

Diagnostic Criteria for Workaholism

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One of my former students recently reminded me of diagnostic criteria that I had proposed at continuing education workshop at an annual conference of the Georgia Psychological Association in 1987. The purpose of the proposal was to illustrate the similarities between alcohol and substance dependence and other types of process addictions. By simply substituting the word “work” for “substance,” a diagnostic category of “Work Dependence” (also known as workaholism) could be defined.¹

Consistent with some of the trends that had been incorporated into the fourth revision of the American Psychiatric Association’s (APA) *Diagnostic and Statistical Manual* in the early 1990s, I based the following criteria on the Option 1 proposal that was contained in the *DSM-IV Options Book* (APA, 1991):

Work Dependence (workaholism)

A maladaptive pattern of work, leading to clinically significant impairment or distress, as manifested by several of the following:

1. tolerance, as defined by any of the following:
 - a. need for markedly increased amounts of work to achieve the desired effect,
 - b. markedly diminished effect with continued use of the same amount of work
 - c. has functioned adequately at work at levels that would produce impairment in a casual worker
2. characteristic withdrawal syndrome for work:
 - a. craving for work,
 - b. anxiety or nervousness,
 - c. rambling flow of thought and speech,
 - d. psychomotor agitation or restlessness,

3. work is often performed to relieve or avoid withdrawal symptoms,
4. work is often performed in larger amounts or over a longer period than intended,
5. any unsuccessful effort or persistent desire to cut down or control work,
6. a great deal of time is spent working or recovering from its effects,
7. recurrent work resulting in inability to fulfill major role obligations at home,
8. recurrent work in situations in which it is physically hazardous,
9. important social or recreational activities are given up or reduced because of work,
10. recurrent work-related legal or interpersonal problems,
11. continued work despite knowledge of a persistent or recurrent problem(s) caused or exacerbated by work.

Severity of impairment:

Mild: Few, if any, symptoms in excess of those required to make the diagnosis, and the symptoms result in no more than mild important in social activities or interpersonal relationships.

Moderate: Symptoms or functional impairment between “mild” and “severe.”

Severe: Many symptoms in excess of those required to make the diagnosis, and the symptoms markedly interfere with social activities or interpersonal relationships.

Subsequently, in an effort to create a more concise model, which was also more aligned with DSM-5 (APA, 2013),² I considered an abbreviated criterion set based on at least three (3) of the following:

1. Preoccupation with work or work-related behaviors (i.e., obsession)
2. Unsuccessful efforts to cut down or control work (i.e., loss of control)
3. Need for increased work to achieve the desired effect, or diminished effect with same amount of work (i.e., tolerance)
4. Working when expected to be performing social or home roles (i.e., role impairment)
5. Reduction in non-work-related activities (e.g., social, playing, leisure activities)
6. Work despite knowledge of problem caused or exacerbated by work (e.g., ulcers, hypertension, marital discord)
7. Work done to relieve or avoid withdrawal symptoms (i.e., relief work)
8. Characteristic withdrawal symptoms (when not working)
 - ✓ Feelings of guilt for not working enough
 - ✓ Vague anxiety and tension
 - ✓ Fatigue and lethargy
 - ✓ Sleep disturbance

References

- American Psychiatric Association (1991). *DSM-IV options book: Work in progress*. Washington, DC: Author
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- Doverspike, W. F. (1987, May 17). Neuropsychological assessment of addictive disease. Continuing education workshop presented at the annual meeting of the Georgia Psychological Association.

Notes

1. In the fields of pastoral counseling and psychotherapy, the term *workaholic* is attributed to Wayne Oates, Ph.D. (1917-1999), who was a professor of psychology of religion and pastoral care at Southern Baptist Theological Seminary in Louisville, Kentucky. Popularizing the term in the title of his book, *Confessions of a Workaholic*, Oates described workaholism as “the compulsion or the uncontrollable need to work incessantly” (Oates, 1971, p. 11).

Oates, W. E. (1971). *Confessions of a workaholic: The facts about work addiction*. New York, NY: World.

2. Although the diagnostic criteria for “workaholism” were developed 35 years before the publication of DSM-5, the general concept is also compatible with the more recent text revision of DSM-5-TR (APA, 2022).

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text revision). Washington, DC: Author.

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