



Backdraft in Self-Compassion: An Overlooked Yet Vital Research Focus

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Abstract

Self-compassion involves treating oneself with the same kindness, understanding, and forgiveness that one would typically offer a friend in times of suffering or adversity. While self-compassion has shown consistent benefits in research and therapy, including psychological and physical health benefits, some individuals practicing it may initially encounter adverse reactions known as “backdraft.” Backdraft has been theorized to be an inevitable part of healing and recovery from past hurts and trauma. However, empirical studies specifically examining backdraft experiences in the context of self-compassion are lacking. This commentary argues that integrating broader literature outside of self-compassion is crucial for advancing our understanding of the causes of backdraft and identifying practices to alleviate it. Specifically, ideas drawn from traditional Buddhist practices and phenomena conceptually similar to backdraft, such as fear of self-compassion from compassion-focused therapy and adverse effects of meditation practices used in mindfulness-based interventions, should be considered. This commentary concludes that there is an urgent need to establish a clear definition of backdraft. This may promote empirical investigations of the backdraft experiences arising from self-compassion interventions. Only through empirical research can we better understand this backdraft phenomenon, with the ultimate goal of reducing short- and long-term harm and improving the efficacy of self-compassion programs.

Keywords Backdraft · Self-compassion · CFT · Mindfulness

Self-compassion is commonly defined as treating oneself with the same kindness, understanding, and support that one would offer a close friend in times of difficulty or suffering (Neff & Davidson, 2016). Research on self-compassion across normative and clinical populations has grown exponentially over the last two decades (McGehee et al., 2017), demonstrating its benefits on a diverse range of mental health and well-being outcomes, including improved psychological well-being; reduced levels of stress, anxiety, and depression; enhanced emotional resilience; better interpersonal relationships; increased motivation for self-improvement; and greater overall life satisfaction (Brown et al., 2021; Cleare et al., 2019; Ferrari et al., 2019; MacBeth &

Gumley, 2012; McArthur et al., 2017; Shattell & Johnson, 2018; Zessin et al., 2015). Notably, several studies have demonstrated that the positive effects of self-compassion go beyond mental health and broadly conceived well-being, including improved physical health outcomes such as lower inflammation levels and better immune function (Bellosta-Batalla et al., 2018; Breines et al., 2014; Phillips & Hine, 2021).

Although the benefits of self-compassion have been consistently demonstrated in research and clinical practice, it has been suggested that a portion of individuals who engage in self-compassion practices nevertheless experience initial adverse reactions, often referred to as “backdraft” (Germer, 2009, 2023; Germer & Neff, 2013, 2015, 2019). The term backdraft originates from firefighting, which refers to opening a window or a door to a room consumed by fire, which leads to a rush of fresh oxygen, causing the fire to go through the open space. In the context of self-compassion, backdraft refers to the initial distress or emotional turbulence that may arise when individuals first attempt to be kind and understanding to themselves. Backdraft occurs when self-compassion practices activate

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old memories and associated cognitions and emotions and can present itself as (a) negative and critical thoughts; (b) unpleasant emotions such as shame, grief, or anxiety; (c) body sensations like aches and pains; and (d) behaviors such as withdrawal or aggression (Neff & Germer, 2022). According to Neff and Germer, backdraft is an inherent component of the transformative power of self-compassion. Consequently, backdraft may be an inevitable part of healing and recovery from past hurts and trauma.

Given the importance of backdraft in post-traumatic growth, it is surprising that there are currently no known empirical examinations of the experiences of backdraft in self-compassion intervention research or, more broadly, in general self-compassion research. For instance, in their meta-analysis of self-compassion interventions for adults with chronic illness, Mistretta and Davis (2022) highlighted that while previous research has acknowledged the possibility of backdraft effects of self-compassion practices, none of the interventions proactively monitored adverse side effects. Further, an investigation of the context in which the term is used reveals that the majority of references to backdraft in the published literature were either in a theoretical context (e.g., Germer, 2009; Germer, 2023; Germer & Neff, 2015; Germer & Neff, 2019; Marx, 2023) or discussed as a future direction in intervention papers without backdraft being examined empirically (e.g., Dreisoerner et al., 2021; Murfield et al., 2020; Scocco et al., 2022). Although it is somewhat encouraging that some of the recent intervention studies have either explicitly noted that participants were formally taught about backdraft (e.g., Kuchar et al., 2023; Woodfin et al., 2021) or that self-compassion teachers were encouraged to carefully monitor backdraft (e.g., Yela et al., 2020), it is concerning that backdraft experiences of participants were not assessed or monitored in any of these self-compassion studies. The closest lived experience descriptions of backdraft came from a recent qualitative study examining the impact of mindfulness-based compassionate living (Schuling et al., 2021) and a case illustration by Germer and Neff (2013).

Since there are currently no empirical investigations into the experiences of backdraft in self-compassion research nor detailed theoretical considerations of its conceptual boundaries, navigating beyond self-compassion research into areas such as traditional Buddhist philosophy and practices as well as compassion and mindfulness-based literature that have explored phenomena conceptually similar to backdraft is a fruitful avenue for gaining better insights into the nature, experiences, and potential consequences of backdraft. Integrating findings from broader literature is essential not only for advancing the conceptualization and understanding of the factors that give rise to backdraft but, equally importantly, for identifying specific practices and approaches that

can be used to address and ameliorate the experiences of backdraft.

Buddhist traditions emphasize the importance of nonviolence, which can be cultivated through mindfulness and contemplating the root causes of suffering. For instance, Thich Nhat Hanh taught the Five Mindfulness Trainings (based on Buddha's Five Precepts), with the first training being "Reference For Life: ...Seeing that harmful actions arise from anger, fear, greed, and intolerance, which in turn come from dualistic and discriminative thinking, I will cultivate openness, non-discrimination, and non-attachment to views in order to transform violence, fanaticism, and dogmatism in myself and in the world" (Hanh, n.d.). Maha Ghosananda observed that people who have been deeply traumatized from violent actions cannot heal their own suffering until they let go of their anger and hatred. Indeed, empirical evidence aligns with this observation — a meta-analysis found that post-traumatic stress disorder (PTSD) is associated with anger towards others, anger towards self, and poor anger management (medium to large effects) in adults who have been exposed to trauma (Orth & Wieland, 2006). Therefore, people who have been traumatized by violent actions may feel more anger and trauma-related negative emotions during mindfulness practices.

Not only is mindfulness an important Buddhist practice, but it is also one of the most critical components of self-compassion. One must first acknowledge difficult experiences, including thoughts and emotions, before giving oneself the support and compassion needed to ease one's suffering (Neff & Dahm, 2015). Compared to self-compassion literature, there is more substantial work on the adverse effects associated with mindfulness-based practices and therapies. For instance, Britton et al. (2021) measured the meditation-related side effects of three 8-week mindfulness-based treatment programs based on mindfulness-based cognitive therapy (MBCT; Segal et al., 2002). At the 3-month follow-up, participants were interviewed about their meditation experiences. The interview commenced with an open-ended question asking participants to report on whether mindfulness meditation practice has led to any unexpected, adverse, or challenging experiences. This was followed by specific questions about the presence of 44 side effects. Participants were asked to assign valence to each side effect: positive, negative, neutral, or mixed. The researchers found that although all three programs led to reductions in depressive symptoms with large effect sizes at post-treatment and follow-up, a large proportion of participants reported experiencing side effects with negative valence; 58% experienced at least one, and 27% experienced more than one. The most frequently reported side effects with negative valence were traumatic re-experiencing, anxiety and panic, social impairment, self-disturbance, and insomnia. Therefore, preliminary evidence indicates that even when mindfulness-based

treatments can improve overall mental health outcomes, meditation practices used in these interventions can cause short-term adverse effects. People with severe trauma may be more likely to experience adverse effects when practicing mindfulness (Zhu et al., 2019), leading to practitioners developing trauma-sensitive mindfulness practices (e.g., Wästlund et al., 2023).

The emerging focus on trauma-sensitive mindfulness practices is especially relevant, given that most children and adults have experienced at least one form of adverse childhood experiences or trauma (Centers for Disease Control and Prevention, 2023; Holmes et al., 2021). Trauma causes many pervasive and harmful consequences for the traumatized individual, including difficulty connecting with bodily sensations and dissociation. For instance, trauma survivors exhibit distinct neural changes, particularly affecting regions crucial for sensory integration (Engel-Yeger et al., 2013; Koomar, 2009). These brain alterations impair the processing, integration, and organization of sensory information from both internal and external sources, hindering their ability to engage with and navigate their environment effectively. As eloquently described by van der Kolk (2014, p. 97), “Traumatized people chronically feel unsafe inside their bodies: The past is alive in the form of gnawing interior discomfort. Their bodies are constantly bombarded by visceral warning signs, and, in an attempt to control these processes, they often become expert at ignoring their gut feelings and in numbing awareness of what is played out inside. They learn to hide from their selves.” Asking traumatized individuals to reconnect with their bodies through traditional mindfulness practices can activate distressing sensations. Trauma-sensitive mindfulness practices address these trauma-related symptoms by training people to cope with these symptoms, slowly building up capacity for voluntary attention, and providing an empowered approach where individual adjustments can be made to match tolerance levels (Wästlund et al., 2023).

Although traditional mindfulness-based meditation practices can lead to adverse side effects, it is worth noting that self-compassion meditations tend to embed additional components of self-kindness and/or common humanity that may modify these adverse effects of meditation practices. Investigating experiences of other compassion-based therapies, such as compassion-focused therapy (CFT; Gilbert, 2014), can provide essential insights into the potential short-term effects of self-compassion practices. A central component of CFT is to address clients’ fears, blocks, and resistance to compassion because they inhibit compassion (Gilbert & Mascaro, 2017). Fears of compassion refer to the inclination of individuals to avoid or react with fear towards compassion that may stem from the perception of compassion as a sign of weakness, self-indulgence, self-pity, excessive emotionality, or as something personally distressing (Gilbert &

Mascaro, 2017). Fears of compassion can be broken down into three flows: fear of compassion *for others*, fear of compassion *from others*, and fear of compassion *for self* (Gilbert et al., 2011). Much research has investigated the fear of self-compassion, with one of the earliest studies showing that in patients with chronic mental illnesses, their initial steps towards self-compassion were frequently met with fear, doubt, and resistance (Gilbert & Procter, 2006). People from backgrounds with low affection or abuse tend to have an increased fear of self-compassion (Gilbert, 2007; Mikulincer & Shaver, 2007). Marx (2023) suggested that the reason why people with trauma backgrounds find compassion-based practices too intense and overwhelming is that these practices invite us to become vulnerable, which is precisely what we had to learn to protect against. Learning to let down our guard can feel unsafe and threatening, bringing up traumatic reactions. More recently, fears of compassion, including fear of self-compassion, were found to be associated with self-criticism, shame, and depression (Kirby et al., 2019).

Researchers and clinicians have likened the fear of self-compassion to the concept of backdraft. Specifically, Miyagawa et al. (2022) stated that *fear of self-compassion* may hamper a person’s implementation of self-compassion under challenging moments, reflecting emotional *backdraft*. Further, Warren et al. (2016) first defined *backdraft* in association with firefighting and mentioned that similarly, when the door of the heart is reopened with compassion, difficult emotions and pain could be released. The authors then moved on to discuss how individuals with a history of childhood abuse or neglect are *fearful of compassion* because compassion activates the past grief associated with wanting love and affection yet not having received it from others in childhood. Finally, Krieger et al. (2019) posited that the *backdraft* phenomenon refers to the idea that traumatized and neglected people can respond to *positive emotions with fear* (which one would assume includes compassionate emotions). These examples demonstrate that, at times, the term *backdraft* has been used synonymously with *fear of self-compassion or compassion*.

In light of the literature reviewed above, one may argue that fear of self-compassion is one of the critical components of backdraft and that research focused on this fear can provide essential insights into the backdraft. Unfortunately, the lack of a unified definition and taxonomy of backdraft and consequent inconsistencies in the literature preclude this specific extrapolation and any other integrations across different literatures. Thus, the urgent need to establish a clear definition of backdraft is critical for promoting more empirical research on the backdraft experiences, especially in self-compassion intervention research. It is essential to investigate backdraft experiences associated with self-compassion practices because, like Britton et al.’s (2021) findings of MBCT meditations, self-compassion

interventions may cause significant adverse side effects, including traumatic re-experiencing, anxiety, and panic, social impairment. At the very least, trauma-related thoughts and emotions triggered during meditations (or re-traumatization) can disrupt treatment efficacy (Kirk et al., 2022). More concerning, backdraft may lead to harmful long-term mental health effects, similar to what Britton et al. (2021) found in 6 to 14% of their participants who completed the MBCT programs. These long-term effects were associated with hyperarousal and disassociation. Suppose fear of self-compassion is indeed an essential component of backdraft. In that case, backdraft may cause other negative emotions such as shame, more self-criticism, and even depression, based on Kirby et al.'s (2019) findings. However, as noted, the lack of clear conceptual boundaries limits the ability to make noted integrations across different literatures. Once definition clarity has been achieved, using existing methodologies may be helpful for empirically studying backdraft. For example, interviewing participants along with the use of a codebook to capture a comprehensive list of adverse effects associated with specific self-compassion practices (used by Britton et al., 2021). In conclusion, it is important to begin discussing the backdraft phenomenon in concrete ways, work towards clearly defining it, and study this phenomenon thoroughly to reduce short- and long-term harm and improve the efficacy of self-compassion programs.

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Declarations

Competing Interest The author declares no competing interests.

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