

Workaholism – a 21st-century addiction

Mark Griffiths examines workaholism and what it has in common with other behavioural addictions

The terms 'workaholic' and 'workaholism' are commonly used in everyday language, yet there is relatively little empirical research on the topic. In this article, the concept of excessive work as a potential addiction is examined along with the problem of defining what lies at the core of being addicted to work. Using criteria adapted from other behavioural addictions, it is argued that excessive work can in some circumstances be viewed as a genuine addiction that shares many similarities to other more traditional addictions.

The term 'workaholism' has been around since the publication of Oates' 1971 book *Confessions of a Workaholic* and has passed into the public mainstream (Griffiths, 2005a). Despite four decades of research into workaholism, Taris et al. (2008) contend that no single definition or conceptualisation of this phenomenon has emerged. Much that has been written about workaholism has been anecdotal and/or clinical in nature (e.g. Fassel, 1992; Killinger, 1992; Wilson-Schaefer & Fassel, 1988). Furthermore, much of the work in the area has used operational definitions that do not conceptualise workaholism as an addiction or, if they do, the criteria used are somewhat dissimilar to the criteria used when examining other behavioural addictions.

In this article the definitions and criteria used by researchers in the field of workaholism are briefly overviewed and I argue that few researchers to date have really focused on workaholism as 'addiction to work'. I will suggest a different set of criteria for workaholism, based on my research into other behavioural addictions, including to gambling (e.g. Griffiths, 2002, 2006; 2007), exercise (e.g. Allegrè et al., 2006; Griffiths, 1997; Griffiths et al., 2005), video games (e.g. Griffiths, 2002; Griffiths & Hunt, 1998; Griffiths & Meredith, 2009), the internet (Niemz et al., 2005; Widyanto & Griffiths, 2006), and sex (Griffiths, 2001, 2004). Although all addictive behaviours have idiosyncratic differences, addictions commonly have more similarities than dissimilarities.

Although reliable statistics on the prevalence of workaholism are hard to come by, Porter (1996) claims that one in four employed people are workaholics. It has also been claimed that amongst professional groups, the rate of workaholism is high (Doerfler & Kammer, 1986) especially in occupations such as medicine (Killinger, 1992). As a result they work long hours, rarely delegate, expend high effort, and may not necessarily be more productive (Griffiths, 2005a). Inefficiency may also result as a consequence of perfectionist traits (Porter, 1996).

Burke and Matthiesen (2004) note that various authors have conceptualised workaholics in different ways. For instance, some view workaholics as hyper-performers (Korn et al., 1987; Peiperl & Jones, 2001). Others view workaholics as unhappy and obsessive individuals who do not perform well in their jobs (Flowers & Robinson, 2002; Oates, 1971; Porter, 2001; Schaufeli et al., 2006). Others claim workaholism arises when a person prefers to work as a way of stopping the person thinking about their emotional and personal lives (Robinson, 2000) and/or are over concerned with their work and neglect other areas of their lives (Persaud, 2004).

Taris et al. (2008) also note that there is a behavioural component and a psychological component to workaholism. The behavioural component comprises working excessively hard (i.e. a high number of hours per day and/or week), whereas the psychological (dispositional) component comprises being obsessed with work (i.e. working compulsively and being unable to detach from work) (McMillan & O'Driscoll, 2006; Ng et al., 2007; Oates, 1971; Scott et al., 1997; Taris et al., 2004). Spence and Robbins (1992) also assert that this may sometimes be accompanied by other characteristics such as low work enjoyment.

It should also be noted that various researchers differentiate between positive and negative forms of workaholism. For instance, Killinger (1992) views

question

Can excessive work really be considered an addiction like alcoholism and pathological gambling?

resources

Fassel, D. (1992). *Working ourselves to death: The high costs of workaholism and the rewards of recovery*. London: Thorsons.
www.focus.com/fyi/human-resources/workaholism-may-be-killing-you

references

- Allegrè, B., Souville, M., Therme, P. & Griffiths, M.D. (2006). Definitions and measures of exercise dependence, *Addiction Research and Theory*, 14, 631–646.
- Bonebright, C.A., Clay, D.L. & Ankenmann, R.D. (2000). The relationship of workaholism with work-life conflict, life satisfaction, and purpose in life *Journal of Counseling Psychology*, 47, 469–477.
- Burke, R.J. & Matthiesen, S. (2004). Workaholism among Norwegian journalists: Antecedents and consequences. *Stress and Health*, 20, 301–308.
- Byrne, D.G., & Reinhart, M.I. (1989). Work characteristics, occupational achievement and the Type A behaviour pattern. *Journal of Occupational Psychology*, 62, 123–134.
- Doerfler, M.C. & Kammer, P.P. (1986). Workaholism, sex and sex-role stereotyping among female professionals. *Sex Roles*, 9/10, 551–560.
- Edwards, J.R., Baglioni, A.J., & Cooper, C.L. (1990). Examining the relationships among self-report measures of the Type A behaviour pattern: The effects of dimensionality, measurement error, and differences in underlying constructs. *Journal of Applied Psychology*, 75, 440–454.
- Fassel, D. (1992). *Working ourselves to death: The high costs of workaholism and the rewards of recovery*. London: Thorsons.
- Griffiths, M.D. (1997). Exercise addiction: A case study. *Addiction Research*, 5, 161–168.
- Griffiths, M.D. (1999). Gambling technologies: Prospects for problem gambling. *Journal of Gambling*

workaholism as both a negative and complex process that eventually affects the person's ability to function properly. Scott et al. (1997) highlight the workaholics who are totally achievement-oriented and have perfectionist and compulsive-dependent traits. Workaholics appear to have a compulsive drive to gain approval and success, but it can result in impaired judgement and personality breakdowns (Griffiths, 2005a).

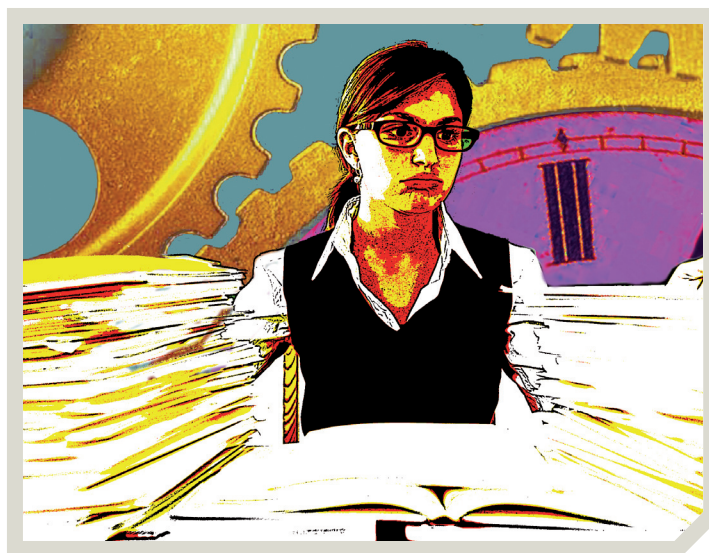
Bonebright et al. (2000) examined the differences between workaholics (so-called 'enthusiastic' and 'non-enthusiastic' workaholics), and non-workaholics (so-called 'work enthusiasts', 'relaxed workers', 'unengaged workers' and 'disenchanted workers'). These groups were examined in relation to a number of factors including work-life conflict, life

satisfaction, and life purpose. Predictably, the authors reported that non-enthusiastic workaholics had significantly more work-life conflict and significantly less life satisfaction and life purpose than three of the four types of non-workaholics. They also reported that enthusiastic workaholics had significantly more life satisfaction and purpose in life than non-enthusiastic workaholics, but significantly more work-life conflict than three of the four non-workaholics.

The most widely employed empirical approach in studies of workaholism proposes three underlying dimensions (Taris et al., 2008): (i) work involvement,

(ii) drive, and (iii) work enjoyment (Spence & Robbins, 1992). Yet what starts out as love of work can often end up with the person developing perfectionist and obsessional traits (Griffiths, 2005a). Some have argued that workaholism can be deadly and dangerous with an onset (e.g. busyness), a progression (e.g. loss of productivity, relationships, etc.), and

central characteristics of workaholics. In short, they (i) spend a great deal of time in work activities; (ii) are preoccupied with work even when they are not working; and (iii) work beyond what is reasonably expected from them to meet their job requirements. Furthermore, they spend more time working because of an inner compulsion, rather than because of any external factors (Ng et al., 2007; Snir & Harpaz, 2004; Taris et al., 2004). Taris et al. (2008) conceptualise workaholism as a syndrome characterised by the number of hours spent on work, and the inability to detach psychologically from work. Although these features of workaholism appear to have good face validity, the amount of activity engaged in (as I will argue later) is not necessarily a core feature of addiction. One of the key features of most addictions is preoccupation, and this will be examined in further detail below.



Some view workaholics as unhappy and obsessive individuals who do not perform well in their jobs

a conclusion (e.g. hospitalisation or death from a heart attack) (Fassel, 1992). Others have argued that the final stage of workaholism is narcissism, often characterised by a complete loss of compassion and empathy (Killingier, 1992). Furthermore, psychological research has shown links between workaholism and personality types including those with Type A behaviour patterns (i.e. competitive, achievement-oriented individuals) and those with obsessive-compulsive traits (Byrne & Reinhart, 1989; Edwards et al., 1990; Naughton, 1987).

Scott et al. (1997) claim there are three

Excessive work as an addiction

As I have highlighted, many authors view workaholism as having a compulsive component to it. As a consequence, there appears to be a slow move back towards viewing workaholism as an addiction characterised by excessive work causing harmful consequences. Interestingly, this is very much in line with Oates' (1971) original formulation – the field has come 'full circle'.

Whether or not workaholism is a bona fide addiction all depends on the operational definition that is used. I have argued (Griffiths, 2005a) that the only way of determining whether non-chemical (i.e. behavioural) addictions (such as workaholism) are addictive in a non-metaphorical sense is to compare them against clinical criteria for other established drug-ingested addictions. However, most people researching in the field have failed to do this, which has

Studies, 15, 265–283.

Griffiths, M.D. (2001). Sex on the internet: Observations and implications for sex addiction. *Journal of Sex Research*, 38, 333–342.

Griffiths, M.D. (2002). *Gambling and gaming addictions in adolescence*. Leicester: BPS Blackwell.

Griffiths, M.D. (2004). Sex addiction on the internet. *Janus Head: Journal of Interdisciplinary Studies in Literature,*

Continental Philosophy, Phenomenological Psychology and the Arts, 7(2), 188–217.

Griffiths, M.D. (2005a). Workaholism is still a useful construct. *Addiction Research and Theory*, 13, 97–100.

Griffiths, M.D. (2005b). A 'components' model of addiction within a biopsychosocial framework. *Journal of Substance Use*, 10, 191–197.

Griffiths, M.D. (2006). An overview of

pathological gambling. In T. Plante (Ed.) *Mental disorders of the new millennium. Vol. I: Behavioral Issues*. (pp.73–98). New York: Greenwood.

Griffiths, M.D. (2007). *Gambling addiction and its treatment within the NHS*. London: British Medical Association.

Griffiths, M.D. & Hunt, N. (1998). Dependence on computer games by adolescents. *Psychological Reports*, 82, 475–480.

Griffiths, M.D. & Meredith, A. (2009). Videogame addiction and treatment. *Journal of Contemporary Psychotherapy*, 39(4), 47–53.

Griffiths, M.D., Szabo, A. & Terry, A. (2005). The Exercise Addiction Inventory: A quick and easy screening tool for health practitioners. *British Journal of Sports Medicine*, 39, 30–31.

Flowers, C. & Robinson, B.E. (2002). A

perpetuated the scepticism shown in many quarters of the addiction research community.

In my view, workaholism features what I see as the six core components of addiction:

- I *Salience* – work becomes the single most important activity in the person's life and dominates their thinking (preoccupations and cognitive distortions), feelings (cravings) and behaviour (deterioration of socialised behaviour). For instance, even if the person is not actually working they will be constantly thinking about the next time that they will be (i.e. a total preoccupation with work).
- I *Mood modification* – the subjective experiences that people report as a consequence of working. It can be seen as a coping strategy (i.e. they experience an arousing 'buzz' or a 'high' or paradoxically a tranquillising feel of 'escape' or 'numbing').
- I *Tolerance* – increasing amounts of work are required to achieve the former mood modifying effects. This basically means that for someone engaged in work, they gradually build up the amount of the time they spend working every day.
- I *Withdrawal symptoms* – the unpleasant feeling states and/or physical effects (e.g. the shakes, moodiness, irritability, etc.), that occur when the person is unable to work because they are ill, on holiday, etc.
- I *Conflict* – between the person and those around them (interpersonal conflict), with other activities (social life, hobbies and interests) or from within the individual themselves (intra-psychic conflict and/or subjective feelings of loss of control) that are concerned with spending too much time working.
- I *Relapse* – repeated reversions to earlier patterns of excessive work to recur, and for even the most extreme patterns

typical of the height of excessive working to be quickly restored after periods of control.

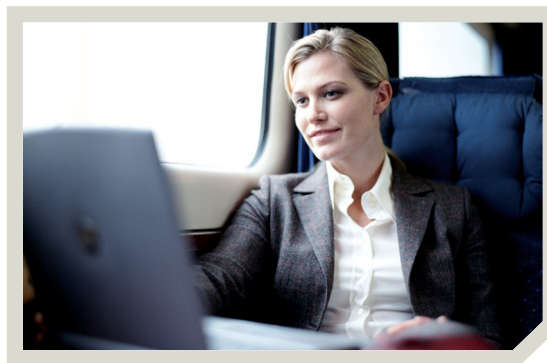
I have also argued (Griffiths, 2005a) that the temporal dimension and context of the addiction needs to be taken into account. With regard to the temporal dimension, most employees can think of periods in their lives when work has taken over for a short time (e.g. working 12- to 16-hour days for a month). This alone does not mean that such people are addicted to work. To be a workaholic, the activity must have been sustained over a long period of time. With regard to context, addictions do not occur in a vacuum. Identical behaviours can be interpreted differently in relation to context. For instance, in the box opposite are two hypothetical case studies based on an amalgam of real people. They raise some very interesting theoretical questions about the relationship between behavioural excess and addiction. Both of these individuals work for up to 14 hours a day, and it could be argued that they are behaviourally identical in terms of their work patterns. However, they are very different in terms of their psychological motivation and the meaning and experience of work within their present lives. Arguably, Michael is addicted to work whereas Leona's excessive working has a very positive functional use in her

life. In both cases the excessive work is symptomatic of what was going on in their lives, but in Leona's case the excessive work is entirely positive whereas in Michael's case it is entirely negative, except for the fact that while he was working he can forget about everything else around him.

By applying the core components of addiction to each of the two hypothetical case studies, Michael appears addicted but Leona does not, even though the amount of work done daily by each individual is virtually identical. For Michael, work is the most important thing in his life; he uses work as a way of consistently modifying his mood (i.e. to escape other things in his life); he has built up tolerance to work over time (escalating his work from six to eight hours a day up to a 14-hour day); he suffers withdrawal effects if unable to work (e.g. feelings of moodiness, anxiety, depression, and irritability); there is conflict in his life as a result of working excessively (dysfunctional relationship with wife and children); and he experiences relapse as he cannot go more than a few hours without an urge to check e-mail or voicemail. In complete contrast, Leona's excessive working appears to be symptomatic of the fact that there is very little else going on in her life and that working excessively helps her structure her empty days.

Although it could be argued there are elements of salience and mood modification in Leona's work behaviour, she does not suffer from any withdrawal symptoms or relapse when unable to work, and there was no build up of tolerance (i.e. she's always worked hard from the first day in the job). In short, she is not addicted. Working not only helps structure her day but it makes the days go quicker – which for someone who has very little else in her life at the time could be viewed as beneficial rather than detrimental.

These two hypothetical case studies highlight the importance of context in the life of an excessive worker.



Working excessively may help structure empty days

- structural and discriminant analysis of the Work Addiction Risk Test. *Educational and Psychological Measurement*, 62, 517–526.
- Killinger, B. (1992). *Workaholics: The respectable addicts*. East Roseville, NSW: Simon and Schuster.
- Korn, E.R., Pratt, G.J. & Lambrou, P.T. (1987). *Hyper-performances: The AIM strategy for releasing your business potential*. New York: Wiley.
- McMillan, L.H.W. & O'Driscoll, M.P. (2006). Exploring new frontiers to generate an integrated definition of workaholism. In R.J. Burke (Ed.) *Research companion to working time and work addiction* (pp.89–107). Cheltenham: Edward Elgar.
- Naughton, T.J. (1987). A conceptual view of workaholism and implications for career counselling and research. *Career Development Quarterly*, 5, 137–148.
- 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, 111–136.
- Niemz, K., Griffiths, M.D. & Banyard, P. (2005). Prevalence of pathological internet use among university students and correlations with self-esteem, GHQ and disinhibition. *CyberPsychology and Behavior*, 8, 562–570.
- Oates, W. (1971). *Confessions of a workaholic: The facts about work addiction*. New York: World.
- Peiperl, M. & Jones, B. (2001). Workaholics and overworkers: Productivity or pathology? *Group and Organization Management*, 26, 369–393.

Excessive working (even at up to 14 hours a day) does not mean that a person is addicted to work. It could perhaps be argued that all true work addicts work excessively but not all excessive workers are addicted. The real issue is to what extent excessive working impacts negatively on other areas of the person's life. In my view, an activity cannot be described as an addiction if there are few (or no) negative consequences. The real difference between healthy excessive behaviours and addictions is that healthy behaviours add to life whereas addictions take away from it (Griffiths, 2005b). Others may perhaps argue that these two hypothetical cases are an example of 'enthusiastic' and non-enthusiastic' workaholics as defined by Bonebright et al. (2000).

Although the manifestations of workaholism are at the level of the individual, workaholic behaviour is socially acceptable and even encouraged by major organisations. Consequently, Fassel (1992) views workaholism as much as a 'system addiction' as an individual one. Wilson-Schaefer and Fassel (1988) have described organisations as potentially addictive in a number of ways. For employees, an organisation can provide the structure and/or the mechanisms and dynamics for both the addictive substance (e.g. adrenalin) and/or the process (i.e. work itself). I argue (Griffiths, 2005a) that for someone working too much, it makes little practical difference if they are dependent or addicted. In relation to excessive work, the public understands notions of 'addiction' and 'workaholism' and these are therefore still very useful constructs for both academic (research) and educational purposes.

A global approach

Addictions always result from an interaction and interplay between many factors including the person's biological

Case studies

Case 1: Leona, a single female, aged 25 years with no current partner or children. She works for up to 14 hours every day and work is the most important thing in her life. She has been constantly working these long hours for a year or so since she first got the job. She is well paid for what she does and has recently been promoted. She is 'buzzed up' about her work and it brings her nothing but what she views as highly rewarding experiences. She is much in demand all over the world because of her job expertise, dedication and commitment, and as a consequence travels a lot because of her job and mixes 'business with pleasure' especially at weekends. She loves her job, has high self-esteem, and has nothing but good things happen to her as a consequence of this excessive workload.

Case 2: Michael, a married male, aged 43 years with three children (one of whom was with a previous relationship). He works for up to 14 hours every day. Over the last two years his daily working hours have got longer and longer (i.e. going from approximately six to eight hours a day to 14 hours a day over a two-year period). He is well paid for what he does but has reached the top of his pay band and cannot be promoted any higher. He is much in demand all over the world because of his job expertise, dedication and commitment, and as a consequence travels a lot because of his job. He has come to hate his job although ironically his excessive work helps him forget about all the problems he has in his personal life. He also feels highly moody, depressed, anxious and/or irritable if he is not working. He has low self-esteem and keeps himself so busy just so he does not have time for any self-reflection. He spends almost no time with his family. His wife has threatened to divorce him and he only ever sees his children briefly at weekends as they are always in bed by the time he gets back from work during the week. Despite the threats of his wife, he cannot stop himself working at such a stressful pace. His work is the most stable thing in his life even though, paradoxically, it is making the rest of his life unstable. When he takes a family holiday, his first thoughts are always about work. After a few hours of not being in touch with colleagues and clients, he has an irresistible urge to log on or check voicemail.



An irresistible urge to check voicemail

and/or genetic predisposition, their psychological constitution (e.g. personality factors, unconscious motivations, attitudes, expectations, beliefs, etc.), their social environment (i.e. situational characteristics) and the

nature of the activity itself (i.e. structural characteristics) (Griffiths, 1999). This could be termed a 'global model' of addiction that goes beyond a biopsychosocial approach. These many factors highlight the interconnected

Persaud, R. (2004). Are you dependent on your work? *BMJ Careers*, 329, 36–37.

Porter, G. (1996). Organizational impact of workaholism: Suggestions for researching the negative outcomes of excessive work. *Journal of Occupational Health Psychology*, 1, 70–84.

Porter, G. (2001). Workaholic tendencies and the high potential for stress among co-workers. *International*

Journal of Stress Management, 8, 147–164.

Robinson, B.E. (2000). Workaholism: Bridging the gap between workplace, sociocultural, and family research. *Journal of Employment Counseling*, 37, 31–47.

Schaufeli, W.B., Taris, T.W. & Bakker, A.B. (2006). Doctor Jekyll or Mr Hyde? On the differences between work engagement and workaholism.

In R. Burke (Ed.) *Workaholism and long working hours* (pp.193–217). Cheltenham: Edward Elgar.

Scott, K.S., Moore, K.S. & Miceli, M.P. (1997). An exploration of the meaning and consequences of workaholism. *Human Relations*, 50, 287–314.

Snir, R. & Harpaz, I. (2004). Attitudinal and demographic antecedents of workaholism. *Journal of Organizational Change Management*,

17, 520–536.

Spence, J.T. & Robbins, A.S. (1992). Workaholism: Definition, measurement, and preliminary results. *Journal of Personality Assessment*, 58, 160–178.

Taris, T.W., Geurts, S.A.E., Schaufeli, W.B. et al. (2008). All day and all of the night: The relative contribution of two dimensions of workaholism to well-being in self-employed workers.

processes and integration between individual differences (i.e. personal vulnerability factors), situational characteristics, structural characteristics and the resulting addictive behaviour. Each of these three general sets of influences (i.e. individual, structural and situational) can be subdivided much further depending on the type of addiction, and can also be applied to workaholism.

More specifically, the structural characteristics of work can include such things as the type of work (e.g. manual or non-manual; proactive or reactive; stimulating or non-stimulating), the familiarity of the work (e.g. novel or repetitive), number of hours per day or week spent doing the work, the flexibility of how the work fits into the daily or weekly routine of the worker, and direct and/or indirect financial rewards (e.g. amount of salary, medical insurance, pension, etc.). There are also the individual and idiosyncratic rewards of the job.

For instance, an academic might feel good when they get a journal paper accepted for publication, are awarded a new research grant, get great feedback from their students about a lecture they gave, or are asked to appear on television to talk about their research. These kinds of reward may result in a physiological or psychological 'buzz' or 'high' that is highly reinforcing. Predictably, the academic will want to repeat these types of experience as much as possible as it aids job satisfaction. For a very small minority, this may become addictive in the pursuit of constant psychological and physical highs. For others, their work may become so time-consuming physically or cognitively that they use work as a way of forgetting about all the other stresses and strains in their life. As with more traditional addictions, the mood modifying aspects of work can be paradoxically opposite (i.e. for some it will be about the excitement and arousal gained from work, for others it will be about escape, numbing and stress relief).



Work may result in a physiological or psychological 'buzz' or 'high' that is highly reinforcing

The situational characteristics of work can include the organisation's work ethos and policies, the relationship dynamics between co-workers (e.g. the amount of collegiality between the workers and their line managers or fellow colleagues), social facilitation effects (i.e. working alone or working with others), the aesthetics of the work environment (e.g. lighting, décor, colour in workspace), and the physical comfort and surroundings of workspaces (e.g. 'heating, seating and eating' facilities). The situational and cultural infrastructure of the workplace setting may therefore contribute and facilitate excessive working that in some individuals may lead to a genuine addiction.

Concluding comments

It would appear that the integration of the three sets of characteristics (individual, situational and structural) combine to produce a variety of reinforcers, such as financial rewards, social rewards, physiological rewards and psychological

rewards. One or more of these has the potential to induce addictive behaviour, as the basis of all addictive behaviour is habitual reward and reinforcement.

It is very clear that many contemporary research paradigms are insular and inadequate in explaining addiction to work. Workaholism is a multifaceted behaviour that is strongly influenced by contextual and structural factors that cannot be encompassed by any single theoretical perspective. These factors include variations in behavioural work involvement and motivation across different demographic groups, structural characteristics of work activities and the developmental or temporal nature of addictive work behaviour. Therefore, research into, and clinical interventions for, workaholism are best served by a biopsychosocial approach. More specifically, addictions (including workaholism) do not occur in a vacuum and successful interventions for workaholics have to take into account not just biological and genetic predispositions, psychological constitution (including attitudes, expectations and personality factors), and psychosocial factors, but also the social environment of where the work takes place, and the inherent structurally rewarding properties of work itself.



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Work & Stress, 22, 153–165.
Taris, T.W., Schaufeli, W.B. & Verhoeven, L.C. (2004). Workaholism in the Netherlands: Measurement and implications for job strain and work-nonwork conflict. *Applied Psychology: An International Review*, 54, 37–60.
Widyanto, L. & Griffiths, M.D. (2006). Internet addiction: A critical review. *International Journal of Mental*

Health and Addiction, 4, 31–51.
Wilson-Schaefer, A.W. & Fassel, D. (1988). *The addictive organization. Why we overwork, cover up, pick up pieces, please the boss and perpetuate sick organizations*. San Francisco: Harper.