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To study the relationship between need for power and psychosomatic symptoms among wrestlers

Dr. Sonia Kapur and Saharsh Shah

Abstract

The relationship between need for power (NOP) and psychosomatic symptoms (PSS) among wrestlers was investigated in this study. Sample size of the subjects for this study was 100 (n=50 male, n=50 female) of age group 20-45 years, selected randomly from various colleges of Punjab. To measure the Need for Power, Power Motive Inventory (Hardeo Ojha and Brajbala Shah) was used and to evaluate the Psychosomatic Symptoms, Psychosomatic Symptoms Scale (Sandhu and Singh, 1993) was used. Results of the study indicated that male wrestlers with high Need for Power had significant negative relationship with Psychosomatic Symptoms whereas in female wrestlers Need for Power showed no significant relationship with Psychosomatic Symptoms but there was a significant inter-relationship among different variables on Psychosomatic Symptoms scale. Gender difference in the study showed that males were higher (mean=81.10) on Need for Power as compared to the females (mean=31.92) which coincided with our hypotheses and females (mean=13.473) are higher on Psychosomatic Symptoms as compared to the males (mean=6.311).

Keywords: Need for Power, Psychosomatic symptoms, Worry, Irrational fear, Trouble concentration, Worthlessness

1. Introduction

Need for power has emerged as one of the most important dynamics in the study of human behavior. To control outcomes with respect to the environment and the self, power plays a vital role (Yang *et al.*, 2015) [26]. McClelland (1975) [18] in his studies of human motives and needs, initially expected effective leadership to be based on the need to achieve, however later he discovered that the actual driving force was the need for power (McClelland 1975, 1976) [18, 19]. Need for power is the need to influence others and make an impact (Winter, 1973) [25]. This need can exhibit itself in two ways: The first in which need for personal power may be viewed as undesirable, such people simply desire to have power over others, to advance them or dominate them; The second type of need for power is the socialized need for power or the need for institutional power wherein people with high need of it direct their efforts of their team towards the objectives of organization (McClelland, 1970) [16]. An important property of power is that it is contextual, defined with references to a particular relationship or group (Emerson, 1962) [9]. The contextual nature of power differentiates it from dominance, or the tendency of individuals to behave in an assertive, forceful, and self-assured ways across a variety of contexts (Buss and Craik, 1983) [5]. Although distinct, dominance is often a predictor of power, as individuals who behave dominantly often attain higher power in specific contexts (Gough, 1987; Mann, 1959) [12, 14]. People may also enact the implicit power motive (nPower) in a prosocial manner (Baumann *et al.*, 2016) [2].

Power has also been differentiated from leadership, status and authority, which are social roles that can endow individuals with power. Social influence is a primary consequence of power (Cartwright, 1965; French and Raven, 1959) [7, 10]; it is defined as the ability to change other's behavior, thought and feelings (Cialdini and Trost, 1998) [8]. McClelland (1975) [18] is of the view that the behavioral expressions of need for power are different for men and women due to sex role difference in our society. For example, to be openly assertive has been valued for men but not for women, so even if a woman is high in need for power and has the impulse to argue, she might inhibit it because she has accepted the sex role value of being friendly and cooperative.

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The psychological literature on power can be organized around three main issues: the motive to attain power, the bases of power, and the consequences of having power. Research on the motive to attain power seeks to characterize individuals high in need for power (which is the main emphasis of this investigation) and identifies the origins and the consequences of the power motive (McClelland, 1975)^[18]. The leading advocate of the power motive was the pioneering behavioral scientist Alfred Adler. According to him, there are three stages regarding the final goal of human behavior: to be aggressive, to be powerful and to be superior. Need for power is therefore an important human motive. It is a motive to have an impact on other people, the desire to have prestige, position and influence over others.

Veroff (1957)^[24] proposed power motive or need for power (nPow) as “Control of the means of influencing another person(s).” It is assumed that individuals differ in strength of power motive, conceived as relatively stable personality disposition acquired early in life (Veroff, 1957; Berle, 1969)^[24, 3].

One conceptualization of the power need and its origin is contained in the work of Horney (1937)^[13] where she argued that some people receive a form of parental influence that is fundamentally without affection or recognition of the child’s intrinsic growth. Hence, that child becomes insecure, thinking that he or she is incapable of commanding love from others and even lacks self-worth. Such people acquire a neurotic, probably unconscious, need for power, prestige, and possession - essentially a need for power – as a mechanism to assure that the individual truly deserves recognition if not outright affection. Students with high levels on need for power are likely to be office holders in student organizations (Greene and Winter, 1971)^[11]. People with high level on need for power tends to form friendship with others who are not very popular or well-known and are low on need for power (Winter, 1973)^[25], because they won’t complete with them for power and prestige. It is also found that power motivated students are more likely to be argumentative in class and eager to convince others of their point of view (Veroff, 1957)^[24] and therefore perform very well in classroom participation (McKeachie *et al.*, 2003)^[22]. They are concerned about controlling the image of themselves that they present to others around them (McAdams, 1984)^[15]. They are motivated to enhance their reputation and tend to be somewhat narcissistic, absorbed by their own importance (Carroll, 1987)^[6].

Psychosomatic refers to the influence of mind or psychological functioning of the brain on the physiologic function of the body relative to bodily disorder or disease and the reciprocal impact of disease on psychological functioning. Some physical diseases are believed to have a mental component derived from the stress and strains of everyday living. McClelland *et al.*, (1972)^[17] in an early series of studies demonstrated that a strong implicit need for power was associated in men with drinking problems. A series of studies on the relation of the stressed power motive syndrome to illness, particularly to respiratory infections reveal that the need for power when combined with high life stress was associated over a period of years with the development of high blood pressure (McClelland, 1979)^[20] and also with the occurrence of more illness, particularly respiratory infections (McClelland *et al.*, 1980)^[21]. It is understood that stressed power motivation leads to sympathetic activation which if chronic could raise blood pressure and could lead to more infectious illness through releasing stress hormones that weaken immune defenses against illness.

Bahmer *et al.* (2007)^[1] aimed to evaluate characteristic personality system interaction in patients with psoriasis, atopic dermatitis and urticarial. Patients were tested with the “Assessment of Personality Functioning in Therapy” Inventory, which consisted of psychometric scales for basic needs (affiliation, achievement, power), enactment of needs-related behavior, stress, emotional dispositions, cognitive styles and various self-regulation functions. Significant differences with respect to needs and motivational goals, cognitive styles and self-regulation competence were found between the three disease groups.

Brandstatter *et al.* (2016)^[4] investigated to what extent a misfit between motivational needs and supplies at the workplace affects two key health outcomes: burnout and physical symptoms. Results stated that motivational incongruence concerning the power motive predicted increased physical symptoms.

In the book “From Soma to Symbol”, a chapter by Sloate, P. L. (2018)^[23] demonstrated that how powerfully connected faulty superego development can be in psychosomatic patients, both with their symbolic difficulties and with the maintenance of their bodily states.

2. Materials and Methods

2.1 Subjects

Study was carried out on 100 subjects (n=50 males; n=50 females) between the age group of 20-45 years. They were randomly selected from PAP ground (Jalandhar), Guru Nanak Dev University and various colleges of Amritsar.

2.2 Methodology

Tools for evaluation

Power Motive Inventory (Hardeo Ojha and Brajbala Shah)

This scale consists of 44 items. It attempts to study the need for power among wrestlers using the PMI scale which ranged from very high to very low power motive. Five categories are determined with a view to obtained responses on various items of the scale; they are, Very high power motive, High power motive, Moderate power motive, Low power motive, Very low power motive.

Arbitrary weighing method is used to score two alternative responses – “true” and “false.” Every “false” response is scored as 0 and every “true” response is scored as 1. The sum total of item scores is the score on the test, higher score indicates high power motive and vice versa.

Psychosomatic Symptoms Scale

This scale is designed to measure the general psychosomatic symptoms exhibited by normal individuals. The scale consists of 54 items equally distributed among 9 different psychosomatic categories, namely, Worry (W), Irrational fear (If), Trouble concentration (Tc), Worthlessness (Wo), Nausea (Na), Distributed sleep (Ds), Tiredness (Td), Tension (Tn), Guilt feeling (Gf).

There are three alternatives (always, sometimes, never) in front of each item, the subject has to choose one that suits best to the subject’s behavior.

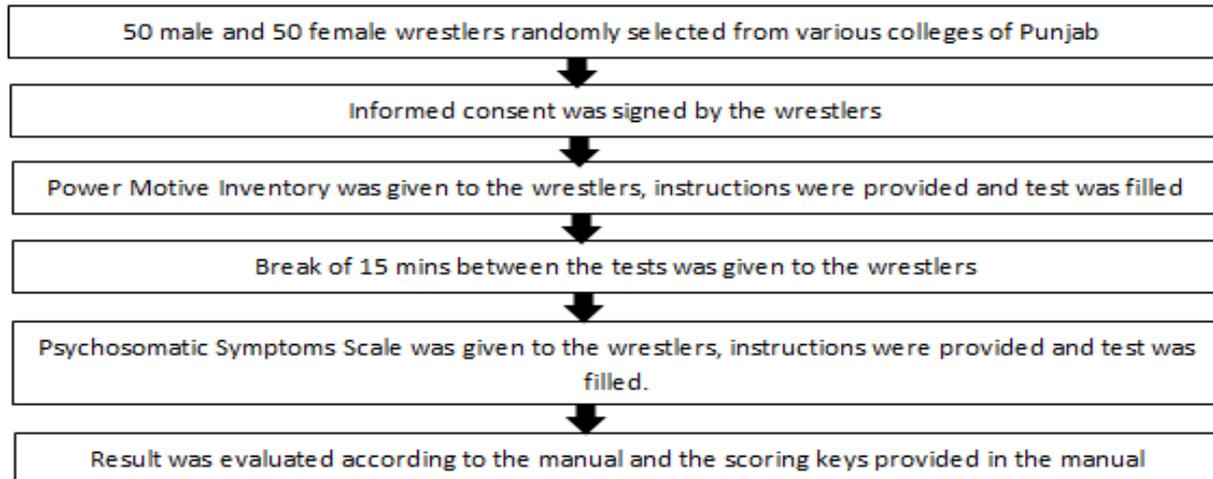
Alternatives were weighed from 3 to 1 (3 = always, 2 = sometimes, 1 = never). The total score was computed for each respondent by summing the weights recorded for each psychosomatic symptom. There is no time limit for the test.

2.3 Procedure

50 male and 50 female wrestlers were randomly selected from

various colleges of Punjab (PAP Ground, Guru Nanak Dev University). After selecting the subjects, informed consent was signed by all the subjects. Then, Power Motive Inventory was given to the wrestlers and instructions were provided on how to fill the test. After the completion of test, break for 15 minutes was given to the wrestlers and then the second test,

Psychosomatic Symptoms Scale was given to the wrestlers. Instructions were provided for the test and the test was filled by the wrestlers. After collection of the test, the results were evaluated using the manual and the scoring keys provided in the manual.



3. Results

Gender difference in Need for Power (NOP) and Psychosomatic Symptoms Scale (PSS)

Table 1 shows the mean values and t values of males and females on Need for Power Inventory and Psychosomatic Symptoms Scale. The mean and standard deviation of the males on NOP was more than that of females while mean and standard deviation on PSS was higher in females than that in males. There was a negative significant difference in both the genders as males were high on the NOP while females were high on PSS.

Table 1: Mean and T value of males and females on NOP and PSS

Variables	Males (n=50)		Females (n=50)		T value
	Mean	S.D	Mean	S.D	
NOP	81.10	105.66	31.92	23.84	3.210557 (.000)
PSS	6.311	4.731	13.473	7.891	-5.50434 (.005)

Correlational Analysis

Raw scores of 100 subjects (n=50 males and n=50 females) on all variables were further analyzed and the correlation coefficient was significant at 0.01 and 0.05 level.

Tables 2, 3 and 4 showed that the correlational interpretation of males and females on NOP and PSS. It depicted that females have no significant relationship with NOP and PSS whereas males showed significant negative relationship with NOP and PSS.

Results of tables 2 indicated that males with high NOP have very significant negative relationship with PSS such as worthlessness, tiredness, nausea, and tension.

Table 3 indicated that females have no significant relationship with PSS and NOP although there was significant inter-relationship among different variables of PSS. Hence, a hypothesis was partially supported.

Table 3: Correlation of variables (Males)

		NOP	W	If	Tc	Wo	Na	Ds	Td	Tn	Gf
NOP	Pearson Correlation	1	-.053	-.078	-.277	-.415**	-.294*	-.137	-.308*	-.373**	-.201
	Sig. (2 tailed)		.712	.592	.051	.003	.038	.341	.029	.008	.163
W	Pearson Correlation		1	.343*	.501**	.395**	.303*	.569**	.424**	.462**	.262
	Sig. (2 tailed)			.015	.000	.005	.032	.000	.002	.001	.066
If	Pearson Correlation			1	.199	.441**	.449**	.322*	.437**	.395**	.260
	Sig. (2 tailed)				.167	.001	.001	.023	.002	.005	.069
Tc	Pearson Correlation				1	.575**	.416**	.273	.337*	.458**	.445**
	Sig. (2 tailed)					.000	.003	.055	.017	.001	.001
Wo	Pearson Correlation					1	.543**	.414**	.646**	.735**	.269
	Sig. (2 tailed)						.000	.003	.000	.000	.059
Na	Pearson Correlation						1	.434**	.574**	.525**	.468**
	Sig. (2 tailed)							.002	.000	.000	.001
Ds	Pearson Correlation							1	.597**	.599**	.294*
	Sig. (2 tailed)								.000	.000	.038
Td	Pearson Correlation								1	.674**	.346*
	Sig. (2 tailed)									.000	.014
Tn	Pearson Correlation									1	.398**
	Sig. (2 tailed)										.004
Gf	Pearson Correlation										1
	Sig. (2 tailed)										

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

Table 4: Correlation of variables (Females)

		NOP	W	If	Tc	Wo	Na	Ds	Td	Tn	Gf
NOP	Pearson Correlation	1	.078	.104	-.130	-.237	.137	.174	.167	-.222	-.251
	Sig. (2 tailed)		.589	.471	.367	.098	.341	.228	.247	.121	.079
W	Pearson Correlation		1	.443**	.281*	.216	.344*	.219	.155	.420**	.147
	Sig. (2 tailed)			.001	.048	.132	.015	.126	.281	.002	.307
If	Pearson Correlation			1	.327*	.217	.466**	.499**	.292*	.216	-.219
	Sig. (2 tailed)				.021	.131	.001	.000	.040	.133	.126
Tc	Pearson Correlation				1	.318*	.261	-.051	.249	.272	.041
	Sig. (2 tailed)					.025	.067	.723	.081	.056	.778
Wo	Pearson Correlation					1	.186	.272	.060	.029	.172
	Sig. (2 tailed)						.196	.056	.679	.842	.233
Na	Pearson Correlation						1	.370**	.414**	.411**	.028
	Sig. (2 tailed)							.008	.003	.003	.850
Ds	Pearson Correlation							1	.301*	-.019	-.217
	Sig. (2 tailed)								.034	.893	.131
Td	Pearson Correlation								1	.326*	-.029
	Sig. (2 tailed)									.021	.841
Tn	Pearson Correlation									1	.423**
	Sig. (2 tailed)										.002
Gf	Pearson Correlation										1
	Sig. (2 tailed)										

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

Table 5: Summary

	Males		Females	
	NOP	PSS	NOP	PSS
NOP (PC)	1	-0.334*	1	-0.017
Sig.		0.05		0.908
PSS	-0.334*	1	-0.017	1
Sig.	0.05		0.908	

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

4. Discussion

McClelland (1975) [18] found that males high on need for power appear to be more tense, argumentative and emotional rather than being reasonable. On the other hand, reported that managers high on need for power tend to be analytical and independent in their thinking. Result of the present study however contradicts with these views. According to the present study, males with high need for power have significant negative relationship with psychosomatic symptoms and this significant correlation clearly indicates that males high on need for power tend to be sober, composed and do not suffer from psychosomatic symptoms such as worthlessness, nausea, tension and tiredness. They are able to concentrate on problems effectively. Thus, they are characterized as stable, independent, competent and consider themselves as deserving and worthwhile.

McClelland (1975) [18] revealed that females with high need for power have more emotional problems, they suffer from having trouble sleeping and lack of satisfaction whereas in the present research, no significant correlation was obtained between need for power and psychosomatic symptoms. Whether the females have high need for power or low need for power, their psychosomatic symptoms remain constant due to social status, responsibilities or other reasons. They do often suffer from worry, tension, disturbance in sleep and not able to concentrate on important things. Females with high need for power reports themselves as feeling more inadequate or dissatisfied with various aspects of their lives and have problem with drinking or taking drugs to relieve tension. There is also an indirect evidence for a link between low power motives and negative emotions, in which children of

low socio-metric status reports higher level of negative moods, guilt and depression.

5. Conclusion

There is a negative significant difference in both the gender as males are high on need for power whereas females are high on psychosomatic symptoms. Correlation interpretation shows that females have no significant relationship with need for power and psychosomatic symptoms whereas males have shown significant negative relationship with need for power and psychosomatic symptoms.

Results indicate that males with high need for power have very significant negative relationship with psychosomatic symptoms such as worthlessness, tiredness, nausea, and tension. Females on the other hand showed no significant relationship between need for power and psychosomatic symptoms among wrestlers but there was a significant inter-relationship among different variables on psychosomatic symptoms scale.

Males possessing high ego strength are dominant, happy-go-lucky, venturesome, radical and relaxed minded whereas females are more prone to high ergic tension, conservative, remain under anxiety, have a feeling of worthlessness and generally remain tired. They also believe in chance and destiny.

It has been reflected that power motivation is suppressed among female wrestlers as they have scored low on need for power and high on psychosomatic symptoms.

6. Limitations

1. All the samples required for the study were between 20-45 years old.
2. Sample size is too small to conclude for the entire region.

7. Suggestions and further relevance

1. Similar study can be taken with larger sample size.
2. Power motivation is one of the major motive in wrestlers which need to be explored more to enhance the performance of wrestlers.
3. This research will be an exploration of mind body link and it directs many researchers to work on this topic.

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