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Fat is a Social Work Issue: Fat Bodies, Moral Regulation, and the History of Social Work

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Abstract

Fat bodies are discriminated against in a variety of individual and structural ways. On an individual level, the experiences of fat stigma are debilitating. On a societal level, the "war on obesity" is a focal point for social policy in both Canada and the United States. Social work, as a profession that considers individual experiences and contextualizes these experiences within systems and structures, must thus consider the implications of bodies that are perceived as deviant on the basis of size. Yet there is a dearth of scholarship that positions fat stigma and the size acceptance movement as allied with other realms of activist social work. This article addresses this omission by considering the need for an incorporation of size acceptance and fat activism into social work scholarship and practice. This is accomplished through three main themes. First, I consider the nature of fat oppression and the need for anti-oppressive social work practitioners and scholars to give credence to the real implications of fat. Second, I examine the rhetoric of the "obesity epidemic" and consider why social workers need to be critical of social policies that stem from this discourse. Finally, I suggest that the tones of social control and moral panic that underpin much of the discourse around fat bodies are reminiscent of other concerning trends within the history of the social work profession.

Keywords: fat studies, fat activism, moral regulation, social policy, history of social work

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Non-normative identities generally have a home within social work—race and class are named within codes of ethics and mission statements, ability and sexual orientation are unpacked within social work literature. When I discuss the various privileges and challenges that mark my body, my social work students are unfazed—they respond by considering their own positionality with respect to race and ability, sexual orientation, gender and class. Yet, when I tentatively name my fat body in my classroom, I see my students flinch as I "come out" as a fat person (Murray, 2006). They whisper, become uncomfortable, refuse to meet my eyes. I am a fat feminist, trained, through my background in feminist organizing and women's studies scholarship, to see fat as a site of systemic oppression and bias. I am committed to social justice, and I teach and practice social work from an activist stance. Yet thus far I have struggled to reconcile these two seemingly consonant struggles and movements.

Fat bodies are discriminated against in a variety of individual and structural ways. On an individual level, the experiences of fat stigma are debilitating (Wann, 2009). On a societal level, the "war on obesity" is a focal point for social policy, especially in Canada and the United States (Beausoleil & Ward, 2009; Campos, 2004; Gilman, 2008). Social work, as a profession that considers individual experiences and contextualizes these experiences within systems and structures, must thus consider the implications of bodies that are perceived as deviant on the basis of size. Thus far there has been a dearth of scholarship that positions fat stigma and the size acceptance movement as allied with other realms of activist social work; as Mik-Meyer has argued, "the overweight body remains under-theorized in social work" (2010, p. 386). The limited literature that does consider the implications of fat bodies for social work begins from an individualistic clinical model, considering the implications for transference and counter-transference in working with, or working from, fat bodies (Koenig, 2008; Mik-Meyer, 2010), or the ways that therapists can best support clients in achieving "health at every size" (Matz, 2011; Matz & Frankel, 2006). While this writing is laudable and a necessary step toward unpacking the many layers of stigma that fat people experience, it is still quite rare. Perhaps of greater concern, however, is that there is very little social work literature that seriously considers the structural nature of fat oppression, in stark contrast to other sites of structural discrimination. There is also extremely limited writing from the field of social work that positions fat activism alongside other activist movements.

While it is tempting to argue that this neglect is because size acceptance is merely a new movement that has not gained the traction of other activisms, this is simply untrue. The National Association to Advance Fat Acceptance (NAAFA), a prominent fat advocacy group, opened its doors in 1969 (www.naafaonline.com) alongside the women's movement, civil rights movement, and other activists organizing around identity. Similar groups such as the Large As Life Action groups sprang up across Canada throughout the 1970s, 1980s, and 1990s (Ellison, 2007). Other structural fights have been incorporated into core social work teaching and knowledge, but an awareness of fat is still absent from the social work profession.

Maybe the issue of size acceptance is obfuscated by terminology. Perhaps my students would not flinch if I referred to myself as "overweight." Yet I do not accept that my weight is "over-", or that I am too big to be normal. I do not accept the discourse of obesity and all the fearmongering it espouses. I am simply fat, though the truth of fatness is far from simple. For many, the word *fat* remains an epithet, a slur that should never be uttered by someone committed to social justice. Within size acceptance circles, fat has been reclaimed as a powerful title (Harding & Kirby, 2009; Wann, 2009). In response to this reclamation, I consider fat bodies and fat activism and discuss the ways these bodies and fights need to be brought into social work. I am mindful, however, of the ways that mainstream literature often considers large, non-normative bodies to be "overweight" or "obese" and I adopt these terms when drawing on those societal discourses.

This article addresses the inadequate social work response to fat by considering the need for an incorporation of size acceptance and fat activism into social work scholarship and practice. This is accomplished through three main themes. First, I

consider the nature of fat oppression and the need for anti-oppressive social work practitioners and scholars to give credence to the real implications of fat. Second, I examine the rhetoric of the "obesity epidemic" and consider why social workers need to be critical of social policies that stem from this discourse. Finally, I suggest that the tones of social control and moral panic underpinning much of the discourse around fat bodies are reminiscent of other concerning trends within the history of the social work profession.

Why Fat Matters

Perhaps social workers are reluctant to equate fat stigma with other oppressions such as racism and homophobia because doing so might be seen as potentially minimizing the political importance of those fights. Can the experiences of fat bodies truly be seen as equivalent to the experiences of disabled or impoverished bodies, or other "Other" bodies?

It is both facile and ineffective to argue that fat bodies are treated identically to other oppressed bodies, especially since different sites of oppression produce different results and, indeed, people experiencing the "same" site of oppression, such as race, have widely differing experiences. Furthermore, fat bodies are not independent of other identity markers—fat people experience the intersections of fat identity with other markers such as race and sexual orientation; disabled fat people may find their disabilities dismissed if they are seen as resulting from their size status. While considerable writing has been done on the topic of intersection of race, gender, class, and sexual orientation (Crenshaw, 1991; Hill Collins, 2002), thus far an analysis of fat oppression and its relationship to other identity markers has remained on the margins of both fat studies (Cooper, 2009) and broader analyses of intersectionality.

Fundamentally, then, the question cannot be whether fat people experience the same oppression as other marginalized subjects (especially since fatness may cross with any other marginality), but whether fat bodies experience stigma in profound and quantifiable ways, in ways that run contrary to a commitment to social justice. There is ample evidence to suggest that fat bodies experience such oppression every day.

Fat people are denied health care and employment (Rothblum, Brand, Miller, & Oetjen, 1990) and are paid less than thin people (Baum & Ford, 2004). Fat people are admitted to university and college programs in lower numbers than thinner applicants (Crandall, 1995). Children fear weight gain from as young as age five (Davison & Birch, 2001); fat children are more likely to attempt suicide (Libbey, Story, Neumark-Sztainer, & Boutelle, 2008). These are just a few of the ways that living in the world in a fat body has tangible negative circumstances. The National Association to Advance Fat Acceptance notes, "Discrimination toward fat people in the workplace, education system, and healthcare system has been clearly documented and is growing rapidly. Weight discrimination was reported by 7% of U.S. adults in 1995–1996, and almost doubled to 12% by 2006" (www.naafaonline.com). Intangibly, fat people experience stigma and discrimination

and are held to the dominant discourses of fat bodies as lazy, incompetent, self-loathing, out of control, simultaneously hypersexualized and asexual (Carlisle-Duncan, 2008; LeBesco, 2004; Murray, 2008). Fat people may internalize these notions, which can contribute to emotional difficulties and physical consequences. The fear of fat alone may be enough to ensure that even people with normative bodies will control their behaviour and eating to avoid experiencing fatness, reminding us that when we talk about fat, we are always also talking about "appropriate" thin bodies. The control required for many people to avoid fat pathologizes many normal practices—eating when you are hungry, for example—and minimizes the complexity of many unhealthy practices that are undertaken by people both fat and thin: Many of the practices that fat people use when they diet (and which are often valorized) would be considered as eating disorders or otherwise dysfunctional behaviours in people with "normal" or lower weights. These controlling mechanisms often come with significant negative consequences for physical health (Murray, 2008; Tomiyama et al., 2010).

Fat stigma is also correlated with other sites of oppression: fear and hatred of fat is most virulent in the shaming of bodies that are fat and poor, and/or fat and racialized (Ernsberger, 2009; Fee, 2006), and the experiences of fat women are especially pernicious (Prohaska & Gailey, 2009). Indeed, there is mounting evidence to suggest that a core thread of fat oppression is borne at the intersection of race, class, and gender (Braziel & LeBesco, 2001; Evans & Colls, 2009; LeBesco, 2004; Wright & Harwood, 2009).

As the emergent and rapidly increasing body of literature about fat oppression demonstrates, fat is unmistakably a site of oppression. Canadian social workers, bound to "oppose prejudice and discrimination against any person or group of persons, on any grounds, and specifically challenge views and actions that stereotype particular persons or groups" (CASW, 2005, p. 5), have a responsibility to pay attention to the experiences of fat people and participate in (if not become leaders of) the fight against fat-phobia. In the same way that the social work profession speaks out against gender discrimination and homophobia, social workers and social work as a discipline must openly and unabashedly endorse size acceptance.

But Isn't Fat a Choice?

Maybe the reason for the limited uptake of size acceptance issues by social workers is simply a mirroring of the larger societal reluctance to see fat bodies as worthy of serious study. If fat people are perceived as inherently negative, then the correct route to the avoidance of stigma is through weight loss. Indeed (as the rhetoric goes), fat people cannot possibly hold society responsible for the negativity they experience since their subject position is inherently chosen, rather than inevitable.

There are a number of flaws in this logic. First, the suggestion of fat identity as a marker that can be reversed ignores the diversity of normal body sizes that exist, and instead perpetuates the idea of a universal normal body size (or at least a very limited range within which normal bodies may fall):

> The commonly held belief that obese individuals can ameliorate their condition by simply deciding to eat less and exercise more is at odds with compelling scientific evidence indicating that the propensity to obesity is, to a significant extent, genetically determined. (Friedman, 2004, p. 563)

Second, ample evidence about the failure of traditional dieting strategies displays the fundamental ineffectiveness of attempts to alter body size—longitudinal studies have suggested that over time 95% of people who attempt to lose weight will return to their starting weight or higher within five years (Bacon & Aphramor, 2011; Gaesser, 2002, 2009). If this yo-yo dieting phenomenon is correct, then some fat bodies are inescapable. Furthermore, certain requirements for some slimmer bodies may be inaccessible based on ability or finances or other limitations. Yet fat bodies are perceived as inherently liminal, unfixed. Charlotte Cooper wrote,

> The contemporary cultural imagery of fat makes frequent allusions to "surplus," "extra" flesh, overweight, outsize. This imagery, together with the classic metaphorical archetype of the newly thin person emerging like a butterfly from fat chrysalis, the "before" and "after," suggest that a fat body was originally a thin body that now carries unnecessary fleshy baggage. The language of diets makes aggressive alliterative allusions to the "battle of the bulge," and "fighting the flab" where fat is perceived as a cancerous growth which, left unchecked, will somehow "take over." (1997, p. 35)

Samantha Murray echoed Cooper's sentiments:

> There is a "suspended animation," an impermanence of living the fat body… the fat body exists as a deviant, perverse form of embodiment and, in order to be accorded personhood, is expected to engage in a continual process of transformation, of becoming and, indeed, unbecoming. The fat body can only exist (however uncomfortably) as a body aware of its own impermanence. (2006, p. 155)

This impermanence is echoed in the ways that fat bodies are taken up in the media. Fat bodies that are invisible in many respects are nonetheless accorded inordinate attention in others: in the spectre of "before" and "after" images for weight loss schemes; on reality TV shows emphasizing both bodily and emotional renaissance; and in other venues where the fat body is represented as impermanent. The prevalence of the "recovering" fat body hearkens to other sites of healthism, most notably in the realm of mental health recovery (Poole, 2011). What, then, are the implications of considering fat bodies as worthy of study only as sites of transition? Once again, the structural reality of fat oppression is minimized as the overarching goal of making all fat bodies smaller (and more compliant) negates the need for fat advocacy: In other words, rather than empowering fat people, we should make them thin. If they (we) do not want to be thin—well, then, fat people get what they deserve. An avoidance of the structural nature of size oppression does not acknowledge that many (if not most) fat bodies are here to stay.

It's somewhat superficial to argue that since some bodies will always be fat, then social work really should begin to pay attention to fat oppression. To respond to the issue of choice in this way does not delve deeply enough. Simply asking the

question of choice at all begins from a judgmental stance, one which assumes that fat bodies are fundamentally negative. Such rhetoric is reminiscent of arguments around the presence or absence of a "gay gene" which suggested that, if queer identity is unavoidable, then societies must learn to be tolerant (LeBesco, 2009). Furthermore, such an analysis sets up the notion of a virtuous fat subject (one who tries her best but cannot help her fatness) in opposition to the classic "bad" fattie—the couch potato surrounded by fast food containers. This discourse hearkens to the rhetoric of the "supercrip," the disabled subject who is heroic and worthy of both individual assistance and valorization as he/she overcomes inescapable challenges—but who is nonetheless inescapably "abnormal" (Clare, 1999). This romantic positioning of the virtuous oppressed subject does not provide a viable means of fighting structural oppression. These rhetorics are especially problematic for social work, where we have tended to see-saw between the ideas of the poor victim whom we need to save and the immoral actor whom we need to fix.

Fat people (and queer people, disabled people, and other oppressed subjects) do not want tolerance, and do not require fixing, because they are not broken. Fat people do not need pity as they overcome their inescapable adiposity. Some fat people might be very healthy and active; others might, for a variety of reasons including fat-shaming discourses, be inactive. Some fat people might be genetically predisposed to fatness while others may decide they are happier living at a higher weight. Other structural factors likewise qualify the "choice" of living fat. Fundamentally, however, whether fat is a choice or not, fat people do not deserve fat oppression. How can social work begin to respond to this inequality?

Selected social work practitioners have done excellent work in helping individuals begin to confront both external and internalized fat oppression. Much of this work draws on the tenets of Health At Every Size (HAES), a means of responding to fat stigma by changing self-defeating habits into empowered and self-loving behaviours (Bacon, 2010; Bacon & Aphramor, 2011; Burgard, 2009). HAES suggests that people engage in intuitive eating by responding to their body's hunger cues rather than following prescribed food plans. It encourages joyful activity without recourse to body modification. Rather, HAES encourages us to move when and however we can in order to feel good, a strict departure from the "no pain, no gain" ideology of traditional athletic culture. Finally, and significantly for social work, HAES asks us to work on body acceptance, to love our bodies in the shapes and sizes they are now instead of assuming that happiness can only be achieved when we are 20 pounds lighter, or that love or success are undeserved in the bodies we currently inhabit.

Social workers have drawn on HAES to encourage a politically aware and conscientized response to fat oppression with clients. Notably, social workers and authors Judith Matz and Ellen Frankel have written extensively on the topic of the therapeutic use of HAES (Matz & Frankel, 2004, 2006). Matz argued,

> No matter where therapists find themselves on the continuum of size acceptance, it's our duty to become more aware of this issue and familiar with the research. By increasing awareness of our own behaviors in our

> professional and personal lives—negative comments about weight, fat jokes, talking about being 'good' or 'bad' in reference to eating behaviors—we can help change societal norms. (2011, p. 10)

Thus far, most of the uptake on HAES within social work begins, as with Matz and Frankel, from an individualist clinical setting. Consciousness-raising is absolutely necessary as one component of size acceptance. Yet to focus exclusively on the individual—whether individual clients or individual practitioners—doesn't begin to address the need for structural change. This change is occurring in the increasingly robust fat activist movement (Harding & Kirby, 2009; Wann, 1998), yet social work seems to be at arm's length from this organizing. Social work's neglect of the systemic nature of fat oppression is especially notable given the amount of space that fat bodies take up in the realm of social policy.

Social Work, Social Policy, and the "Obesity Epidemic"

The neglect of fat bodies by social work is in stark opposition to the foregrounding of fat and obese bodies, and their management, by the discourses of the obesity epidemic. Obesity has become an accepted public health regime, with the perception of both increasing instances of obese and overweight individuals and increasing health implications for those individuals being considered as taken-for-granted truths. The problem is that these suppositions are simply not borne out by evidence. In fact, the incidence of overweight and obese individuals has plateaued since 2004 (Beausoleil & Ward, 2009; Gaesser, 2009; Harding & Kirby, 2009). Indeed, one major reason for the astronomical jump in measurably larger bodies prior to that date is the restructuring of the body mass index (BMI) scale in 1998. As a result of that shift, many bodies that were previously measured as normative (by health, if not aesthetic, standards) are now perceived as excessive. As Marilyn Wann wrote, "[when] the BMI cutoff points that define 'overweight' and 'obese' categories were lowered … millions of people became fat overnight" (2009, p. xiv). Indeed, this shift reminds us that fat is discursively constructed and is a floating signifier: Fat has no empirical basis but has shifted (and continues to be constructed differently) with respect to both aesthetic and health considerations across eras and cultures (Klein, 2001).

But Isn't Fat Unhealthy?

If fat bodies are not on the rise, why is the obesity epidemic still commanding such tremendous public attention? Common sense might suggest that the correlation between poor health and high weight or BMI requires a societal response to overweight and obese bodies, which now comprise two thirds of bodies in the United States (Wann, 2009) and 60% of Canadians (HRSDC, 2011). Yet, once again, a close combing of the data simply does not suggest that body weight is the primary yardstick for health. Instead, fitness is increasingly found as the predictor of heart health (Blair, quoted in Matz, 2011; Sharma & Kushner, 2009). Type 2 diabetes, popularly understood as an outcome of large bodies, is in fact only a correlate, suggesting that perhaps a third factor is predictive of both type 2 diabetes and higher BMI (Gaesser, 2002). Indeed, individuals with a number of conditions have a lower

risk of mortality if they are in the overweight or obese BMI range (Kassirer & Angell, 1998). As Wann (2009) reminded us, "Americans are fatter and taller and healthier and longer-lived than ever before in human history" (p. xv). This is not just the raving of a frustrated size-acceptance advocate; many scholars have critiqued the literature equating poor heath with high weight (Bacon, 2010; Bacon & Aphramor, 2011; Campos, 2004; Gilman, 2008; LeBesco, 2004; Rothblum & Solovay, 2009)—so many that to do this argument justice is beyond the scope of this article.

The sense of impending social crisis and the overarching fear of heightened public health care spending as a result of a wave of obesity are simply unfounded. Undoubtedly, some fat people are unhealthy. Some slim people are unhealthy. Some healthy people present tremendous potential costs to health care by engaging in risky behaviours, many of which are lauded as part of an "active" lifestyle. Indeed, many activities that lead to thinness—disordered eating, gastric bypass, questionable drugs and supplements—are themselves predictive of ill health (Bent, Tiedt, Odden, & Shlipak, 2003; Patton, Selzer, Coffey, Carlin, & Wolfe, 1999). The rhetoric of the obesity epidemic is not about protecting either individual or collective public interest. It is a state-sanctioned means of shaming fat bodies by buying into the existing stereotypes that I have already discussed: that fat bodies are out of control, disgusting, and dangerous.

In the Canadian context, Toronto Mayor Rob Ford began his stint in office with his now infamous Cut the Waist challenge, in which he and his brother Doug Ford attempted to garner support through public dieting. Rather than addressing the myriad issues facing Toronto's public service, the Ford brothers instead shared their example of individual change as a moral for the city; significantly, when Mayor Ford quit his diet before the final weigh in, with little notice, he did not exult Torontonians to be similarly permissive. While nearly farcical, the example of the brothers Ford highlights the extent to which any response to fat is viewed as an individual responsibility, yet also acts to direct our attention away from pressing public concerns. In addition, the tenor of the negative attention directed at Mayor Ford is dismaying; disdain for his conservative policy choices are connected to his fatness in jokes about gravy trains and his perceived inability to bicycle or take public transit. As Julia Horel poignantly wrote:

> When you tell Rob Ford that he's a fat fuck who needs to get on a bike, you erase me as a fat cyclist. When you say that mentioning Ford's weight is justified metaphorically because it represents conservative values, you erase me as a fat progressive. If you think that correlating Ford's fatness with his terrible politics doesn't also strongly imply a criticism of fat more broadly, you aren't thinking critically. (2011, para. 12)

Horel's thoughtful critique makes clear the extent to which fat shaming and fat phobia are still rampant, even in progressive contexts in which other oppressive comments would be perceived as hateful and inappropriate.

Social workers have a strong history of being critical of social policy and have an obligation to focus that critique on this site. This is imperative not only as a means of fighting toward size acceptance but also as a response to the ways that social

policy is always predicated on distributive justice (Guttmann, 2006). If tremendous social and political resources are being mistakenly directed toward fighting obesity, then other areas of social policy are being unnecessarily neglected. Imagine if the resources directed at fighting obesity were instead spent on fighting poverty. Consider, in the realm of rhetoric alone, what changes might be wrought if U.S. First Lady Michelle Obama dropped reduction in childhood obesity as her number one goal and instead used her influence to create childcare, equitable access to education, credible social assistance schemes, or other responses to genuine social needs. Instead, Obama argues, "Military leaders … tell us that when more than one in four young people are unqualified for military service because of their weight … childhood obesity isn't just a public health threat, it's not just an economic threat, it's a national security threat as well" (Gardner, 2010, para. 3). The absurdity of Michelle Obama's claim aside, what are the policy implications of privileging a commitment to encouraging individual self-policed change, borne of shame and stigma, instead of instituting systemic and responsive changes? Indeed, Obama's concern suggests that individuals need take responsibility for the polity, rather than vice versa.

Social workers have been on the front lines of critiquing social policies based on stigma and discrimination. One example of this came in 1995 when the then-premier of Ontario Mike Harris instituted, among other systems, a "snitch" line to respond to growing concerns about welfare fraud. This move was in response to the popular imaginary of welfare recipients as both greedy and lazy (not incidentally, traits that are also associated with fatness), and therefore untrustworthy. Tremendous resources were put into staffing the policing of perceived welfare "bums," yet this overzealous response was rarely found to be justified: For example, in 2001–2002, the investigation of nearly 40,000 potential cases of welfare fraud resulted in only 393 convictions (Mosher & Hermer, 2005). As a result, both monetary and human resources were diverted away from supporting people in favour of policing them. The construction of the obesity "epidemic" as a public health crisis is an analogous situation: Tremendous fiscal and social resources are diverted toward instituting a scheme of self-policing and shaming of fat bodies, while seemingly intractable social problems are totally ignored.

As social workers, we know that "common-sense" logic has often led to appallingly bad policy. Indeed, as members of the social work profession, we are aware that stigma, discrimination, and misrepresentations of populations (such as refugees, "the poor," and women) have been responsible for entrenched structural hatred. We need to extend our analysis, and our efforts, to engage with the obesity epidemic as similarly flawed and dangerous.

Fundamentally, fat bodies, like other non-normative bodies, are in the grip of a painful duality: The very real stigma and discrimination that fat people experience is invisible, while simultaneously the social location of fatness is deemed a terrifying social problem. In this way, fat subjects are simultaneously erased and overly scrutinized. Fat is not about adipose tissue; it is about a moral judgment suggesting that there are more and less worthy bodies (Carlisle-Duncan, 2008; McPhail, Chapman, & Beagan, 2011; Murray, 2008). This rhetoric is reminiscent of eugenic discourses (LeBesco, 2009). Racialized subjects have been viewed as immoral, as

have queer subjects. The hearkening of morality once again engages ideas about the public good: When societies fear immorality, instead of being seen as judgmental, they appear to be fighting for their collective safety. Unfortunately, social work has often been engaged as the maternal arm of the state (Abrams & Curran, 2004) in these efforts to ensure moral regulation. In order to understand the relationship between fat and social work, then, it is important to consider the issue of morality, to which I now turn.

Social Work and Moral Regulation: Creating Docile Bodies

A historical analysis of social work shows the many ways that the profession began as an agent of social control and moral regulation (Little, 1998; Margolin, 1997; Valverde, 1991). 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. Indeed, it is arguable that even into the present day, the continuing framework of social work is about ensuring compliance rather than emphasizing social justice.

The social control role of social work has historically relied upon scientific discourse for justification. Valverde (1991) considered the ways that rhetoric around disease and the fear of epidemic led to a moral panic that encouraged social workers and other "helping" professionals to insist on cleanliness, in both body and spirit. Practitioners argued that individuals needed to be taught self-control in order to avoid public health crises. Likewise, early eugenic discourses that paralleled the emergence of the social work profession ensured that specific subjects were required to change, conform, and assimilate in the name of the greater public good (Chunn & Gavigan, 2003). Despite the challenges of comparing sites of oppression, there are nonetheless deep similarities to these moments of common-sense logic and the current furor over the obesity epidemic.

As social workers, we must remember our history and be very suspicious of arguments that rely on the public good to justify the need for individual change. For example, social workers practicing in health care settings may be especially implicated in helping individuals and communities respond to perceived dangerous weight patterns in aid of apparent individual and societal good, framed in rhetoric around the need for healthy (and cost-effective) societies. As social workers did in the past, it can be very tempting for present-day social workers to assume that our role ought to be on the side of forestalling public danger by using the privilege of our professional position to fight obesity. We may do this work "under cover of kindness" (Margolin, 1997), with the best of intentions of helping the individuals with whom we work, but social work must recognize that the tradition of moral and social control disguised as "helping" is a core philosophy that has situated social work as a profession over the last century. Without a critical acknowledgement of the professional construction of social work, we may continue our already limited and problematic engagement with fat people and fat movements.

Unfortunately, there are already cases in which social workers have, under the guise of helping, drawn on discourses of obesity to alarming ends. In Scotland, a

child welfare social worker warned a family that their "obese" children were to be taken into care unless the family took steps to ensure that the children lost weight ("Your children are too fat," 2008). Specifically, the boy and girl were meant to be enrolled in soccer and dance classes, respectively, restoring normative gender expectations alongside aesthetic and health norms. When the family was unsuccessful in helping their children shed pounds, the children were, indeed, taken away. While it is tempting to dismiss this case as a lone example of an overzealous social worker, there are several other similar cases that have occurred in other jurisdictions (Dissell, 2011; Jeffreys, 2007). On less explicitly oppressive levels, social workers frequently help clients overcome emotional problems in order to lose weight; run groups aimed at losing weight; help young fat people who are being bullied to figure out how to lose weight and "fit in"; and in many other areas participate in delivering the message that fat is wrong and that fat bodies are only worthy of attention if they are engaged in transition. While these interventions are undoubtedly well intentioned and may be, for a variety of reasons, client-directed, they are nonetheless deeply problematic. If, as has been established above, fat is a genuine, significant and (for some) immutable site of oppression, then social work interventions that focus on weight loss help to maintain stigmas associated with largeness as well as to increase internalized stigma and individualized responsibility for fat oppression.

In order to see how unethical such practices are, we need only consider how irresponsible and horrific similar interventions around other areas of oppression would be were they to resemble pro-weight-loss social work: While the specifics of particular oppressions do not necessarily lend themselves to strict comparisons, we may imagine social workers running groups on becoming less racialized, or counselling individuals to become straight in order to avoid stigma. These examples are, unfortunately, not as outlandish as they ought to be, since the history of social work has allowed for these possibilities and more: the embracing of rapid assimilation in lieu of culturally competent care, the implication of individual responsibility for stigmatized practices in the realms of sexual and gender orientation, and beyond. Such practices, while comprising much of the historical foundation of the social work profession, are nonetheless contrary to ethical social work practice (in most jurisdictions) in the present day. The contemporary values of the social work profession are meant to emphasize social justice and an openness to diversity, yet a diversity of body size is still somehow beyond our reach.

An engagement with size acceptance and an honest reckoning with fat oppression are vital for social workers. It may be tempting to dismiss social workers' roles in governmentality as no longer being relevant in the present day. Yet the discourses of control and regulation that have paralleled the emergence of professional social work are integral to understanding the role of social work in society today. This relevance is made explicit not only by the ease with which social workers may be co-opted into opposing fat bodies and participating in the controlling of fat individuals, but also by the resistance of social work to engage with size acceptance discourses in any substantive way. An examination of the relationship between historic social work tropes and the ways fat bodies are treated in the public

realm thus allows for both a robust engagement with fat activism and size acceptance movements and a lens through which to critically analyze social work and ensure that problematic historical paradigms are avoided. In other words, by thinking about fat, social workers may also begin to think about social work in a deeply critical way.

Conclusion: Where Do We Go From Here?

Allan Irving has asked a provocative question: "Is it possible to have a professional social work practice under conditions of radical doubt about that practice?" (in Chambon, Irving, & Epstein, 1999, p. 45). To this question, Adrienne Chambon has provided an equally provocative answer: "This unsettling work can become surprisingly useful during historical periods of change, such as now, when established ways of knowing are no longer helpful guides … it may be helpful, and urgently needed, to reflect on the foundations of our profession, rather than merely rearranging the furniture" (Chambon et al., p. 53). An examination of the relationship—or lack thereof—between social work and size acceptance forces a reckoning of the ways that social work has both neglected fat bodies as sites of oppression and perpetuated a commitment to the potential policing of subjects that hearkens to some of the profession's unfortunate historical missteps. Social workers—and social work educators in particular—have the opportunity to engage with size acceptance and fat activism in a critical way. This kind of engagement both legitimizes a significant site of social justice and facilitates a self-reflexive and critical moment in social work's disciplinary development: Grappling with issues of fatness helps us to avoid, in Chambon's words, "merely rearranging the furniture."

Social workers must become familiar with the intricacies of fat oppression and its specific and intersectional permutations. As both practitioners and activists, social workers must acknowledge and become educated about the needs of fat service users and the specifics of working in communities with a range of responses to body diversity. Finally, however, social work must join the robust, witty, and critically engaged fat activist movement. There is already significant work being done to ensure that fat oppression is seen as structurally determined. There are a wide range of responses to fat oppression and a number of creative grassroots fat movements occurring in academia, community settings, on-line sites, and beyond. Social work does not need to invent a societal response to fat stigma (indeed, to do so would be both patronizing and disrespectful), but social workers who are committed to social justice can no longer ignore the relevance and depth of the need for fat activist work and scholarship. Committing to this struggle requires a close look inward for social work and for social workers as we reflect on our historical and contemporary social role.

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