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Sense and need for power in schizophrenic patients

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Summary

Aim. The purpose of the research was to analyze the sense of power of schizophrenic patients in relations with others, physicians, their need for power and influence as well as the sense of being able to have power and influence. Dependencies linked with the age and gender were also analyzed by comparing the study group and the control group.

Method. The study group included 47 patients diagnosed with F20 (Schizophrenia). The patients in the control group did not use any psychiatric or psychological support and were selected based on the age and gender criteria. The following tools were used in the research: the Index of Personal Reactions (Bennett, 1988), the Sense of Power Scale (Anderson, John and Keltner, 2012) and an extended document history.

Results. Patients suffering from schizophrenia were characterized with a lower sense of power in comparison with the healthy individuals. The patients also obtained lower results in comparison with the control group with respect to the sense of power and influence. Individuals suffering from schizophrenia had a much higher sense of power in relations with their physician in comparison with the general relations with other individuals. Male patients suffering from schizophrenia scored much lower in the sense of power, ability to use the power and have influence as well as the need for influence in comparison with other men. No similar differences were observed in female groups.

Conclusions. The results may be used in the therapy of patients suffering from schizophrenia – during the analysis of therapy efficiency or therapeutic relations. Consecutive research should explore issues linked with the dependency between the sense of power, the course of the illness and prognosis.

Key words: schizophrenia, power, gender

Introduction

Power is not a simple control over resources, nor does it solely rely on individual's social status. Power is also a psychological condition – perception of own ability to influence others [1, 2]. Sometimes, the personal sense of power coincides with the control over the resources, authority or status in the eyes of others; sometimes, however, this coincidence is not observed [3, 4]. Individual beliefs with respect to the possessed power may, however, shape the actual influence on other individuals notwithstanding the consequences of their position within the social structures. Individuals regarding themselves as having power behave in a more efficient manner by increasing their actual power [5–7].

Research conducted by Anderson et al. [8] provided data describing the Personal Sense of Power and a tool to measure it. The personal sense of power is moderately consistent with the contexts of different relationships. It does not solely derive from social factors, which offer particular conditions to the more potent (having more resources) individuals. Personal variables also play an important role in determining how powerful an individual considers oneself to be.

Bennett [9] was the first to make a distinction between the need for power and the need for exerting influence using psychometric tests. He construes the need for power (nPower) as an egoistic pursuit of a certain position, and the need for influence (nInfluence) as an intention to convince and influence others [9].

The authority-driven individuals want to achieve a position which would ensure their use of their power for the sake of themselves – for example: for the sake of satisfaction from relations with individuals who depend on them. The individuals motivated by the need for influence want to affect events and other people. Individuals who have a strong need for influence may also have a strong need for power. Nevertheless, instead, they may be satisfied by the influence through the means other than emphasis, coercion, or order. The need for power and the need for influence are therefore two different notions which are not always correlated [9]. Also, important in this respect is the sense of skills or abilities to have power and influence.

A sense of power among individuals with mental disorders, especially schizophrenia, have not been the subject of interest of researchers. It may be of relevance in determining the prognoses, choosing the most suitable therapy and treatment process. The sense of power in relations with psychiatrist or therapist may be of particular relevance. Relating the personal sense of power with such variables as: placement of control, narcissism, or a negative correlation to neuroticism [8] point out to the relevance of this variable within the area of broadly understood psychopathology.

The need for power and its dependence on mental disorders have not been within the realm of interest of researchers. Although research into individuals with high nPower concerning aggression, sexual violence, molesting, or abuse of others has been conducted [10–12], no explorations with respect to the sense of being able to have influence or exerting power over other individuals has been undertaken so far.

These elements have not been the subject of analysis in individuals suffering from mental disorders, although potential data may be of importance for the diagnosis and treatment process.

The purpose of the research was to analyze the sense of power in relations with others, the physician and to analyze the need for power, influence and the sense of being able to have influence and control (power) in patients suffering from schizophrenia. Dependencies between the age and gender by comparing the control and study group were also subject to analysis.

Material and methods

Research tools

1. ***Index of Personal Reactions*** (Bennett, 1988; own translation) is a tool which was created to analyze the need for power and influence as a personal trait. This tool consists of 4 scales: *Personal Reactions Scale* (12 items), *Need for Power Scale* (13 items), *Need for Influence Scale* (8 items) and *Objection to Subordination Scale* (8 items). Scale reliability in this research was from $\alpha = 0.75$ to $\alpha = 0.88$ [9].
2. ***Personal Sense of Power*** scale (Anderson, John and Keltner, 2012; own translation) is intended to examine the individual sense of power. It consists of two parts. First, the person examining an individual chooses a relationship to be subject of the examination (for example: 'In my relations with others...'; 'In the relations with the doctor...'). Following the determination of the relationship in question, the examined individual provides his/her opinion on the 8 statements concerning different manifestations of power. Tool reliability in this research was from $\alpha = 0.67$ to $\alpha = 0.84$ [8].
3. **Extended document history** (own method). It consists of 2 parts. The first part of the document contains questions concerning sociodemographic traits of the examined individuals. The following part concerns the illness and is filled out by the attending physician.

Examination method

The examinations were carried out in the period from June 2016 to January 2017. The attending physician provided detailed information on the research and its objectives. The patients were advised that the participation in the research is voluntary and anonymous.

The study group

The study group consisted of 47 patients diagnosed with F20 (Schizophrenia). Qualifying the patients to the study group was based on the previous diagnosis by a specialist doctor. During the research, the patients were treated at the mental out-

patient clinic. The mean age is 48.21 (*SD* = 11.13) with the youngest patient aged 24 and the oldest aged 67. 25 men (53.19%) and 22 women (46.81%) participated in the research. In the study group, 9 individuals (19%) completed primary education, 17 (36%) – vocational education, 18 (38%) – secondary education with 2 individuals (4%) completing university education. One individual did not give information on his/her education.

Members of the control group were selected according to age and gender and did not use any psychiatric or psychological help. In the control group, 9 individuals (19%) declared primary and 18 (38%) secondary education. 20 individuals (43%) had higher education.

Results

In the control group and in the patient group, differences were observed in the sense of power in relations with others. Schizophrenic patients had a statistically significantly lower sense of power in comparison with the healthy individuals (Table 1).

Table 1. **A comparison of the sense of power in relations with others in the control and study groups**

	Study group (n = 47)		Control group (n = 47)		U	Z	p	r*
	M	SD	M	SD				
Sense of power in relations with others	3.968	0.922	4.532	0.776	710	-2.979	0.003	-0.307

* Estimator of the effect size proposed by G.V. Glass

Differences in the level of education in the study and control group encouraged the authors to further analyses to explain the lower sense of power within the study group. In connection with the correlation of the education with the membership in the study and control group an analysis of regression was carried out where the role of education was controlled. The analysis proved that the only statistically significant predictor of the sense of power is membership in the study and control group ($\beta = 0.31$; $p = 0.008$) (semi-partial correlation = 0.267; tolerance 0.73). The 'education' variable proved to be a statistically insignificant predictor of the sense of power ($\beta = 0.01$; $p = 0.95$).

Among the patients, differences in the sense of power in different relations were observed. Individuals suffering from schizophrenia had a significantly higher sense of power in relations with their doctor in comparison with the general relations with others (Table 2). The Wilcoxon test was also conducted ($T = 214.5$; $Z = 2.799$; $p = 0.005$).

Table 2. **A comparison of the sense of power in relations with others and in relations with the physician in the study group**

	Sense of power in relations with others		Sense of power in relations with the physician		Z	p	r*
	M	SD	M	SD			
Study group (n = 47)	3.968	0.922	4.372	0.738	2.186	0.029	0.319

* Estimator of the effect size proposed by G.V. Glass

The research revealed differences between the study and control groups with respect to the sense of power and influence. Patients obtained significantly lower scores in comparison with the healthy respondents. It means that the individuals suffering from schizophrenia feel less capable to having influence and power over others (Table 3).

Table 3. **The need for power and having influence in the study and control group**

	Study group (n = 47)		Control group (n = 47)		U	Z	p	r*
	M	SD	M	SD				
Sense of ability to have power and influence	2.2836	0.8989	3.0265	0.9262	595	-3.849	< 0.001	-0.397
Need for power	2.7331	0.8312	2.6064	0.8294	983	0.915	0.359	0.094
Need for influence	2.579	1.019	2.7635	0.8213	944	-1.21	0.225	-0.125
Objections against subordination	2.7127	0.7133	2.9175	0.7285	889	-1.622	0.1024	-0.167

* Estimator of the effect size proposed by G.V. Glass

In connection with the correlation of the education with the membership in the study and control groups, additional regression analysis was carried out where the role of education was controlled. The analysis showed that the only statistically significant predictor of the sense of having power and influence is membership in the study and control group ($\beta = 0.35$; $p = 0.002$) (the semi-partial correlation = 0.30; tolerance 0.73). The 'education' variable proved to be a statistically insignificant predictor of the sense of power ($\beta = 0.05$; $p = 0.64$).

No correlation between the sense and need for power with the age group in the study group was identified. Individuals from the control group experienced declined need for power and influence with age (Table 4).

Table 4. **Correlations between the need for power and influence with age in the control and study groups**

	Study group (n = 47)			Control group (n = 47)		
	r	t	p	r	t	p
Sense of ability to have power and influence	0.095	0.639	0.526	-0.037	-0.245	0.808
Need for power	0.064	0.431	0.669	-0.319	-2.255	0.029
Need for influence	0.009	0.060	0.952	-0.322	-2.284	0.027
Objections against subordination	-0.122	-0.821	0.416	-0.209	-1.435	0.158

In the research group, negative correlations were observed between the therapy period and the sense of power in relations with the doctor and the sense of the ability to exercise power and exert influence at statistical trend level. The correlations were not linked with the age of the patients (Table 5).

Table 5. **Correlations between the variables and therapy period**

Variables	Study group (n = 47)		
	r	t	p
Sense of power in relations with others	0.014	0.092	0.927
Sense of power in relations with the physician	-0.283	-1.981	0.054
Sense of ability to have power and influence	-0.255	-1.77	0.084
Need for power	-0.201	-1.374	0.176
Need for influence	-0.107	-0.721	0.475
Objections against subordination	0.098	0.661	0.512

Significant positive correlations between the sense of power in relations with the physician and the sense of ability to have power and influence, the need for power, and the need for influence were observed. The general sense of power in relations with others was correlated solely with the sense of ability to have power and influence (Table 6).

Table 6. **Correlations between the sense of power in relations with the physician and others in the study group**

	Sense of power in relations with others			Sense of power in relations with the physician		
	r	t	p	r	t	p
Sense of ability to have power and influence	0.547	4.388	< 0.001	0.456	3.436	0.001
Need for power	0.036	0.243	0.809	0.300	2.112	0.04
Need for influence	0.117	0.790	0.433	0.306	2.155	0.037
Objections against subordination	-0.063	-0.426	0.672	-0.135	-0.912	0.367

Differences between the genders were observed in the patient and study groups. Women in the control group scored lower with respect to the sense of ability to have power and influence and the need for influence in comparison with the men. In the study group, no differences were observed between the women and men (Table 7). To clarify the ambiguity of the results, a comparison between the women in the research and control groups and men in the research and control groups was carried out. No differences were identified between the women suffering from schizophrenia and the women from the control group. Differences were observed, however, in the male groups. Men suffering from schizophrenia scored lower with respect to the sense of power, ability to have power and influence and the need for power than other men (Table 8).

Table 7. **Sense and need for power in consideration of gender in the study and control groups**

	Men (n = 25)		Women (n = 22)		U	Z	p	r*
	M	SD	M	SD				
Study group								
Sense of power over others	3.91	0.81	4.04	1.05	251.5	-0.49	0.62	-0.072
Sense of power over the physician	4.4	0.76	4.34	0.72	261	0.288	0.773	0.042
Sense of ability to have power and influence	2.24	0.94	2.33	0.87	243	-0.67	0.50	-0.098
Need for power	2.92	0.82	2.52	0.81	199	1.61	0.11	0.235
Need for influence	2.62	0.97	2.54	1.09	259	0.33	0.74	0.048
Objection towards subordination	2.68	0.69	2.76	0.75	267	-0.16	0.87	-0.023
Control group								
Sense of power	4.67	0.82	4.38	0.71	209.5	1.386	0.166	0.202
Sense of ability to have power and influence	3.33	0.97	2.68	0.75	163	2.377	0.017	0.347
Need for power	2.73	0.77	2.46	0.89	223	1.098	0.272	0.16
Need for influence	3.00	0.71	2.49	0.86	159.5	2.452	0.014	0.358
Objection towards subordination	2.99	0.90	2.84	0.46	231	0.927	0.354	0.135

* Estimator of the effect size proposed by G.V. Glass

Table 8. **A comparison of women in the control and study group**

	Study group		Control group		U	Z	p	r*
	M	SD	M	SD				
Women (n = 22)								
Sense of power	4.04	1.05	4.38	0.71	202.5	-0.915	0.36	-0.138

table continued on the next page

Sense of ability to have power and influence	2.33	0.87	2.68	0.75	177	-1.514	0.13	-0.228
Need for power	2.52	0.81	2.46	0.89	231.5	0.235	0.814	0.035
Need for influence	2.54	1.09	2.49	0.86	238.5	0.07	0.944	0.011
Objection towards subordination	2.76	0.75	2.84	0.46	205.5	-0.845	0.398	-0.127
Men (n = 25)								
Sense of power	3.91	0.81	4.67	0.82	144	-3.26	0.001	-0.461
Sense of ability to have power and influence	2.24	0.94	3.33	0.97	128	-3.570	<0.001	-0.505
Need for power	2.92	0.82	2.73	0.77	253	1.145	0.252	0.162
Need for influence	2.62	0.97	3.00	0.71	220.5	-1.775	0.076	-0.251
Objection towards subordination	2.68	0.69	2.99	0.90	238.5	-1.426	0.154	-0.202

* Estimator of the effect size proposed by G.V. Glass

Discussion

Research by Anderson et al. [8] showed dependencies between the socio-economic state, which among other things comprises education, with a general sense of power. Research on professional nurses also showed that better educated nurses scored higher in the sense of power in relations with colleagues from work and the boss [13]; yet, in the case of schizophrenic patients, the education level was not linked with the general sense of power.

The analyses carried out in this research showed that the only statistically significant predictor of the sense of power is the experience of schizophrenic illness. The lower sense of power may be both the cause (lack of resources, lower socio-economic status, worse coping with stress) as well as a consequence of the illness as such. Hallucinations in combination with the negative reaction of the environment to the illness of the patients may reduce their sense of power. Additionally, stigmatization and social exclusion, which are a major problem for the schizophrenic patients, may be of relevance [14].

Patients suffering from schizophrenia scored higher in comparison with the healthy patients with respect to ability to have power and influence. The original research by Bennet [9] did not provide results concerning a dependence between the education and the subscales of *the Index of Personal Reactions*. The research among nurses showed, however, a higher sense of ability to have influence and power in the group of better educated nurses [13]. The analyses carried out within the framework of this research showed that the only statistically significant predictor of the sense of ability to have power and influence is being a member of a research and control group; the education proved to be statistically insignificant.

Among the patients, differences in the sense of power in different relations were observed. Individuals suffering from schizophrenia had a significantly higher sense of power in relations with their physician in comparison with the general relations with other individuals. The sense of power in relations with the physician may significantly translate into efficiency of therapeutic interventions. Research into the factors fostering therapeutic success identifies factor of a good therapeutic relations as a "condition *sine qua non* leading to the accomplishment of the desired therapeutic result" [15, s. 48]. In the opinion of the patients, the therapeutic relationship is a key factor in their therapy. Research by Sosnowska et al. [16] showed that a positive therapeutic relationship has influence on improvement (reduction of symptoms) in patients who suffer from psychosis. Significant positive correlations between the sense of power in relations with the physician and the sense of ability to have power and influence, the need for power and the need for influence were also observed. The result emphasizes the relevance of the sense of power in relations with the physician for the therapeutic process.

In the research, negative correlations between the period of the therapy and the sense and need for power were observed in the study group at the statistical trend level. Such correlations were not related to the age of the patients. Although the result is weak, it may be representative for the experience of a certain group of patients. Perhaps, the lower sense and need for power can be linked with the negative outcomes of schizophrenia as well as with the specific nature of the illness itself being chronic. In the research by Gawęda et al. [17], negative correlations of the sense of influence on the course of the illness and negative outcomes of schizophrenia were observed. They may also be linked with the social and professional status of the patients – the employment rate of individuals diagnosed with schizophrenia varies from 13 to 52% upon commencement of the illness and after a few years it is reduced and varies from 9 to 30% [18, 19].

Men suffering from schizophrenia scored lower with respect to the sense of power and ability to have power and influence as well as the need for influence in comparison with other men. Gender played an important role in the entire process of schizophrenia. The occurrence of schizophrenia in men is more frequent and the illness commences much earlier in them [20]. In the longitudinal research carried out by Jaracz et al. [21], women scored higher in comparison with men on the subscale of 'fulfilled independence' of *the Social Functioning Scale* [22].

Further research should be focused on explaining the dependence between the sense of power and the need for it with the course of the illness, its symptoms and prognostics. In the further measurements, which should be carried out in bigger samples, an analysis of relationships between the sense and need for power and the sense of influence on the course of the illness could prove valuable and relevant variable.

Conclusions

1. Patients suffering from schizophrenia were characterized with a lower sense of power than healthy individuals.
2. Individuals suffering from schizophrenia had a significantly higher sense of power in relations with their doctor in comparison with the general relations with other individuals.
3. Patients scored lower in comparison with the control group with respect to the sense of ability to have power and influence.
4. The men suffering from schizophrenia scored much lower with respect to the sense of power, ability to have power and influence and the need for influence in comparison with other male participants. No similar differences were observed in the group of women.

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