evaluation and promote consensual autonomy. In summary, Adlerian therapy, psychodynamic techniques, and cognitive therapy restore autonomy by enhancing self-efficacy, emotional regulation, and executive control. These interventions can conquer the personal and social barriers mentioned in early sections, empowering individuals to refuse consent to inferiority. With the fostered agency, Roosevelt's claim can be asserted.

## 5. Conclusion

Eleanor Roosevelt's claim that "no one can make you feel inferior without your consent" emphasizes the importance of agency. This essay has demonstrated that her assertion holds when autonomy is supported by unconditional positive regard, internal locus of control, resilience, and strategic acceptance of inferiority. These factors enable individuals to resist external judgments. However, personality traits, adverse childhood experiences, and social hierarchies act as barriers that erode agency and compel individuals to consent to inferiority involuntarily. Nonetheless, therapeutic interventions enable individuals to reclaim agency through options like Adlerian therapy, psychodynamic techniques, and cognitive training. These theories and studies suggest that while inferiority may be involuntary in certain contexts due to psychological and social barriers, autonomy can be regained through therapeutic interventions and support psychological well-being, coinciding with Roosevelt's emphasis on agency.

## References

[1] Strano, D. A., & Dixon, P. N. (1990). Cognitive social learning correlates of self-concept in adolescence. Journal of Youth and Adolescence, 19(4), 407–419.
[2] Deci, E. L., & Ryan, R. M. (1987). The support of autonomy and the control of behavior. Journal of Personality and Social Psychology, 53(6), 1024–1037.
[3] Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships: As developed in the client-centered framework. In S. Koch (Ed.).
[4] Proctor, C., Tweed, R. G., & Morris, D. B. (2021). Unconditional positive self-regard: The role of perceived parental conditional regard. The Humanistic Psychologist, 49(3), 400–422.
[5] Murray, S. L., Holmes, J. G., MacDonald, G., & Ellsworth, P. C. (1998). Through the looking glass darkly? When self-doubts turn into relationship insecurities. Journal of Personality and Social Psychology, 75(6), 1459–1480.
[6] Rotter, J. B. (1954). Social learning and clinical psychology. Prentice Hall.
[7] Cascio, M., Botta, V., & Anzaldi, V. (2013). The role of self-efficacy and internal locus of control in online learning. Journal of e-Learning and Knowledge Society, 9(3), 95–106.
[8] Friedberg, A., & Malefakis, D. (2018). Resilience, trauma, and coping. Psychodynamic Psychiatry, 46(1), 81–113.
[9] Adler, A. (1964). Problems of neurosis: A book of case-histories. Routledge & Kegan Paul.
[10] Adler, A. (1969). The practice and theory of individual psychology. Routledge.
[11] Strano, D. A., & Petrocelli, J. V. (2005). College student achievement and the inferiority complex. Journal of Individual Psychology, 61(1), 70–79.

DOI: 10.54254/2753-7048/2025.NS29670

[12] Lamberson, K. A., & Wester, S. R. (2018). Inferiority as motivation: Achievement, drive, and coping. Journal of Counseling Psychology, 65(3), 288–297.
[13] Hirao, K. (2014). Comparison of feelings of inferiority among university students with autotelic, average, and nonautotelic personalities. North American Journal of Medical Sciences, 6(9), 440–444.
[14] Čekrlija, Đ., Roković, N. M., Dinić, B. M., & Aitken Schermer, J. (2023). Relationship between the inferiority and superiority complex and the Big Five and Dark Triad traits. Personality and Individual Differences, 206, Article 112123.
[15] Hesterman, M. (2021). The effects of adverse childhood experiences on long-term brain development and health. Aisthesis: The Interdisciplinary Honors Journal, 12(1), 28–36.
[16] Boullier, M., & Blair, M. (2018). Adverse childhood experiences. Paediatrics and Child Health, 28(3), 132–137.
[17] Beck, A. T. (1987). Cognitive models of depression. Journal of Cognitive Psychotherapy, 1(1), 5–37.
[18] Anderson, K. W., & Skidmore, J. R. (1995). Empirical analysis of factors in depressive cognition: The Cognitive Triad Inventory. Journal of Clinical Psychology, 51(5), 603–609.
[19] Zuroff, D. C., Fournier, M. A., Patall, E. A., & Leybman, M. J. (2007). Steps toward an evolutionary personality psychology: Individual differences in the social rank domain. Canadian Journal of Behavioural Science, 39(4), 358–372.
[20] Layte, R., & Whelan, C. T. (2014). Who feels inferior? A test of the status anxiety hypothesis of social inequalities in health. European Sociological Review, 30(4), 525–535.
[21] Watts, R. E. (2003). Adlerian counseling: A practitioner's approach. Taylor & Francis.
[22] Husban, R. (2021). The effectiveness of a counseling program based on Adlerian therapy in increasing the level of self-efficacy among abused Syrian refugee women. Jordan Journal of Educational Sciences, 17(1), 39–59.
[23] Cramer, P. (2015). Understanding defense mechanisms. Psychodynamic Psychiatry, 43(4), 523–552.
[24] Anderson, M. C., & Huddleston, E. (2012). Towards a cognitive and neurobiological model of motivated forgetting. In R. F. Belli (Ed.), True and false recovered memories: Nebraska Symposium on Motivation (Vol. 58, pp. 53–120). Springer.
[25] Wolinsky, F. D., Vander Weg, M. W., Martin, R., Unverzagt, F. W., Ball, K. K., Jones, R., … Tennstedt, S. L. (2009). Does cognitive training improve internal locus of control among older adults? The Journals of Gerontology: Series B, 65B(5), 591–598.
[26] Willis, S. L., Tennstedt, S. L., Marsiske, M., Ball, K., Elias, J., Koepke, K. M., … Wright, E. (2006). Long-term effects of cognitive training on everyday functional outcomes in older adults. JAMA, 296(23), 2805–2814.