

The Relationship Between Bipolar Disorder and Inferiority Complex

Anindyta Risti Pramudya¹, Fitrania Maghfiroh¹

¹ Faculty of Psychology, State University of Surabaya, Jl. Lidah Wetan, Lidah Wetan, Kec. Lakarsantri, Surabaya, Indonesia

Anindyta.22252@mhs.unesa.ac.id, fitraniamaghfiroh@unesa.ac.id

Abstract: This researcher examines the case of an adult patient diagnosed with bipolar disorder with major depressive episodes and a history of suicide attempts. The patient exhibits symptoms of an inferiority complex in the form of low self-esteem, feelings of worthlessness, difficulty in making decisions, and social withdrawal. Some of the main triggering factors come from past bullying and unsupportive family relationships. This case analysis uses a clinical psychology approach based on Alfred Adler's individual psychology theory, especially the concept of inferiority complexes. The intervention description focuses on mindfulness techniques and emotional acceptance, so that the patient can build a healthier self-acceptance. This case study emphasizes the importance of family emotional support and appropriate psychological intervention strategies in treating patients with bipolar disorder and an inferiority complex.

Keywords: *Bipolar Disorder, Inferiority Complex, Low Self-Esteem, Family Relationships, Mindfulness*

INTRODUCTION

Bipolar disorder is a type of emotional disorder characterized by manic, hypomanic, and depressive episodes. This disorder can be defined as a condition with two extreme emotional poles—manic and depressive—that can change or alternate suddenly. One of the most severe forms of bipolar disorder occurs during a depressive episode, where individuals tend to feel extremely sad, anxious, pessimistic, even hopeless, and may even develop the urge to harm themselves (Widianti et al., 2021). Bipolar disorder is generally detected during adolescence or young adulthood and often has a negative impact on both individuals and their families. This condition can trigger various problems, such as feelings of low self-esteem, learning difficulties, obstacles in the workplace, and repeated suicide attempts (Syahrizal et al., 2024). In this context, the concept of inferiority developed by Alfred Adler is used. This inferiority can be caused by imperfections in certain areas of a person, such as physical appearance, past experiences, parenting styles, and economics. Feelings of inferiority are perfectly normal for every individual, such as feeling incapable of performing any activity and having a negative self-image, fearing progress and development (Fadilah, 2021). However, if these feelings lead to abnormal feelings of inferiority, a person typically feels and believes they are inferior and incomparable to others, which could be considered an inferiority complex. In this study, an inferiority complex becomes relevant because the concept illustrates how unresolved negative experiences can develop and impact a person's psychology. When someone feels unable to overcome feelings of inferiority, they may avoid social interactions, tend to withdraw from their environment, and begin to exhibit excessive fear. This could lead to an inferiority complex (Fadilah, 2021). An inferiority complex in individuals often develops from childhood experiences, which can ultimately influence a negative view of themselves. Unhealthy social comparisons can also trigger feelings of envy or inadequacy (Vogel et al., 2018).

This manuscript is based on a case study of a female patient diagnosed with Bipolar Disorder with a Major Depressive Episode accompanied by an inferiority complex. This study uses a clinical psychology approach combined with Alfred Adler's individual psychology theory as the primary analytical framework. Data collection methods in this study include observation and interviews. The results of the observations and interviews will be systematically compiled and discussed in the discussion and results sections, in order to gain a deeper understanding of Bipolar Disorder, Major Depression, and Inferiority Complex in the psychological dynamics of adult individuals.

MATERIALS AND METHODS

The method used in this research is qualitative. This qualitative method will utilize a qualitative case study. Within the context of clinical psychology, the aim is to understand the psychological condition of individuals with bipolar disorder with episodes of major depression exacerbated by an inferiority complex, with a focus on subjective experiences, social interactions, and environmental factors influencing the patient's condition. The study participant was a 33-year-old woman, identified as A, residing in a city in East Java. This study was conducted in a city in East Java for two weeks in October 2024, with five meetings with the patient, both in the psychology clinic and in the hospital ward. Although the time span is relatively short for handling a complex case, this duration was chosen based on the limited period or time of fieldwork practice (PKL) and the principle of intensive case studies, which allow for in-depth exploration of the phenomenon being studied within a limited time (Creswell, 2016).

The data collection method in this study included assessment in the form of semi-structured interviews and observations, with an interview guide that covered important themes such as complaints, causes of complaints, life history, family relationships, family tree, life events, and experiences of bullying that the patient experienced in the past. Observations were conducted to document the patient's nonverbal behavior, emotional expressions, responses to stimuli, and also changes in the patient's condition in each session. This data analysis used thematic analysis, based on (Braun & Clarke, 2006) which included verbatim transcripts of all interview data and repeated readings to understand the context, this process was open to identify units of meaning, grouping points into main themes and drawing conclusions related to the theory of individual psychology, Alfred Adler, especially on the concept of inferiority complex. In this intervention, the study refers to the principles of Mindfulness Based Cognitive Therapy that have been modified to suit the patient's needs, including sessions with a duration of 120 minutes with a frequency of 1-2 meetings per week. The material included Mindfulness, with emotional acceptance techniques, gratitude journal assignments, and breathing training. This is intended to encourage a shift in focus from negative feelings to positive aspects of life. Indicators of success in this intervention include a reduction in the intensity of negative emotions, improved emotional regulation skills, and self-acceptance.

RESULTS

Based on observations and interviews, the patient in this case showed various signs relevant to Alfred Adler's inferiority complex theory. The patient, a 33-year-old female with the initials A, frequently felt worthless, lacked self-confidence, and doubted her own abilities. This is in line with the concept of inferiority, where feelings of inferiority appear to be rooted in negative childhood experiences. The patient frequently experienced bullying behavior directed at her appearance or physique, felt inadequate, and experienced a lack of emotional support from her family and felt compared to her siblings. Physical signs such as anxiety, self-harm, and feelings of insecurity in social situations led the patient to withdraw and have difficulty interacting with friends and family. This is directly related to Adler's theory, which states that feelings of inferiority can develop from patterns of neglect and criticism experienced from an early age (Adler, 1964). According to Adler (1964), early experiences involving repeated criticism, rejection, and emotional neglect can shape a primary inferiority complex, which, if not balanced with positive support, can develop into a secondary inferiority complex or inferiority complex (Ansbacher, 1956). In this case, the patient exhibited behaviors such as social withdrawal, avoiding confrontation, and experiencing difficulty making decisions, which can be understood as maladaptive compensatory mechanisms for feelings of inferiority. Adler (1927) revealed that individuals with an inferiority complex often experience various obstacles in developing their social interests because they focus more on personal deficiencies. Consequently, the patient reflected on a very limited social network, minimal interaction, and discomfort in social situations, triggering fear and insecurity.

Furthermore, the patient expressed envy toward friends or relatives perceived as more successful and happier than themselves. This phenomenon illustrates unhealthy social comparisons between themselves and their environment, which can exacerbate negative self-beliefs (Vogel et al., 2018). Repeated social comparisons can create a negative feedback loop, where feelings of inferiority fuel comparisons, and these comparisons can reinforce feelings of inadequacy, ultimately hindering the development of one's potential. Physical and emotional symptoms such as social anxiety, self-harming behaviors like finger picking, sleep disturbances, loss of appetite, and even suicide attempts can be understood as extreme forms of maladaptive compensation (Tripathy, 2028). This suicide attempt, involving cyanide consumption, culminated in accumulated feelings of failure, rejection, comparison, and emotional isolation that could have been overcome. Within Adler's fictional finalism framework, the patient lacks a clearer and more constructive end goal. This leads to the energy that could develop self-potential, but the patient focuses more on past failures and compares themselves negatively to others. This condition aligns with the findings of Cox & Swinson (2017) that the lack of a meaningful life purpose can worsen psychological conditions and deepen emotional disturbances. The integration of these findings shows that the symptoms being experienced by the patient do not stand alone, but rather form a pattern of inferiority complex

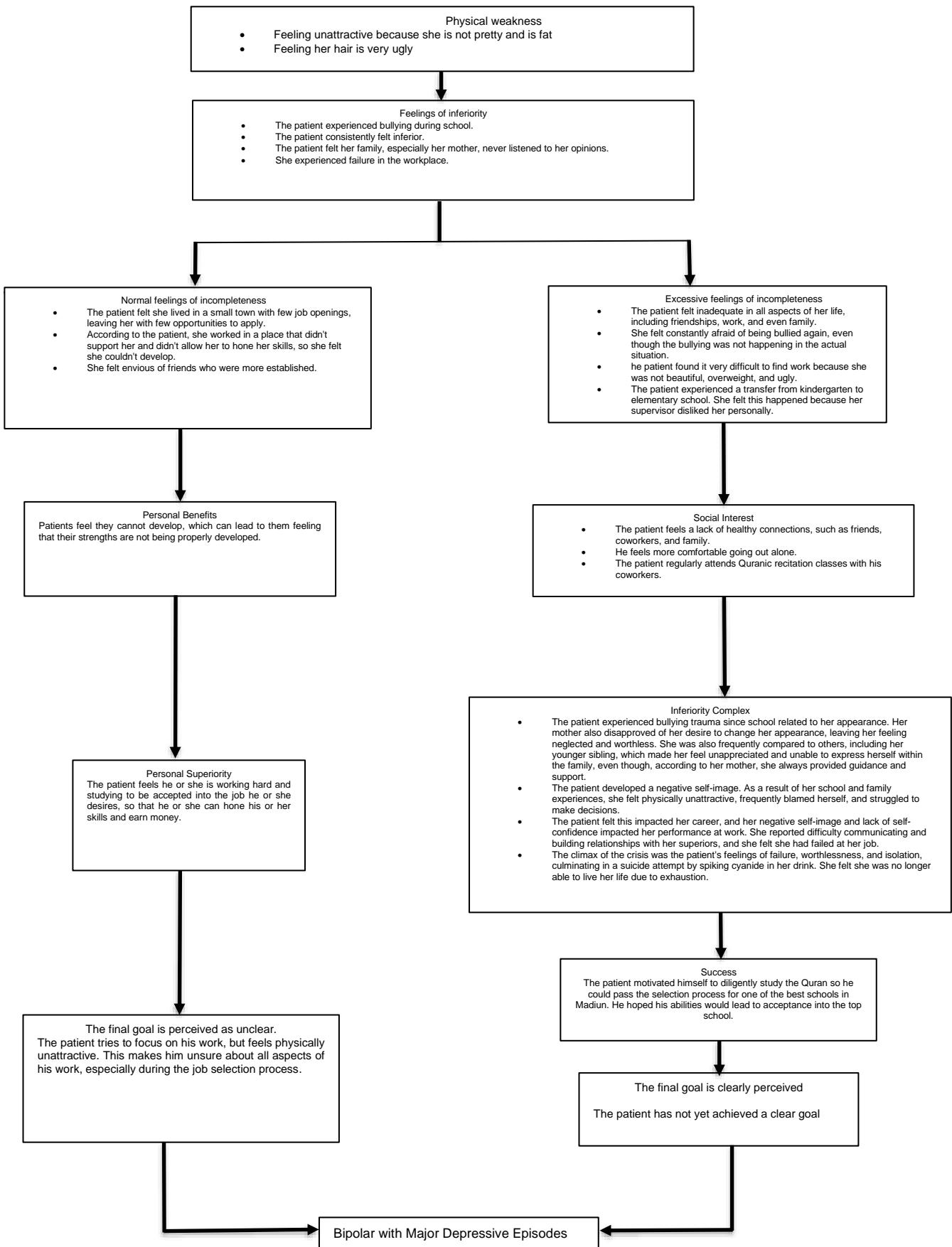
as described by Adler, starting from negative experiences in childhood, reinforced by less supportive family interaction patterns, and developing into maladaptive beliefs that influence behavior, emotions, and overall outlook on life.

DISCUSSION

Based on the assessment results, the patient in this study experienced Bipolar Disorder with a Major Depressive Episode accompanied by an inferiority complex. The patient's depressive symptoms included loss of interest, sleep disturbances, decreased appetite, feelings of worthlessness, social withdrawal, lack of enthusiasm and purpose in life, and even suicide attempts. These symptoms are consistent with the description of a major depressive episode in the PPDGJ-III (Dirgayunita, 2016). However, what makes this case interesting is the involvement of an inferiority complex as a very severe factor and a contributing factor to the patient's symptoms. The patient's inferiority complex was not merely a normal feeling of inadequacy, but had developed into a chronic, maladaptive belief, as explained by Adler (1964), who argued that unaddressed inferiority transforms into an inferiority complex, characterized by persistent feelings of worthlessness, avoidance of challenges, and a focus on one's own weaknesses.

The relationship between an inferiority complex and major depressive episodes in bipolar disorder can be understood through the interaction of past psychological experiences and biological vulnerability. Patients with a history of bullying since elementary school and family dynamics full of criticism and comparisons show the internalization of these negative experiences in the mindset of "I am incapable," "I am afraid," "I am inferior to others." According to Adler (1927), this condition is a form of failure to overcome feelings of inferiority in a healthy way, and ultimately can hinder the development of social interest. When individuals fail to develop their social interests, they tend to withdraw, lose meaningful life goals and reinforce feelings of hopelessness. In the context of bipolar disorder, this cycle exacerbates depressive episodes, where this inferiority can trigger feelings of pessimism and rumination, which then prolong the depressive phase. This is supported by Ajiboye & Spearman (2014), who found that inferiority complexes are closely related to depressive symptoms, through negative social comparisons and biased cognitive interpretations. Patients also show a tendency to compare themselves with others, especially more established friends and relatives. According to Vogel et al. (2018), unhealthy social comparison experiences, particularly through social media, often lead individuals to see others' seemingly perfect lives. This can trigger feelings of envy or inadequacy. Social comparisons on social media can exacerbate feelings of low self-esteem, especially for individuals with inferiority complexes.

When it comes to intervention, mindfulness is not chosen haphazardly but is based on strong empirical evidence. Mindfulness-based cognitive therapy is specifically developed and can improve emotional regulation (Segal, Williams, & Teasdale, 2013). Research by Hofman et al. (2010) shows that mindfulness training is highly effective in reducing symptoms of depression and anxiety and increasing an individual's ability to accept internal experiences without judgment. In this case, mindfulness techniques such as emotional acceptance are particularly relevant because patients often view negative emotions as evidence of their own weaknesses. By practicing mindfulness, patients are trained to see in their minds that "I am a failure" or "I am worthless" are observable products, not absolute realities. This helps reduce the emotional burden stemming from an inferiority complex. Furthermore, mindfulness uniquely supports Adler's theory, emphasizing the importance of fictional finalism, the direction or purpose of life that drives behavior (Adler, 1927). The patient in this case appears to lack constructive goals and is more trapped in past failures. Through mindfulness, the patient is guided to shift his focus from his shortcomings to the more positive things he already possesses. This practice also strengthens social interest by helping the patient recognize his connectedness to others through gratitude.



CONCLUSION

Based on the author's assessment, the patient suffered from bipolar disorder with a major depressive episode, exacerbated by a profound sense of inferiority (an inferiority complex). The primary contributing factors were past experiences of bullying, a lack of emotional support from family, including negative criticism, and comparisons with others. The patient also faced challenges in the workplace, social relationships, and difficulties in self-esteem, which ultimately culminated in a suicide attempt. Lack of family support and frequent comparisons with siblings and others added to the patient's emotional distress.

Interventions can be designed using *mindfulness techniques* in the form of emotional acceptance, as feelings of inferiority are often rooted in an overly focused view of shortcomings and failures. Emotional acceptance helps patients avoid resisting negative feelings that arise from an inferiority complex. This emotional acceptance aims to help patients accept negative emotions, such as anger, anxiety, or sadness without judgment. During the session, patients will be invited to focus their attention on the feelings they are experiencing. This trains them to recognize emotions as a natural part of life that does not need to be avoided or resisted. By learning to observe emotions neutrally, patients will be able to reduce the intensity of negative feelings and prevent destructive reactions. Asking patients to sit still, take a deep breath, and focus on the emotion that arises can help patients induce the emotion they are feeling and accept its presence without resistance. With this acceptance, patients can develop a healthier perspective on themselves and the situation they face. After the emotional acceptance exercise, patients can describe the things they are grateful for in their lives. This aims to shift the focus from negative feelings to the positive aspects of their lives. Patients are asked to write down 3-5 things they are grateful for, whether it's a childhood success or a happy moment. This exercise can help patients develop a more balanced perspective and reduce feelings of low self-esteem that often arise from an inferiority complex.

THANK-YOU NOTE

The author would like to express his deepest gratitude to all those who provided support and guidance throughout this research, especially the Psychology Clinic at Manguharjo Lung Hospital, East Java Province.

REFERENCE

Ansbacher, H.L., & Ansbacher, R.R. (1956). *The Individual Psychology of Alfred Adler: A Systematic Presentation in Selections from His Writings* . Basic Books.

Adler, A. (1964). *Problems of Neurosis: A Book of Case Histories* . Harper & Row.

Cox, B. J., & Swinson, R. P. (2017). *Social Anxiety Disorder and Social Comparison: Links to Inferiority Complex* . Springer.

Dirgayunita, A. (2016). Depression: Characteristics, causes, and treatment. *Journal an-nafs: Psychology research review* , 1(1), 1-14

Chusniyah, T., & Mubaraq, Z. (2017). Psychobiography of Imam Samudra-Bali I Terrorist Initiator: Psycho-Ideological Dynamic.

Fadilah, NLAF (2021). The Influence of Feelings of Inferiority and Superiority on Achieving Learning Achievement According to Alfred Adler's Theory.

Fauziyah, L., & Andriyanto, OD (2024). Inferiority of Characters in the Novel Prasetyane Wanita by Tulus Setiyadi: A Study of Alfred Adler's Individual Psychology. *Bima Journal: Center for Publication of Language and Literature Education* , 2 (4), 95-116.

Ginter, E. J., Roysircar, G., & Gerstein, L. H. (2018). *Theories and applications of counseling and psychotherapy: Relevance across cultures and settings*. SAGE Publications.

Habsy, BA, A'yun, SQ, Damayanti, D., & Khumariaksy, FA (2024). Adlerian Counseling Theory: A View of Human Nature by Looking at Subjective Perception and Personality Patterns Reviewed by Birth Order and