Ten myths (or facts?) about workaholism: An appetitive motivation framework

Commentary on: Ten myths about work addiction (Griffiths et al., 2018)

STEVE SUSSMAN*
Preventive Medicine, Psychology, and Social Work, Institute for Health Promotion and Disease Prevention Research, University of Southern California, Los Angeles, CA, USA

(Received: March 11, 2018; revised manuscript received: November 5, 2018; accepted: November 6, 2018)

This commentary intends to provide constructive input into the “Ten myths about work addiction” by Griffiths et al. (2018). I place the information into an appetitive motivation theoretical lens of addiction as well as outline the kernels of truth associated with each myth. Advancement of an understanding of the underlying mechanisms of addiction demands consideration that any number of appetitive-associated behaviors might become disrupted – including those at the workplace.

Keywords: appetitive motivation, myths, work addiction

INTRODUCTION

The debate paper “Ten myths about work addiction” by Griffiths, Demetrovics, and Atroszko (2018) intends to provide a debate platform, although it is framed as a narrative review and focuses on 10 potential myths about work addiction. Confusedly, the whole concept of a myth in this context is one that might wrap kernels of various myths and truths together. One might examine each myth to get a more complete understanding here.

MYTH 1: WORK ADDICTION IS A NEW BEHAVIORAL ADDICTION

Alcoholism has been widely noted in historical writings (e.g., the Roman Empire, Shakespeare, and Abraham Lincoln), and scientific research on it began 150 years ago or so (Sussman, 2017). Conversely, leading funders of alcohol and drug research in the United States, the National Institute of Alcohol Abuse and Alcoholism and National Institute on Drug Abuse, were only formed in the 1970s. Work addiction as a popularized construct only really began since 1968 (Oates, 1968). Research on this phenomenon is even more recent. This has been a difficult concept for people to understand, because work is imperative for most people, is applauded as prosocial, and hard work often is externally imposed.

Work addiction implies something more. The idea is that individuals use work to experience an appetitive effect. That is, the same motivation system involved in hunger, thirst, sex, love, social belonging, and positioning may be involved in work. The work addict achieves “a buzz,” a notable subjective sense of fulfilling an appetitive need (at least at first), by working. Eventually, the person becomes preoccupied with work, thinking about working, while on vacation with family perhaps. The person may also lose control, making promises about limiting work but ending up working much longer than planned or promised to others. Finally, negative consequences result including experiencing diminishing returns, burning out, receiving complaints from family or friends, and experiencing physical side effects due to a sedentary work-related lifestyle (see Sussman, 2012, 2017; Sussman & Sussman, 2011).

The conceptualization of craving, a “wanting” to work, at the expense of self or others, with punishing results, is something that researchers have not been studying for very long time. Some researchers would not want to study such a thing, because their belief system may suggest that if all sorts of behaviors could be viewed as addiction, somehow the term “addiction” loses meaning. On the contrary, many of us believe that the term truly gains meaning by considering multiple behaviors, because we go beyond a few specific behaviors and attempt to understand the underlying systems and mechanisms involved here (neurobiological appetitive motivation processes that become disrupted; Sussman, 2017, Chapter 2).

Certainly, there are practical costs involved – let us say that half of the population suffer from an addiction of one type or another throughout their lives (Sussman, Lisha, &
Griffiths, 2011). It is likely impossible financially to provide a third-party insurance-based treatment to half of the population. A possibly related problem is that addiction is a quantitative phenomenon, about which decision makers place qualitative judgments. That is, addiction falls along continua including how all-consuming it is and how many negative consequences result. Understanding when a behavior becomes extreme enough, consequential enough, to need treatment or other outside support is a key here. It is difficult to try to apply cut-off scores to these quantitative phenomena, which vary in pervasiveness and severity of negative consequences across different contexts.

Therefore, it is true that the scientific study of work addiction is relatively new (and the studies cited in this debate are mostly new). However, the existence of workaholism is likely quite old but addressed informally, or through anecdotal historical writings (although hard work may have been associated with slavery at certain points in ancient Rome; https://en.wikipedia.org/wiki/Workmanship; accessed on May 3, 2018).

MYTH 2: WORK ADDICTION IS SIMILAR TO OTHER BEHAVIORAL ADDICTIONS

Work addiction has shared features with substance and other behavioral excesses, which define all of them as addictions. All addictions involve obtaining an appetitive effect (i.e., satiating a subjective appetitive need), preoccupation, loss of control, and undesired/negative consequences (Sussman & Sussman, 2011). Each addiction also has unique aspects. For example, gambling may involve chasing losses, whereas work may not. The idea that there are both overlapping and unique aspects of each addiction is not surprising.

MYTH 3: THERE ARE ONLY PSYCHOSOCIAL CONSEQUENCES OF WORK ADDICTION

This might be reframed as a question. One might ask: what percentage of work addicts suffer from non-psychosocial consequences? This is an empirical question and it is not clear yet. A difficult hypothetical, if people are relatively likely to text and drive, one can ask if they are workaholic, addicted to texting, or both. In addition, one might ponder whether a resulting car accident is due to either type of addiction, or if it reflects a psychosocial consequence or another type of consequence.

Another point is that although physiological dependence is not at the core of what is currently intended in the scientific study of addiction, some people equate physiological dependence with addiction. Given that, people who use a substance that elicits physiological dependence might be “addicted” in a different way from behavioral addictions, which rely on behavior-induced disruption of endogenous ligands rather than on direct neurotransmission disruption accomplished on endogenous ligands by exogenous ligands.

Work addiction leads to the types of consequences the “10 myths” piece refers to. However, if causation is indirect (e.g., work leading to sedentary behavior, the latter leading to cardiovascular disease), one might also ponder whether the ultimate consequence was caused by workaholism per se or by one’s adjustment to the workaholism (i.e., perhaps only sedentary behavior is the consequence of workaholism). The answers here are not all that simple and take some careful reflection.

MYTH 4: WORK ADDICTION AND WORKAHOLISM ARE THE SAME THING

A word is a word. Any word means what it is used in context. Work addiction can mean excessive working and workaholism can mean a serious negative consequential addiction. One may conjecture that the words are interchangeable. Possibly workaholism is more of a lay term with a wider breadth of usage. After all, it has usage of “ism” in it, a “play” on “alcoholism.” However, a quick look at Google (April 3, 2018) reveals much greater usage of “work addiction” in general than “workaholism,” perhaps suggesting that the former has a wider breadth of usage. This is an empirical question and may not be important as long as the terms are clearly defined.

MYTH 5: WORK ADDICTION EXCLUSIVELY OCCURS AS A CONSEQUENCE OF INDIVIDUAL PERSONALITY FACTORS

Any addiction can and has been attributed in part to personality factors. Work is no exception. However, as with any addiction, factors can and should be considered from several levels of analysis, such as, neurobiological, cognitive, microsocial, and macrosocial/physical environmental (Sussman, 2017). If one focuses on personality, one should still realize that there may be neurobiological underpinnings (e.g., sensation seeking as a phenotype; Mann et al., 2017), expressed in a local and molar environment (i.e., personality may be a phenotype or a function of social construction, or both).

However, it is also difficult to discern workaholics from non-workaholics in work environments that demand extremely hard work. Just as one knows the hardness of metal when trying to bend it, one knows if one is workaholic during free time. It is then easier to infer operation of individual difference factors. As with other levels of analysis, personality may reflect common, overlapping features of addiction vulnerability (e.g., reward deficiency-related) as well as specific addiction differentiating features (e.g., affinity for workaholism or exercise vs. heroin or crack may suggest a different level of sensation seeking). Transdisciplinary research is required here, instead of merely labeling an addicted person as being one suffering from some sort of derangement of personality.

MYTH 6: WORK ADDICTION ONLY OCCURS IN ADULTHOOD

Types of addictions do vary by age. Work-related addiction cannot occur when young children are embedded in play activities by adults. Addiction to texting will not likely develop as well, since young children are not able to write
yet. On the contrary, television may be the addiction of choice among young children. Parents may even promote that type of addiction, keeping the child near the television to keep him or her quiet (Sussman, 2017). The interesting point here is that addictions may begin at a rather young age and manifest themselves as a function of opportunity and level of human development.

Work may be defined as physical or mental effort to achieve a purpose, generally involving compensation, but not always. Thus, an effortful and ongoing volunteer effort, a student’s efforts at school, as well as engagement in tasks on the assembly line or in the office may be considered “work.” The broader this word is defined, the more likely it is that some youth (who are engaged in school or hobbies), or some senior citizens (who may be involved in ongoing volunteer effort) could be considered work addicts. Otherwise, given that addiction criteria are met (repeated appetitive effects, preoccupation, loss of control, and negative consequences), people outside of the typical working years could be said to be suffering from another sort of “similar” addiction (e.g., study addiction). Implications for theory and practice might dictate what terms are most useful.

**MYTH 7: SOME TYPES OF WORK ADDICTION ARE POSITIVE**

The developmental trajectory of any addiction should be studied carefully. When an alcoholic begins a drinking career, often it is considered great fun to the drinker and perhaps others, and the alcohol does something “for” the individual (reliable appetitive effects, adventure, fun, relaxation, and mischief). Alcohol addiction would, by definition, be set in place at that point in its course that the behavior reliably targets appetitive function (“wants”), is an object of endearment when not nearby (preoccupation with the bottle), becomes unpredictable (loss of control), and leads to some negative, undesired consequences (oversleeping and decreased performance). However, the costs may be perceived as imperceptible compared to the benefits. Unfortunately, drinking alcohol might be considered a rather positive activity for some time. Similarly, the young workaholic may work excessively and receive bonuses, feel a love for the job, think about the job during free time, and work longer than he or she predicted. As with alcohol, the job is doing something “for” the work addict. It is only much later when consequences accumulate, and costs begin to outweigh the benefits (e.g., the person may perceive that marriage has been delayed too long and the options for being a parent are reduced; that being sedentary too long while working has led to high blood pressure, and so on). That is, the addiction eventually does something noticeably negative “to” the person.

Therefore, for quite some time, the positives may outweigh the negatives for the individual. It is possible that enthusiastic alcoholics or workaholics may later on in life become more like compulsive alcoholics or workaholics; that is, engage in the behavior harder and harder but derive less and less from it – eventually burning out. Certainly, by definition, an addiction is negatively consequential. However, by not appreciating its “positive” (functional) components, one may lose something in terms of understanding etiology, course, and potential prevention or treatment.

There exist two more considerations. First, there is the possibility of consequences being positive for one party but negative for another party. The enthusiastic workaholic may be happy, as might their boss but perhaps not a co-worker, while their family is quite miserable. In other words, there needs to be a distinction between individual and social-level consequences – which may contradict each other. Second, one might also consider that at “low bottom,” the addicted person may derive other benefits from the addiction (e.g., there being nothing else left to rely on, or as means to procure government support).

**MYTH 8: WORK ADDICTION IS A TRANSIENT BEHAVIORAL PATTERN RELATED TO SITUATIONAL FACTORS**

The stability of work addiction among emerging adults over a 1-year period is moderately high, based on the little available research. Sussman et al. collected 1-year data on stability of work addiction among former alternative high-school youth in southern California who were currently in their 20s. Utilizing latent class analysis and latent transition analysis, they found an addiction class (about a third of the sample, who reported addiction to one or more of 11 types including work) and a non-addicted class (about two thirds of the sample). Within general latent class, stability over the 1-year period was approximately 90%, which is quite high (stability within the non-addicted class was also 90%). However, participants that did not necessarily endorse the same type of addiction 1 year later among those in the addiction class. Specifically, in the addiction class, larger conditional probabilities (i.e., 0.40–0.49) were found for love, sex, exercise, and work addictions; medium conditional probabilities (i.e., 0.17–0.27) were found for cigarettes, alcohol, other drug use, Internet, eating, and shopping addiction; and a small conditional probability (0.06) was found for gambling (Sussman, Pokhrel, Sun, Rohrbach, & Spruijt-Metz, 2015). Certainly, more research is needed.

**MYTH 9: WORK ADDICTION IS A FUNCTION OF THE TIME SPENT ENGAGING IN WORK**

A proxy measure is one that provides a gauge of phenomena but is an indirect assessment. Time spent working is a reasonable proxy measure for work addiction. It is certainly moderated by access to worktime. In addition, it is just a proxy, because it would not map 1:1 with obtaining an appetitive effect, preoccupation, loss of control, and experiencing negative consequences.

Context can moderate the social perception of work addiction. However, Table 2 in the “10 myths” paper may not be as good an example as one might think. Leon may be losing out on obtaining a family life for an indefinite time, which he may desire. He does not even have opportunity to receive threats from a wife, like the other character, due to his work addiction, which has taken over his life.
MYTH 10: WORK ADDICTION IS AN EXAMPLE OF OVERPATHOLOGIZING EVERYDAY BEHAVIOR AND IT WILL NEVER BE CLASSED AS A MENTAL DISORDER IN THE DSM

Addiction pertains to appetitive motivation (and may involve neurobiological vulnerability that can contribute to disruption of function), and how it becomes associated with any number of specific behaviors is facilitated and maintained through associational memory, with social pushes (pressures) and pulls (seductions) that assist in providing access to and facilitating the addiction that leads to negative outcomes. The idea here is that everyday behavior of many types, not all (e.g., probably not executive cognitive function, systems of inhibition, and mindfulness), can become pathological (Sussman, 2017). When the behavior becomes pathological, reflecting consequential dysregulation of the appetitive motivation system, outside assistance may be required. Such is the case with work addiction and other behavioral and substance addictions. Hopefully, research identifies and describes work addiction but does not somehow “create” it.

Funding sources: None.

Author’s contribution: SS was the sole contributor to this commentary.

Conflict of interest: The author reports no conflict of interest.

REFERENCES

Griffiths, M. D., Demetrovics, Z., & Atroszko, P. A. (2018). Ten myths about work addiction. Journal of Behavioral Addictions. Advance online publication. doi:10.1556/2006.7.2018.05

Mann, F. D., Engelhardt, L., Briley, D. A., Grotzinger, A. D., Patterson, M. W., Tackett, J. L., Strathan, D. B., Heath, A., Lynskey, M., Slutske, W., Martin, N. G., Tucker-Drob, E. M., & Harden, K. P. (2017). Sensation seeking and impulsive traits as personality endophenotypes for antisocial behavior: Evidence from two independent samples. Personality and Individual Differences, 105, 30–39. doi:10.1016/j.paid.2016.09.018

Oates, W. E. (1968). On being a “workaholic”. Pastoral Psychology, 19(8), 16–20. doi:10.1007/BF01785472

Sussman, S. (2012). Workaholism: A review. Journal of Addiction Research & Therapy, Suppl 6(1), 4120. doi:10.4172/2155-6105.S6-001

Sussman, S. (2017). Substance and behavioral addictions: Concepts, causes, and cures. Cambridge, UK: Cambridge University Press.

Sussman, S., Lisha, N., & Griffiths, M. (2011). Prevalence of the addictions: A problem of the majority or the minority? Evaluation & the Health Professions, 34(1), 3–56. doi:10.1177/0163278710380124

Sussman, S., Pokhrel, P., Sun, P., Rohrbach, L. A., & Spruijt-Metz, D. (2015). Prevalence and co-occurrence of addictive behaviors among former alternative high school youth: A longitudinal follow-up study. Journal of Behavioral Addictions, 4(3), 189–194. doi:10.1556/2006.4.2015.027

Sussman, S., & Sussman, A. N. (2011). Considering the definition of addiction. International Journal of Environmental Research and Public Health, 8(10), 4025–4038. doi:10.3390/ijerph8104025