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## SELECTED ASPECTS OF PSYCHOLOGICAL ADAPTATION IN THE FAMILY IN THE FACE OF THE PROBLEM OF WORKAHOLISM

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**Summary:** Workaholism as a phenomenon examined in theories of addiction is primarily associated with harmful consequences for the functioning of an individual. Along with the development of the psychological mechanisms of addiction, there are more and more difficulties in professional and personal life of a workaholic. These changes affect not only the addict, but also his or her environment, especially the family. Work gradually occupies a space that should be allowed for the family, causing not only the physical absence of the addict, but also the emotional alienation. A strong need to control, which is clearly realized in the area of professional activity, is also evident in interpersonal relations. As a result, relationships with family and friends largely come down to the verification and accounting for carrying out tasks and responsibilities. At the same time, perfectionism characteristic of the functioning of a workaholic overstates the standards and level of expectations in relation to family members. For children it means a risk of living under the constant pressure of tough assessment of a parent, and striving for being the best is associated with the only way to experience the attention and conditional acceptance. The situation of spouses of people addicted to work appropriately characterizes specific adaptation to workaholic behaviour, which in literature is described as codependency. It includes among others: taking over extra responsibilities which are not performed by a busy spouse, a sense of guilt enhanced by grudges of the addict, low self-esteem, lack of emotional satisfaction, loneliness.

**Keywords:** work, workaholism, addiction, family system, family members

### 1. Introduction

Overworking issues are more and more popular in the contemporary world. As Golinska points out, it is caused by factors such as:

- changes related to the progress of civilization which created favourable conditions for the development of new addictions, so called functional addictions, eg. internet, gambling, eating, shopping addiction, as well as work addiction (Golińska, 2013, p.118);
- the growing crisis within the family life that results in limiting the possibilities of meeting needs: security, intimacy, acceptance, love – fundamental needs accomplished by the family system. Work gives then the opportunity to experience something what was previously unattainable, ie. approval, appreciation, pleasure and satisfaction (Golińska, 2008).

Excessive engaging in professional activity does not necessarily mean the difficulty in psychological functioning. In the subject literature, we can distinguish at least several perspectives of understanding the problem of workaholism which are located at different points on a continuum from normal to abnormal. There are positions according to which workaholism results from „love for work”and, in this way, contributes to good health and happiness. Owing to work a person reaches a certain kind of mental health benefits, such as experience of significance and recognition and being responsible (Malinowska, 2014). On the other hand, workaholism as defined by dysfunction in psychological functioning is usually

presented in terms of addiction. Then, this is the specific set of symptoms which is visible e.g. in the form of characteristic psychological mechanisms of emotional regulation (Golińska, 2008). The result is the emergence of harmful effects on mental and physical health which affect not only a workaholic but also their surroundings. In this article, workaholism perspective is assumed in the theory of addiction.

## **2. Dysfunctional adaptation of workaholics' spouses**

Professional activity usually is an essential value involving the protection of the family living needs. However, in a situation when commitment to work becomes excessive, as a result, it can lead to deprivation of basic needs carried out in a family, including emotional needs typical of marital dyad. Workaholic, because of their absence and/or unavailability, gradually withdraws from married life together, neglecting their duties and distancing themselves from arising problems. In the hierarchy of workaholic's values, marital relationship usually is in an inferior place to the career aspirations, which may result in the emergence of negative emotions and significant relationship disturbance (Golińska, 2008). The situation of workaholics' partners becomes complicated because of both high social assessment of working hard and a system of illusion and denial which with time may develop in partners and activity of which may sustain mechanisms of addiction (Mieścicka, 2002). Based on analysis of the 100 wives of workaholics, Robison pointed out the following characteristics of their functioning:

- a feeling of being ignored, unnoticed, unloved;
- assuming excessive responsibility for marriage and family accompanied by a sense of loneliness;
- a feeling of being neglected by a husband whose commitment to working life definitely surpasses involvement in family life;
- a sense of control and manipulation by a husband;
- initiating various attempts to attract husband's attention, e.g. by showing interest in his work;
- a sense of tension, effort and lack of spontaneity in a relation with a husband;
- a sense of being less important in the face of a husband being in the central place
- experiencing a sense of guilt in the situation of expecting from a husband something else than issues connected with his professional activity;
- a belief about low self-esteem originating from being compared to an admired by the environment husband;
- experiencing a clear discrepancy between the sphere of their own feelings such as grief, a sense of injustice, and position of environment indicating feelings of gratitude and pride in a husband (Robinson after Golińska, 2008).

Constantly repeating patterns of workaholic behaviours do not change despite the efforts of a spouse. With time, workaholics' partners who do not cope with increasing hostility and loneliness may experience clear physical and mental ailments (Kozak, 2009). At the same time, the most common are allergies, hypertension, ulcers, neuroses, depression (Mieścicka, 2002). It is worth stressing that not all studies confirm the negative impact of workaholism on the quality of a marital relationship (Malinowska, 2014). It is indicated by the need for caution in the interpretation of pointed relationships and their cause and effect connections. There is a possibility of the opposite direction of relation according to which excessive commitment to work is a way of compensation of unsatisfactory marital relationship (Golińska, 2008). The problem, therefore, requires further in-depth empirical testing.

### **3. Possible difficulties experienced by children of workaholic**

Addiction of a family member affects the whole family system, causing essential changes in the dynamics of the processes occurring in this system. The imbalance concerning raising children may eventually lead to dysfunctional parenthood and considerable difficulties in the functioning of children. Workaholics most often grow up themselves in a family of abnormal patterns of interpersonal relationships which then they copy in relations with family and friends. Most often, they experienced appreciation and love in their families only in a situation when they worked hard for it. With high probability, they will repeat similar patterns of conditional acceptance towards their children. A child of a workaholic will therefore take serious efforts of „being the best,” so as to get at least a small token of appreciation and approval from a parent. However, when a child does not live up to unreasonable expectations, when they are not the best pupils, when they do not achieve successes and do not get prizes, they cannot count on signs of interest and enthusiasm, and they rather meet reprimand and cautions (Killinger, 2007). Contacts with a parent can be therefore constantly accompanied by anxiety and a sense of being controlled and evaluated. At the same time, a typical of workaholism perfectionism makes accomplishment by a child excessive standards that would satisfy a parent an extremely difficult task. It can intensify the ever-present sense of being imperfect hidden beneath the image of a perfect reliable, successful child. Robinson's research (Robinson after Guerreschi, 2005) shows that children of workaholic have a clear tendency to the self-critical attitudes and experiencing guilt. They know achievements of a perfect workaholic parent and internalize their patterns of functioning striving for achieving comparable standards. A significant threat to children of workaholics is therefore development of similar patterns of involvement in professional activity and, eventually, mechanisms of addiction to work. A factor that also increases the risk of dysfunctional behaviours in a workplace can be:

- hiding emotionalism by parents,
- lack of appropriate bond between a parent and a child,
- other difficult experiences in the early years of a child's life (Wojdyło, 2010).

Typical of this group of children is also a sense of over-responsibility with parents described as „parenthood” syndrome. It means taking over the duties of parents (e.g. the supervision of younger siblings) and excessive care and concern for their emotional comfort. At the same, the care the children take is inadequate to their age and capabilities, and takes place at the expense of their development needs. As a result, these children may become overly susceptible to environmental influences, satisfying their need for approval by fulfilling the expectations of others (Golińska, 2008). It is therefore understandable, as confirmed by the study of adult children of workaholics, greater likelihood of high level of anxiety, depression and difficulties in partnership (Guerreschi, after Robinson 2005).

### **4. Conclusions**

Workaholism is an addiction that is not connected with embarrassment, but rather with recognition, social approval and prestige associated with high socio-economic status. External image do not tally with the consequences of developing mechanisms of addiction for the functioning of a workaholic and their family. Mechanisms typical of adaptation, described as codependency can with time lead to significant emotional problems and psychosomatic diseases. In the case of children, the consequences may also concern repeating in the course of the development of dysfunctional patterns observed in a parent and the effect of a bigger threat is establishing of workaholic behaviours in adult life. Workaholism is an addiction that requires taking therapeutic action. At the same time, the decision on starting a therapy may be

difficult due to the working system of denial, as well as associated with its adaptation functioning of a workaholic's family and strengthening resulting from a positive social assessment of commitment to work. An interesting suggestion about aid impacts directed towards workaholics may be the use of assumptions of the Eliss rational emotive behaviour therapy. This approach assumes the change of destructive cognitive patterns such as e.g.: „I have to be better in action than others”, „people may think I am lazy if I work fewer hours”. Moreover, a significant area of work towards change is to develop the skills of emotional control. The fundamental aim here is to replace the ways of unhealthy emotional regulation, the centre of which is professional activity, with the ways which are harmless for an individual. Also, the significance have behavioural impacts such as: leisure time spending without guilt, ability to passive rest and relaxation in the form of spontaneous entertainment (Killinger, 2007).

According to the assumption that a family is the system of interrelated parts, both an addict and their family and friends need therapeutic help. Spouses as well as children need influences in the field of psychoeducation and strengthening the skills of change of disadaptation forms of adaptation to arisen difficulties in the family system. Therapeutic measures directed towards partners should take into consideration, among other things, improving concentration on one's own and children's needs, taking the blame for excessive sense of responsibility, practicing open and direct communication as well as training in the field of dealing with difficult emotions (Killinger, 2007). Preventive measures addressed to those who are in a group of enhanced risk of addiction to work activities are also essential, e.g. to individuals from families:

- of abnormal patterns of communication,
- not realizing the needs of unconditional acceptance,
- where parents had problems related to addiction to work.

Prevention should also be relevant in a situation when commitment to work slowly intensifies and its dynamics becomes more and more threatening.

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