Overcoming “Sentimental Compassion”:
How Buddhists Cope with Compassion Fatigue.

Fung Kei Cheng

Compassion fatigue demolishes productivity and the mental health of helping professionals. And yet, very little research has investigated it from the Buddhist perspective. The following mixed-method research explores how Buddhists overcome and prevent compassion fatigue during their caring services. With reference to the Vimalakirti Nirdeśa Sūtra (維摩詰所說經), this project has examined the experiences of 35 interviewees. It then proposes the bodhisattva spirit as a potential solution, for it involves interaction between bodhicitta (enlightened mind 菩提心), prajñā (wisdom 般若) and upāya (skilful means 方便). The enlightened mind is the basis for the latter two qualities. Wisdom enables helping practitioners to free themselves from “sentimental compassion” and reduce stress when serving clients. Having applied skilful means to caregiving, practitioners flexibly cater to the individual needs of the service recipients. Through this process, practitioners both help others and take care of their own emotional

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overcoming “sentimental compassion”

reactions towards clients’ distress, resulting in tackling compassion fatigue, enhancing personal growth and achieving self-benefiting altruism.

Buddhist Philosophy on Compassion Fatigue

A cluster of terminology, including burnout, compassion fatigue, vicarious trauma, and secondary traumatic stress, refers to negative impacts on physical, mental, and spiritual health, and the work performance of caregivers, volunteers and human service professionals, including counsellors, social workers and teachers, especially among young novices. This patois is made up of frequently inter-changeable terms, although the causes behind the symptoms are different and their focus varies regarding the intensity of empathic engagement. Burnout is usually produced by heavy workloads, bureaucratic demands, and the disintegration of professional identity. Meanwhile, vicarious trauma inclines towards cognition changes related to the professionals themselves, others around them and the world; and secondary traumatic stress indicates behavioural symptoms and psychological dysfunction. Compassion fatigue results in compassion discomfort and stress, and the erosion of hopes and empathy, mainly referring to affective and emotional responses. This fatigue is induced when

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1. Milstein, Gerstenberger, and Barton (2002)
2. Rank, Zaparanick, and Gentry (2009); Lynch and Lobo (2012)
4. Injeyan et al. (2011); Baird and Jenkins (2003); Arvay (2001); Jenkins and Baird (2002); Bride, Hatcher, and Humble (2009); Fahy (2007)
7. Tam and Mong (2002, 90)
8. Worley (2005); Stewart (2009); Sprang, Clark, and Whitt-Woosley (2007); Deighton, Gurriss, and Traue (2007); Cieslak et al. (2013); Naturale (2007)
11. Vanheule and Verhaeghe (2005, 286); Tam and Mong (2005, 480)
14. (Newell and MacNeil 2010, 60; Robinson-Keilig 2014, 1478)
16. Boyle (2011, 2)
17. Mathieu (2012, 8)
18. Slocum-Gori et al. (2011)
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a caring service practitioner who empathically works for vulnerable people\(^{19}\) is overwhelmed by excessive compassionate energy and over-involvement\(^{20}\) over a long period of time, being exposed to service recipients who are suffering from pain, grief, distress, trauma,\(^{21}\) and the fragility of life.\(^{22}\) Paradoxically, compassion is the most essential attribute of professional caregivers.\(^{23}\)

Apart from physical and psychosomatic symptoms, such as tiredness and chronic pain,\(^{24}\) compassion fatigue induces three types of affective exhaustion: emotional shrinking, depersonalisation, and the devaluation of personal achievements.\(^{25}\) This exhaustion devastates enthusiasm, job performance\(^{26}\) and peer relationships in the workplace,\(^{27}\) increases irritability,\(^{28}\) worsens a sense of hopelessness and isolation,\(^{29}\) and causes a withdrawal from and avoidance of social connections.\(^{30}\) The health service field has been affected by compassion fatigue\(^{31}\) due to the cumulative stressful work of serving clients.\(^{32}\) Gender differences related to this sort of fatigue remain unproven: some research reports no significant disparity,\(^{33}\) whereas other arguments point to a higher level among female practitioners.\(^{34}\)

Compassion fatigue tends to be severe among double role caregivers, such as nurse-daughter practitioners,\(^{35}\) who bear feelings of guilt, anger and hopelessness. Moreover, the risk of compassion fatigue increases in caring professionals who have experienced life’s difficulties while exposed to clients’ pain\(^{36}\) at a time...
when they have lower sensitivity to accumulated stress and to their own emotional needs. Thus both the health service workforce and health care costs have been beset by a high resignation rate, which has impelled policy makers to offer programmes designed to reduce symptoms of compassion fatigue, for example, the employee assistance programme, and the “Circle of Life” for peer support and positive self-caring strategies.

Whilst most scholars have investigated compassion fatigue based on Western theories, Marr initiates a discussion on it from the Buddhist perspective, and conceives that compassion fatigue does not actually arise. She explains that compassion is neither a static state nor a concept, but is a praxis by which to eradicate self-centredness and to connect with others in a genuine manner. Her suggestions for approaching patients without suffering from compassion fatigue include non-dualism between “I” as a caregiver and “you” as a service recipient, and focusing on the here-and-now while serving patients non-judgementally. Although she has not elucidated to which school of Buddhist thought she refers, her Zen practices and thread of philosophy align with Mahāyāna (Great Vehicle 大乗佛教).

Nevertheless, Marr does not further discuss how these teachings can be applied to tackle compassion fatigue.

The “Being with Dying Professional Training Programme”, formulated by Halifax, combines interventions for caregivers, patients and their family members, which employ Buddhist ideas, including the catvāri apramāṇānī (the four immeasurables 四無量心). However, insufficient scriptural data support her claims of using Buddhism in this programme.

Huang has discussed what makes helpers create mental obstructions, using the personal experience of volunteers in a Buddhist organisation, and has explicated what Buddhist compassion is and how it works. His discussion can

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37 Bush (2009, 25)
38 Lombardo and Eyre (2011)
39 Joinson (1992, 119)
40 Kjellenberg et al. (2014, 127)
41 Potter et al. (2010); Tyson (2007)
42 Running, Tolle, and Girard (2008, 306)
43 Lombardo and Eyre (2011)
44 Marr (2009)
45 Marr (2009)
46 Halifax (2013a)
47 Huang (2013)
potentially be developed as a theoretical discourse, offering references to caring professionals to deal with emotional exhaustion.

The current exploratory research delves into the causes of compassion fatigue from the viewpoint of the Mahāyāna, and explores how Buddhists can manage compassion fatigue. Such study makes a significant contribution, in that it proposes alternative ideas for conquering this professional challenge. The research questions consist of the following: first, to what extent do Mahāyāna doctrines explain how compassion fatigue is produced? Second, how can Buddhism help practitioners to tackle and prevent compassion fatigue? This cross-disciplinary project analyses the *Vimalakīrti Nirdeśa Sūtra* (維摩詰所說經) in order to present the relevant Mahāyāna teachings; they are concordant with the personal experience of the interviewees in this study, who manage compassion fatigue through Buddhist wisdom.

This study encompasses four major parts as follows. It begins by depicting the mixed research method; then looks into the canonical and interview data; then further discusses the insightful references associated with the formation of a coping model; finally, sets out the significance, implications, limitations and conclusion.

**Hybrid Research Design**

This study gathers primary data by utilising mixed methods which combine references from the *Vimalakīrti Nirdeśa Sūtra* (維摩詰所說經) and a fieldwork inquiry. This is intended to cross-validate the data from a scriptural text and qualitative interviews, and thus illustrate how a collaborative approach can link the disciplines of Buddhist studies and social sciences.

**A Textual Study**

The *Vimalakīrti Nirdeśa Sūtra* (維摩詰所說經) (hereafter simply referred to as the *Sūtra*) was dissected for the present study, with the aid of the ATLAS.ti 7 software package<sup>48</sup> (refer to Figure 1). This section first expounds how the *Sūtra* connects to this topic of compassion fatigue, and then introduces the significance of the *Sūtra*.

<sup>48</sup>Cheng (2014d)
Sentimental compassion. The Sūtra is the only Buddhist canon which discusses "sentimental compassion"\textsuperscript{49} in detail, although the Bodhisattvapitaka Sūtra\textsuperscript{52} also addresses this construct in a cursory manner. In Chapter 5 of the Sūtra, Mañjuśrī’s Condolence Visit\textsuperscript{53}, Vimalakirti explains the causes of sentimental compassion that can induce illnesses in bodhisattvas (有疾病者), especially among “novice bodhisattvas”\textsuperscript{54}.

A bodhisattva aims to eradicate sentient beings’ distress,\textsuperscript{55} metaphorically

\textsuperscript{49}McRae (2004, 112)
\textsuperscript{50}《文殊師利問疾品第五》T14, no. 0475, p. 0545a26
\textsuperscript{51}《文殊師利問疾品第五》T14, no. 0475, p. 0545a25-26
\textsuperscript{52}「是故菩薩修法觀時，最極微量悉無所見，於解脫法及菩提道悉出離障礙，於諸有情不起愛見悲想，彼無煩惱及隨煩惱故，所以者何？如其了義平等入解人法俱空，無有煩惱之所積集，而能覺悟彼煩惱之性即菩提性，此菩提性即煩惱性。」《佛說大乘菩提藏正法經》T11, no. 0316, p. 0877a25-28
\textsuperscript{53}《文殊師利問疾品第五》T14, no. 0475, p. 0544a26-0545c29
\textsuperscript{54}McRae (2004, 177); 「新學菩薩。」《嘔穢品第十四》T14, no. 0475, p. 0557a17; 「新學者。」《嘔穢品第十四》T14, no. 0475, p. 0557a22
\textsuperscript{55}“This is the term for the bodhisattva who has simultaneously eliminated old age, illness, and death.” (McRae 2004, 111) ‘如是兼除老病死者，菩薩之謂也。’《文殊師利問疾品第五》T14, no. 0475, p. 0545a18-19
serving as a physician doctor\textsuperscript{56} who cures sickness (of mental problems); the term \textit{bodhi} refers to “enlightenment”\textsuperscript{57} and \textit{sattva} to “sentient beings”\textsuperscript{58} Although a bodhisattva is able to attain \textit{nirvāṇa} (perfect stillness 涅槃), s/he is willing to enter \textit{samsāra}\textsuperscript{59} (the cycle of birth and death 輪迴) and dedicates her/himself to living with sentient beings in order to save them. However, novice bodhisattvas on the one hand sympathetically engage with the afflictions of sentient beings,\textsuperscript{60} while on the other hand suffering from the affectionate compassion they feel towards their misery.\textsuperscript{61} This sickness is called sentimental compassion, and this bodhisattva is “the bodhisattva who is ill”.\textsuperscript{62} The sick bodhisattva will then loathe their return to the secular world\textsuperscript{63} and will be unable to achieve her/his mission. This negative effect is comparable to affective exhaustion among caring practitioners, namely, compassion fatigue, as explicated earlier.

Vimalakīrti pointed out that sick bodhisattvas have not yet attained \textit{prajñā} (wisdom 般若) and misunderstand \textit{dharma}s.\textsuperscript{64} This misunderstanding reinforces the attachment to self and to sentient beings,\textsuperscript{65} and such attachment impacts on compassionate caring negatively, producing sentimental compassion. He therefore preached on how ill bodhisattvas can expunge sentimental compassion, and so relieve themselves from the bondage of affectionate views\textsuperscript{66} by means of a
synthesis of prajñā (wisdom 般 若) and upāya (skilful means 方便), affirming “skilful means with one’s wisdom emancipated”\textsuperscript{67} and “wisdom with one’s skilful means emancipated”\textsuperscript{68}. The former encourages bodhisattvas to deeply understand the nature of beings,\textsuperscript{69} that is, sūnyatā (voidness 空性), according to the pratītya-samutpāda (the law of dependent origination 經起法). Simultaneously, the latter exhorts bodhisattvas to serve others flexibly without limiting their methods.\textsuperscript{70} These precepts, emphasised by Vimalakīrti, represent the classical wisdom of bodhisattva-mārga (the bodhisattva path 菩薩道) which evolved 2,000 years ago, and which have been narrated in the Sūtra. The current research further looks into their applicability and practicality in modern society through the lived experiences of service providers.

**Significance of the Sūtra.** The Sūtra embraces the principal Mahāyāna teachings from the perspective of prajñā (wisdom 般 若); for instance, pratītya-samutpāda (the law of dependent origination 經起法), sūnyatā (voidness 空性), anitya (impermanence 無常), advaita (non-dualism 不二), seed of Tathāgata (suchness 如來種), buddhaksetra (buddha land 佛土), and particularly bodhisattva, bodhisattva-mārga (the bodhisattva path 菩薩道) and the catvāri apramāṇāni (the four immeasurables 四無量心), representing the Mahāyāna views of human nature, life and the world. Its theories have significantly influenced the Chan\textsuperscript{71} (Zen 禪宗), Tiantai\textsuperscript{72} (天台宗), Huayan\textsuperscript{73} (華嚴宗), Pure Land\textsuperscript{74} (淨土宗), and Vajrayāna\textsuperscript{75} (Tantric Buddhism 密宗) schools of Buddhism.

\textsuperscript{67}McRae (2004, 112); 「有方便慧解。」《文殊師利問疾品第五》T14, no. 0475, p. 0545a31
\textsuperscript{68}McRae (2004, 113); 「有慧方便解。」《文殊師利問疾品第五》T14, no. 0475, p. 0545a33
\textsuperscript{69}“It is not to use affection to ornament the buddha lands and accomplish [the liberation of] sentient beings, and to control oneself so as to be without aversion within [the three emancipations of] emptiness, singleness, and wishlessness.” (McRae 2004, 112) 「謂不以愛見心莊嚴佛土，成就眾生，於空、無相、無作法中，以自調伏，而不疲厭，是名有方便慧解。」《文殊師利問疾品第五》T14, no. 0475, p. 0545a31-32
\textsuperscript{70}“It is to transcend the afflictions of desire anger, and false views and plant a host of virtuous roots, rededicating [the merit to one’s achievement of] anuttarā-samyak-saṁbodhi.” (McRae 2004, 113) 「謂離諸貪欲、瞋恚、邪見等諸煩惱，而植眾德本；迴向阿耨多羅三藐三菩提，是名有方便慧解。」《文殊師利問疾品第五》T14, no. 0475, p. 0545a33-34
\textsuperscript{71}Wu (2001, 10)
\textsuperscript{72}You (1999)
\textsuperscript{73}Ng (1995, 93-94)
\textsuperscript{74}Xie and Pan (2011, 148)
\textsuperscript{75}Tam (1995; 1997)
Composed around the first to second centuries A.D.,\textsuperscript{76} the Sūtra was translated into seven Chinese versions,\textsuperscript{77} among which Kumārajīva’s (鳩摩羅什) rendition has been used in the current research because of its readability and popularity.\textsuperscript{78} Preaching on the Sūtra has been widely assimilated in Chinese culture across different social classes, including aristocrats, gentry,\textsuperscript{79} and scholars,\textsuperscript{80} which is evident in philosophical discourse,\textsuperscript{81} art\textsuperscript{82} and literature.\textsuperscript{83} Furthermore, it has become a folk religion\textsuperscript{84} practised by the grass-roots class.\textsuperscript{85} The Sūtra is also well known elsewhere in Asia, including Vietnam,\textsuperscript{86} Japan and Korea,\textsuperscript{87} as well as in the West, in countries such as Germany\textsuperscript{88} and Spain.\textsuperscript{89} In addition, there are various English versions, among which the renditions of McRae\textsuperscript{90} and Watson\textsuperscript{91} are employed in this research since their translations were grounded on Kumārajīva’s work.\textsuperscript{92}

Since the Sūtra is a Mahāyāna scripture, using it in the present research implies that the analysis and discussion adhere to Mahāyāna theories, particularly its concept of prajñā (wisdom 般若).

**Qualitative Fieldwork**

This research recruited 35 Buddhist participants (refer to Table 1) with a variety of backgrounds (refer to Table 2) into four groups of stakeholders, including helping practitioners, Buddhist masters, volunteers, and beneficiaries, who cope with life challenges through Buddhist principles and help other people afterwards. The

\textsuperscript{76}Lin (1997, 147)  
\textsuperscript{77}Wang (2009, 3)  
\textsuperscript{78}Tu (2005, 125-130)  
\textsuperscript{79}Mather (1968)  
\textsuperscript{80}Demiéville (1962/1988)  
\textsuperscript{81}Shi (2002)  
\textsuperscript{82}He (2000)  
\textsuperscript{83}Wang (1992)  
\textsuperscript{84}He (2009)  
\textsuperscript{85}He (2005)  
\textsuperscript{86}Lieu (2004)  
\textsuperscript{87}Miller (1984)  
\textsuperscript{88}Fuchs (2005)  
\textsuperscript{89}Bellerin (2005)  
\textsuperscript{90}McRae (2004)  
\textsuperscript{91}Watson (1997)  
\textsuperscript{92}Cheng (2013)
identity of “Buddhist” in this study is taken in a broad sense, for which ordination is not a prerequisite. Specifically, one participant classifies herself as a Buddhist, even though she has not been officially confirmed in a Buddhist ceremony.

Table 1: Groups of Participants. (Remarks: Those names marked with * are pseudonyms; the remainder are either real names or dharma name used with their consent.

<table>
<thead>
<tr>
<th>Group of stakeholders (n=4)</th>
<th>Participant (n=35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping practitioners (n=10; 28.6%)</td>
<td>Dr Chan (a professor) Dr Li (a psychiatrist) Hong (a teacher) HW* (a professor)</td>
</tr>
<tr>
<td></td>
<td>Jackie (a social worker) JC* (a psychiatrist) Joe (a counsellor) KJ* (a psychiatrist)</td>
</tr>
<tr>
<td></td>
<td>ML* (a counsellor), Polly (a clinical psychologist)</td>
</tr>
<tr>
<td>Buddhist masters (n=11; 31.4%)</td>
<td>Rinpoche K* Sister Harmony Venerable Chi Yiu Venerable Foo Chai Venerable Sander</td>
</tr>
<tr>
<td></td>
<td>Venerable Sinh Nghiem Venerable Thong Hong Venerable Yu Chun VHT*, VHU*, VHY*</td>
</tr>
<tr>
<td>Volunteers (n=6; 17.1%) (n=6; 17.1%)</td>
<td>Tzu-Chi focus group: Betty, Ming Lai, Yim Na Palliative ward service group: Simon, Wai Hing, Wendy</td>
</tr>
<tr>
<td>Beneficiaries (n=8; 22.9%)</td>
<td>Amara, Che Wai, Chi Sim, Dun Li, Esther, Pema Kazhuo, Pu He, Pureté de Lotus</td>
</tr>
</tbody>
</table>

Table 2: Profiles of the 35 Participants

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Female</td>
<td>22 (62.9%)</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>13 (37.1%)</td>
</tr>
<tr>
<td>Age</td>
<td>18-30</td>
<td>3 (8.6%)</td>
</tr>
<tr>
<td></td>
<td>31-45</td>
<td>25 (71.4%)</td>
</tr>
</tbody>
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Continued on next page
Data collection. The present project was approved by the Human Research Ethics Committee for Non-Clinical Faculties, The University of Hong Kong. Recruitment methods included social networks, referrals and snowball effects, cold calls, and electronic media (electronic mails and a facebook page). This study mainly conducted interviews in Hong Kong, with 41 individual sessions and two focus group sessions, covering 2,534 minutes in total, by means of face-to-face, long distance calls and written correspondence. Four sets of interview guiding questions were utilised for the different stakeholders, aimed at understanding their service experiences and how they manage their emotions when facing their clients’ afflictions. In addition, supplementary materials were gathered, such as artefacts, autobiographies and expressive art.

Data analysis. The interviews were audio-recorded and transcribed verbatim into Chinese. The unit of analysis was individual and interpretative phenomenological analysis, which specifically examines personal accounts of informants related to a given phenomenon.\(^\text{93}\) was used for qualitative data analysis, assisted by ATLAS.ti 7 (refer to Figure 1). Transcriptions were read over and over before processing open coding, which was grouped into three “emergent themes”\(^\text{94}\) – bodhicitta (enlightened mind 菩提心), prajñā (wisdom 般若) and upāya (skilful

\(^{93}\)McCormack, Joseph, and Hagger (2009, 111)
\(^{94}\)Smith, Flowers, and Larkin (2009, 91)
means 方便) – and finalised into one “super-ordinate theme”\(^{95}\) (the bodhisattva spirit).

**Academic rigour.** In order to enhance trustworthiness, this study underwent different levels of triangulation. Member-checking ensured the transcription accuracy and appropriateness of data interpretation by discussion with the participants. Moreover, peer analysis was also adopted, for which the researcher and a co-analyst analysed the transcriptions separately. The researcher then compared the two coding sets and reviewed their similarities and differences, accomplishing an inter-rater reliability of 92%.

**Analyses and Results**

The lived experiences of the 35 participants add up to one super-ordinate theme (the bodhisattva spirit which is realised through self-benefiting altruism) that has been elaborated upon in the *Vimalakīrti Nirdeśa Sūtra*, and which is supported by three emergent themes, including *bodhicitta* (enlightened mind 菩提心), *prajñā* (wisdom 般若) and *upāya* (skilful means 方便).

**Bodhicitta (Enlightened Mind 菩提心)**

*Bodhicitta* (that is, *anuttarā-samyak-saṃbodhi*\(^{96}\) in Sanskrit) refers to the highest wisdom that yields an “altruistic intention”\(^{97}\) a compassionate commitment to fulfil *bodhisattva-mārga* (bodhisattva path 菩薩道) which is rooted in untainted *karuṇā* (compassion 悲).

**Compassionate commitment.** Realising *bodhicitta* is the fundamental practice of Buddhists. This “original inspiration”\(^{98}\) is the overarching pledge of Mahāyāna devotees who achieve it through serving sentient beings; it is hence also specified as the “aspiration for the Mahāyāna”\(^{99}\) a “commitment” as Polly (a clinical psychologist) called. This strong commitment is made because of the inherent

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\(^{95}\)Smith, Flowers, and Larkin (2009, 107)

\(^{96}\)“阿耨多羅三藐三菩提心。”《佛國品第一》T14, no. 0475, p. 0538c29

\(^{97}\)Gyatso (2011, 103)

\(^{98}\)McRae (2004, 91); ‘本心。’《弟子品第三》T14, no. 0475, p. 0540c28

\(^{99}\)McRae (2004, 90); ‘大乗心。’《弟子品第三》T14, no. 0475, p. 0540c26
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buddha-nature of all sentient beings, an internal force, Yim Na (a volunteer) stated, a statement also supported by Rinpoche K*.

“All beings have the buddha-nature; therefore, all beings have the potential to become buddhas.”

Anyone who practices bodhicitta is a bodhisattva, an enlightened sentient being with an awakened mind, even someone who is an ordinary person, as Esther (a beneficiary) understood:

“Bodhisattva: indeed, everyone is a bodhisattva. … because [anyone] who is willing to help other people is a bodhisattva.”

Venerable Thong Hong endorsed this understanding, relating that

“Everyone can be a bodhisattva, regardless of good people or bad people.”

Sister Harmony (a Buddhist nun) supplemented this discourse:

“You know, after they (criminals) are released from prison, they know their direction in life so that they can contribute their energy, their time in order to make up for what they did wrong in the past, if possible. He or she then becomes a bodhisattva.”

Bodhicitta is “the will to benefit sentient beings”, Joe (a counsellor) affirmed, and this “benefit” refers to altruistic activities, in accordance with which Rinpoche K* explained:

“Bodhicitta is associated with a yearning for alleviating suffering of all beings and enabling them to pursue happiness, which is initiated by loving-kindness (maitrī 慈) and compassion (karuṇā 悲). It leads to fulfil the ultimate goal: becoming a buddha.”

Venerable Chi Yiu added the relationship between bodhicitta and bodhisattva-mārga (bodhisattva path 菩薩道), explaining:

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100 Hsing-Yun (2007a, b)  
101 Virtbauer (2010, 96); Yin-Shun (1980/1994, 170)  
102 Yin-Shun (1949/2003, 201); Glaser (2005, 19)  
103 Conze (1953, 128); Leighton (1998, 1); Suzuki (1938/1981, 61)  
104 “The mind that aspires to bodhi is the place of practice, for it is without error or misconception.” (McRae 2004, 55) 「菩提心是道場。」《菩薩品第四》T14, no. 0475, p. 052c12

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“Bodhicitta equates to the achievement of the buddha path and to being a help to sentient beings. Activating bodhicitta navigates the bodhisattva path (bodhisattva-mārga 菩薩道).”

Untainted karuṇā (compassion 悲). Bodhicitta arises from mahā-maitrī-mahā-karuṇā (great loving-kindness and great compassion 大慈大悲) in the fullest way when a bodhisattva demonstrates parental love. “When others suffer, I feel suffering. When others drown, I also feel [as though I am] drowning. Only when I count the affliction as my personal problem, can I help other people [with my whole] heart,” Venerable Chi Yiu said.

However, this sympathetic immersion will mar the missionary capability to serve sentient beings, if a bodhisattva becomes ill when s/he sympathises with the sickness of sentient beings and is unable to manage this sympathy properly, resulting in sentimental compassion. Analogously, human service practitioners will suffer from compassion fatigue when they are overwhelmed by their emotional reactions to the afflictions of their clients. “This is a trap for counsellors, stumbling their work when they fall into such affective compassion”, as Polly (a clinical psychologist) observed.

Sentimental compassion is impure compassion. In contrast, a bodhisattva has been liberated from defilements, so that her/his compassion is pure without taint. This untainted compassion plays a dominant role in feeling the distress that sentient beings are suffering, in heartily helping others without seeking re-

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105 「上求佛道，下化眾生。」(Yang 2009, 228)
106 “It is like an elder whose only son becomes ill, and the parents become ill as well. If the son recovers from the illness, the parents also recover. Bodhisattvas are like this. They have affection for sentient beings as if for their own children.” (McRae 2004, 108) 「譬如長者，唯有⼀⼦，其⼦得病，⽗母亦病。若⼦病愈，⽗母亦愈。菩薩如是，於諸眾⽣，愛之若子。」《⽂殊師利問疾品第五》T14, no. 0475, p. 0544b21-22
107 “Since all sentient beings are ill, therefore I am ill.” (McRae 2004, 108) 「以⼀切眾生病，是故我病。」《⽂殊師利問疾品第五》T14, no. 0475, p. 0544b20
108 “Bodhisattvas eliminate the vexations of sensory data and generate compassion.” (McRae 2004, 112) 「菩薩斷除客塵煩惱而起大悲。」《⽂殊師利問疾品第五》T14, no. 0475, p. 0545a26
109 “They must take upon themselves the sufferings of all living beings.” (Watson 1997, 119) 「代一切眾生受諸苦惱。」《香積佛品第十》T14, no. 0475, p. 0553a29-30
ward, in practising indiscrimination and impartiality, and in serving people with no sentimental hindrances.

Similarly, combating compassion fatigue becomes a crucial need for caregivers, for which Venerable Sander suggested, “You (a practitioner) have to stay with yourself and not get taken away with other people's problems.” This shrinking away from over-involvement can be achieved by discerning the difference between genuine compassion and the “compassion devil” (悲魔), which is the “defilement of compassion that cannot develop authentic compassion,” HW* (a professor) affirmed. She continued,

“I can empathically feel his predicament, but I won't fall into it. ... I don’t necessarily tumble into such a predicament because if I do, how I can help [the client]. I am totally unable to help. ... [I] keep [my] distance [from such disturbances]. ... and don't wholly dash ahead regardless of my safety.”

Hong (a teacher) shared his personal experience in peacefully viewing the actual needs of service recipients.

“When you put this thing in your mind purely without tarnish, you’ll easily help them from a clear viewpoint, understanding their needs. ... You’ll manage it easily. You won't be attached [to their afflictions], ... [They] won't tie you up. ... If you [try to] help them through sentimental compassion, ... you will help them superficially. Therefore, we don't merely initiate from feelings, but from wisdom, identifying it wisely. Indeed, [find] what they want, then do it. ... then give them appropriate things, don't give them what you think is good [for them], but give them what is really adequate for them.”

Untainted compassion not only leads practitioners to discern the actual needs of service recipients, but also reveals that altruism is a bodhisatta-mārga (the...
bodhisattva path 菩薩道) practice. HW* (a professor) gained an insight into mind training and self reflection when activating compassion, illustrating it in this way:

“It (facing others’ distress) is a chance to train [our] mind. By such an opportunity, [you] train [your] mind. … During this [therapeutic] process, [it] is also a chance to make a commitment. You also activate your compassionate mind through this chance. Therefore, you’re experiencing suffering [of the recipient]. … In that adventure, you are also in self healing, or self repenting. Or you face yourself. … We (a practitioner and a recipient) are two persons, but we have the same experience, then at that time we’re experiencing the same feeling. However, I unnecessarily fall [into that feeling].”

Through such mind training, helping professionals can achieve self development for themselves and their clients, Venerable Sinh Ngkiem came through this beneficial experience, depicting it by saying:

“[Compassion] gives me energy to help people in actually being in contact with people and understanding their suffering. … I listen deeply to the suffering. Understanding their suffering gives me a lot of motivation to practise on myself, to be stronger, and to be able to support them when they need it. So that is the energy.”

Moreover, practising compassion is conducive to a deeper self-understanding and a conquest of fragility, as witnessed by Wendy (a volunteer):

“[Serving other people] indeed inspires me, inspires me to let go of attachment. This is a big bombardment for me. I’m so lucky that I can convert this bombardment into [something] positive. … In this process, I learn to review myself. I empty all [of my thought]. [I understand that I] do not necessarily grasp a set of die-hard issues.”

Pema Kazhuo (a beneficiary) enriched this idea when she provided volunteer service:

“I think Heaven gives me such a chance, lets me try it, experience it, know it, and widen my views, not always feeling my own miseries. … While other people are living happily, I always fall into negative
emotions. [I] tackle this attachment, letting me better understand this world. ... In fact, this is an issue of mentality. I think heaven gives me such a chance to try it.”

**Bodhisattva-mārga (bodhisattva path 菩薩道).** Bodhisattva-mārga is the practice of a bodhisattva, referring to anyone who is committed to serving other people.\(^{113}\) However, “to be without the attachment of affection”\(^{114}\) is a challenge to someone who gets involved in the afflictions of the people they serve. The Sūtra\(^ {115}\) emphasises prajñā (wisdom 般若) and upāya (skilful means 方便) to fortify service providers’ capabilities against negative emotions. Whereas prajñā focuses on cognitive strength, upāya is centred around praxis.

**Prajñā (Wisdom 般若)**

Mahāyāna wisdom refers to the ability to understand the truth of reality which involves anitya (impermanence 無常), śūnyatā (voidness 空性), anātman (non-self 無我) and duḥkhā\(^ {116}\) (suffering 苦); among which the first three collectively represent pratītya-samutpāda (the law of dependent origination 緣起法).

**Nature of reality.** Existence is formed through an assembly of conditions, including hetu (cause 因) and saha-kāri-pratyaya (contributing causes 助緣), resulting in the phenomenal world,\(^ {117}\) which changes when conditions change. Therefore, it has no fixed form\(^ {118}\) and constantly alters, which is also called anitya\(^ {119}\) (impermanence 無常). Impermanence manifests the nature of condi-

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\(^{113}\)Cheng (2014b)

\(^{114}\)McRae (2004, 114): “不愛著。”《文殊師利問疾品第五》T14, no. 0475, p. 0545b27

\(^{115}\)「智度菩薩母，方便以為父。」《佛道品第八》T14, no. 0475, p. 0549b30

\(^{116}\)“And he should view the body and realise that it is marked by impermanence, suffering, emptiness, and absence of ego. This is called wisdom.” (Watson 1997, 71) 「又復觀身無常、苦、空、非我，是名為慧。」《文殊師利問疾品第五》T14, no. 0475, p. 0545b33-34

\(^{117}\)“All things in the phenomenal world are just such phantoms and conjure beings.” (Watson 1997, 43) 「一切諸法，如幻化相。」《弟子品第三》T14, no. 0475, p. 0540b28

\(^{118}\)“Phantoms have no fixed forms.” (Watson 1997, 90) 「幻無定相。」《觀眾生品第七》T14, no. 0475, p. 0548b25

\(^{119}\)“Conditioned dharmas were all entirely impermanent.” (McRae 2004, 79) 「有為法盡皆無常。」《佛國品第一》T14, no. 0475, p. 0538c30
 OVERCOMING “SENTIMENTAL COMPASSION”

tioned beings, that is, śūnyatā (voidness 空性) grounded on the principle of non-abiding. In short, pratītya-samutpāda (the law of dependent origination 緣起法) signifies the importance of sufficient conditions and causality, including the capability of service providers, as spelled out by HW* (a professor).

“When we don’t have sufficient karmic reward (福報), we’re unable to help other people. … When we don’t have sufficient conditions or resources, we’re unable to help.”

Jackie (a social worker) supplemented this by elaborating upon it:

“It’s true that the service recipient has a lack of mature conditions [to be saved]. … This doesn’t matter for a bodhisattva, who is preparing to help anyone who is willing to be helped. If you (recipient) don’t want to be saved, I save others first until you are willing. … When I have such thoughts, I can release stress and feel hopes. I can wait.”

Likewise, sentient beings carry the characteristics of phenomenal existence as related to physical and psychological aspects. A body cannot stop degenerating, like a drifting cloud, while the mind mutates with various ideas. Sentient beings per se are thus anātman (without self 無我), powerlessly aging without an ever-lasting form, metaphorically people created by a conjuror.

Duḥkha (suffering 苦). Suffering is inevitable and is metaphorically referred to as “sickness” in the Sūtra, which elucidates the causes of distress. Negli-
gence of phenomenal reality and a misperception of eternity produce avidyā\(^{127}\) (ignorance 無明), referring to the disregarding of pratītya-samutpāda (the law of dependent origination) (緣起法). This ignorance guides false comprehension connected to self, impermanence and happiness, which creates viparyāsa\(^{128}\) (confusion 頿倒). Such misapprehension fuels ālambana\(^{129}\) (entanglement 攀緣) to be infatuated by external factors through sensory information, including colour, sound, smell, taste and touch, yielding abhūta-parikalpa\(^{130}\) (false dichotomy 虛妄分別) causing the viewer to distinguish between “I” and “you”, “good” and “bad”, and so forth. This discrimination reflects rāga\(^{131}\) (greed 貪) and ātma-grāha\(^{132}\) (self-attachment 我執) so as to retain the perpetuity of body and longevity.\(^{133}\) However, the very truth negates this figment of illusion, which then generates afflictions in those who are ignorant of reality, as experienced by Wendy (a volunteer); “Life is impermanent. The more you attach, the more [you] won’t let go, and the more you suffer.”

**Karma (行动).** Equally, unceasing karma\(^{134}\) determines one’s present life,\(^{135}\) which is affected by the behaviour, speech and intentions of past lives.\(^{136}\) Rin-

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\(^{127}\)“This illness of mine is born of ignorance and feelings of attachment.” (Watson 1997, 65) 「從癡有愛，則我病生。」《文殊師利問疾品第五》T14, no. 0475, p. 0544b20

\(^{128}\)“This present illness of mine comes entirely from the false concepts, confusions, and afflictions of previous lives.” (McRae 2004, 110) 「今我此病，皆從前世妄想顛倒諸煩惱生。」《文殊師利問疾品第五》T14, no. 0475, p. 0544c27

\(^{129}\)“Where there are troublesome entanglements, these become the source of illness.” (Watson 1997, 69) 「從有攀緣，則為病本。」《文殊師利問疾品第五》T14, no. 0475, p. 0544c18

\(^{130}\)“False discrimination is its fundamental basis.” (McRae 2004, 126) 「虛妄分別為本。」《觀眾生品第七》T14, no. 0475, p. 0544c28

\(^{131}\)“Desire and greed are the root.” (Watson 1997, 86) 「欲貪為本。」《觀眾生品第七》T14, no. 0475, p. 0547c17

\(^{132}\)“The body also has no self. Furthermore, the arising of this illness is entirely due to attachment of self.” (McRae 2004, 110) 「身亦無我；又此病起，皆由著我。」《文殊師利問疾品第五》T14, no. 0475, p. 0544c28

\(^{133}\)“The illnesses of sentient beings arise from the four elements (earth, water, fire and wind).” (McRae 2004, 109) 「而眾生病，從四大起。」《文殊師利問疾品第五》T14, no. 0475, p. 0544c19

\(^{134}\)“Yet good and bad karma never cease to function.” (Watson 1997, 22) 「善惡之業亦不亡。」《佛國品第一》T14, no. 0475, p. 0537b38

\(^{135}\)「是身如影，從業緣現。」《方便品第二》T14, no. 0475, p. 0539b13-14

\(^{136}\)“These are misdeeds of the body, these are the retribution for misdeeds of the body. These are misdeeds of the mouth, these are the retribution for misdeeds of the mouth. These are misdeeds of the mind these are the retribution for misdeeds of the mind.” (Watson 1997, 117) 「是身邪行，
poche K* explained, “Our physical and mental illnesses are incurred by karma in past lives. … The results show in this life.” Suffering is thus the consequence of our own deeds. Venerable Chi Yiu then urged, “We cannot complain about it, but are responsible for what we have done.”

The concept of karma indeed points to self responsibility while responsibility serves as motivation,137 which in turn guides virtue and prevents transgression. Therefore, no one should bear the karmic distress of other people even when karuṇā (compassion 悲) has naturally arisen. HW* (a professor) calmly explained, “I (as a helping practitioner) can’t take on his (a client) defilements.”

*Upāya (Skilful Means 方便)*

*Upāya,* coping with unfavourable working experience, comprises the skills and quality of practitioners who handle adversity.

**Flexibility.** Competent professionals are able to identify clients’ individual intelligence138 and needs139 in order to provide appropriate services, and are also capable to skilfully apply diverse methods to different types of recipients.140 They are adept in long-term deliberation, as shown by Jackie (a social worker):

“When his (a client) condition is immature, I tune down my expectation in order to pave a better road for the future. To pave the road is to build a more solid relationship with him. If he needs help, he will contact me. … I will also build a relationship with his family.”

Caring veterans are far-sighted, knowledgeable and versatile in working with clients and understanding themselves well, which averts self blame and over-involvement in clients’ predicaments, while also increasing self confidence in dealing with frustration. This confidence bolsters them to attain an ordinary mind for serving others indiscriminately.

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137 Pritchard and Eliot (2012, 202)
138 "to discriminate the sharp and dull faculties of all sentient beings" (McRae 2004, 114)「而分別眾生諸根利鈍。」《文殊師利問疾品第五》T14, no. 0475, p. 0545b32
139 “depending upon what is appropriate to the circumstances” (Watson 1997, 126)「隨其所應。」《菩薩行品第十一》T14, no. 0475, p. 0554a29
140 “employ all manner of expedient means” (Watson 1997, 27-28)「於一切法方便無礙眾生來生其國。」《佛國品第一》T14, no. 0475, p. 0538a35
**OVERCOMING “SENTIMENTAL COMPASSION”**

*Upeksā (equanimity 捨).* Caring veterans buttress the “I-Thou relation”, that is, they remove the demarcation between “I” and “you”. Mahāyāna followers go beyond the “I-thou” and accomplish *upeksā* (equanimity 捨), resulting in egalitarianism, “wise impartiality”, indiscrimination and non-judgement, as VHY* (a Buddhist nun) said, “*Upeksā* means no discrimination and equal treatment to all sentient beings.”

Through *upeksā* (equanimity 捨), practitioners are able to listen to clients sincerely, carefully and unconditionally, from which they can also see their inward worlds and be congruent. Therefore, both practitioners and clients benefit from such congruence, as elaborated on by the experience of Venerable Sinh Nghiem:

“When I’m able to look deeply at my own difficulties, I feel that the process of me helping myself is the same process as helping other people. So as I nourish myself, I nourish other people as well. Going together, I help myself and I help other people. In that way I find that I don’t have compassion fatigue. I don’t suffer from fatigue because I learn to give myself compassion. And in that same process, I give other people compassion too. It is amazing. There is no separation between me and others.”

**Self-equipped.** Caregiving consumes energy and obliterates physical and psychological satisfaction, which drives service providers to prepare sufficiently for coping with such deterioration, reflecting the fact that practitioners are able to look after other people only when they can take care of themselves, including their physical, mental and spiritual health. Thus, caregivers equip themselves

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141 Buber (1923/1937, ix)
142 "In mind they must be like other living beings, humbling themselves, descending to their level, erecting no barriers.” (Watson 1997, 119)
143 Manne-Lewis (1986, 137)
144 Rogers (1957)
145 Rogers (1967)
146 “It is impossible for someone with bonds to emancipate others from their bonds. It is only possible for someone without bonds to emancipate others from their bonds.” (McRae 2004, 112)
147 Worley (2005)
148 Braccia (1995); Stewart (2009)
with sturdy qualities in order to serve clients over the long run. VHT* (a Buddhist monk) emphasised that:

“A new bodhisattva should be well-equipped. If you don’t have ability, you have difficulty in saving sentient beings. … Before helping others, you have to acquire good preparation and train yourself first. … Such as a secular bodhisattva must cure her/his sickness [first] and then help others.”

Self-awareness. Self-awareness for helping practitioners\textsuperscript{149} is critical for creating a psychological balance in their prolonged exposure to the sorrowfulness of clients, including sensitivity to emotional health\textsuperscript{150} and the risks of compassion fatigue.\textsuperscript{151} Polly (a clinical psychologist) reiterated:

“… synchronise … On the one hand, you are compassionate. On the other hand, you intensively think about how to help your client. This works by simultaneously [acting as] a balance. … Meanwhile, you observe yourself and assess your feelings. … A good counsellor is compassionate, showing sympathy, and is trying her/his best to help clients.”

Self-awareness is also knowing the accountabilities of practitioners themselves and the limits of their work.\textsuperscript{152} Recognising one’s own limitations is crucial\textsuperscript{153} for altruism, Venerable Sinh Nghiem repeated, “Yes, [we must] know about ourselves, know about our limitations.” “You know, if we work past our limit, we don’t have much to offer. And it is very important that we prioritise what we should do,” Sister Harmony (a Buddhist nun) emphasised.

Self-acceptance leads to clearer perception of one’s own strengths, weaknesses and limitations. It augments self-awareness of feelings and changes in feelings, and promotes living in the present moment. It is a deeper self-caring.

\textsuperscript{149}Bloniasz (2011)
\textsuperscript{150}Joinson (1992, 119)
\textsuperscript{151}Injeyan et al. (2011, 535)
\textsuperscript{152}Sexton (1999, 399-400)
\textsuperscript{153}Gilmore (2012)
Self compassion. By accepting that they have their own limits, practitioners learn how to look after themselves and to recharge their own resources, as stated by Venerable Sinh Nghiem.

“If we don’t recharge our spirit and our ideals, like our desire to help, we don’t know how to nourish ourselves with goodness, joy, happiness, and peace; and then day after day, as we are exposed to people’s problems, we will feel awful. So, you have to learn how to protect yourself. You have to learn to take your care of the mind of love, or the desire to help other people. Of course helping other people is good, but you can only do so much in a day. Sometimes you are limited by circumstances, the systems in society. It also depends on the person you’re trying to help. Also, your ideas about how to help may get in the way of actually being helpful. You want to help him in this way, but another person may think it’s not so helpful. The way you help might not be perceived as helpful because they have their own experience. Wanting to help and actually helping can be quite different. Whether you’re skilful enough, whether you are mindful enough, whether you understand enough of the situation or just think you understand. … It’s very different.”

Sister Harmony (a Buddhist nun) then added:

“Many of us really want to help, but we may become exhausted and give up. I know people who come for a retreat who don’t know how to recharge themselves. They don’t know how to find the joy to do things; they work for many years consecutively without rest, without a break, without anything to sustain them. Then the friction, the conflict arises. Working with others, there is no way to be reconciled, and they feel that it is not nourishing, so they abandon their career. This is a waste, for us, for the people. So we have to learn how to find the joy of doing these things. You know if you spend hours in counselling work, you have to give yourself at least two hours to do something to nurture yourself. Without [those regular] two [free] hours, I don’t think you can go more than ten years.”

A competent practitioner is willing to ask for help when s/he detects negative emotions. HW* (a professor) said:

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154Gilmore (2012)
“If I feel that if I’m too involved, it may reflect that the client’s defilement corresponds with mine. Then I have to ask [for help]. … [I will visit] my counsellor or my senior to talk about this problem.”

Venerable Sinh Nghiem described various ways in which she takes care of herself in order to help others.

“I live in a monastery presently, [but] that doesn’t mean that all my difficulties and problems are finished. I encounter conflicts and tensions because of my own ideas or expectations of other people, and my own habits and energies. And so, when I’m able to reflect on myself, transform my difficulties, I’m more able to save energy and space, and have more confidence in the practice of mindfulness. This motivates me to share with other people. This is a very practical and non-religious way to deal with our difficulties and our basic human relationships with each other in everyday life. So, if I’m able to work through my own difficulties, it gives me a lot of confidence in my practice, and gives energy to continue my daily life, to continue my daily practice, and to help other people.”

Bodhisattva Spirit: Self-Benefiting Altruism

Many studies warn that caring practitioners suffer from physical, mental, spiritual and social symptoms\textsuperscript{155} when they are “enveloping sadness”.\textsuperscript{156} This sadness is yielded by over-exposure to vulnerable clients, and saps individual well-being and deteriorates a healthy workforce. Furthermore, the interaction among the cared for, caregiver and caring professionals affects one another mutually,\textsuperscript{157} creating a complicated set of consequences leading to compassion fatigue.\textsuperscript{158} Policy makers of health management, therefore, should keep an alert eye to “help the helpers”\textsuperscript{159} in order to retain their “professional well-being”.\textsuperscript{160}

\begin{footnotesize}
\begin{itemize}
\item \textsuperscript{155} Lynch and Lobo (2012)
\item \textsuperscript{156} Perry, Dalton, and Edwards (2010, 29)
\item \textsuperscript{157} Keidel (2002)
\item \textsuperscript{158} Salston and Figley (2003, 169)
\item \textsuperscript{159} Inbar and Ganor (2003a, 109)
\item \textsuperscript{160} Yildirim (2014, 153); Butt (2002, 17); Zeidner (2014, 91); Gardner and O’Driscoll (2007, 245); Rama-Maceiras and Kranke (2013; 213)
\end{itemize}
\end{footnotesize}
A considerable amount of research reports that self-caring and self-reflection contributes to rejuvenating collapsed compassion, enabling human service professionals to be capable of self-soothing and desensitising traumatic stressors. Prevalent self-care programmes reinforce the work-life balance, peer support and strong social networks. Self-caring activities involve leisure time and relaxation, sleep, physical exercise, nutrition and a healthy diet, and meditation. This series of interventions not only improves psychological health, but also encourages humour and gratitude, which strengthens those whose personality characterises external locus of control and low optimism. As a result, helping practitioners are able to renew hope, and become stronger and more compassionate.

Although these self-care programmes cover individual, professional, cognitive-behavioural and social dimensions, Kraus doubts their effectiveness in ameliorating compassion fatigue, probably due to their tendency to focus on skills geared to acquiring immediate outcomes. The findings of the present research reveal a holistic perspective on how to manage compassion fatigue, as elaborated on earlier, finalising the bodhisattva spirit that consummates “self-benefiting altruism” (refer to Figure 2).

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161 Negash and Sahin (2011); Smith (2007); Bride and Figley (2007); Brückner (2012)
162 Walton and Alvarez (2010, 400)
163 Figley (2002, 1440)
164 Figley (2002, 1438)
165 Wentzel and Brysiewicz (2014, 96); Lambert and Lawson (2013, 266)
166 Tehrani (2007, 337); Boyle (2011, 5); Wentzel and Brysiewicz (2014, 96)
167 Uren and Graham (2013, 10); Rossetti and Rhoades (2013, 335); Lee and Akhtar (2007, 80)
168 Siu, Yuen, and Cheung (2012, 191)
169 Inbar and Ganor (2003b, 110)
170 Kapoulitsas and Corcoran (2014, 11); Bush (2009, 27)
171 Keidel (2002)
172 Thompson, Amatea, and Thompson (2014, 96); Wentzel and Brysiewicz (2014, 70); Stebnicki (2008, 89-174); Thomas and Otis (2010, 86)
173 Collins and Long (2003a, 24); Inbar and Ganor (2003a, 110); Wentzel and Brysiewicz (2014, 96)
174 Chan (2010, 176)
175 Injeyan et al. (2011, 533)
176 Worley (2005)
177 Inbar and Ganor (2003a, 110-111)
178 Kraus (2005, 86)
179 Cheng (2014b, 141)
Compassion fatigue is engendered by sentimental compassion towards the tribulation endured by other people, and is yielded by avidyā (ignorance 無明). Mahāyāna heightens prajñā (wisdom 般若), through which sentient beings can understand reality,¹⁸⁰ the causes of suffering, karmic causality, and apply untainted karuṇā (compassion 悲). Equally significant, karuṇā starts from self-kindness¹⁸¹ and self-compassion,¹⁸² prior to being able to unconditionally¹⁸³ and compassionately care for others.¹⁸⁴

When the praxis of untainted karuṇā (compassion 悲) couples with prajñā (wisdom 般若), it also requires a synthesis of prajñā and upāya¹⁸⁵ (skilful means 方便) that involves not only competence of service but more importantly personal qualities, including self-appreciation, self-cherishing, self-awareness, self-

¹⁸⁰Williams (1998, 29); Kaklauskas and Olson (2008)
¹⁸¹Wright (2004, 3)
¹⁸²Bush (2009, 26)
¹⁸³Hoyt (2014, 25)
¹⁸⁴Baumručker (2002, 155)
¹⁸⁵Cheng (2014b, 131)
overcoming “sentimental compassion”

forgiveness and hope.\textsuperscript{186} This blend of these three components (\textit{karuṇā}, \textit{prajñā} and \textit{upāya}) enables practitioners to set an empathic boundary between themselves and recipients.\textsuperscript{187} “caring distancing”\textsuperscript{188} These qualities are rooted in the internal force of \textit{bodhicitta} (enlightened mind 菩提心).

However, this distance does not dissociate caregivers from recipients but helps them perceive the essence of sentient beings and the nature of \textit{duḥkha} (suffering 苦) more clearly. The inborn \textit{bodhicitta} (enlightened mind 菩提心) substantiates the maintenance of distance when compassionately serving others and attaining inner peace\textsuperscript{189} against distress. This compassionate commitment of serving other people marks the cornerstone of \textit{bodhisattva-mārga} (the bodhisattva path 菩薩道), in which a bodhisattva is able to realise the sacred mission.

This model of using the bodhisattva spirit to overcome compassion fatigue focuses on the dynamics of the \textit{prajñā} (wisdom 般若), \textit{upāya} (skilful means 方便) and \textit{bodhicitta} (enlightened mind 菩提心), forming a comprehensive assembly of professional strategies.\textsuperscript{190} Germinated from untainted \textit{karuṇā} (compassion 悲), these essentials are composed of intention, cognition and intelligence, and implementation. Referring to such aspects, helping professionals may be inspired through thought transformation regarding the fact that practitioners are not omnipotent. They are thus humble agents, rather than being a saviour, to offer compassionate service. They also enhance personal development through altruistic activities in \textit{bodhisattva-mārga} (the bodhisattva path 菩薩道), recognising that service recipients are indeed bodhisattvas to the caregivers. Such mutual influence between both parties forms the bodhisattva-bodhisattva interplay,\textsuperscript{191} thereby attaining self-benefiting altruism.

Self-benefiting altruism fundamentally differs from other available theories on altruism, such as “self-serving altruism”,\textsuperscript{192} “reciprocal altruism”\textsuperscript{193} and “enlightened self-interested”\textsuperscript{194} altruism. It represents a selfless, unconditional, indiscriminate, altruistic vow with unreserved sacrifice, a consonance of “perfect

\begin{itemize}
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\item \textsuperscript{186}Bush (2009, 27)
\item \textsuperscript{187}Boyle (2011, 6)
\item \textsuperscript{188}Inbar and Ganor (2003a, 111)
\item \textsuperscript{189}Rossetti and Rhoades (2013, 335)
\item \textsuperscript{190}Huggard (2003, 164)
\item \textsuperscript{191}Cheng (2014c)
\item \textsuperscript{192}Gino, Ayal, and Ariely (2013, 285)
\item \textsuperscript{193}Landry (2006, 957)
\item \textsuperscript{194}Lenart (2010, 26)
\end{itemize}
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altruism”.\(^{195}\) Although self benefit gains from altruism, it is not the goal of altruistic behaviour. Rather, both active self-benefit, which sharpens the competitive edge of caregivers, and passive self-benefit, which received from altruistic activities fulfils altruism, aim to enrich altruism.

Self-benefiting altruism works only when catvāri apramāṇāni (the four immeasurables 四無量心), including maitrī (loving-kindness 慈), karuṇā (compassion 悲), muditā (empathetic joy 喜) and upekṣā (equanimity 懈), interact together.\(^{196}\) When karuṇā does not work well, it will affect other elements as well as the unity of the whole, implying a problem in that compassion fatigue inversely impacts self-benefiting altruism. However, karuṇā can be substantiated by the other three elements, which illustrates the wholeness of catvāri apramāṇāni that realises self-benefiting altruism.

**Implications**

The Vimalakīrti teachings, as supported by the interview data, construct a model of the bodhisattva spirit to overcome compassion fatigue, suggesting theoretical, practical and methodological considerations.

**Theoretical Implications**

The concept of self-benefiting altruism for conquering compassion fatigue explicates the interaction among intention, intelligence and behaviour, with the inception of self loving-kindness and self compassion. This self-caring is grounded on the aspiration of altruism, bringing inner happiness through serving other people. This inspires discussion on how the available theories of altruism can escalate into a higher level of pursuing well-being. This concept also offers philosophical underpinning to scholars who investigate helping behaviour and compassion fatigue.

Furthermore, the totality of catvāri apramāṇāni (the four immeasurables 四無量心) optimises the power of these individual constituents,\(^{197}\) in contrast to those who focus on their separable functions.\(^{198}\) This principle also unveils the cultural differences related to muditā (empathetic joy 喜) and upekṣā (equanimity

\(^{195}\)Williams (1998, 29)

\(^{196}\)Cheng (2014b, 144)

\(^{197}\)Cheng (2014a, 221)

\(^{198}\)Wallace (2010)
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捨) in Western theories.\(^{199}\) Studying this probably makes research on compassion fatigue and caregiver resilience more constructive.

**Practical Implications**

The present work particularly discusses the compassion fatigue experienced by beginners in the caring service field, showing the need to review the training curricula. Such a review may pay attention to the concept of untainted compassion, which helps novices engage compassionate performance and avoid over-devotion to their clients’ predicaments, attaining greater resilience and elasticity.

This model also proposes that clients’ taking part in altruistic activities as a part of rehabilitation and intervention can improve their self-esteem and self-confidence, resulting from their shift from being victims to being service providers. This shift may mitigate their distress, while increasing their self appreciation.

This model comprises the philosophy of the bodhisattva spirit and *catvāri apramāṇāni* (the four immeasurables 四無量心) on a theoretical level. Further studies are encouraged in order to develop the theory into practice, formulating therapeutic interventions for human service practitioners for both preventive and curative purposes.

**Methodological Implication**

This study combines qualitative interviews with references to a classical Buddhist text. It synthesises the research traditions of textual studies and ethnography. As a result, it broadens the horizon of both disciplines in the sense of thematic exploration and methodological sophistication.

**Limitations**

Despite these implications for relevant studies, the present study pays little attention to the effects of institutional factors and a heavy workload on compassion fatigue. This inclination leaves room for future research directions. Also, if it had captured the voices of family caregivers, service recipients and non-Buddhists, it would have presented a richer data set and analysis, from which interventions for non-Buddhists also involve.

\(^{199}\)Kraus and Sears (2009)
Conclusion

Compassion fatigue attenuates the compassion satisfaction and work performance of caring practitioners. The current project conceptualises a model of the bodhisattva spirit through self-benefiting altruism in order to deal with and prevent this problem. With an emphasis on bodhicitta, which is activated by untainted karunā (compassion 悲), it boosts the synchronisation of prajñā (wisdom 般若) and upāya (skilful means 方便) within the bodhisattva-mārga (bodhisattva path 菩薩道). This brings a critical insight: that helping professionals may do well to increase awareness of their emotional reactions towards clients’ afflictions and thus avoid affective exhaustion.

This research applies classical Buddhist philosophy to overcoming the compassion fatigue suffered by caregivers in modern society. Combining qualitative research through interviews with references to the Vimalakīrti Nirdeśa Sūtra, it presents the cogency of Buddhist reasoning. It shows the practicality of the bodhisattva spirit across centuries, and differentiates between the concepts of altruism in Eastern and Western cultures. This attempt may indicate the usefulness of Mahāyāna teachings in coping with life’s difficulties, such as this professional challenge.

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