

Weight Stigma and the “Quarantine-15”

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The coronavirus SARS-CoV-2 (i.e., COVID-19) has caused significant disruption in everyday life on a global scale. Because of stay-at-home orders and sudden unemployment, millions have found themselves isolated at home without their usual routines. This rise in unstructured time, combined with the enormous stress of the pandemic and its far-reaching consequences, has led to widespread concerns among the general public about vulnerability to overeating, sedentary behavior, and weight gain. These concerns are reflected in the explosion of social media posts referencing the “quarantine-15.”

Social media can help people to feel connected while practicing social distancing, and comical memes may be a source of laughter, distraction, and validation for many people. Positive social media posts offering tips for maintaining healthy habits during this time of stress and isolation may be helpful to those who are looking for support and encouragement. However, many of the recent coronavirus-related posts have included text and visual content that convey strong fears of gaining weight or becoming “fat.” A quick search of “quarantine15” yields more than 30,000 Instagram posts, not including thousands of posts using related phrases (e.g., “COVID-15”) and those found on Twitter and Facebook. Many of these posts display indulgent foods or workout plans. Others feature blatantly weight-stigmatizing content, such as split-screen “before-and-after quarantine” memes that show people in the “after” screen with an exaggerated amount of weight gain, wearing ill-fitting clothing in an unflattering manner (sometimes in cartoon form), and eating excessive amounts of food. These types of portrayals elicit common stereotypes that people with obesity are lazy and slovenly, and that they lack self-control (1). They also imply that having a higher body weight is an intolerable problem to be avoided at all costs (quarantine-related messages that promote unrealistic thin ideals and extreme weight control practices have been flagged as dangerous by eating disorder advocates as well). Social media posts that stigmatize obesity and mock or diminish real struggles with weight and eating are harmful to people across the weight spectrum, and they may be particularly detrimental to individuals with obesity who are actively trying to manage their weight.

Weight stigma is not uncommon in social media outlets such as Twitter, Facebook, and Instagram (2). Derogating individuals with a higher body weight is more socially acceptable than stigma directed toward other marginalized groups. The perceived controllability of weight, and the subsequent blame placed on those who are viewed as unable to control their weight, embolden people to feel justified when they target persons with obesity in pejorative memes and comments (3). Stereotypical media portrayals of obesity further perpetuate weight-biased attitudes, which, when directed toward or internalized by persons with obesity, cause a myriad of downstream adverse consequences for health and well-being (1,4).

Quarantine-15 social media posts could also potentially undermine efforts to engage in healthy habits. Experimental research has shown that exposure to weight-stigmatizing media increases caloric consumption among individuals with a higher body weight (5). This may, in part, be due to changes in cortisol in response to the stress of weight stigma (6). Additionally, quarantine-15 posts that make weight gain seem inevitable, and those that reinforce stereotypes that people with obesity (or those who gain weight) are lazy and have no self-control, may weaken weight-related self-efficacy or confidence in one’s ability to achieve healthy eating and activity goals. Weight-stigmatizing public health messages elicit less self-efficacy to engage in healthy behaviors than do more positive health messages (7). Reduced self-efficacy is associated with poorer long-term weight control (8). This may signify a “why try” effect (9); when individuals who are struggling with their weight are bombarded with messages that they lack the willpower to stave off weight gain, they may lose belief in their ability to overcome current barriers to maintaining healthy habits, which may ultimately lead them to give up trying altogether.

People who internalize negative weight stereotypes and devalue themselves because of their weight (i.e., internalize stigma) might be particularly vulnerable to such messages, as they report lower self-efficacy and greater self-blame for their weight (4). Treatment-seeking individuals with obesity tend to have higher levels of internalized weight stigma and psychological distress related to their weight than those who do not seek treatment (10). Thus, patients who are actively trying to manage their weight may be among those most hurt by social media posts that promote negative weight stereotypes and convey hopeless messages about engaging in healthy behaviors.

In the coming months, researchers will likely investigate the effects of social distancing on changes in health habits and weight. As part of this research endeavor, it will be important to characterize the trending weight-related social media posts and their effects through content analyses, mixed-methods assessments of patients’ reactions to quarantine-15 posts (as well as to reports of obesity as a risk factor for coronavirus-related complications), and experimental studies to determine causal effects of these messages and images on mental and physical health.

In addition to research efforts, several steps can be taken to try to counteract the potential harm of these posts. First, in order to drown out unhealthy social media messages, obesity professionals and advocates can try to “flood the zone” with more positive health messages that encourage self-care and self-compassion (some obesity and eating disorder groups are already contributing to the social media conversation

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© 2020 The Obesity Society. Received: 9 April 2020; Accepted: 19 April 2020; Published online 9 June 2020. doi:10.1002/oby.22850

in this way). As clinicians, we can talk with patients about how stigmatizing messages affect them and help to support them in their health goals. We must bear in mind that many cannot focus on weight management goals at the moment because of increased work demands (especially among essential workers), unforeseen hardships, and immediate concerns for safety and survival. For patients with obesity who are actively in treatment, we can help to boost their self-efficacy by setting realistic behavioral goals and collaborating on concrete, specific plans to achieve these goals. When patients report weight gain, we can communicate acceptance, without judgment, and validate the unprecedented stressors that we are all facing, while simultaneously helping patients commit to doing their best to maintain their health and well-being. **O**

Funding agencies: The author's work is supported by the National Heart, Lung, and Blood Institute of the NIH (#K23HL140176).

Disclosure: The author declared no conflict of interest.

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