

21 Work Addiction



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Chapter Learning Objectives

1. Be able to differentiate workaholism from other types of heavy work investment.
2. Learn the characteristics of work-addicted individuals from a recent meta-analysis.
3. Become familiar with the adverse consequences that result from workaholism.
4. Become aware of diagnostic criteria for work addiction.
5. Learn about schema-focused therapy and other recommended methods for counseling work addicts.

CHALLENGING YOUR ASSUMPTIONS ABOUT THIS ADDICTION

1. Work-addicted individuals are often in denial that heavy work involvement is causing them difficulties. What factors do you believe contribute to this propensity to stay in denial?
2. In what ways are work-addicted individuals rewarded in society for their extreme work ethic?
3. Think of people you know who work excessively. What consequences have you noticed they experience as a result of working so many hours?
4. How would you talk a friend out of being a workaholic? What difficulties would you have in broaching this topic with her or him?
5. If you ever found yourself having to spend too much time at work, what steps would you take to reduce your working hours? What would you do if your boss were the one forcing you to work long hours, but you needed the job because it was your first one out of college or university and you needed the experience and employer reference?

PERSONAL REFLECTIONS

Two examples come to mind as I think about individuals I have known who have worked long hours. One of my favorite colleagues who I will call Ben typically worked 60 to 70 hours a week, and he maintained this since the day he started. He often looked tired but persisted nonetheless to not only become a full professor sooner than most but to take on additional administrative duties on top of his self-chosen heavy workload. A few years into his tenure, I remember when he would nearly lose his voice after talking for a few minutes. It was as though he could no longer project his voice, making it difficult to hear him in a meeting but even worse for students to listen to him teach. Ben had other health issues as the years passed, but his loss of voice was the one that seemed most dysfunctional. I don't know if Ben would be called a workaholic. What I did know is that he rarely dated and had few friends despite his outward kindness and gentleness.

The second example of someone I thought might be a workaholic scared me. Soon after I was promoted to full professorship, I was at the photocopy machine and started talking to a colleague I will call Heidi. Expecting to hear the typical "Congratulations!" I was shocked instead to hear, "After I became a full professor, the administration tore me apart in my subsequent biennial appraisal. There was no salary increase following the promotion, yet I was expected to work much harder and longer based on the results of that report." There was no celebration in her voice. Instead, it felt like an agonizing

discontent from an exhausted individual. I was already working hard enough I thought. I knew from long ago that some people live to work and others work to live. It no longer felt like I could live in the middle of these two ideologies. Months later I ran into Heidi in the elevator at about 9:30 p.m. I came back to my office to pick up a few things and she was just leaving. She seemed like a deer caught in the headlights as she told me that she usually works till 11 p.m. 6 days a week but was too tired tonight and so she decided to leave early. I wondered what kind of a life she has at home, knowing that she is at work by 9 a.m. at least on weekdays. Heidi was working 70 to 80 hours a week, twice as much as most typical jobs.

Both examples have led me to wonder what defines a workaholic? In both cases, the hard work of these individuals was rewarded at the University. In fact, as I read a draft document outlining expectations of full professors, I commented that they were so excessive in every area of evaluation that no one could attain these lofty expectations. It seemed to me that employers love employees who will sacrifice almost everything for their jobs.

Are workaholics simply people who work longer hours than most of us because they are highly competitive and/or people who internalize the expectations of others to a greater extent? Are they perhaps individuals who enjoy their work more than most of us? I was indeed interested to find out as I began research for this chapter.

Background Information

Work is important for several reasons, some of which include providing meaning and purpose to life, improving self-esteem, building status, developing a sense of accomplishment, contributing to

society, paying bills, and creating a "nest egg" of savings for retirement. Work also helps people structure their days, form identities, and establish and develop relationships (Andreassen, 2015). Several studies have shown that people rank work as second in importance only to family, and, even after winning the lottery, 85%

of Americans continue to work (Shamai, 2015). For some people, however, work becomes pathological.

Work addiction is usually called “workaholism” both in the vernacular and in the published literature. The term workaholism was introduced into the English language by Oates in either 1968 (Shimazu, Kubota, & Bakker, 2015) or 1971 (Aziz & Uhrich, 2014), depending on the source. Oates described it as a compulsive need to work relentlessly. Although employers often see workaholics as desirable hires, researchers are aware of the harmful effects work addiction has on both the employee and the organizations that hire them (Aziz & Uhrich, 2014).

Despite this awareness of its harmful consequences, workaholism continues to lack a consensus regarding its definition, classification, or acceptance of the concept (Andreassen, 2015). There remains little written about workaholism, which is surprising given the amount of interest in the topic (Aziz & Burke, 2015). Another concept related to work addiction is work engagement, and Kahn in 1990 is considered to have been the first to discuss it (Clark, Michel, & Stevens, 2015).

The average number of work hours engaged in annually has diminished substantially since the mid-1800s when working days were often between 10 and 16 hours for 6 days a week (Harpaz, 2015). Today, the average number of working hours in most modern countries is between 30 and 40 per week (Shamai, 2015). A heavy worker now works approximately 50 hours per week or more and a common full-time worker works less than 50 hours per week (Shamai, 2015).

Studies are consistently finding that dual-income families work harder than they used to (Stier & Sella-Dotan, 2015). In the 1970s, the percentage of professional women who worked 50 hours a week or more was 6%. By the late 2000s, it had more than doubled to 14% (Stier & Sella-Dotan, 2015). The increased percentage of men only increased from 34% to 38% during this period (Stier & Sella-Dotan, 2015). Work demands have similarly increased, including increases in the amount of effort required and the pace of work (Stier & Sella-Dotan, 2015).

Similar to other behavioral addictions excluding gambling, debate continues as to whether work addiction ought to be called an addiction as it lacks a physiological cause (Porter, 2015). Killinger (2011) defined a *workaholic* as “a work-obsessed individual who gradually becomes emotionally crippled and addicted to power and control in a compulsive drive to gain approval and public recognition of success” (para. 3). Although this definition has merit, it suggests too many hypothesized *causal* relationships for it to be parsimonious. For example, it has not been demonstrated that *all* workaholics are addicted for reasons of power and control to gain approval and recognition (note, however, that it does apply to *some*).

One of the most trusted forms of research in the social sciences is a *meta-analysis*, which is a statistical analysis based on the results of several similar empirical studies. Clark, Michel, Zhdanova, Pui, and Baltes (2016) conducted the only meta-analysis done to date on workaholism. Their results are substantial, and they will be reviewed shortly. They defined *workaholism* “as an addiction to work that leads to many negative individual, interpersonal, and organizational outcomes” (p. 1836).

Researchers differ in believing whether workaholics need to experience a low level of job satisfaction before receiving a diagnosis or if the opposite is true (i.e., that they need to greatly enjoy their work; Clark et al., 2016). Some have also argued that

workaholism is a form of obsessive-compulsive personality disorder that merely finds its expression at work (Naughton, as cited in Aziz & Burke, 2015).

Although researchers continue to grapple with coming to a consensus regarding the definition of workaholism, most agree that it involves the idea that workaholics work longer and harder than those who are not addicted to work (Clark et al., 2016). Snir and Harpaz (2015) introduced the concept of *heavy work investment* (HWI) that includes dimensions of both working long hours and making heavy effort. Although some researchers define extreme work hours as requiring 61 or more hours of work per week, many use a 48-hour cutoff point that is in line with a 1993 European Directive (Snir & Harpaz, 2015).

Astakhova and Hogue (2014) developed a typology of HWI. Their model distinguished among three general types of HWI (i.e., workaholic HWI [W-HWI], situational HWI [S-HWI], and pseudo-HWI [P-HWI]), which interacted with biopsychosocial factors to create nine presentations of HWI. The psychosocial factors included ones culture, which in turn affects the biological, psychological, and social presentation of work. Astakhova and Hogue theorized that the W-HWI type would be most associated with biological factors, which in turn could lead to compulsive behaviors such as the inability or reluctance to refrain from work.

Snir and Harpaz (2015) advanced their theory of HWI. According to Snir and Harpaz, there are different types of HWI of which workaholism constitutes one type. There are dispositional heavy work investors (HWIs) and situational HWIs. Situational HWIs need to work long hours because of external pressures. These demands might be permanent or temporary. Constitutional HWIs are intrinsically motivated to work long hours for which there are two types. Devoted heavy workers have a passion for their work and are heavily engaged in it, which results from internal, controllable, and stable predictors. Workaholics, on the other hand, have an addiction to work, which results from internal, uncontrollable, and stable predictors. According to Harpaz and Snir’s theory, workaholics are not in control of their HWI and consequently are most prone to developing negative consequences from their HWI. Although work-engaged individuals generally report positive outcomes, workaholics mostly experience negative consequences (Taris, Van Beek, & Schaufeli, 2015).

There is both empirical support and lack of support for aspects of Snir and Harpaz’s (2015) theory. Midje, Nafstad, Syse, and Torp (2014) found in their study of 118 participants that workaholics with HWI were also more likely than nonworkaholics to have mental health problems. Grebot, Olivier, Berjot, Girault-Lidvan, and Duprez (2017) tested 155 business professionals and managers (56 women, 99 men) and found that neuroticism, having anxious-depressive tendencies, and feeling vulnerable to stress differentiated what they called “real” workaholics from enthusiastic HWIs. Other research supports the idea that heavy work engagement and workaholism are different constructs (Mazzetti, Schaufeli, & Guglielmi, 2018).

Results from a nationally representative cross-sectional survey of employees in Norway ($N = 1608$; mean age = 45.2 years; age range = 21–60) did not support one aspect of Snir and Harpaz’s (2015) theory, however (Keller, Spurk, Baumeler, & Hirschi, 2016). Keller et al. (2016) found that workaholism increased where workers reported having *high* control rather than low control over their work. Workaholism was also related to experiencing high work

demands, role conflict, and negative acts at work (e.g., pressure from the boss, competition from colleagues). Individuals were more vulnerable to workaholism if the work environment were competitive (Keller et al., 2016).

Workaholism is correlated negatively with job satisfaction and job performance but associated positively with intention to change jobs. Work engagement, on the other hand, is associated positively with job satisfaction and job performance but correlated negatively with a desire to change jobs (van Beek, Taris, Schaufeli, & Brenninkmeijer, 2014).

Workaholics tend to be perfectionists who have irrational beliefs regarding failure and performance expectations (Falco et al., 2017). A recent study found that having low self-esteem led to workaholism, workaholism, in turn, led to working more hours that were associated with feeling stressed at work, and working more hours led to still greater stress (Aziz, Zmary, & Wuensch, 2018).

Now coming back to the meta-analysis conducted by Clark et al. (2016). They analyzed 89 articles that included 68 published and 21 unpublished studies. Combined these represent 97 independent samples. The researchers found that workaholism was associated with the following personality qualities: perfectionism, nondelegation, type A personality, trait negative affect, state negative affect, and extraversion. Type A personalities are found in individuals who are ambitious, competitive, impatient, irritable, aggressive, and quick-tempered (Shamai, 2015). Individuals with a type B personality, on the other hand, demonstrate few of these characteristics (Shamai, 2015).

Clark et al. (2016) found that workaholism was associated with work environments where employees had little control over their work and where the work itself was ambiguous. Workaholics were more likely to (a) have reached managerial status, (b) be overloaded by their work role, (c) experience work role conflict, (d) receive support for their hard work from a supervisor, (e) be overly involved at work (e.g., excessive work engagement), and (f) enjoy work.

The positive outcome from workaholism included increased career prospects (Clark et al., 2016). The negative consequences, however, were numerous. Clark et al. (2016) found the following were associated with workaholism: (a) increased job stress, (b) counterproductive work behaviors, (c) marital disaffection, (d) work-life conflict, (e) lower life satisfaction, (f) burnout, (g) emotional exhaustion, (h) cynicism, (i) depersonalization, (j) diminished work satisfaction, (k) poor family satisfaction/functioning, (l) worse physical health, and (m) worse emotional/mental health.

Overall, Clark et al. (2016) found that the most robust relationships were between workaholism and HWI, followed next by job stress, perfectionism, and marital disaffection. This provided support for the idea that workaholics are not driven because of financial or family needs: they are driven instead by some internal compulsion. Workaholism was neither related to self-esteem nor increased levels of performance or job satisfaction in their meta-analysis.

Workaholics are more likely found in specific occupations (e.g., surgeons, lawyers; Aziz & Burke, 2015). Many of these individuals are without question highly devoted and passionate toward their work. The prevalence of passion varies among occupations. Teachers rank highly, with 90% of them reporting that they are passionate about their work, whereas 78% of managers, professionals, and white-collar workers report feeling passionate (Houffort, Vallerand, & Lafframboise, 2015).

Interestingly, some students develop a form of work addiction called *study addiction*. The Bergen Study Addiction Scale was created as a measure of this and was administered to 218 and 993 Polish students in the author's first attempt to demonstrate its psychometric properties (Atroszko, Andreassen, Griffiths, & Pallesen, 2015). Students may also be interested in learning that the evidence from several studies suggests that multitasking is inefficient. Research finds that multitasking leads to poor performance on every task that is being juggled (Kabat-Zinn, 2013).

The cause of work addiction is likely reflected in the findings of Clark et al.'s (2016) meta-analysis; however, a meta-analysis cannot answer questions of causation because it is a type of correlational research. Nonetheless, the causes of work addiction are thought to result from an interaction of individual dispositions (e.g., personality traits as found in Clark et al., 2016), sociocultural factors (e.g., stressful or dysfunctional childhood and family experiences, competitive work environment), and behavioral reinforcement (e.g., classical conditioning, operant conditioning, and social learning theory; Shimazu, Kubota & Bakker, 2015).

Killinger (as cited in Aziz & Burke, 2015) suggested that perfectionism leads to a compulsive desire to become successful and project a successful persona. Aziz and Burke (2015) postulated that perfectionism might be a precursor to obsessive-compulsiveness. Obsessions are persistent thoughts, ideas, or images that preoccupy a person's mind, whereas compulsions are repeated behaviors precipitated by strong urges.

Having rigid personal beliefs predicted working compulsively in a sample of 191 participants followed for 6 months in a two-wave longitudinal survey (van Wijhe, Peeters, & Schaufeli, 2014). Comparable with other addictions, working becomes a coping strategy for stress (Andreassen, 2015). Clark, Michel, and Stevens (2015) suggested that workaholics are "driven to work because of an inner compulsion or to resolve an ego depletion" (p. 191).

Adult children of workaholics are more likely to become workaholics themselves (Snir & Harpaz, 2015). This predisposition to work addiction could result from several or all the reasons stated previously. This finding might also suggest a biological or genetic heritable factor.

The prevalence of workaholism in Andreassen, Nielsen, Pallesen, and Gjerstad's (2019) nationally representative cross-sectional survey in Norway ($N = 1608$) was 7.3%. In another nationally representative survey ($N = 1124$) of employees in Norway conducted by Andreassen et al. (2014), the prevalence of workaholism was 8.3%. Among college-educated individuals, the workaholism prevalence was between 8% and 17.5% in a literature review article (Sussman, 2012). Golden (2015) suggested that about 30% of workers in North America self-define as workaholics. Stier and Sella-Dotan (2015) reported that the percentage of professional women who work at least 50 hours a week has more than doubled in the United States between the 1970s and the late 2000s (i.e., from 6% to 14%, respectively). The percentage increase in men is much less (i.e., from 34% to 38%, respectively). Snir (2015b) estimated that 22% of the global workforce works more than 48 hours per week.

Diagnostic and Assessment Considerations

Work addiction is not included in either DSM-5 or ICD-11. Diagnostic criteria for work addiction is embedded within assessment

instruments designed to measure it. The only instrument that includes the core addiction criteria advanced by Griffiths (2005), according to Quinones and Griffiths (2015), is the Bergen Work Addiction Scale (BWAS). Consequently, this is the only one that will be presented in this section in addition to Griffiths's components model.

Cecilie Andreassen and colleagues (Andreassen, Griffiths, Hetland, & Pallesen, 2012) created the BWAS. The BWAS is free for everyone to use without stipulations. Respondents are asked to answer seven questions using a 5-point Likert scale (1 = never, 2 = rarely, 3 = sometimes, 4 = often, 5 = always). The authors suggested that the scoring of *often* or *always* on at least four of the seven items *may* suggest that a person is a work addict. The seven questions are as follows:

How often during the last year have you

1. Thought of how you could free up more time to work? (i.e., salience).
2. Spent much more time working than initially intended? (i.e., tolerance).
3. Worked in order to reduce feelings of guilt, anxiety, helplessness and depression? (i.e., mood modification).
4. Been told by others to cut down on work without listening to them? (i.e., relapse).
5. Become stressed if you have been prohibited from working? (i.e., withdrawal).
6. Deprioritized hobbies, leisure activities, and exercise because of your work? (i.e., conflict).
7. Worked so much that it has negatively influenced your health? (i.e., problems). (p. 269)

The BWAS was constructed to include Griffiths' (2005) components model together with a question about health consequences (i.e., "problems," Andreassen et al., 2012). Griffiths (2014) elaborated on his six components as they relate to workaholism as follows:

1. Salience. This occurs when work becomes an individual's most important life activity. Even when they are not at work workaholics constantly think about work.
2. Mood modification. Work creates either arousal or feelings of escape or numbing.
3. Tolerance. Workaholics gradually increase the amount of time they spend working each day.
4. Withdrawal symptoms. Workaholics experience the shakes or varying degrees of unpleasant mood states when they are ill or on holidays.
5. Conflict. Workaholics create conflicts with other people around them who are concerned about the amount of time they spend work.
6. Relapse. Even when the workaholic reduces their working hours, they often return to their previous levels as they lose control.

Differential Diagnosis

Quinones, Griffiths, and Kakabadse (2016) conducted an exploratory two-wave longitudinal study with 244 participants

who used the Internet as part of their employment. They found that workaholism was unrelated to compulsive Internet use. In other words, work addiction and compulsive Internet use are two different phenomena.

It is important that clinicians differentiate between work addiction and other types of HWIs (Snir & Harpaz, 2015). As mentioned earlier, some people need to work extensively because it is a requirement of their job either temporarily or permanently (i.e., situational HWIs). Work-addicted individuals must also be distinguished from devoted heavy workers (i.e., a dispositional HWI) who are passionate about their work and who are also heavily engaged in it. Remember that workaholics mostly experience negative consequences from their compulsive work frenzy and that their addiction stems from internal and uncontrollable factors.

Andreassen, Griffiths, Sinha, Hetland, and Pallesen (2016) conducted the most extensive study ever done on the topic of workaholism, which included 16,426 working Norwegian adults. Griffiths (2016), who was the second author of the study, provided insights as to other diagnoses that are sometimes comorbid with work addiction or that need to be distinguished from it. This discussion here will focus on the latter. Individuals with attention deficit hyperactivity disorder (ADHD) may present as work-addicted individuals because their impulsiveness and concentration difficulties may necessitate that they work long hours to accomplish what their colleagues complete within regular working hours. Griffiths hypothesized that, because people with ADHD may fail in other aspects of life, they may become particularly driven to prove themselves at work.

Work addiction also needs to be distinguished from obsessive-compulsive disorder (OCD). Individuals with OCD may have a high need to arrange things in particular ways, have a strong need to control, and obsess over details to the point of impaired functioning. Remember that "OCD is characterized by the presence of obsessions and/or compulsions" (APA, 2013, p. 235). Consequently, OCD is a much more pervasive disorder than work addiction, which means that OCD will affect other areas of life besides work. Furthermore, when OCD is successfully treated, the obsessions and/or compulsions dissipate or diminish substantially, in which case work addiction symptoms would also subside correspondingly, thereby substantiating that OCD was the cause of the compulsive work behavior. Links have also been drawn between anxiety and/or depression and addictions, and it is, therefore, important to ensure that the work-addictive symptoms are not a consequence of these disorders (Griffiths, 2016).

Comorbidity and Co-Addictions

As mentioned in the previous section, the largest study done regarding workaholism focused on comorbidity between workaholism and psychiatric disorders. The study included 16,426 working Norwegian adults (Andreassen et al., 2016). Griffiths (2016), second author of the study, noted other diagnoses that are sometimes comorbid with work addiction. Griffiths reported that workaholics scored higher on *all* psychiatric symptoms compared with nonworkaholics. He reported the following rates of comorbidity:

- 32.7% met ADHD criteria (12.7% among nonworkaholics).
- 25.6% met OCD criteria (8.7% among nonworkaholics).

- 33.8% met anxiety criteria (11.9% among nonworkaholics).
- 8.9% met depression criteria (2.6% among nonworkaholics). (para. 3)

Available Measures

Clark et al. (2016) wrote that the three most commonly used scales to measure work addiction include the Workaholism Battery (Spence & Robbins, 1992), the Work Addiction Risk Test (WART; Robinson, 1989), and the Dutch Workaholism Scale (DUWAS; Schaufeli, Shimazu, & Taris, 2009). Of these, Quinones and Griffiths (2015) stated that the Workaholism Battery is arguably the most extensively used test. Besides these three tests, three others are included:

1. Workaholism Battery (Spence & Robbins, 1992). Spence and Robbins thought of workaholism as a trait-based multidimensional construct consisting of enjoyment, drive, and work involvement. Their original tests comprised 25 items. The term *enjoyment* was eventually dropped from the construct of a workaholic, instead replaced with the term *engaged*. Furthermore, empirical studies have not confirmed the three-dimensional structure of the 25-item scale (Quinones & Griffiths, 2015). The scale was subsequently revised by McMillan, Brady, O'Driscoll, and Marsh (2012).
2. Work Addiction Risk Test (WART; Robinson, 1989). Quinones and Griffiths (2015) suggested that this is likely the second most widely used test of workaholism. This 25-item scale consists of five subscales: (a) compulsive tendencies, (b) control, (c) impaired communication/self-absorption, (d) inability to delegate, and (e) self-worth. Studies that have measured its psychological properties have consistently failed to support the existence of these five components.
3. Dutch Workaholism Scale (DUWAS; Schaufeli et al., 2009). The authors developed the test to measure two dimensions: working excessively and working compulsively. Other researchers found that only two of the nine items assessed compulsive tendencies and most items measured excessive work. The test also reportedly may lead to interpretation confusion based on factor analysis (Quinones & Griffiths, 2015).
4. Bergen Work Addiction Scale (BWAS; Andreassen et al., 2012). Quinones and Griffiths (2015) argued that the BWAS is theoretically and psychometrically sound. It was validated on more than 12,000 individuals. The BWAS was included earlier under the heading Diagnostic and Assessment.
5. Workaholism Analysis Questionnaire (WAQ; Aziz, Uhrich, Wuensch, & Swords, 2013). The WAQ is a 29-item self-report measure of workaholism scored on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). It has demonstrated internal reliability, convergent validity, concurrent validity, discriminant validity, and content validity. It also measures work-life imbalance.
6. Workaholic Test. This is a 25-item quiz that is scored online. This quiz appears on the Healthyplace.com website. The site claims that it “is the largest consumer mental health site on the net.” They also write that their quizzes are for entertainment purposes but that they *may* have a possible educational use. Despite this caveat, responses to this quiz may suggest workaholic tendencies. It is available at <https://www.healthyplace.com/psychological-tests/stress-workaholic-test>

Clinical Interview Questions

Shamai (2015) suggested one way to determine how central work is in a person's life. The lottery question is based on removing the rationale of necessity to work so that a person's psychological commitment to work can be ascertained. The question could be asked as follows: *If you won a substantial lottery and no longer needed to work, would you continue to do so anyway?* Arvey et al. (as cited in Shamai, 2015) found that 85% of American lottery winners continued working after they won a lottery.

Robinson (1998) included 10 indicators that are suggestive of work addiction. I have modified these by turning them into the following 10 questions:

1. To what extent do you need to hurry and stay busy?
2. How much control do you need over your work?
3. What aspects of perfectionism define your work style?
4. How are your relationships affected by your work?
5. How often do you find that you binge on work?
6. How easy is it for you to relax and have fun?
7. To what degree have you found that you have forgotten conversations or trips because you are either exhausted or preoccupied with work?
8. To what extent do you consider yourself impatient and irritable?
9. How adequate do you feel as a person and what effect does your work have on this?
10. To what extent do you practice either self-care or self-neglect?

Generic Names and Street “Lingo”

Work addiction is also referred to as compulsive work addiction and workaholism in the published literature. There are no other words or expressions used to describe this condition currently.

Neuroscience

There are currently no published studies that address the neuroscience of work addiction. This is an area that will no doubt be investigated soon if such research is not already under way.

Physical Impacts (Long-Term Use)

Work addiction can be fatal. The Japanese word *Karoshi* refers to death from overwork, and the phenomena is recognized internationally. Most who succumb often work between 3000 and 3500

hours a year. Working 14-hour days is not uncommon. Death results from subarachnoid hemorrhage or myocardial infarction (Snir & Harpaz, 2015). "It is believed that tens of thousands of Japanese become seriously ill or die from overwork each year" (Harpaz, 2015, p. 363). Fassel (as cited in Shamai, 2015) viewed workaholism as a progressive, fatal disease. Working even more than 8 hours a day increases the risk of accidents (Wagstaff & Sigstad Lie, 2011). If a job requires working 12 hours a day, it doubles the risk of being in an accident compared to working only 8 hours a day (Harpaz, 2015).

Long working hours are associated with poor lifestyle choices and habits such as heavy smoking, excessive alcohol consumption, poor diet, sleep disorders, and lack of exercise (Harpaz, 2015). They also consume more caffeine than nonworkaholics (Salanova et al., 2016). They are more prone to psychosomatic complaints and disabling back pain (Shimazu, Kubota, & Bakker, 2015).

Workaholics have insufficient time to recover from their excessive work, which leaves them emotionally and/or cognitively exhausted over time (Shimazu, Kubota, & Bakker, 2015). In other words, they burn out but continue working despite what their bodies and minds are telling them.

Mental, Emotional, and Spiritual Impacts

Clark et al. (2016) found in their meta-analysis that work addiction was associated with feelings of psychological distress, pressure at work, guilt, anxiety, and work-life conflict. Workaholics were more likely to experience poorer emotional and mental health.

Work addiction is also related to increased depression (Shimazu, Kubota, & Bakker, 2015), anger, disappointment at work (Clark, Michel, & Stevens, 2015), irritability, shame (Taris et al., 2015), diminished life satisfaction (Shimazu, Schaufeli, Kamiyama, & Kawakami, 2015), and career dissatisfaction (Snir, 2015a).

Psychosocial Impacts (Relationships, Career/Work, Legal, Financial)

A common adverse effect resulting from work addiction is having family and relationship problems (Quinones & Griffiths, 2015). Work addiction reduces both the workaholic's and the partner's family satisfaction (Bakker, Shimazu, Demerouti, Shimada, & Kawakami, 2014) and marital satisfaction (Levy, 2015). The children of HWIs are more likely to be overweight or obese (Harpaz, 2015).

At work, workaholism can damage organizational performance and should, therefore, be a concern for companies and corporations (Midje et al., 2014). Workaholism is also related to intention to change jobs (Molino, Bakker, & Ghislieri, 2016), suggesting that some excessive workers will end up quitting to resume employment elsewhere. Further, as stated earlier, workaholics are more likely to suffer physical, emotional, and psychological illness, thereby leading to an increase in employee absence. Due to exhaustion, workaholics are more likely to be involved in car and work accidents, thus leading to possible disasters, environmental hazards, and legal problems (Harpaz, 2015).

Working With Diverse Populations

Sex Differences

Clark, Beiler, and Zimmerman (2015) suggested that workaholic women are under additional pressures compared to workaholic men.

The reasons for this have more to do with gender differences than sex differences. Clark et al. suggested that these pressures are because of the conflict that some women experience between their drive to work and traditional gender roles that expect women to be particularly committed to their families. Husbands who work long hours are more likely to have wives who experience less marital satisfaction, whereas wives who work long hours are more likely to find that both experience diminished marital quality (Barnett, Gareis, & Brennan, 2009).

A recent study suggests that women may be more likely to become workaholics than men (Beiler-May, Williamson, Clark, & Carter, 2017). Women were found to endorse fewer items relating to workaholism than men, which leads to contamination of study results (Beiler-May et al., 2017). Furthermore, work-addicted women may experience more negative consequences compared to men because of societal gender norms and gender roles (Clark, Beiler, & Zimmerman, 2015).

Adolescents and Youth

A study conducted in Poland found that parents who had demanding attitudes and were inconsistent in their parenting style had the most significant effect on shaping "pathological attitudes" toward work (Lewandowska-Walter & Wojdylo, 2011, p. 35). The researchers observed that adolescents with a tendency to become work-addicted individuals came from families who were highly perfectionistic and who demonstrated conditional love.

Race and Ethnicity

There is no published literature about work addiction and race/ethnicity. This is noted here so that both students and practitioners are aware of the current lack of research in this area.

Nonpsychiatric Disabilities

There is no published literature about work addiction and non-psychiatric disabilities. This is noted here so that both students and practitioners are aware of the current lack of research in this area.

Lesbian, Gay, Bisexual, and Transgender (LGBT)

There is no published literature about work addiction and LGBT. This is noted here so that both students and practitioners are aware of the current lack of research in this area.

War Veterans

There is no published literature about work addiction and veterans. This is noted here so that both students and practitioners are aware of the current lack of research in this area.

Medications and Other Relevant Physical Interventions

There is no published literature regarding medications or other physical interventions to treat work addiction. This is noted here so that both students and practitioners are aware of the current lack of research in this area.

INSIDE AN ADDICTED PERSON'S MIND

Ray, Age 60

When I was in my late teens and early 20s, I used to change jobs a lot. It did not look good on my resume, but I was having a lot of fun. I married Natalia when I was 26 years old. We had a fantastic marriage. Natalia was everything I ever wanted in a woman and in a wife. We were planning on having a family when everything came to a halt Saturday, February 23, 1980. While driving home from a party, I lost control of the vehicle on a patch of snow and ice. I saw the pole in front of us and did my best to swerve, but I smashed directly into it on the passenger side, killing my wife instantly. I was in the hospital for a week with only minor injuries. I don't want to ever think about that experience again, but I am repeatedly haunted in my dreams.

I would have to say I stopped living that day. I started placing all my energies into my career as a stockbroker. After a few years the money was rolling in and I was finally a success! I had so many clients that I was the talk of my colleagues. But, over time, my colleagues wanted less and less to do with me. They found me obnoxious, irritable, and so driven that they couldn't compete. I know deep down they were extremely envious and I was a threat to them. When my company promoted me, several of my colleagues quit in protest. My boss said that they told him that they could not work with me because I was a narcissistic perfectionist. Anger seethed inside me to hear that! I was not a narcissist; I simply liked to be in control. Of course, I did some dating after Natalia died. I even married again in 1989. But Tina was no comparison to Natalia. By this time, I was working 70 hours a week and Tina insisted that I spend more time with her. The fact is, when I did spend time with her, all I could think about was Natalia. I needed to be at work to protect myself from these feelings. I don't know if you'll understand any of this but I simply could not bear to have much free time as my mind would fill with remorse, shame, and despair.

I don't particularly enjoy being a stockbroker by the way, but it is better than my sickening thoughts.

In 1993, Tina left me for another man. I was hurt by this and buried myself even further into work to avoid thinking that I might also be a failure. The last 5 years, however, have been the worst. My physician said the stress of my job is going to kill me. I have high blood pressure, diabetes, and my quick anger will likely lead to an early grave if I don't change my lifestyle and lose at least 50 pounds. I thanked him for his advice, but I wasn't interested in hearing it. I'm going to continue working hard because it is the only thing that makes me feel good inside. I don't care what my doctor thinks. He doesn't have to live inside my tortured mind.

Commentary

Ray demonstrates many of the qualities of a work addict. Like so many addicts, Ray uses his addiction to avoid facing his life problems. By doing so, additional life problems surmount and they create several adverse consequences. Ray has developed many of the personality qualities of a work-addicted individual as well. He has developed a type A personality, which is irritable, narcissistic, perfectionistic, and controlling. At the same time, he is filled with remorse, shame, despair, and guilt. The result of working long hours has resulted in several health issues including obesity. Ray has become unable to sustain friendly relations with colleagues or maintain an intimate relationship because of his absorption in work and his neglect of other life commitments.

Discussion

1. Do you know of anyone whom you suspect has become dependent on work? If "yes," which symptoms noted in the commentary apply to him or her?
2. Does this person have symptoms that are not listed in the commentary? If so, what are they?
3. If you were Ray's counselor, how would you go about helping him?

Specific Counseling Considerations

ROLEPLAY SCENARIOS

Roleplay in dyads with one of you acting as the counselor and the other as the counselee. If a roleplay is not possible, work individually in writing out a list of your suggestions.

Roleplay #1

Lance, age 19, was brought in to see you by his parents, Scott and Ruth. Lance is in his second year of college, and he later hopes to get into architecture. His parents have become increasingly concerned for their son. When he is not in class, he is studying. According to Scott and Ruth, Lance stays up most nights until 3 a.m. working on his classes. You discover that Lance is taking a BA in art literature, and he is only in four classes (i.e., 12 hours of class time per week). Scott said that he believes Lance rewrites his notes when he gets home from college, and then he rewrites them at least three more times. Lance speaks up and tells you that he rewrites his notes as he

finds it the best way to study for exams. Ruth chimes in noting that Lance has above-average ability and intelligence and he is not involved in any alcohol or drug use. More worrisome to her, she reports that he is not involved in anything!

Roleplay #2

Kay, age 38, comes to you for help. As you call her into your office, you notice that she walks like a woman who is elderly: Her gait is cautious, unsteady, and slow. Her face looks pale, and her cheeks are gaunt. More than anything, it is her eyes that appear sunken and lifeless. She tells you that she seems profoundly depressed and exhausted but does not understand why. You ask about her free time and her interests, and you are shocked to hear that she doesn't have any leisure interests or activities. Instead, Kay tells you about how she is trying to climb the corporate ladder by working 80 to 90 hours a week.

HOW WOULD AN ADDICTION COUNSELOR HELP THIS PERSON?

You are working as a professional counselor. Nyoko, age 51, recently emigrated from Tokyo, Japan, with her husband, Daiki. She is fluent in English. Nyoko looks overwhelmed and distraught as she tells you that Daiki has already begun having an affair here in Cupertino, California. She tells you that they left Japan partly because of this cheating behavior, which has been ongoing for several years. You ask her when the cheating began and find out it started around the same time that Nyoko began working as a senior manager in a computer manufacturing firm. She felt fortunate

when she was given a comparable position at Apple. Since becoming an executive, Nyoko has needed to work typically 70 hours a week. Now that she has started a new position, she suspects she will need to work even more than that to be competitive. She does not know how she can win Daiki back, but she wants him to return to her and remain faithful. As you talk to her, you do not get a sense that she is entirely genuine with you. Your intuition tells you that she sees her husband more as a possession than as a person she deeply loves.

Remember to view clients within their environmental contexts, keeping in mind societal, parental/familial, cultural/spiritual, and peer influences. Specifically, become aware of the impact that the following influences have and continue to have in your clients' lives: race, language, religion and spirituality, gender, familial migration history, sexual/affectional orientation, age and cohort, physical and mental capacities, socioeconomic situation and history, education, and history of traumatic experience.

1. What defines this person's environment, past and present?
2. Who is this person sitting in front of me, taking into account environmental and personal characteristics?
3. What defines the problem that he or she is presenting within his or her multicultural milieu?

Goals and Goal Setting

In most cases, abstinence from work is not a possibility for a work addict. What are appropriate goals? In many cases, the workaholic will be in denial. Consequently, goals will need to be established collaboratively based on where the client is at regarding the stages of change. Here are some relevant goals:

1. Do a cost-benefit analysis regarding the consequences of excessive work. Helping clients assess the consequences of work addiction may help motivate them to create balance in their lives.
2. Build a life outside of work. This can include any life area such as developing friendships, nurturing existing relationships, time with one's spouse and children, recreational activities, hobbies, sports, etc.
3. Explore childhood experience that may have led to the development of rigid beliefs and behaviors that have created perfectionism and type A personality traits.
4. Look at other reasons that explain why the client overworks. Is the client concerned about the boss' expectations? What is driving the compulsive work pattern?
5. Focus on diminishing type A personality traits. Some examples here include anger management, arousal reduction methods, and mindfulness meditation.
6. Teach assertiveness training. A workaholic may have trouble saying "no," and learning to do so may be needed to free up time for physical health, emotional well-being, spirituality, etc.
7. Focus on core dysfunctional beliefs such as "I am only as good as my accomplishments" or "I must do things perfectly to have self-worth."
8. Create boundaries between work and home life. Help the client establish healthy boundaries between these two areas.
9. Teach ways of becoming more effective during the hours spent at work. The intent here is to get more work done in less time.
10. Instruct the client on delegation skills. Focus on teaching the client to offload some of the work demands on others.
11. Encourage the client to take regular vacations. Holiday time helps people become aware of other interests they have or interests that they can develop. One idea here is to book a holiday at an all-inclusive vacation resort that offers many scheduled and diversified activities throughout the day. Clients can be encouraged to participate in several of these to become aware of what they find enjoyable.

Stages of Change Strategies

The processes of change mentioned are based on those outlined by Connors, DiClemente, Velasquez, and Donovan (2013)

and Prochaska, Norcross, and DiClemente (1994). The definitions for the various processes can be found in Chapter 6. Besides these processes, other strategies are included that have separate citations.

The University of Rhode Island Change Assessment Scale (URICA) is a helpful scale to determine where a client is currently at regarding the stages of change model. There are 24-, 28-, and 32-item versions of the scale. A 24-item version is published for alcohol or drug problems. The scale, however, is generic and can be easily adapted for use with other addictions. It is available with norms as a free download from https://www.guilford.com/add/miller11_old/urica.pdf.

Specific precontemplation strategies.

Like other addicts, workaholics are often the last to know that they have a problem. Famous contemporary movie actor James Franco struggled with work addiction. There are several stories about this on the Internet (e.g., <https://people.com/movies/james-franco-on-his-moment-of-crisis-while-battling-work-addiction/>).

Three books receive 5-star ratings on the topic of work addiction. These include the following:

1. Marcus Felix (2014). *Life Balance for Workaholic—Let's Put Down Your Work for a While, Relax Yourself from Stress and Enjoy Your Life* (Kindle edition). This might be a helpful beginning book as it is only 17 pages and one can read the book for free on Kindle.
2. Alexia H. (2018). *When It's Never Enough: Daily Reflections of a Work Addict*. One of the most recent books on the topic is 209 pages.
3. Michael Grossman and Robin Johnson (2017). *Someone's Got to Do the Work Around Here: Overcoming Workaholism*. A mutual support book of 154 pages.

Regarding mutual support groups following the 12-step tradition, there is Recoveries Anonymous

(<http://www.r-a.org/i-work-addiction.htm#.WxfzzPZFy70>) and Workaholics Anonymous

(<http://www.workaholics-anonymous.org/>). Self-Management and Recovery Training (SMART) is an alternative that is based on a secular and scientific approach. It incorporates cognitive-behavioral therapy (CBT) (particularly rational emotive behavior therapy), motivational interviewing (MI), and motivational enhancement therapy (see <https://www.smartrecovery.org/>).

Specific contemplation strategies.

Workaholics may be afraid to work less for fear of adverse consequences. Helping them create a cost-benefit analysis may help them realize that the bigger cost results from leading a grossly unbalanced life. It is important to distinguish among the various forms of HWI because working long hours itself is not the problem—the compulsive aspect of workaholism (when the job or career do not require such a work style) together with leading an unbalanced life indefinitely becomes the issue. Please see other chapters for ideas focused on fostering emotional arousal, consciousness-raising, self-re-evaluation, and helping relationships.

Specific preparation strategies.

Helping the client establish goals is the hallmark of the preparation stage. Some suggested goals that could be used here are included in the earlier section of this chapter called Goals and Goal Setting. For work addicts, this might also include creating a daily schedule that incorporates home-work balance. Due to their perfectionistic tendencies, workaholics might also enjoy keeping a daily record of their work activities so that they can self-monitor their efficiency and their productiveness while working fewer hours. Other ideas for *before* their chosen quit day (i.e., preparation strategies) can be found in Appendix B.

Specific action strategies.

Based on the results of their two studies (Study 1, $N = 465$; Study 2, $N = 780$), Gillet, Morin, Cougot, and Gagne (2017) recommended that counselors should help workaholics reduce emotional dissonance, need thwarting, and socially prescribed perfectionism. *Need thwarting* occurs when one's need for competence is thwarted because of feeling either oppressed or despised, which results in diminished self-worth.

Van Wijhe et al. (2014) conducted a two-wave longitudinal (T1 and T2) survey study with a 6-month time interval with 191 participants. The researchers found that having rigid personal beliefs at T1 predicted working compulsively at T2 and working compulsively at T1 predicted exhaustion at T2. Consequently, the study suggests that intervention focused on cognitive restructuring of rigid personal beliefs may be beneficial to either preventing exhaustion and/or for treating workaholism. Rational emotive behavior therapy has been recommended to change the irrational beliefs of workaholics and social skills training to teach support-seeking skills (Shimazu, Kubota, & Bakker, 2015). Porter (2015) suggested that affect regulation and cognitive control are effective methods in treating workaholism. It is important that work-addicted individuals be taught to achieve a balance between work and other activities (Harpaz, 2015). Workaholics need to learn to care for their health and well-being rather than only responding to the needs of others.

Addiction.com (2009) offered a few helpful recommendations to workaholics that counselors can apply in their treatment: (a) uncover the reasons for the overwork, (b) change the way that workaholics relate to subordinates (e.g., stop micromanaging), (c) explore the roots of work addiction that may have begun in childhood, (d) learn to become more effective at work, (e) learn to delegate, (f) establish reconnections with family, (g) disconnect from work by letting go of cell phones and laptops during leisure time, and (h) take vacations.

Mindfulness-based interventions have recently been found helpful in treating workaholism. Van Gordon et al. (2017) allocated male and female workaholics ($N = 73$) to either a meditation awareness training (MAT) group or a waiting-list control group. Compared to the control group, the MAT group demonstrated fewer symptoms of workaholism, greater job satisfaction, and less psychological distress. Van Gordon, Shonin, Zangeneh, and Griffiths (2014) had recommended that organizations wanting to improve the mental health of their employees adopt mindfulness-based interventions. It was suggested that mindfulness training might transfer the locus of control from external work conditions to internal processes.

Research has found the most important factor that fosters work engagement is supervisor support (Caesens, Stinglhamber, & Luypaert, 2014). Caesens et al. (2014) recommended that organizations train their supervisors to be supportive of employees and to have regular meetings with them. Regarding workaholism, the study by Caesens et al. found that having support from coworkers was negatively related to workaholism. Supervisors were also encouraged to promote coworker support so that employees would build a robust social network.

Managerial staff should prevent workaholic employees from working when they feel sick (Mazzetti, Vignoli, Schaufeli, & Guglielmi, 2017). Organizations would also be well advised to discourage developing a culture focused on HWI due to its relationship with both workaholism and burnout (Moyer, Aziz, & Wuensch, 2017). Other ideas for *beginning* their chosen quit day (i.e., action strategies) can be found in Appendix B.

Specific maintenance strategies and relapse prevention.

Note: Maintenance strategies and relapse prevention are also, for many, partly facilitated by regular attendance at relevant mutual support groups. A list of such mutual support groups and helpful websites is found in an upcoming section entitled Relevant Mutual Support Groups, Websites, and Videos.

Porter (2015) stated that there are two aspects of self-efficacy that are important in relapse prevention: (a) which tasks addicted individuals feel confident to attempt and (b) how long they will continue at each task. Porter mentioned that high relapse rates are common but that having a strong sense of self-efficacy reduces the likelihood.

Just as substance-addicted individuals who become abstinent may become workaholics, the opposite is also true. Workaholics, like other addicted individuals, need to become resilient. As one website states, "Life is not a sprint, it is a marathon" (from <https://www.relapseprevention.co.za/dealing-with-workaholism/>). The same website suggested that the key to resilience is to work at something really hard, but then stop and recover before trying again. Resilience is about recharging, not enduring. Other ideas for relapse prevention can be found in Appendix C.

Motivational Interviewing

Here is an example of how MI could be used to engage a referred work-addicted individual. (Pertaining to Chapter 6's description of MI, the following is an example of the process called *engaging*.)

- Client: I do not know why my boss told me that I have to see you. This is crazy. I have so much work to do, and this is a waste of my time.
- Counselor: It certainly doesn't seem like you needed to come here from your point of view.
- Client: Hey, I'm sorry. I don't mean to sound like a jerk. But really, I am in the middle of a major project, and I don't feel I have time for this.
- Counselor: I understand, Ted. It's hard to get away when you feel so pressured to get something accomplished.

- Client: Yes, it does sound like you understand. I don't know why my boss sent me to you.
 - Counselor: Would it help you if I gave you the reason that he told me that he wanted me to see you?
 - Client: Well, I guess so. I think I know what you're going to say.
 - Counselor: I believe it's always helpful for clients if they'd first tell me the reason they think they have been referred. Would that be okay with you?
 - Client: I guess so. I believe my boss thinks that I work too much.
 - Counselor: I wonder why he might think that?
 - Client: I work at least 60 hours a week for starters. My job is just about the only thing I think about. It is also driving me crazy, by the way. The boss has these incredibly high expectations, and yet he dares to tell me that I work too hard! That sounds like a definition of insanity to me.
 - Counselor: That does sound like a double-edged sword.
 - Client: It is. He keeps assigning more and more projects to me even though I do not have time for the ones currently on my plate.
 - Counselor: It sounds overwhelming. Just hearing you speak makes me tired.
 - Client: [chuckles] I can imagine. This job really is too much for me, but I do not know what to do about it.
 - Counselor: Perhaps you would let me be of assistance to you in this regard. Would that be okay?
 - Client: Absolutely. Thank you for listening to me complain. Even my wife is fed up with me.
1. Angry, hostile work addicts. Instead of expressing hostility in their relationships, they displace this by compulsively "attacking" and "wrestling with" their projects at work.
 2. Ashamed work addicts. These individuals have very low self-esteem, and they feel recognized and approved by the corporation. They seek love through their work.
 3. Competitive work addicts. These individuals use work to gain power and "win the game." They seek respect through their work.
 4. Defensive work addicts. Rohrllich believed that these addicts' compulsion was usually situational and time-limited. Defensive work-addicted individuals try to protect themselves from feeling emotional stress. Work, consequently, acts as a defense away from their present experience.
 5. Friendless, lonely work addicts. Their motive is to be accepted by their colleagues. Their work environment gives them the illusion of friendships and family despite contact with colleagues rarely occurring outside of work.
 6. Guilt-written work addicts. The more these individuals work, the more their needs to be punished are met.
 7. Latent homosexual work addicts. Rohrllich believed that these were men with unconscious homosexual desires to be penetrated and dominated.
 8. Sexually impotent or frustrated work addicts. This is referred to sexually impotent men who enjoyed fantasies of conquest from being flirtatious at work. Sexually frustrated women, on the other hand, enjoy secret "affairs" with men through their flirtations at work.
 9. Narcissistic work addicts. These individuals had early life experiences that created deep personal insecurities. They work compulsively to undo their sense of inadequacy.
 10. Obsessive work addicts. These people are obsessed about neatness, orderliness, and structure. This obsession is satisfied through their complete immersion in work.
 11. Passive-dependent work addicts. These individuals' needs are taken care of by the structure of their work. They take orders from their boss and from their tasks.
 12. Pre- or postpsychotic work addicts. Rohrllich described here the boundaries and structure that work provides for people with schizophrenia. Without entrenchment in work, they develop symptoms of depersonalization and derealization.
 13. Pseudo- or escapist work addicts. These individuals use work to escape from intolerable personal situations.

Insight-Oriented Interventions

Molino et al. (2016) found that workaholism was related to working in a suboptimal work environment in their sample of 617 Italian workers. Consequently, one insight for both counselors and clients is that the work environment is sometimes a causative factor. Negative emotions play an important role in sustaining work addiction, and helping clients develop insight regarding this may prove helpful (van Wijhe, Peeters, Schaufeli, & Ouweneel, 2013).

Rohrllich (1981) described the dynamics of work addiction. Rohrllich wrote that the work-addicted individual is a creature of the aggressive instinct. The addicted individual controls the environment and manipulates through ulterior motives, always moving toward a goal. Based on his therapeutic work, Rohrllich outlined categories of addicted individuals based on their particular dynamics. Note that *none* of these subtypes has subsequently been empirically validated in research. Nonetheless, the subtypes have some heuristic value in revealing that different reasons may motivate work addicts. His classification scheme was as follows:

Spiritual Interventions

Fry and Cohen (2009) wrote about spiritual leadership in organizations. They suggested that organizations should recognize that excessive work demands encourage workaholism and they would do well to adopt a higher set of ethical principles and values. Fry and Cohen referred to these as comparable to altruistic love in spiritual leadership theory. How to accomplish this remains speculative, however. The authors encouraged more research in this area; however, they did suggest offering internal groups or prayer space, on-site chaplains, and surveying employees periodically to facilitate openness to spirituality and religion.

Lipsenthal (2003) focused on the need for physicians to create greater balance in their lives through a combination of physical well-being, emotional health, learning, personal growth, and spiritual growth. Lipsenthal recommended that physicians give themselves an hour per week to read and learn. They should also accept that they do not know everything (i.e., become less perfectionistic in their thinking): they can look up information for patients after their appointments and email it to them. Furthermore, that should stop “bitching, moaning, and whining” (p. 248) and instead accept that change is inevitable and not to let it upset them. Become forgiving of making errors and learn from them. Lipsenthal also recommended that physicians attend religious services and encouraged them to balance their lives and receive support from their community. Give love and notice how it leads to receiving more love. “We are not held back by the love we didn’t receive in the past, but by the love we’re not extending in the present” (Marianne Williamson, as cited in Lipsenthal, 2003, p. 249).

Cognitive-Behavioral Therapy

CBT can be facilitated using the triple column technique. It can be used both by counselors in their work with clients and by clients alone. The full instructions for using the technique are found in Chapter 6. The following are some of the cognitions that can be problematic for clients with this addiction.

There are currently no randomized controlled studies focused on the treatment of workaholism (Andreassen, 2015). Proposed recommendations, however, include CBT and rational emotive behavior therapy.

Bamber (2006) described the use of a schema-focused approach in working with a 28-year-old nurse who was a burned-out workaholic. Schema-focused therapy was developed by Jeffrey Young (1994). Young had initially worked closely with Aaron Beck, the founder of cognitive therapy. *Early maladaptive schemas* (EMSs) are “broad pervasive themes or patterns regarding oneself and one’s relationships that are dysfunctional to a significant degree, which are developed during childhood or adolescence and are elaborated throughout one’s lifetime” (Bamber, 2004, p. 425).

The schemas are triggered when individuals find themselves in environments similar to their childhood environment. Once triggered, intense negative emotions resurface. Because these schemas are at the core of a person’s beliefs, they are difficult to change. Schema-focused therapy (SFT) is broad and integrative, and, like CBT, it is structured, systematic, and specific.

It combines interpersonal, affective, experiential, and psychodynamic techniques within a CBT framework. Attachment theory informs the approach. Some examples of schemas include beliefs like “I am unlovable,” “I am a failure,” and “I am never going to be good enough.”

Several schemas are sometimes combined into a “schema mode” to make treatment more manageable. A *schema mode* is an enduring part of self that has not been fully integrated with other parts of the self. Young suggested that most schema modes fit into one of four headings: (a) child modes (e.g., angry child, vulnerable child), (b) maladaptive parent modes (e.g., punitive parent, demanding parent), (c) maladaptive coping modes (e.g., compliant surrender, detached protector, overcompensation modes), and (d) healthy adult modes (e.g., nurturing, validating, affirmative; Bamber, 2004). Schema mode therapy (SMT) is focused on “re-parenting,” whereby the counselor helps the client develop the healthy adult mode. Imagery is one of the primary experiential techniques in SMT. SFT and SMT are not separate approaches, but SMT is viewed as a more-advanced component of schema work.

Falco et al. (2017) concluded from their study that interventions designed to prevent (and treat) workaholism should focus on perfectionistic work-related irrational beliefs, particularly those focused on failure and performance demands. These are amenable to CBT.

Automatic Thought or Belief	Questioning It	Healthier Thought or Belief
I must do my work perfectly, or I will face consequences.		I will strive to be competent and realistic regarding work expectations.
I need to be appreciated by my colleagues.		Although appreciation would be nice, I do not need it to succeed in my job.
I am a worthless human being.		I have as much worth as every other human being.
Work is the only thing that gives my life meaning and purpose.		I need to balance my life and find other sources of meaningfulness.
I am flooded with negative emotions when I am not working.		It is time that I get help to become a contented person who mostly experiences positive emotions.

RELEVANT MUTUAL SUPPORT GROUPS, WEBSITES, AND VIDEOS

Mutual Support Groups

For the Addicted Individual

1. Workaholics Anonymous. <http://www.workaholics-anonymous.org/>

Quoted from their website:

Workaholics Anonymous is a fellowship of individuals who share their experience, strength, and hope with each other that they may solve their common problems and help others to recover from workaholism.

2. Recoveries Anonymous. <http://www.r-a.org/i-work-addiction.htm#.WxfzzPZFy70>

Quoted from their website:

R.A. is a Twelve Step program. We have no dues or fees. We are here for those who want a full recovery from a work addiction—but despite their best efforts, have yet to find a full recovery from a work addiction—and for their family and friends.

For the Partner and/or Family

These groups are intended to help family members refrain from behaviors that may trigger the addict. They also target underlying maladaptive thoughts and behaviors of the co-addict. Lastly, they focus on facilitating spiritual growth.

Work-Anon Fellowship (a program of recovery for friends and family of workaholic). <http://work-anon.blogspot.com/>

Websites

1. Work Addiction. H

2. How to Break Your Addiction to Work. <https://hbr.org/2016/05/how-to-break-your-addiction-to-work>
3. Are you a workaholic? <https://www.stylist.co.uk/life/are-you-a-workaholic-bergen-work-addiction-scale-tests-symptoms/51217>
4. Work Addiction and “Workaholism.” <https://www.psychologytoday.com/us/blog/in-excess/201802/work-addiction-and-workaholism>
5. Workaholism: An overview and current status of the research. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4117275/>

Videos

1. TEDxSydney - Nigel Marsh - Work Life Balance is an Ongoing Battle. <https://www.youtube.com/watch?v=SXM7MpoVAD0>
2. Stop overworking yourself: Jochen Menges at TEDxCambridgeUniversity. <https://www.youtube.com/watch?v=7G6L4dEpiTM>
3. Being a Workaholic Is Unhealthy & Unproductive. <https://www.youtube.com/watch?v=HL5zeqn9lzY>
4. The Difference Between Running and Running Free | Diana Wu David | TEDxWanChai. <https://www.youtube.com/watch?v=wBObnvIZGwE>
5. Being a Workaholic Is Unhealthy & Unproductive. <https://www.youtube.com/watch?v=HL5zeqn9lzY>

RELEVANT PHONE APPS

Generic Addiction Apps

Note: Generic apps are described in Chapter 6.

This list is not exhaustive. New apps are continually being developed. Do an Internet search to find out the latest apps available. Most are for specific addictions but some, such as these four, are generic.

1. I Am Sober. <https://play.google.com/store/apps/details?id=com.thehungrywasp.iamsober>
2. Sober Time. <https://play.google.com/store/apps/details?id=com.sociosoft.sobertime>
3. Pocket Rehab: Get Sober & Addiction Recovery. <https://play.google.com/store/apps/details?id=com.getpocketrehab.app>

4. Loop Habit Tracker. <https://play.google.com/store/apps/details?id=org.isoron.uhabits>

Specialized Apps

Note: The following apps are not specialized for work addiction. Instead, they offer ways of reducing stress, setting goals, or keeping track of work hours.

1. Headspace for iPhone: Meditation. <https://itunes.apple.com/us/app/headspace-meditation/id493145008?mt=8>

Quoted from their website:

Headspace is the simple way to reframe stress. Sleep trouble? Meditation creates the ideal conditions for a good night's rest. Relax with guided meditations and mindfulness techniques that bring calm, wellness and balance to your life in just a few minutes a day.

2. Headspace for Androids: Meditation & Mindfulness. <https://play.google.com/store/apps/details?id=com.getsomeheadspace.android&hl=en>
Quoted from their website:
The Headspace app teaches you how to meditate and live mindfully. You can use it at work, at home or anywhere else. There are exercises on everything from managing anxiety and stress to breathing, sleep, happiness, calm and focus.
3. Strides Habit Tracker. <https://itunes.apple.com/us/app/strides-habit-tracker/id672401817?mt=8>
Quoted from their website:

Track all your Goals & Habits in one flexible free app. With Strides you can track anything, because it's more than a habit tracker—it's also a SMART goal tracker with reminders to hold you accountable and charts to keep you motivated, all on iPhone, iPad & Web.

4. HoursTracker. <http://www.hourstrackerapp.com/>
Quoted from their website:
Clock in and clock out as you work or enter start and stop times yourself. HoursTracker groups your entries by day, week, or month, so you can easily see how you spend your time week to week or across jobs.

JOURNALS AND CONFERENCES

Journals

There are no journals specifically dedicated to work addiction. However, articles often appear in management and occupational/organizational journals such as the following:

1. *Journal of Managerial Psychology*. Quoted from their website:
The *Journal of Managerial Psychology* (JMP) has a unique focus on the psychological and social understanding and impact of management in organizations. The journal concerns itself with application of theory and practice of managerial psychology. <http://www.emeraldgroupublishing.com/products/journals/journals.htm?id=jmp>
2. *Journal of Management*. Quoted from their website:
Journal of Management (JOM) peer-reviewed and published bi-monthly, is committed to publishing scholarly empirical and theoretical research articles that have a high impact on the management field as a whole. JOM covers domains such as business strategy and policy, entrepreneurship, human resource management, organizational behavior, organizational theory, and research methods. <http://journals.sagepub.com/home/jom/>
3. *Journal of Behavioral and Applied Management*. Quoted from their website:
The *Journal of Behavioral and Applied Management* (JBAM ISSN 1930 0158) is the completely on-line academic publication of the Institute of Behavioral and

Applied Management (IBAM) <http://www.ibam.com/>. IBAM created the Journal to provide an international outlet for its contributors and members in support of its mission. <https://jbam.scholasticahq.com/about>

Other journals that publish articles about work addiction include *Journal of Occupational and Organizational Psychology*, *Journal of Occupational and Environmental Medicine*, *International Journal of Workplace Health Management*, *Work & Stress*, *Human Resource Management*, *European Journal of Work and Organizational Psychology*, *Scandinavian Journal of Psychology*, and the *Scandinavian Journal of Work, Environment, & Health*.

Conferences

Finding a conference about work addiction will be a “hit and miss” search currently. Some generic addiction conferences will have one or more presentations about work addiction. I suggest checking out the following:

1. International Congress of the International Commission on Occupational Health - Work Organization and Psychosocial Factors (ICOH-WOPS) Scientific Committee. <http://www.icohweb.org/site/events.asp>
2. Global Conference on Addiction and Behavioral Health. <https://addiction-behavioral-conferences.magnusgroup.org/>
3. International Conference on Addiction Therapy & Clinical Reports. <https://scientificfederation.com/>

COUNSELING SCENARIO

Note: Imagine that you are the client in this scenario.

Your name is Audrey, a 49-year-old senior partner in a law firm. You began practicing law at age 24 after

“whizzing” your way through law school. Working 80 hours a week paid off as you became a senior partner by the time you were 39 years old. Surprisingly, even

to yourself, you have often been working more than 80 hours a week despite having several junior members to whom you could delegate most of this work. You don't think other people can do the work as well as you. On the advice of other senior partners, you decide to book an appointment with a counselor.

- Counselor: Hello, Audrey; please come in. Sit wherever you're comfortable.
- You: Thank you, Darlene (she sits as far away from the window as possible). I find the sunlight hurts my eyes. I don't get much of it because of the long hours I work.
- Counselor: Hmmm, I see. Please tell me what you would like to talk about today.
- You: I honestly don't want to talk at all because I don't see where there is a problem. I am a senior partner in a law firm, and my two other partners insisted that I meet with you.
- Counselor: They must be really concerned about you then.
- You: I guess so, but I don't agree with them.
- Counselor: So, what led to them wanting you to see me?
- You: They said I appear unhappy, burned out, miserable, and antagonistic. In other words, they want to control my life. They think I should date, but I don't want to, and they think I should work less, and I don't want to. Essentially, they are trying to control me.
- Counselor: How much do you work in an average week?
- You: Maybe 80 to 90 hours.
- Counselor: Perhaps if you only worked 70 hours a week your partners would leave you alone.
- You: That certainly sounds reasonable to me; however, my partners believe that I should not be working more than 40 hours a week at this stage in my career.
- Counselor: Maybe they just don't understand you. Work is important to you, and you have every right to work long hours. Is there any good reason why you should only work 40 hours a week?
- You: My partners think I need to balance my life. I never spend any time outdoors, and my physician is worried about me. I was recently diagnosed

with rectal cancer, and the specialist said it likely developed because I never eat properly. I will need surgery in a couple of months, but I intend to bring a lot of work with me while I recover in the hospital.

- Counselor: You certainly are dedicated. I also work 70 hours a week, and as a result, I own a beautiful house overlooking the ocean. I do not know of other counselors who could afford what I have.
- You: I couldn't agree with you more! Hard work pays off, and idleness is a waste of time.
- Counselor: Other people don't understand hard workers like us. If you reduce your working hours to 70 hours a week, you will have an extra 10 hours to take better care of yourself.
- You: That is certainly what I want to hear, but I do not think it will satisfy my partners.
- Counselor: At your stage in your career, does it really matter what they think?
- You: Your words are music to my ears. That is exactly how I feel. Thank you so much for supporting me in all of this. I just wish they would leave me alone.
- Counselor: I'm sure you know how to get them off your back.
- You: I do in fact. Thank you, Darlene! You don't know how much help you have been.
- Counselor: Audrey, I am so glad I could be here for you.

From the Client's Perspective

1. How did Audrey feel at the end of this session? Is her "feeling" a good indication of the counselor's helpfulness?
2. What is missing for you in this dialogue?
3. What would you find more helpful from a counselor in this scenario?

From the Counselor's Perspective

1. When is colluding with a client harmful to counseling practice?
2. Going back to the Common Counseling Mistakes list in Chapter 6, which mistakes are the counselor making with Audrey?
3. What other ways could the counselor have acted that would have still built a positive working alliance?

INDIVIDUAL EXERCISES

1. Prepare a list of questions and interview someone whom you believe is a work addict. After conducting the interview, ask yourself whether this individual would fulfill the criteria for work addiction as outlined in this chapter. Is he or she a situational heavy work investor (HWI) or a dispositional HWI? If the person is a dispositional HWI, how do you distinguish a devoted, passionate worker from a workaholic one?
2. It is typical that, when a major project is completed, a person's parasympathetic nervous system is activated as the sympathetic nervous system takes a break. In turn, this temporarily weakens the immune system, often leaving a person more vulnerable to contracting a host of different illnesses including the common cold. Now think about an occasion that you needed to dedicate a great deal of time and effort on a certain project. Perhaps a major school assignment comes to mind. After your major project was completed, what negative symptoms did you experience? If this heavy work investment had continued for months or years, what permanent symptoms do you think it might have created in you?
3. Wait for a time when you have a lot of work on your plate. Now spend a day acting like a workaholic. Begin working at 8:30 or 9:00 a.m. and work for a minimum of 12 hours, allowing yourself only two short breaks and a 30-minute lunch. Maintain concentrated effort and do not allow yourself much time at all to drift or daydream. After your 12-hour "shift," write down your thoughts and feelings as if it were a journal entry. Be as detailed as possible in writing about your experience of HWI. Share your experience with someone else in the class who has completed the same individual exercise.

CLASSROOM EXERCISES

1. Watch the videos mentioned earlier about work addiction in class followed by a discussion of what students have learned from watching these videos. Which qualities can students relate to concerning work addiction? Which qualities can they not?
 2. Certain work qualities have defined each generation. Here is a listing of the most recent generations (note that years are approximate as there are no definitive date ranges):
 - a. Interbellum Generation: Born between 1901 and 1913.
 - b. Greatest Generation: This included the veterans who fought in World War II. They were born between World War I and the mid-1920s (between 1910 and 1924).
 - c. Silent Generation: Born roughly between 1925 and 1945.
 - d. Baby Boom Generation: Born just after World War II (between 1946 and 1964). This generation was characteristically considered part of the counterculture of the 1960s.
 - e. Generation X: Born after the baby boom ended (from the early to mid-1960s to the late 1970s: 1965–1979).
 - f. Generation Y: Also known as the Generation Next or the Millennials. Born between 1980s to the mid-1990s (between 1980 and 1994). Sometimes nicknamed the "Peter Pan" generation for having a reputation of deferring their passage into adulthood (Aziz, Chaney, & Raines, 2015).
 - g. Generation Z: Born between 1995 and 2012.
 - h. Gen Alpha: Born between 2013 and 2025.
- Assign the class proportionately to each of these eight generations and form the respective eight groups. Each group then works together to research what work qualities defined their assigned generation before presenting these in class. Alternatively, one could host a discussion in class regarding what each group learned. Which group worked the hardest or is expected to? Which group worked the least or is expected to?
3. Invite a lawyer to class to talk about his or her work expectations and the number of hours he or she works each week. Have the class prepare some questions in advance to also ask the presenter.

CHAPTER SUMMARY

In this chapter, you learned that work is of central importance in the lives of Americans. Some people need to work long hours because it is a long-term expectation of their career (e.g., lawyer, surgeon), a short-term requirement for a

specific project, or a dispositional quality within themselves. Dispositional heavy work investors are either of the devoted type or the workaholic type. Workaholics have an addiction to work, which results from internal, uncontrollable, and stable

predictors. To some extent, it also appears that workaholics are sometimes “bred” by experiencing high work demands, pressure from bosses, competition from colleagues, and other undesirable work environment factors.

Oates described workaholism as a compulsive need to work relentlessly. Although employers often saw workaholics as desirable employees, the research is showing that work-addicted individuals experience adverse consequences that also impact their organizations negatively. Workaholics are often perfectionists who have irrational beliefs regarding failure and performance expectations. They usually have type A personalities, they experience negative affect both dispositionally

and situationally, and they find it difficult to delegate work responsibilities to others. The long work hours combined with the stress it creates for workaholics creates numerous negative consequences such as work-life conflict, diminished life satisfaction, burnout, emotional exhaustion, reduced work satisfaction, poor family satisfaction/functioning, and worse physical, emotional, and mental health. The prevalence of workaholism is roughly between 7% and 8%.

Several scales and tests have been developed to measure work addiction. Although treatments for workaholism have not been thoroughly researched, they appear to be effective. Treatments include MI, CBT, and schema-focused therapy.

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