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Myths about "The myths about work addiction"

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

CECILIE SCHOU ANDREASSEN[1,2]*, WILMAR B. SCHAUFELI[3,4] and STÅLE PALLESEN[5]

[1]Faculty of Social Sciences, Department of Social Studies, University of Stavanger, Stavanger, Norway
[2]Department of Clinical Psychology, University of Bergen, Bergen, Norway
[3]Research Unit Occupational & Organizational Psychology and Professional Learning, KU Leuven, Leuven, Belgium
[4]Department of Psychology, Utrecht University, Utrecht, The Netherlands
[5]Department of Psychosocial Science, University of Bergen, Bergen, Norway

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The present paper encompasses a response to the debate paper by Griffiths et al. about work addiction myths. Generally, we found weak empirical basis for the statement that there exist major myths and controversies regarding work addiction. Although we agree with Griffiths et al. on several issues, we argue that: (a) although work addiction is not a new behavioral addiction, work addiction research is still in its infancy; (b) work addiction is largely similar to other behavioral addictions; (c) work addiction and workaholism are actually the same; and (d) there is no compelling evidence that work addiction occurs before adulthood.

Keywords: myths, work addiction, workaholism

INTRODUCTION

Griffiths, Demetrovics, and Atroszko (2018) present and discuss 10 myths about work addiction/workaholism. Strangely enough, they do so without explicitly defining work addiction. In this paper, we show that several of the alleged myths do not, in fact, represent any real controversy or misunderstanding.

MYTH 1: WORK ADDICTION IS A NEW BEHAVIORAL ADDICTION

The construct of work addiction was introduced to the academic disciplines several decades ago. However, the emphasis and interest for work addiction among researchers seemed to be very limited for a long time. Hence, we argue that research on this topic is still in its infancy. This is illustrated in Figure 1, showing the annual number of hits (to December 31, 2017) in Web of Science, using the search string "workaholism" or "work addiction." The figure clearly demonstrates that the vast majority of papers have been published during the past decade. Furthermore, this field of research has yet to resolve many important issues. For instance, the predominant use of cross-sectional study designs makes it rather impossible to establish cause-and-effect relationships, such as between work addiction and health-related problems. Moreover, no studies have, to date, utilized objective registry data outcomes related to work addiction. In addition, very few studies have collected collateral information (e.g., partner and colleague) in relation to work addiction. In addition, the majority of the assessment tools developed are only vaguely embedded within firm theoretical frameworks. Typically, the vast majority of studies on this topic have to date been conducted with the use of convenience samples, although some exceptions to this exist (Andreassen, Griffiths, et al., 2014). The fact that clinical validation of the concept is lacking is an indisputable problem, but can probably not be resolved until a broad consensus across researchers/clinicians is reached in terms of operationalization/definition or until work addiction becomes integrated in formal psychiatric nosology.

MYTH 2: WORK ADDICTION IS SIMILAR TO OTHER BEHAVIORAL ADDICTIONS

Griffiths et al. (2018) emphasize that work addiction, in contrast to most other behavioral addictions, may have some

* Corresponding author: Cecilie Schou Andreassen; Department of Clinical Psychology, University of Bergen, PO Box 7807 N-5020, Bergen, Norway; Phone: +47 48041699; Fax: +47 55589879; E-mail: cecilie.andreassen@uib.no; Present address: Faculty of Social Sciences, Department of Social Studies, University of Stavanger, PO Box 8600 Forus N-4036 Stavanger, Norway; Phone: +47 48041699; Fax: +47 51834150; E-mail: cecilie.s.andreassen@uis.no

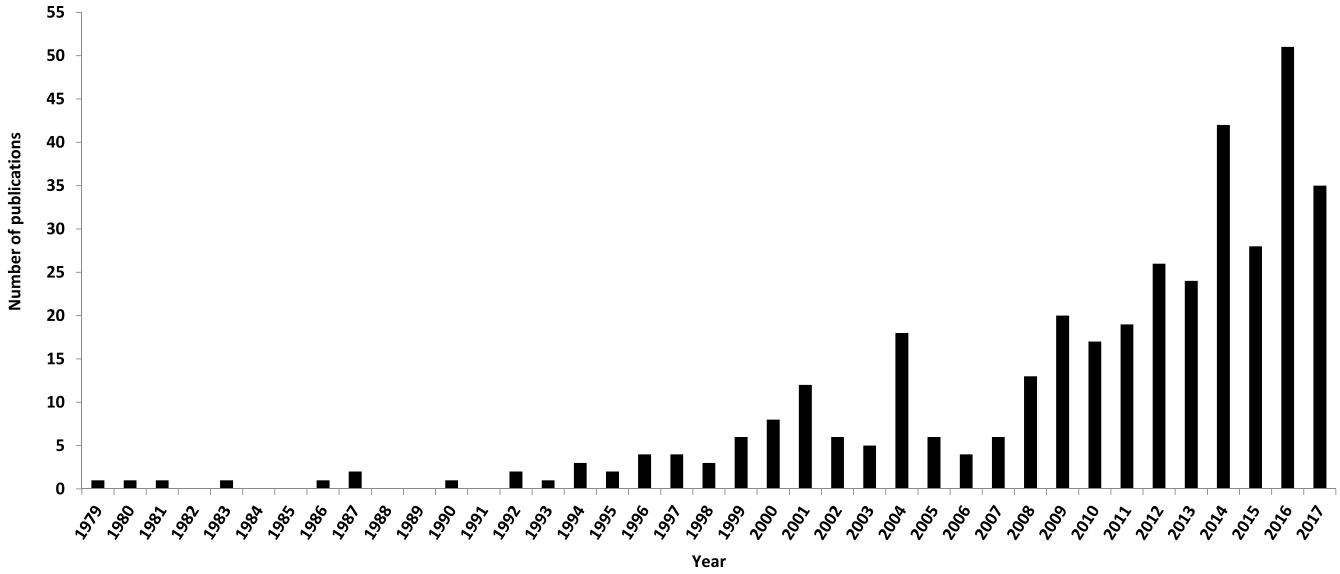

Figure 1. Annual number of publications based on the search terms "work addiction" or "workaholism" in Web of Science

positive consequences (e.g., productivity, salary, and social recognition). This is reflected by what Brown (1993) denotes as "mixed blessings" addictions or what Glasser (1976) classifies as "positive addictions." However, the fact that such addictions heavily reflect excessive and obsessive behaviors and the fact that they are primarily associated with negative outcomes makes us reluctant to put much emphasis on potential positive outcomes. Addicts suffer and have low control over their behavior, which mainly cause several negative consequences.

MYTH 3: THERE ARE ONLY PSYCHOSOCIAL CONSEQUENCES OF WORK ADDICTION

We agree with Griffiths et al. (2018) that there are somatic and other negative outcomes of work addiction. Matsudaira et al. (2013) have, for example, shown that work addiction is associated with an increased risk of sickness absence and other studies have linked work addiction to lower levels of work performance (Falco et al., 2013). In addition, Andreassen, Ursin, and Eriksen (2007) and Schaufeli, Taris, and Van Rhenen (2008) have shown that work addiction is associated with psychosomatic symptoms. And recently, we have shown that work addiction is related to negative work-related incidents (Andreassen, Pallesen, Moen, et al., 2018). Still, we agree that more studies should link work addiction to other outcomes than psychosocial consequences.

MYTH 4: WORK ADDICTION AND WORKAHOLISM ARE THE SAME THING

Griffiths et al. (2018) argue that "work addiction" basically is a disorder characterized by fulfillment of the addiction core components, whereas "workaholism" includes a wider range of theoretical underpinnings, and is in some research a construct seen as something positive. On this point, we strongly disagree. From an etymological perspective, "workaholism" is originally named after "alcoholism" (Oates, 1971), the latter clearly referring to an addictive disorder. Hence, "workaholism" and "work addiction" literally refer to the same construct. More importantly, however, is that the field has moved toward a consensus regarding the understanding of the workaholism/work addiction construct, regarding it now primarily as a negative entity (Andreassen, 2014). Hence, the notion of "positive workaholism" has now been left and replaced by the construct "work engagement" (Taris, Schaufeli, & Shimazu, 2010). A more relevant distinction, than the one between "workaholism" and "work addiction," can be drawn between "heavy work investment due to workaholic attitudes" and "heavy work investment due to situational demands" (Astakhova & Hogue, 2014). Similarly, the approach by Snir and Harpaz (2012) distinguishes between various types of heavy work investment and also represents a line of research warranting more emphasis.

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

Several studies have looked at work addiction from a developmental and family perspective (Atroszko, Andreassen, Griffiths, & Pallesen, 2016a; Carroll & Robinson, 2000; Chamberlin & Zhang, 2009; Kravina, Falco, De Carlo, Andreassen, & Pallesen, 2014; Robinson & Kelley, 1998). In addition, several studies based on the Job Demand–Control–Support model (Johnson & Hall, 1988) have identified work/organizational stressors as possible antecedents of work addiction (Andreassen, Bakker, et al., 2017; Andreassen, Nielsen, Pallesen, & Gjerstad, 2017; Andreassen, Pallesen, & Torsheim, 2018; Choi, 2013; Johnstone & Johnston, 2005; Matsudaira et al., 2013; Molino,

Bakker, & Ghislieri, 2016; Shimazu, De Jonge, Kubota, & Kawakami, 2014). Recently, we investigated the relationship between the effort–reward imbalance model (Siegrist, 2000; Siegrist et al., 2004) showing that both the effort–reward ratio and work overcommitment were positively associated with work addiction (Andreassen, Pallesen, & Torsheim, 2018). In addition, it has been shown that work addiction is related to an overwork climate in organizations (Schaufeli, 2016). Studies also suggest cultural factors to be involved in the development of work addiction across various Asian and European countries (Hu et al., 2014). As an example of cognitive approaches, van Wijhe, Peeters, and Schaufeli (2013) developed the four-factor Work-Related Irrational Beliefs Questionnaire and showed that one of the factors, performance demands, was related to workaholism. Furthermore, in a two-wave longitudinal study, it was reported that rigid personal beliefs (e.g., continuing working until one thinks one has done enough and proving one's worth through work) predicted working compulsively and excessively (van Wijhe, Peeters, & Schaufeli, 2014). Hence, there is ample research linking work addiction to other factors than individual personality factors.

MYTH 6: WORK ADDICTION ONLY OCCURS IN ADULTHOOD

Atroszko et al. have suggested study addiction as a precursor of work addiction (Atroszko, Andreassen, Griffiths, & Pallesen, 2015; Atroszko et al., 2016a; Atroszko, Andreassen, Griffiths, & Pallesen, 2016b). It is further true that many addictions often develop during adolescence (Chambers & Potenza, 2003). However, it is not well documented that work addiction and study addiction reflect the same construct. Both constructs differ by definition (Andreassen, Hetland, & Pallesen, 2014; Atroszko et al., 2015). Work addiction is further related to specific work/organizational variables that may not be present in similar forms in educational settings. In addition, the fact that leaders typically score higher on work addiction than followers (Andreassen, Griffiths, Hetland, & Pallesen, 2012) is a finding that arguably is difficult to replicate among students. In addition, a 1-year longitudinal study showed a coefficient between study addiction and work addiction of .39 (Atroszko et al., 2016a), whereas a 24- to 30-month longitudinal study showed correlations in the magnitude of .65 between the first and second work addiction assessment (Andreassen, Hetland, et al., 2014). Overall, this may suggest that although study addiction may be a precursor for work addiction, it does not reflect the same construct. It is also conceivable that the relationship between study addiction and work addiction may be explained by common third variables, such as personality.

MYTH 7: SOME TYPES OF WORK ADDICTION ARE POSITIVE

Overall, we conclude that although some studies suggest a few positive effects of work addiction, no real myths about positive effects of work addiction exist. Still, it is important to distinguish between organizational and health-related outcomes regarding work addiction on one hand, and how the work addict feels about the job on the other hand. Regarding the first aspect, studies (although a few exceptions exist) show that work addiction generally is related to several negative health and organizational outcomes (Andreassen, 2014; Balducci, Cecchin, Fraccaroli, & Schaufeli, 2012; Falco et al., 2013). However, regarding the other aspect, the emotional valence associated with the job for the work addict can be positive as well as negative. The latter notion is in line with scholars deeming work enjoyment as an irrelevant dimension for the work addiction construct (Andreassen & Pallesen, 2016; Mudrack, 2006).

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

Our own research confirms that work addiction measures show high longitudinal stability with intraclass correlation coefficients in the magnitude of .60–.70 over a 24- to 30-month period (Andreassen, Hetland, et al., 2014). Still, we do not agree with a notion of work addiction as something purely residing with the affected individuals. The most compelling perspective of work addiction is the diathesis–stress model, implying that a disorder is the results of an interaction between a dispositional vulnerability and external stressors (Hankin & Abela, 2005) and this view has been emphasized within the work addiction field (Liang & Chu, 2009).

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

Work addiction correlates with working hours (Andreassen et al., 2012). Some scholars have even defined work addiction strictly in terms of work hours, where those working over 50 hr per week were categorized as work addicts (Mosier, 1983). However, work addiction is first and foremost characterized by an obsessive and rigid approach toward work, which is in line with current definitions (Andreassen, Hetland, et al., 2014). However, there is no controversy or myth about this. The two most contemporary instruments assessing work addiction, the Dutch Work Addiction Scale (Schaufeli, Shimazu, & Taris, 2009) and the Bergen Work Addiction Scale (Andreassen et al., 2012), for example, do not emphasize or assess work hours per se or specifically, but clearly tap into dysfunctional and uncontrollable attitudes and feelings toward work.

MYTH 10: WORK ADDICTION IS AN EXAMPLE OF OVERPATHOLOGIZING EVERYDAY BEHAVIOR AND IT WILL NEVER BE CLASSED AS A MENTAL DISORDER IN THE DSM

Gambling disorder is the only behavioral addiction that so far has received such a status as a formal diagnosis

(American Psychiatric Association [APA], 2013). However, it is conspicuous that video game addiction, first described in the academic literature in the early 1980s (Ross, Finestone, & Lavin, 1982), was included in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (APA, 2013), whereas work addiction, which was described in the literature about 10 years earlier (Oates, 1971), has still not reached the same status. One reason for this may be that work addiction mainly has been studied from an organizational perspective, whereas research on video game addiction typically has put more emphasis on a clinical approach. Another reason is the rather poor quality of research on work addiction. In our view, it is the lack of high-quality empirical evidence validating work addiction as a diagnosis that represents the real hindrance in terms of work addiction obtaining status as a formal diagnosis.

CONCLUSIONS

We conclude that many of the myths presented by Griffiths et al. (2018) represent overstatements and partly outdated perspectives on work addiction. The major challenge of the field to date is to increase research quality. In this regard, we recommend: (a) more longitudinal studies in order to discover the directionality between work addiction and other relevant constructs; (b) use of registry-based studies where work addiction can be linked to health registry outcomes; (c) studies investigating neurobiological and genetic correlates to work addiction; (d) observational studies of behavior/responses of work addicts; (e) experimental studies investigating, for example, withdrawal effects, cognitive bias, and treatment effects among work addicts; and (f) studies using 360° employee ratings of work addicts as well as studies incorporating collateral (e.g., spouse) ratings.

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