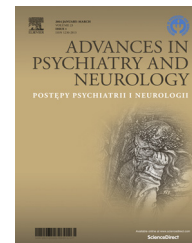


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Review/Praca pogładowa

Problems of behavioral therapy, part II/Problemy terapii behawioralnej, część II

Behavioral approach to workaholism



Behawioralne ujęcie pracoholizmu

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ABSTRACT

Objective: The main goal of this paper is to discuss the behavioural causes of workaholism. **Review:** Definitions of workaholism have been presented, along with its status in the International Statistical Classification of Diseases and Health Related Problems, and the behavioural causes behind workaholism. The behavioural theories of workaholism have also been included (including operant learning and social learning theory) as well as a discussion on the role of reinforcements in developing workaholism. **Conclusions:** The genesis of workaholism might be explained in terms of learning models. An important role in its development is played by reinforcements such as social approval, improvement of material status, anxiety reduction, increased self-esteem or compensation for poor interpersonal relationships.

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Definitions and characteristics of workaholism

Workaholism, which is becoming increasingly widespread, is also thought to be more and more dangerous. Contrary to the (seemingly) low “hazard” of professional hyperactivity to the affected person herself, or her family environment, it should be remembered that the disorder can lead to a number of consequences of psychological, social [1–3], professional [4] or somatic [5] nature and, in its extreme form, even to death. Death caused by overwork, known as *karoshi*, was initially described by mainly Japanese researchers [6], but the problem seems to have spread into other cultures [7]. Unfortunately,

workaholism remains classified as an unspecified disorder in both the American and European system of classification of mental and behavioural disorders.

The phenomenon itself was described for the first time in a book by Wayne Oates [8, 9] and defined as an excessive need to work which has a considerable impact on the condition of one's health, satisfaction with life and social functioning. However, previous publications also mentioned the so-called “Sunday neurosis” (in response to the lack work) [10] or ‘work craze’ (as an obsessive commitment to work) [10].

Almost concurrently with Oates' publication [8, 9] in the USA, similar work was published in Poland. In his *Psychopatologia nerwic* [Psychopathology of neuroses], Antoni

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Kępiński reported on the phenomenon of “managerial neurosis” as a condition that affected mostly managers who lived in a rush, with an excessive number of duties and responsibilities.

Janet Spence and Ann Robbins [4] are the authors of a very significant contribution to the understanding of workaholism. These authors developed the so-called ‘workaholic triad’ which consists of: involvement with work, the feeling of inner compulsion to work and work satisfaction. Different configurations of the triad’s components define six types of employee, two of which are the workaholic types. The authors emphasize that in this context a “stereotypical” workaholic is a combination of high work involvement and inner compulsion to work with low professional satisfaction, although it is also possible that a workaholic who is highly involved and internally compelled to work might also draw satisfaction from working, in which case we are talking of “enthusiastic workaholics”.

To summarize, the following indicators of workaholism are thought to be its main characteristics: (1) inner compulsion to work, which often means that even a small amount of work is experienced by a person as an overload; (2) a sense of work overload (not limited to the excessive – in relation to other employees – number of hours that a person spends on professional activity); (3) reference to any kind of targeted activity is treated as work (which will be discussed in detail further on in this article); (4) the presence of psychosomatic symptoms [12].

It should also be emphasized that workaholism is not limited to a specific profession or high managerial positions. As Lidia Mieścicka [13] says, you can become a workaholic at any age and in any profession.

Recent years have shown a trend towards a broader concept of workaholism. Itzhak Harpaz and Raphael Snir [14] write about the behaviour and cognition focused on the job, while Kamila Wojdyło [7], even more generally, about addiction to being busy or to any targeted activity. It is therefore possible that workaholic behaviour is already displayed by teenagers [15, 16], or young adults (students) in relation to their involvement with studying [17]. For the purposes of this article, the concept of workaholism should be understood as an excessive involvement in any targeted activity.

Workaholism in the classification of mental and behavioural disorders

As we have already seen, workaholism has not been assigned to any group of mental disorders; hence researchers are still trying to place it within various groups of disorders. The author of the first publication on workaholism, Oates [9], describes it through the analogy to alcoholism. A similar position is taken by other authors [7, 9, 18–20]. Some, for example Wojdyło [12] or Mark Griffiths [18], have tried to develop their own diagnostic criteria. The latter suggests that the following symptoms have to be present in order to diagnose dependence on work: (1) *salience*, understood as treating work as the most essential form of human activity; (2) *mood modification*, in the situation when work becomes the

basic regulator of the subject’s emotions; (3) *tolerance*, when the subject feels a systematically growing need to work; (4) *withdrawal symptoms*, a reduced quality of psychophysical functioning when the subject is not involved in professional activity; (5) *conflict*, a growing conflict with colleagues, and negative impact of work on non-professional spheres (e.g. arguments with a partner, withdrawal from family life); and (6) *relapse*, a tendency to repeat the destructive behaviour (even after a period of having control over an excessive involvement in it).

Another well-known researcher into workaholism, Bryan Robinson [22], relates workaholism to food disorders, more than anything to anorexia and bulimia. Another researcher [23] opts out for considering workaholism using the criteria for habit and impulse disorders. Also of considerable interest is the position taken by Krzysztof Klimasiński [24], who places workaholism within the spectrum of behavioural disorders, “the essential aetiological component of which is learning” (p. 31).

From the point of view of the subject matter of this article Elżbieta Hornowska’s and Władysław Paluchowski’s approach [25] is important as they describe workaholism as “an experience, which stems from a habitual response to something that a person considers so gratifying and important that they cannot live without it” (p. 303). Peter Mudrack and Thomas Naughton [26] offer another concept of workaholism, seen from the perspective of behavioural psychology. They have developed behavioural criteria which have to be met for the diagnosis of workaholism. These are, above all, the time and energy invested in unrequired activity related to thinking about how to improve one’s work, and also the time and energy allocated to controlling the work of others.

Behavioural approaches that define the causes of workaholism

There are a number of different approaches to the aetiology of workaholism, such as the cognitive approach [21], psychoanalytical approach [27], “personality” approach [15, 28] or behavioural approach. For reasons dictated by the overall theme of this paper, we shall discuss the learning concepts of the development of workaholism.

Concepts which consider the role of operant learning in the development of workaholism

As observed by McMillan et al. [19], out of the three main forms of learning – classical conditioning, causative conditioning and social learning – it is operant conditioning which is mostly applicable in relation to workaholism. Based on this concept, workaholism is interpreted as a relatively fixed instrumental conditioning, in which the occurrence of behaviour depends on its consequences [30]. In this view, workaholism can be interpreted as an excessive involvement in work caused by positive reinforcement, such as material profit [26], and other kinds of profit such as social approval or the gaining of prestige and high social status [31]. Reinforcement might also consist of an escape

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