Dying on the Hamster Wheel: Taming Workaholism From an Attachment Perspective

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Southeastern Counselor Training Institute
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The Southeastern Counselor Training Institute (SCTI) was founded by former Argosy University professors Dr. Mary Gay and Dr. Chinwe Williams. SCTI is committed to educating and training mental health professionals and students in novel and transformational ways. We seek to inspire new and seasoned counselors by providing opportunities for growth and enrichment through hosting innovative speakers who facilitate unique and engaging continuing education events.

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Workshop Requests

- Please do not share copies of this power point.
- Any resemblance to real individuals except myself is purely coincidental. Clinical examples are composites of a variety of past experiences and I request any examples you want to share disguise identities.

Thank You
Dying on the Hamster Wheel: Understanding Compulsive Work from an Attachment Perspective

Workshop Objectives

- By the end of this workshop, you will:
  - 1. Learn to identify the patterns of compulsive work
  - 2. Apply the addiction model to understanding “workaholism”
  - 3. Understand the link between work addiction and the neurobiology of attachment
  - 4. Identify specific interventions to treat workaholism from an attachment perspective

List of Workaholism Characteristics from Workaholics Anonymous

[https://workaholics-anonymous.org/](https://workaholics-anonymous.org/)

1. Are you more drawn to your work or activity than close relationships, rest, etc.?
2. Are there times when you are motivated and push through tasks when you don't even want to and other times when you procrastinate and avoid them when you would prefer to get things done?
3. Do you take work with you to bed? On weekends? On vacation?
4. Are you more comfortable talking about your work than other topics?
5. Do you pull all-nighters?
6. Do you resent your work or the people at your workplace for imposing so many pressures on you?
7. Do you avoid intimacy with others and/or yourself?
8. Do you resist rest when tired and use stimulants to stay awake longer?
9. Do you take on extra work or volunteer commitments because you are concerned that things won't otherwise get done?
10. Do you regularly underestimate how long something will take and then rush to complete it?
WA Questions 11–20

1. Do you immerse yourself in activities to change how you feel or avoid grief, anxiety, and shame?
2. Do you get impatient with people who have other priorities besides work?
3. Are you afraid that if you don’t work hard all the time, you will lose your job or be a failure?
4. Do you fear success, failure, criticism, burnout, financial insecurity, or not having enough time?
5. Do you try to multitask to get more done?
6. Do you get irritated when people ask you to stop doing what you’re doing in order to do something else?
7. Have your long hours caused injury to your health or relationships?
8. Do you think about work or other tasks while driving, conversing, falling asleep, or sleeping?
9. Do you feel agitated when you are idle and/or hopeless that you’ll ever find balance?
10. Do you feel like a slave to your email, texts, or other technology?

Some Questions for Reflection

Take a few minutes to jot down some of your own thoughts and feelings about the role of work in your life.

Some questions to ask yourself include:

1. Do you often miss out on socializing with friends or family in order to complete work tasks?
2. Do you get bored or “antsy” when you don’t have enough to do?
3. Do you agree to requests regarding work activities when you are already stretched not because you can’t say no but because you don’t want to?
4. Do you preach work–life balance but have a hard time maintaining it?
What is Attachment?

- This is not a workshop on Attachment theory or the heavy-duty science of it but I do have some resources listed at the end or you can come to my popular workshop *There’s No Place Like Home: Addiction as an Attachment Disorder* later this year (shameless self-plug!)

- I will introduce you or remind you of the basics which will be enough to give you the gist of it. You don’t have to be an expert in attachment theory to practice from it.
What is Attachment Theory

Short Version

We need consistent, stable, loving relationships with at least one primary caregiver during the ages of 0–6 (and a few other things) to neurobiologically wire as securely attached. Attachment starts in utero (Alhusen, Hayat, and Gross, 2013)!

We are neurobiologically primed to seek out others for meaningful relationships and we have neurobiological consequences if the necessary conditions are compromised.

What is secure attachment?

The ability to consistently emotionally regulate in adaptive ways by forming loving secure bonds across the life span. It has evolutionary value.

Short-short version

Attachment is a version of love. Attachment to substances or certain processes is a love affair gone bad.
Defining Work Addiction

- Oates first discussed the concept in 1968 and described it as ‘the compulsion or the uncontrollable need to work incessantly.”

- Being overly concerned about work, to be driven by an uncontrollable work motivation, and to put so much energy and effort into work that it impairs private relationships, spare-time activities and/or health (Andresson 2014, p.136).

Work Addiction and Attachment

- Work addiction, like all addiction may be seen as a response to emotional dysregulation related to neurobiological attachment processes (Flores, 2014). Clinical interventions that assist clients in earning secure attachment, and therefore neurobiological emotional regulation, are helpful.
My Story

- My name is Mary and I am a workaholic!

Before WA | After WA

Definitions and Terms

WORKAHOLICS MAKE SOULESS CHOICES.
Process Addictions

- Behavioral science researchers believe that any substance or process capable of stimulating a person can be addictive.

- Initial behavioral response is the formation of a habit and whenever a habit changes into an obligation, it can be considered as an addiction.

- Work addiction is not usually mentioned in the list of process addictions including exercise, sex, porn, internet gaming, social media and even tanning!

Gambling is the only process addiction in the DSM 5 due to difficulties in operationalizing specific behavior addictions.


Definitions and Terms

- Workaholism
- Work Addiction
- Work Avoidant
- Type A
- Burn-Out
- Compulsive Busyness
Workaholism

- **Workaholism** –
  - This term has become part of the vernacular and is used loosely to describe someone who works a lot or is Type A but who may also get positive intrinsic and extrinsic rewards. The “highly engaged worker” is a newer term proposed by purists.

- Workaholism as a construct in its current form does not fit the addiction model because by default addictions have negative consequences and “workaholics” can have positive experiences. (Robinson, 2014 cited in Griffiths et al, 2018)

- 12 step folks don’t care about the semantics and continue to use the term Workaholics Anonymous
Work Addiction

- **Work Addiction** – “Being overly concerned about work, to be driven by an uncontrollable work motivation, and to put so much energy and effort into work that it impairs private relationships, spare-time activities and/or health” (Andreeson, 2014 p.136)
  - Research indicates that work addiction is not specifically related to the number of hours at the job.

- **Burn-Out** Job burnout is a special type of work-related stress — a state of physical or emotional exhaustion that also involves a sense of reduced accomplishment and loss of personal identity (Mayo Clinic).
  - May be seen as symptom of Type A, or Work Addiction, but not limited to individuals with those work behaviors.

Flip Side—Work Avoidant

- Anxiety based compulsive behavior the main symptom of which is compulsive under-functioning or chronic underemployment.
  - WA talks about it in terms of fear of being overwhelmed by stress of responsibility.

- Could be related to ADHD

- Can cycle between the two patterns
Type A or WA?

- Benefits of Type A personality
  - competitiveness,
  - multi tasking (sort-of),
  - achievement/success orientation that leads to productivity and rewards in the job place.

- Consequences of Type A Personality
  - Chronic competitiveness that interferes in relationships
  - Impatience and low frustration tolerance
  - Aggression/Hostility
A Note About Compulsive Busyness

Behavioral patterns are the same as in work addiction. It is compulsive work outside of work. Stacking tasks on top of each other to create or avoid feeling states and emotionally regulate.

“Relentless Activity”

- WAnon identifies compulsive busyness which includes activities like compulsive socializing, cleaning, volunteering, overscheduling activities for kids, sports, religious activities, etc. Many people in WA are compulsively engaging in these activities after hours.

- Plenty of stay-at-home Mom’s with these characteristics which lead to the same outcomes (not so much the dads)
I am happy to help!
Self Portrait circa January 2022

Bergen Work Addiction Scale – Questions

- Look at each of the following statements and rank yourself on each one according to the following:
  - 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often and 5 = Always

  1. You think of how you can free up more time to work
  2. You spend much more time working than initially intended
  3. You work in order to reduce feelings of guilt, anxiety, helplessness and depression
  4. You have been told by others to cut down on work without listening to them
  5. You become stressed if you are prohibited from working
  6. You prioritize work over hobbies, leisure activities, and exercise
  7. You work so much it has negatively influenced your health

- If you score 4 (Often) or 5 (Always) on four or more of these seven statements it may suggest you are a workaholic
Bergen Work Scale
Dimensions Relating to Work and Addiction

- Salience of work: thinking about it, doing it all the time, sunup to sundown
- Mood modification by work: in the beginning, there can be a dopamine/adrenaline high
- Increased amounts of work necessary: keep chasing the dragon; volunteer to do more
- Withdrawal symptoms when the person is not allowed to work (restless, irritable, discontent)
- Conflicts because of excessive work: "Mommy you are always working!"
- Relapse to overwork

Characteristics of WA

Work addicts tend to be:

- Perfectionistic: maladaptive vs. adaptive (Tizner, 2013)
- Have difficulty delegating
- Productivity may not match effort: "spinning my wheels"
- Narcissistic: "Martyr or Victim"
- Highly conscientiousness and agreeable: (don’t want to disappoint—can’t say No!)
- Neurotic: high anxiety
- Type A (achievement orientation)
Research Findings

- Incidence is probably around 10% of the population and tends to be stable over time (not definitively related to specific types work or other situations although those conditions may aggravate it)
- Study addiction has been observed in children and adolescence and has been observed to be related to later WA.
- Rates of work addiction may be higher high professionals (e.g., lawyers, medics, and scientists) (therapists?)
- WA is linked to life-threatening physical illnesses, especially cardiac events, chronic stress and burnout, depression, and anxiety
  
  - Griffiths et al, 2018
- Comorbidity to Anxiety ADHD Narcissism, Obsessive Compulsive Personality Disorder has been observed. (Andreeson et al, 2014; Kun et al, 2020)
- There is a correlation between compulsive work and "unsafe" or insecure attachment styles (Clark et al, 2016)

Related Factors

- Fear of financial insecurity that rises to the level of hoarding money (OCPD trait) should be distinguished from work addiction, although they may look similar or overlap.
Related factors

- Work addiction can also be “system addiction” as an individual one (Fassell, 1992). Corporate culture and the bottom line have made it socially acceptable to work until you drop in the service of finding the pot of gold at the end of the rainbow (if you survive your heart attack, divorce and coexisting drinking problem!) is encouraged by major organizations and is often viewed as being socially acceptable.

- Capitalistic society may encourage addiction to the high of accumulating wealth which is a little different than anxiety-based hoarding. It may or may not co-exist with workaholism.

Sociocultural Factors

- Literature is sparse on work addiction and sociocultural/gender differences but a few include:

  - Community support was an important indicator of decreased work addiction in African Americans (Balkin et al, 2018).
  
  - In Japan, extreme engagement in work is known to produce “karoshi” - sudden death caused by cardiac event (Kanai, cited in Griffiths, 2016).

  - Some mixed gender research found that among women, WA was correlated with negative perspective of job and positively correlated with systolic blood pressure (Balducci et al, 2018) and is underestimated in women (Beiler-May et al, 2017).
10 Myths Re: Workaholism

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6376361/table/T1/?report=objectonly

Need I say more?
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What is secure attachment?

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Short-short version

Attachment is a version of love. Attachment to substances or certain processes is a love affair gone bad.

Attachment and Emotional Regulation

Our brains our wired from an evolutionary perspective to use attachment processes (connections with others) as a means of ensuring survival.

Attachment processes relate to brain development which relates to emotional regulation, or lack thereof.
Trauma and Attachment

Developmental Trauma (both big T or little t) impacts attachment system development which may compromise the neurobiological tendency towards human connection (love) as a source of emotional regulation (Fosha, 2021).

Addiction may be seen as self-medication or method for self regulation in response to a lack of or overabundance of nervous system activation as a result of traumatic or difficult early experiences (Tronnier, 2015).

(See Porges polyvagal theory for more on the current science of ANS and PNS threat response regulation).

Need To Know Basis

- Attachment is not categorical, it doesn’t fall into simple discrete well-defined clusters of behaviors.
- It is dimensional representing emotional regulation as measured in relationship experience and falls on a scale of Anxiety and Avoidance (emotional regulation as measured in relationships).
  - Secure—Balanced on Both Dimensions
  - Preoccupied—High Anxiety and Low Avoidance
  - Dismissive Avoidant—Low Anxiety and High Avoidance
  - Fearful Avoidant—High anxiety and High avoidance
Secure–Autonomous Attachment

Securely attached individuals are:

- RESILIENT!
- open to interdependence (we can confidently depend on others to be there and we want to be there for others)
- able to emotionally regulate against threat.
- able to create “secure bases” of relationships, both individual and community that provide support when times are tough
- Clients—phase of life adjustments; function relatively well in all areas; “worried well.”
- Therapeutic Relationship—benefit most from growth-oriented strength based (Wallace, 2004) approaches. Short term theory assists in stabilizing brief emotional or behavioral concerns.

Preoccupied–Pursuer
Anxious–Resistant

- “My fear of abandonment is exceeded only by my terror of intimacy.”
  — Ethlie Ann Vare
- High anxiety when separated leads high proximity seeking and low avoidance
- Worry about abandonment or not being truly loved
- Easily panicked, frustrated or angered when attachment needs go unmet
- Clients are highly anxious. Tend to attach dependently to therapist. May have Borderline Personality characteristics.
  "I hate you don’t leave me."
Dismissive Avoidant (Distancer)

- High avoidance of close relationships—low anxiety about it
- Do not like to depend on others or have others depend on you
- More attached to things versus people. Think Scrooge!
- At the extreme may look Schizoid or have Avoidant Personality Disorder characteristics
- Clients: rarely end up in therapy, court-ordered or partners bring them.

Fearful Avoidant

- High anxiety—high avoidance.
- “I want love but I can’t tolerate it. Overwhelms me with fear.”
- Highly sensitive to criticism and tend towards paranoid thought which also manifests in therapy.
- Clients: Want to connect with therapist but distrustful and often angry. May manifest with borderline, avoidant (fearful-type) paranoid personality characteristics.
Assessing Attachment Styles in Adults

- Autobiography of 1\textsuperscript{st} 5–6 years of life. Narrative approach to gathering information
- Major events in utero up to first 6 years.
- ACES score
- Adult Attachment Interview (Long and interesting) Useful if you have the time to get trained in scoring
- Experiences in Close Relationships Survey [https://www.yourpersonality.net/relstructures/](https://www.yourpersonality.net/relstructures/)

Attachment and Workaholism

In a relationship with my 3eb

In a relationship with my 3eb

In a relationship with my 3eb

In a relationship with my 3eb
Traditional Treatment Strategies for Addictive Behaviors

- CBT—Focused on underlying cognitive biases relating to perfectionism and self worth and increasing behavioral coping skills. Changing thoughts and behaviors is the goal.

- DBT focused on skills training such as radical acceptance, mindfulness and emotional regulation skills. Emotional regulation is the goal.

- Motivational Interviewing—solution and person-centered strategies to decrease ambivalence about change. Harm reduction is the goal.

- 12 step focused—Not treatment per se, but many addiction clinicians encourage 12 step participation and use the vocabulary liberally in the treatment process. Spiritual transformation is the goal.

Advantages of using this term include getting away from label of addict.

People with compulsive work patterns may present in therapy with no history of substance use addiction. Also, the bottoms may be high.

"Compulsive Work"
Presenting Complaints of the WA

- “Stressed out” or “burnt out” at work
- “My partner says I work too much”
- “My kids say I work too much”
- “My dog has separation anxiety”
- “My head, stomach, chest, neck or back hurts.”

More complaints

- “Dr. says I need to slow down”
- “I love my work – it’s my safe place”
- “Life is meaningless since I lost my job”
- “My drinking, eating, sleeping, golfing has been a little out of control since I got laid off (or since the pandemic started)"
- I will never retire – what would I do all day?
Considerations for the Work Addict and Treatment

- History of substance addiction that has been formally treated in a treatment center?
- Does your client identify with the label “addict,” and do they have exposure to 12 step philosophy/practice?
- Does your client have a comorbid mental health addiction that requires crisis intervention or hospitalization or higher level of care?

Attachment focused therapy works on a wide range of problems and can be utilized in higher levels of care as an adjunct to other treatment.

AT and 12 Step (Jordan, 2019)

Why does 12 step work?

- Sponsor (attachment object), accountability, structure, validation all reduce shame and inappropriate guilt and acts as a secure base to emotionally regulate and provide a corrective emotional experience.
- A spiritual attachment to a higher power can assist with emotional regulation.

Reasons why it may not help:

- Dismissively attached folks do not want to connect with a group.
- Introverts or HSP’s may feel a little overwhelmed by group energy in early recovery.
- Social anxiety is not uncommon in addicted folks. Takes a lot to walk into a room of strangers.
- Difficult for some to separate the religious/spiritual aspects out despite the AA saying “Take what you need and leave the rest!”
Attachment Focused Therapy

- Attachment-focused clinical work may start psychoeducation to destigmatize addiction and treat from a common and shared understanding of the problem.

- The primary intervention experiential or emotionally focused techniques. The focus is on the relational bond between the therapist and client and the identification and somatic processing of core affect as the primary agent of change.

- The relational experience consists of the client being vulnerable within the window of tolerance (what can I manage to feel without getting flooded and/or shutting down)

- The goal is to rewire for secure attachment through a corrective emotional experience (you know who) through the use of neurobiologically-based, researched interventions.

Emotionally Focused Therapy

- Founded by Sue Johnson and Mark Greenfield in the late 80’s.

- It is both humanistic and experiential and focuses on emotional processing to rewire the brain. It has been used in individual, relational, and family therapy.

- The foundation of the theory is therapy is grounded in Roger’s core conditions which requires an authentic, congruent therapist communicating unconditional positive regard.

- Relationship interventions including active, empathic listening skills, with plenty of validation (What I hear you saying is……)
Techniques of EFT include:

- **Interrupt and redirect** - back to emotion
- **Heightening of emotions** - Enhancing vulnerable emotions but not pathological affect
- **Evocative responding**: deepens awareness of sensitive or unclear emotional aspects of experience
- **Empathic speculation**: What just happened - it looks like you might feel angry?
- **Restructuring**: Deepen corrective emotional experiences and make meaning of the transformation

[https://positivepsychology.com/emotionally-focused-therapy/](https://positivepsychology.com/emotionally-focused-therapy/)

**Accelerated Experiential Psychodynamic Therapy (AEDP)**

- **Accelerated Experiential Dynamic Psychotherapy (AEDP)** founded by Diana Fosha in the late 90’s and this approach has operationalized treatment from an attachment perspective. You can learn more at [AEDPinstitute.org](http://AEDPinstitute.org)

There is a video there giving an overview. The training is expensive but there are scholarships available.

- It is more heavily focused on the element of interpersonal processing than traditional EFT and includes the concept of meta-processing the relationship between the therapist and the client.
- Draws on previous relational theories like EFT with a few added twists.
- Like EFT it is possible to incorporate trauma-based interventions from polyvagal, emdr, somatic experiencing, IFS and other assorted strategies.
- Highly dependent on the use of therapist self in the therapy process as an agent in the rewiring process. Not for the “faint of heart.”
How real is real in AEDP

- Understand that as the person of the therapist your ability to be authentic and real is the primary agent of change. In AEDP, the work depends on your willingness to have and tolerate your own emotional experiencing. The psychoeducation part is often a small part of the process and can be eliminated as a formal part of the work.
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References


- Mayo Clinic (Retrieved 1/25/2022) Job burnout--How to stop it and take action. https://www.mayoclinic.org › burnout › art-20046642

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