Work addiction

Part 1: demystifying workaholism and work addiction: when working hard no longer pays off positively

Many people work long hours and are committed to their jobs, but what happens when this commitment becomes excessive and interferes with work–life balance? In the first of a two-part series, psychologists Annika Lindberg and Mark Griffiths discuss work addiction, its signs and symptoms and how it impacts on work and life.

ACCORDING to the latest figures, as many as one in 10 people may be addicted to work with higher rates in occupations such as medicine and law. Work addiction can cause a range of negative consequences such as poor health, relationship difficulties and burnout – and, contrary to what one might expect, in this context the excess work can also lead to a worsening in performance and negative consequences for the workplace. Being aware of the signs and symptoms of work addiction can help workers as well as occupational health professionals identify when an individual's engagement with work has become unhealthy. This article also includes six core criteria, that provide a practical way for assessment of work addiction.

WORKAHOLISM VERSUS WORK ADDICTION

Workaholism[1] as a layman's term is often used to refer to individuals who work excessively long hours, have an internal obsessive drive to work[2] and work compulsively. This exaggerated engagement with work typically results in negative consequences in an individual's general life and/or their relationships[2,3].

However, workaholism as a generic term is sometimes mentioned with a range of positive connotations, for example, when talking about 'hyper-performers' and 'high achievers' or simply somebody who has particularly high enthusiasm for their work. Paradoxically, it has also been used to depict individuals who work compulsively and excessively. Such individuals pursue work as a way of avoiding what is happening in their personal lives, their problems and/or difficult feelings.

'Work addiction', as a more clinical construct is arguably more serious than the term 'workaholism'. However, neither is listed in official psychiatric texts such as the latest (fifth) edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5). Research has associated work addiction with burnout, reduced work performance, impaired job satisfaction, and negative impact on family relationships. Scholars have argued that the constructs of 'workaholism' and 'work addiction' lack conceptual and empirical clarity, and in the research literature the terms have often been used interchangeably[3].

Work addiction differs fundamentally from other behavioural addictions in the fact that we are expected and rewarded for spending eight or more hours a day working. Aside from paying the bills, work can contribute to positive feelings of accomplishment, identity, purpose, and meaning. In contrast to other addictive behaviours – such as gambling and gaming – work is widely encouraged and rewarded. Being addicted to a behaviour that is socially acceptable and/or beneficial on some level has been referred to as a 'mixed-blessings addiction' alongside, for example, 'exercise addiction'. Although most people will never develop an addiction to work, for those individuals who do, the implications in the workplace, the individual's physical and psychological health, and the wider system can be costly and serious.

This two-part article sheds light on this frequently misunderstood concept. The first article provides a robust framework for how to operationalise and distinguish work-addicted individuals from those who may well be working excessively, but for whom this is not causing harm.

RESEARCH

Empirically, research concerning work addiction is mostly based on epidemiological self-report studies. There has been little in the way of clinical research to justify inclusion in the DSM-5. A growing body of research, as well as anecdotal evidence from clinical work can provide some support for work addiction being conceptualised and treated as a behavioural addiction. It shares many features with more established behavioural addictions such as gambling disorder and gaming disorder which appear in the DSM-5, as well as to sex and shopping addictions (which are not in the DSM-5). Apart from gambling addiction, behavioural addictions tend to be subject to resistance and scepticism by those working in the addiction field. Being harder to spot and highly stigmatised, they often remain hidden for longer than substance addictions.

Case study

Margaret, a 49-year-old woman, entered psychological therapy to help deal with her issues of anxiety and depression. A self-confessed 'workaholic', she acknowledged that she was struggling to set healthy boundaries to her job as a high school teacher and that she continuously kept putting her job first. After a full day of lectures and liaisons with students and fellow teachers, she would spend a significant proportion of her evenings as well as weekends marking work, preparing next day's lectures, and ensuring that her work was at the highest possible quality.

On prompting whether this was necessary – or even part of her contract – Margaret would typically argue that: 'I love my work and I want to make sure I give these students the very best'. Despite taking enormous pride in her work, there was little doubt that her performance had been declining because her stress levels were on the rise. One student had filed a complaint calling her 'intolerant and pressurising' and she had herself noticed that the students did not seem to be nearly as engaged as she was used to.

Her sleep had gradually become worse and she had often laid awake worrying about perceived mistakes she had made or how she could improve future lecture material. Her inability to go to sleep had resulted in her choosing to sleep separately from her husband, who in turn had become concerned about her appearing distant towards him. The couple's two children were in their late teens and frequently out with friends.

During a recent mini-break in the countryside with her husband, Margaret had felt more stressed than usual having discovered that she left the charging cable for her laptop at home. Her husband commented on her moodiness. She felt insulted and misunderstood. Why could nobody understand how stressful her job was, and that she had little control over her workflow? She ended up spending her break battling with urges to check in with her colleagues. During her sleepless nights, she would reflect over where her family life was heading and whether her husband might be growing tired of her. She experienced bouts of sadness and anxiety, but still could no longer control the urge to keep breaking all boundaries she once had to work. She told herself she was lucky to at least have such a stable employment even though her family life was going downhill.

Additionally, the idea of viewing everyday time-consuming behaviours as addictions may create concerns that normal (even if excessive) behaviours end up becoming pathologised in the general population. It is important to be aware that the behavioural addictions can be just as damaging to individuals as addictions to substances. Therefore, it is critical to have a diagnostic framework that enables us to distinguish those individuals who are simply displaying a healthy enthusiasm for a behaviour (even at times when the engagement might be excessively intense) from those who are genuinely struggling and experiencing problematic behaviour.

The brief case study described in the box (above) illustrates some of the widespread consequences of work addiction. Negative impact on performance often ends up fanning the flames for further over-engagement, as the individual tries to compensate for perceived inefficiency and poor productivity. This leads to more exhaustion, negative feelings, loss of sleep, as well as tension in personal relationships. If uninterrupted, this pattern may persist for increasingly longer periods and cause significant harm to all involved parties and everyday activity, including that in the workplace. Underlying traits of perfectionism and obsessional compulsive traits often increase an individual's tendency towards over-engaging in work, resulting in a subjective loss of control. This may happen even at times where the individual is aware of the negative consequences that their overworking is causing.

PREVALENCE AND IMPACT

Despite work addiction being overrepresented in fields such as law and medicine, it is unlikely that the nature of any job, in itself, causes addiction (although specific aspects of it might help maintain it). On the other hand, certain personality characteristics and individual differences appear to guide individuals' choice of jobs, some of which lend themselves particularly well for excessive engagement by being highly demanding and engrossing in nature. Some of the personality types, for which the strongest correlations have been found are, associated with work-addicted individuals are Type A personality traits[4,5] and obsessive-compulsive personality disorder[6], as well as being motivated by achievements and/or being a perfectionist.

As a point of comparison, individuals with healthy enthusiasm for work typically present as satisfied, positive, happy and engaged in their relationship with work. On the contrary, an individual who is addicted to work tends to suffer with negative emotions including disappointment, guilt, anxiety, and irritability (at least intermittently) and will also experience withdrawal symptoms, such as frustration and moodiness, when not working. Unsurprisingly, research has associated work addiction with increased job stress and burnout[7].

Very few nationally representative studies have assessed the prevalence of work addiction. However, the prevalence rate is suggested to be approximately 8%–10%[8,9], with higher prevalence within some fields, such as medicine[10]. Indeed, one study reported that 13% of 444 tested physicians were classed as 'highly work addicted' based on the Work Addiction Risk Test (a self-report measure of work addiction[11]), with a further 35% being classed as mildly work addicted. Professors were highlighted as being the most 'at risk' of work addiction within the hospital hierarchy[12].

CLINICAL CRITERIA FOR WORK ADDICTION

Whether or not work addiction is viewed as a genuine addiction all depends on the operational definition that is used to describe it[2]. The following six criteria can help understand when a behaviour has become an

addiction[13]. All six features need to be present for it to be considered a genuine addiction to work.

■ **Salience** This is where work becomes the single most important thing in the individual's life. Additionally, the relationship with work is such that even when disengaging with the behavioural aspects of work, on a psychological level the individual is still thinking about work (ie a total *preoccupation* with work). In simple terms, the individual continues to think about and craves work when they are not actually engaged in it.

■ **Mood modification** This is where work is used as a consistent and reliable way of changing mood. This can be in the way of achieving a 'buzz', a sense of excitement or to feel accomplished but can paradoxically be used to tranquillise, block out and/or avoid difficult thoughts, feelings, or difficulties. In both instances, the individual feels better while working.

■ **Tolerance** In the context of a work addiction, tolerance is reflected by an increasing number of hours worked over a long period. In essence, there is a gradual increase in the number of hours worked to achieve the same mood-altering effects as it previously had on the individual.

■ **Withdrawal** This refers to the withdrawal symptoms experienced by individuals when they are not working, or when attempting to cut down. Psychological symptoms can include anxiety, frustration, moodiness, irritability, boredom, and restlessness. There may also be physiological withdrawal symptoms such as nausea, insomnia, and panic attacks.

■ **Conflict** This is arguably the most important consequence as it refers to work conflicting with everything else in an individual's life. This includes interpersonal conflict where individuals work so much that it compromises relationships with their partner, children, family and friends. It also means there are no hobbies, sports, and other interests. Individuals will also experience 'intrapsychic conflict' – knowing that they should cut down the amount of work they do but feel unable to do so, and experience a subjective loss of control.

■ **Relapse** This refers to individuals who have managed to cut down or control the amount of work that they do suddenly returning to their old behaviour of working excessively and with intense preoccupation.

Whilst working hard can have multiple benefits, it is important to recognise that if individuals are genuinely addicted to work – by meeting the six criteria listed above – their working pattern is likely to cause harm in the longer term for both themselves and those around them.

It is worth noting, that relatively few individuals will endorse all six of the above addiction criteria. Furthermore, there will be a lot of people who display some tendencies towards overwork and obsessional engagement with their work without it causing any real harm to their lives. A simple rule of thumb to assess whether a behaviour is an addiction or a healthy excessive enthusiasm is to remember that healthy excessive enthusiasms add to life, whereas addictions take away from it[13].

CONCLUSIONS

■ **Work** addiction can be a serious problem that causes burnout, stress and impacts negatively on physical and emotional health, relationships and productivity

■ **Work** addiction is overrepresented in highly demanding professional fields such as medicine and law

■ **Having** strict criteria for how work addiction is operationalised can help distinguish between individuals with a an excessive but healthy engagement with work from someone for whom work is causing harm

■ **Work** addiction cannot be identified solely on the basis of how many hours somebody is working

■ **Work** addiction, just like other addictions, do not occur in a vacuum but are multifaceted in terms of origin and presentation

■ **Six** core criteria for addiction, presented in the article, can be used to assess whether someone is displaying symptoms of a genuine addiction to work

TIME SPENT WORKING IS NOT NECESSARILY AN INDICATOR OF WORK ADDICTION

Many people can identify with having at some point in life been working excessively long hours, sometimes even at the expense of other interests or people in their lives. These episodes may coincide with times when few other commitments were present, or working hard did not come with any negative consequences, or simply because the job has demanded it.

The amount of time invested in work is not necessarily a reliable indicator of an addiction. For instance, a 23-year-old man working 12 hours a day, every day, may have few problems if they are single and without children. The same working pattern for a 45-year-old man who is married with two children is likely to cause great problems. In short, it is not the amount of time spent working but whether it causes detrimental effects for the individual based on their personal circumstances.

Addictions do not occur in a vacuum[13] but are complex and multi-faceted, both in terms of causation and presentation. The six core criteria of addiction outlined above provide a practical way of assessing an individual's engagement with their work.

In the second part of the series on work addiction, the implications for the workplace, preventative measures, as well as assessment and interventions, will be discussed. ■

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Notes

1 Oates WE. On being a "workaholic". Pastoral Psychology 1968; 19: 16–20. doi: 10.1007/BF01785472.

2 Andreassen CS. Workaholism: an overview and current status of the research. Journal of Behavioural Addictions 2014; 3(1): 1–11. doi: 10.1556/jba.2.2013.017.

3 Griffiths MD. Workaholism – a 21st-century addiction. The Psychologist 2011; 24: 740–744. ohaw.co/Griffiths2011

4 Clark MA, Michel JS et al. All work and no play? A meta-analytic examination of the correlates and outcomes of workaholism. Journal of Management 2016; 42(7): 1836–1873. doi: 10.1177/0149206314522301.

5 Clark MA. Workaholism: it's not just long hours on the job. Psychological Science Agenda, April 2016. Washington DC, USA: American Psychological Association, 2016. ohaw.co/Clark2016

6 Atroszko PA, Demetrovics Z, Griffiths MD. Work addiction, obsessive-compulsive personality disorder, burn-out, and global burden of disease: implications from the ICD-11. International Journal of Environmental Research and Public Health 2020; 17(2): 660. doi: 10.3390/ijerph17020660.

7 Schaufeli WB, Taris TW, Van Rhenen W. Workaholism, burnout, and work engagement: three of a kind or three different kinds of employee well-being? Applied Psychology 2008: 57; 173–203. doi: 10.1111/j.1464-0597.2007.00285.x.

8 Sussman S, Lisha N, Griffiths MD. Prevalence of the addictions: A problem of the majority or the minority? Evaluation and the Health Professionals 2011; 34: 3–56. doi: 10.1177/0163278710380124.

9 Andreassen CS, Griffiths MD et al. The prevalence of workaholism: a survey study in a nationally representative sample of Norwegian employees. Plos One 2014; 9(8): e102446. doi: 10.1371/journal.pone.0102446

10 Killinger B. Workaholics: the respectable addicts. East Roseville, NSW: Simon and Schuster, 1992

11 Robinson RE. The Work Addiction Risk Test: development of a tentative measure of workaholism. Perceptual and Motor Skills 1999; 88: 199–210. doi: 10.2466/pms.1999.88.1.199.

12 Rezvani A, Bouju G et al. Workaholism: are physicians at risk? Occupational Medicine 2014; 64: 410–416. doi: 10.1093/occmed/kqu081.

13 Griffiths M. A 'components' model of addiction within a biopsychosocial framework. Journal of Substance use 2005; 10(4): 191–197. doi: 10.1080/14659890500114359.