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## Introduction

### *The “Blackberrization” of Our Lives*

I didn’t need to use drugs because my bloodstream was  
manufacturing my own crystal meth.

— WORKAHOLICS ANONYMOUS MEMBER

Recently I was invited to appear on a major network television show. Three minutes before airtime, the co-host leaned into me, referring to what she called her “crackberry”: “I used to sleep with my Blackberry,” she said, “so I wouldn’t miss anything. But then I realized I really don’t need to do that. Do I?”

Before I could answer, we were live in front of an American audience, with her asking me about society’s problem with workaholism and what we could do about it. In that same segment a recovering member of Workaholics Anonymous testified that “I didn’t need to use drugs because my bloodstream was manufacturing my own crystal meth.” Even the producer of the show admitted that the more he read my book, *Chained to the Desk*, the more concerned he became about his own workaholism.

That day I realized a lot more education needed to be done before folks would fully understand the problems of workaholism. Although it had been only nine years since the first edition of *Chained to the Desk* was published, we had entered a new century. And a lot had happened in terms of work and workaholism

in that nine-year period. Back then “blackberries” were something *you* consumed, not something that consumed you. If you had a “bluetooth,” you went to the dentist instead of to work. The 1990s workday phrase “9 to 5” became obsolete, replaced by the new millennium phrase “24/7.” These trends were an indication of how work had slithered its way into every hour of our day—the “Blackberrization” of our lives.<sup>1</sup>

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The same year that the first edition of *Chained to the Desk* was published, the Families and Work Institute reported that the average American worker clocked 44 hours of work per week, an increase of 3.5 hours since 1977, and far more than workers in France (39 hours per week) and Germany (40).<sup>2</sup> That 44-hour work week jumped to 47 in 2000, according to the *US News and World Report*.<sup>3</sup>

Even more disturbing has been the slow evaporation of vacation days. Years ago I never went on vacation without my computer, cell phone, and mountains of work. Although my old habits have changed, they are typical of today’s employees, many of whom haul tons of work on vacation. But an increasing number of workers no longer take vacations at all. The Economic Policy Institute of Washington, D.C., revealed that the average American took only two and a half weeks of vacation and holidays in 1990—less than workers in any other developed country, including Germany, where workers take six weeks a year. A 2004 survey by Management Recruiters International reported that nearly one-half of U.S. executives said they wouldn’t use all of their earned vacation because they were too busy at work.<sup>4</sup> Another study by the Families and Work Institute found that 36 percent of American workers did not plan to use their full vacation.<sup>5</sup> The average American worker left four vacation days on the table in 2006—mainly, workers said, because too much extra work makes it too stressful: “We have to get ahead of our workload in order to leave, and then we have to catch up to our workload upon our return.”<sup>6</sup>

Fear is another reason. Increasingly, patients in my clinical practice say they are afraid to take vacation days for fear they will not be perceived as a team player. Some even said they were afraid to leave the office for lunch because if positions were cut, they would be the first to go. This worry has increased nationwide. In 1977, 45 percent of people felt secure in their jobs, according to the Families and Work Institute. That number dropped to only 36 percent in 2006.<sup>7</sup>

Another decline among workers is the drop in social relationships. A major study in 2006 revealed that Americans are becoming more socially isolated today than two decades ago, presumably because of our love affair with the Internet and our Blackberries. The study also reported a one-third drop in the number of people the average person could call a friend.<sup>8</sup> So not only has the problem of workaholism not gone away, but it has worsened. Hence, this second edition of *Chained to the Desk*.

### *Overwork: This Century's Cocaine*

Our society's dangerous immersion in overwork may help explain why we can't see the water we swim in, why many therapists look blank when the spouses of workaholics complain of loneliness and marital dissatisfaction, and why the concept of workaholism is still relegated to pop psychology. There are hundreds of studies of alcoholism, substance abuse, and eating disorders but only a handful on workaholism. This is a profound omission. Overwork is this century's cocaine, its "problem without a name." Workweeks of sixty, eighty, even one hundred hours are commonplace in major law firms and corporations; tribes of modern-day male and female Willy Lomans, manacled to cell phones, trundle through the nation's airports at all hours with their rolling luggage; cafes are filled with serious young people bent over laptops; young workers at dotcoms are available for work, as the slang phrase has it, "24/7"—twenty-four hours a day, seven days a week. It is high time that all of us

stopped relegating compulsive overwork to the pop-psychology bookshelves and took a hard look at our lives.

*Chained to the Desk* is a metaphor for the agonizing work obsessions that haunt workaholics even when they are away from their desks. The director-actor Penny Marshall, confessing to being a workaholic in a *People* magazine interview, said that when she's working, she's obsessively working and that she loses all concept of what day it is. Her devotion to work means that she puts her personal life second. Throngs of workaholics openly admit their obsession for work while concealing the darker side of their addiction. They testify to their passion for work, their nonstop schedules—all of which present them in a favorable light. They fail, however, to mention their episodes of depression, anxiety, and chronic fatigue, which almost always occur as an aftereffect of working obsessively for days on end. The upside of workaholism brings honor, but the downside carries a stigma.

Workaholism is the best-dressed problem of the twenty-first century. Workaholics often have comfortable incomes, and their families appear to have all the material comforts. Not only does work addiction look good on workaholics, but it also is becoming on their families from the outside. But behind closed doors workaholics are breaking down inwardly, and their families suffer in quiet desperation. Here's how one adult who grew up with a workaholic parent expressed her frustration in a letter to me:

On the outside workaholics are glorified do-gooders and hard workers. Our society praises workaholics, but what workaholism does to people on the inside is harmful. It cuts them off from the rest of the world, including friends and family. It causes them to work constantly without rest, to be in their own cold, dark, lonely world—all alone with room only for other tasks to be completed. Outwardly, workaholics are good citizens; inwardly, they're dying a slow death.

Workaholism is widespread in its devastation. It infects other family members, causing them to experience a whole set of mental health problems of their own. I use an addiction model, combined with a family systems model, throughout this book to show the downside of work addiction and its impact on the individual workaholic, as well as on the workaholic family as a whole. The chapters that follow expose the dark side that successful people are either too ashamed to admit to or too blind to see—that cycles of prolonged highs are always followed by low periods that can last for days or weeks.

Work addiction or workaholism is an addiction in the same way that cocaine and alcoholism are addictions. Progressive in nature, these addictive behaviors are unconscious attempts to resolve unmet psychological needs that have roots in the family of origin and can lead to an unmanageable everyday life, family disintegration, serious health problems, and even death. Similar to alcoholics, workaholics have rigid thinking or “stinkin’ thinkin’” patterns that feed their addiction. Because of their self-absorbed preoccupation with work, workaholics often do not notice signals, such as physical aches and pains or reduced ability to function, that can be warnings of serious health problems. Work addiction damages the mental and physical health of the workaholic. It is physiological and chemical in nature and can lead to anxiety and depression and even to suicidal ideation. Work highs, reminiscent of the alcoholic euphoria, run a cycle of adrenaline-charged binge working, followed by a downward swing. Euphoria eventually gives way to work hangovers characterized by withdrawal, depression, irritability, and anxiety.

Members of Alcoholics Anonymous often speak of the moment they “hit bottom.” The glamour peels off like old varnish, alcohol stops working for them, and they can no longer think of themselves as simply “bon vivants” or “men-about-town.” Workaholics, too, hit bottom: a spouse may threaten divorce; a long-ignored back problem or stress-related illness like psoriasis may become painfully disabling; or valued employees may quit, tired

of trying to meet impossible deadlines. Some hit bottom before they can admit they have a problem and get the help they need. Some workaholics become so depressed that they cannot get out of bed. They find themselves alone, unable to feel, and cut off from everyone they care about. Marriages crumble, and health problems hit crisis proportions. Breaking through the denial shakes workaholics into facing the truth and getting the help they need.

Many of the workaholics I see in private practice are dragged there kicking and screaming by their partners; others finally burn out or get tired of being perceived as the impossible boss at work and the distant parent at home. "It finally reached a point that I hit a wall!" exclaimed Ed, smacking his right fist into his left palm. "And I couldn't escape it anymore. I was either going to deal with it or I was going to die."

### *Workaholism and Work Addiction*

The term *workaholic* was coined by Wayne Oates in the first book on the subject, *Confessions of a Workaholic*, in which he described workaholics as behaving compulsively with work in the same ways alcoholics do with alcohol.<sup>9</sup> More than thirty years later, no consensus exists among clinicians on how to define or categorize workaholism. Neither workaholism nor work addiction is defined in many dictionaries, and the latter term wasn't included in the spell-check on my brand-new Dell computer, on which I wrote the second edition of this book.

Clearly, we still haven't developed a language that would enable us to properly refer to the problem of workaholism or to distinguish among its various nuances. And although it has become a household word, workaholism has not been accepted into the official psychiatric and psychological nomenclature. The American Psychiatric Association considers it a symptom of obsessive-compulsive personality disorder. Jeffrey Kahn, consultant for the American Psychiatric Association committee on psychiatry in the workplace insists that "other professionals who

think workaholism is an addiction or a diagnosis in and of itself are ‘missing the boat.’”<sup>10</sup> It is shocking that in 2006 the Priory, Great Britain’s high-profile clinic for addiction, charged that “workaholism is just something journalists like to write about.”<sup>11</sup>

Sadly, in the twenty-first century work addiction has become so pervasive that many of us don’t see the condition or realize how serious it really is. Many clinicians—vast numbers of whom are also workaholics—still do not recognize workaholism as a problem. They see nothing wrong with eighteen-hour, pressure-cooker days. They deny that workaholism is a factor in their patients’ problems or in troubled relationships among couples who see them for psychotherapy. Although it surrounds us daily, they look on it much as we do caffeine or prescription drugs—as harmless, even beneficial.

Uninformed clinicians often prescribe work as a solution to emotional problems, rather than identify it as a cause. In the course of my research, writing, and national speaking engagements, I have been appalled by the inability of the psychotherapeutic community to recognize, understand, and treat workaholics. I have seen misdiagnosis after misdiagnosis because of this lack of awareness. I have also been shocked and dismayed at the pervasiveness of workaholism among practitioners and the attendant denial about their own out-of-control work habits.

So for purposes of discussion, I often use the terms *workaholism* and *work addiction* interchangeably throughout this book. My definition of *workaholism* is as follows: *an obsessive-compulsive disorder that manifests itself through self-imposed demands, an inability to regulate work habits, and an overindulgence in work to the exclusion of most other life activities*. Workaholism is a form of escape from unresolved emotional issues, and the relief it provides has an addictive quality. In the clinical work that I do, workaholism is considered a “firefighter,” which means that overworking puts out emotional fires.<sup>12</sup> The addictive nature of workaholism comes from the fact that workaholics are temporarily delivered from the red-alert condition

through the distraction of working. But because the deeper issues are not addressed, constant working is necessary to keep the simmering flames from becoming wild fires.

### *Why Will This Book Be Helpful?*

This book provides an inside look at work addiction. It debunks the myths, refutes false claims, and sets the record straight, using the clinical, empirical, and case studies currently available. Since the first edition of this book, new studies have emerged that provide deeper insights into the disorder and into the effects it has on the workaholic's family. From California to the Carolinas, men and women recount their agonizing bouts with work addiction and the devastation left in its wake. It's no accident that personal stories in San Diego resemble almost detail by detail the accounts of those in Atlanta. It's no coincidence that patient after patient in Asheville, North Carolina, who grew up in workaholic homes describe hauntingly similar feelings that parallel those of children of workaholics in Peoria, St. Louis, and Houston. It's not a fluke that partners of workaholics in New York describe, almost in minute detail, the exact experiences of partners in other parts of the country. These personal accounts, though not scientific in the quantitative sense, carry their own validity because they document the psychological experiences of individuals impacted by work addiction—the details of which provide an uncanny match in such high numbers that the emerging profiles cannot be attributed to chance alone. In this respect we do have a qualitative science of work addiction derived from the parallel themes and feelings that have been observed by clinicians in the field.

Many aspects of this book are groundbreaking. It is the first book on work addiction to show not only its devastating effects on workaholics but also its effect on those who live and work with workaholics—their partners, offspring, and business associates. It contains new and innovative research not reported anywhere else on the outcomes of adults who carry the lega-

cies of their workaholic parents and the problems this presents for their own adult relationships. Each chapter opens with a case study, and some chapters contain portrait tables, assembled from hundreds of case reports and a small body of clinical and empirical research. Each chapter concludes with a section called Suggestions for Clinicians, which provides practitioners the strategies and techniques they need to treat workaholics, their loved ones, and their employers and colleagues in the workplace.

In writing this book, I have drawn on my own personal experiences, the research I've conducted at the University of North Carolina at Charlotte for the past twenty years, my vast clinical practice with workaholics and their families, and correspondence from around the world. This information is presented in a readable way for the average person who is struggling with these issues in his or her personal life. Combining scientific knowledge and clinical implications with personal accounts, this book also is unique because it is the first informative source for clinicians to help them respond to the work-addiction epidemic that is sweeping this country. Written for psychologists, social workers, marriage and family therapists, counselors, health educators, the clergy, medical practitioners, teachers, health-care administrators, corporate heads, and employee-assistance personnel, *Chained to the Desk* apprises professionals of the origin and scope of the problem, its pervasiveness within the family system, and how they can diagnose, intervene, and provide treatment for workaholics and their families.

*Chained to the Desk* is for all the people who are struggling with this insidious and misunderstood addiction. It aims to provide both counseling and consolation when they cannot find them elsewhere. It is my hope that people will be able to get the help they deserve from the medical establishment, from professionals in the addiction and treatment fields, and from clinicians in various capacities. It is also my hope that work addiction will be more openly accepted, diagnosed, understood, and treated as a serious condition. May it help you, the reader, find that place

in your life where career success and personal and intimate fulfillment reside side by side—where you will know more about special times to pamper yourself, to just *be* with others, and to have idle moments with nothing to accomplish. You might not be ready to pack your bags and head for the woods, but you might carve your life more in the mold of Henry David Thoreau, who said, “Time is but the stream I go a-fishing in.”