

THE ART OF PRESENCE

An Exploration of Mindfulness Practices and Aging

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Mindfulness Practices in Aging Methodology

“Normally we do not like to think about death. We would rather think about life. Why reflect on death? When you start preparing for death you soon realize that you must look into your life now and come to face the truth of your self. Death is like a mirror in which the true meaning of life is reflected—Sogyal Rinpoche

Aging is a “hot” topic. Not only is the rise in the age population world-wide a key issue of world economics, stability and societal well-being, it is a topic that often evokes heated emotional responses in people of all ages. One’s ability to face aging truthfully and honestly is often influenced by one’s own experience, cultural perspective and capacity to face their own immortality.

The biomedical decline model on aging focuses on the physical deterioration of an aging body. Its emphasis is based on pathology and the search for cures for age related diseases. This empirical, scientific concentration rarely addresses the value of spiritual, life review, and meaning-of-life perspectives. The popular “positive aging” social view, fueled by advertisers and pharmaceutical companies, equates “healthy aging” with “anti-aging” and is, in many ways, a denial view. Even within the noble fight against ageism, the tendency to reject terms such as “old” or even “aging” do a disservice to the hard truths about growing old and consequently set up a society that is ill-prepared politically and financially for the end of life (EOL) needs of a rapidly growing elderly population. Finding a working balance within these methodologies is an ongoing challenge especially in the midst of a media offensive of “fountain of youth” type promotions touting anti-aging products, procedures and pharmaceuticals as the answer to the fears of the new wave of aging baby boomers, dragging their heels into this era and stage of life.

The term, “the new 60”, refers to a new era of people turning 60 years old and older who are believed to be aging in a healthier and more active way than those in previous generations. True revolutionary progress, however, in aging terms, lies not only in better nutrition, and active lifestyles but also in the literal “presence” of mind. The more nonjudgmental and accepting one can be of the fact that “change is the only constant”, the better prepared we will be for our inevitable aging and dying. By moving away from the typical death-denying American view of aging we can begin to accept our own eventual, or perhaps even sudden, death. If we can resist our culture’s tendency to worship and value physical beauty and optimal functioning over dignified and compassionate care for our frail elders, aging and dying will be met with less fear.

The components of this perspective are not new or radical, born of the 60's movement, but rather of ancient philosophies and practices steeped in the roots of Buddhism and Mindfulness Meditation (MM). Since the 1950's, the West has slowly integrated the transformative healing practices of MM into various aspects of our lives. Today, it is emerging as an essential tool for healthy aging.

No one methodology can stand alone addressing all the complexities of what it is to grow old, however, MM comes close. It is an effective, low cost Integrative Medicine (IM) that is complementary to the more conventional disciplines attending to the health needs of the aging. The unique multi-faceted nature of a MM practice accounts for not only physical symptoms but also the psychological, social and spiritual aspects of health and illness. This holistic quality makes a MM practice, a tangible cross-discipline adjunct to the various disciplines on aging.

In biomedical terms, meditation is a complex neurocognitive task that is often associated with alterations in brain physiology and neuropsychological. (Newberg, et al., 2010) Recent studies have revealed that this neurocognitive response has protective measures against many of the physiological problems experienced in aging bodies. Spiritually and philosophically, MM enables one to be in the present moment with a nonjudgmental intention that, over time, can lead to compassion, relief from suffering and an ability to live a happier life. From a philosophical and psychosocial standpoint, compassion and the ability to perceive life as valuable at all stages, is an integral step toward healthy aging.

Mindfulness Meditation Methods

There are many schools of Buddhism, each unique to the area in which it has evolved over time. American or Westernized Buddhism is less doctrinal and ritualistic than the more traditional Eastern forms and has a strong emphasis on meditation. It is also more lay oriented than it is monastic and is considered more democratic. (Lampman, 2006) Two common forms of MM practices found in American Buddhism are described below.

Mindfulness Based Stress Reduction (MBSR)

Mindfulness Based Stress Reduction (MBSR), developed by Nobel Laureate Dr. John Kabat-Zinn, Molecular Biologist and one of the leaders of the Western Vipassana movement, is a hybrid version of Theravada Vipassana Buddhist meditation. MBSR has a distinct formulaic approach to MM practice in order to provide a consistent standard of practice for use in clinical research settings including hospitals, institutions, private practice and corporations. This standard is the more common one used in empirical research studies measuring the effectiveness of a meditation practice in a variety of studies.

Kabat-Zinn suggests, "mindfulness practice may be beneficial to many people in Western society who might otherwise be resistant to adopt Buddhist traditions or vocabulary. Thus, Western researchers and clinicians who have introduced mindfulness practice into mental health treatment programs usually teach these skills independently of the religious and cultural traditions of their origins" (Kabat-Zinn, 1982; Linehan, 1993)

In more psychological terms MBSR is the act of paying attention. It is a person's directed focus with intention onto the present moment with an awareness of their inner

and outer experiences. As one's mind begins to wander, the meditator brings a non-judgmental awareness to this wandering and then actively brings their focus back to their body, or more commonly, to their breath.

"In scientific language, meditation can be understood as a conscious mental process, which throughout the self-regulation of attention leads to a set of physiologic modifications." (Barrows, 2002)

Outlined below is John Kabat-Zinn's clinical formula of MBSR.

The MBSR program is an 8-10 week course for groups of participants who meet twice a week for 2 1/2 hour sessions of mindfulness meditation skills and practice. The groups discuss coping skills for stress and are given homework assignments.

- One all-day (7–8 hours) of intensive mindfulness session is held around the sixth week.
- Particular techniques include:
 - The body scan. A 45-minute exercise where focused attention is directed to various areas of the body while the participants lie down with their eyes closed
 - Sitting meditation. Participants sit in relaxed and wakeful postures with eyes closed, directing attention to the sensations of their breath
 - Hatha yoga postures. Mindfulness attention is given to bodily sensations during gentle movements and stretching
- Mindfulness awareness practices are encouraged during everyday activities such as walking, standing, and eating.
- Participants are instructed to pay attention to their thoughts and feelings but to try not to become absorbed in them. They are instructed to focus their attention onto the target of observation such as in breathing or walking bringing awareness to it, with in each moment. As thoughts, emotions, and sensations arise, the participants are instructed to observe them nonjudgmentally. As the mind wanders into thoughts, daydreams or memories, their content is briefly noted, and then the attention is returned back to the present moment. (Kabat-Zinn, 1982).

Theravada Vipassana Mindfulness Meditation

Theravada Vipassana practice is a non-sectarian meditation technique from South- East Asia. It is one of India's most ancient techniques, practiced by Gautama Buddha more than 2,500 years ago. Vipassana means, "to see things as they really are." Relief from human suffering both physical and psychological through focused attention on the interconnection between the mind and body is essential to the practice. With this nonjudgmental self-observation: compassion, peace, increased awareness, self-control and happiness are all potential outcomes.

In *Mechanisms of Mindfulness* the authors highlight these key components in MM: intention, attention, and attitude. More specifically:

- Intention, as in a personal goal or vision, or self-exploration
- Attention, to the present, internal and external experiences
- Attitude, of equanimity and acceptance

This practice then leads to six elements of successful or healthy aging. The dimensions

include: self-acceptance, personal growth, purpose in life, positive relations with others, environmental mastery and autonomy. (Shapiro, 2006)

The combined physiological and psychological mechanisms include a concentration on the sensations of the breath, body, and images and sounds one experiences, with an open or nonjudgmental awareness of the experience. In addition, Emptiness also known as Shunyata, the dissolving of the “mistaken view of the nature of the self,” begins to take place with this finely cultivated attention.

Gil Fronsdal, author of *Insight Meditation in the United States: Life, Liberty, and the Pursuit of Happiness* explains that the Westernized Vipassana movement with its main focus on the physical and psychological aspects of a particular meditation practice, avoided having to incorporate the Eastern Buddhist traditions. (Fronsdal, 1998) This selective approach allowed for the integration of Western values like democracy, equality, feminism and individualism.

“Historically, Buddhism has assimilated into a new culture by incorporating elements of the indigenous beliefs. Perhaps the ‘indigenous belief’ that the Vipassana movement will at least partly assimilate is Western psychology.” (Fronsdal, 1998)

Psychological Applications

Pain Management

Many elders suffer from chronic pain. In the Gerontologist article by Jack Rejeski, *Mindfulness: Reconnecting the Body and Mind in Geriatric Medicine and Gerontology* he states, “Mindfulness Based interventions that focus on reconnecting the mind and body around the theme of acceptance have particular therapeutic value for older adults, because physical symptoms, deteriorating biological systems, chronic disease, caregiving and suffering are inevitable.” (Rejeski, 2008)

A MM practice can produce a nonjudgmental awareness of negative or self-defeating thoughts regarding pain. These negative thoughts can then be quieted, diminishing their capacity to contribute psychologically to the pain. After relieving this psychological stress, the person may then experience a renewed energy empowering them to accept the present moment and face their pain.

Living with chronic pain includes grief and losses of relationships, work, physical capabilities, identity and lifestyle that was once available to the individual. Often the emotional-impact and intense grief resulting from chronic pain is diagnosed as a separate symptom of depression and consequently is simply treated with anti-depressants. With this assumption, the cause and the need for acceptance through alternative treatments such as support for the grieving process are missed and can result in unresolved grief, increased depression and anxiety over time. (Sagula and Rice, 2004)

In Sagula and Rice’s recent study, *The Effectiveness of Mindfulness Training on the Grieving Process and Emotional Well-Being of Chronic Pain Patients* an eight-week MM program was offered to 39 patients diagnosed with chronic pain at a regional hospital’s pain clinic. After completing the measurements for grief with the Response to Loss, The Beck Depression Inventory and the Trait Anxiety Inventory scales, the results indicated that the group treated with the MM advanced significantly faster through the

stages of grieving over the comparison group. This group also experienced a reduction in feelings of depression and anxiety.

Acceptance-based approaches to suffering as in MBSR vs. control or avoidance techniques reveal growing evidence of its effectiveness. A pilot study of a mind-body program for older adults with chronic lower back pain (Morone, 2009) found beneficial effects on pain acceptance and physical function. These results show MBSR as a promising non-pharmacologic alternative therapy treatment to pain management in older adults.

Philosophical and Psychosocial Applications of Mindfulness Practices In Elder Care

Naturally, not all people living with age related complications could be trained in MM practices. However, the care partners, including doctors, nurses, health aides and family members, trained in MM, greatly increase their capacity to care.

Dr. Michael Baime Director of the *Penn Program for Stress Management* at Penn University claims that, "the most important thing we do, is to give health professionals back their presence, their being, in the clinical encounter." Changing the current culture of medicine is one of Baime's primary goals. He believes that teaching mindfulness to health professionals can help "change the momentum" of current practices. "If mindfulness could be built into the system, it wouldn't be necessary for every person to practice meditation, but the way we collectively manifest as an institution and a culture would be changed." (Bernstein, 2003)

The Presence Project

The *Presence Project* is a collaborative effort with mindfulness-based Psychotherapist Marguerite Manteau-Rao, Dr. Bill Thomas, Geriatrician and Founder of the *Eden Alternative*, Dr. Allen Power, Geriatrician and author of *Dementia Beyond Drugs*, and Dr. Nader Shabahangi, author and co-founder of *AgeSong* residential care homes. Together, they are incorporating a pilot training program into an *AgeSong* elder community, bringing the principles of mindfulness to the interactions with people living with dementia.

This program is in the development stages and is projected to be in place by the Fall of 2011. It is based in part, on the end of life (EOL) mindful practice methods of the *SF Zen Hospice*, Lucia McBee's, *Mindful Eldercare* and Dr. Allen Power's, *Dementia Beyond Drugs*.

The impetus for this project came from the need and recognition of the distinctive, effective and intimate connections caregivers, with mindfulness meditation practice training, have with dying patients. Collectively, through similar shared experiences the *Presence Project* team members believe that the people with dementia or in their terms, "forgetfulness" can also benefit from this approach.

The core component of this progressive practice lies in the ability of the "care partners" to be present in whatever the particular moment is with the resident and staff members. It is a holistic approach with all the "care partners" participating and ultimately becomes

the new culture. One of the methods adapted from the *Zen Hospice* method is to begin and end the day with the “care partners” taking time for a quiet meditation. This foundation of paying attention to the present, moment by moment, through a MM, will color the interactions and connections that they make throughout the day. One of the beneficial goals is for the “care partner” to leave behind the outer world distractions and possible stresses associated with it. The ability to stay in the present mode while serving the person who is dying or is living with “forgetfulness”, benefits the person served and the “care partners” alike.

The team emphasizes the importance of mindful language to aid in culture change by using terms that instill respect and sensitivity when speaking about Alzheimer’s and dementia.

Culture Change Mindful Terms
(Manteau-Rao, 2011)

Old	New
Dementia	Forgetfulness
Patient, victim, sufferer	Person
Suffering from, Afflicted with	Living with
Caregivers	Care partners
Facilities	Communities
Behavior Problems	Attempts to Communicate
Managing the Patient	Serving the Person

The *Poetics of Aging and Dementia* is the philosophical view presented by *AgeSong’s* Dr. Nader Shabahangi. It is based on the perception that humans possess an innate desire and will to find the meaning and purpose of our lives. *The Poetics of Aging* view is that our existence is in fact a creative endeavor, developed over time and in distinct life stages. In metaphoric terms the verses of the poem represent life’s various stages, culminating in the end of life stage, our final stanza. Without the honorable completion of this stage, the poem is incomplete and the valuable meaning and purpose within it can be lost or diminished. (Shabahangi, 2010)

Not only is this an important reflection from a personal standpoint, but of a cultural one. In order for our society to accept aging and changing as a phase of creative development composed of learning and growing, the cultural ageist language and devaluing views of the aged need to be addressed. A shift of perception is necessary to establish a new understanding of aging, by looking beyond the biomedical “decline” factors of aging and by recognizing the spiritual dimensions of an individual as a significant and valued aspect of life. The importance of this shift in perspective not only

is needed in order to care for and appreciate the lives of so many elders, but to provide a healthy future for all of us who are inevitably changing. (Shabahangi, 2010)

In Kiely Turner's work, *The Promotion of Successful Aging Through Mindfulness Skills Training*, she points out, "that suffering can be relieved as both clinicians and clients develop the skills and qualities that result from incorporating mindfulness into their work." She states that, "Buddhist psychology describes mindfulness and empathy as interrelated and essential elements of enlightenment. Empathy is cultivated intentionally through mindfulness training, through an attitude of 'loving kindness' for all beings."

Biomedical Applications

Stress

In the various controlled studies conducted with MM interventions, the results show, overall improved physical health and functioning for a wide-variety of conditions. MM has had significant success concerning mental health issues; improved quality of life, self-esteem and positive attitudinal shifts. All of these positive outcomes appear to be a result of the reduction in psychological and physiological stress.

Dr. Elissa Epel, Dept. of Psychiatry at UCSF has conducted studies that reveal how caregivers under chronic stress, experience premature cellular aging by a shortening of chromosome telomere length. This shortening of the telomeres (the protective caps at the ends of chromosomes) is the link to bodily aging, depression, cardiovascular disease, heart attacks, dementia, osteoarthritis, diabetes, and general risk for chronic disease including obesity. In Dr. Epel's article, *Can Meditation Slow Rate of Cellular Aging? Cognitive Stress, Mindfulness, and Telomeres* she explains the positive impact of MM. "Mindfulness meditation techniques appear to shift cognitive appraisals from threat to challenge, decrease ruminative thought, and reduce stress arousal. Mindfulness may also directly increase positive arousal states."

In physiological terms, "meditative practices appear to improve the endocrine balance toward positive arousal (high DHEA, lower cortisol) and decrease oxidative stress. Thus, meditation practices may promote mitotic cell longevity both through decreasing stress hormones and oxidative stress and increasing hormones that may protect the telomere." (Epel, 2010).

Chronic stress is not only a typical condition of caregivers but of many elders in our society today. They are suffering from isolation, loss of societal roles and possible health issues. Stanford University neurobiologist Robert Sapolsky, researches the effects of stress on our bodies. He has found that the humans and the baboons, unlike the zebras and gazelles can't seem to find their on/off switches in their stress response. For the zebras and gazelles, the stress is related to a physical threat whereas with the humans and the baboons, it's a physical threat sometimes, but more often due to a psychological threat consequently making the reaction a more chronic condition. He has observed that those in more dominant positions have lower stress hormones released than those in the lower ranks with both the human and baboon populations. The studies also reveal that the ones experiencing more of this stress suffer from high blood pressure and immune system breakdowns. Dopamine effects are also lower, causing depression and shortened telomeres in the hippocampus area of the brain, the area of learning and memory. (Sapolsky, 2005)

Sapolsky's suggested methods for relieving stress factors in the work place environment can also be applied to elders.

- Finding a place where we have more control
- Give people more involvement in what they do
- Create a society that promotes human flourishing.

A recent study on the MBSR effect on emotional distress in older adults revealed that overall emotional distress improved significantly after the sample group of 141 men and women, 60 years and older completed the MBSR training. This was an outpatient-based, non-pharmacological intervention, designed to improve stress management skills, and resulted in providing significant symptom relief for a majority of the older participants. (Young, 2010)

The Sympathetic Nervous System

Congestive heart failure (CHF) is a common disease in the elderly with a poor prognosis. Multidisciplinary interventions including MM have shown promising effects in reducing the symptoms of CHF including repeated hospital readmissions, mortality, decreased quality of life and social activity. (Doba, 1999)

In a recent randomized study conducted by researchers at the University of Pennsylvania School of Medicine, they found that transcendental meditation could be effective in improving the functional capacity and quality of life of congestive heart failure patients. (Jayadevappa, 2007) The participants consisted of twenty-three African American CHF patients with the average age of 64 years. The participants were randomized into two groups, both receiving standard medical treatment. In addition, one group was instructed with the Transcendental Meditation® (TM) technique and the other with health education. After three to six months the TM practice group compared to the control group showed greater improvement in quality of life and depression measures with fewer re-hospitalizations. The research authors claim that TM most likely improves the conditions leading to heart failure by reducing the sympathetic nervous system activation associated with stress that is known to contribute to heart failure.

Another important study using MBSR for stress reduction in patients with congestive heart failure was conducted in an ambulatory care teaching hospital in Sao Paulo, Brazil. The study was to see if meditation reduces sympathetic activation (SA) and if it improves the quality of life in the elderly who are suffering from congestive heart failure (CHF). The results were significant in reducing norepinephrine blood levels (NE), which play a prognostic role in CHF, and were also significant in the quality of life measures. The results of this study suggest that there is a role for meditation as a new treatment of CHF and future trials are recommended. (Curiati et al., 2001)

Cognitive Functioning

Cognitive functions that are most affected in aging are in the areas of attention and memory. Other areas that could also be affected are in the higher levels of cognition including language processing and decision making. However, it is important to note that this cognitive change does not occur in all aging brains. In fact many older people out perform young people on a variety of cognitive tasks. (Glisky, 2007)

Encouraging results were found in a recent preliminary study conducted at the University of Pennsylvania, investigating the effects of MM on cognitive function and cerebral blood flow in people with memory loss. This was the first study to examine the potential improvements in memory and cognition in people with actual memory loss. A simple MM technique called Kirtan Kriya (KK) from the Kundalini yoga tradition was the method selected in order to address the cognitive challenges of this particular sample. The participants were instructed to repeat four sounds, SA TA NA MA over a 12-minute period in two-minute segments. As they repeated the sounds they sequentially touched their thumb to their index finger. With each 2-minute segment, they were instructed to repeat the sounds in different ways. The first segment out loud, the second in a whisper, the next two in silence and the last, out loud. The participants continued this daily 12-minute practice over an 8-week period. The results from the fourteen people with memory problems showed significant increases in baseline cerebral blood flow and improvements in neuropsychological functioning. The initial findings suggest that specific cognitive mindful practice programs will help improve memory. Due to the small sample size and the need for more detailed analyses, further studies are recommended where these limitations can be addressed. (Newberg, Wintering, Khalsab et. al, 2010)

A new study called, Age Effects on Gray Matter Volume and Attentional Performance in Zen Meditation examined how the regular practice of meditation may affect the normal age-related decline of cerebral gray matter volume and attentional performance seen in healthy individuals. Thirteen Zen meditation practitioners and thirteen matched control subjects who never practiced meditation were observed. The non-meditators revealed the researchers' expected results of decline in both gray matter volume and attentional performance with age, while the meditators did not show the same significant changes in gray matter volume and attentional performance with age. They found that the effect of meditation on gray matter volume in the meditators was most prominent in the putamen, a structure known for attentional processing. These findings reveal similar results found in past studies on gray matter volume and cortical thickness found in long-term meditators. These promising results indicate that regular practice of meditation may have neuroprotective effects and can reduce the cognitive decline associated with normal aging. (Newberg, Wintering, Khalsab et. al, 2010)

Another interesting cognitive study looked at over-selectivity tendencies, a trait observed in older adults. This is the tendency to choose, that which is familiar, rather than to try newer options. In this recent study they looked at over-selectivity in an older adult population, to see if a MM practice would reduce this tendency. The results revealed that over-selectivity was reduced after a relatively brief intervention. (McHugh & Reed, 2007)

EOL Spiritual Applications

The "good death movement" of hospice and palliative care across America incorporates Buddhist MM practices. The practical, nonsectarian spiritual rather than religious approach of the Buddhists, in dealing with the dying, appeals to Americans of all faiths. When faced with death, it is difficult to find the "right" response to the needs of the dying. Unlike faith based Christianity, Buddhist ritual practices offer a pragmatic personal approach that provides clear direction in assisting and caring for the dying individual. These concrete methods of meditative practices offer aid not only to the dying but to the care partner as well. MM practices bring control to a situation of powerlessness and bring forth an acceptance and successful death perspective to work from. (Garces-

Foley, 2003)

The Zen Hospice Project (ZHP), founded in San Francisco in 1987, is one of the first Buddhist hospices in the United States. It was developed by members of the San Francisco Zen Center to care for AIDS patients whose members would keep vigil with dying patients on the streets or in the hospitals. Today, ZHP operates a five-bed residential hospice along with an active volunteer program. They offer trainings and workshop retreats for professional care providers and families of the dying.

Another example of an organization that specializes in how to care for the dying, is *The Clear Light Society* founded by Patricia Shelton in the late 1970's. Their methods are based on Tibetan traditional meditation practices that synchronize the practice of visualizing light and paying attention to the sound and the breath of the dying person. This co-meditation between the care partner and the dying person creates a calm, peaceful and compassionate space for both.

This growing influence of Buddhism on the American way of dying could become the opening for creating a society that is less inclined to continue its death denying practices. With the adoption of MM practices into American culture there is new hope for developing compassionate, empathetic perspectives in caring for our elders and the dying.

Conclusion

The title of our film *The Art of Presence* refers to the need for a creative and artful devotion of individuals and of society, to develop mindful practices on aging. This involves a discipline and an ongoing commitment to paying attention to our inner and outer lives at all stages of life, which is no easy feat in a culture that is constantly multi-tasking and is over stimulated. Most of all, it will require practice in the literal sense, within communities and on our own.

As our population moves further into this new era of aging, meeting the complex psychological, biomedical and spiritual needs of the aging will require significant shifts in current policies and practices. In addition, the vital economic necessity to find cost effective ways to support healthy aging practices in the US remains an important part of healthcare policy reform. Appropriately, medical institutions and universities across the country are opening new research centers that focus on the effects of MM practices. As new research continues to uncover empirical indications that the mind has a profound influence on how the body ages, perhaps there will be growing support for establishing the environments needed to foster MM practices.

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Biographies

The Art of Presence's Featured Contributors

Dr. Nader Shabahangi Psychotherapist, Philosopher and Author,
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Dr. Shabahangi is the Founder of *Pacific Institute* and *AgeSong Institute*. He is the co-founder of *AgeSong Senior Communities* and is a guest lecturer at international conferences focusing on aging, counseling, and dementia.

Nader received his doctorate from Stanford University. In the 1980's, he worked with abused children and teenagers and led anticipatory bereavement groups for *Coming Home Hospice*. In 1992 he founded the non-profit organization *Pacific Institute* with the purpose of training psychotherapists in a multicultural, humanistic approach to

counseling and to provide affordable therapy services to the many diverse groups living in San Francisco. In 1994, noticing the often inhumane treatment of the elderly living in institutions, he started to develop an innovative *Gerontological Wellness Program* in order to provide emotional support and mental health care services for the elderly. In 1997, together with his two brothers, Nader opened a residential care home for the elderly in San Francisco called *Hayes Valley Care*, where he could along with the *Pacific Institute* internship team implement the *Gerontological Wellness Program*.

Nader continues to create programs with the purpose of caring more comprehensively for the elderly. In 2002 he helped found *Pacific Institute Europe*, in Warsaw, Poland, in order to bring Gerontological and comprehensive care services to the European continent.

Marguerite Mantaou-Rau, LCSW, ATR, MBA
Menlo Park, CA
“*The Presence Project*”

Marguerite Manteau-Rao is a mindfulness-based psychotherapist in private practice in Menlo Park, California, and MBSR facilitator. She also volunteers for *Zen Hospice Project* and the Stanford University *No One Dies Alone Program*. A student of Vipassana meditation at *Insight Meditation Center* in Redwood City, California, Marguerite co-founded the *IMC Online Community*, a place where members of the growing worldwide IMC sangha can find refuge. She is the creator of *Mind Deep*, a blog on mindfulness practice, that appeared on *Elephant Journal's* list of “Best Female Buddhist Bloggers of 2009”. She was on *San Francisco Examiner's* list of “Buddhist Twitter Feeds to Follow” in 2010. Marguerite is a weekly contributor for *Huffington Post*. Prior to *Mind Deep*, Marguerite was the creator of “*La Marguerite*”, a blog on the psychology of climate change that was named one of “Top 10 Eco-Blogs for Earth Day” by *Times Online* in 2008. As co-founder of *Green Moms*, a group of women environmental activists, she won Twitter 2008 Shorty Awards in the Green category. She was also named one of the top Web green thinkers to watch for, by UK Guardian in 2009. Marguerite was born and raised in France.

Martha deBarros
Muir Beach, CA
Co- Founder of *SF Zen Hospice*

Martha deBarros has been a longtime resident and practitioner at Green Gulch Farm. She co-founded the *Zen Hospice Project* in 1987 with the purpose to keep vigil with the dying patients on the streets or in the hospitals. She is now an active member of *Everyday Zen*. Martha received lay entrustment from Norman Fischer in 2005. She currently teaches meditation to a group of elders at *The Redwoods Community* in Mill Valley, CA and to inmates at *San Quentin Prison* and the *County Jail in San Bruno*.

A recent course led by Martha deBarros and Frank Ostaseski co-founders of the *Zen Hospice Project*: “*Explore your relationship to death and learn how being with dying can teach you about living a wise and loving life.*”

“The tragedy in dying is not that life is impermanent. It is that we wait until the end to discover what really matters. Death offers a clear mirror in which to see our daily choices. It shows us what has meaning and value. It reminds us not to waste time, lending a power, grace and fullness to every moment. Together, we will explore our relationship to death and, in the process, learn how being with dying can teach you about living a wise and loving life.”

Dr. Richard Mendius, MD Neurologist
Kentfield, CA
Contributing Author of "*The Buddha's Brain*"

Dr. Mendius, is a Neurologist and Buddhist Practitioner in private practice in Marin County. He trained at UCLA as an epileptologist under Jerome Engel and as a Neurobehaviorist under Frank Benson and Jeff Cummings. He has been on the teaching faculty of UCLA, Oregon Health Sciences University, and Stanford University. His meditation practice began in the 1980s with Shinzen Young in Los Angeles, and continues at Spirit Rock with Jack Kornfield, Phillip Moffitt, Ajahn Amaro, and Ajahn Sumedho. He teaches a weekly meditation class at San Quentin.