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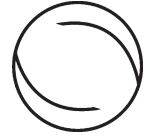
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Abstract

Addiction is not just an individual or public health issue. It is also embedded in organizational practices. We argue that addiction is engineered through the design of addictive goods and the structuring of habitual patterns of behaviour incentivized by organizations. We conceptualize how organizing sustains addictive behaviours by creating and reinventing what we term new objects and subjects of addiction. By conceptualizing addiction as an organizational phenomenon, we foreground its embeddedness in institutional, technological and economic arrangements. We then set out an agenda for further research on its organizational dimensions and the mechanisms that sustain and mitigate it.

Keywords

addiction, capitalism, control, digital platforms, technology, work

Introduction

Addiction is not just a personal struggle or a health policy issue; it is embedded in and shaped by organizations and systems of organizing. Digital platforms, such as TikTok or Instagram, are designed to make disengagement difficult (Bhargava & Velasquez, 2021), mirroring the psychological mechanisms underlying gambling addictions (Schüll, 2014). Encrypted messaging apps have made illicit goods widely available, transforming how users access drugs and how addiction economies operate (Courtwright, 2019). Workaholism is on the rise (Griffiths et al., 2018) and is exacerbated by digitally enabled remote working, which blurs the distinction between work and leisure (Beckman & Mazmanian, 2020). The proliferation of online gambling and pornography reveals how digital businesses have developed addiction as a business model, weaponizing pleasure to

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ensure users remain tethered to services in ways that can be detrimental to their well-being (Alter, 2017). Some argue that digital technology is ‘the modern-day hypodermic needle, delivering digital dopamine 24/7 for a wired generation’ (Lembke, 2021, p. 1).

These examples indicate that organizations have developed modes of delivery that hijack the brain’s reward system, fostering addiction. This has reshaped addiction. Historically, addictions primarily emerged from cultural rituals, medicinal practices or organically evolving consumer habits (Courtwright, 2019). Today, many addictions are engineered by organizations to maximize engagement, dependence and profit at scale. Thus, addiction has become not merely a side effect of capitalism but one of its most lucrative strategies (Callon, 2022). To understand addiction today, we need to explore its organizational underpinnings. This is particularly salient when considering the interface between addictions and digital technologies. This intersection means that organizations shape behaviour, subjectivity and control through mechanisms of addiction that remain poorly understood in organizational scholarship.

To advance this perspective, we begin by tracing a brief history of the changing understandings of addiction. We highlight how organizations have always shaped how addiction is understood. Drawing on addiction studies and organizational scholarship, we reflect on how the relationship between organizations and addiction has shifted, particularly amid the rise of digital technology. We argue that contemporary forms of organizing have intensified the mechanisms through which addiction is cultivated. We point out that organizations are implicated in the creation of new *objects of addiction* and new *subjects of addiction*. In particular, we stress the role organizations play in developing captivating products and services and in shaping the behaviour of addicted subjects. In doing so, we highlight how organizations contribute to addictions found in many aspects of everyday life. We conclude by outlining trajectories for future research on addiction and organization studies.

Organizing and the Changing Connotations of Addiction

Addiction is a multidimensional concept with physical, psychological, social and organizational aspects. This means an all-encompassing definition is hard to establish. There are multiple theories about what addiction is and how it develops (Griffiths, 2009). Historically, the main perspectives have centred on choice, disease, learning and neurological theories (Bhargava & Velasquez, 2021). Reviewing the merits of these theories is beyond our scope. However, it is useful to briefly trace the history of changing understandings of addiction and how they have been entangled with systems of organizing.

In ancient Rome, the *addictus* was a debt slave, someone bound into servitude by a creditor due to unpaid debts (Seymour, 2019). This early framing of addiction was tied to systems of economic dependence and coercion. By the early modern period (15th–18th century), the term evolved to signify devotion to a calling, implying a surrender of agency that had positive connotations within the religious frameworks of the time (Seymour, 2019). It is with the advent of modernity in the 18th century that addiction became stigmatized, with individuals discriminated against due to their perceived moral, behavioural or biological failings (Dunnington, 2011). Addiction came to be framed as a symptom of personal weakness and criminal behaviour, reflecting the influence of legal, religious and organizational structures that sought to regulate deviant conduct. A turning point emerged in the 18th century when figures such as Dr. Benjamin Rush began to argue that addiction was not merely a vice but a disease, marking the beginnings of a medicalized view of addiction (Goodrick et al., 2022). However, addiction was still stigmatized in public discourse, and assumptions about personal weakness persisted (Dunnington, 2011).

By the 20th century, organizations had become pivotal in reshaping how addiction was managed. The establishment of Alcoholics Anonymous (1935) and Narcotics Anonymous (1953) helped

institutionalize the disease model, catalysing the inclusion of addiction in diagnostic manuals and creating the first infrastructures to support recovery (Goodrick et al., 2022). Yet, as late as the 1980s, stigma proved a barrier to prosecutors trying to convince juries that smokers were addicted to cigarettes (Courtwright, 2019). However, smoking also exemplified how organizations promote addiction, with tobacco companies funding research that downplayed the addictiveness of nicotine (Courtwright, 2019). It was only with the reclassification of addiction as a substance use disorder that more medically informed approaches to care emerged (e.g. DSM-5 in 2013).

Current thinking has embraced a biopsychosocial model of addiction, according to which biology, psychology or social factors alone cannot explain addiction, and must, therefore, be considered in concert (Griffiths, 2009). For example, the American Psychological Association defines addiction as a psychological and/or physical dependence on the consumption of a substance or repetition of a behaviour despite its known harmful consequences. Further, it classifies addiction into substance-related addictions (e.g. alcoholism) and behavioural addictions (e.g. gambling addiction). While this separation of behaviours is intuitive, it overlooks commonalities such as obsessive-compulsive disorders (OCDs) and substance abuse disorders (SUBs), which are increasingly seen as co-occurring (Courtwright, 2019).

Researchers now tend to group all addictions within a single category since they are fuelled by the same primary needs (Griffiths, 2009), such as social engagement and support, stimulation and escape from boredom, agency and control, and stress reduction and coping (Lembke, 2021). Further, various strands of addiction research converge around its six core hallmarks (e.g. Courtwright, 2019; Griffiths, 2009; Lembke, 2021). To deem someone an addict, the activity in question must be *salient* – capable of grasping one’s emotions, thoughts and behaviours. It must lead to *mood modifications* (e.g. highs and lows) and have implications for *tolerance* (e.g. increasing amounts of substance or behaviour are required to maintain the initial desired effects). Also, addiction implies adverse physical or psychological effects if the behaviour is not performed: *withdrawal*. Addiction also often leads to internal/existential and external/situational *conflict*. Finally, the person seeking to control an addiction frequently feels the urge to revert to the addictive activity after trying to stop; that is, they *relapse*. As we will discuss, organizations often develop products, services and processes that exacerbate these hallmarks.

In sum, the attitudes towards addiction have evolved towards a more nuanced understanding of the multidimensional factors leading to addiction. Yet, this increased understanding has coincided with organizations exploiting addictions in novel ways, which we will explore in the following section.

Organizing Addiction in Limbic Capitalism

A transformation has emerged in how addictions interact with organizing. Concepts such as the ‘dopamine economy’ (Lembke, 2021), ‘addiction by design’ (Schüll, 2014) and ‘addiction devices’ (Callon, 2022) point toward how businesses develop ‘irresistible goods’ (Alter, 2017) that embed addictive behaviours into the fabric of everyday life.

Courtwright’s (2019) *The Age of Addiction* offers valuable insights for organizational scholars. He argues that today’s addictions are engineered for scale by organizations. One example is the opioid crisis in the United States, where pharmaceutical and pharmacy firms aggressively marketed prescription opioids, downplayed their addictiveness and cultivated networks of physicians and advocacy groups to expand use. This transformed a controlled substance into a mass-market product, generating unprecedented profits while fuelling a public health crisis. Such a convergence of scientific understanding, technology and the normalization of trade in addictive commodities marks a departure from the localized patterns of addiction of the past. It creates a world in which addiction has become a business strategy for mainstream companies.

The limbic region of the brain is concerned with regulating emotions, motivation and pleasure. Focus on this section on the brain, Courtwright (2019) calls the commercial exploitation of addiction *limbic capitalism*. Limbic capitalism captures the historical process through which organizations, in connection with criminal entities and the acquiescence of governments, have found ways of supercharging pleasures and normalizing addiction.

Accessibility, affordability, advertising, anonymity, and anomie, the five-cylinder engine of mass addiction, [. . .] have found their most radical technological expression in the floating world of the internet. Addictive behavior [. . .] grew as entrepreneurs rationalized – that is, made more scientific and efficient – the trade in brain-rewarding commodities. (Courtwright, 2019, p. 9)

Many of these aspects of limbic capitalism are shaped by organizing dynamics. Organizations do more than facilitate addictive consumption – they develop products, services and practices that foster addiction. To explain this, we develop two interrelated dimensions: the *objects of addiction*, which organizations design and distribute, and the *subjects of addiction*, whose behaviours and identities are shaped through organizational norms and structures. These dimensions allow us to move towards a conceptualization of addiction as an organizational phenomenon.

Organizing objects of addiction

If addiction represents the endpoint of overconsumption (Lembke, 2021), then organizations play a role in structuring the pathway toward it. While not all consumption leads to addiction, how addictive products are designed, marketed and distributed shapes the likelihood and pace of this progression. Consumption is linked to availability, and businesses have transformed the world from a place of scarcity of pleasure to one where pleasure is overwhelmingly abundant. This has frequently involved leveraging digital technology, marketing and institutional shifts to engineer strong attachments to objects of addiction. We argue that this reinvention requires organizations to curate the substance or behaviour (i.e. the object) that an individual, often compulsively, seeks. This is driven by the reinvention of old addictions and the development of new ones.

Reinventing old objects of addiction. The reinvention of old objects of addiction has enabled organizations to reshape familiar habits, supporting new forms of engagement and revenue generation. The old habit of smoking cigarettes is being replaced by vaping nicotine, marketed as a customizable and less stigmatized alternative and one that is designed to captivate younger audiences, including children. Major food manufacturers have reformulated snacks to combine ingredients in ways that activate brain reward pathways, promoting compulsive eating (Courtwright, 2019). Gambling has moved from bookmakers and casinos to the seclusion of apps that are always available. In each case, longstanding objects of addiction have been reconfigured through technological, scientific and organizational practices.

Schüll's (2014) ethnographic study of machine gambling in Las Vegas provides an example of how this reinvention operates. Electronic gaming machines (EGMs) are the main profit centres of brick-and-mortar casinos and differ from older mechanical slot machines. EGMs are designed around the performance metric of 'time-on-device'. To maximize this, designers have introduced features such as rapid betting cycles, continuous play options and low-denomination bets that encourage extended use. EGMs are embedded in broader technological infrastructures: networked systems collect data on player behaviour and support loyalty programmes that reward longer sessions. These features make the experience more continuous, individualized and immersive than older forms of machine gambling. A central concept in Schüll's analysis is the 'machine zone', a

dissociative state in which gamblers become absorbed in the repetitive flow of play and detached from external concerns. Gamblers interviewed by Schüll (2014) emphasized that their goal was not to ‘win big’ but to remain in this anaesthetic state of detachment from the demands of daily life. Small, frequent wins and near-misses reinforce continued play, not through excitement but through a rhythm of engagement.

Thus, older objects of addiction can be reshaped through changes in interface design, environmental cues and feedback structures. The shift is not only technological but organizational, involving design, data collection and business models oriented toward persistent exploitation. Hence, the reinvention of addictive objects involves not simply updating old products but embedding them within systems designed to promote sustained use. Below, we examine a related phenomenon: the emergence of new addictive objects originating in digital environments that have no direct analogue in pre-digital life.

Inventing new objects of addiction. Digitalization has created a new breed of objects of addiction. Digital platforms turn daily interactions with technology into opportunities for overconsumption and addiction (Berthon et al., 2019). Examples include internet and social media addiction, online gaming disorders and addictive use of dating apps¹. These objects of addiction are almost impossible to avoid: ‘Addictive tech is part of the mainstream in a way that addictive substances never will be. Abstinence isn’t an option’ (Alter, 2017, p. 9). In this sense, a salient feature of the new objects of addiction is that they are ‘both akratic (we are aware of the negative consequences) and engineered (designed on purpose)’ (Berthon et al., 2019, p. 451).

The construction of these objects of addiction depends on the business models and institutional environments in which they unfold. At the micro level, digital businesses design features that initially align with user needs but progressively escalate engagement from routine use to compulsive engagement (Vaghefi et al., 2023). This design process is sustained through data-driven feedback loops: companies experiment on users via A/B testing and algorithmic personalization to optimize interface responses, reinforcing compulsive behaviours (Berthon et al., 2019). A good example is TikTok’s recommendation system, which uses micro-signals (e.g. pause duration, early swipes, replays) to recalibrate the feed in real time toward increasingly absorbing content. These feedback loops matter because user behaviour continuously feeds into design decisions, allowing firms to refine stimuli, thresholds and rewards in ways that gradually narrow users’ attention and deepen engagement. At the macro level, these strategies spread because they resonate with the logic of limbic capitalism, where designing for addiction is treated as a legitimate commercial aim. Together, these mechanisms configure addictive objects through iterative, datafied processes that continuously optimize and intensify engagement.

Organizing dynamics exacerbate the addictive power of these objects. Most platforms operate in legal but poorly regulated markets, characterized by limited consumer protection and high consumer risk (Esposito & Ferreira, 2024). Limited regulation is coupled with perverse competition dynamics. Digital platforms compete in an ‘attention economy’ (Williams, 2018), where profitability depends on monetizing time and engagement. Those who find more powerful ways to captivate user attention can run more targeted advertisements, sell more subscriptions and analyse more data. In this system, attention equals revenue. Given that addiction is all about attention (Seymour, 2019), digital businesses strive to make their products as attention-grabbing as possible.

The goal of maximizing user attention is thus embedded in monetization strategies, such as freemium models and ad-supported platforms, that reward time-on-platform over user well-being. These strategies thrive because they are easy to deploy, difficult to regulate and often opaque to users (Bhargava & Velasquez, 2021). In this way, addiction becomes a business asset integrated into the marketing apparatus and commercial strategy of platform-based firms. The result is that firms across many industries converge on product designs optimized for compulsive use.

Distributing new objects of addiction. Digital businesses and platforms primarily leverage three design elements to sustain attention and deliver dopamine: variable rewards, social validation features and gamification. These elements trigger dopamine release through validation, anticipation and immediate feedback, subtly feeding cravings for social connection, stimulation and stress relief (Alter, 2017). These are seemingly ephemeral yet potent and drive behaviours in ways not seen with traditional forms of addiction. These elements can turn into hyper-engaging dark patterns which ‘deplete users’ attentional resources, reinforce their behaviour and manipulate them through an interface to develop the habit of using a service’ (Esposito & Ferreira, 2024, p. 1000).

Digital platforms use *variable rewards* that rely on unpredictability, offering intermittent reinforcements that exploit the brain’s reward system (Bhargava & Velasquez, 2021). Examples include not knowing what the next TikTok reel will reveal, what the next Tinder swipe will yield and what a Facebook notification might contain. They create anticipation and a need for gratification. Like gambling addicts, users keep engaging because they never know the reward they will receive, and when they do, the dopamine release reinforces the behaviour. Over time, these rewards require higher engagement to achieve diminishing satisfaction, mirroring the cycle of craving and diminishing returns in substance addictions (Courtwright, 2019).

Social validation features, such as the like button introduced by Facebook in 2009, tap into innate human desires for reciprocity and social approval and embed them within the design of digital platforms (Alter, 2017). Likes, hearts and other low-effort reactions replace thoughtful expressions of sentiment, pressuring users to engage in reciprocal behaviour while reinforcing social comparisons and increasing time-on-device (Seymour, 2019). This is evident in the self-congratulatory echo chamber of LinkedIn, where users’ professional achievements are celebrated by others through comments, likes and views. Often, LinkedIn users receive more validation of their work from strangers on the platform than from their colleagues. Such mechanisms quantify popularity, amplify social validation loops and encourage addictive consumption of digital content.

Gamification uses game elements, such as points, badges, streaks and leaderboards, in non-gaming systems (e.g. fitness tracking, language lessons, dating and work apps) to structure behaviours into repetitive habits (e.g. Chapman et al., 2021). Though marketed by organizations to enhance user experience, gamification often exploits psychological blind spots, creating ‘compulsion loops’ that motivate people to complete activities repeatedly while simultaneously increasing the engagement thresholds needed to achieve specific objectives (Ronzani et al., 2025). The addictive nature of gamification lies not in the pleasure of rewards but in the relief they provide from the cravings they generate.

In sum, the creation of objects of addiction is shaped by systems of organizing. When analysing these objects, it is important to remember that ‘the problem isn’t that people lack willpower; it’s that there are a thousand people on the other side of the screen whose job it is to break down self-regulation’ (Alter, 2017, p. 3). Organizations play a central role in creating these objects by blending old and new addictive elements. Unlike more regulated substances, the addictive potential of digital objects of addiction is masked by their ubiquity and cultural acceptance. These factors allow organizations to institutionalize addictive design principles, embedding them within organizational strategies that shape consumption and dependency at scale. Yet, addiction is not solely about external objects; it is also about how individuals are shaped into addicted subjects through the very organizing processes that produce these objects.

Organizing subjects of addiction

Addiction is a matter of attachment that develops gradually among objects and subjects (Callon, 2022). People do not just *use* these objects: becoming addicted is transformative for the person.

Hence, if organizations produce new objects of addiction, they simultaneously create new subjects of addiction. We explore this issue by building on the idea of subjectification.

In the Foucauldian tradition, subjectification is a mechanism of control and self-formation (Raffnsøe et al., 2017). Just as institutions shape behaviours through norms and practices, organizations construct addicted subjects by regulating and incentivizing ways of being. Like Foucault's disciplinary institutions, organizations configure habitual behaviours that individuals internalize and self-regulate. Addiction, therefore, establishes new ways through which individuals relate to themselves and are recognized by others. The reconfigured subject of addiction emerges through a mix of external controls (e.g. organizational expectations) and self-governance (e.g. internalized compulsions). We call this *the organizing of subjects of addiction*.

To appreciate how organizations create subjects of addiction, we must expand beyond views of addiction as a phenomenon leading to the destruction of the subject. This framing often relates to substance use disorders facilitated by criminal organizations that use networks of production, distribution and coercion to expand their markets. Within these structured economies, addiction emerges as an engineered cycle of dependency, orchestrated by cartels, trafficking networks and street-level dealers (Bourgois, 2003). In extreme cases (e.g. opioid addiction), substance dependence profoundly alters the subjectivity of the addict, reorganizing self-awareness and autonomy to the point where the individual's agency is eroded (Koob & Volkow, 2016). Yet, even in cases of severe addiction, subjects retain some agency, constantly negotiating between their compulsions and the demands of everyday life (Dunnington, 2011).

Beyond these extreme cases, addiction emerges in less overtly destructive forms. These addictions construct subjects in ways that seemingly reinforce productivity and social acceptability – often aligning with the goals of corporations or social media platforms. Some addictions, somewhat problematically termed 'mixed blessing' addictions (Brown, 1993; Griffiths et al., 2018), exemplify how organizing and subjectification are entangled, capturing how organizations normalize certain addictions while condemning others. These addictions highlight how some forms of addictive behaviour are less stigmatized because they fit with institutionalized norms, values and expectations that make them difficult to identify as problematic. Some examples include physical exercise addiction and work addiction. Unlike most forms of addiction that detract from occupational performance, these addictions are seemingly less disruptive, involving behaviours that provide temporary benefits alongside harmful effects. They are also adept at creating new subjects, one of which is the 'optimized addict'.

The construction of the optimized addict. As Cederström and Spicer (2015) argue in *The Wellness Syndrome*, we live in a cultural context that shapes our lives in the image of well-being, which has become an ideology. Wellness contracts in universities, mindfulness sessions at work, fitness influencers and the quantified-self movement have transformed wellness from an idea of feeling good to something we must do to live righteously. A fixation with wellness is linked to productivity. A healthy body is a productive one, good *in* and *for* business: well-being functions as a framework through which individuals' minds and bodies are treated as assets with economic value. The 'optimized addict' is a product of the wellness syndrome, shaped by several factors.

First, organizations increasingly embed wellness into normative frameworks that not only moralize self-care but also incorporate addictive design elements. These include nudges, metrics and continuous feedback, which reinforce engagement. At the same time, wellness becomes a criterion of moral and economic value, which is fuelled by addictive appeal. Workers who fail to pursue self-optimization are not just unwell; they are irresponsible. This shift from health as self-care to health as productivity creates an apparatus of moral surveillance. This is codified through biometric tracking and gamified wellness apps that frame optimization as a civic and economic duty (Lyon, 2018).

Second, the optimized addict is monetizable. Health platforms, fitness devices and corporate wellness schemes profit from user engagement. These products are frequently offered in partnership with employers, linking workplace performance to individual behaviour in feedback loops. Engagement metrics, such as steps or sleep quality, generate data flows that can feed into employee evaluations, product development and algorithmic targeting. Contemporary surveillance is internalized by individuals who monitor themselves (Lyon, 2018). The optimized addict enables a model of value extraction based on behavioural data and addictive engagement.

Third, subjectification plays a central role. The optimized addict views optimization as central to their identity. This is a process of internalization structured through what Foucault called *technologies of the self* (see Raffnsøe et al., 2017), here repurposed through dashboards, nudges and quantified goals, making enhancement seem voluntary. These technologies not only track behaviour but model the ideal subject: resilient, efficient and continually improving. Failure to meet these expectations is experienced as personal insufficiency, further fuelling the addictive cycle of optimization.

The optimized addict is often valorized in a system that rewards visible self-discipline, while suffering from anxiety, burnout and dissatisfaction (Bhatti & Roulet, 2025). These negative states are integral to the cycle: they function like withdrawal symptoms, affective deficits that reinitiate the optimization loop. To understand the optimized addict, we need to trace how organizations cultivate addictive escalation through optimization, continuous adjustment, personalization and data-driven feedback. Optimized addiction arises from engineered forms of escalation that have become central to contemporary organizing.

The construction of the workaholic. There are subjects of addiction that are even more directly linked to organizational processes. The ‘workaholic’ is one.² Work addiction is a distinctive ‘behavioral addiction because it is related to possibly the most important social role of an adult, i.e., of a worker, and work is widely perceived as productive and positive activity’ (Griffiths et al., 2018, p. 846). Work contributes to feelings of purpose, identity and meaning; it thus has unique subjectification potential, as it informs how individuals relate to themselves and others. This points to how organizations construct the workaholic through mechanisms that structure how individuals relate to time, performance, emotion and their bodies.

The *structural* aspects of work addiction include work insecurity, flexibility, working hours, lack of role clarity and rewarding overwork (Griffiths et al., 2018). These features establish rhythms that individuals internalize. In professional service firms, this can translate into a cycle of sustained responsiveness, long hours and escalating expectations (Lupu & Liu, 2025). Here, organizational controls such as time-tracking can synchronize individuals with intensified tempos, reinforcing behaviours that become difficult to interrupt. This synchronization is cognitive and affective, cultivating a bodily sense of alignment with the pace of work and a felt dissonance when ‘out of sync’ (Lupu & Liu, 2025). Similar patterns emerge in platform-based work where organizational tempo is set through real-time algorithmic management and flexibility (McDaid et al., 2023). For instance, the flexibility afforded to drivers by Uber, coupled with uncertain remuneration, often results in overwork. Here, algorithmic systems manage access to work, reward responsiveness and create a sense of potential earning or loss (McDaid et al., 2023). Over time, these structural conditions make overwork feel not only necessary but self-chosen.

The *materiality* of the environment also shapes how individuals internalize their relationship to work. Lighting, decor, office arrangements and ancillary services such as food, gyms and leisure activities can make spending long hours at work appealing (Griffiths et al., 2018). This blurring of the distinction between work and leisure can foster a subjectivity in which the workplace is a site of social life and fulfilment (Beckman & Mazmanian, 2020). This also frames self-care and stress management as personal responsibilities, shaping the experience of overwork as a desirable extension of the self.

Market factors also shape workers into subjects who internalize organizational demands as personal imperatives. In some competitive industries (e.g. investment banking), managerial control is replaced by internalized self-discipline, making overwork appear as an autonomous choice. These dynamics are reinforced by business models that monetize availability and performance rather than fixed outputs. This can lead to body breakdowns that intensify over the years, compelling workers to develop self-regulation strategies (Michel, 2012, 2023). As a result, high-performance workers may engage in body entrepreneurship, trying to self-regulate with drugs, sedatives, hormones and workout regimens aimed at maintaining their competitive edge (Michel, 2023). Here, subjectification is radical. The work addict attempts to transform their biology to remain productive, embodying the neoliberal ideal of the self-optimizing work subject.

The *situational* characteristics of work that may induce addiction relate to organizational culture and social facilitation effects (Griffiths et al., 2018) that can lead to the internalization of expectations regarding commitment. For example, in Japan, workaholic behaviour has been considered essential for career advancement. Overwork is a demonstration of dedication, including socializing outside work hours, such as attending company-sponsored drinking parties (Christensen, 2014). These rituals bind professional and social identity, ensuring that workplace expectations extend into leisure time. Here, work addiction intersects with substance addiction, entrenching a subjectivity in which self-discipline and self-destruction become indistinguishable in the pursuit of professional belonging.

The mediation of technology has also supercharged the subjectifying power of work addiction. Many features leading to digital addiction are common in workplace technologies (e.g. push notifications and direct messaging on Microsoft Teams). These can induce technostress in organizations that promote an always-on culture (Ayyagari et al., 2011). Some of the affordances of these technologies (e.g. usability and intrusiveness) can exacerbate overwork, normalize privacy invasions and induce work-home conflict (Ayyagari et al., 2011). Simultaneously, technology interrelates work addiction with internet addiction, particularly in weak labour markets with high levels of job insecurity and in remote working from home. Here, the subject is shaped into one who works compulsively while remaining tethered to digital work platforms for self-validation and economic dependence.

The construction of the workaholic shows how professional norms, identity pressures and organizational expectations can draw individuals into escalating work patterns that are difficult to interrupt. These dynamics develop through socialization and cultural reinforcement within organizations. As a subject of addiction, the workaholic illustrates how collective expectations entrench escalation even when there might not be a deliberate design to produce it.

The organization of subjects of addiction highlights the entanglement between individuals, organizations and societal norms. Addiction emerges as an incentivized mode of being, and organizations create addicted subjects through architectures of time, space, affect and accountability. Mixed-blessing addictions produce subjects whose identities, emotions and bodies become structured around organizational expectations – for example, through cultural, identity and market pressures (i.e. the workaholic) or through ongoing, data-driven calibration of engagement (i.e. the optimized addict). Together, these subjects show how different organizing dynamics can sustain escalating patterns of addictive engagement. Uncovering these dynamics is essential for understanding the structures that govern addiction and organizing.

Discussion and Future Research

Addiction has typically been understood as a personal struggle, a public health crisis, or a social policy issue. We argue that addiction is also a phenomenon sustained through systems of organizing, introducing the idea of *organizing addiction* to capture how organizations create new addictive objects and

induce the creation of addicted subjects. Our insights advance understanding of how addiction is organized within the context of limbic capitalism (Courtwright, 2019). Here, organizations create environments in which dealing in addictive commodities is normalized. Having developed this conceptual reframing, we now turn to the questions it raises for future organizational research.

We see potential in strengthening links between the work of addiction researchers and that of organizational scholars. Organizational practices, spaces and products can induce addictions. Building on these insights, organizational scholars could advance understanding of *how* and *why* organizations do so, uncovering the assumptions, practices, discourses and business models that lead to the proliferation of addictive behaviours.

Towards an organizational redefinition of addiction

Expanding the conceptualization of addiction in organizational contexts is essential to understanding its ramifications beyond medicine, psychology and social policy. Dunnington (2011, p. 16) suggested that ‘every attempt to provide ‘scientifically objective’ necessary and sufficient conditions for addictions has failed’. We contend that when it comes to organizations in particular, this is still true. A problem emerging from influential definitions of addiction is that

to describe a cluster of behaviours doesn’t explain how these behaviours are related or what causes them. We can call something addiction because it resembles other phenomena that have been called addiction. But that doesn’t mean we know *what addiction actually is*. Amid the prevailing conceptual confusion, we need a new language. (Seymour, 2019, p. 52)

While we have begun to sketch out this new language, more work is needed to understand how organizational factors contribute to addiction.

Future research could also explore how concepts from addiction studies (e.g. tolerance, withdrawal, relapse) translate into organizational settings. Scholars might interrogate the definitional boundaries of addiction: what distinguishes addiction from adjacent concepts – like habit, compulsion or commitment – when viewed through an organizational lens? What behaviours might be reclassified as addiction within organizations, and with what consequences? Pursuing these lines of inquiry would help build an organizationally attuned vocabulary of addiction.

Addiction, capitalism and post-disciplinary control

There is an increasing recognition that addiction is underappreciated in the study of capitalism (Courtwright, 2019; Seymour, 2019). This relates to how addiction serves as a structural feature of capitalism rather than an anomaly within it: ‘addiction and profit seem closely linked and dependent on one another. Addiction is therefore becoming a central category in the social sciences’ (Callon, 2022, p. 283). Extant research has focused on how platforms constitute surveillance regimes based on behavioural visibility (Leonardi & Treem, 2020) and on herding online behaviour toward profitable outcomes (Lyon, 2018). It has also problematized algorithmic control and exploitative work arrangements in the gig economy (e.g. Kellogg et al., 2020). What is underexplored is how platforms exploit addictive behaviours: platform capitalism and limbic capitalism overlap in ways that are concerning and under-investigated. These dynamics take hold not only because platforms are designed for addictive engagement but because contemporary social and economic conditions heighten receptivity to such forms of control. Precarious work, intensified temporal rhythms and diminishing forms of social support increase people’s reliance on experiences that provide momentary relief or detachment from daily pressures. This context enables addiction to function as a mode of subjectification within contemporary capitalist arrangements.

Against this backdrop, future research could examine how addiction functions as organizational control in post-disciplinary settings (e.g. platforms, gamified apps), where coercion mechanisms are internalized rather than imposed (Chapman et al., 2021). This relates to how control through subjectification is exercised over workers, consumers and broader stakeholders as the biopolitical conditions that normalize addiction become taken for granted. Scholars could investigate how addictive design features intersect with data infrastructures and incentives to produce compliant, revenue-generating subjects. What kinds of subject positions are made available or inevitable through these systems? What kinds of calculative practices are implicated in the construction of addicted subjects? How are compulsive engagement and behavioural optimization entwined under the guise of well-being, productivity or self-care? Research along these lines could contribute to a deeper understanding of addiction as a constitutive feature of organizational life.

Digital addictions and affective attachments to hyper-personalized technologies

Organizational scholars have begun to engage with the issue of social media addiction (e.g. Bhargava & Velasquez, 2021). However, less attention has been paid to hyper-personalized technologies that increasingly shape how people think, work, feel and relate. We know little about how large language models (LLMs) and artificial intelligence reconfigure relationships with technology in addictive ways, and how organizations shape this transformation.

AI apps are now widely used for para-therapeutic purposes: ‘therapy/companionship’ is one of the most common use cases for generative AI in 2025, with users describing these systems as sources of emotional support and simulated connection (Zao-Sanders, 2025). Some users speak to these models as they would to therapists; others use them to reenact conversations with lost loved ones (Zao-Sanders, 2025). These are not fringe cases but signs of a shift in how people relate to machines. Research highlights how convincingly AI models perform emotional labour. Yin et al. (2024) find that users often feel more ‘heard’ by AI than by other humans as apps respond without interruption, judgement or emotional friction. Over time, these interactions can produce an addictive sense of emotional alignment, in which the system becomes a familiar, even trusted, presence.

These dynamics are central to the organizing strategies underpinning generative AI products that simulate care, build rapport and reinforce return engagement through emotionally attuned interactions. The capacity to ‘feel heard’ becomes a product feature; emotional dependence becomes a retention mechanism. These systems function as what Callon (2022) terms *addiction devices*: sociotechnical arrangements that sustain user engagement by cultivating attachments that are difficult to break. As AI is embedded into productivity tools, mental health apps and workplace platforms, it increasingly serves organizational goals.

An example of this trend is the recent move by several AI developers to explore or enable sexually explicit interactions for adult users. As generative AI tools become capable of producing customized personas, they are increasingly positioned as intimate companions. Erotic exchanges are emerging as a commercially significant domain in this space. When systems are designed to respond in sexual ways, the interaction becomes personalized and affectively charged, deepening the conditions under which addictive engagement can form. The promise of a responsive, always-available partner creates a powerful new frontier for attachment, in which intimacy becomes a retention strategy. This eroticization of AI extends hyper-personalization into domains of desire and affect, opening additional routes through which organizations can cultivate addictions.

This raises pressing questions for organizational research. What affective norms and relational expectations are being built into technologies that promise support, companionship or care? What interests are served when firms simulate therapeutic support without offering accountability,

confidentiality and privacy? As these technologies become embedded in the workplace, how are they used to manage emotional states, such as when LLMs are deployed to monitor employee well-being? And how do these responsive systems become addictive, creating affectively structured dependencies?

Organizing addiction economies across institutional boundaries

Research is also needed to understand how organizational, economic and regulatory structures co-produce addiction and how governments, corporations and criminal organizations sustain addiction economies. Criminal organizations exploit weak formal institutions, creating spaces where informal institutions can provide alternative governance mechanisms (e.g. Bourgois, 2003). While research has examined how corporate actors manipulate institutional frameworks to engineer addiction (Courtwright, 2019), less attention in organization theory has been paid to how criminal organizations establish markets for illicit drugs, gambling and other addictive behaviours. Echoing calls on theorizing in times of crisis and fragmentation (Kornberger et al., 2025), we see potential in conceptualizing how organizations weaponize addictions to destabilize governments and erode institutions in ways that are detrimental to public trust.

Drawing on social-symbolic work (e.g. Lawrence & Phillips, 2019), research could examine how organizations exploit institutional gaps, such as co-opting legal structures, exploiting policy inconsistencies and adapting to changing regulatory pressures. Research could examine how the interaction of institutions shapes the legitimacy of different addiction economies, influencing how state and corporate interventions target markets. Institutional reforms and regulatory interventions that address these gaps could provide ways to disrupt exploitative practices, reducing the harms associated with corporate and criminally organized addiction markets.

Challenging addiction narratives and reimagining organizational responsibility

Future work could further explore how organizational norms and structures construct addiction as (il)legitimate and the role that organization studies can play in challenging existing addiction narratives. Scholars have investigated how organizations create opportunities for intervention and recovery, such as safe injection sites, related primarily to substance addictions (e.g. Goodrick et al., 2022). However, we know little about how organizations can destigmatize addictions, promote compassionate approaches to care and create organizational environments that reduce addiction risks. Little is also known about how organizational and market categories, moral classifications and forms of knowledge either destigmatize or reinforce harmful assumptions about addiction.

Building on calls to take inequality seriously in management research (Amis et al., 2021), scholars might examine how addiction risks and responses are unevenly distributed across lines of race, class, gender and geography. Who is framed as responsible or recoverable, and who is not? How do organizational discourses of self-control, wellness or productivity render specific addictions visible while naturalizing or valorizing others? These questions point to the need to unpack how organizations participate in the symbolic and material production of addiction, and how they might alternatively cultivate more inclusive and compassionate approaches to harm, care and recovery.

In summary, understanding addiction through an organizing lens reveals how deeply embedded it is in contemporary economic, technological, and institutional structures. Addiction has become a widespread, systematized phenomenon and a strategic asset for many industries. Tackling addiction thus requires not just individual intervention but a reexamination of how organizations manufacture, normalize and benefit from it.

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Note

1. Despite a growing body of research documenting addictive dynamics and negative consequences associated with overuse of digital technologies (see Bhargava & Velasquez, 2021), the classification of digital addictions is controversial. Most digitally mediated problematic behaviors are not formally recognized as addictive disorders in the DSM-5, with some (e.g. Internet Gaming Disorder) being included as conditions requiring further investigation. This uncertainty concerns diagnostic classification rather than the organizational processes through which digitally mediated engagement is designed, intensified and sustained.
2. Work addiction is controversial. The DSM-5 does not recognize workaholism or work addiction as addictive disorders (Griffiths et al., 2018). The former refers to people who work obsessively and can carry positive connotations tied to productivity and success. The latter implies a pathological relationship with work comparable to substance addiction. Reluctance to acknowledge the addictive power of work reflects its overlap with other disorders and concerns that work might become pathologized at scale (Griffiths et al., 2018). This contested status keeps work addiction outside mainstream organizational inquiry and management education, leaving managers ill-equipped to address it (Bhatti & Roulet, 2025).

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