

ABSTRACT

The belief that obese people ought to lose weight and keep it off is widespread, and has a profound negative impact on the lives of the obese. I argue in this paper that most obese people have no such obligation, even if obesity is bad, and caused by calorie input exceeding output. Obese people do not have an obligation to achieve long-term weight loss if this is impossible for them, worse than the alternative or requires such an enormous effort in relation to what stands to be gained that this option is supererogatory rather than obligatory. It is highly plausible that most obese people fall into one of these three groups. Politicians may still have obligations to fight obesity, but they ought to do so through progressive politics rather than blaming and shaming.

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OBESITY AND OBLIGATION

It is commonplace for obese people to be told that they ought to lose weight and keep it off. People telling the obese that they ought to do this assume that obesity is bad, for the health of the obese individual and/or for society at large. They also assume that obese people *can* achieve long-term weight loss by changing their eating and exercising habits – for instance, by simply cutting down on calorie input and increasing calorie output. So-called fat activists often argue that these assumptions are wrong.¹ Firstly, fat activists argue, it is doubtful whether obesity really is bad. Secondly, a person's weight is determined by far more complicated factors than just calories in versus calories out. I will argue, in this paper, that even if we do accept that obesity is bad and that a person's weight is determined solely by calories in versus calories out, it still does not follow that most obese people ought to lose weight and keep it off; long-term weight loss may be impossible, a worse alternative than remaining obese or merely supererogatory.

¹ Fat activists are people who advocate acceptance of obesity, an end to dieting and an end to discrimination and oppression of obese people. They often argue both that the health risks of obesity are exaggerated and that diets do not lead to long-term weight loss. See, for instance Kate Harding's and Marianne Kirby's 2009 book *Lessons from the Fat-o-Sphere; Quit Dieting and Declare a Truce with your Body*.

1. THE SUPPOSED OBLIGATION

Strong negative attitudes against the obese are widespread in our society. We know that negative attitudes against a certain group are not necessarily accompanied by the belief that members of this group ought to change in such a way that they no longer belong to it; racists and sexists, for instance, do not believe that people of color have an obligation to become white or that women have an obligation to become men. Some of the negative attitudes towards obese people might very well be analogous to racist and sexist attitudes. However, much of the explicitly expressed contempt against obese people takes the shape of scornful ‘advice’ to eat less or get some exercise. It is common for people to believe both that everyone controls their own weight, and also that obese people differ from slim ones by being lazier, more weak-willed and having less self-control (see Puhl and Brownell 2001 for a review of a large body of research about anti obesity bias and prejudice). This indicates a belief in an obligation to lose weight, since we do not usually jump to the conclusion that someone has negative character traits like laziness and a weak will if she fails to engage in a completely optional pursuit. Even supposedly well-meaning advice directed at obese people is usually not given in a purely hypothetical form. Health professionals, media and concerned friends and family members do not tell obese people that *if* they happen to take an interest in slimming, here is a good method – slimming is presented as something that the obese *ought* to do. Prudential as well as moral reasons are appealed to; obese people ought to lose weight in order to improve their own health and quality of life, and they ought to lose weight in order to be less of a burden and a cost for society. In countries where people rely on health insurance, the illnesses of obese people rack up the insurance costs, and in countries with tax-paid health care they rack up taxes; thus the health problems of the obese presumably harm everyone, and losing weight is seen as a moral obligation (see CDC 2014 for the argument that obesity is a problem because of these costs). When it comes to prudential obligations, it is controversial whether other people have any reason to tell someone that she ought to do this or that for her *own* sake. However, we do seem to accept that this can be legitimate in some cases, such as when people are behaving in a way that is seriously self-destructive, and obesity might be perceived in this way. Furthermore, when a person harms herself in some way this inevitably affects her family and friends as well, at least emotionally. Although one might argue that no one ever ought to tell other people what to do with their own bodies, this is not the line of argument that I will pursue in this paper. I will accept for the sake of argument that telling people what to do with their bodies may *sometimes* be justified, but argue that it is still wrong to tell obese people to lose weight.

Obese people are not merely told that they ought to slim down, but that they ought to reach a normal weight for their height (i.e., a BMI between 18,5 and 25). From now on, whenever I write about ‘weight loss’, this is what I refer to. When I write about ‘slim’ people, I refer to people with a BMI within this recommended range. This is an important point to make, since scientists studying obesity often use a much more inclusive definition of long-term weight loss which includes people who have managed to become less obese, or have gone from slightly obese to over-weight, and remain so. It might very well be the case that such weight loss brings with it important health benefits, and it might therefore be important to study what it takes for obese people to become less obese. Possibly, if becoming a little bit less obese is an attainable goal for many obese people, we even ought to encourage people to do so. However, obese people in today’s society are not told, over and over again, that they ought to become less obese; they are told that they ought to become slim.

The belief that the obese ought to lose weight and keep it off fuels anger and scorn against the obese. It leads to feelings of terrible failure among many obese people when they regain weight after a temporary weight loss. In short, the belief that the obese ought to lose weight and keep it off has profound negative effects on their lives, and underlies many of the phenomena fuelling the anger of fat activists.

The purpose of this paper is to argue that the obese do *not* generally have such an obligation, even if obesity is caused by more calories in than calories out, causes health problems, lower one’s quality of life and costs money for society. (Any negative attitudes against the obese that are disconnected from the belief that they have an obligation to lose weight lies outside the scope of this paper.) First of all, ‘ought’ implies ‘can’ – but it is not at all clear that all obese people *can* lose weight and keep it off.

2. THE CALORIE HYPOTHESIS AND ‘OUGHT’ IMPLIES ‘CAN’

If an obese person cannot achieve long-term weight loss, it must be false that she has an obligation to achieve it. People do not have obligations to do what they cannot do; ‘ought’ implies ‘can’. Now, the relevant ‘can’ might be given more or less demanding interpretations. There is the classic conditional analysis, according to which an agent can do A in case she would have A-ed if she had wanted to or chosen to, and more elaborate analyses like that of Kadri Vihvelin according to which the agent must have the necessary physical *and psychological* abilities as well as an opportunity to exercise them (Vihvelin 2000a; also Haji 2002, 22-24). There is widespread agreement that the classic conditional analysis cannot handle cases of extreme phobia in an intuitively plausible way: If Phyllis is extremely terrified

of water, it sounds odd to say that she *can* dive into the sea, even if it is true that she would have done so if she had chosen to (she would have had to be less phobic in order to choose to dive in). It also seems false that the extremely phobic Phyllis has a moral obligation to save someone from drowning by diving into the water. She may very well have this obligation even if diving into the sea requires an enormous mental effort on her part, but not if her phobia is so extreme that it makes diving into the sea psychologically *impossible*. The ‘can’ relevant to moral obligation must thus allow that there are actions that an agent cannot do because she does not have the necessary *psychological* abilities.

For the purpose of this paper, I will consider it the case that an agent *can* do something in case she has the necessary physical and psychological abilities for performing the action and an opportunity to exercise them. Unless an agent *can* A in this sense of ‘can’, it must be false that she has an obligation to A. How to understand ability and opportunity more precisely may be important when discussing whether we can have obligations in a deterministic universe, or whether people in more or less complicated thought experiments have certain abilities (see for instance Fara 2008; Vihvelin 2000b; Vihvelin 2004; Haji 2002 and 2012 for more profound analysis of ‘ability’ and ‘opportunity’). For the purposes of this paper I will set these questions to one side. On a simple, intuitive understanding of what it means to have abilities and the opportunity to exercise them it is often the case that people can do different things, and therefore might have obligations to do one thing rather than another. It is still plausible that many obese people cannot lose weight and keep it off.

People on both sides of the debate often accept the idea that the calorie hypothesis implies that the obese can lose weight and keep it off. According to the calorie hypothesis, or CH, a person’s weight is determined by calorie input versus calorie output. If someone has a lower input than output, her body will cover up the deficit by using up body mass for fuel and she will lose weight, whereas if someone has a higher input than output, excess calories will be turned into new body mass and she will put on weight. If her input and output are the same, her weight remains stable – as simple as that. Since people can eat more or less food as well as different kinds of food, and can exercise more or less, it might seem as if CH implies that people also can adjust their calorie balance so as to firstly lose weight and secondly keep it off. This is why proponents of the view that obese people have an obligation to lose weight and keep it off are so eager to argue *for* CH, whereas fat activists tend to doubt this hypothesis. However, CH does not actually imply that obese people can lose weight and keep it off. On the contrary, it is highly plausible that obese people lack certain non-conscious weight-

regulating factors that cause stably slim people to remain slim. Compensating for the lack of such factors through conscious calorie counting may very well be psychologically impossible in the long run.

It is important to point out that the existence of slim people who weigh more or less the same year after year does not prove that it is possible for a formerly obese person to balance her calorie input with her output through *conscious choices*. This is because stably slim people do not normally owe their stable slimness to conscious calorie balancing. There are, of course, certain groups of people who do very careful calorie calculations, like bodybuilders and some people with eating disorders, but these groups do not generally have a *stable* weight. People who weigh more or less the same, year after year, do not, in the over-whelming majority of cases, achieve this stability through the counting of every calorie. Someone might object that many stably slim people *do* think about what they eat and how they exercise – they may, say, purposefully visit the gym a couple of times a week, and purposefully abstain from food that is considered unhealthy. This is still not true of *all* slim people (we all know someone who carelessly eats whatever she feels like eating, does no particular exercise and yet is slim), so CH still calls out for an explanation of how those who do not think about food and exercise manage to keep a stable weight. But even if we turn our attention to those stably slim people who *do* keep an eye on what they eat and how they exercise, the fact that they do does not suffice to explain how they remain stable. CH implies that it is possible to put on weight even while, say, eating food that is considered healthy, taking daily walks and visiting the gym twice a week. Doing all this is compatible with calorie input exceeding calorie output. CH even implies that engaging in more physical exercise while eating the same as before is compatible with overall calorie balance remaining the same – you might, for instance, unconsciously compensate for the extra exercise by sitting down more and walking less *between* exercises (see Gomersall et al 2013 for empirical studies about this phenomenon). CH implies that a stable weight requires a perfect balance (perhaps not each and every day, but over time), but nothing that regular slim people consciously do in the way of conscientious eating and physical exercises suffices to create a perfect balance. We must therefore conclude that *non-conscious* weight-regulating factors, or NCWR factors, importantly contribute to weight stability.

There is some empirical research in this area that suggests that stably slim people do unconsciously move about more after they have eaten more than usual, thus compensating for the increased calorie input by raising calorie output (Levine et al 1999), and might

compensate for a period of over-eating by eating less later (Diaz et al 1992). However, I want to point out that although empirical research is required in order to determine how much unconscious movement patterns, appetite, brute metabolism and so on respectively contribute to a stable weight, and even further research required in order to determine how these factors are influenced by genes and the environment, we do not really need empirical research to prove that stably slim people owe their weight largely to NCWR factors. All we need for that conclusion is the calorie hypothesis, and the quite obvious empirical observation that the over-whelming majority of stably slim people do not keep track of their exact calorie input versus output.

If stably slim people owe their stable low weight largely to NCWR factors, we have an obvious explanation (albeit a very imprecise one, which leaves room for various more detailed explanations in terms of genes and environment, and their influence on movement, appetite, metabolism, etc.) for obesity; in obese people, the NCWR factors do not function properly, causing them to put on weight. For instance, it might be the case that although a slim person who temporarily eats more than usual unconsciously compensates by eating less later and moving about more, the obese person does *not* compensate for these extra calories, and they get stored as fat. The implausible alternative would be that the obese person gets the same urge to move about more as the non-obese person and the same loss of appetite after eating more than usual, but chooses to sit still and eat a lot anyway, despite feeling uncomfortable doing so. There might of course exist obese people who, due to psychological problems or various social pressures, eat more than they feel comfortable doing, but it is unlikely that this kind of explanation would apply to most obese people. It is much more plausible that most people become obese while eating and moving about in a way that feels comfortable for *them*.

It is thus highly plausible that obese people in general have NCWR factors that do not function the way they do in slim people; any temporary higher calorie input than calorie output is not compensated for later on by either increased restlessness leading to more physical movement, lessened hunger leading to less eating or increased metabolism – instead, it just adds to the person's weight. This would explain why some people become obese despite eating what is generally considered healthy food and exercising. *It also* explains why some people become obese while eating potato chips and spending a lot of time sitting on the couch, since CH implies that doing this is not sufficient to gain weight. According to CH, weight gain is caused by calorie input exceeding calorie output, but spending a lot of time sitting on the couch eating potato chips is compatible with input matching output. Someone

might unconsciously compensate for the potato chips by eating less food the next meal, and just generally move about more than most people between couch and potato chips sessions (the lifestyle described here is of course not a healthy one, but it might still make someone stably slim). A person who feels perfectly content sitting still all day, eating more and more potato chips, without compensating by increased movements and less food between the couch and potato chips sessions, clearly has an appetite and feeling of energy which is different from those of a stably slim person. It is thus not just the couch and the potato chips that explains her obesity, but her NCWR factors.

More detailed causal explanations of obesity are of course a matter for empirical science to find out, not for armchair philosophy. The claim that the NCWR factors in most obese people do not function the way they do in stably slim people (or at least did not while the person was still gaining weight – one might of course be stably obese) is compatible with a large variety of theories where appetite, unconscious movements, metabolism and perhaps further factors play larger or smaller parts respectively, and where a factor such as appetite may itself be influenced by genes as well as a wide variety of environmental factors. But regardless of what science will find, if CH is true, we can be fairly confident that people in general become obese because their NCWR factors do not function the way they do in stably slim people. CH implies that a stable weight requires a perfect calorie balance; we know that stably slim people do not achieve a *perfect* balance through conscious choices; therefore, non-conscious weight-regulating factors must help them to keep that balance. It is highly unlikely that a large portion of the population in a society as opposed to obesity as ours would fight their weight-regulating factors by eating more and moving around less than they feel comfortable doing; therefore, it is highly plausible that most obese people differ from stably slim people when it comes to non-conscious weight-regulating factors. And these differences might actually make long-term weight loss impossible for many obese people.²

3. LACK OF INFORMATION OR THE NECESSARY PSYCHOLOGICAL ABILITIES

It is not uncommon for obese people to temporarily lose weight, but temporarily losing weight merely to regain it after a few years is no good. The common belief is that obese people ought to lose weight *and keep it off*. The fact that weight regain is so common suggests

² It should be noted that if many obese people cannot lose weight, this is relevant for theories of medical ethics according to which people who cannot help being ill ought to be prioritized over those whose illness depend on their choices. However, delving into this discussion lies outside the scope of this paper.

that a formerly obese person's NCWR-factors continue to malfunction for at least some time after weight loss, and this hypothesis is also supported by empirical science (Maclean et al 2011; Sumithran et al 2011). If this is the case for most obese people who lose weight, it is plausible that many obese people lack the necessary information and the necessary psychological abilities for long-term weight loss. I will firstly explain why keeping a *really* stable weight would require much more information than merely some knowledge about healthy food and exercises, and secondly why yo-yoing a little bit within the normal weight range may require psychological abilities that most people lack.

CH implies that weight loss merely requires that calorie output is somewhere above calorie input. Weight loss may be faster or slower depending on how much above, but as long as output is *somewhere* above input, weight loss will occur. However, keeping a stable weight once the formerly obese person has reached her goal weight would require, in the absence of well-functioning NCWR factors, that she has a very detailed knowledge of her calorie input as well as output; knowledge that she probably does not have, and might not be able to realistically acquire either. As already mentioned, a person's calorie balance will depend on a number of variables such as her level of physical exercise, the way her movements might unconsciously change in response to previous exercise, her appetite which in turn influences the amount of food that she eats and her metabolism which might change in response to weight loss. Keeping track of all of these factors might simply not be doable for a person who, e.g., also has a job and a social life to think of.

Now, there is some debate as to whether knowledge is required for having an obligation; whether the 'can' in *ought implies can* includes that the agent has the necessary information as well as the necessary abilities and an opportunity to exercise them. Suppose that I have stumbled upon a bomb that will kill all the people in the building, unless I quickly disarm it. I know that I can disarm it by typing the right code on its keyboard, but I do not know the code. Suppose that the, to me unknown, code is 5478. There is one sense in which I *can* type the code: I have the necessary physical (there is nothing wrong with my arms, hands and fingers) and psychological (I have no phobia that prevents me from touching the keyboard) abilities for typing this code. I also have the opportunity to exercise these abilities since I have the keyboard right beside me, am not tied up and so on. Some philosophers argue that I do have a moral obligation to type 5478 on the keyboard (e.g. Thomson 1986, 179 and Zimmerman 1996, 49). I do not believe that this is a plausible view on obligation. Even if we sometimes have obligations that we do not know about, it seems intuitively obvious to me that an obligation to do A requires that I have the know-how necessary for A-ing, even if I lack

the moral insight required for understanding that I ought to do A or does not know that there is an opportunity for A-ing (see also Haji 2002, 17). But let us, for the sake of argument, be as charitable as possible to the idea that the obese ought to lose weight, and assume that the lack of knowledge of one's exact calorie balance does not prevent one from having an obligation to achieve that kind of balance. This supposed obligation would still be of no practical consequence. One person cannot advise another to fulfill an obligation unless at least the *adviser* has the necessary information. In the case of the formerly obese person it is unlikely that anyone else knows precisely what food she must eat and how much she must move about in order to achieve a calorie balance. Merely telling her that she ought to achieve *a balance* (or, for that matter, eat and exercise *just enough*) would be as useless as telling me in the bomb example that I ought to type in the *correct* code without giving me the numbers. It would therefore still be unjustified to *tell* the formerly obese person that she ought to keep her weight stable. Furthermore, even if someone can have an obligation to do something that she lacks the necessary information for doing, she cannot be *blameworthy* for failing. Thus, even if obese people have this kind of objective obligation to lose weight and keep it off, it is an obligation that cannot justify either well-meaning advice or blame, and is, overall, of no practical consequence whatsoever.

A formerly obese person might thus lack the information required for consciously balancing her calorie input and output and thereby keeping her weight completely stable. However, as I observed above, *losing* weight does not require a precise balance, merely that output is *somewhere* above input. Thus, someone might argue that the formerly obese person simply ought to weigh herself each day, and lose some weight anew every time she has gained some. She might lack the information necessary to keep her weight completely stable, but it might still seem possible for her to keep yo-yoing a little bit within the normal weight range, and avoid going back to obesity. But we have to remember that possession of the necessary psychological abilities must be included in any plausible analysis of the 'can' in *ought implies can*. If remaining within the normal weight range requires that the formerly obese person fights a very long battle against her appetite for food and feelings of tiredness (until her NCWR-factors have begun to function properly), or even a *never-ending* battle (if they never do), it might very well be the case that she lacks the psychological ability to do this. I deliberately write about her NCWR-factors eventually beginning or not beginning to function properly in a passive sense, rather than about her *making* them function properly. The formerly obese person might hope that restricting her calorie intake and increasing her

calorie output will eventually affect her appetite, feelings of energy, metabolism and so on in a desirable direction, but it is hard to see how she would go about actively changing them. She might try to boost her motivation for slimming as much as possible by, e.g., imagining a happier life as slim, she might learn to appreciate foods that contain fewer calories per serving and find a fun exercise program. These are, of course, steps that formerly obese people frequently take. Yet, if she still has a brute urge to eat a lot, still moves around in an energy-conserving way as soon as she does not actively focus on her movements, still has a low metabolism and a body that very efficiently stores every extra calorie as fat and so on, she will still fight an uphill battle that requires huge amounts of willpower.

This talk about limited willpower is not supposed to indicate that formerly obese people are likely to be weak-willed compared to the rest of us, but that remaining within the normal weight range might very well require, for the formerly obese person, a mental effort that very few people have the necessary psychological abilities to pull off. Imagine a formerly obese person who must always eat in a manner that merely stills her physical hunger, but does not satisfy her cravings, her intense feeling of really wanting something more besides this meal that she just ate. She must also constantly force herself to do more physical exercise and generally move about more than she actually feels comfortable with. She might very well have all the willpower and self-discipline necessary to eat healthy food overall and exercise on a regular basis, but remaining within the normal weight range requires more than that – living in a way that is always hard and uncomfortable. Psychological research indicates that willpower is a limited resource (e.g., Baumeister et al 1994; Vohs and Heatherton 2000). One cannot resist temptation indefinitely by sheer strength of will; eventually, one simply tires psychologically, just as a muscle eventually relaxes after intense exercise. Successfully resisting temptation might also require that one manages to divert one's attention to other things, rather than, e.g., repeating "I shall *not* do this" (Mischel 1996, 202). Diet gurus do of course advise people not to keep potato chips and the like at their house in order not to think about eating them. Still, according to CH, any food can make you obese. Even if you were to keep your house free from *all* kinds of food (by, say, always buying the exact amount of food that you will eat for your next meal and no more), mere hunger and raw cravings will still remind you of its existence, and there is no way to get rid of the temptation to sit down and rest a bit when your body urges you to do so. Furthermore, cleaning out the candy and potato chips of one's kitchen does not mean that one will not spend time in environments where one is exposed to tempting snacks. Completely removing oneself from snack-filled environments might have unjustifiably high costs, socially and/or professionally. It is, of course, possible

that many previously obese people would remain slim if we changed the entire environment in which they live so that they do not often have an *opportunity* to satisfy their urges. It is also possible that said urges would be easier to handle if people were not exposed to food commercials, for instance. However, none of this helps obese people who must live in society as it is. (I will come back to political obligations regarding obesity in the last section.)

Thus, it is plausibly the case that long-term weight loss is simply psychologically impossible for many obese people; they will eventually run out of willpower and regain their weight. Obese people for whom long-term weight loss is psychologically impossible do not have an obligation to achieve it. Furthermore, although it is necessary that an agent can A for her to have an obligation to A, it is far from sufficient. It is plausible that many obese people for whom long-term weight loss is possible still lack an obligation to pursue it, because it is worse than the alternative.

4. REMAINING OBESE AS THE LEAST BAD OPTION

An agent cannot have an (all-things-considered) obligation to A rather than B if A is worse than B – this is a mere triviality.³ And long-term weight loss may very well be worse for some people than remaining obese.

There is a lot of controversy surrounding the health risks of obesity, and a common strategy among fat activists is to promote research that throws doubt on the claim that being obese is bad for your health (e.g., Szwarc 2006). Discussing this issue lies outside the scope of this paper (and ethics in general, since the relationship between obesity and various health problems is a purely empirical matter); for the sake of discussion, I assume that obesity does cause various health problems such as cardiovascular disease and type 2 diabetes. Even with this assumption in place, it is possible that long-term weight loss, even for those who can achieve it, might be worse than remaining obese. Obese individuals for whom this is the case can hardly have an obligation to lose weight – at least not an all-things-considered obligation. They may have prudential as well as moral pro tanto reasons to lose weight insofar as this would mean less obesity-related health problems (as already noted, such health problems will be bad for the individual, cause emotional distress to people around her and higher costs for society). However, there may be prudential as well as moral pro tanto reasons not to slim down insofar as weight loss leads to psychological and social problems and possibly even

³ I use ‘worse’ in a wide sense, with no consequentialist implications – a deontologist can say that killing an innocent person to prevent the deaths of five others is *worse* than letting the five die. However, the differences between ethical theories are not important for the current discussion.

physical ones. The latter pro tanto reasons may very well outweigh the former ones in the final analysis.

The claim that *long-term* weight loss might be a worse option than remaining obese may sound incredible, since we have already assumed that obesity is bad for one's health. Even though it is suspected that yo-yoing between obesity and normal weight could be more harmful than constant obesity, one might assume that *long-term* weight loss is obviously beneficial. However, there are several reasons why even long-term weight loss might be more harmful for some individuals than remaining obese. Some obese people might be so psychologically constituted that they can only keep their weight off in the long run by becoming positively obsessed with their weight (arguably, it is *impossible* to keep adjusting one's eating and exercising habits all the time in order to keep one's weight fluctuations within the normal weight range in a non-obsessive way), and acquire a fear of being obese that is stronger than their natural inclinations to eat and rest; in short, it might be the case that some obese people can only lose weight and keep it off by developing an eating disorder (for psychological changes including an obsession with food observed in patients partaking in weight loss studies, see Glucksman et al 1968). Eating disorders carry their own huge health risks and cause tremendous distress; even people who are lucky enough not to suffer physical problems from their disordered eating suffer psychologically. Even if the formerly obese person does not develop a real eating disorder, she might suffer psychologically and harm her social life by constantly counting calories and restricting her food intake (see Wing and Phelan 2005 for the measures that long-term weight loss requires), and this suffering and harm might very well outweigh the benefits of being slim.

Finally, it is at least possible that the weight loss regime itself causes direct physical health problems more serious than those caused by the obesity. CH does imply that it is always physically (even if not always psychologically) possible to lose weight; no matter how much one's body tries to compensate for diminished calorie input and increased calorie output by, e.g., an altered metabolism, there must be a limit to possible compensation. However, it is possible that long-term weight loss for at least some individuals requires *very* small amounts of food and *very* high levels of exercise, and that this in itself causes various health problems. If so, once again, remaining obese will be the least bad option for this group of obese people, and therefore they have no obligation to lose weight.

5. SUPEREROGATION AND OBLIGATION

Even if we look at the group of obese people for whom it is possible to achieve long-term weight loss without acquiring eating disorders or other health problems as a result, it is implausible that many of them have an *obligation* to lose weight. It is more plausible that long-term weight loss that requires a daily struggle against tiredness and appetite, always keeping an eye on one's weight and never departing from one's diet, is supererogatory, at least insofar as we suppose that there are moral reasons in favor of long-term weight loss. If we regard obesity from a purely prudential perspective, we might argue that what is rational is to maximize one's preference satisfaction (as rational choice theorists tend to assume). If long-term weight loss for a certain person would be slightly better in this regard than remaining obese (her preferences for the health benefits and increased quality of life that comes with being slim are slightly stronger than her preferences for not fighting an uphill battle against her NCWR factors), she prudentially ought to slim down. Does this mean that we are justified in telling her that she ought to lose weight? As noted in section 1, I do not argue that we never have a right to tell other people what to do with their own bodies; I accept that we can legitimately tell people what they ought to do with themselves if they are about to ruin their lives, for instance. Still, what we now consider is a situation where someone can either abstain from pursuing a project and suffer the negative consequences, or pursue the project at a cost so great that doing so is all things considered only slightly better than abstaining. It seems plausible that this is a situation where we ought to leave the decision to the agent rather than bothering her for not pursuing the project. And insofar as we regard losing weight as a moral matter, it is plausibly supererogatory in these situations.

We might argue that people do have an obligation to spend their entire days struggling to achieve something if that something is extremely valuable, such as saving the lives of other people, but that is not what is at issue here. We are talking about adjusting one's entire life so that everything revolves around keeping one's weight, in order to reduce the costs for society (a reduction that is, for every single obese individual, negligible), and spare the feelings of friends and family who might be happier if one became slimmer and healthier. It is therefore much more plausible that long-term weight loss is a *supererogation* for those who can do it without suffering serious health problems as a result.

However, the claim that long-term weight loss might be supererogatory requires some qualification. Supererogatory acts are praiseworthy, meaning we have reason to praise those who perform such acts. These reasons, though, are plausibly pro tanto, and can be outweighed

by other reasons. Even if it is right to praise people who perform supererogatory acts in most contexts, we might have strong reasons against praising, at least publicly, formerly obese people who have achieved long-term weight loss. This is because this feat is not commonly recognized as a supererogatory act, but rather believed to be obligatory. With most supererogatory acts, the general public also regards them as supererogatory, and their praise does not imply any accusation of people who do not perform the act in question. It is, for instance, plausibly a supererogatory act for a doctor or nurse to join Doctors Without Borders and treat diseased and injured people in war zones. Doctors and nurses who take this step are frequently praised, but the praise carries no implication that doctors and nurses who merely stay at home and do their job thereby do something wrong. The same is true of a less dramatic example from Terry Horgan and Mark Timmons (2010, 47): A woman encounters a widow at a party. She learns that the widow used to go to baseball games with her husband, and feels lonely since he died. The woman asks the widow out on a baseball game, despite having no great interest in baseball herself. Such unusually friendly acts can be praised without implying that people who have done no such thing despite having had an opportunity did something wrong. But it is a wide-spread belief that obese people have an actual obligation to lose weight and keep it off, and since praise does not appear in a vacuum but within a context with many shared background assumptions, it might be difficult or even impossible to praise a previously obese person for having achieved long-term weight loss without implying that all obese people who do not do this do wrong.

Perhaps some obese people cannot only lose weight through eating less and exercising more, but also change their NCWR factors to those of stably slim people. Once their NCWR factors are fully functional, they can return to a normal lifestyle; one that might very well involve healthy food habits and regular exercise, but does not require that they fight a battle against themselves that is either never-ending or long enough that they will be drained of willpower before it is over. Their struggles will be relatively short and temporary, and going through a short temporary struggle that requires a lot of willpower only as long as it lasts is, in general, psychologically possible. Assuming that obesity is bad for the obese individual and for society at large, one can plausibly argue that obese people belonging to this group do have an obligation to lose weight and keep it off. However, we have reason to believe that most obese individuals do *not* belong to this group. There is evidence indicating that previously obese people differ quite a lot from people who have never been obese in ways that trigger weight regain (Maclean et al 2011; Sumithran et al 2011). Furthermore, the simple

observation that weight regain is as common as it is despite the big stigma attached to being obese in today's society lends support to the hypothesis that formerly obese people face serious obstacles when it comes to remaining slim. Thus, we have strong reasons to assume that few obese people have the option to temporarily struggle with their weight and then become stably slim, and therefore an obligation to do so. It is more plausible that, for the majority of obese people, malfunctioning NCWR factors make it the case that long-term weight loss is either impossible, worse than remaining obese or merely hard enough to be supererogatory rather than obligatory.

Since the obese generally do not have an obligation to lose weight, it is wrong to blame them for not doing so. We should conclude that we never ought to blame obese people, since although a few of them might have a weight loss obligation, it would be impossible to distinguish individuals who do have that kind of obligation from individuals who do not. Now, exactly how tight the connection is between wrongdoing (including wrong-doing by omission, i.e. not doing what one has an obligation to do) and blameworthiness is a contested one. There are philosophers who argue or simply just assume that blameworthiness requires wrong-doing (e.g., Copp 2008; Widerker 1991) as well as those who argue that an important difference between wrong-doing and doing something blameworthy is that the latter does not require that one could have done otherwise (Haji 2002). I will not delve deeply into this issue in this paper, but only say this much; philosophers who argue that agents can be blameworthy despite not having done anything wrong give examples of agents who have done something (or omitted to do something) for *morally bad reasons*, although special circumstances (like the agent unknowingly lacking alternative options, or the agent unknowingly causing something good) make it the case that the action was not wrong despite the bad reasons that she acted upon. Even if we allow for wrongness and blameworthiness to come apart in these kinds of situations, it is clear that most obese people are not blameworthy for their weight, since people do not normally choose to remain obese for morally bad reasons.

6. ADJUSTING ONE'S NON-CONSCIOUS WEIGHT-REGULATING FACTORS

I have assumed in this article that obesity is bad and being stably slim is good, and argued that the latter requires well-functioning NCWR factors. Someone might therefore suggest that people have an obligation to do whatever it takes to make their NCWR factors function well. As I discussed above, whether obligation requires knowledge or not is a controversial topic.

Some philosophers believe that I may have an obligation to do something, despite not knowing that I could do that thing, and correspondingly that it might be wrong of me to do something despite the fact that I could not possibly know that doing the thing would be bad. If these philosophers are right, people might have an obligation to make it the case that their NCWR factors are conducive to a stable and healthy weight, or, alternatively, if NCWR factors are malleable in children but difficult to adjust after a certain age, parents might have an obligation to make sure that their children acquire well-functioning NCWR factors. However, even if people have this obligation, it is of no practical consequence if neither they nor anyone wishing to advise them knows how to do this. If I know that I can disarm a bomb by typing the correct code but does not know the code, it is of little help when people tell me “you really must type the *correct* code!” or blame me if I chance upon some numbers and then fail. Likewise, if a parent knows that there are steps that she can take in order to ensure that her child grows up to have an appetite, metabolism and level of energy that causes her to keep a healthy and stable weight, but does not know what these steps are, telling her “you really ought to take these steps!” is quite useless. Although there are countless hypotheses about the causes of obesity that are more detailed than “calories in, calories out”, I think it is safe to say that we do not, at this point, *know* why some people end up more or less spontaneously eating and moving about in a way that keeps them stably slim whereas others put on weight. Thus, even if there is *some* sense in which people might have obligations to ensure that their or their children’s NCWR factors function well, these obligations will be of no practical consequence, since we do not know how to fulfill them. We cannot meaningfully advise people to adjust their or their children’s NCWR factors or blame them when they fail.

But let us suppose that in the future, we know quite well what causes people’s NCWR factors to be a bit off so that weight is gradually gained. Suppose for the sake of argument that well-functioning NCWR factors require that one does not eat more than a certain amount of processed food as a child. This is obviously too simple an explanation to be quite true, but will do as an example. Do parents, in this imagined future, have an obligation to feed their children only little or no processed food? Once again, that depends on what the alternatives look like.

In previous sections, I argued that losing weight might be a worse alternative than staying obese for some obese people. It might be less obvious that feeding one’s children processed foods, even if this dooms them to obesity, might be a less bad alternative than cooking from scratch. The claim that cooking most food from scratch might be downright

impossible for some people might seem even more ludicrous. On the face of it, cooking a couple of times a day does not seem to require enormous amounts of willpower or cause any health problems worse than those caused by obesity. However, we cannot regard the options “cooking from scratch” and “buying processed food” in isolation. It may very well be true for *many* families that cooking from scratch really is the better option, but for other families it might be worse than buying processed foods all things considered. Suppose that the parent or parents of a child that is fed processed foods work really hard to make a living. In order to make ends meet, they need to work very long hours. When they do come home late at night they are exhausted. There is processed food to be had around the corner, whilst shopping for groceries would require driving, or perhaps travelling by bus if the parents do not have a car, and spending time cooking. Suppose that they simply do not have enough energy to do this most days with the jobs that they have. They might not be able to afford doing this either, if processed food is cheap and groceries expensive, at least when one adds the cost of the trips to the store. If these parents were, hypothetically, to begin shopping for groceries and cooking from scratch on a regular basis, in addition to working as they do, they would eventually collapse – if they did not run out of money first. Just as there is a limit to willpower, there is a limit to how hard a person can work in the long run. Thus, cooking from scratch might be impossible for them, at least in the long run. In a fairly but not quite similar scenario cooking from scratch is not impossible for the parents, but all things considered a worse option than feeding their child processed food. Although they could keep up cooking in the long run, they would be constantly exhausted from spending so much time after work driving and shopping for groceries and doing the cooking. As a result, they would end up spending very little quality time with their child; proper food would come at the price of proper parenting. This might, all things considered, be a worse alternative than spending more quality time with their child while feeding her processed food and dooming her to obesity. In this case, too, the parents do not have an all-things-considered obligation to cook.

In order for parents to have an all-things-considered obligation to actually cook for their children, cooking must be the better option. This requires, firstly, that there are groceries to be found within a reasonable distance and to reasonable prices, so that the parents do not have to make huge sacrifices in terms of time or money for their cooking. This is undoubtedly already true for many parents – but not for *all*. What a ‘reasonable price’ is will of course vary depending on how much money the parents have. A ‘reasonable price’ for poor people might be very low, whereas if people have higher salaries (or are given generous welfare benefits), prices can be higher and still count as ‘reasonable’. Secondly, parents must not be overworked

or psychologically drained if they are going to spend time cooking nearly every day in addition to working and caring for their children. They must, overall, have a decent life.

There is sometimes a tendency to *excuse* poor people for making bad choices – they cannot *help* choosing badly. There may be some truth in this –it is not implausible that being constantly tired and stressed-out takes its toll on one’s ability to make rational choices. But we also need to shed light on how certain choices that might seem like bad ones at first glance might be fully *justified* for poor people; the most rational thing to do given their situation. An option that would simply be bad for a richer person might be the least bad option out of a very bad bunch for a poor person.

7. POLITICAL OBLIGATIONS TO FIGHT OBESITY

Even if obese people rarely have an obligation to lose weight and keep it off, politicians might have obligations to fight obesity, if we assume that obesity is bad.

Firstly, politicians might have obligations to create situations where individual obligations can arise. Politicians might, for instance, ensure that research into the causes of obesity (i.e., what affects people’s NCWR factors) is sufficiently funded. If such research were to find out that obesity is caused by eating too much processed food as a child (for the sake of argument I continue to use the admittedly over-simplified example from above), there is plausibly a political obligation to inform parents everywhere about these findings, and also to ensure that as many parents as possible are in a situation where cooking for their children rather than buying ready-made processed food really is, not only *an* option, but the better option. The latter is extremely important.

Secondly, even if politicians lack knowledge of the more precise causes of obesity, they might look at what kind of environmental factors correlate with lower obesity rates and try to promote such factors. Now, the correlation between obesity and socio-biological factors is a complicated one. In American women, obesity is correlated with poverty and low education. In American men, we do not see that same correlation, but we do see a correlation between obesity and race (Ogden et al 2010). However, non-white neighborhoods tend to have more fast food restaurants and fewer grocery stores, an environmental factor that is possible to alter (Blok et al 2004). There is also a general correlation between the obesity rates in a nation and the size of its income gaps (Pickett et al 2005). A thorough survey of all the correlations found between obesity and environmental factors that are within the power of politicians to affect lies outside the scope of this paper, but we do have reason to believe that regardless of whether politicians will one day have enough knowledge of the causes of obesity to create the

kind of opportunities individuals need in order to have personal obligations regarding their own or their children's weight, or whether politicians simply ought to address environmental factors that have been shown to correlate with obesity, some fairly progressive politics are needed.

The obesity-fighting obligations of politicians cannot, however, include simply advising obese people to lose weight and keep it off, or blaming and shaming (or encouraging the blaming and shaming of) obese people.

As explained above, obese people, plausibly in the vast majority of all cases, do not have an obligation to lose weight and keep it off, due to this being either impossible, worse than the alternative or simply requires such an enormous effort that it is supererogatory rather than obligatory. Since they do not have this obligation, it is wrong to categorically advise them that this is what they ought to do. In many contexts, it is permissible to give hypothetical advice for actions that are not obligatory, of the kind “*If you can and want to do X, you really ought to do X*” or “*If you can and want to do X, here is how you most efficiently go about doing it*”. However, in the context of obesity in today's society, it is not really possible to address weight loss advice only to those obese people for whom weight loss is possible as well as either a temporary struggle or a willingly assumed life-long burden. Even if it *were* possible, the group of obese people for whom long-term weight loss is possible and temporarily hard or a willingly assumed life-long burden is plausibly a small one, and thus the social utility of directing weight loss campaigns to them in particular might be questioned. But as things stand, it is not possible. Any government-sponsored advice about weight loss will take place against a background of intense shaming of obese people and a widely shared assumption that everyone who is obese has an obligation to lose weight and keep it off. It will effectively function, not as advice to a small select group, but as public shaming of the obese.

8. CONCLUSION

It does not follow that the obese have an obligation to lose weight and keep it off from the calorie hypothesis and the assumption that obesity is bad. On the contrary, it is plausible that for the majority of obese people, long-term weight loss is either psychologically impossible and therefore not obligatory, all things considered worse than remaining obese and therefore not obligatory, or possible and better than remaining obese but still supererogatory rather than obligatory due to the huge effort it requires. Politicians attempting to fight the obesity epidemic must therefore not shame and blame the obese or engage in campaigns that

in effect amounts to shaming and blaming. Instead, they ought to promote research about NCWR-factors and attempt to adjust the environment in directions that we know correlate with low obesity rates.

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