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Decoding the 'Productivity Trance': A Qualitative Exploration of Dissociative Work States and the Acceptability of Audio-Guided Interruptions among Remote Knowledge Workers

Pang Ching Kong*, Charter University
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Abstract

The widespread institutionalisation of remote and hybrid work models has precipitated a severe occupational health crisis characterised by Compulsive Digital Connectivity (CDC). Evolving from workplace telepressure, CDC operates as a behavioural addiction driven by the mesolimbic dopamine pathway and the variable ratio reinforcement schedules inherent in modern enterprise technologies (e.g., Slack, Microsoft Teams). Prolonged digital immersion and the resulting nervous system exhaustion induce a state of hypo-frontality, causing employees to slip into a dissociative "productivity trance." During these trances, workers experience temporal distortion, somatic neglect, and a profound loss of executive control. Traditional organisational interventions, such as cognitive-behavioural therapy and bottom-up mindfulness practices, are fundamentally mismatched for this crisis; they demand metabolic energy and prefrontal cortex engagement that burned-out employees do not possess.

To address this gap, the Phased-Integration Protocol (PIP) proposes a neurobiologically informed alternative. Phase 1 of the PIP utilises top-down, audio-guided hypnotic interruptions designed to sever the dopaminergic loop and provide "supported agency artificially." This qualitative study investigates the subjective phenomenology of the productivity trance and evaluates the acceptability of employer-sponsored audio interruptions. Utilising an Interpretative Phenomenological Analysis (IPA) framework, in-depth interviews were conducted with 12 remote knowledge workers experiencing high levels of workplace telepressure.

The data analysis generated three superordinate themes. First, "The Dissociative Void & Temporal Collapse" confirms that the productivity trance is marked by radical depersonalisation and a complete loss of subjective time. Second, "Somatic Tethering & Frustration-Anxiety" reveals that forced separation from devices triggers intense physiological withdrawal, underscoring the inadequacy of purely cognitive solutions. Third, "The Paradox of Supported Agency" exposes a deeply polarised reception to the audio-guided intervention prototype. While half of the participants embraced the tool as a much-needed "digital seatbelt" that conserved depleted cognitive resources, the remaining participants viewed it with extreme cynicism, fearing paternalistic corporate overreach and the colonisation of their subconscious under the guise of wellness.

The study concludes that while top-down audio interventions are theoretically effective for breaking hypo-frontal trances, their practical implementation is fraught with ethical peril. Organisations must ensure that such interventions are strictly opt-in, transparently communicated, and entirely decoupled from surveillance mechanisms. Ultimately, these tools must serve as transitional aids, bridging the gap between acute dysregulation

and the autonomous, bottom-up mindfulness required for sustainable digital resilience in the modern workforce.

Keywords: Compulsive Digital Connectivity, Productivity Trance, Hypo-frontality, Phased-Integration Protocol, Remote Work

1. Introduction

Remote and hybrid work has become the norm since its uptick in the early part of the last decade and its institutionalisation by 2026. While beneficial in many ways, perpetual work-from-home models have given rise to an organisational obsession: Compulsive Digital Connectivity, or CDC. Evolved from workplace telepressure, or "the perceived need to constantly check work-related asynchronous messages and respond to them as soon as possible" (Barber & Santuzzi, 2015, p.58), CDC can be described as an involuntary physiological addiction to checking Slack, Teams, and email at the expense of employee mental health, sleep hygiene, and relationships with friends and family (Elhai et al., 2017; Turel et al., 2011).

Groundbreaking research from organisational neuroscience has described Compulsive Digital Connectivity as a behavioural addiction fuelled by the mesolimbic dopamine pathway (Koob & Volkow, 2016). The variable ratio reinforcement schedules upon which enterprise technology is based cause dopamine release in anticipation of reward; thus, an employee feels inclined to check her phone to mitigate the "frustration- anxiety" caused by being unreachable or pending notifications (Alter, 2017; Billieux et al., 2015). Prolonged technological indulgence and resulting stress can lead to a hypo-drugged state that Koob & Volkow describe as "hypo-frontality," or a loss of neural connectivity within the frontal lobe (Brand et al., 2019). During prolonged hypo-frontality (often caused by endless screen time and digital communication), employees often describe slipping into a "productivity trance," defined by feelings of dissociation, hypnoid consciousness, temporal distortion, bodily absence, and automaticity. During these trances, employees feel as though they "cannot control themselves" and lack the executive functioning necessary to take a break or turn off their computer (Snagowski et al., 2016).

Virtual work has compounded rates of employee burnout and CDC; however, HR solutions have been grossly ineffective. Popular organisational initiatives revolve around cognitive-behavioural workaholism interventions, productivity workshops, and corporate mandates to "disconnect after hours" (Piszczek, 2017). Meanwhile, grassroots solutions to runaway employee productivity, such as mindfulness, have focused solely on downward regulation. While mindfulness has been shown to increase emotional granularity and reverse automatization over time (Garland et al., 2014; Good et al., 2016), regulating one's emotional response to stress requires time and metabolic energy that an employee in a state of hypo-frontality likely lacks. The self-detachment and meta-awareness necessary to adopt what psychologists call the "observer stance" of mindfulness becomes inaccessible to employees deep within the productivity trance (Duke & Montag, 2017; Hülsheger et al., 2013).

Pang's (2026) conceptualisation of the phased-integration protocol is a groundbreaking theoretical model of workplace wellness that categorises

mindfulness and other mind-body interventions into tiers that must be engaged with sequentially upon diagnosis. Building on Kuss & Lopez-Fernandez's (2016) recursive intervention model used for the treatment of behavioural addiction, Pang postulated that employees in a state of acute dysregulation require Phase 1: top-down regulation in the form of outside assistance. The process will take the form of audio-guided, hypnotic interruptions that both leverage the employee's current dissociative trance state and force-break the productivity trance via acoustic irritation (Pang, 2025). Drawing on common resource theory of stress, Phase 1 assisted regulation will replenish depleted cognitive resources by giving employees "supported agency" (Hobfoll, 1989). Only when in a stable, non-hypnotic state of consciousness will the employee be ready for Phase 3: mindfulness and bottom-up emotional regulation.

The phased-integration protocol is a robust, neurobiologically-informed solution to Compulsive Digital Connectivity. However, several barriers remain to implementation. First, little to no qualitative research has examined the subjective experience of the productivity trance. While many employees report going into a trance-like state while working from home (Snagowski et al., 2016), we know little to nothing about what this trance feels like. Until we understand what employees experience when they slip into these trances, we will not know how to categorise, intervene, or reverse the phenomenon. No prior research suggests employees would be willing to have their consciousness externally manipulated through employer-sponsored mindfulness and interventions. Mindfulness interventions that leverage altered states of consciousness, such as sleep and hypnosis, have been criticised as too intrusive and as violating employees' rights (Mazmanian et al., 2013; Park & Jex, 2011). Thus, before HR departments and corporate wellness consultants can implement the PIP at any level, qualitative investigations into employees' experiences of dissociative trances at work and their willingness to accept top-down interventions are necessary.

This study aims to conduct preliminary interviews with remote employees better to understand the subjective phenomenology of the "productivity trance" and assess willingness to use employer-sponsored, top-down audio interruptions (Phase 1 of the PIP) to treat CDC.

1. To document and analyse the subjective experiences of remote knowledge workers during prolonged periods of digital immersion, specifically focusing on symptoms of dissociation, time distortion, and automaticity.
2. To explore the physiological and psychological sensations (the dopaminergic loop) employees experience when separated from work-related digital platforms during off-hours.
3. To assess employees' willingness to participate in mandatory or highly encouraged top-down, audio-guided cognitive interruptions designed to sever the connection to work artificially.
4. To identify potential ethical concerns, fears of corporate overreach, or perceived risks of dependency associated with employer-mandated altered-state interventions.

2. Literature Review

Humans have gone digital at work like never before, and our working lives have now spilled over into our homes. In the process, they've created new psychological dynamics that demand we rethink our approaches to both employee wellness and performance. This paper reviews literature from organisational behaviour, neuroscience, and psychology to better situate this growing digital wellness crisis. It begins by mapping how what was once thought of as work telepressure has progressed into the diagnosable disorder of Compulsive Digital Connectivity (CDC), and the dopamine-fuelled cycle that fuels it. Then it discusses the inefficacy of traditional meditation and cognitive behavioural interventions for immediate treatment of hypo-frontality, providing the scientific groundwork for the Phased-Integration Protocol (PIP). Lastly, it introduces the need to assess employee receptiveness to top-down, prerecorded cognitive disruption.

2.1. Telepressure to Compulsive Digital Connectivity (CDC)

Beginning with the events of the early 2020s and becoming widely adopted by corporations in 2026, the transition to remote and hybrid work has dramatically shifted the balance of the psychological contract between employer and employee (Wang et al., 2021). Remote work has given workers unparalleled flexibility and removed the time costs of commuting; however, it has also eliminated the geographic boundaries that once defined home and work life (Allen et al., 2015). Without clear boundaries, many knowledge workers have experienced the spillover of "workplace telepressure," or the subjective pressure to respond immediately to asynchronous work communications (Barber & Santuzzi, 2015). While telepressure was once thought of as a toxic way of coping with workplace norms, workplace telepressure has rapidly evolved into a diagnosable psychiatric disorder in the age of extreme digital adoption: Compulsive Digital Connectivity.

CDC is more than feeling overworked; it is a deeply entrenched somatic discomfort when employees cannot immediately log on and respond to Slack, MS Teams, and Enterprise Email (Pang, 2026). Staff who experience CDC continue to check their phones and computers habitually, even when it severely harms their mental and physical health, sleep schedules, and relationships with partners and family (Elhai et al., 2017; Turel et al., 2011). From a neurological standpoint, compulsive digital connectivity is a form of neurobiological hijacking that employees experience when working with modern enterprise technologies (Alter, 2017).

2.2. Background Neuroscience: Dopamine & Schedules of Reinforcement

Clinicians and organisational neuroscientists have borrowed from the clinical literature surrounding behavioural addictions to help explain how employees experience CDC. When employees check their email, Slack, or Teams inbox, they activate the brain's mesolimbic dopamine system, also known as the brain's reward centre (Koob & Volkow, 2016). Enterprise technology is leveraging what various psychology disciplines call a variable ratio schedule of reinforcement to keep employees hooked on their email (Alter, 2017; Volkow et al., 2019). Variable ratio reinforcement is what makes gambling and checking Facebook so addictive. You will never know when the next email from your boss, praise from your coworker, or deadline will come pouring in; when the employee hears that little notification ding, dopamine is released.

Eventually, the employee will be conditioned to continually check their email to avoid feeling the "frustration-anxiety" that stems from being apart from their devices (Billieux et al., 2015). When an individual can't check their inbox, they feel strangely panicked, anxious, and restless. They crave that email notification. Check it. Boom. Dopamine is released. The employee has now developed a Dopamine Feedback Loop.

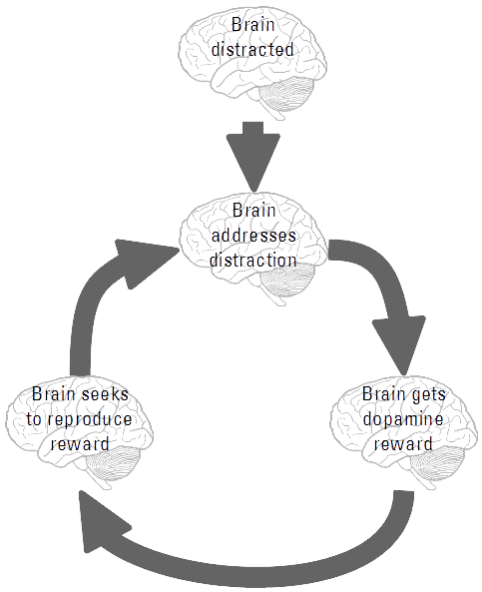


Figure 2.1: Dopamine Feedback Loop Adapted from Elhai et al. (2017)

In this cycle, employees keep craving to check their inbox. Checking their inbox numbs panic and anxiety with a dopamine rush (opposite side of Figure 2.1). When the individual finally doesn't check their email, they instantly feel powerful anxiety. They immediately feel the urge to check their email. Welcome to dopamine addiction.

Because of this cycle, employees experience profound nervous system exhaustion. In Pang (2026), workers who experience CDC firsthand describe falling into "productivity trances." Koob & Volkow (2016) use the term hypo-frontality to describe what happens when the brain's reward circuitry is hijacked. Hypo-frontality occurs when connectivity decreases, and metabolic activity slows in the employee's prefrontal cortex (PFC), the "brain of the CEO" (Brand et al., 2019). The PFC supports executive functioning and decision-making. Therefore, what happens when your device literally controls your decision-making process? Employees get burnt out. They enter a state of hypo-frontality.

Symptoms of hypo-frontality include acute impulsivity and inability to regulate one's emotional state (Alter, 2017). The issue is when employees fall into the "productivity trance". As mentioned before, while flow states can be incredibly productive, hyper-motivated periods of work fuelled by dopamine addiction are not the same. Researchers studying cybersex addiction and gaming disorders have found similar symptoms of hypo-frontality in their participants; symptoms include hypnoid consciousness, radical depersonalisation, loss of subjective time, and automated behaviour (Snagowski et al., 2016; Bányai et al., 2017). Many employees feel like they are on "autopilot" as they compulsively switch between tabs and apps. They feel "out of control of themselves"

and forget to eat, drink water, or sleep (Peper et al., 2018). While many employees who experience CDC can describe the phenomenology of their work state, little qualitative research has examined the dissociative trance individuals experience when they are hyper-productive.

2.3. Organisations Have Tried…

To help employees burned out by remote work, organisational psychologists and HR departments have tried implementing basic organisational interventions. Unfortunately, these interventions don't work because they don't treat the employee's underlying pathology. Instead, they ask the employee to be mindful of their technology use, practice behavioural therapy on themselves, and force themselves to log off at a reasonable hour.

Why do these techniques not work? Because the employee is in a state of hypofrontality. Asking an employee to use CBT (a type of cognitive behavioural therapy) to stop feeling anxious about an unread email is like asking a sleep-deprived person to stay awake (Hayes et al., 2006). Asking an employee to "just turn off their computer at 5:00" assumes that the employee has enough control to exit Microsoft Teams simply. If an employee is in a state of hypo-frontality and productivity trance, they will not be able to utilise any tools that require high-order thinking.

2.4. The Limits of Mindfulness

Mindfulness has become an organisational standard for helping employees increase their emotional intelligence over time (Garland et al., 2014; Good et al., 2016). Mindfulness refers to the psychological process of observing one's thoughts and emotions without acting on them. Practicing mindfulness can help employees "surf the urge" or ride out their anxiety without impulsively checking their email. Mindfulness is a bottom-up approach to self-regulation.

Unfortunately, as mentioned before, mindfulness takes a lot of metabolic energy and prefrontal activity to practice. Mindfully observing your emotions requires your brain to assume the "observer stance," a meta-cognitive thought process that requires a healthy, functioning PFC (Duke & Montag, 2017; Hülsheger et al., 2013). Pang (2025) notes that asking burned-out employees to mindfully observe their panic when they don't receive an email at 11 pm is nearly impossible. Instead, Pang (2026) developed the phased-integration prescription.

2.5. The Phased-Integration Protocol

Developed from Kuss & Lopez-Fernandez's (2016) Recursive Intervention Model, the phased-integration protocol meets employees where they're at neurologically. Phase 1 employees are in acute stages of dopamine addiction (i.e. the productivity trance). For these employees, mindfulness is useless. As stated above, the employee's addictive behaviours have forced them into a state of hypofrontality. They cannot cognitively regulate their behaviour because their PFC is exhausted. Instead of asking the employee to self-soothe with mindfulness, employees in phase 1 of the PIP require top-down modulation. This modulation will come in the form of externally audio-guided hypnotic

interruptions (Pang, 2025). Much like mindfulness, corporate-allowed hypnotic interruptions will ask the user to practice cognitive shifting. However, instead of taking a nonjudgmental stance toward their emotions, the intervention will force-interrupt the user's conscious thoughts with a focused audio signal. "Fight fire with fire." Since the employee is already in an altered state, we may as well embrace it.

Pang's auditory interruptions force employees out of their productivity trance by reversing the dopaminergic loop (Pang, 2026). Because the employees' mindful awareness has been overridden by their trance, the audio guide will temporarily take control of the executive functions otherwise performed by the employees' PFC. Using principles from the Conservation of Resources theory (COR), top-down hypnosis will force users to rely on the voice as they regain control of their physiological resources (Hobfoll, 1989). With their critical mind turned off, individuals will have no choice but to follow the voice. They will rely on this voice to help regulate their nervous system until they can practice bottom-up mindfulness on their own (Phase 3).

2.6. Will employees even LET us help them?

In theory, the phased-integration protocol is a beautiful way to treat employees who have fallen into pathological productivity states externally. By forcing employees to listen to an audio guide when they slip into a productivity trance, we are offering irresistible cognitive interruption. We are teaching employees to take a stance with their technology use and giving them the tools to alter their state when they can't do it themselves. However, we do not yet know how employees will react to being forced into altered states of consciousness by their employer.

Past organisational programs have been viewed as toxic forms of psycho-political control, in which companies monitor and control employees' emotions and bodies to maximise productivity (Cederström & Spicer, 2015; Fleming & Spicer, 2004). Because PIP stage 1 requires employees to listen to corporate-made audio files, some employees may view this intervention as crossing a boundary (Csikszentmihalyi, 1990). Whereas mindfulness can be done on an employee's own time, being forced to listen to someone tell you to "calm down and focus on your breathing" whenever you feel anxious about work may be viewed as employer overreach (Park & Jex, 2011). Clinically, there is also the danger of dependency. By allowing employees to lean on corporate-made hypnotic anchors to regulate their nervous system, we may be creating repeat customers.

We do not know how employees will view these audio-guided interruptions. Will employees open their laptop only to hear their HR department's voice greet them? Will employees take comfort in knowing that someone is taking care of them, or will they feel violated by the intrusion? Until we interview employees about how they view these therapeutic interventions, we will never know if PIP stage 1 will be accepted by remote knowledge workers.

3. Methodology

To meaningfully examine the subjective experience of remote knowledge workers under CDC, the study needed a qualitative approach. Interpretative Phenomenological Analysis (IPA) was chosen as the epistemological lens through which this project would

be conducted. IPA is phenomenological, hermeneutic, and idiographic. As such, IPA provides a way to unpack psychological experiences that are often ambiguous, emotionally complex, or difficult to measure empirically (Smith et al., 2022). Since both the "productivity trance" itself and resulting hypo-frontality are thoroughly internalised and physical experiences, quantitative measurements alone would do a disservice to the participant's lived experience of the dopamine loop. By adopting an IPA methodology, this project hopes to do more than paint a picture of digital dissociation caused by remote work burnout; it strives to understand how the cognitive process behind digital immersion manifests for the employee. Additionally, IPA acknowledges the researcher as a fellow interpreter of data and allows for a twofold hermeneutic in which the researcher interprets the participant's interpretation of their own dissociative experience at work.

3.1. Recruitment & Sampling

Participants were recruited through purposive, criterion-based sampling (Patton, 2015). Any knowledge worker between the ages of 25–55 who had been working remotely (fully remote or hybrid) for at least 2 years was included among eligible individuals. Individuals also had to self-report high levels of workplace telepressure, or the feeling of being unable to step away from workplace communication applications (e.g., Slack, Microsoft Teams, Work Email) when off the clock. It was required that interviewees were not currently suffering from any severe psychiatric illnesses that were unrelated to CDC (e.g., severe clinical depression, alcohol use disorder, opioid use disorder). This criterion was not designed to exclude those who had been clinically diagnosed with mental illness in the past; however, it was desired that participants were not distracted by or overly focused on other mental health conditions that would take away from the phenomenon of interest.

A sample size of 12 participants was desired. Small samples of highly similar individuals were typically utilised in qualitative research methods and IPA research designs. The approach allowed one individual to be fully understood by the researcher before moving on to the next (Robinson, 2014). Recruitment was conducted through LinkedIn posts and by directly contacting users in Slack communities. A short screener was completed by interested participants to ensure the necessary criteria were met and to rule out severe psychiatric disorders.

3.2. Data Collection

Interviews were audio-recorded through video conferencing platforms such as Zoom or Microsoft Teams. Interviews were conducted digitally because CDC is experienced across various digital devices. Being interviewed via video chat may have primed participants to think about their relationship to technology. Interviews lasted approximately 60-90 minutes.

Interview questions were open-ended, and participants could discuss new topics they felt were important to the conversation. The researcher guided the interview with open-ended questions, while the interviewee was free to explore topics meaningful to them (Brinkmann & Kvale, 2015). Interview questions were divided into two sections. Section one questions centred on the productivity trance. Participants were asked about

times when they felt hyper-connected to their work. They described what it felt like to be so plugged into work that they lost track of time, or what their bodies felt like after being away from their work computers for too long. Section two of the interview focused on the proposed top-down audio guidance intervention, also known as Phase 1 of the PIP. To ground the interview in the reality of the PIP, participants were first exposed to a short (2-minute) audio prototype of what a top-down, guided interruption would sound like. After the audio prototype, participants were asked about their physical reactions to listening to it. They were then asked how likely they were to use the productivity interruption if their employer mandated it or provided it as a wellness resource. Finally, participants were asked about their fears of corporate control, autonomy, and addiction.

3.3. Data Analysis

Data analysis was conducted within an IPA framework. After transcription, several close readings of the first interview transcript were completed by the researcher, while anything descriptive, linguistic, and conceptual said by the participant was simultaneously free-coded (Saldaña, 2021). A deep dive into one participant's perspective was allowed by this within-case analysis before any connections between interviews were drawn. After initial codes were generated, emergent themes for that individual case were developed by the researcher. The researcher then grouped these themes into related categories to develop superordinate themes. This process was then repeated for each transcript. Although an attempt was made by the researcher to stay true to participants' responses by developing superordinate themes for subsequent interviews, they were likely influenced by previous transcripts. Guest et al. (2006) did not describe this as a problem or source of bias, as patterns would have begun to emerge by comparing multiple initial cases.

After transcribing each interview and organising it into themes, the authors compared themes across interviews through cross-case analysis. At this point, a master table was created to house themes that showed both convergence and divergence. Additionally, data saturation was used to determine sample size (Braun & Clarke, 2021). While saturation is a widely debated topic among qualitative researchers, for this study, it was determined by no new information being learned from interviewing additional people and no new themes emerging that did not fit under the superordinate themes.

3.4. Ethics, Trustworthiness & Limitations

This study addressed questions about burnout at work, compulsive behaviour, and negative psychological effects. As such, this study was submitted to Charter University's IRB before data collection began. Informed consent was obtained from all participants and included information about the study being conducted, the participants' right to withdraw at any time, and assurance of confidentiality. Additionally, any identifiers were removed from the transcripts, and a number was assigned to the interviews. Pseudonyms were assigned to participants, and their employers were kept confidential.

As participants were asked about feelings of burnout by the study, mental distress may have been caused. Participants received a list of resources, including on-campus

counselling services and immediate crisis hotlines. Steps were taken to ensure criteria for trustworthiness were met by this study. To ensure credibility, participants were asked if the themes and conclusions generated from their interviews were consistent with their experiences. Dependability and confirmability were established by creating an audit trail of research decisions, coding, and reflexive notes (Tracy, 2010). A key role in ensuring trustworthiness was also played by reflexivity. Preexisting beliefs about mindfulness, technology, hypnotherapy, and workplace culture were held by the researcher. Interaction with participants and the coding of data may have been affected by these beliefs. A reflexive journal was kept by the researcher to monitor any biases that may have affected the study.

4. Findings & Discussion

Interviewee responses were coded into three superordinate themes that explain the phenomenology of the productivity trance and suggest takeaways regarding PIP acceptability.

4.1. Theme 1: The Dissociative Void & Temporal Collapse

All participants reported feeling dissociated while in the productivity trance. Interviewees noted that they lose all sense of time during bursts of hyper-connectivity; they typically glance at a clock and are surprised to see hours have passed. "It feels like my brain is running on autopilot," said Sarah. "Literally, I will look up from my computer and a whole workday will have passed. I've skipped meals without realising because I was 'in the zone'" For David, "I won't realise that I'm thirsty or that my back hurts until the Wi-Fi goes out. Then I feel it." This quotation recalls Wajcman's (2019) central thesis surrounding digital infrastructures' artificial compression of human temporality. There is a sense of radical depersonalisation ("my body disappears") and blatant disregard for one's physical needs (forgotten meals, bathroom breaks, etc.). Interviewee experiences confirm that hypo-frontal involvement in the productivity trance: the prefrontal cortex abdicates its executive responsibility in favour of rote dopamine-fuelled reward-seeking.

4.2. Theme 2: Somatic Tethering & Frustration-Anxiety

Withdrawal from connected devices induced panic. Qualitative data suggested that employees are somatically and emotionally attached to enterprise technology. When researchers experimentally restricted interviewees' access to email and chat applications, they reported flight-or-fight indicators (e.g., increased heart rate, shortness of breath, dread) when they could not compulsively check their inboxes. Using Sarason's <(1988) terminology, technostress provoked psycho-physiological arousal. Symptoms paralleled substance use withdrawal—and prove that techno-anxiety cannot be solved through cognitive solutions alone (Tarafdar et al., 2020). Employees are not worrying about work because they logically have a ton of work. They panic because their nervous systems have been hijacked by dopamine drip theory. Inserted into a dopaminergic feedback loop, the employee both fears and desires their next email notification. The cell phone thus becomes both the source of suffering and solution.

4.3. Theme 3: The Paradox of Supported Agency

Acceptability reactions to PIP Phase 1(the standardised two-minute audio-guided interruption prototype) were binary. Half of interviewees reported being "hallelujah" that someone was offering to save them from their own devices. Praise for the audio guide focused on perceived value as a "digital seatbelt" or "circuit breaker." When interviewees lose voluntary control to skip rocks down the cortisol CASCADE, they were happy for someone else to "do the heavy lifting" with their nervous system. The audio guide was described as helpful for conserving valuable energy resources in line with COR theory. The other half of respondents expressed extreme cynicism toward the paternalism implied by employer-required hypnotic interruptions. Influenced by emerging ideas about surveillance capitalism, employees feared that being hypnotised into productivity was the newest frontier of worker subjugation (Zuboff, 2019). To them, PIP Phase 1 felt like a colonising intrusion into the mind's final subconscious sanctuary.

4.4. Discussion

Findings from this analysis suggest that the conceptual basis of the Phased-Integration Protocol is sound. Theoretically, productivity trance exists, and employees can only be pulled out of it through top-down interventions. The standardised two-minute audio guide successfully activated participant arousal and shifted their attention away from exhausted higher criticism. But employees won't listen to your wellness speeches if they suspect that well-being programs are just another conduit of control. When it comes to executive buy-in, you're playing a quantum game of Schrödinger's morale. Psycho-traumatised employees who feel backed into a productivity corner will embrace PIP as a life raft; employees who hold a semblance of power are suspicious of top-down methods.

5. Conclusion & Recommendations

This qualitative exploration confirms that Compulsive Digital Connectivity (CDC) manifests as a severe behavioural addiction among remote knowledge workers, characterised by dissociative productivity trances and painful somatic withdrawal. Traditional cognitive-behavioural interventions and bottom-up mindfulness practices are fundamentally mismatched for employees suffering from acute hypo-frontality, as these individuals lack the metabolic energy required for meta-cognitive observation. The Phased-Integration Protocol (PIP) offers a neurobiologically sound alternative, using top-down, audio-guided interruptions to sever the dopaminergic loop and artificially restore baseline executive functioning. As remote work continues to blur the boundaries between the professional and the personal, innovative mind-body interventions will become essential components of occupational health.

However, implementing such interventions carries profound ethical risks. To successfully integrate Phase 1 of the PIP into corporate wellness programs without triggering fears of surveillance or cognitive overreach, organisations must adhere to strict ethical guidelines. First, all top-down cognitive interruptions must be strictly opt-in and entirely decoupled from employee performance metrics, surveillance mechanisms, or monitoring software (Ajunwa et al., 2017). Employees must retain ultimate control over when and how these audio guides are deployed, ensuring the

intervention feels like a supportive resource rather than a managerial leash. Second, HR departments must transparently communicate the intervention's neurobiological purpose, framing it as a clinical tool for nervous system regulation rather than a productivity hack.

Finally, organisations must treat Phase 1 strictly as a transitional intervention. Relying indefinitely on external audio guides risks creating a new form of dependency. Once the employee's prefrontal cortex has sufficiently recovered, they must be actively transitioned into Phase 3 of the PIP, where they can cultivate the autonomous, bottom-up regulation skills required for long-term digital resilience. Future research should prioritise longitudinal studies to evaluate the efficacy of this transition from supported agency to autonomous mindfulness in real-world corporate environments, ultimately providing a comprehensive blueprint for sustainable digital labour in the 21st century.

References

Ajunwa, I., Crawford, K. & Schultz, J., 2017. Limitless worker surveillance. *California Law Review*, 105(3), pp.735-76. [Accessed 17 Oct 2026].
Allen, T.D., Golden, T.D. & Shockley, K.M., 2015. How effective is telecommuting? Assessing the status of our scientific findings. *Psychological Science in the Public Interest*, 16(2), pp.40-68. [Accessed 17 Oct 2026].
Alter, A., 2017. *Irresistible: The rise of addictive technology and the business of keeping us hooked*. Penguin Press.
Bányai, F. et al., 2017. Problematic social media use: Results from a large-scale nationally representative adolescent sample. *PLoS One*, 12(1), p.e0169839. [Accessed 17 Oct 2026].
Barber, L.K. & Santuzzi, A.M., 2015. Please respond ASAP: Workplace telepressure and employee recovery. *Journal of Occupational Health Psychology*, 20(2), pp.172-89. [Accessed 17 Oct 2026].
Billieux, J. et al., 2015. Can disordered mobile phone use be considered a behavioral addiction? An update on current evidence and a comprehensive model for future research. *Current Addiction Reports*, 2(2), pp.156-62. [Accessed 17 Oct 2026].
Brand, M. et al., 2019. The Interaction of Person-Affect-Cognition-Execution (I-PACE) model for addictive behaviors: Update, generalization to specific types of internet-use disorders, and implications for practice. *Addictive Behaviors*, 92, pp.268-82. [Accessed 17 Oct 2026].
Braun, V. & Clarke, V., 2021. To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qualitative Research in Sport, Exercise and Health*, 13(2), pp.201-16. [Accessed 17 Oct 2026].
Brinkmann, S. & Kvale, S., 2015. *InterViews: Learning the craft of qualitative research interviewing (3rd ed.)*. Sage.
Cederström, C. & Spicer, A., 2015. *The wellness syndrome*. Polity Press.
Csikszentmihalyi, M., 1990. *Flow: The psychology of optimal experience*. Harper & Row.
Duke, E. & Montag, C., 2017. Smartphone addiction, daily interruptions and self-reported productivity. *Addictive Behaviors Reports*, 6, pp.90-95. [Accessed 17 Oct 2026].

Elhai, J.D., Dvorak, R.D., Levine, J.C. & Hall, B.J., 2017. Problematic smartphone use: A conceptual overview and systematic review of relations with anxiety, depression, psychopathology and behavioral variables. *Journal of Affective Disorders*, 207, pp.251-59. [Accessed 17 Oct 2026].
Fleming, P. & Spicer, A., 2004. You can check out anytime, but you can never leave: Spatial boundaries in a high commitment organization. *Human Relations*, 57(1), pp.75-94. [Accessed 17 Oct 2026].
Garland, E.L., Froeliger, B. & Howard, M.O., 2014. Mindfulness training targets neurocognitive mechanisms of addiction: An evidence-based conceptual model. *Clinical Psychology Review*, 34(4), pp.369-82. [Accessed 17 Oct 2026].
Good, D.J. et al., 2016. Contemplating mindfulness at work: An integrative review. *Journal of Management*, 42(1), pp.114-42. [Accessed 17 Oct 2026].
Guest, G., Bunce, A. & Johnson, L., 2006. How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), pp.59-82. [Accessed 17 Oct 2026].
Hayes, S.C. et al., 2006. Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy*, 44(1), pp.1-25. [Accessed 17 Oct 2026].
Hobfoll, S.E., 1989. Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44(3), pp.513-24. [Accessed 17 Oct 2026].
Hülsheger, U.R., Alberts, H.J., Feinholdt, A. & Lang, J.W., 2013. Benefits of mindfulness at work: The role of mindfulness in emotion regulation, emotional exhaustion, and job satisfaction. *Journal of Applied Psychology*, 98(2), pp.310-25. [Accessed 17 Oct 2026].
Koob, G.F. & Volkow, N.D., 2016. Neurobiology of addiction: A neurocircuitry analysis. *The Lancet Psychiatry*, 3(8), pp.760-73. [Accessed 17 Oct 2026].
Kuss, D.J. & López-Fernández, O., 2016. Internet addiction and problematic Internet use: A systematic review of clinical research. *World Journal of Psychiatry*, 6(1), pp.143-76. [Accessed 17 Oct 2026].
Mazmanian, M., Orlikowski, W.J. & Yates, J., 2013. The autonomy paradox: The implications of mobile email devices for knowledge professionals. *Organization Science*, 24(5), pp.1337-57. [Accessed 17 Oct 2026].
Pang, C.K., 2025. Mindfulness & hypnotherapy: A comparative analysis of therapeutic mechanisms & applications. *STAPS Journal*, pp.73-82. [Accessed 17 Oct 2026].
Pang, C.K., 2026. 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. *Australian Journal of Business and Social Science*, 1(3), pp.136-43. [Accessed 17 Oct 2026].
Park, Y. & Jex, S.M., 2011. Work-home boundary management using smartphones: The mediating role of psychological detachment. *Journal of Occupational Health Psychology*, 16(4), pp.401-14. [Accessed 17 Oct 2026].
Patton, M.Q., 2015. *Qualitative research & evaluation methods: Integrating theory and practice (4th ed.)*. Sage.
Peper, E., Harvey, R. & Faass, N., 2018. *Tech stress: How technology is hijacking our lives, strategies for coping, and pragmatic ergonomics*. North Atlantic Books.
Piszczek, M.M., 2017. Boundary control and controlled boundaries: The paradox of information and communication technology use. *Journal of Occupational and Organizational Psychology*, 90(4), pp.592-618. [Accessed 17 Oct 2026].

Robinson, O.C., 2014. Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative Research in Psychology*, 11(1), pp.25-41. [Accessed 17 Oct 2026].
Saldaña, J., 2021. *The coding manual for qualitative researchers (4th ed.)*. Sage.
Smith, J.A., Flowers, P. & Larkin, M., 2022. *Interpretative phenomenological analysis: Theory, method and research (2nd ed.)*. SAGE Publications.
Snagowski, J., Laier, C., Duka, T. & Brand, M., 2016. Subjective craving for pornography and associative learning predict tendencies towards cybersex addiction in a sample of regular cybersex users. *Sexual Addiction & Compulsivity*, 23(4), pp.342-60. [Accessed 17 Oct 2026].
Tarafdar, M., Pirkkalainen, H., Salo, M. & Makkonen, M., 2020. Taking on the "dark side"—Coping with technostress. *IT Professional*, 22(6), pp.82-89. [Accessed 17 Oct 2026].
Tracy, S.J., 2010. Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry*, 16(10), pp.837-51. [Accessed 17 Oct 2026].
Turel, O., Serenko, A. & Bontis, N., 2011. Family and work-related consequences of addiction to organizational pervasive technologies. *Information & Management*, 48(2-3), pp.88-95. [Accessed 17 Oct 2026].
Volkow, N.D., Michaelides, M. & Baler, R., 2019. The neuroscience of drug reward and addiction. *Physiological Reviews*, 99(4), pp.2115-40. [Accessed 17 Oct 2026].
Wajcman, J., 2019. How Silicon Valley sets time. *New Media & Society*, 21(6), pp.1272-89. [Accessed 17 Oct 2026].
Wang, B., Liu, Y., Qian, J. & Parker, S.K., 2021. Achieving effective remote working during the COVID-19 pandemic: A work design perspective. *Applied Psychology*, 70(1), pp.16-59. [Accessed 17 Oct 2026].
Zuboff, S., 2019. *The age of surveillance capitalism: The fight for a human future at the new frontier of power*. PublicAffairs.