An Empirical Study of the Relationship Between Self-Leadership and Workaholism "Firefighter" Behaviors

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Abstract

The Internal Family System's Model proposes that individuals led by reactive firefighter behavior are in direct contrast to those who are Self-led individuals. However, this hypothesis was yet to be empirically tested until the present study examined Self-leadership as it related to a specific type of firefighter behavior: that of workaholism. A sample of 109 respondents completed The Self-Leadership Scale, Work Addiction Risk Test, and the Job Burnout Scale. As expected, a positive relationship was found between workaholism and burnout and an inverse relationship was found between Self-leadership and the firefighter behavior of workaholism. Moreover, there was a statistically significant difference between workaholics and non-workaholics on both Self-leadership and burnout, workaholics having lower mean Self-leadership scores and higher mean job burnout scores than non-workaholics. Implications of these findings for the Internal Family Systems Model were discussed.

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INTRODUCTION

The concepts of “Self-Leadership” and "workaholism firefighters" examined in this study are based on the communion of two separate bodies of work: the Internal Family Systems (IFS) model proposed by Richard Schwartz (1995, 2001), which identifies workaholism as a firefighter and the extensive research of Bryan Robinson (Robinson, 1998a; Robinson & Flowers, 2004), which defines workaholism as an addiction. Both bodies of work conceptualize workaholism as a form of escape from unresolved emotional pain.

Schwartz's Concept of Firefighters and Self-Leadership

According to Schwartz (2001), the internal parts of us that go into action to put out emotional fires are called firefighters:

"Firefighters do whatever it takes to deliver us out of the red alert condition. What's your first impulse when you first feel the desperate burning of hurt, emptiness, worthlessness, shame, rejection, loneliness, or fear? Which urge do you act upon to take away that fire in your belly? Which ones do you only fantasize? Many of us, in a compromise with our managers, binge on something socially acceptable--work, food, exercise, television, shopping, dieting, flirting, sleeping, prescription drugs, cigarettes, coffee, daydreams and fantasies, gambling, mediating, thrill-seeking activities--in an effort to distract from the flames until they burn themselves out or are doused." (p. 155-156).

The grouping of parts, described by Schwartz, is a process in which "firefighters" react powerfully and automatically when "exiles" (the deeper, more vulnerable parts of the system) are upset. Firefighters try to stifle or soothe the exiled part's feelings by
responding to threat of exposure or activation of the vulnerable exiled parts much like a firefighter to a fire-with urgency and alarm. Firefighter parts are a part of the human system because there are times that, despite the best efforts of the "managers" (the pre-emptive parts of the internal system), the exiles are activated and threaten to break out and take over. When this happens, firefighter parts leap into action to contain or extinguish the person's feelings, sensations, or images. The techniques firefighters use often include (but are not limited to) numbing activities such as self-mutilation, binge eating, drug or alcohol abuse, excessive masturbation, or workaholism.

Firefighter parts can also be in both a polarized and a collaborative relationship with manager parts. When in a collaborative role, firefighters serve as back-up protection for the manager from a take-over by the exiled parts, and when they are in a polarized relationship, they serve to bring a needed relief to the system. When activated, the firefighters can take over control so the person feels nothing but the compulsion to engage in dissociative or self-soothing activities. These firefighters can make the person extremely self-absorbed and increase their demand for excessive material gain, numbing activities and protective rage.

Individuals led by their reactive firefighters are in direct contrast to those who are Self-led individuals. Self-Leadership is reflected in active, compassionate personalities who hold diversity and unity in balance and exhibit eight types of self-energy in their daily lives: calm, clarity, curiosity, compassion, confidence, courage, creativity, and connectedness (Schwartz, 2001). In terms of Self-leadership, self-led individuals would be what Robinson (1998a) refers to as balanced or healthy workers in contrast to those who engage in compulsive overworking as an avoidant reaction.

One can imagine, as in the case of someone suffering from workaholism, how the firefighter parts would play a role in the system. Often companies not only encourage but also demand from their employees a predominance of these protective parts. For example, requiring long hours dedicated to work encourages the domination of manager parts to maintain focus. This suppresses other parts that want other things like having leisure and family time. When these parts begin to press forward, the threat to the person's success in the company then further triggers numbing or distracting activities.

We are all familiar with the workaholic father who avoids family life because it uncomfortably and painfully reminds him of his own unhappy childhood or unhappy marriage. This suppressed unhappiness triggers firefighter parts to create real or imagined emergencies at work to take him away from time with the family. On a recent trip to Disney World, a father was observed talking on his cell phone to his company about how to save the potential loss of a client while he was riding on a ride with his son.

Firefighter parts can also help the person feel alive, energized, and fully engaged when the protective manager stifles the emotional atmosphere of the internal system. The problem is that they have to maintain this external stimulation continuously in order to prevent the exiles from taking over. A recent client discussed that he is tired of his work and social engagements. As we explored the fear of what would happen if he relaxed, he talked about the immense fear he felt about being pulled back into feelings of loneliness if he relaxed.

Robinson's Concept of Workaholism as an Addiction

Although Robinson (2000a, 2000b, 2000c; 2001) cites workaholism as the best-dressed mental health problem of the twenty-first century, he contends that the subject has been downplayed, ignored or extolled in the professional literature. Although the term has been variously defined in the literature (see Robinson & Flowers, 2004, for a review), "workaholism" is defined in this article as a compulsive and progressive, potentially fatal disorder, characterized by self-imposed demands, compulsive overworking, inability to regulate work habits, and an overindulgence in work to the exclusion and detriment of intimate relationships and major life activities (Robinson, 1998a).

Historically, the study of workaholism was focused on its implications for work productivity, career counseling, and organizational management (e.g., Burke, 2000, 2004; Matthews & Halbrook, 1990; Naughton, 1987; Porter, 1996, 1998, 2004; Robinson, 1989, 1999). In the same way alcoholism and substance abuse had been shown to deleteriously impact families, Robinson and his colleagues at the University of North Carolina at Charlotte began to study workaholism as an addiction in the same way researchers had studied alcoholism, substance abuse, and other "firefighter' behaviors in terms of family functioning (e.g. Robinson, 1998b; Robinson & Post, 1995b, 1997; Robinson, Flowers, & Carroll, 2001).

The structural and dynamic characteristics of the workaholic family indicated that all family members can be negatively affected by workaholism, like alcoholism, and can develop a set of mental health problems of their own (Robinson, 1996b, 1996c, 1998b, 2001).
The bulk of clinical data (Robinson, 1998c, 2000a, 2000b, 2000c) and empirical study (Carroll & Robinson, 2000, Navarette, 1998; Robinson & Carroll, 1999; Robinson & Kelley, 1998; Searcy, 2000) has focused on adult children of workaholics. Generally, these findings suggest that adult children of workaholics have greater psychological problems and more health complaints than adult children of non-workaholics. Additional studies examining the marital relationship (Robinson, Carroll, & Flowers, 2001; Robinson, Flowers, & Ng, in press) indicate that workaholic behavior is positively related to marital estrangement and that spouses of workaholics report greater marital estrangement and less positive affect toward their workaholic mates and higher external locus of control than spouses of non-workaholics.

These studies were possible because of the recent development of a psychometrically sound instrument that has allowed the objective measurement of the concept of workaholism (Robinson, 1998a). As a first study of its kind, the present investigation sought to extend our understanding of workaholism as it related to Schwartz's concept of Self-Leadership and firefighter behavior, which are also concepts about which little is empirically known. The recent development of an empirically sound instrument that quantified "Self-Leadership" also makes it possible to conduct research on Self-Leadership and its correlates (Steinhardt, Dolbier, Mallon, & Adams, 2003). Based on Internal Family Systems Theory, it is expected that a negative correlation exists between Self-Leadership and workaholism and Self-leadership and burnout. Moreover, it is predicted that the two instruments, The Self-Leadership Scale (Steinhardt et al., 2003) and the Work Addiction Risk Test (Robinson, 1998a) will exhibit relatively high reliability scores.

METHOD

Participants

Participants for this study were a convenience sample of individuals (N = 109) in various higher educational settings in the state of North Carolina. The sample included graduate students in university classes and professionals participating in in-service training seminars.

Most of the respondents were female (77.8%, n = 84). Approximately half of the respondents were married (55.3%, n = 60), followed by a smaller percentage of respondents that were divorced (21.1%, n = 23), never married (19.3%, n = 21), widowed (1.8%, n = 2). Three respondents did not report their marital status. The respondents were predominantly white (83.5%, n = 91), followed by respondents that self-identified as black (8.3%, n = 9), Latino (2.8%, n = 3), and Asian (.9%, n = 1). Five respondents (4.6%) did not report their race. Respondents' educational levels were masters degree (54.1%, n = 59), bachelors degree (22.0%, n = 24), doctoral degree (13.8%, n = 15), and high school degree (6.4%, n = 7). Four respondents did not report their educational level. Respondents worked an average of 41.4 (SD= 9.9) hours per week.

Scores on the WART were employed to separate the sample into two groups: workaholics (n = 32) and non-workaholics (n = 77). Respondents who scored 60 or higher on the W ART were classified into the workaholic groups, and those below 60 were grouped into the non-workaholic group. This cut-off score criterion was based on previous research (Flowers & Robinson, 2002).

Procedure

With instructors' permission, and at their convenience, participants were invited to take part in this study. Respondents who volunteered to participate were given a packet containing an informed consent letter, a demographic form, and the three instruments chosen for use in this study. As a preventive measure, the instruments were randomly ordered so that the instruments themselves did not influence the results. Surveys were completed in the training/educational setting and returned to the administrator. The administration process required about 20 to 30 minutes.

Instruments

Demographic Form. The demographic form contained six questions regarding general demographics about the respondents, including gender, year of birth, marital status, race, highest degree earned, and number of hours worked per week.

The Work Addiction Risk Test (WART). The WART (Robinson, 1998a) is a 25-item inventory that measures addictive working patterns (see Table 1). Respondents rate items on a 4-point scale ranging from never true (1) to always true (4) according to how well each item describes their work habits. Six scores can be calculated from the WART, five subscale scores and an overall score. The five subscales are (a) compulsive tendencies, (b) control, (C) impaired communication, (d) inability to delegate, and (e) self-worth. The subscale scores are calculated by averaging the item values within each subscale. The overall score is calculated by summing
across all items. The higher the score, the greater the risk of workaholism (Flowers & Robinson, 2001).

**Table 1**

The Work Addiction Risk Test (WART)

*Instructions: Using the rating scale of 1 (never true), 2 (sometimes true) 3 (often true), or 4 (always true). Put the number that best describes your work habits in the blank beside each statement.*

1. I prefer to do most things rather than ask for help.
2. I get impatient when I have to wait for someone else or when something takes too long.
3. I seem to be in a hurry and racing against the clock.
4. I get irritated when I am interrupted while I am in the middle of something.
5. I stay busy and keep many irons in the fire.
6. I find myself doing two or three things at one time, such as eating lunch and writing a memo while talking on the telephone.
7. I over-commit myself by biting off more than I can chew.
8. I feel guilty when I am not working on something.
9. It's important that I see the concrete results of what I do.
10. I am more interested in the final result of my work than in the process.
11. Things just never seem to move fast enough or get done fast enough for me.
12. I lose my temper when things don't go my way or work out to suit me.
13. I ask the same question over again, without realizing it after I've already been given the answer once.
14. I spend a lot of time mentally planning and thinking about future events while tuning out the here and now.
15. I find myself continuing to work after my coworkers have called it quits.
16. I get angry when people don't meet my standards of perfection.
17. I get upset when I am in situations where I cannot be in control.
18. I tend to put myself under pressure from self-imposed deadline when I work.
19. It is hard for me to relax when I'm not working.
20. I spend more time working than socializing with friends or on hobbies or leisure activities.
21. I dive into projects to get a head start before all the phases have been finalized.
22. I get upset with myself for making even the smallest mistake.
23. I put more thought, time, and energy into my work than I do into my relationships with loved ones and friends.
24. I forget, ignore, or minimize celebrations such as birthdays, reunions, anniversaries, or holidays.
25. I make important decisions before I have all the facts and have a chance to think them through.

The Work Addiction Risk Test (WART) is a 25-item instrument that measures workaholism as defined by Robinson (1998a). Scores on the WART also correlated .40 with generalized anxiety on the State-Trait Anxiety Inventory (Spielberger, Gorsuch, & Lushene, 1968). Construct validity of scores from the WART was examined by analyzing the underlying dimensions of the WART and investigating the accuracy of the WART scores to discriminate between workaholics and a control group (Flowers & Robinson, 2002). The results suggest that workaholism, as measured by the WART, is not a unidimensional construct. Five subscales were identified, and the WART scores produced an 88.5% correct classification rate.

**The Self-Leadership Scale.** The Self-Leadership Scale (Steinhardt et al., 2003) is a 50-item instrument that measures Self-Leadership as it is conceptualized within the Internal Family Systems model. Items represent each of the eight qualities that have been used clinically to define Self-Leadership. Sample items are as follows:

- "I feel a sense of inner peace" (calm), "I can see things as they are" (clarity), "I am open to new ideas and ways of looking at things" (curiosity), "I treat myself with kindness" (compassion), "I can handle present situations" (confidence), "I embrace life's challenges" (courage), "I am full of new ideas" (creativity), and "I feel a close bond with at least one other person" (connectedness) (Steinhardt et al., 2003). Respondents are asked to indicate the frequency with which they experience each statement on a Likert scale ranging from 1= never/almost never, 2= rarely, 3= sometimes, 4= often, and 5= always/almost always. The scale has demonstrated adequate internal consistency (Cronbach's alpha was .95) and construct validity as well as marginal test-retest reliability (r = .66, p < .001). Moreover, the items were found to relate to measures of well-being representative of one's internal environment (e.g., general health perceptions, life satisfaction) and measures of work indicative of one's external environment (e.g., supervisor support, work stress, job satisfaction).
Burnout Inventory. The Burnout Inventory is a 21-item inventory that represents the three components of burnout: physical exhaustion, emotional exhaustion, and mental exhaustion (Pines & Aronson, 1988). Respondents rate items on a 7-point scale ranging from never (1) to always (7). Test-retest reliability coefficient was found to be .89 for a one-month interval, .76 for a two-month interval and .66 for a four-month interval (Pines & Aronson, 1988). The values of alpha coefficients ranged from .91 to .93. All items had a statistically significant relationship with the composite score ($p < .01$). A factor analysis suggested a single meaningful construct. Construct validity was examined by correlating the burnout score with several other theoretically relevant measures: for example, burnout was negatively correlated with self-ratings of satisfaction from work, life, and self, ranging from $r = -.62$ to -.65. Burnout was also correlated with intention to leave the job ($r = .58$, $p < .01$), on-duty symptoms of headaches ($r = .32$, $p < .001$), loss of appetite ($r = .33$, $p < .001$), nervousness ($r = .38$, $p < .001$), backaches ($F = .20$, $p < .001$), and stomach aches ($r = .32$, $p < .001$).

RESULTS

Before the statistical analyses were conducted to examine differences between non-workaholic and workaholic groups, the data were screened for outliers, normality of distributions, and homogeneity of variance between groups (i.e., workaholic and non-workaholic). The coefficient alpha calculated from the responses of the participants was .85 for the WART, .77 for the Self-Leadership Scale, and .86 for the Burnout Inventory, which suggested reasonably stable scores from the instruments for use in research. There was a positive relationship between scores on the WART and those on the Burnout Inventory ($r = .43$) and an inverse relationship between the WART and the Self-Leadership Scale ($r = -.29$).

The means, standard deviations, and skewedness values by groups are reported in Table 2. There were no outliers detected (i.e., individual scores 3.5 standard deviations from the mean); furthermore, the skewedness values and visual inspection of the distributions indicated no serious departures for normality (i.e., all skewedness coefficients resulted in absolute values of less than 1). Levine's tests for homogeneity of group variance were not statistically significant for Self-Leadership ($F = 1.6$, $p < 20$) or Burnout ($F = 2.32$, $p < .13$).

Because there was a correlation between Self-Leadership and Burnout ($r = .65$, $p < .01$), a two-group MANOVA was conducted. The dependent variables were Self-Leadership and Burnout and the independent variable was workaholic status. The assumption of equality of covariance matrices was satisfied [Box's $M = 5.17$, $F(3, 69180) = 4.67$, $p < .17$]. There was a significant difference between workaholic and non-workaholic groups on the combined dependent variables (Hotelling's $T^2 = .19$, $F(2, 106) = 10.26$, $p < .001$). The partial eta squared (.163) indicated that approximately 16% of the variability in the dependent variables could be accounted for by the workaholic status. Univariate $t$-tests were performed to examine differences between the groups on the dependent variables, but each test was examined at the .025 level of significance to protect against an increase in Type I error rate due to multiple statistical tests. The results of the $t$-tests suggested that there were significant differences between the groups on both Self-Leadership [$t (107) = 3.45$, $p < .001$] and Burnout [$t (107) = -4.45$, $p < .001$]. The magnitude of differences between the two group means, as described by Cohen (1988), was moderate for Self-Leadership (Hedges' $g = .73$) and large for Burnout (Hedges' $g = .94$). The workaholic group had a significantly lower Self-Leadership mean and a significantly higher Burnout mean than the non-workaholic group.

In a previous study (Flowers & Robinson, 2002) factor analyses indicated that the WART has five underlying dimensions; however, only three of those dimensions (or subscales) significantly separated workaholics from non-workaholics: (a) Compulsive Tendencies, (b) Control, and (c) Impaired Communication. To explain the variance of Self-Leadership using the three dimensions of workaholism and burnout, a standard regression was conducted. Self-Leadership was the dependent variable and the independent variables were (a) Compulsive Tendencies, (b) Control, (c) Impaired Communication, and (d) Burnout. The results of the multiple regression are reported in Table 3. The $R^2$ for the regression equation was .49 (adjusted $R^2 = .47$), which was statistically significant ($F = 24.99$, $p < .001$). The variance inflation factor (VIF) for the independent variables was found to be .89 for a one-month interval, .77 for the Self-Leadership Scale, and .86 for the Burnout Inventory.

Table 2

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<tr>
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<th>Non-workaholics ($n=77$)</th>
<th>Workaholics ($n=32$)</th>
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<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
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<tr>
<td>Self-Leadership</td>
<td>193.33</td>
<td>16.07</td>
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<tr>
<td>Burnout</td>
<td>2.96</td>
<td>.75</td>
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</table>

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variables ranged from 1.05 to 1.47, suggesting colinearity among the independent variables did not adversely influence the estimation of the regression coefficients. Three of the four independent variables were statistically significant: Compulsive Tendencies, Control, and Burnout. The semi-partial correlation coefficients (sr) indicated that Burnout and Control had an inverse relationship with Self-Leadership, with coefficients of -.60 and -.20, respectively. Compulsive Tendencies had a positive relationship with Self-Leadership (sr = .25).

### Discussion

The literature on Self-Leadership proposes that the more people are Self-Led, the less likely their parts are leading their lives which promotes healthier relationships and healthier family functioning (Cohen & Johanson, 2003; Schwartz, 1995; 2001). Empirical research is beginning to measure aspects of the Self and Self-leadership that have been, until now, only conceptual in nature. A recent study (Townsend & McWhirter, 2005), for example, reviewed the concept of "connectedness", a characteristic of Self-leadership, with its implications for assessment and research. Following in that vein, the current study is the first of its kind to empirically test the relationship between Self-leadership and firefighter behavior and presents the first empirical data to support aspects of Internal Family Systems Theory.

Across the board, the results reported here indicate that workaholics not only have greater burnout but also are less Self-led than non-workaholics. In fact, the tendency to be Self-Led decreased the tendency toward firefighter (i.e., workaholic) behavior and decreased the tendency toward burnout. In addition, the more Self-Led individuals were, the less controlling they were and the less likely their communication was impaired.

In the Internal Family Systems model, "control," "impaired communication," and "compulsivity" would be considered parts of the system that, when present, contraindicate Self-Leadership. With the exception of the positive relationship between Self-Leadership and Compulsivity, the inverse relationship between Self-Leadership and Control and Impaired Communication provide partial support for the IPS model in terms of the relationship between Self and parts in the system. Cohen and Johanson (2003) underscore the significance of Self-Leadership vis a vis couple and family relationships:

The same principles that hold for "parts" and "Self" within people also hold up as systems principles between people. Whether in couples, families, groups, or professional relationships, it is a key component of emotional intelligence to know one's parts with a wisdom and compassion through which the Self is allowed to speak thoughtfully and passionately for the parts, as opposed to reactively and defensively from them. When one or both partners in a relationship can speak for instead of from their parts, harmful habitual reactions and unhealthy patterns can be transcended, while more nourishing and productive interactions are encouraged (p. 5).

Perhaps the most perplexing yet intriguing finding in this study was the positive relationship between Compulsive Tendencies and Self-Leadership. In the data analysis, once the negative noise (aspects of the part) of Compulsivity was partitioned out (i.e., that aspect of Compulsive Tendencies that contributed to the inverse relationship between Self-Leadership and Workaholism), there was an aspect of positive Compulsive Tendencies that remained-- a positive compulsivity, if you will (e.g., tenacity, strength, persistence, competence, and confidence), that correlated with Self-Leadership. In other words, it is suggested that the reactive firefighter aspects of the Compulsive Tendencies subscale, when combined with Control and Impaired Relationships, accounted for the inverse relationship with Self-Leadership. On the other hand, since it has been postulated that all parts contain an active Self (Schwartz, 1995; 2001), it is suggested that the positive correlation between Compulsive Tendencies and Self-Leadership can be accounted for by the remaining aspects of active Self-energy contained in the "compulsive" part.

Findings reported here also corroborate the clinical reports in the literature on workaholism that suggests that workaholism, as a firefighter, is related to lower Self-leadership. In previous studies, workaholism was
negatively related to psychological well being (Burke, 2004) and positively related to marital dissatisfaction and marital discord, wreaking havoc on the marital bond (Robinson, Carroll, & Flowers, 2001). Moreover, workaholic behavior was found to be positively related to marital estrangement (Robinson, Flowers, & Ng, in press). The most important workaholic domains for predicting marital disaffection were over-controlling behaviors and impaired communication, both of which could be defined as manager parts in the IPS model.

LIMITATIONS

The results of this research should be considered in light of certain limitations. The sample is quite small and is a non-randomized group based on self-report data, which are subjective representations of the respondents. A sample of convenience also limits the generalizability of the findings to other populations. Lastly, workaholism is only one type of firefighter behavior; thus, caution must be exercised in drawing generalizations that negatively correlate Self-leadership with other firefighter behaviors. It is recommended that future research examine the relationship between Self-leadership and other firefighter behaviors that have been historically referred to as addictions: gambling, shopping, compulsive overeating, alcoholism, etc. In addition, it is suggested that future studies also examine the relationship between Self-leadership and other more benign types of firefighter behaviors (e.g., daydreaming, meditating, pastimes, and humor) to determine if there are nuances in the relationships between various firefighter types and Self-Leadership.

REFERENCES


