

The Case for Addressing Anti-Fatness in Social Work Education

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Authors' Note: We have chosen to use the terms 'fat' and 'anti-fatness' at the direction of fat activists and community members. We hope that more social work programs provide opportunities to engage with this subject.

Abstract

Anti-fatness, the systematic marginalization of fat bodies, is a pervasive attitude across all spheres of social work practice. Despite its prevalence, there is a notable lack of understanding about anti-fatness, its causes, and its consequences. We argue for the need to address the issue of anti-fatness in the curriculum of social work education to better prepare social workers to serve all clients, as well as to serve as advocates against anti-fatness and the policies and conditions that emerge from it.

Anti-fatness is the systemic marginalization of and discrimination against fat individuals. We see anti-fatness as pervasive in social, medical, and academic spheres. Anti-fatness is predicated on myths about body weight and health and upheld through prejudices and hierarchies. The roots of anti-fatness are in white supremacy and anti-Blackness, and anti-fatness continues to disproportionately harm people who face other forms of oppression and marginalization. Therefore, in line with the goal of social workers being anti-oppressive practitioners, social work education must make social work students sensitive to the reality of, and the harms generated by, anti-fatness.

We use the term "fat" and not "obese" by following the lead of activists like Charlotte Cooper, who writes, "I prioritize fat over

medicalized language (obese, overweight, bariatric), euphemisms (large, big, weight, curvy), terms of endearment (cuddly, big-boned), or other interpretations (of size, thick) because I wish to acknowledge it as a descriptive word, a reclaimed word that contests shame, a political word that expresses power and exposes the limitations of those other linguistic constructions” (2021, p. 1). The language of obesity perpetuates the entwined myths that people with fat bodies are less healthy (Harrison, 2019) and that humans have more control over the size of their body.

The effects of these myths are significant. Weight stigma, for instance, contributes to social isolation, undercuts health care, and decreases the cultural capital connected to higher socioeconomic status. Fat individuals face increased “exposure to acute and chronic stress, reducing the quality of their social relationships, compromising their health care, and decreasing their access to material resources associated with higher socio-economic status. Each of these, in turn, is predictive of poorer health” (Major et al. 2018, p. 506). Looking at health care impacts, we see in a survey of 620 physicians that more than half described fat patients as “awkward, unattractive, ugly, and noncompliant” (Puhl & Heuer, 2009), while a lack of proper accommodations for fatness further compounds challenges for individuals with disabilities (Herndon, 2002). Beyond the loss of cultural capital, fat individuals also face discrimination in employment (Han et al., 2011), which is not illegal—as of January 2023, the only U.S. state to have codified weight discrimination as illegal is Michigan, with a small handful of U.S. cities joining (Eidelson, 2022).

For these reasons and many others, anti-fatness challenges the notions of equity and justice that social workers strive to uphold in our practice. While there is broad consensus that anti-oppressive values are core to a social work education, these values rarely extend to intentional training on recognizing and fighting anti-fatness (NASW, 2021; Ellis-Ordway, & Ramseyer Winter, 2022). Moreover, social workers are not immune to having a bias against fat people.

Therefore, to best serve clients in a manner that promotes inclusivity, social work programs must include education on this pervasive form of discrimination (Gordon, 2021).

That education should begin with learning about the pervasive drivers of the bias. One place to start is understanding the prevalence of *diet culture* and how this movement towards thinness and intentional weight loss may be affecting both clients and social workers. For instance, student social workers may be asked to view the effects of diet culture through the clinical practice of harm reduction. Social workers should be well-versed on a variety of pro-health models, such as the Association of Size Diversity and Health's *Health at Every Size* framework. By respecting the individual needs of clients, social workers can support clients in moving toward goals that are more likely to be successful and in line with pro-health ideas rather than biased ideas about fatness.

To be effective advocates at the macro level, social workers ought to be educated to see anti-fatness as the intersectional issue that it is. As sociologist Sabrina Strings (2019) explains in *Fearing the Black Body: The Racial Origins of Fat Phobia*, anti-fatness emerged as a form of control of Black people, and more specifically, Black women. She illustrates this idea with an example of European racial categorization—the appraisal of Saartjie Bartmann, who was infamously displayed as the Hottentot Venus at the turn of the nineteenth century. What Strings terms a broad sense of a “black grotesquerie” was indeed “part of the general zeitgeist that fatness was related to blackness. Thus, it was treated as evidence of barbarism, of a nonwhite affectation” (pp. 97–98). Thus, we see from Strings and others that anti-fatness is from the start a gendered construct—women report anti-fat bias at higher rates than men (Puhl et al., 2008). Subsequently, many non-binary and transgender individuals note how fatness affects gender identity and perception through notions of gender defined through thinness (Luna, 2018).

Armed with these insights, social workers already trained in policy advocacy will be well-positioned to use those skills and their research abilities to help end anti-fat discrimination. Fatphobia is embedded into policies, and social workers must be informed on this to serve clients most vulnerable to this kind of discrimination. For example, recent guidelines produced by the American Association of Pediatrics allow for medication and surgical intervention to eliminate fatness in children as young as 12 and 13, respectively (Hampl et al., 2023). Many advocates argue that the pursuit of intentional weight loss, especially for children, is ineffective for long-term health and promotes eating disorders (Chastain, 2023; Dionne, 2023). Social workers need to use our role to advocate against these interventions that cause trauma and harm to young people.

Ultimately, social workers must fight anti-fatness to be responsible, trauma-informed, and anti-oppressive practitioners and advocates. This must begin within the classroom, with universities incorporating this topic into core curriculum to ensure that all students will thoughtfully engage with this topic. Universities must dedicate resources to forming a curriculum and properly educating instructors. Schools of social work ought to be proactive in fighting anti-fat discrimination by creating policies that provide equitable access for fat students and instructors. This issue of social discrimination and justice will continue to be pervasive within society, and social workers must be a force working towards a more just and equitable future for fat people.

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