

Workaholism: Addiction to Work

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Abstract

Addiction, from the perspective of Individual Psychology, can be conceptualized as goal-oriented, creative, and chosen behavior. Shifron (1999) indicated that addictions are creative choices to deal with the hardships of life. In this article, workaholism is introduced as an addiction through an Adlerian framework. Workaholism is important because it negatively affects not only the individual, but also the family system.

Keywords: addiction, Individual Psychology, workaholism

Following a review of the literature, Robinson (2001a) reported that the prevalence of workaholism in the United States is somewhere in the range of 25–30%. Vodanovich and Piotrowski (2006) claimed that workaholism has recently received much more attention, supported by R. J. Burke's (2004) observation of this tendency on an international level. Despite being a widely known concept, the research base of workaholism is undeveloped (Aziz & Zickar, 2006; Chamberlin & Zhang, 2009; Naughton, 1987), and researchers lack an agreed-upon definition of this phenomenon (Ng, Sorensen, & Feldman, 2007).

The need for workaholism to be more fully understood is great, as it has been linked to negative factors including "burnout," "job stress," and "subjective health complaints" (Andreassen, Ursin, & Eriksen, 2007, p. 617), heart disease (Booth-Kewley & Friedman, 1987), and emotional difficulties (R. A. Burke, Oberklaid, & Burgess, 2004). Robinson (2000b) goes so far as to say that workaholism can "lead to unmanageable life, family disintegration, serious health problems, and even death" (p. 34). This indicates that workaholics can face major repercussions as a result of their overengagement of the work life task.

Workaholism can also negatively affect the workaholic's family. It has been linked to marital unhappiness (Robinson, Carroll, & Flowers, 2001; Robinson, Flowers, & Ng, 2006), and the offspring of workaholic parents have been shown to have an increased risk of physical, psychological, and self-esteem issues as well (Chamberlin & Zhang, 2009). Such risks make it of crucial importance for professional helpers to know how to help those and their families who suffer from workaholism.

Although it has not previously been conceptualized from an Individual Psychology framework, the elements of workaholism have already been identified in the work life task, and its effects can be found in all life tasks. Therefore, the holistic psychology of Alfred Adler is an appropriate theory to use when conceptualizing workaholism.

Workaholism as an Addiction

Like addiction, workaholism has been defined in a variety of ways since the term was coined by Oates (1971). For example, Griffiths (2005) noted that, over time, psychologists have begun "preferring the term 'work dependency' to 'workaholism' (i.e., work addiction)" (p. 97). Because of the similarities between workaholism and other addictions, we are introducing workaholism from an addictions paradigm. Furthermore, we will also show how workaholism can be conceptualized from both Adlerian and Dreikursian standpoints.

Workaholism over time has been defined in a variety of ways. Robinson, Carroll, and Flowers (2001) defined workaholism as "a compulsive and progressive, potentially fatal disorder, characterized by self-imposed demands, compulsive overworking, inability to regulate work habits, and an overindulgence in work to the exclusion and detriment of intimate relationships and major life activities" (pp. 397–398). Selinger (2007) echoed Robinson, Carroll, and Flowers' definition by saying that a workaholic is "someone who works at the expense of his family and personal life. Workaholics have the compulsion to just do more work. Therefore it is different from just working hard" (p. 71). In both definitions, workaholism involves working to the point that it interferes significantly with one's life tasks, which is why we suggest that workaholism be conceptualized as an addiction.

One possible reason for such an addiction is explained by Shifron (1999): "Addiction is a creative chosen repetitious developing behavior. The goal of this behavior is to escape existential fears" (p. 114). These fears can be rudimentarily conceptualized as the goals of misbehavior in children, which can later become manifested in the work habits of adults. Dreikurs (1968) conceptualized children's reasons for misbehavior as being due to four objectives: getting attention, control, retribution, and displaying inadequacy. Although this concept was based on children, these goals can become more complex in adolescence and even more so in adulthood, making it relevant to workaholics over the course of time. Workaholics can achieve power by working hard and becoming well known in their field or organization. They can get the attention of their peers, supervisors, and community members by achieving a high status and level of pay in their career. They can also seek

revenge on a spouse by escaping marital problems in favor of work. Displaying inadequacy can also come into play when the workaholic feels that there is no other option but to work in order to keep his or her job in times of economic uncertainty and in order to maintain feelings of significance. These lifestyle attributes parallel those of addicts and demonstrate the relationship between addiction and Dreikurs's goals of misbehavior.

Bauman (2000) conceptualized addiction from the Adlerian perspective by using the BASIS-A Inventory (Wheeler, Kern, & Curlette, 1993) to study how lifestyle variables differ between individuals who were diagnosed with a mental health disorder, a substance use disorder, or both. Bauman found that substance abusers and those who qualified for both categories scored significantly higher on the Taking Charge scale and lower on the Going Along, Wanting Recognition, and Liked by All scales. Based on these findings, we believe that workaholics would also score higher on Taking Charge as a group and are hesitant to go along with the needs or wants of anyone who stands in their way. One could also argue that some workaholics would score lower in Wanting Recognition if they were more focused on keeping their job than rising higher in an organization. In contrast to Bauman's results, however, it would make sense for workaholics to score higher in the Wanting Recognition category, if they are interested in a high-profile lifestyle.

Finally, addiction has been formally conceptualized by the American Psychiatric Association in the *DSM-IV-TR* (2000). Being substance dependent can involve a large amount of time spent using or acquiring a substance; experiencing a deficit in other areas of one's life (e.g., the social realm); and failing to inhibit or quit its use despite how it is causing significant problems in the individual's life. Van Wormer and Davis (2003) said that "addiction" and "substance dependence" are terms that can be used interchangeably and that "substance use is a multifactorial process involving social, psychological, and biological factors . . ." (p. 3). Workaholics, like addicts, engage in this lifestyle despite other areas of their lives being neglected.

Goal-directed Behavior in Workaholism

The goal of compulsive work habits, which serve as the fundamental basis of workaholism, can be brought to life through a variety of factors. These factors can be viewed through the lens of the workforce of modern-day America, which has recently changed dramatically. In *The Disposable American*, Uchitelle (2006) discusses changes in both the workforce and in the expectations of employers and organizations over the years. Several decades ago, it was common for workers, once hired by a company or organization, to expect to have a tenure-like status if they worked hard and

were loyal to their employers. "We had decided as a people—managers, politicians, and workers—that job security had value, and in pursuit of that value, we lifted ourselves out of insecurity" (Uchitelle, p. 5). The goal of the worker was always to reach the tenure stage; it promoted a sense of security, stability, and enticing bonuses, like retirement packages. However, these comforts soon diminished once job tenure became less common within the organizational structure. Hall (1996) seconded Uchitelle's claims by stating, "Job insecurity has soared, and any thoughts of long-term careers in one firm have been shattered" (p. 18). This state of affairs worsened, and by 2004, millions had lost their jobs. The U.S. economy, which for most of a century consisted of an alliance between employer and employee, became much more guarded as a result.

Over half of the American public believes that the leaders of big business care more about their own power and rewards than they do about the well-being of their companies or their employees. (Hall, 1996, p. 19)

With such feelings of insecurity, those who work hard can believe that working harder than others could carve them a more secure place in the workforce. Workaholics take this idea to an even greater extreme of trying to be successful to keep their jobs despite the detrimental effects they experience in other areas of their lives.

This compulsiveness to work is an integral component of the workaholic, but it is only the behavioral manifestation of insecurity. While Uchitelle (2006) and Hall and Associates (1996) described the outward reaction of workaholics, Gottfredson (1981) focused on the inward, psychological realm of workaholism. Gottfredson theorized that people develop "occupational images" of what working is like in certain professions and how suitable they believe themselves to be with those images. With the view of job stability in the U.S. workforce having changed significantly over the years, Gottfredson might argue that workaholics may perhaps have a distorted view of how often they need to work in order to reach their overall goal of keeping their job. Furthermore, this continued effort at moving toward this image is given precedence over other areas of one's life, which can cause significant impairment in many ways. This impairment is why workaholism can be viewed from a holistic standpoint.

Workaholism: A Holistic Problem

Addictive behaviors, such as those performed by workaholics, are holistic in nature. These behaviors are expressed physically, biologically, psychologically, cognitively, and socially for the individual. These behaviors can also negatively affect the individual's entire family system and society (Shifron, 1999, 2010).

First, the workaholic can reach a point of *physical* crisis, manifested as exhaustion from overworking one's body. Research indicates that workaholism may cause serious threats to the worker's health and can even result in death (Robinson, 2000b, 2001b; Selinger, 2007). This desire to work can result in job and family stress. Sapolsky (1998) went so far as to say that the body not only reacts on a biological level to stress, but also reacts to foreseen stress, which, although it has not yet occurred and may never occur, still affects humans negatively in the body: "When something stressful happens or you think a stressful thought, the hypothalamus secretes an array of releasing hormones into the hypothalamic-pituitary circulatory system . . ." (p. 31). Thus, physiological effects can occur even in the absence of a stressful event, one that is experienced solely in thought. For the workaholic, just thinking about the possibility of not meeting work-related goals is enough to produce hormones even when the work-related stressors are not present. In the mind of the workaholic, what better way to bring these hormones back to homeostasis than by working and thereby preventing future stressors from occurring?

Second, *psychologically*, the higher the reward at work, the more emotional investment a workaholic is likely to make in trying to achieve his or her goal (Andreassen, Ursin & Eriksen, 2007). When workaholics feel powerful or are either seeking or receiving attention, there is a tendency to invest even more energy and time into their work (Shifron, 2009). Workaholics are also affected by their addiction on a *cognitive* level when they think about work during leisure time and family events (Snir, 2008). In addition, the workaholic's private logic could involve a belief that he or she is providing for his or her family by working hard.

Third, there are also *social* aspects to consider in the life of a workaholic. Specific problems that may arise in this area can affect the family as a whole or at an individual level for specific family members. Such concerns can include disappointing holidays because of lack of involvement on the part of the workaholic, demonstrating no boundaries between work, leisure, and family life. Added family pressures include expectations for children to act in parental roles. Children can also develop negative attitudes toward work or imitate the workaholic's behavior (Shifron, 2006b).

A workaholic's romantic relationships can be negatively influenced by the workaholic's behavior. Robinson, Flowers, and Ng (2006) found that workaholism was positively related to marital discontentment for men. These findings supported previous research that the same authors conducted with women who identified their husbands as workaholics. These women also reported greater marital displeasure and less positive feelings between themselves and their partners. In addition, marital dissatisfaction can also affect the couple's children, who can serve as mediators between their parents (Shifron, 2006a). Robinson et al. (2006) also concluded that workaholism

and poor marital relationships continue to be an ignored area of clinical and empirical research.

Finally, workaholism not only affects the workaholic and family but also the entire global culture. Shifron et al. (2010) view this as a culture addicted to power and pose an important question: How can organizations be motivated to reduce these workaholic tendencies by reducing extreme demands at work? We argue that Individual Psychology can be applied to working with the workaholic, the family, and the organization.

Treatment Options for Workaholics

A variety of treatment options exist for workaholics and their families using Individual Psychology. Robinson (2000a) stated that analyses of one's childhood family can be used to facilitate treatment for grown children of workaholic parents. "Although relatively few writers have addressed how counselors can assist workaholic clients, many have presented self-help procedures for workaholics themselves" (Seybold & Salamone, 1994, p. 6). Seybold and Salamone suggest either individual, long-term individual, or group counseling for treating workaholism, depending on the traits of the workaholic. They also supply suggestions for managers of organizations who are workaholics themselves. We chose to introduce workaholism from an Individual Psychology perspective because "the psychological principles upon which Adlerian therapy is based make it the procedure of choice for addictive issues" (Linkenbach, 1993).

Furthermore, Piotrowski and Vodanovich (2008) offered suggestions to companies and/or organizations regarding how to help workaholics. These suggestions include assessing the level of workaholism at the place of employment; encouraging employees to develop non-work-related activities; and encouraging workaholics to participate in counseling.

Ferguson (2003) also discussed how to help individuals thrive in the work force, particularly with regard to satisfying their need to belong. Ferguson argued that employees need respect and reassurance from one another to achieve this sense of belonging and to enhance work associations. When this need is not met and feelings of insecurity arise, employees may develop lofty goals that are difficult to achieve. This dynamic can be witnessed in the workaholic, who continually works to accomplish not only job security, but a sense of belonging within an organization through achievement. Thus, helping workaholics receive support from other employees could facilitate a feeling of belonging and prevent the workaholic from focusing on impractical goals. In short, we argue that all of these factors are important for mental health specialists to consider when working with the workaholic client.

Therapeutic Recommendations for Mental Health Specialists

We have come to the conclusion that psychotherapists and counselors need to examine the workaholic's family constellation and lifestyle. Workaholics differ in their lifestyles, and each workaholic is a unique individual. As in psychotherapy of other addictions, ideally there should be a balance between individual therapy and, as appropriate, couples or family therapy (Shifron, 1999, 2006a). A suggested outline of psychotherapy for treating workaholics is shown in Figure 1.

Stage 1

- ➔ Analysis of lifestyle
- ➔ Disclosing hidden goals
- ➔ Couple's therapy

Stage 2

- ➔ Changing tools in order to reach goals
- ➔ Family therapy

The goals for therapy with the family:

- ➔ To help families negotiate boundaries
- ➔ To learn that work should not dominate their lives
- ➔ To work on effective family roles
- ➔ To teach family members how to encourage the individual when efforts to cut back are being made

Figure 1. Suggested psychotherapy stages for treating individuals with workaholism. Encouragement is needed at all stages of therapeutic interventions, especially when working with workaholics. Encouragement is meaningful when it is appropriate to one's lifestyle (Shifron, 2006b).

Clinical Observations

I (Shifron) have conducted many therapy sessions with workaholics over the years and have found that workaholism is the addiction of this era. I have clinical experience helping clients work toward confronting their maladaptive beliefs that overworking at present will ensure an endless vacation from the world of work in the future. Some of these clients have stated things such as,

I'll quickly make a large amount of money and retire early, at which time I'll be able to enjoy excellent luxuries and quality time with my wife and children. Meanwhile, we have to sacrifice.

This extreme, unbalanced perception of fulfilling the three primary life tasks of family, work, and friendship helps to explain the problems of workaholics' experience on the job and with family. In addition, workaholics experience difficulties when they finally actualize the "dream" of early retirement. Feelings of emptiness and a lack of meaning in their lives can lead to suicidal thoughts. At this point, it is crucial for the therapist to discuss new creative goals that might trigger the client's social interest.

Furthermore, I (Shifron) have witnessed some of these workers' extreme investment in the world of work and the need to be perfect at all times, resulting in total burnout and a fear of failure. The outcome of this fear may mean a decision never to enter the world of work again. Depression and anxiety attacks can be the consequences of such an outlook.

One such client was a woman in her late 30s who initiated therapy because she feared that she was about to lose her partner. She said,

I have to invest all of my energy into my work. I have to prove myself constantly. I have to develop the others' trust in me so I'll be promoted. At present this is more important than spending time with my partner or having children. Why doesn't he understand it?

When asked if she was afraid to lose her job if she became more flexible and less rigid with herself, she said, "No, they need me, they admire me, I'm the best worker, but I have to constantly prove that I'm not disappointing anyone." In her early recollections, she experienced emotional pain inflicted by other people and said that she feels like nobody pays attention to her. This woman is in the addictive cycle of workaholism. The more she works, the higher the price she pays, and the more she suffers.

Summary

In this article, we have introduced workaholism as an addiction using Adlerian concepts to conceptualize the psychological aspects of the

workaholic lifestyle. The Individual Psychology conceptualization suggests that an addiction is not an unconscious behavior but rather a goal-oriented, creative, chosen solution to achieve significance. Shifron (1999) indicated that addictions are creative choices to deal with the hardships of life, as is the case of workaholism. Workaholism negatively affects not only the individual, the family system, and his or her entire community, but paradoxically working organizations encourage this outcome. Therefore, the treatment and prevention of workaholism should include not just the individual and his or her family members, but also interventions that organizations can use to help workaholic employees. Last, it is important to remember that an individual makes creative choices and, moreover, is capable of making positive, adaptive choices to the work life task.

Authors' note

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References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- Andreassen, C. S., Ursin, H., & Eriksen, H. R. (2007). The relationship between strong motivation to work, "workaholism," and health. *Psychology and Health, 22*(5), 615–629.
- Aziz, S., & Zickar, M. J. (2006). A cluster analysis investigation of workaholism as a syndrome. *Journal of Occupational Health Psychology, 11*(1), 52–62.
- Bauman, G. S. (2000). *Clinical usefulness of the BASIS-A Inventory with substance abusers* (Unpublished dissertation). Georgia State University, Atlanta, GA.
- Booth-Kewley, S., & Friedman, H. S. (1987). Psychological predictors of heart disease: A quantitative review. *Psychological Bulletin, 101*(3), 343–362.
- Burke, R. A., Oberklaid, F., & Burgess, Z. (2004). Workaholism among Australian women: Antecedents and consequences. *Women in Management Review, 5*, 252–259.

- Burke, R. J. (2004). Workaholism in organizations. *Journal of Organizational Change Management*, 17, 420–423.
- Chamberlin, C., & Zhang, N. (2009). Workaholism, health, and self-acceptance. *Journal of Counseling & Development*, 87(2), 159–169.
- Dreikurs, R. (1968). *Psychology in the classroom: A manual for teachers* (2nd ed.). New York: Harper & Row.
- Ferguson, E. (2003). Work relationships, lifestyle, and mutual respect. *The Journal of Individual Psychology*, 59(4), 501–506.
- Gottfredson, L. S. (1981). Circumscription and compromise: A developmental theory of occupational aspirations [Monograph]. *Journal of Counseling Psychology*, 28(6), 545–579.
- Griffiths, M. (2005). Workaholism is still a useful construct. *Addiction Research and Theory*, 13(2), 97–100.
- Hall, D. T., & Associates. (1996). *The career is dead—long live the career: A relational approach to careers*. San Francisco, CA: Jossey-Bass.
- Linkenbach, J. (1993). A bi-directional addictions model. *Individual Psychology: The Journal of Adlerian Theory, Research & Practice*, 49(2), 248–256.
- Naughton, T. J. (1987). A conceptual view of workaholism and implications for career counseling and research. *The Career Development Quarterly*, 35(3), 180–187.
- Ng, T. W. H., Sorensen, K. L., & Feldman, D. C. (2007). Dimensions, antecedents, and consequences of workaholism: A conceptual integration and extension. *Journal of Organizational Behavior*, 28(1), 111–136.
- Oates, W. E. (1971). *Confessions of a workaholic*. New York: World Publishing.
- Piotrowski, C., & Vodanovich, S. J. (2008). The workaholism syndrome: An emerging issue in the psychological literature. *The Journal of Instructional Psychology*, 35(1), 103–105.
- Robinson, B. E. (2000a). Adult children of workaholics: Clinical and empirical research with implications for family therapists. *Journal of Family Psychotherapy*, 11(3), 15–26.
- Robinson, B. E. (2000b). A typology of workaholics with implications for counselors. *Journal of Addictions and Offender Counseling*, 21(1), 34–48.
- Robinson, B. E. (2001a). *Chained to the desk: A guidebook for workaholics, their partners and children, and the clinicians who treat them*. New York: New York University Press.
- Robinson, B. E. (2001b). Workaholism and family functioning: A profile of familial relationships, psychological outcomes, and research considerations. *Contemporary Family Therapy: An International Journal*, 23(1), 123–135.
- Robinson, B. E., Carroll, J., & Flowers, C. (2001). Marital estrangement, positive affect, and locus of control among spouses of workaholics and

spouses of nonworkaholics: A national study. *American Journal of Family Therapy*, 29(5), 397–410.

Robinson, B. E., Flowers, C., & Ng, K. M. (2006). The relationship between workaholism and marital disaffection: Husbands' perspective. *The Family Journal*, 14(3), 213–220.

Sapolsky, R. M. (1998). *Why zebras don't get ulcers*. New York: W. H. Freeman & Company.

Selinger, C. (2007). Workaholism. *IEEE Spectrum*, 44(6), 71–72.

Seybold, K. C., & Salamone, P. R. (1994). Understanding workaholism: A review of causes and counseling approaches. *Journal of Counseling & Development*, 73(1), 4–9.

Shifron, R. (1999). Addictive behaviors: An Adlerian perspective. In P. Prina, C. Shelley, & C. Thompson (Eds.), *Adlerian yearbook 1999* (pp. 114–127). London, England: Adlerian Society (UK) and Institute for Individual Psychology.

Shifron, R. (2006a, July). *Adult children of alcoholics*. ICASSI. Germany.

Shifron, R. (2006b). Unemployment and re-employment: An Adlerian perspective. In P. Prina, A. Millar, C. Shelley, & K. John (Eds.), *Adlerian yearbook 2006* (pp. 110–121). London, England: Adlerian Society (UK) and Institute for Individual Psychology.

Shifron, R. (2009). Addictions: Workaholism. In P. Prina, A. Millar, C. Shelley, & K. John (Eds.), *Adlerian yearbook 2009* (pp. 107–117). London, England: Adlerian Society (UK) and Institute for Individual Psychology.

Shifron, R. (2010). Adler's need to belong as the key for mental health. *The Journal of Individual Psychology*, 66(1), 10–29.

Shifron, R., Shifron, G., Linden, G. W., Rasmussen, P., Abramson, Z., Newbauer, J., & Joosten, T. J. (2010). Addiction to power. In P. Prina, A. Millar, C. Shelley, & K. John (Eds.), *Adlerian yearbook 2010* (pp. 76–100). London, England: Adlerian Society (UK) and Institute for Individual Psychology.

Snir, R. (2008). Workaholism as discretionary time investment at work: An experience-sampling study. *Applied Psychology*, 57(1), 109–127.

Uchitelle, L. (2006). *The disposable American*. New York: Alfred A. Knopf.

Van Wormer, K., & Davis, D. R. (2003). *Addiction treatment: A strengths perspective*. Canada: Brooks/Cole.

Vodanovich, S. J., & Piotrowski, C. (2006). Workaholism: A critical but neglected factor in O.D. *Organization Development Journal*, 24(2), 55–60.

Wheeler, M. S., Kern, R. M., & Curlette, W. L. (1993). *BASIS-A Inventory*. Highlands, NC: TRT Associates.

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