Australian Journal of
Business and Social Science
An Open Access Journal

Disrupting the Corporate Dopaminergic Loop: Applying a Phased-Integration Protocol of Top-Down Interruption & Bottom-Up Mindfulness to Combat Compulsive Digital Connectivity in Knowledge Workers

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Abstract

The precipitous shift towards hybrid/remote work has revolutionised the employer-employee (psychological) contract, catalysing both a renaissance in productivity among knowledge workers and a mass organisational pathology: Compulsive Digital Connectivity (CDC). Clinically, CDC presents as a non-volitional, somatic craving to hyper-connect (despite negative consequences) at work and is experienced as workplace telepressure. Hypothesised to dysregulate the mesolimbic dopaminergic loop, CDC may present as a dissociative "productivity trance" and thus bears a striking resemblance to a behavioural addiction. Yet, employees with severe telepressure are often resistant to traditional cognitive-behavioural interventions (CBT), workplace "right to disconnect" policies, and culture change (i.e. interventions that target the prefrontal cortex). As such, employees in acute "hypo-frontality" (burnout) require alternative interventions that bypass executive dysfunction. Bridging clinical psychotherapy and organisational psychology, this theoretical review examines two specific mind-body interventions for the treatment of CDC: Bottom-Up regulation (Meditation/Mindfulness) and Top-Down regulation (Hypnotherapy/Guided Suggestion). A systematic analysis is offered across four key domains: attentional process, stance to experience, the role of suggestion, and level of consciousness. This paper reports that mindfulness practices have shown tremendous success in building long-term bottom-up resilience and de-automatising bottom-up urges ("urge surfing") but are metabolically "taxing" for acutely dysregulated knowledge workers. In contrast, the clinician-driven, top-down guided suggestion intervention repurposes an employee's existing dissociative trance to interrupt the dopaminergic loop bottom-up. While metabolically "low demand," there is a risk of suggestion dependency in the absence of a bottom-up component. To bridge this paradox, this article applies the phased-integration clinical model to the organisational sphere and provides the first draft of a roadmap for an intervention to treat CDC. By combining the complementary advantages of a top-down and bottom-up approach into a new, integrative model, organisations can now sequence an employee's treatment to her neurocognitive capacity in the moment, across the burnout spectrum. This novel treatment can then be applied in Phase 1 with the "supported agency" of top-down cognitive interruption, leading into a transitional phase, and finally, in Phase 3 with the "autonomous agency" of bottom-up mindfulness to re-homeostasis emotions at the source. I have named this Phased-Integration Protocol (PIP), a cohesive clinical framework that, for the first time, unifies both top-down and bottom-up modalities into a single theory of "Dissociative Re-Association" to offer organisations a theoretically, neurobiologically grounded path to sever the corporate dopaminergic loop and reclaim the volition of the modern knowledge worker.

Keywords: Burnout, Compulsive Digital Connectivity (CDC), Dopaminergic Loop, Hypnotherapy, Mindfulness, Phased-Integration Protocol (PIP), Organisational Psychology, Workplace Telepressure

1. Introduction

The contemporary corporate environment has undergone a dramatic tectonic shift. Rarely does a day pass without having "zoomed" with at least one colleague, let alone a traditional meeting in a communal setting. The emergent new normal hybrid work and virtual collaboration has upended traditional assumptions about worker availability and flexibility, and productivity has grown exponentially since companies went remote. The side effect of digitising the workplace and maximising connectivity is that Compulsive Digital Connectivity (CDC) has skyrocketed in today's knowledge economy.

Clinically, and in the language of organisational psychology, this maladaptive work style is referred to as "workplace telepressure" (Barber & Santuzzi, 2015). A key distinction of telepressure/CDC is that this compulsive work style is less about doing more work outside normal hours and more about feeling an "uncontrollable urge to stay connected," acting on that impulse even in the face of negative consequences (burnout, family conflict, etc.), and experiencing substantial negative affect when feeling "cut off" or "blocked" from one's work.

It is important to understand that the underlying neurobiology of CDC overlaps with that of behavioural addictions (Koob & Volkow, 2016), though direct comparative studies are lacking. The intermittent, partial-reinforcement schedule of dopamine from emails and chat functions leads to a self-perpetuating "dopaminergic loop." One anticipates an email (automatic, conditioned response), then checks one's inbox (gets the temporary dopamine hit), then experiences the transitory relief of not missing

anything urgent but soon hits the wall of exhaustion and dread all over again (Elhai et al., 2017).

1.1 The "Productivity Trance" and the Clinical Gap

Despite an all-time high in employee burnout and dysfunctional, compulsive work patterns due to COVID-19, current corporate wellness offerings, by and large, do not address the problem. For all its merit, the current "gold standard" in organisational behaviour is focused on cognitive-behavioural interventions such as employee time-management workshops, legally mandated "right to disconnect" legislation, or, at the very least, restructuring workplace rumination and maladaptive beliefs about job performance and job loss. In practice, however, CDC is less of a strictly cognitive issue and more of a visceral, and even dissociative, process.

In speaking to many employees about CDC, they have commonly described checking emails while in a state of high anxiety "productivity trance" or even "zombie mode." They talk about subjective warping of time, disregard for basic human needs, self-forgetfulness, and automatic processing that cycle through work-related platforms. If this describes the majority of highly engaged, high-functioning knowledge workers, then it becomes clear that purely rational, mindfulness-type interventions will not be able to offset the lightning-fast prefrontal recruitment of the "need to check my phone" at any level, much less abate the dissociated awareness state induced by hours of digital immersion. In short, organisational psychology may do well to examine new classes of mind-body interventions targeting the embodied aspects of compulsive work.

1.2 Theoretical Framework: Top-Down vs Bottom-Up Regulation

That said, "hypnosis," for whatever reason, is rarely available in corporate wellness programs beyond selling mindfulness apps and "relaxation response" breathing classes without a solid conceptual understanding of the theoretical distinction of these mind-body states. As a rule, as discussed in a comprehensive review of the clinical literature (Pang, 2025), all interventions for dopaminergic dysregulation will act on one of two axes.

Mindfulness is, by definition, a bottom-up approach to training the attention. It is learning, often through the technique of "urge surfing", to experience the impulse to check one's phone or email as a passing mental state rather than an imperative to action, thereby "de-automatising" the pre-programmed response (Garland et al., 2014). The flip side, however, is that mindfulness is one of the most cognitively demanding practices. For the worker experiencing acute "hypo-frontality" of full-blown burnout or panic, the "agency" available to an executive system in distress is much more limited than that of a healthy employee (Koob & Volkow, 2016). In the theoretical context, 'hypo-frontality' is operationalised as the diminished functional connectivity and reduced activation of the prefrontal cortex typically observed in chronic stress and addiction models.

Top-down regulation, on the other hand (clinically speaking, from traditional clinical hypnosis through the channel of focused absorption and clinical suggestion), is much more about external guidance and top-down direct disruption of the automatic stimulus-reward (phone) association. In the business context, this will mean mandating, through guided, immersive cognitive interruption (systematic, mandatory audio-guided breaks between office and home life), a change agent that utilises an employee's already-available sense of absorption to circumvent the overtaxed rational executive mind, while directly reprogramming the reward prediction error (RPE). While RPE is traditionally a computational term from reinforcement learning describing the difference between expected and actual rewards, it is applied here conceptually to describe how top-down suggestions might alter the subjective valuation and anticipatory anxiety of logging off.

1.3 Purpose of the Study

The crux of this pilot study, then, is that applying these seemingly different methods of self-regulation in the workplace is not an either-or proposition. The crucial question is whether CDC is a problem that the employee can walk away from, and if not, how one creates the intermediate zone necessary for restoration from chronic workplace addiction (telepressure).

The rationale is this: if an employee's prefrontal disengagement is both a symptom of exhaustion (an absence of top-down executive self-control) and a coping mechanism for acute workplace anxiety or interpersonal conflict (resorting to digital immersion via an unmet urge to escape the office), then the decision to use either a bottom-up, de-automatising self-acceptance strategy versus a top-down, interruptive metacognitive strategy is no longer random.

The research goal of this study is to bridge the gap between academia to the corporate world by adapting the Phased-Integration Protocol (PIP) (Pang, 2025) for a business audience. We argue that the modes of corporate intervention will have to be both sequenced and phased, beginning treatment with the "supported agency" of a top-down, client-absorbing, clinically suggested cognitive interventions for when an employee's "urge to connect" has become so automatic that it defeats their own efforts to regulate digital media use rationally. The approach is later followed by the "autonomous agency" of bottom-up self-compassion and long-term affect tolerance of a mindfulness-only practice. The eventual outcome is to elevate and unify the fragmented corporate wellness industry beyond random, agency-disconnecting "perks" toward a common, neurobiologically based understanding for restoring the burned-out, digitally overworked knowledge worker's volition.

2. Literature Review

The hyper-accelerated digitisation of the modern workplace has forever changed the psychological contract between employers and employees. Rigid boundaries between professional and personal life have been subsumed under a cloud of proliferating digital communication platforms, work-from-home (WFH) policies, and fractured family units. This literature review aims to bridge the gap between organisational psychology, cognitive neuroscience, and clinical mind-body interventions. First, by grounding the foundational pathology and neurobiology of Compulsive Digital Connectivity (CDC), then by

interrogating existing cognitive-behavioural interventions for workplace digital addiction, followed by explicating the theoretical (clinical) divergence between bottom-up (mindfulness) and top-down (hypnotherapy) regulation of thought and behaviour, this paper will ultimately support the decision to implement the Phased-Integration Protocol (PIP) as an organisational intervention.

2.1 Compulsive Digital Connectivity & Workplace Telepressure

The forced adaptation to hybrid/remote work over the course of the 2020-2021 to 2023 work-life triennium has produced one silver lining: heretofore-unseen employee productivity. The work-from-home era has also created an organisational pathology: Compulsive Digital Connectivity (CDC).

The foundational literature in organisational psychology is the construct of "workplace telepressure," or "work-related concerns about asynchronous messages" (Barber & Santuzzi, 2015, p.1181). While "workaholism" is classically ego-syntonic (motivated by external rewards: promotion, or even self-flagellating perfectionism), CDC is a novel and highly pathological loss of agency: a visceral, compelling impulse to check, and stay connected via inbox or smartphone to digital communication applications like email, Slack, or Microsoft Teams.

Critical to the pathology is that the employee engages in CDC despite an awareness of its harm to their psychological well-being, familial relationships, and sleep quality (Elhai et al., 2017). It's not measured by an excess of hours at the computer, but rather a high level of negative affect, panic and anxiety when they cannot check their inbox or smartphone. The employee is no longer behaving; they are compelled to behave, to which point we shift from a "behavioural habit" to a "behavioural compulsion" (Elhai et al., 2017).

2.2 The Neurobiological Architecture of CDC: The Dopaminergic Loop

This compulsion is not incidental. CDC is one of a class of newly recognised behavioural addictions (Problematic Pornography Use, gambling) that have near-identical neurobiological circuitry. At the root of CDC is a hypersensitive, overactive "reward system," otherwise known as the mesolimbic dopaminergic system (Koob & Volkow, 2016).

All major digital communication interfaces (email, Slack, Zoom, etc.) are designed to be variable ratio reinforcement systems. If an employee checks their inbox, they may or may not receive a dopamine-injecting piece of positive feedback, or even just the absence of a bad email, which is still better than not checking and finding 30 stressful work emails waiting for them. This uncertainty creates anticipatory dopamine flooding each time the employee checks their work inbox (Alladin, 2012; Alter, 2017).

The longer they go without checking, the more dopamine floods the moment they act on their urge, creating an ever-more potent conditioned response. Ultimately, the employee finds themselves in a "dopaminergic loop", a cue (a notification alert or the cognitive reframing of work from "stimulus" to "requirement") automatically generates a craving, which the specific behaviour of checking temporarily satisfies or "corrects" (Elhai et al., 2017). This results in a dopamine rush (or a temporary return to baseline anxiety), which is quickly followed by another cycle of stress or "frustration-anxiety" at being removed from the "target behaviour," i.e., checking (Elhai et al., 2017).

Complicating this dopaminergic loop is that each cycle reinforces a state of "hypo-frontality" in the brain. Chronic stress and inattention disrupt the functional connectivity of the prefrontal cortex (PFC), the region of the brain responsible for executive control, rational decision-making, and impulse control (Brand et al., 2019). In other words, the individual literally lacks the neurophysiological resources to avoid compulsively checking their email (Billieux et al., 2015).

The "Productivity Trance" & Limitations of Cognitive Interventions

This emergent pathology is met with largely unsuccessful cognitive interventions and policy changes by organisations. The standard wellness response has consisted of offering resilience training, time management seminars, and digital "right to disconnect" legislation, most of which address the root compulsive pathology with moderate to zero effect.

These policy shifts have considerable clinical validity in the treatment of generalised stress. However, they are maladapted to the nature of CDC. Current workplace interventions frequently utilise Acceptance and Commitment Therapy (ACT), which successfully integrates mindfulness with values-based action. However, like standard CBT, ACT still requires a baseline of cognitive flexibility that may be inaccessible during acute dissociative telepressure." CBT interventions are dependent on a baseline of conscious, rational engagement with the process. It requires the employee to identify and rationally reframe a "cognitive distortion." (Brewer et al., 2011) In practice, the employee frequently describes a state of "hyper-focusing" or "productivity trance," in which they experience a dissociative flow state after hours of screen time. Subjective time collapses, and the employee becomes increasingly automatic, ignoring the body's natural signals to rest (Snagowski et al., 2016).

Because the impulse to check is somatic, automatic, and frequently outside the employee's awareness, exhortations to rationality do not capture the behaviour now it occurs (Good et al., 2016). A policy telling an employee they have a "right to disconnect" is not cognitively equivalent to the visceral panic an employee feels when they try to log off. Thus, the current standard of organisational psychology must expand to include mind-body interventions capable of both interrupting this trance state and metabolically addressing the embodied nature of the compulsive impulse to check work email (Dane & Brummel, 2014).

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2.4 Bottom-Up Regulation: The Role and Limits of Mindfulness

The most readily available bottom-up regulation intervention is mindfulness. Operationally defined as "the awareness that arises through paying attention, on purpose, in the present moment, and non-judgmentally" (Kabat-Zinn, 2003, p.145), mindfulness attempts to provide "top-down" regulatory oversight to thought and behaviour.

In the arena of addiction and compulsivity, mindfulness is typically applied to the treatment of craving itself (Duke & Montag, 2017). Mindfulness directly targets the neurophysiological and cognitive/affective bases of automatic impulse. In urge surfing (Bowen et al., 2014), the individual is trained to dissociate the specific physical sensations of the impulse (tightness in the chest, a startle response to a work email notification) from the automatic behaviour that typically follows it. With repeated exposure and the adoption of radical acceptance of the urge, the employee comes to realise that the impulse itself is a fleeting, physiological urge with no "true power" over them. In other words, they develop emotional equanimity. This process of de-automatisation provides longer-term behavioural resilience (Garland et al., 2014).

However, a notable limitation to applying mindfulness to this specific population becomes apparent when we consider the "metabolic" demands of this kind of emotional work. Mindfulness is metabolically expensive; the employee must have a functioning PFC to take up the "observer" stance, to generate cognitive space. To a hypo-frontal employee deep in acute burnout, dissociative trance states (the "productivity trance"), panic over a deadline, or sleep deprivation (physiological hyper-arousal), mindfulness is not an accessible option (Koob & Volkow, 2016). When in a state of dysregulation, one does not "urge surf" a panic attack over an email about a missed deadline without either failing and further internalising their inability to "mindfully show up," or being able to mindfully "surf the urge" to check their inbox or smartphone. Thus, while an excellent maintenance tool, mindfulness lacks the acute power to stop employees in their tracks when necessary (Greenfield, 2011).

2.5 Top-Down Regulation: Hypnotic Absorption and Cognitive Interruption

To overcome the shortcomings of mindfulness and the "metabolic" limits of bottom-up regulation in acute dysregulation, the clinical literature points to the top-down regulatory mechanisms of hypnosis and focused suggestion. Defined as "a state of consciousness involving focused attention and reduced peripheral awareness and characterised by an enhanced capacity for response to suggestion" (Elkins et al., 2015, p.91), hypnotherapy has been in use for well over a century in clinical settings (Hammond, 2010; Hülsheger et al., 2013).

Hypnotherapy inverts the work of mindfulness: instead of attempting to widen one's aperture, it uses the individual's already primed capacity for focused attention to generate immersive absorption. If an employee is prone to slipping into a dissociative "productivity trance," top-down suggestions "piggyback" on their existing trance neurophysiology, hijacking it to force a cognitive interruption. Guided, immersive cognitive breaks (such as audio-guided morning/night shifts that would forcefully divide the work and home spaces) utilise the basic neural architecture of hypnosis to leapfrog over the already-dysregulated critical consciousness.

Top-down regulation, via a suggestion, has direct access to the RPE. Instead of the employee having to tolerate the anxiety associated with the sudden stopping of work, the hypnotic reframing reframes the cessation of work (logging off, closing the laptop) as both a deeply rewarding and necessary task. It provides "supported agency," outsourcing the work of impulse control to the suggested intervention until the employee has achieved neurophysiological stabilisation. But an intervention that works too well at the top-down level is simply another dissociative trance state: the employee becomes dependent on this kind of guided work and never fully builds the internal resources to self-regulate (Jensen et al., 2015; Kirsch et al., 1995).

2.6 Synthesising the Phased-Integration Protocol (PIP)

The tension between the bottom-up openness of mindfulness and the top-down reframing of hypnotherapy is a false one. As detailed in the clinical literature (Pang, 2025), the two approaches operate on orthogonal axes, and the treatment process for any addiction must be sequenced and tailored to the individual. The current literature supports the decision to adapt the Phased-Integration Protocol (PIP) for the modern employee.

PIP holds that the treatment process must be initiated in Phase 1 - Disruption and Stabilisation, a forced stop and break in the addictive behaviour. While in this acute phase, the employee is still neuro-physiologically hypo-frontal and thus unable to engage with bottom-up skills like mindfulness or CBT effectively. Therefore, we use top-down reframing and cognitive interruption (guided, immersive practices) to forcibly break the dopaminergic loop and provide the employee with immediate, acute symptom relief (Kuss & Griffiths, 2012).

Phase 2 - Skill Acquisition and, by extension, Phase 3 - Maintenance - can then be entered, where bottom-up mindfulness skills are introduced. The employee, now with baseline prefrontal capacity, can engage in some open monitoring and learn to "surf" and regulate the workplace anxieties that drive compulsivity in the first place.

2.7 Conclusion

The extant literature on Compulsive Digital Connectivity demonstrates that the phenomenon is an increasingly entrenched neurobiological pattern of behaviour that rational policy shifts or individual wellness perks cannot assuage. It is a dopaminergic loop with dissociative trance-state elements. Rational, cognitive-behavioural treatments alone are no longer sufficient to interrupt the cycle or address the embodied roots of the compulsion to remain digitally connected to work. However, by understanding the root neurobiology of the compulsion (the dopaminergic loop) and having both top-down and bottom-up mechanisms to alter the RPE (cognitive reframing to address the immediate loop, followed by mindfulness to cultivate long-term emotional resilience), the proposed PIP has a strong theoretical basis for success (Mazmanian et al., 2013).

3. Methodology

As the current pilot study is primarily theoretical and translational in focus, the comparative theoretical analysis methodology is utilised. The design is inherently integrative, as it works at the intersection of clinical psychotherapy and organisational psychology, mapping the comparative framework originally developed to analyse different behavioural addictions (Pang, 2025) to a corporate workplace wellness setting.

The comparative theoretical analysis assesses how two modalities, Mindfulness (Bottom-Up) and Hypnotherapy/Guided Suggestion (Top-Down), align with and can be adapted for the specific pathology at hand, in this case, Compulsive Digital Connectivity (CDC). These are compared across four essential comparative dimensions (adapted from Pang (2025)) within the corporate setting: Attentional Mechanism (MM alters employee attention in what way?), Stance Towards Experience (MM modulates employee experience in what way? including workplace anxiety and telepressure), Role of Suggestion (External/Locus or Internal/Locus MM?) and State of Consciousness (MM and how it relates to "productivity trance"). By intersecting the four dimensions, we can effectively create a sequenced, theoretically informed intervention model (Phased-Integration Protocol) adaptable to the workplace wellness setting.

The introduction of top-down, trance-based interventions in the workplace raises significant ethical considerations regarding consent, coercion, and psychological dependence. Organisations must ensure that participation in Phase 1 (Guided Interruption) is strictly opt-in and decoupled from performance metrics to prevent coercion. Furthermore, the PIP's structural transition to Phase 3 (Autonomous Mindfulness) is an ethical necessity, designed specifically to prevent employee dependence on corporate-provided external regulation.

4. Findings & Discussion

A comparative analysis shows that mindfulness and top-down cognitive interruptions (hypnotic suggestion) are both feasible, but they represent opposing intervention points for CDC. Rather than blindly applying one modality, organisations should thoughtfully sequence their use based on the employee's level of autonomic arousal and prefrontal exhaustion. As detailed in Table 1, these two modalities operate on fundamentally different neurocognitive axes across four key dimensions: Attentional Mechanism, Stance Towards Experience, Role of Suggestion, and State of Consciousness. While mindfulness provides excellent long-term bottom-up regulation, it requires a waking, metacognitive state that is metabolically taxing for an acutely burned-out employee. Conversely, top-down-guided suggestion bypasses executive dysfunction by leveraging the employee's existing dissociative state, offering immediate "supported agency" at the risk of long-term dependency.

Table 1: Comparative Analysis of Mind-Body Modalities for CDC

Comparative Dimension	Bottom-Up Regulation (Mindfulness)	Top-Down Regulation (Guided Suggestion / Hypnotherapy)
Attentional Mechanism	Open Monitoring (De-automatisation): Broadens awareness, creating a cognitive wedge between the stimulus (notification) and the reflexive response (checking), weakening automaticity (Montag & Walla, 2016).	Focused Absorption: Narrows attention to a single point (e.g., guided imagery of rest). Works *with* the existing "productivity trance" rather than against it (Park & Jex, 2011; Roeser et al., 2013).
Stance Towards Experience	Non-judgmental Observation: Neutralises the shame-guilt cycle	Active Reframing: Directly alters the RPE by artificially reducing the "Go"

	by teaching the employee to observe workplace anxiety and FOMO as passing mental states rather than panic triggers.	signal, pairing the act of logging off with feelings of relief and accomplishment (Rossi, 2002; Sonnentag & Fritz, 2015).
Role of Suggestion & Agency	Internal Locus (Autonomous Agency): Relies on the employee's internal willpower to "urge surf." Requires significant prefrontal resources to consciously surrender to the compulsion without acting on it (Piszczek, 2017).	External Locus (Supported Agency): Relies on external guidance (e.g., HR-provided audio tracks) to deliberately manipulate valuation and rewrite subconscious scripts, risking dependency if not transitioned.
State of Consciousness	Waking Metacognition: High cognitive load. Requires a fully functioning prefrontal cortex (PFC) to maintain the "observer" stance, making it highly difficult during acute burnout.	Dissociative / Altered State: Low cognitive load. Bypasses the exhausted critical mind by "fighting fire with fire," meeting the dysregulated employee in their already altered state of mind.

4.1 Comparative Synthesis: Brakes versus Engine

We have reached the juncture in the presentation of these two intervention points at which our data suggests there is no singular solution to the "perfect employee." In fact, in its late stages, CDC is maintained by a hypoactive "Stop" system (the overworked prefrontal cortex) and a hyperactive "Go" system (the dopaminergic response to digital rewards).

Mindfulness operates on the Brakes, the system that inhibits the impulse. Top-Down suggestion, on the other hand, targets the Engine, the core neural network that overvalues the stimulus (Volkow et al., 2019). When you rely solely on the mindfulness brake, you are essentially asking the employee's weak brakes to hold back a turbocharged engine. On the other hand, when you rely solely on top-down suggestions, you slow the engine and leave the employee with no steering mechanism when new workplace stressors enter the fray. It rationalises the dual process, both/and approach is critical (Thomée et al., 2011; Turel et al., 2011).

4.2 Proposed Integrative Clinical Model: The "Phased-Integration Protocol" (PIP)

Based on the above comparative synthesis, this paper proposes adapting the PIP to organisational psychology. In short, the PIP hypothesises that corporate mindfulness/top-down interruption interventions must be sequenced to align with employees' capacity for self-management, as they are at different points on their burnout continuum (Weinstein & Lejoyeux, 2010).

PIP works on the principle of moving the employee from a passive recipient of change (Top-Down Interruption) to an active participant in change (Bottom-Up Mindfulness) in a structured way. As demonstrated in **錯誤! 找不到參照來源。**, the PIP provides HR and organisational psychologists with an easy-to-understand roadmap for implementing mind-body interventions in the corporate context (Yau & Potenza, 2015).

5. Conclusion

It is important to acknowledge critical perspectives within the literature that question the strict behavioural addiction model for smartphone use, arguing instead that it may represent compensatory attachment behaviour or maladaptive coping rather than a true neurological addiction (e.g., Panova & Carbonell (2018)). The exponential emergence of CDC is a novel sociological development in the knowledge economy with a distinct addictive profile characterised by reward hijacking and dissociative work trance. Interventions often fail to be up to this task when treating addiction with the scalpels of rational logic (i.e., time-management training, "right to disconnect" legislation). The value of an explanatory comparison between Top-Down cognitive disruption and Bottom-Up mindfulness as two ends of a biopsychological continuum has been proposed and supported.

Top-down, cognitively directed micro-interruptions and Bottom-Up, affect-driven deepening have been illustrated as opposites on a neurocognitive axis. The "productivity trance" is a hypnotic (hypnoid) state that can only be interrupted by a similarly invasive intervention (Top-Down suggestion) in the event of an acute burnout. To achieve long-term inoculation against the underlying workplace anxiety that characterises the workaholic addiction, a more associative (Bottom-Up) treatment strategy is required. The Phased-Integration Protocol proposed provides a unifying theory of "Dissociative Re-Association" in the workplace.

Organisations may sequence the modalities by initially providing a supported, top-down disruption and transitioning to autonomous, bottom-up modulation as treatment progresses, integrating a safety net into the "pulling back the rope" approach to sobering up employees. In this way, this paper attempts to provide a dual-front solution to the threat of corporate dopaminergic looping, offering some support to stressed employees who attempt to resist the urge to pull back on the rope themselves (CDC reform is often a bottom-up willpower failure). Ultimately, we should remember that the desired outcome in treating CDC is not just the absence of emails at midnight. It is the presence of the employees themselves.

6. Proposed Future Research

While this paper establishes the theoretical architecture of the PIP, empirical validation is required. Future research must prioritise small-scale qualitative studies (e.g., structured interviews with 5–10 knowledge workers) to empirically capture the subjective experience of the 'productivity trance' and assess employee willingness to adopt audio-guided interruptions.

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Appendix

Phase & Duration	Primary Modality	Objective	Rationale	Key Mechanisms
Phase 1: Disruption & Stabilisation (Weeks 1–4)	Top-Down Regulation (Guided Suggestion / Audio Interruption)	To forcefully interrupt the "automaticity" of CDC and dampen the dopaminergic reward prediction.	Addresses the acute "hypo-frontality" of burnout. Acknowledge that asking an exhausted employee to "mindfully observe" their panic is clinically unrealistic.	1. Utilisation of Trance: Using audio-guided transitions at the end of the workday to bypass the exhausted critical mind. 2. Reward Substitution: Suggesting that logging off is a highly rewarding, career-sustaining action.
Phase 2: Transition & Skill Acquisition (Weeks 5–8)	Hybrid (Mindfulness-Informed Suggestion)	To shift the locus of agency from the external intervention to the internal observer.	As acute telepressure subsides, the employee regains enough cognitive bandwidth to begin training in attention and self-regulation.	1. The "Observer" Shift: Guided exercises evolve from passive listening to active visualisation of the employee's own boundaries. 2. Urge Surfing Rehearsal: Visualising the urge to check Slack on a weekend and practising "riding the wave" in a relaxed state.
Phase 3: Maintenance & Emotional Regulation (Week 9+)	Bottom-Up Regulation (Mindfulness)	To maintain long-term homeostasis, process underlying workplace anxieties, and prevent relapse.	Prevents dependency on corporate wellness apps. True resilience requires the employee to navigate workplace stress autonomously.	1. Open Monitoring: Detecting antecedents (imposter syndrome, fatigue) before they cascade into compulsive checking. 2. Radical Acceptance: Sitting with the discomfort of an empty inbox or pending tasks without reacting compulsively.