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Voices from the Field

Reflections from the field: Anti-fat bias in social work

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Abstract
Social work is grounded in social justice and advocacy, equity, dignity, and the worth of all people. Despite this, it has overlooked an important area of oppression and discrimination: fatness and anti-fat bias. This omission and lack of acknowledgment have resulted in the perpetuation of anti-fat bias within the profession, which reinforces harmful systems that stigmatize and marginalize fat individuals. Anti-fat bias is a form of oppression that is closely linked to the neoliberal values that dominate the healthcare system, which emphasize individual responsibility for health, ignoring critical social determinants of health. Additionally, this discrimination is compounded by the intersection of anti-fat bias with other forms of oppression, such as racism, sexism, and ableism. This paper examines the importance of the social work profession in confronting its internalized anti-fat bias. Scholars like May Friedman (2012) and Charlotte Cooper (2016) contribute to this, critiquing social work's role in sustaining anti-fat bias and its ongoing participation in the moral regulation of bodies. By adopting a trauma-informed, anti-oppressive lens, social workers can take actionable steps to dismantle these oppressive frameworks and ensure ethical, equitable, and empathetic care for clients in larger bodies. Ultimately, this reflection calls for a transformation in social work's philosophical and structural approaches, urging the profession to move beyond anti-fat frameworks and align more closely with its mandate of promoting social justice and challenging systemic oppression.

Keywords
anti-fat bias, social justice, social work, internalized fatphobia, weight-inclusive care

Résumé
Le travail social est fondé sur la justice sociale et la défense des droits, l'équité, la dignité et la valeur de tous. Malgré cela, il a négligé un domaine important d'oppression et de discrimination : l'obésité et les préjugés anti-graisse. Cette omission et ce manque de reconnaissance ont abouti à la perpétuation des préjugés anti-graisse au sein de la profession, qui renforcent les systèmes néfastes qui stigmatisent et marginalisent les personnes grosses. Les préjugés anti-graisse sont une forme d'oppression étroitement liée aux valeurs néolibérales qui dominent le système de santé, qui mettent l'accent sur la responsabilité individuelle en matière de santé, ignorant les

déterminants sociaux essentiels de la santé. De plus, cette discrimination est aggravée par l'intersection des préjugés anti-graisse avec d'autres formes d'oppression, telles que le racisme, le sexisme et le capacitisme. Cet article examine l'importance de la profession de travailleur social pour faire face à ses préjugés anti-graisse intériorisés. Cela est démontré par les contributions de chercheurs comme May Friedman (2012) et Charlotte Cooper (2016), qui critiquent le rôle du travail social dans le maintien des préjugés anti-graisse et sa participation continue à la régulation morale des corps. En adoptant une perspective anti-oppressive tenant compte des traumatismes, les travailleurs sociaux peuvent prendre des mesures concrètes pour démanteler ces cadres oppressifs et garantir des soins éthiques, équitables et empathiques aux clients des organismes plus grands. En fin de compte, cette réflexion appelle à une transformation des approches philosophiques et structurelles du travail social, exhortant la profession à dépasser les cadres anti-graisse et à s'aligner plus étroitement sur son mandat de promotion de la justice sociale et de lutte contre l'oppression systémique.

Mots-clés
grossophobie, justice sociale, travail social, grossophobie intériorisée, soins inclusifs quant au poids

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The history of anti-fat bias

Anti-fat bias has a deep history that spans centuries and has roots in multiple cultural, philosophical and political forces. Before briefly tracing the roots of anti-fat bias, it is important first to challenge a dominant and harmful assumption that weight is a reliable indicator of health. Health is shaped by many factors, including social determinants like income, housing, and food security (Bacon, 2010; Brown & Ellis-Ordway, 2021). Attempts to lose weight, often resulting in weight cycling, can cause physical and psychological harm (Kivaney & Cool, 2019). Despite growing evidence of these harms, weight loss continues to be framed as inherently positive in many health and social work settings.

A complete history of anti-fat bias is beyond the scope of this reflection; I will draw on three scholars who have taken up this task. Christopher Forth (2014) identifies ambivalence toward fatness as far back as Aristotle's time. Fat was considered valuable outside the body in religious practices, medicine, or athletics. However, it was viewed as 'rotten' when found within the body, making humans and animals less sensitive with obstructed perception and thought (2014).

Margaret Robinson (2019) identifies colonial roots in anti-fat bias. She argues that during the colonization of Turtle Island, Indigenous people, particularly women, were personified as fertile, abundant and in need of conquest. As a result, control was taken and assumed over Indigenous people, often through 'bio-pedagogies,' defined as "the loose collection of moralized

information, advice, and instruction about bodies, minds, and health that works to control people using praise and shame alongside 'expert knowledge'" (Robinson, 2019, p. 15). Robinson (2019) argues that identifying an "obesity epidemic" among Indigenous populations is a continuation of colonial biopower that enforces Western norms of thinness, health, and morality (p. 21).

Sabrina Strings (2019) traces anti-fat bias to the beginning of the trans-Atlantic slave trade. In the sixteenth century, 'plump' women were more desirable as plumpness was tied to wealth and health. However, in the seventeenth century, as enslaved people were brought over from Africa, 'race scientists', wanting to distance themselves from black bodies, began categorizing races in hopes of proving the 'white race' as superior. Through this, they focused on characteristics such as "gluttony, stupidity, laziness, and idleness as characteristics of 'lower races'" giving evidence to the inferiority of the black body, further justifying slavery (Strings, 2019, pp. 3-7). These beliefs became woven into narratives of self-control and morality necessary for whiteness to remain 'morally superior' (Strings, 2019, p. 82)

Anti-fat bias in social work

Social work is a profession built on principles of social justice, equity, and advocacy for marginalized groups, and social workers can be found at the forefront of many social justice movements. Despite this position, social work has largely overlooked an important site of oppression and advocacy: fatness and the Fat Liberation Movement. By ignoring this area, social workers are at risk of adopting an anti-fat approach in their practice. This bias appears across all practice areas, including healthcare, education, and policy development, informing assessments, referrals, or treatment planning. This reflection highlights the harm that this omission can cause and how social workers can begin dismantling anti-fat systems, as well as their own internalized bias.

The history of social work is often told through stories of Charity Organization Societies, Settlement Houses, and leaders like Jane Addams, who fought to improve issues like housing, labour exploitation, and access to education. However, early social work has faced criticism for focusing too much on personal responsibility, promoting paternalistic attitudes, supporting systems of control like child welfare, reinforcing social hierarchies based on race, gender, and class, and harmful colonial practices some argue persist particularly as social work has become more professionalized (Friedman, 2012).

May Friedman (2012) sees the early focus on control as connected to the profession's interest in moral regulation. She writes, "in many respects, social workers have historically been concerned with providing docile bodies and compliant subjects to the state, rather than with individual empowerment or societal change" (Friedman, 2012 p. 62). Friedman sees this pattern in modern social work, particularly concerning anti-fat bias, highlighting how social workers unintentionally support weight stigma, framing interventions as "helping" while creating compliant individuals who align with public health goals (Friedman, 2012).

In her article, *Fat is a social work issue: Fat bodies, moral regulation, and the history of social work*, Friedman (2012) says, "the discourse of the 'obesity epidemic' perpetuates a moral

panic that positions fatness as inherently pathological, and social work has largely accepted rather than challenged this narrative. In failing to recognize fat oppression as a legitimate form of discrimination, social work has overlooked its role in upholding systemic biases against fat people." (p 52). This occurs when social workers engage in programs focused on behaviour change, like weight loss (i.e. bariatric clinics), instead of addressing the systemic factors that shape health.

Friedman's argument is demonstrated in the work of Sandra Solovay in her book *Tipping the scales of justice.* Solovay (2000) describes situations where the state, including social workers, actively removed children from their homes for being 'obese.' This removal is justified as parents, particularly mothers, are held responsible for neglecting their child's health. Friedman (2015) argues that "fat mothers are uniquely positioned as both cause and cautionary tale; they are constructed as dangerous role models whose very bodies mark their parental inadequacy" (p. 20). While many cases of child removal are US based, there is evidence that it also occurs in Ontario where in 2008, "(A)n Ontario family court judgment involving the Children's Aid Society recently cited obesity as a reason for removing a child from the parental home" (Owens, 2008, para 2).

When considering the social control of fatness, it becomes impossible to untangle this control from the current neoliberal society that values individualism, survival of the fittest, and privatization. Citizens are expected to be productive, self-sufficient, and free from illness. Thinness is increasingly positioned as part of this moral imperative reinforced through media, public health messaging, and workplace wellness initiatives, which conflate body size with health, personal worth, and social value (Cooper, 2016).

Neoliberal healthcare has fueled an 'obesity' discourse that frames fatness as a crisis, driving policy and research that overlook growing evidence of the weak link between weight and health (Brown & Ellis-Ordway, 2021; Cooper, 2016).

Focusing on weight as a primary marker of health is problematic in many ways. It can result in people becoming trapped in weight cycling, which is the repeated loss and regain of weight. Cycling can cause harm physically, emotionally, and mentally. Physically, it is linked to higher risks of heart problems, metabolic issues, and stress on the body. Emotionally, it can lead to shame, failure, internalized stigma, depression, anxiety, and isolation (Kivaney & Cool, 2019).

Lindo Bacon (2010) challenges the common assumptions about weight and health. They show evidence that people in the 'overweight' Body Mass Index (BMI) category often have a lower mortality rate than those in a straight-size body, as fat can have protective benefits, particularly in the face of illness and aging (Bacon, 2010).

The health/weight narrative shapes social workers' beliefs and practice, often unconsciously. In a social work magazine article, Tilly Baden vows to stop using her "sedentary" social work job as an "excuse to remain a marshmallow" (Baden, 2023, para 18).

Despite acknowledging that body size does not define worth, Tilly feels ashamed of her weight gain and its health implications. While perhaps Tilly deserves empathy as she works

through her internalized anti-fat bias, it begs the question: How can these personal beliefs not be projected onto clients, potentially affecting the support provided?

So, as social workers, how do we support clients in bigger bodies without inadvertently causing harm? We must engage in reflective practice to break down our internalized anti-fat bias and adopt strategies for weight-inclusive care. Here, I present a list that, though far from comprehensive, is a starting point for social workers to consider adopting a weight-neutral, fat-liberation approach.

1. Integrating fat studies into social work education: Social workers must learn about anti-weight bias and its intersection with race, gender, ability, and socio-economic status. By introducing fat studies into education, social workers can more effectively challenge the medicalized view of fatness, question societal norms around body size, and encourage an understanding of body diversity (Cameron & Russell, 2021; Wood et al., 2020).
2. Advocating for structural change: This may involve advocating for modifications to anti-fat practices, ensuring furniture and buildings are accessible to larger bodies, and being knowledgeable of the client's language preferences. 'Obese' and 'overweight' are often seen as derogatory and stigmatizing within the fat liberation movement. However, the word *fat* can also feel hurtful; for others, it is an accurate and neutral descriptor like 'brown hair' or 'tall.'
3. Learn about weight bias, the fat liberation movement, and the work to challenge harmful dominant narratives of fatness. Start by reading books that support this learning. *Reclaiming body trust* by Hilary Kinavey and Dana Sturtevant (2022) take an anti-oppressive, anti-racist approach to 'body care' and provides interesting ways to care for your body in a weight-neutral way. *Anti-diet* by Christy Harrison (2021) provides a deep dive into the harms of diet culture, sharing interesting facts and history to understand how anti-fatness has developed over time as a tool of oppression. *Weight bias in health education,* edited by Heather Brown and Nancy Ellis-Ordway (2021), serves as "an entry point for healthcare professionals and students who are seeking a way to better care for the fat individuals with whom they interact" (p. 6). To better understand weight stigma and intersectionality, see *Fearing the Black Body* by Sabrina Strings (2019).
4. Engage in reflexive practice: Reflexive practice ensures that social workers confront internalized biases that may inadvertently harm their clients. When a client in a larger body is in your place of work, pay attention without judgment to the thoughts and emotions that arise, and if needed, question and challenge them.
5. Focus on client-centred care: It is crucial for social workers, particularly those in the healthcare field, to focus on goals prioritizing well-being and quality of life rather than weight loss. This can include validating and exploring the client's experiences with weight stigma and how it affects their mental health and relationships.
6. Build connections with size-inclusive providers: Refer clients to healthcare practitioners, dietitians, and fitness professionals who follow a weight-inclusive framework like Health at Every Size and anti-diet culture. Fat clients are at particular risk for being harmed through

neglect, dismissive practices, and poor or misdiagnoses in healthcare, and ensuring practitioners are weight-inclusive can mitigate this harm (Cooper, 2016).

7. Recognize how anti-fat bias is disguised as health in practice settings. (a) Schools: Canada has begun adopting US-style anti-fat practices, such as BMI measurement programs that assess students' height and weight and send the results home to parents on a 'report card' (Oved, 2013). (b) Mental Health: Disordered eating in fat clients is often overlooked; behaviours seen as concerning in thin clients (restriction, overexercise) are praised in fat clients. (c) Workplaces: Wellness programs often focus on weight loss, pressuring staff to conform to narrow definitions of health.
8. Address intersectionality: Understand how anti-fat bias intersects with racism, ableism, sexism, and classism. These biases are rooted in colonialism and white supremacy and still shape how fatness is judged today. Fatness is often seen as a failure to perform femininity or as non-compliance in disabled bodies, leading to blame and denial of care.

Conclusion

Acknowledging and confronting anti-fat bias is critical for social workers committed to social justice and ethical practice. Fatness is deeply intertwined with other systems of oppression and cannot be separated from the broader equity and social justice framework inherent to social work. This is not simply a matter of improving individual interventions; it is about transforming the structures and philosophies guiding social work. By moving beyond anti-fat frameworks and developing a critical lens on fat stigma, social workers can strengthen their capacity to serve all clients ethically, empathetically, and effectively.

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Author biography

Jacqueline Rousseau is a registered social worker, eating disorder therapist, and PhD candidate whose clinical and research work draws on Fat Studies to challenge the medicalization and pathologization of fatness in healthcare. With over a decade of experience supporting people in diverse bodies, her scholarship and advocacy center dignity, justice, and body diversity, examining how anti-fat bias operates in eating disorder treatment settings.