

## PERSPECTIVE



Behavior, Psychology and Sociology

# Love and compassion: key ingredients in the treatment of obesity

Jean-Philippe Chaput <sup>1,2,3</sup>✉

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Obesity management has traditionally focused on diet, physical activity, and medical interventions, while emotional and relational factors such as compassion, connection, and the reduction of shame remain underemphasized. Emerging evidence highlights the roles of love and compassion—defined as care, connection, and kindness toward oneself and others—as potential catalysts for sustainable lifestyle change. Compassion-based approaches reduce shame, stigma, and emotional dysregulation, thereby supporting self-care and motivation. This Perspective advances the view that integrating love and compassion into obesity treatment offers a more humane and potentially more effective framework for improving health and well-being among individuals living with obesity.

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## INTRODUCTION

Despite decades of research and countless interventions, global obesity rates continue to rise. Traditional treatment approaches have focused on calorie restriction, exercise, and self-control, often framing obesity as a matter of individual willpower. Such perspectives may unintentionally overlook the emotional, relational, and social dimensions of obesity, including how people relate to themselves and others. This Perspective posits that love and compassion—directed both inwardly and outwardly—can complement individual- and community-level strategies, supporting sustainable health behavior change within the broader context of social determinants and environmental influences on obesity.

## THE LIMITS OF THE WILLPOWER NARRATIVE

The dominant discourse around obesity has often emphasized personal responsibility, sometimes overshadowing broader social, emotional, and relational influences on health behaviors. While self-regulation is important, the overreliance on control-based strategies can trigger guilt, shame, and emotional distress. Research consistently shows that both experienced weight stigma, which refers to direct encounters with bias or discrimination, and internalized weight stigma, which reflects the adoption of negative societal beliefs about one's own body, undermine motivation and predict poorer mental health, dysregulated eating, and physiological stress responses [1, 2].

Emphasis on personal responsibility and weight reduction can unintentionally reinforce stigma, shame, and self-criticism,

potentially undermining the effectiveness of interventions. In this Perspective, terms such as control-based strategies, stigma-based approaches, shame-based approaches, and “tough love” are related but distinct. Control-based strategies emphasize self-regulation and discipline, while stigma- or shame-based approaches convey implicit or explicit blame or moral judgment for higher body weight.

Stigma-based approaches, in which interventions or messaging focus heavily on weight as a controllable outcome and frame obesity as a failure of willpower, can activate stress responses and undermine motivation. Experiences of weight stigma and internalized stigma can trigger stress pathways, including activation of the hypothalamic-pituitary-adrenal axis, increasing cortisol and inflammation, both of which are linked to poorer metabolic health [3]. These findings underscore a paradox: interventions or messaging that emphasize blame or personal responsibility may inadvertently undermine motivation, well-being, and engagement in health-promoting behaviors, independent of individuals' efforts or intentions.

## COMPASSION AS A THERAPEUTIC MECHANISM

Compassion, defined as sensitivity to suffering coupled with the motivation to alleviate it [4], offers a corrective to shame-based interventions. Self-compassion helps individuals accept imperfection, respond to setbacks with kindness, and regulate distress—all of which facilitate healthier behaviors. Studies show that people high in self-compassion engage more in health-promoting

<sup>1</sup>Healthy Active Living and Obesity Research Group, Children's Hospital of Eastern Ontario Research Institute, Ottawa, ON, Canada. <sup>2</sup>Department of Pediatrics, Faculty of Medicine, University of Ottawa, Ottawa, ON, Canada. <sup>3</sup>School of Epidemiology and Public Health, Faculty of Medicine, University of Ottawa, Ottawa, ON, Canada.

✉email: [jpchaput@cheo.on.ca](mailto:jpchaput@cheo.on.ca)

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behaviors, have lower levels of emotional eating, and exhibit greater psychological resilience [5, 6].

Webb and Forman found that emotion regulation mediates the relationship between self-compassion and binge-eating severity, providing mechanistic insight into how compassion-based therapies reduce maladaptive eating [6]. Physiologically, compassion activates affiliative neurobiological systems associated with oxytocin and parasympathetic tone, buffering the effects of stress and improving metabolic health [7]. These pathways show that compassion is not merely a psychological construct but also a biological mechanism supporting homeostasis.

### LOVE AND SOCIAL CONNECTION IN OBESITY CARE

Obesity is not only a metabolic condition but also a relational one. Social isolation, rejection, and loneliness are powerful stressors that increase vulnerability to emotional eating and dysregulated appetite control. Conversely, love, belonging, and social support act as protective factors that enhance motivation, reduce inflammation, and promote well-being [3].

Compassion-based interventions cultivate both intrapersonal warmth (self-compassion) and interpersonal connection (empathy toward others). Mindfulness and compassion-based programs have demonstrated efficacy in reducing shame, improving eating self-regulation, and enhancing quality of life among people living with obesity [8]. Participants in these interventions often report feeling more connected, supported, and hopeful, all of which predict long-term adherence to health-promoting behaviors.

From a neurobehavioral perspective, social connection and affection activate reward and safety networks that reduce the reliance on food as a source of comfort [9]. This suggests that love and belonging may indirectly promote healthier energy balance by satisfying fundamental psychological needs that food alone cannot fulfill.

### THE COMPASSION PARADOX: STIGMA IN THE NAME OF HEALTH

Despite the evidence, compassion is frequently absent from clinical and public health approaches to obesity. Health campaigns often use fear-based messaging or emphasize personal responsibility, unintentionally perpetuating stigma. Societal attitudes toward obesity tend to emphasize willpower and self-control, reinforcing shame and blame rather than empathy and understanding [1]. This undermines trust between patients and providers and discourages care-seeking and adherence to treatment.

In contrast, compassionate care reframes obesity treatment as a collaborative process rooted in empathy, dignity, and respect. Weight-inclusive approaches, which focus on improving health behaviors rather than achieving an arbitrary body size, are gaining recognition for promoting both psychological and physical health [10]. These models emphasize body acceptance, emotional regulation, and social connectedness rather than weight loss alone.

### INTEGRATING COMPASSION INTO CLINICAL PRACTICE

Compassion-based principles can be integrated into established therapies. Cognitive-behavioral therapy (CBT), motivational interviewing, and acceptance and commitment therapy (ACT) can be complemented by self-compassion and nonjudgmental awareness to support emotional well-being, coping with stigma, and engagement in health-promoting behaviors, rather than focusing primarily on weight reduction.

Future obesity management may want to prioritize outcomes related to psychological resilience, relational well-being, and sustainable health behaviors, rather than weight alone, to avoid

shame-based approaches and reinforce equitable, supportive care. While fostering compassion and relational support can enhance individual engagement in health-promoting behaviors, these approaches should complement interventions addressing environmental, societal, and policy-level determinants of obesity, recognizing weight stigma as a social determinant of health.

Compassion-focused therapy, developed by Paul Gilbert, explicitly targets shame and self-criticism, two emotional states that can undermine engagement in adaptive behaviors, including healthy eating and physical activity [4]. Clinicians can cultivate compassionate communication by practicing unconditional positive regard, validating patient experiences, and prioritizing relational safety. Simple changes in language—from “compliance” to “collaboration,” or from “obese patient” to “person living with obesity”—can meaningfully reduce perceived stigma and improve engagement.

At the community level, compassion can be operationalized through peer-support programs, group-based interventions, and family-centered care, all of which foster belonging and collective efficacy. Compassionate leadership in healthcare organizations can also help shift institutional culture toward inclusion and empathy.

### FROM CONTROL TO CARE: A PARADIGM SHIFT

Integrating love and compassion into obesity treatment does not replace evidence-based strategies or structural interventions but reframes them within a humane, supportive context that acknowledges both individual and societal influences on health. Rather than motivating change through guilt or fear, compassion-based approaches leverage intrinsic motivation—the desire to care for oneself and others. Love and compassion are measurable, trainable, and biologically grounded processes that can be deliberately cultivated through practice, such as mindfulness meditation, loving-kindness training, or self-compassion exercises [8].

Public-health campaigns can similarly benefit from compassionate framing. Messages that emphasize shared humanity, body diversity, and collective responsibility for health are more effective and less harmful than those invoking fear or blame. Compassionate societies invest in equitable access to nutritious food, safe environments, and stigma-free healthcare, extending love and care beyond the individual level.

### CONCLUSION

The treatment of obesity has long been dominated by control-based paradigms emphasizing restraint and willpower. Yet, decades of evidence suggest that these models are incomplete. Love and compassion are measurable, trainable, and biologically grounded processes that can be deliberately cultivated through practice, and growing evidence suggests that fostering these qualities can support adherence to health-promoting behaviors in a manner consistent with compassionate, ethical care. When individuals feel cared for, understood, and valued, they are far more likely to engage in and maintain healthful lifestyles. Incorporating compassion into obesity prevention and treatment reinforces and builds on existing knowledge, emphasizing both scientific and ethical considerations [11]. Ultimately, love and compassion are not peripheral to obesity care; they are its missing heart.

### Use of generative AI and AI-assisted technologies in the writing process

During the preparation of this paper, I used ChatGPT in order to edit the English for clarity but not for generating content. After using this tool, I reviewed and edited the content as needed and take full responsibility for the content of the published article.

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## AUTHOR CONTRIBUTIONS

J-PC conceptualized and wrote the article.

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The author declares no competing interests.

## ADDITIONAL INFORMATION

**Correspondence** and requests for materials should be addressed to Jean-Philippe Chaput.

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