IF Plan A Didn't Work. The alphabet has 25 more letters! Stay Cool.

Motivation

EVERY DAY IS A NEW BEGINNING, TAKE A DEEP BREATH AND START AGAIN.

> Indrė Kurkulytė Artemidė Motekaitytė



Introduction:

Motivation. What it is? Motivation theories.

- Motivation and work. Workaholism.
- Motivation and psychotherapy.
- Drugs and motivation.
- Drugs and psychotherapy.

Some question for you

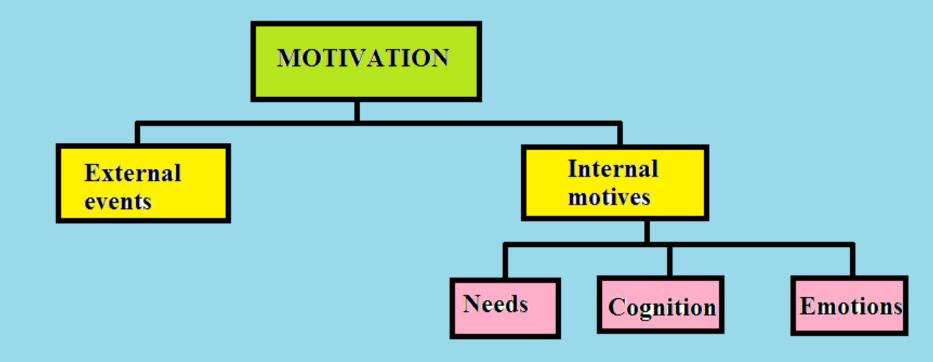
- What do you think what is motivation?
- How can you tell when someone is or is not motivated?
- How do you know that one person is more motivated than the other?



motivational penguin

Motivation

"It's better to try and fail than to never know and always wonder"
Motivation can be defined as the *"*activating orientation of current life pursuits toward a positively evaluated goal state". (Rheinberg, 2004a).
Video!



Instrinct motivation vs. Exstrict motivation

 "Instrinct motivation – is the innate propensity to engage one's interest and to exercise one's capacities and, in doing so, to seek out and master optimal challenges" (Deci and Ryan,1985a, cit. Reevie,2001). When people are motivated instrict they feel satsifaction in what they are doing.



 "Extrinsic motivation – arises from environmental incetives and consequences" (Reevie, 2001). When we want higher grade, win some prize it is extrinsic motivation. This motivation is to do something in order to get what you want. This motivation orientated in end.



Where is instrinct and where is exstrict motivation?





Autonomous motivation vs **Controlled motivation** Self-determination theory (SDT; Deci & Ryan, 1985; Ryan & Deci, 2000, Aziz, Zickar, 2006) Autonomous motivation encompasses intrinsic motivation and extrinsic motivation as well but in this case it is become more individual and autonomous. (Aziz,Zickar,2006)

 Controlled motivation orientated in external regulation. Behavior orientated to satisfy external demands or to get some award also introjected regulation where is seek to avoid guilt, anxiety or increase self-effacy.(Aziz,Zickar,2006)

To understand better

Koestner, Otis, Powers et al(2008) write about Sheldon and Elliot(1998) study, where they try to understand what motivate to reach the goal.Participants were asked to rate reasons why they want to reach goal.

- Instrinsic(because of the fun and enjoyment which the goal will provide)
- Identified (because you really believe that it is an important goal to have)
- Introjected (because you would feel ashamed, guilty, or anxious if you didn't)
- External (because somebody else wants you to)

Amotivation

Amotivation – lack of motivation, in this state people do not act at all or act without intent (Deci & Ryan, 2008, cit. Aziz, Zickar,2006).

I'm NOT lazy

I'm HIGHLY motivated to do NOTHING

Motivation and work. Workaholism. Motivation and psychotherapy.

Indrė Kurkulytė

2014

Motivation and work. Workaholism.

Is it possible to die from work?

Karoshi - death due to overwork
Karo-jisato - suicide due to work overload (Guglielmi, Mazzetti, Schaufeli,2014)





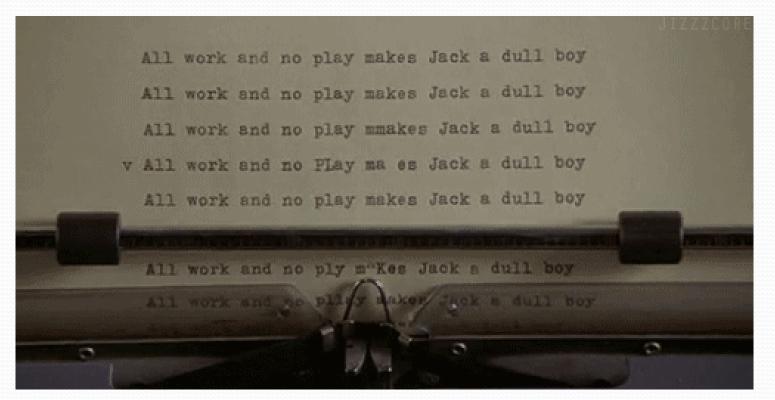
 Working people increase they spent time in work from 43 to 47 hours per week during past 10 years. Professional workers work 50-70 hours week (Beek, Taris, Schaufeli, 2011).

Workaholism. Is it real problem? Discussion.

https://www.youtube.com/watch?v=wGyoMILIros

Workaholism vs Work engagment

How do you think what is differences between workaholism and work engagment?



Workaholism

The original conceptualization of workaholism was developed by Oates(1971), who defined it as an uncontrollable need to work incessantly, with consequences that may constitute a danger to one's health, personal happiness, interpersonal relations, and social functioning (Gugliemi and others.,2014).

Work engagment

- Engagment Absorption in work, often because it is fulfilling and enjoyable. (p.700,Arnold et all. 2010).
- Work engagement refers to "a positive, fulfilling, workrelated state of mind that is characterized by vigor, dedication, and absorption"(Guglielmi, Mazzetti, Schaufeli,2014).

Workaholic and Work Engaged Employees:Dead Ringers or Worlds Apart? (Beek, Taris, Schaufeli, 2011).

- Meanings of terms workaholic(-) and work engagment(+).
- Groups: workaholic employees, engaged employees, engaged workaholics, and nonworkaholic/nonengaged employees.

Results:

- Workaholics are controlled by controlled motivation and engaged workers by autonomous motivation.
- According working hours work engagment and workaholics work approximatly 37 hours. (nonworkaholics/non engagment work 33)
- Burnout(Physical or mental collapse caused by overwork or stress, Online Oxford dictionary): workaholics the most and work engagment the least.

Workaholism

- How to identiefied workaholic?
- The most popular scale to identiefied workaholic is Spence and Robbins's (1992) scale. It has 3 dimensions: excessive work involvement,drive to work, and lack of work enjoyment (Aziz, Zickar, 2006).



Work involvement measure how useful employee spend their time and how they affirm that they spend their time productively. Drive to work measure internal motivation to work. Work enjoyment shows employee satisfaction from work (Aziz, Zickar, 2006).

DUWAS

 Scale orientatied in negatively aspects of workaholism : Dutch Work Addiction Scale (DUWAS). It has 2 scales: working excessive (I seem to be in a hurry and raicing against the clock) and working compulsively(I feel obliged to work hard, even when t is not enjoyable) (Libano, Llorens, Schaufeli, 2010).

Validity of a brief workaholism scale (Libano, Llorens, Schaufeli, 2010)

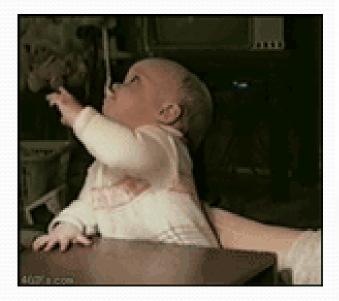
- Aim of study: to test short Duwas version and to see if workaholism is negatively related with perceived health and happiness.
- Results: Short version of DUWAS fits the data better than original questionnaire. Workaholism is negatively related with perceived health and happinnes.

Example of DUWAS (Libano, Llorens, Schaufeli, 2010)

(Almost) never 1	Sometimes 2	Often 3	Almost (always) 4			
1. I dislike overwork (WkE) ¹			1	2	3	4
2. I often wish I weren't so committed to my work (WkC)			1	2	3	4
3. I seem to be in a hurry and racing against the clock ² (WkE)*			1	2	3	4
4. I find myself continuing work after my co-workers have called it quits (WkE)*			1	2	3	4
5. It's important for me to work hard even when I don't enjoy what I'm doing (WkC)			1	2	3	4
6. I stay busy and keep my irons in the fire (WkE)*			1	2	3	4
7. I often find myself thinking about work even when I want to get away from it for a while (WkC)			1	2	3	4
8. I overly commit myself by biting more off than I can chew (WkE)			1	2	3	4
9. I seem to have an inner compulsion to work hard, a feeling that it's something I have to do whether I want to or not (WkC)			1	2	3	4
10. I put myself under pressure with self-imposed deadlines when I work (WkE)			1	2	3	4
11. I often feel that there's something inside me that drives me to work hard (WkC)			1	2	3	4
12. I spend more time working than socializing with friends, on hobbies, or on leisure activities (WkE)*			1	2	3	4
13. I feel guilty when I am not working on something (WkE)			1	2	3	4
14. I feel obliged to work hard, even when it's not enjoyable (WkC)			1	2	3	4
15. I find myself doing two or three things at one time such as eating lunch and writing a memo, while talking on the phone (WkE)*			1	2	3	4
16. I feel guilty when I take time off work (WkC)			1	2	3	
17. It is hard for me to relax when I'm not working (WkE)			1	2	3	4

Workaholics born or made? (Gugliemi et al.,2014).

• How do you think?





This study tried to find how overwork climate (is working beyond set work hours, doing unpaid overtime work, taking work home, working during weekend and holidays) and personality traits (achievement motivation, perfectionism, conscientiousness, Self-efficacy) are related with workaholism.

Results: overwork climate is related with workaholism and characteristics like achievement motivation and perfectionism were significant associated with workaholism.

Is workaholism is syndrome?

• is it?

 Syndrome: "term applied to a group of symptoms occuring regularly and thus constituting a disease to which some particular name is given" (Macpherson, 2004, p. 602 cit.acc. Aziz, Zickar, 2006).



A Cluster Analysis Investigation of Workaholism as a Syndrome (Aziz, Zickar, 2006)

Results: According this data workaholism can be named as multifaceted syndrome. Workaholics experienced more work-life imbalance and less life satisfaction than non workaholics. Also need to mentioned that hours worked alone does not indicate you as workaholic. Because a lot of reasons like need for money or organizational culture are able to indicate it **Is workaholism THAT bad?** The positive wellbeing aspects of workaholism in cross cultural perspective (Baruch, 2011)

Fulfill acievement needs
Recognition in work place
Strong social interactions
Job satisfaction
Promotion and/or bigger salary
It is better way to run away from problems than

alkohol/drugs and so on...

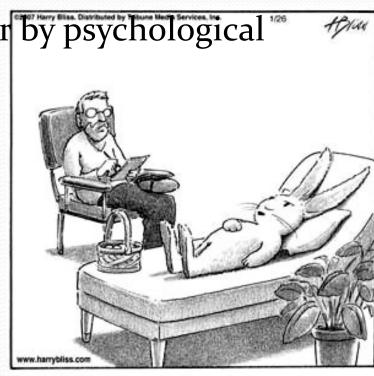
http://sakura no tamasire, deviantart, com KuraiSakura

How to help for workaholic and his family? Spouses of workaholics: Clinical implications for psychotherapy (Robinson, 1998)

Ways to help:
Deep look into family
Workaholic and mariage (feelings, cause of changing)
Talking about work
Don't stop family life
Anonymous Workaholics

Psychotherapy and motivation

- What it is psychotherapy?
- Online oxford dictionary describe it like that: The treatment of mental disorder by psychological " rather than medical means.



"I dunno, I guess I just don't believe in myself anymore."

 Researchers articles, meta-analyses show that psychotherapy are able to be highly effective form of mental health treatment and gives the desire changes for individauls and groups. But sometimes it is not successful: individuals drop psychotherapy or it didn't give desire changes (Anderson, Moore, Tambling ,2013) So...



What leads psychotherap

success

Despite the fact that the answer is searching for decade it is already known that the most important things is not psychotherapy field but personal characteristics (40%), common factors of psychotherapy(35%) psychotherapist feature 20%, field of psychoterapy 5% (Danilevičiūtė,Laurinaitis, Vilūnienė, 2012) Important personal characteristic wich make impact to psychotherapy are: emotional state, disfunction, intelect, ability to talk, sex,age,education,work, hope and motivation for psychoteraphy. It is thought that motivation is the most important factor when patients decided to take psychoteraphy. To look through researches it is notice that patient motivation to engage in treatment lead psychotherapy results (Danilevičiūtė et al., 2012)

s motivation stable or it is dynamic

process? The motivational factors of activity versus helplessness and the psychotherapeutic change(Simon,Siwiak-Kobayashi,2008)

• Results: all motivation factors (activity, hopelessness, wrogness, threat) change during psychotherapy process. Activity factor increase while all others: helplessness, wrongness and threat decrease. Not only motivation leads psychoterapy success also increase activity is the most related with psychotherapy outcome. Also there are correlation between symptome decline and motivation dynamic, the best results are in begging of treatment.

Avoidance motivation and psychotherapy Avoidance motivation in psychological problems and psychotherapy. (Holtforth, 2007)

Avoidance motivation – when you try to avoid some unpleasant feelings (Holtforth,2007)

???Could you give me an example? How it is could be realted with psychotherapy?



• How avoidance motivation is related with psychoteraphy? Avoidance motivation can help as well as impede psychotherapy process. Because succesful treatment can show that psychoterapy succeed in changing avoidance motivation. Avoidance motivation was related with psychoterapy success and correlate with other psychotherapy outcomes. Patient who reduce avoidance motivation shows better result in psychotherapy outcome (Holtforth, 2007).

The Importance of Therapy Motivation for Patients With Substance Use Disorders(Philips,Wennerberg,2013)

• This article want to know is pretherapy motivation is related to other characteristics and if it can predict full participation in therapy.



Results : as expected woman show better result in Autonomous motivation and less in Controlled motivation and amotivation. Age didn't show significant different. Patients with more harder symptoms of SUD feel greater presure from people around them to participate in psychotherapy (controlled motivation). More Patients with autonomous motivation thought that treatment will be successful. As well these expectations were less to amotivated patients. Suprisingly but autonomus motivation didn't show significant rezult in retention. Amotivation is a risk factory for SUD (substance use disorders) patiens to drop out psychoterapy.

If I feel pressure... The intersection of therapy

constructs: the relationship between motivation to change, distress, referral source, and pressure to attend (Anderson, Moore, Tambling, 2013)

 The aim of this article is to examine links between motivation to change, initial levels of stress, referral source and pressure to attend in psychotherapy. ATUFF 2011

Results: This study shows there are correlation between stress and motivation. (If you feel more stress you are more likely to participate in therapy). Also if person doesn't feel pressure to attend in therapy he is more motivated to change while person who feels pressure to attend in psychotherapy is just in preaction to change stage (not so motivated).

Once again! What could influenced motivation for psychotherapy?

- Sex (woman are more likely to participate in psychotherapy) and personal characteristics
- Autonomous motivation (individuals who started psychotherapy because of autonomous motivation achieve better psychotherapy outcomes)
- Avoidance motivation (if you reduce avoidance motivation you will achieve better psychotherapy outcomes)
- Patients with more expressed symptoms are more motivated to attend in psychotherapy process.
- Stress
- Pressure: if you don't feel pressure you will be more motivated to change

How psychotherapist could motivate patient?

• Motivationam interviewing (MI) is a directive, clientcentered approach for enhancing motivation to change by exploring and resolving ambivalence (Miller, Rollnick, 2002, cit. Cummings, Cummings, William, Datum, 2008). Usually it used as short intervantion of 1 to 4 session. This interviewing is used to help for patients be more into therapy, to help start changing. In MI it is very important independence of the client and client's responsibility for deciding, committing in changes. Client and therapist work as team (Cummings et al. 2008).

5 principles of MI(Cummings et

al,2008):

- expressing empathy
- developing discrepancies
- avoiding argumentation
- rolling with resitance
- supporting self-efficacy



From the perspective of

psychotherapeutic:

https://www.youtube.com/watch?v=EvLquWI8aqc

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