

Workaholism and the Psychodynamic Clinic of Work

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Abstract

The main purpose of this reflective article is to offer a set of fundamental ideas on work addiction as a symptom of psychic distress and suffering in the current work environment, from the perspective of the psychodynamic work clinic. For this purpose, a documentary analysis of recent publications related to the psychodynamic work clinic and work addiction was used as a methodology. The results reveal that personal, organizational, and job characteristics (including tasks and responsibilities) as well as job characteristics in general, together with the organizational socialization process and the management of interpersonal relationships with managers, act as triggers of addictive behavior. Preliminary findings suggest that the addictive behavior of salaried workers is understood as a coping strategy in the face of distress, stress, anxiety, and psychological suffering arising from the fear of job loss, evidenced in the perception of high contemporary job instability.

Keywords: Work Addiction, Psychodynamic Work Clinic, Work Psychology, Psychological Distress, and Suffering

1. Introduction

Based on research, recent studies, and scientific literature consulted, we can say that work addiction is part of that set of new addictions, which are called activity addictions. In psychological terms, it is a cognitive-behavioral addiction. In short, work addiction is an alteration in mental and emotional behavioral functioning, unlike chemical addiction to a drug, work addiction does not have a “substance” on which it depends but on the compulsive or uncontrolled performance of a particular activity: work. For this reason, when we speak of addiction from the clinical/social point of view, the panorama is very broad and we must delimit it according to the types of addiction that have been proposed so far by researchers of this phenomenon. In short, work addiction is more a compulsive behavior than a mental illness and is characterized by the performance of an act of repetition (unconscious or uncontrolled) in search of total and impossible satisfaction, [1-3]. The concept of work addiction can also be associated with behaviors that are a priori healthy and not dangerous. These behaviors can become addictive, depending on the intensity, frequency, or the amount of time and money that the person invests in carrying them out, seriously interfering with the psychosocial functioning of the subject. We refer for example to repetitive and excessive behaviors such as internet use, sex, work, shopping, food, and gambling, among others [4-6].

It is evident that human beings tend to repeat behaviors that produce satisfactory or pleasurable consequences, which is why certain behaviors can generate addictive behaviors. In addition to the initial search for pleasure, it is necessary to add a set of psychosocial risk factors that can facilitate the development of an addiction, among others: difficulty in coping with everyday problems, low self-esteem, impulsivity, no tolerance to unpleasant physical or psychological stimuli such as pain or sadness, depressive mood or dysphoria and the search for strong sensations increase the predisposition and vulnerability for a subject to develop an addiction. [7-9]. In short, a behavior becomes addictive when the subject loses control when starting or stopping the behavior, develops a dependence (it is not easy to stop thinking about the behavior), loses interest in other activities that were previously pleasurable, maintains the behavior despite being aware of its negative consequences and experiences a feeling of discomfort when he/she cannot carry out the behavior (abstinence syndrome). These are the particular aspects of work addiction in today's work contexts.

1.1. What Does Workaholism Mean?

Most psychologists agree that Oates was the first to use the term “workaholism” to refer to a type of behavior, that he observed in himself when he was working, and which resembled the behavior of alcoholism, due to its compulsive nature and lack of control, and which could become a risk to his personal health, his interpersonal

relationships and his social functioning in general [10]. Oates defined work addiction as an excessive and uncontrollable need to work incessantly that affects the addict's health, happiness, and interpersonal relationships [10]. According to Salanova, et al, the causes of this problem “point to social, personal and labor conditions that interact and cause the worker to be affected by this addiction in a specific labor context” [11]. Cherrington, defines work addiction in general terms as an irrational involvement in excessive work that characterizes people who are unable to find another source of occupation other than their own work. Killinger, states that “a workaholic is a person who gradually loses emotional stability and becomes addicted to control and power in a compulsive attempt to achieve approval and success” [12]. For Robinson, work addiction is characterized by continuous, voluntary, and compulsive work overload, such that the worker is unable to regulate his work habits and ends up excluding other fields of interest and activity from his vital social world [13]. In other words, work addiction is everything that drives a person and forces him/her to work far beyond the demands of the job or the pleasure he/she may feel doing it. It is an internal pressure that makes the person feel bad, feel guilty if they are not working. For this reason, an addict no longer enjoys doing the work, but feels obliged to do it: it is not a question of work overload, but a self-imposed situation.

Salanova, Del Líbano, Llorens, Schaufeli & Fidalgo define work addiction as a psychosocial harm characterized by excessive work due mainly to an irresistible need or drive to work constantly [11]. More recently, it has been proposed that work addiction “is an irresistible internal drive to work very hard, i.e., addicts work excessively and compulsively” [14]. According to these authors, there are currently four criteria to define a workaholic: having a special work attitude, devoting excessive time and effort to work, suffering a compulsive and involuntary disorder to continue working (inclusive criteria), and showing general disinterest in any activity other than strict work (exclusive criteria). For the purposes of our research, the concept of work addiction refers to a type of compulsive and uncontrollable work behavior that affects work and social relationships and the mental health of the person affected. However, we recognize beforehand that this is a recent concept and that there is not, to date, a single definition accepted by all experts and researchers on the subject.

1.2. Who is a Workaholic?

According to Castañeda & García, the psychosocial profile of the workaholic includes the following traits: denial of the situation, manipulation of information, poor interpersonal communication, high need for control, willingness to do extra work, performing unnecessary tasks to justify their overwork, presenteeism (going to work while sick), extra-work problems, work habits that exceed what is prescribed, their goal at work is always perfection, among others [14-17].

According to Bryan Robinson a workaholic is characterized by: a) working compulsively, b) inability to relax after work, c) needing to control and do things his or her way, d) giving more importance to work than relationships with others, e) is unable to delegate or finds it very difficult, f) his or her self-evaluation is focused on the results of the work (tasks) rather than on the process of how those results have been achieved. To this list it is necessary to add: that work for these people is an obsession. [18,19]. Salanova, Del Líbano, Llorens, Schaufeli & Fidalgo, state that a worker with a work addiction problem presents the following behaviors associated with addiction: he/she works more than 56 hours a week without giving himself/herself a rest, works until late at night without resting, works even when sick, takes work home on a regular basis, cannot refuse additional tasks, his/her topic of conversation, bases his/her self-esteem on recognition for his/her work, needs praise and permanent recognition for his/her work, does not enjoy free time, vacations or rest, free time causes him/her anguish and anxiety, high need for control, among other behaviors [11,20-22].

1.3. Psychic Suffering at Work

The new labor relations show that discomfort in the organizational culture acquires the value of existential emptiness and meaninglessness of life. With regard to suffering at work, it is important to emphasize that working conditions significantly affect the perception of subjective well-being and recognition of the work performed by significant others in the context of labor relations. These psychological functions granted by the realization of a productive activity to the working subject are significantly altered or impeded in the context of the current productive restructuring's that bring as main effect the fragmentation of the man-work relationship, deriving in multiple symptoms of suffering at work. Due to the aforementioned situation, psychological intervention is necessary to understand how current working conditions determine a state of increasingly generalized subjective discomfort, which brings as a main consequence the manifestation of excessive or overflowing psychic suffering, and which is expressed in a new work psychopathology. In this context, suffering is conceptualized as a situation of extreme pain to which no meaning can be found. For this reason, suffering is for the subject more intolerable, more intense and therefore more difficult to symbolize. In other words, suffering at work turns out to be a subjective experience singularly lived by the subject at work. For the moment, it suffices to mention that for Dejours “suffering is not a psychopathology” [23]. This category would only fit for “a decompensated mental illness”. According to this French psychoanalyst, both mental illness and psychopathology could be a destiny into which occupational suffering could derive, but not necessarily the only possible destiny, especially if both individual and collective psychological defense strategies have been effective, as shown by previous research [24-27]. In the latter case, we are talking about a creative suffering that mobilizes all the subject's resources. However, we also find a moral or pathological suffering derived from the current conditions of work, which we will deal with in detail in our next article.

1.4. The Psychodynamic Clinic of Work

For Dejours, this perspective consists essentially of the dynamic analysis of the psychic processes mobilized by the confrontation of the subject with the reality of work [28-30]. For this reason, the subject of the treatment in this clinic is the subject of a singular history, a bearer of hopes and desires that he puts into play when he performs the activity proposed by the work organization. Orejuela argues that the psychodynamic perspective of the work clinic corresponds to a sub-disciplinary field of clinical analysis applied to the work context, which places work as a central aspect in the life of the subject, which fulfills functions of the direction of the meaning of his existence, of self-expression and emancipation [31,32]. According to Orejuela the clinical perspective of the psychodynamics of work approaches some theoretical and methodological elements of “clinical psychology and psychoanalysis, and thus redefines the meaning and value of work; also, of its relationships with human subjectivity and certain aspects that compose it such as identity, psychic suffering, happiness and health” [31]. In this sense, the psychodynamic clinic of work can be understood, according to Orejuela as a critical bet of theoretical-clinical-therapeutic-research character that aims to help understand, make visible and overcome the discomfort and suffering typical of the contemporary world of work [33].

Wlosko following this same line of thought, considers that the most important role that a professional and researcher of human subjectivity can play in the contexts of business organizations consists fundamentally in carrying out in a rigorous manner: the analysis of the psychological processes related to the subjective activity of working [34-38]. For their part, Fleury & Macedo. State that there is a convergence between the definition of the field of work psychodynamics and its fundamental elements, which are: suffering, the centrality of work for the subject, and the constitution of collective defensive strategies to withstand the pressures of the work organization, seeking normality and avoiding the pathological [39]. For this reason, it can be affirmed that the psychodynamics of work seeks to intervene the collectivity and not individuals in isolation. For a more precise understanding of this clinical perspective of work, it is necessary, according to Fleury and Macedo. to keep in mind some of its four essential premises [39]. First, the centrality of work for the subject in the constitution of his subjectivity. Secondly, the absence of neutrality of work with respect to mental health and the constitution of the subject. Thirdly, the possibility of changing work situations, considering that they exist due to human decisions and not by misfortune. Fourthly, the management of such changes occurs from the modification of work and not from an adaptation of workers to the existing work [40,41]. Finally, it can be affirmed that “the psychodynamic work clinic is concerned with listening to the unconscious and allowing suffering to be symbolized. This is under a transference framework that mobilizes a demand and gives openness to desire”[42]. For these authors, the psychodynamic clinic of work is a valuable proposal for organizational contexts if it is considered that it is a space where work subjects do not usually have the opportunity to manifest their discomfort or suffering [43,44]. Consequently, this type of initiative should be promoted and encouraged in companies

so that the subjects have the option to be heard and mobilize there the particular relationship they have with work and resignify their subjective position, thus reducing discomfort or suffering during the process of psychosocial intervention [37,45-49].

2. Conclusions

Work addiction, burnout syndrome, and mobbing are just three of the current manifestations of the effects of the new working conditions on the mental health of workers [50-52]. This is the scenario of a labor market that shifts people between labor precariousness and social exclusion. For this reason, we conclude this paper by pointing out that work addiction is not a disease but a symptom of the social malaise of our time, which should be studied both by work and organizational psychologists and by health psychologists. Furthermore, we can argue that workaholism from a cognitive/behavioral perspective is a compulsive and uncontrolled behavior that seeks excessive and immediate satisfaction but not a mental illness. Furthermore, addictions from a psychoanalytic perspective are the substitute for an impossible primordial satisfaction that becomes a compulsion to repetition.

From the perspective and practice of the psychodynamic clinic, work has a double face: on the one hand, it belongs to the social reality and, on the other hand, work is a scenario where conflicts and singular desires involving the history of each subject are projected. For this reason, the professional practice of the work psychologist would greatly benefit from the inclusion of the device of analytical listening to desire, free association and subjective accountability of the spoken word in organizational contexts. For thanks to the deployment of the word, a singular and collective plot emerges, where the subject has access to fantasy, creativity, and the transformation of his own existential space [53-55]. To conclude, we must recognize and accept that the professional practice of the psychologist of work and organizations from the perspective of the psychodynamic clinic of work implies assuming the listening of the subjective experience of both suffering and pleasure in the contexts of human work. This symbolic practice will be constitutive of a new social bond. Since the subject of this clinical practice of work is the social subject of Freud's proposal in the Malaise of Culture and in Psychology of the Masses and Analysis of the Ego, where it is stated that the subject of psychology is social [56-62].

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