



Change: One Heart At a Time

Part I

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Introduction

MERE SURVIVAL BECOMES OUR priority when we no longer can meet our basic needs; when we live in a society where everyone is expected to fend for themselves against all others. Social inequalities and deep-rooted societal dynamics, institutionalized to protect the status quo of power and privilege, create the illusion that people are not equally deserving of basic needs and rights.

Society is divided into haves and have-nots, as well as many other arbitrary groups under the name of religion or race, which we now know are only social constructs (Cooper, Kaufman, & Ward, 2003; Cavalli-Sforza, Menozzi, & Alberto Piazza, 1994, as cited in DiAngelo, 2018). The World Inequality Report, coordinated by Thomas Piketty and others (WIR 2022), notes that “Disparities today are about the same as they were in the early 20th century ... The poorest half of the global population owns just €2,900 (in purchasing power parity) per adult, while the top 10 percent owns roughly 190 times as much. Income inequalities are not much better. The richest 10 percent today snap up 52 percent of all income. The poorest half get just 8.5 percent.”

A 2020 UN report (UN 2020) concluded that “High or growing inequality not only harms people living in poverty and other disadvantaged groups. It affects the well-being of society at large.” Recent figures (Fleck 2024) place South Africa, Brazil and the USA top in the socio-economic inequalities category with India, Mexico, Germany, the UK, China and France following thick and fast. Latin America and much of Eastern Europe and Asia have seen the largest increases in widening socioeconomic disparities in recent years.



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These universal disruptive socioeconomic dynamics shatter our birth right to feel safe and secure; to be treated equally in society. Knowingly or unknowingly, we develop self-demeaning, self-sabotaging ways of being in the world, such as appeasing others who have more power or status or making ourselves physically smaller, desperately believing or hoping it may help us feel safe and protect us. We may also internalize a sense of inferiority and superiority, depending on our social location.

Part I of this article will look at how sense of inferiority and sense of superiority, flip sides of a



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coin, are ingrained in socioeconomic inequalities and how they are perpetuated by various methods of psycho-economic exploitation. The second part, in *Neohumanist Review* 5, September 2025, will focus on how we can break out of these powerful tendencies, of which we may even be unaware, at the individual level. We will also explore the methods used by some innovative and impactful community programs that not only support development needs of disadvantaged people, but also help community members access their own strengths, confidence and resilience, breaking the cycle of despair and sense of inferiority.

The Sense of Being Inferior

Concepts of inferiority, superiority, and of psychic complexes in general have been brought forward by yogic and other psycho-philosophic literature since antiquity, such as in the ancient aphorisms on yogic science by Patanjali (Patanjali 2009). Carl Jung, in his *The Psychology of Kundalini Yoga* (Jung 1932), offered: “When conscious life loses its meaning and promise,

it's as if panic took over...”. Writing on yoga and mental health, Camila Ferreira Vorkapic explains:

“One of the goals of the psychological processes of yoga is the removal of conditioning (basic processes formed by associations), habits (higher forms of learning), dogmas (cognitive processes), turning the individual into a more adaptive one, and open to new experiences. Most individuals live an automatic life with stereotyped answers to different situations and people. But a nonrigid and clear mind has great power of perception and decision. On the other hand, a conditioned mind is able to respond according to its own unreal interpretation of the world. Most conditionings are the habits of thought and action deeply rooted in the mind or fundamental processes of associations.” (Vorkapic, 2016)

Modern ideas of specific inferiority and superiority complexes, and of their social ramifications were first introduced in 1907 by Alfred Adler, a medical doctor and psychoanalyst who founded Individual Psychotherapy (Adler, 1917).

Adler emphasized the uniqueness of each person, the importance of interpersonal connections, and the inseparable relationship between the psyche's well-being and that of the larger society (Adler, 1938, as cited in McCluskey, 2022). Moreover, according to Adler, society was responsible for providing the necessary conditions to promote the mental wellbeing of all.

Since the early twentieth century, the field of mental health and psychotherapy has advanced tremendously. It is outside the scope of this article to provide a detailed history of the developments in the field of psychotherapy; however I will take the liberty to divide the therapeutic approaches into two broad groups according to where they fall with regards to the following dimensions: holistic versus categorical view mental health; honoring the inherent wisdom of the person versus pathologizing the individual; and mental health as the sole responsibility of the individual (or the family) versus mental health as the individual and societal responsibility.

For instance, humanistic psychology and Sensorimotor Psychotherapy, offer a holistic view of individuals, emphasizing the uniqueness of each person with their inherent wisdom and capabilities, acknowledging the cultural, socioeconomic, and psycho-spiritual contexts. This broad group is a strength-based approach to human psychology that recognize the wisdom and capacity of the individual, and view psychotherapy as a collaborative work between the provider and the client to work through what gets in the way of utilizing their potential. The second group, such as behavioral therapy, offers a reductionistic approach to human psychology often rely on symptom identification, categorization, use of predetermined and manualized treatment protocols, and often view mental health issues and treatment as the responsibility of the individual or the family. The latter is a hierarchical approach geared toward controlling and dictating the treatment process, often involves a disregard for the person's inherent wisdom, knowledge, culture and experience. The latter is also reductionistic and excludes important aspects of human existence, such as creativity, consciousness, culture, and spirituality.

I believe these two broad categories mirror socioeconomic dynamics in the society, again broadly speaking, those that aim to support individuals to reach their potentials versus those that work towards controlling and conquering, as well as protecting power and privilege in the society.

Along with modern society's increased fascination with self image and identity, starting in 1970s, selfhood formed one of the most popular topics of study in social sciences and many therapeutic approaches were developed to promote self-esteem and other related concepts. Roy F.

Baumeister, a social psychologist, approached this trend from a novel perspective, exploring the burden of society's concern with self-fulfillment and personal identity (Baumeister, 1991). His findings indicated that the demands of creating and maintaining a positive self-image has become such a burdensome and overwhelming task that people have been turning to escapist practices such as drug and alcohol use, suicide, or eating disorders. However, the overriding motive in these practices was not self-destruction or even relief from stress, but a cost of overemphasis on self, and a need to forget who we are. Baumeister also explained that this inflated self-aggrandizement has made it difficult to engage in spirituality which requires submersion of self.

Many ancient spiritual practices, such as Tantra, Buddhism and Sufism, emphasized the need to move towards selflessness as a central prerequisite to spirituality. Although this will be further elaborated in the second part of this article, I would like to quote Sarkar's playful description of how ego gets in the way of realizing the Supreme Consciousness:

"There is a heavenly shower of grace. But suppose that you are holding an umbrella over your head. Will you be drenched by that shower? Oh, no. They who want to enjoy this shower of grace must remove this umbrella of ego over their heads, and they will be drenched by the divine shower." (Sarkar, 1968, n.p.)

Comparing Oneself

Sense of inferiority and sense of superiority involves comparison. We need to be inferior or superior then someone else. Thus, these cannot be an individual's problem in a vacuum. Baumeister described the burden of selfhood as "People have idealized how they would like to be and evaluate their activities by discrepancy between what they are and what they would like to be," (Baumeister, 1991, p. 8).

Social media has added to this burden by offering countless possibilities to compare ourselves not only with our own idealizations, but also with others' unrealistic and fabricated self-images and identities. According to the U.S. Surgeon General's 2023 Advisory some of the potential pros of social media for the youth are keeping in touch with existing friends and classmates; connecting with others or networks of shared interests; providing a place for creativity and self-expression; and civic and community engagement (U.S. Department of Health and Human Services, 2023).

Particularly of significance for marginalized young people, such as LGBTQ youth, social media may promote mental health by facilitating identity development and accessing social support. The potential cons, on the other, forms a long and



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concerning list, including increased levels of depression, anxiety, stress or isolation; body dissatisfaction; disordered eating behaviors; social comparison; low self-esteem; high self-criticism, often related to increased risk for comparing self to false realities on social media. Just like any other advancement in human history, social media offers opportunities for progress, as well as risks of harm.

Socio-Economic Ramifications

Regarding the relationship between poverty and mental health, studies consistently find a significant relationship between self-esteem and socioeconomic status, with a higher correlation during young adulthood until middle age (Twenge and Campbell, 2002). The association between poverty and low self-esteem in children is weaker compared to that of adult population, which is explained by the mediating effect of family, school and community involvement (Doi, et al., 2019, Twenge and Campbell, 2002).

All these studies focus on identifying ways to mitigate the impact of poverty on self-esteem;

however, none of them mention better distribution of wealth and fair access to academic opportunities and resources as an option. Living in an affluent town means your child will get a better education and have access to more and better resources, including counseling and special education services, compared to the children living in the next town with lower income (Mills, Braga 2015). Lower levels of socioeconomic status have been found (APA 2010) to be associated with higher levels of emotional and behavioral difficulties, including social problems, delinquent behavior symptoms and attention deficit/hyperactivity disorder among adolescents; higher rates of depression, anxiety, attempted suicide, cigarette dependence, illicit drug use and episodic heavy drinking among adolescents; higher levels of aggression, hostility, perceived threat, and discrimination for youth; higher incidence of Alzheimer’s disease later in life, and elevated rates of morbidity and mortality from chronic diseases later in life. Numerous physical health, education, and family wellbeing factors are similarly impacted.

Under capitalism, this all result in what Shrii Prabhat Ranjan Sarkar has termed as psycho-economic exploitation. Shrii Sarkar explains that capitalist exploitation morphed into different forms in different periods, to name a few feudalism, imperialism, colonialism, and multinational corporations. He writes:

“Psycho-economic exploitation is the latest form of dangerous and all-devouring exploitation. It is a special form of type of exploitation which first weakens and paralyzes people psychologically in various ways, and then exploits them economically. Some of the methods of psycho-economic exploitation include, first, the suppression of the indigenous language and culture of local people; secondly, the extensive propagation of pseudo-culture, exemplified by pornographic literature which debases people’s mind and particularly undermines the vitality of the youth; thirdly, the imposition of numerous restrictions on women, forcing them to be economically dependent on men; fourthly an unpsychological education system with frequent political interference by vested interests;... the balkanization of society into numerous castes and groups; ...placing the control of different mass media, such as newspapers, radio and television, in the hands of capitalists.” (Sarkar, 1992, p.77)

Sarkar also urges the intellectuals and educated people, to utilize their acquired knowledge for the collective welfare. He states, “Casting aside all their inertia and prejudices, intellectuals will have to mix with the common people and engage themselves in their welfare. They will have to assist the common people in their development and extend their support to all anti-exploitation movements.” (p.77)

Racism

Discrimination is widespread and getting worse around the world (WJP 2024). According to the World Justice Project, “70% of countries have seen discrimination worsen between 2021 and 2022. Since 2015, discrimination has increased in three-fourths of countries.” Sociologist and race theorist Howard Winant writes: “Pick any relevant sociological indicator—life expectancy, infant mortality, literacy, access to health care, income level—and apply it in virtually any setting, global, regional, or local, and the results will be the same: the worldwide correlation of wealth and well-being with white skin and European descent, and of poverty and immiseration with dark skin and ‘otherness’.” (Winant, 2002)

Decades of research findings support the view that inferiority and superiority complex are tightly intertwined with past and present racism, oppression, and discrimination. Psychologists Kenneth B. Clark and Mamie Phipps Clark (1949)

were the first to study the psychological effects of segregation on black children in an experimental study referred to as the “Doll Study.” Their results indicated that prejudice, discrimination and segregation caused black children to develop a sense of inferiority and self-hatred.

The Clarks’ groundbreaking study was followed by many others, looking at the intersection of racism and mental health. The term “internalized racism” was coined by Robin Nicole Johnson to describe how members of racially subordinated groups can consciously and unconsciously accept the dominant culture’s view of their inferior status and hold associated negative self-evaluations (Johnson, 2008, as cited in Williams & Etkins, 2021). Today, results of hundreds of research studies show a clear correlation between racism, including institutionalized racism, on mental health outcomes (Paradies et al., 2015; Williams & Etkins, 2021); health outcomes (Paradies et al., 2015); disparities in health care services (Amster, 2022); and disparities in educational opportunities (The Anne E. Casey Foundation, 2023).

So, why don’t we rectify these detrimental factors? In whose interest is it to maintain and perpetuate inequalities? In her must-read book, “White Fragility”, Robin DiAngelo explains:

“White people in North America live in a society that is deeply separate and unequal by race, and white people are the beneficiaries of that separation and inequality...at the same time that we come to feel entitled to and deserving of our advantage... socialized into a deeply internalized sense of superiority that we either are unaware of or can never admit to ourselves, we become highly fragile in conversations about race... Though white fragility is triggered by discomfort and anxiety, it is born of superiority and entitlement. White fragility is not weakness per se... In fact, it is a powerful means of white racial control and the protection of white advantage.” (DiAngelo, 2018, p. 37-38)

Unfortunately, racism is not left behind in history. Racism or “white supremacy” a term that does not refer to individual white people, with specific intentions and actions, but describes a predominant political, economic, and social system of power and control that is based on the assumed superiority of people defined and perceived as white (DiAngelo, 2018). It is important to note that DiAngelo’s book looks at United States, Canada, and Europe; however, DiAngelo notes that these patterns have been observed in other parts of the world, particularly in white settler societies, such as Australia, New Zealand, and South Africa.

Race is a social construct with no genetic or biological basis (Cavalli-Sforza, Menozzi, & Alberto

Piazza, 1994, as cited in DiAngelo, 2018). We all evolved from the same gene pool and the observable physical characteristics we use to define race, such as hair texture and eye color, emerged as adaptations to geography (Cooper, Kaufman, & Ward, 2003). Michael Eric Dyson states, “Whiteness...is not a biologically heritable characteristic that has roots in...genes or chromosomes. But it is real, in the sense that societies and rights and goods and resources and privileges have been built on its foundation.” (DiAngelo, 2018, Foreword, p. 24). As Ta-Nehisi Coates put it, “But race is the child of racism, not the father.” (Coates, 2015, p.17). In other words, unequal treatment came first, the concept of race was invented to justify unequal treatment.

In 2021, the American Psychological Association (APA) apologized for contributing to systemic racism, acknowledging their complacency in “contributing to systemic inequities, and hurt many through racism, racial discrimination, and denigration of people of color, thereby falling short on its mission to benefit society and improve lives...upholding the myth of White superiority.” (APA, 2021). Yet, APA’s dictionary has not included “internalized racism,” an important concept widely used in research studies over the past sixteen years. The definitions of “inferiority complex” and “self-esteem” for instance focus on the individual shortcomings or pathology, and fail to mention the role of social inequalities or systemic racism, despite the clear, evidence-based adverse impact:

Inferiority complex *“a basic feeling of inadequacy and insecurity, deriving from actual or imagined physical or psychological deficiency, that may result in behavioral expression ranging from the withdrawal of immobilizing timidity to the overcompensation of excessive competition and aggression.”*

Self-esteem *“The degree to which the qualities and characteristics contained in one’s self-concept are perceived to be positive. It reflects a person’s physical self-image, view of their accomplishments and capabilities, and values and perceived success in living up to them, as well as the ways in which others view and respond to that person. The more positive the cumulative perception of these qualities and characteristics, the higher one’s self-esteem. A reasonably high degree of self-esteem is considered an important ingredient of mental health, whereas low self-esteem and feelings of worthlessness are common depressive symptoms.”*

Actions speak louder than words. While APA’s apology is significant, APA and many other institutions have much work to do to eradicate the systems of structural power that prioritizes, privileges and elevates white people as a group. For

instance, if we look at the racial breakdown of who controls our institutions in 2016-2017, we see these telling numbers:

1. Ten richest Americans: 100 percent white (seven of whom are among the ten richest in the world)
2. US Congress: 90 percent white
3. US governors: 96 percent white
4. Top military advisers: 100 percent white
5. Resident and vice president: 100 percent white
6. US House Freedom Caucus: 99 percent white
7. Current US presidential cabinet: 91 percent white
8. People who decide which TV shows we see: 93 percent white
9. People who decide which books we read: 90 percent white
10. People who decide which news is covered: 85 percent white
11. People who decide which music is produced: 95 percent white
12. People who directed the one hundred top-grossing films of all time, worldwide: 95 percent white
13. Teachers: 82 percent white
14. Full-time college professors: 84 percent white
15. Owners of men’s professional football teams: 97 percent white (Houyouin, in DiAngelo).

It may be pointed out here, that the people other than those classified as white, including Hispanic or Latino, make up less than 40 percent of the population of the USA.

As James Baldwin puts it, “I can’t believe what you say, because I see what you do.” (J. Baldwin, *The Nation*)

Conclusion

In this article, we looked at the current societal dynamics that perpetuate mental complexes. As Feldenkreis puts it, “You can’t do what you want, until you know what you are doing.” (P. Ogden, personal communication, November 2021). The second part of this article, in the following issue of the present journal, will focus on what each of us can do to identify sense of inferiority and superiority or entitlement within ourselves and how we can heal from these complexes with psychological and yogic practices. We will also discuss ways to help others to do the same, exploring the wisdoms and insights from a few community-based programs that have been successful in this endeavour. So that we can unite our potentials towards a brighter future.

The article with its complete references is available at the journal web pages theneohumanist.com.