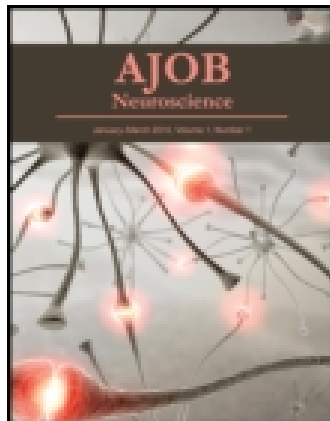


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Publisher: Taylor & Francis

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AJOB Neuroscience

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/uabn20>

Stop Wishing. Start Doing!: Motivational Enhancement Is Already in Use

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Published online: 26 Feb 2015.



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To cite this article: Alberto Giubilini & Steve Clarke (2015) Stop Wishing. Start Doing!: Motivational Enhancement Is Already in Use, *AJOB Neuroscience*, 6:1, 29-31, DOI: [10.1080/21507740.2014.991845](https://doi.org/10.1080/21507740.2014.991845)

To link to this article: <http://dx.doi.org/10.1080/21507740.2014.991845>

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or external barriers (e.g., lack of access to education or an insufficient quantity of “fulfilling” jobs). If so, many people spend a good portion of their days feeling alienated while they work, especially given the external social pressures in high-income countries to “do what you love” (Tokumitsu 2014). While some people may have an alignment between their professional interests and life’s ambitions, most do not.

Assuming that the general axiom in moral philosophy that to be responsible for one’s actions one ought to be able to do otherwise is true, it seems that most people are not responsible for the sense of alienation they feel about their lack of motivation at work. In addition to the sense of alienation that most workers feel, there is not a lot most people can do about it since most people are subject to external (e.g., market) forces beyond their control. If this is true, then for most people their options are to feel alienated while working or to take motivation enhancers so as to complete their work tasks while feeling less encumbered. From a classical hedonist viewpoint, it seems that prima facie one has permission to take motivation enhancers, if one chooses to do so. But above and beyond appealing to any particular moral theory, it seems at least intuitively correct to say that one may take motivation enhancers to artificially motivate oneself toward task x , if one cannot avoid doing x and motivation enhancers make doing x more tolerable. One might object that there is some existential and intrinsic moral worth in the suffering and alienation one feels from not caring about work, but if so, then it would seem that the onus is on those who object to advance why this is the case.

Kjærsgaard’s strong position then, that taking motivation enhancers is morally wrong if doing so only treats the symptoms of alienation, seems ultimately unsound in those instances when one cannot relieve the root causes of alienation; in such cases, it seems that taking motivation enhancers is morally permissible.

ACKNOWLEDGMENT

Thank you to Cynthia Forlini for her helpful comments on earlier drafts.

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Stop Wishing. Start Doing!: Motivational Enhancement Is Already in Use

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At the beginning of every football season, professional players spend a lot of time working on their fitness, athleticism, and skills. What typically motivates athletes to train hard is the prospect of achievement, rather than interest in the training activity itself. Athletes are usually driven by what psychologists call “achievement motivation”: “an individual’s investment of personal resources such as

effort, talent and time in an activity is dependent on the achievement goal of the individual” (Roberts and Papaioannou 2014, 53). The same is true for the many nonprofessional athletes who work out. What typically motivates people to run, swim laps, or work out at the gym is the prospect of being fit and healthy, and looking good, rather than any pleasure they are able to derive from working out.

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According to Kjærsgaard (2015), “Motivation is about wanting to make the effort necessary to do a task—for example, a cognitive task” (5). Thus, although motivation is usually driven by a goal, the direct object of motivation is the effort that the task of attaining that goal requires rather than the goal itself. Sometimes it is very hard, even for professional athletes, to maintain the necessary level of motivation to produce this effort, no matter how strongly the final goal is desired. This is why sports psychologists have become involved in the training of professional athletes. Sport psychology is primarily directed at maintaining and enhancing the motivation of athletes in the face of obstacles and discomfort (Brewer 2009, 2). Trained sports psychologists are often employed to help athletes identify psychological factors that reduce their motivation to train hard and to help them minimize the effect of these factors. “Coaches and administrators may enlist the services of sport psychologists to assist in establishing a sport environment with a motivational climate that is conducive to optimal team functioning” (Brewer 2009, 2). Their methods include “goal-setting, relaxation, imagery, and self-talk” (Brewer 2009, 3). All of this can be understood as “social scaffolding” aimed at enhancing the motivation of professional athletes.

The use of social scaffolding to enhance motivation is also seen outside of professional athletics. Many people who seek to maintain or improve their fitness employ personal trainers to help them. Although it is well known that exercise is strongly associated with weight loss and cardiovascular health—with 250,000 deaths per year in the United States attributable to a lack of regular physical activity (Myers 2003)—obese people and cardiac rehabilitation patients often find it extremely difficult to adhere to exercise programs in the long term, and often find that they cannot maintain their motivation to exercise without external assistance (Dishman et al. 1985). A key role of personal trainers is to keep people who are struggling to complete exercises motivated throughout their exercise sessions. One study has shown that personal trainers regularly calling participants to schedule workout sessions significantly enhanced obese participants’ exercise adherence in a weight-loss program over an 18-month period, compared to control groups that were given simple supervised exercise and/or group behavioral counseling (Jeffery et al. 1998). Often personal trainers utter motivational slogans and other words of encouragement to help keep their customers focused on the exercise tasks that they aim to complete in order for their exercise goals to be met. This type of motivational social scaffolding can also be seen in Japanese corporations where workers are brought together on a regular basis to sing their company’s song. The purpose of these exercises is to motivate workers to be productive and loyal to their company (Suzuki 1985).

Kjærsgaard (2015) argues that when motivation enhancement is used “for prolonged periods of time” it is “particularly problematic from an ethical point of view” (9). He has in mind motivational enhancements that are medical or pharmacological, such as the use of

amphetamine salts to enhance “drivenness” and “interestedness,” rather than social in nature. But if what is ethically problematic is the enhancement of motivation, in circumstances in which a person does not “spontaneously” feel motivated enough to carry out a certain plan, then it is irrelevant whether enhancements are medical and pharmacological or social. Kjærsgaard worries that the use of medical motivational enhancement may “lead us down a slippery slope if we come to see laziness and lack of willpower as something that should be medicated away” (9), but if this is a genuine concern, then an analogous concern should have been raised in regard to social enhancements a long time ago. Gym goers who employ personal trainers to keep them motivated fail to overcome their own laziness and lack of willpower in a “spontaneous,” self-directed way. Instead, they learn to live with these internal limitations through the help of external motivation enhancements.

The recent debate on the medicalization and enhancement of love relationships offers an interesting parallel to concerns about motivation enhancement. It is often difficult to maintain desired levels of commitment in loving relationships, and one proposed way of making it easier is through the use of chemicals that modulate lust, attraction, and attachment. Defenders of the pharmacological enhancement of love relationships typically (e.g., Earp et al. 2013; Savulescu and Sandberg 2008) point out that love is already enhanced through social means, for example, the use of couples therapy and of marriage contracts that have high “exit costs,” such as “covenant marriages” that limit grounds for divorce (Savulescu and Sandberg 2008, 34). If the psychological and social enhancement of love relationships is considered permissible, then why would it be impermissible to enhance relationships through pharmacological means (e.g., through administration of the hormone oxytocin)? In both cases we introduce external controls to lust, attraction and attachment. As Savulescu and Sandberg (2008, 37) put it, “There is no morally relevant difference between marriage therapy, a massage, a glass of wine, a fancy pink, steamy potion and a pill. All act at the biological level to make the release of substances like oxytocin and dopamine more likely.”

CONCLUSION

It is hard to remain motivated to complete mundane tasks in order to achieve long-term goals. This is not news. People are well practiced at using social means of sustaining levels of individual motivation that are well above the levels that they would be able to sustain without external assistance. Pharmacological means of enhancing motivation are a new way to enhance what we have been enhancing socially for a long time. If Kjærsgaard had shown that it was ethically problematic to enhance motivation, then he would have identified a way in which humans had been behaving in an ethically problematic way for a long time that had escaped everybody else’s attention. But he has not succeeded in doing this.

FUNDING

This research was supported by Australian Research Council Discovery Grant DP130103658.

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Enhancing Motivation With a Tablet . . . Wouldn't You?

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In a more perfect world laziness would not be medicalized, students would choose courses based on their aspirations for the good life, and alienation would not be dealt with just by taking drugs that make you enjoy whatever it is that you just so happen to be doing. My concern is not that Kjaersgaard (2015) is wrong, but that his admonitions will go unheeded, that the societal pressures and incentives to use such “motivation-enhancing” drugs in morally compromising ways are just too weighty when measured against Kjaersgaard’s high-minded reflections. Kjaersgaard has sought to bracket out these larger coercive pressures; I am not sure they can be.

LAZINESS

There are two overlapping issues in Kjaersgaard’s article, *laziness* and *alienation*. The medicalization of laziness is a particularly interesting focus regarding enhancement ethics, and in a way serves as a helpful metaphor for the entire attempt to medicalize complex life problems. It is hard to disagree with Kjaersgaard here; people who are just generally slovenly should not be viewed as having a medical illness to be remedied by pharmaceutical means.

Yet there is something wonderfully self-undermining about raising moral objections to the medicalization of laziness, for medicalizing laziness is itself a form of laziness. And to an extent this is true of medicalization more generally, insofar as it involves assenting to the idea that all complex life difficulties can be resolved if only one can find the appropriate tablet to consume.

Of course, Kjaersgaard is right to chide lazy people for seeking easy pharmaceutical answers to complex problems requiring reflection and striving. On the other hand, I wonder whether merely admonishing lazy people for being lazy is the way to go. Giving an arduous solution to lazy persons’ laziness is like telling depressed persons to “just pull themselves together,” or telling an addict to “just say no”—if they were willing/able to do that, there would have been no problem to begin with. Something more is required. Reflecting upon one’s life and making such changes requires, at the very least, motivating and sustaining serious cognitive effort, courage to risk and embrace new possibilities, and commitment to persevere in this pursuit of the good life. Kjaersgaard is right about that. Yet this is difficult and rare enough for persons who are not lazy. Indeed, one might suggest that it is the monumentally difficult nature of this task—one for which we are

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