Social Work and Obesity: License to Oppress

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Abstract

Social work is a profession based on social justice and anti-oppressive action. Social workers in direct practice in most states must possess a master's level graduate degree and have completed internship/practicum placements hours. This higher education and professional development prerequisites within graduate curriculums must begin to include increased acceptance and understanding of diversity and social justice through expanded lenses and move beyond current frameworks of diversity. For example, one such area of diversity that has become an increasing proportion of higher education students are students who identify as obese or "fat," and are experiencing oppression and stigma in their everyday life. The authors used a grounded approach to analyze 100 accredited graduate social work programs' curriculum throughout the United States, with the goal of understanding how the topic of obesity and weight-based oppression were integrated into learning curriculums of diversity, social justice, and cultural humility. The authors will discuss "fat culture" and stigma associated with an obese identity, as well as systems that are inherently oppressive to people who are of larger size. The findings revealed evidence of professional disregard for this population in practice, as well as overarching disregard for body size as a dimension of diversity and inclusion on an institutional level. The authors will reflect on these findings and discuss implications for practice, knowledge, and professional and educational pedagogy.

Keywords: obesity; oppression; diversity; cultural humility; education; curriculum

Social work is, by definition, a profession focused on and dedicated to issues of social justice and anti-oppressive action, in particular the empowerment of people considered as oppressed and vulnerable (National Association of Social Workers, 2017). Vulnerable populations must recognize an expanded definition of diversity, social inclusion, and social injustices from a cultural humility perspective. Inclusion of expanded understandings of diversity and social inclusion must begin to include populations that by definition are termed 'obese.' More specifically social workers are, by virtue of the Code of Ethics set forth by the National Association of Social Workers (NASW), expected to engage in a number of professional activities in the pursuit of those goals. Social worker roles include promoting social change, be understanding of, cognizant of, and sensitive to issues of diversity, and strive to end all forms of injustice. Additionally, expectations of a social work professional are to challenge oppressive structures and hold those structures and systems accountable to the clients and client systems they serve. But, is the recognition of a growing obese population and the growing body of evidence of fat stigmatizing and fat shaming recognized within social work programs? Is fat stigmatizing within social work's commitment to inclusion of all populations and do educators recognize and provide allowances for students of size? This research paper examines course material of over 100 graduate social work programs to understand how obesity, fatness, and body weight are portrayed and discussed within graduate social work curriculum.

Social workers are educated within institutions of higher education, with the vast majority accredited by the Council on Social Work Education (CSWE). That accrediting body sets forth standards for social work education that meet the competencies needed for professional practice. Colleges and universities with accreditation are required to maintain high standards and implement curricula that fulfill the CSWE competencies. According to the 2015 Educational Policy and Accreditation Standards, Competency 2 is "Engage Diversity and Difference in Practice" (CSWE, 2015), which asserts that:

> Social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Social workers understand that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power. (p. 7)

Although there is a substantial body of research in non-social work journals indicating the existence of professional bias towards obesity, to date, there are few studies examining social work attitudes and fat blaming/shaming (Lawrence et al., 2012). Lawrence, Hazlett, & Abel (2012) research indicates the use a national study of randomly selected social workers and their attitudes towards working with obese people in the social work field. The results suggested that social workers maintained positive attitudes; however, the results also suggested that social workers harbored negative beliefs and stereotypes about obese clients, ultimately impacting

client treatment and outcomes. What was also found to be significant in this study was that researchers noted that social workers who felt their clients had no control over their obesity tended to have more positive attitudes towards their obese clients versus clients with perception of control (Lawrence et al., 2012). This limited body of research illuminates the depth of professional uncertainty of social workers working with obese populations. Social work education must take steps to add obesity as an area of social oppression and human diversity within curriculums, as well as the subject of additional research, so that social workers can more competently address the needs of that community and its members.

Obesity-Based Oppression

Most social work programs and graduate programs in particular, infuse the concepts of diversity and "cultural competency" throughout the curriculum, with the addition of specific courses focused on social justice, diversity, and anti-oppressive practice. However, the scope of communities considered as oppressed is not all-inclusive; those who identify as "obese" are often subject to oppression, but seldom is this oppression addressed in social work curriculum. Instead, social work education, practice, and research overwhelmingly approach obesity and people of size as issues of public health. As of 2016, nearly 37% of adults in the United States fall under the classification as obese, with approximately 6% classified as "extremely obese" (Centers for Disease Control and Prevention, 2016). Additionally, one in six children and adolescents fit parameters considered obese. Obese individuals report experiencing ridicule on a constant basis in general (Martin, 2002; Udo and Grilo, 2016; Eller, 2014), as well as overt discrimination from health care providers, educators, and employers (Chernov, 2003; Reader, 2014; Davis and Bowman, 2015). Similar to other marginalized identities, people identified as obese are subject to insulting stereotypes and poor treatment that shape their identities, self-worth, and the way they live their lives.

It is clear that people of size suffer oppression from the micro, mezzo, and macro levels (Rogge, Greenwell, & Golden, 2004). They experience social and economic injustice and often have high rates of depression, anxiety, and other mental illnesses associated with weight-based oppression. Obesity definitions encompass ideas of the obese individual morally failing rather than a cultural or systemic issue; blaming the individual (Eller, 2014). Body size, weight, and physical presence are certainly aspects of diversity with strong influence on an individual's life, and characteristics of which social workers should be aware and cognizant. In most states, as social workers in direct practice require at least a master's degree in social work, the analysis will focus on graduate social work programs in the United States. This study aims to understand if and how the topic of obesity is treated in graduate social work education, as well as how potential social workers are educated about issues of social justice faced by individuals characterized as "obese."

Obesity Defined

Measures for obesity include using a Body-Mass-Index Scale (BMI) with a BMI over 30 indicating a diagnosis of obesity (Lawrence et al., 2012). The BMI is a medical etiological term that implies neutrality with recognition of an imbalance between energy taken in and energy released (Lawrence et al., 2012). However, this etiological definition is not an aesthetic analysis

but instead comes with a negative socially constructed definition that combines medical literature with media and social media definitions (Andrews, 2012; Forth, 2013; Lawrence et al., 2012; Rogge et al., 2004). The US is ruled by a white, heterosexual, male society that views the construct of "fat" as all fat equates to obesity; this medicalized construct of an "obesity epidemic" shapes obesity into a disease state; in other words an undesirable state (Forth, 2013; King et al., 2006; Stevens, 2018). A negative social construction such as this threatens the identity of individuals perceived to be overweight or obese through a moral perspective that blames the individual for a perceived poor health (Andrews, 2012; Major, Hunger, Bunyan, & Miller, 2014; Stevens, 2018).

Major et al. (2014) discussed the concept of social identity threat. Social identity threat originates from an individual's awareness of self-perception of other's seeing them as being obese (Major et al., 2014; Tomiyama et al., 2018). Weight-based social identity threat is associated with BMI; the higher the BMI or perceived BMI, the higher the perceived or real stigmatization and is conceptualized as a psychological state that occurs when an individual feels at risk of being judged or viewed through a negative lens (Andrews, 2012; Major et al., 2014; Tomiyama et al., 2018). Research demonstrates the higher the psychological stress of weight stigmatization, the higher the psychological and physiological stress and decreased self-control (Blodorn, Major, Hunger, & Miller, 2016). A key component to recognize in weight-based social identity threat is the exposure to increased weight stigmatization situations activates concern for social rejection and social devaluation leading to impaired self-regulation and impaired self-esteem (Blodorn et al., 2016; Harmon, Forthofer, Bantum, & Nigg, 2016; Major et al., 2014).

Fat Culture and Obesity

It is purported that social workers entering the field today will encounter challenges associated with obesity and the complexities that accompany a diagnosis categorized as a health and a moral epidemic (King, Shapiro, Hebl, Singletary, & Turner, 2006; Lawrence, Hazlett, & Abel, 2012). However, the culture of "fat" is an area of study that has not been a focus of sufficient social work research attention (Nutter et al., 2016). Weight biases and the co-occurring stigmatization in American society brings to fruition the need for social workers to recognize, understand, and bring awareness to the social injustices associated with individuals with obesity, especially within the realm of social work (Nutter, Russell-Mayhew, Arthur, & Ellard, 2018). Weight biases include the negative attitudes associated with being overweight and encompasses many stereotypical connotations such as laziness, lack of will power, and lack of self-control (Nutter et al., 2018; Puhl & Brownell, 2006). It becomes imperative for NASW and social work curriculums to understand weight biases and the ways in which this population is segregated and under-represented through both the historically constructed and the hierarchical construction of diversity and cultural humility. Social work curriculums must include concepts of intersectionality of not only size, but race, class, abilities as well as disabilities, sexuality, other dimensions of diversity established through the classification of obesity (Fisher-Borne et al., 2015).

Weight bias is the fourth leading cause of discrimination; obesity is synonymous with gluttony and unattractiveness (Nutter et al., 2016). Research indicates that there has been an increase of 66% in weight bias between the years of 1994 and 2006, with one in three people in

the United States (US) classified as obese along with increased biases (Lawrence et al., 2012; Nutter et al., 2016). When viewing obesity through a U.S. civil rights perspective, civil rights allow us freedom of movement within our communities. Weight biases and stigma limit an individual's ability for social, economic, and social inclusion through associating an obese identity with measures used by the Centers for Disease Control (CDC) for social class. Social class according to CDC uses measures of income and education, which in turn is a strong predictor of obesity even over genetics; once again creating social isolation, stigmatization, shaming, and blaming. Weight-based stigmatization is an essential area for social workers to understand cultural competence and cultural humility in the realm of providing clinical services (Foronda et al., 2018; Puhl & Brownell, 2006; Stevens, 2018). Clients are already experiencing discriminatory practices through multiple community channels, however there is little to no clinical guidance in social work curriculum that gives best practices and instructional information regarding assessment of an obese individual and the recognition that size does not impede use of a strengths perspective approach.

Current research indicates a scarcity in examining social work student attitudes in exploring beliefs and biases associated with obesity and paucity in research literature regarding social work interventions for people of size (Lawrence et al., 201; (Pappas et al., 2015). Insufficient research on obesity and social work students highlights the paucity of knowledge regarding professional bias and ethical practices (Foronda et al., 2018; Lawrence et al., 2012; Nutter et al., 2018). Traditionally, oppressed groups have included LGBTQ groups, ethnic minorities, women, persons with disabilities, and racial minorities. This research joins the voices of others in proposing that an addition of obesity as an oppressed group within social work program curriculums as core components within a cultural humility framework. It must be recognized that obesity stigmatization and fat shaming intersect with social work practice through first the social worker's professional relationship with an obese client and then with the experiences external to the social worker from the client's involvements with obesity. For an example of how weight-based stigma can intersect and inform social work decisions, this is an account of an actual interaction with a fellow social worker who was expressing an opinion regarding her recent visit to the doctor: "I was at my doctor's office yesterday and I had to see the nurse practitioner. I did not like her. I do not even think she is a competent medical professional. Between you and me, she was fat. Not just fat, but sloppy fat" (anonymous, personal communication, 2019).

Alarmingly, there is little understanding and agreement on what constitutes fatness with current research failing to reflect research limitations, methodological ambiguities, and research contradictions that make up current databases (Rich & Evans, 2005). The term "fat" in itself takes on multiple identities that encompass emotional aspects, physical attributes, and creates internal turmoil or repulsion in Western cultures (Forth, 2013). The relationships between health, size, and weight are a growing area of conflagration, misinformation, and increasing "fat-stigma" (Frederick, Saguy, & Gruys, 2016). In fact, fat shaming has become a social construct as well as an invisible force that actively and continually places barriers to people's life choices such as completing a college degree (Stevens, 2018).

Body shape and fatness have taken on a social construct that imbues the idea that those who meet criteria for fat and/or obese are somehow failures with no self-discipline and deserve

public contempt or derision (Forth, 2013; Lawrence et al., 2012; Rogge, Greenwald, & Golden, 2004). This negative social construction of body size and lack of structural drivers within social work education, place social work curriculums at a disadvantage for treatment interventions. For example, school social workers, without an expanded understanding of new diversity definitions that include people of size, may inadvertently approach this topic in ways that may further discriminate of stigmatize students wishing to pursue higher education. In fact, this social construct specifically places a fundamental impediment in the pursuit of a college education; fat students achieve lower levels of academic success than their thinner college peers (Stevens, 2018) do. Social construction of obesity or fatness is defined by what is considered to be normal for that community and becomes an amalgamation of defining qualities determined by vested parties; in this case the medical community and the media (Rogge et al., 2004).

Western societies generally support a mutual social construction of obesity (Rogge et al., 2004). In Western cultures, there is a "thinness norm" with descriptors that posits a what normative body type would be. Thinner body types project concepts of being healthy and full of vitality (Forth, 2013; Nutter et al., 2018). From a historical perspective and obesity, tantamount to gluttony and immorality comes from a religious view of obesity being an overindulgent behavior, which likens with sins of the flesh (Rogge et al., 2004). More recently, the United States Public Health Service (USPHS) has categorized obesity as unhealthy and unnatural; in other words, a putative condition (Pause, 2017; Rich & Evans, 2005). However, it must be noted that there is no mutually agreed upon definition of obesity. This lack of common definition and most often discriminatory labeling illuminates the need for social work curriculum and the need for a cultural humility framework in treating clients.

Intersectionality

Studying "fat" and "fatness" is an emerging interdisciplinary field that examines the lived experience, stigmatization, and social inequities of weight-based biases (Nash & Warin, 2017). Understanding fat stigmatization encompasses many conceptual intersectional ties. As an example, the concept has emerged of "thin privilege," which posits that thin people receive social advantages due to their thinness (King et al., 2016). Thin privilege originated from conceptual terms such as male privilege and imbues the invisible package of unearned assets (Nash & Warin, 2017). For an illustration, women identified as thin are unaware of their privilege, in the same way in which they are complicit to the oppression of fat women (Nash & Warin, 2017). However, the discussion and comparison does not stop at thinness; it also involves multiple socially constructed connotations that further stigmatize people identified as obese (Nash & Warin, 2017). Women tend to face greater fat stigmatization due to the American culture of criticizing women if they do not follow the conventions of beauty (Stevens, 2018). That said, men identified as obese are also facing increased stigmatization, especially as the perceived epidemic of obesity continues to gain traction (Bennett, 2007; Harmon et al., 2016; King et al., 2016; Stevens, 2018).

This stigmatization on multiple levels and in multiple settings influences many facets of daily life. For instance, people of size may not be able to go to certain restaurants due to seating arrangements, distance between the table and seat within booth dining; this is an exclusionary dynamic. This same scenario plays out in classrooms across the country, elementary schools,

high schools, undergraduate programs and graduate programs. Institutions of higher learning and especially in social work programs offer limited, if any, accommodations for people of size. The driving force behind fat stigmatization and associated blame/shame allows for the appearance of unhealthiness. Unhealthiness speaks to a health morality, complicating a growing body of evidence that indicates an admission connection between college students, socioeconomic status, and obesity (King et al., 2006). Adverse impact to college enrollment and matriculation of students of size is becoming more prominent, specifically due to visible and invisible barriers placed on the student through college admissions, funding, professor-peer relationship, peer-peer relationship, and size accommodations for mobility and classroom settings (Brewis, Brennhofer, van Woerden, & Bruening, 2016; Stevens, 2018; Tomiyama et al., 2018).

The question posed by the researchers is how the topics of obesity, weight, sizeism, and weight-based oppression are included and framed in graduate social work education and curriculum, if it is included at all.

Method

This study utilized an inductive approach to analyze the curriculum of graduate social work programs accredited by the CSWE. The inductive method is the basis of grounded theory methodology. Glaser and Strauss (1967) state that grounded theory is derived from data, examples of which are then used to illustrate and demonstrate the applicability of that theory. A methodology examines data and data analysis for building understanding of a phenomenon and then constructing theories. Grounded theory's foundational assumption is that we, as researchers, do not know all there is to know about a phenomenon, and using phenomenology theory assists in understanding associations with objects within a cultural perspective. Grounded theory is a flexible methodology to use, however it is a structured theory allowing for data collection substantive to understanding obesity (Chun Tie et al., 2019). Phenomenology assumes an atheoretical stance and posits that meaning derived from examination of phenomenon may point to multiple theories. Researchers' intent for data collection and analysis is to illuminate the phenomenon, not derive new theories or add to an existing one. Further, understanding of this phenomenon may best be reached by remaining "grounded" in data rather than relying on a theoretical framework (Glaser & Strauss, 1967; Mccormick, 2011). Grounded methodology illuminates symbolic, building on constructivist perspectives. Researchers throughout data collection would refer back to seminal texts, insuring that symbolic meaning attached to data with focus remaining on the data and meaning of data through participants' lens (Mccormick, 2011). Grounded theory is valuable to research in that it avoids making assumptions; rather, it utilizes a neutral view of action in a sociocultural context (Engward, 2013). It is very useful to researchers exploring phenomena on which there exist very little or otherwise insufficient research. As will be demonstrated, this certainly includes social work-oriented research on weight-based oppression. This makes the use of grounded theory very appropriate for socially just research, including issues of diversity, equity, and inclusion in social work education and practice (Engward, 2013).

Sampling and Data Collection

The analysis began with the simple collection of data. The authors examined the curricula of 100 CSWE-accredited graduate social work programs in the United States. Of those programs, 50 rankings were "top programs" in consumer publications, and the other 50 social work programs through select randomization through use of an electronic randomizing program. The CSWE database of accredited graduate social work programs determined prospective subjects. Programs selected represented all 50 states as well as Washington, DC and Puerto Rico; after inclusion of at least one program from each of those geographic locations, the remainder of the programs were input into an online randomizer and randomized three times. The first 100 cumulative programs became study subjects.

The authors examined the publicly available course sequences and curriculum for each program. This included course and catalog descriptions and, in many cases, course syllabi. These items were from online sources (institutional websites) and direct request from programs and program faculty and staff. All 100 programs became part of the initial analysis with researchers examining all 100 program catalogs and course descriptions. Syllabi population for the 100 programs was 73 programs.

Required classes relating to diversity, inclusion, social justice, injustice, and/or anti-oppressive social work became the primary phenomena analysis focus. Additionally, the researchers examined the curriculum of classes related to public health for references to obesity and weight as health issues. The authors identified and looked for keywords, concepts, and terms related to obesity, fat, size, weight, body type, and physical appearance. Additionally, the authors reviewed the "diversity statements" of each of the 100 institutions in which these programs were housed to ascertain whether body size or weight were institutionally represented as dimensions of diverse identity.

Data Analysis

The coding of the data process summarized and sorted data into meaningful themes. Inter-rater reliability for homogeneity and bias reduction allowed for deeper analysis and richer descriptive data. Creation of a database format for all information imputed from each program for organization of program information. This database contained course structure (distance versus traditional education), course sequence, inclusion of concepts central to this study, and a brief summary of each participant. Codebook creation operationalized each category and responses. The authors engaged in thematic coding after examining all 100 programs and completion of open and focused coding on each; identifying patterns of initial coding and then further data sorting through grouping into data categories. The program data sorting categorization included the following: obesity as diversity; obesity and oppression; obesity and public health; and inclusion of specific diversity or social justice courses. Coding and grouping illuminated the topic of obesity and classification/definitional stance of recognition as an area of stigmatization and the need for diversity considerations with data coding including lack of evidence of diversity as a result or phenomena of presence in graduate social work education.

Results

After analysis of the curricula (including 73 sets of syllabi) of 100 accredited graduate social work programs, the researchers were able to draw conclusions related to: diversity and inclusion of weight as identity, inclusion of weight and size related to oppression and/or injustice, and thematic portrayal of obesity in overall social work curriculum (if any). Results found that no programs explicitly included obesity, size, or weight as a dimension of diversity. Similarly, no programs included obesity, size, or weight as determinants for oppression or socioeconomic injustice. In contrast, 37 of the programs examined included obesity in their public health curriculum as a health issue, utilizing a medical or deficit model.

In addition to these finding regarding existing coursework, the authors found that 42 of the programs had no required courses dedicated to diversity, social justice, or anti-oppressive practice, and instead infused those concepts throughout their course sequence. Finally, in examining institutional diversity statements, institutes, and definitions, not one such resource contained any language related to diversity of body size or weight, which inherently and implicitly disregarded those characteristics as facets of identity on an institutional level.

Discussion

Limitations of the Study

While this study used a substantial sample size, there are many additional graduate social work programs in the United States. It is entirely possible that a different sample of programs might have yielded very different data and analysis would have resulted in alternative conclusions. Additionally, the authors were unable to obtain the full syllabi for 27 programs within the sample due to lack of response from program faculty or refusal to provide the materials. For those programs, the authors relied on materials available in the public domain via those program's online resources, which may not have reflected the full scope of their curriculum.

Implications for Institutional Classrooms

While social workers and social work curriculum certainly need to expand their definition of "diversity" to encompass diversity of size, weight, and body composition, they are not alone in that aspect. As previously stated, no institution whose program was included in this analysis had those aspects of identity included in their institutional "diversity statements" or diversity plans. As evidenced by the literature, social work is hardly alone in their overt disregard of a stigmatized population with the obese community. Prejudice against larger-bodied individuals occurs in all aspects of life, including in all helping professions. Americans view health as a moral obligation and view fat as a visible indicator of poor health and faulty judgment; thus blaming the individual rather than recognizing social and environmental circumstances. Weight-related bias is being infused into those educational programs and, thus, into successive generations of emerging professionals. Social workers can ameliorate this trend by advocating for body-positive programming on campus, along with amendments to institutional diversity statements and programming to be inclusive of weight and size as dimensions of diversity.

To that end, social workers may also advocate for people of size on campus by insisting on accessibility on and in campus facilities. That may manifest as inclusive seating in classrooms, armless seating in auditoriums and performing art facilities, or the use of tables and chairs as opposed to desks. Wariness of conflating obesity with disability must be present. Social worker educators, in adjusting their curriculum, assist with educational and anti-bias training for colleagues and administrators. By raising awareness of bias within the educational community, social workers can affect those future cohorts of professionals and, potentially, lessen the harm they do to clients, patients, and students; it is crucial to the practice of social work that elimination of biases end the stigmatization of obesity.

Contribution to Social Work Policy, Practice, and Knowledge

The findings of the curricular analysis revealed that, overwhelmingly, body size and obesity within the social work profession as identities of oppression were not present. Existing coursework on diversity, social justice, and anti-oppressive social work were inclusive of many aspects of marginalized identity. The existing literature is evidence of extensive stigma and prejudice related to the perception of obesity and being "fat." The vast majority of obesity literature came from outside of the social work discipline, in publications related to psychology and sociology. That in itself is problematic, as the profession of social work appears to have lent little effort overall to exploring "fat identity," "fat culture," or weight-based oppression. However, the complete absence of curriculum related to advocacy and empowerment of this community is more troubling. When combined with the plethora of literature and curricula that are inclusive of obesity as a public health issue and "epidemic," and stigmatized, social work has become part of the oppressive system perpetuating the marginalization of people identifying as obese.

With the growing proportion of the student body population who fit obesity criteria, along with alarming stigmatization, action must happen from a macro level. Previous research indicates that this population can experience both a hyper-invisibility and hyper-visibility challenges and tend to avoid public spaces thus avoiding public stigma. Stevens (2018) discussed an occurrence that happened in 2013 by evolutionary psychologist Geoffrey Miller and his tweet. Geoffrey Miller tweeted, "…Dear PhD applicants: if you didn't have the willpower to stop eating carbs, you won't have the willpower to do a dissertation #truth" (Stevens, 2018, p. 130). Miller's tweet is reflective of the underlying biases and a deeper truth of fat shaming not only within academia but also as a deeper complex discriminatory process that inhabits and infuses into everything from social media to political realms.

Implications for Professional Ethics and Standards

The NASW Code of Ethics (2017) presents a standard to which all social workers must uphold and outlines many complex issues clients and social workers face. These principals and standards can be a useful tool for social workers to refer to when helping vulnerable clients. In many ways, the NASW Code of Ethics is encompassing of practice settings. One of the fundamental standards of social work practice is cultural awareness and social diversity. Social workers must continually engage as learners of client experiences, including "oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age,

marital status, political belief, religion, immigration status, and mental or physical ability" (NASW, 2017). This statement should not be exclusive of weight or physical size.

Many of the NASW (2017) ethical principles incorporate both internal and external factors for the social worker. Social workers' focus as professionals and continue to increase their awareness of human diversity and oppression, but also to continually develop awareness of their own biases and attitudes towards these oppressed populations. For example, social workers are encouraged to strive for cultural competence in areas of oppression in order to ethically help clients address challenges, or in order to use their professional positions to work on their behalf. This idea has two interacting parts; (1) 'social workers should obtain education about and seek to understand the nature of social diversity and oppression', and (2) social workers should continually strive for awareness of personal attitudes and biases that may exist with regard to that population. It is with this competence and continued awareness that social workers can ethically apply the appropriate intervention strategies that address the oppression faced by diverse client populations, including members of the "fat" community.

While the above NASW (2015) standard is encompassing of many oppressive populations, it fails to address weight or size discrimination specifically, obesity. With an increase in obesity among Americans comes an increased likelihood that a social worker will be in a practice setting with a client who fits obese criteria, and it is important for social workers to operate ethically to address the uniqueness of this client experience. With a rising number of individuals who are obese, the oppression of this population is becoming inherently obvious and increasingly widespread and pervasive. Obese individuals face social exclusion and stigma on a regular basis. Because of the growing obese population, and the alarming exclusion they face in society, this population fits parameters of an 'oppressed community' by many accounts, and therefore, it is important for the social work profession to treat it as such.

In any case, it is an ethical obligation of social workers to challenge social injustices by identifying and addressing oppression at the macro level. Especially working on behalf of vulnerable populations, social workers should focus macro work on social change including, but not limited to, social attitudes toward oppressed populations, to promote equal opportunity and meaningful participation in society for everyone (NASW, 2017). Identifying the obese population as an 'oppressed community' and incorporating the proper terminology into the NASW (2017) Code of Ethics sections on diversity and discrimination would arguably empower and compel social workers to address obesity discrimination and oppression at a broader societal level.

The Council on Social Work Education's (2015) Educational Policy and Accreditation Standards is inclusive of many of the fundamental elements as the NASW (2017) Code of Ethics discussed above, while also implementing a strict standard of teaching in higher education for social workers. Among this policy, social justice and ethical practice are major themes that foster ethical and practical learning for emerging social workers. In order to promote an all-encompassing learning experience for young professionals in the field, social work education, specifically the CSWE (2015) standards, should incorporate size and weight verbiage in sections that discuss diverse and oppressed populations. In doing so, institutions of higher education, and

educators alike, bound by policy to promote a learning experience that includes all diverse and oppressed populations, to the best extent possible.

Adding obesity, size, and/or weight terminology to the list of diverse populations will promote more awareness for social workers graduating college and beginning their practice in the field. This awareness will increase the theories and approaches they can use to challenge social injustices not only based on "age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status," but on size and weight as well (CSWE, 2015).

It is important for social workers to identify and address oppression of vulnerable populations, while also regulating their own biases and attitudes towards diversity. CSWE's (2015) inclusion of "age, class, color…. and tribal sovereign status" encourages educators and learning social workers to identify and address both external and internal factors regarding the populations listed. Arguably, however, the verbiage is exclusive of size and weight diversity, and therefore limits the opportunity and imperative for educators and student social workers to engage in learning experiences with regard to the obese population.

By CSWE's (2015) standards, institutions of higher social work education have a requirement to provide a learning experience for students that allows them to demonstrate their ability to practice ethically, by way of using 'reflection and self-regulation to manage personal values and maintain professionalism in practice situations.' Without recognition of size or weight in the standards, student social workers continue with a lack of awareness or the opportunity to identify their own biases and attitudes towards obesity. Competency 2 can follow in this manner; in order to promote social work students that understand that social diversity and differences can consequently affect a person's life by not only oppression, but also marginalization, alienation, privilege, and access to resources. Only by providing the opportunity for student social workers to learn both awareness of self, as well as gain experience in client situations of individuals with obesity, can a social worker emerge from higher education into the field with competent knowledge of this oppressed population.

Implementation of weight and size verbiage into the CSWE's (2015) standards in the next revision would also provide permission and impetus for educators to implement more mezzo and macro-level curriculums; curriculums that address obesity, further allowing student social workers to gain knowledge and experience of this specific subset of oppressed populations and further allow practicing social workers an avenue for social research and change. Research has reported findings of proximity stigmatization. Proximity stigmatization found that persons who are seated next to an obese person are less likely to be hired by an employer than those sitting next to thinner people and individuals of normal size but have a relationship with an obese individual may become a victim of obesity stigmatization just through proximity to obesity (Lawrence et al., 2012). Currently, obesity is addressed in society as a health issue, however, by viewing this population through a biopsychosocial lens, weight and size discrimination can certainly influence a person's mental health, self-identity, worth, and esteem.

By reframing obesity as a client identity, culture, and experience rather than exclusively as a health concern, educators can implement related curriculum, introducing social workers to the experiences of individuals with obesity on a micro level, promote research, and increase societal and global awareness of a population that is, in fact, an oppressed population. In-turn, this awareness and societal education can promote policy change and advance human rights for this population.

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