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[Profile: Zen Hospice Society](#)

Sunday, March 2, 2003 At 11:43AM

By Barry Boyce

ASK THE TEACHERS

Q: *Some teachers say that if you're having difficulty with your meditation you shouldn't force yourself to stay on the cushion. How do you know when you're forcing your meditation, instead of applying proper effort? Should you continue with the practice if you're feeling a lot of resistance and your mind is racing? Do you recommend short periods of meditation or longer ones? A:* [Click here.](#)

People in the final stages of their lives who enter the Zen Hospice Project are not seeking a path of meditation, and in fact they will hear little mention of “Zen” or “Buddhism” while they are there. The project, founded in 1987, evolved from caring for several residents who were dying at the San Francisco Zen Center and later grew into a service for the larger community. For founder Frank Ostaseski, ZHP exists simply because “there is a natural match between meditators—people who cultivate the listening mind—and people who really need to be heard at least once in their lives, folks who are dying. I just thought that we should put these people together and that if we did something good would happen.”

Located just a few doors down from the San Francisco Zen Center, ZHP operates a five-bed hospice in a Victorian home with high ceilings, fireplaces, a patio and garden. People with AIDS, cancer and other illnesses who have a life expectancy of six months or less enter the program once it is clear that they cannot remain at home through the course of their illness. In collaboration with the umbrella group, Hospice by the Bay, ZPH provides a home-like atmosphere supplemented with the necessary medical care. ZHP also helped create a twenty-eight-bed hospice unit at the Laguna Honda Hospital, the largest public long-term care facility in the United States.

Whether at the hospice residence or the hospital, participants in the program benefit from the spirit that ZHP's volunteer caregivers bring to their work. The volunteers are not there merely to provide assistance; they are there to practice meditation in action and to explore the nature of death with an open and inquisitive mind.

“We have to examine how we isolate people who are dying,” Ostaseski says. “Look at all the ways we keep death at arm's length in this culture. We spend fifty percent of our healthcare dollars in the final six months of life, literally throwing money at death. We take our elders and we shut them away in institutions, so that we won't have to bear witness to their pain or our ultimate destiny. What would it be like if we invited death in, if we offered it a cup of tea to get to know it

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better?"

In addition to providing a comfortable atmosphere and access to immediate nursing and medical care, "bearing witness" is the core activity at ZHP, as expressed in their slogan, "Stay close, do nothing." When people know they are dying, Ostaseski says, "they have a gift to give. More often than not it's a story, or some learning that has occurred to them in their life that they want to pass on to others as a kind of legacy." The volunteers help the dying person to discover the meaning and value of their lives during their final days by listening deeply to that story. This process is what ZHP calls "a mutually beneficial relationship between volunteer caregivers and people who are dying." Both parties listen to death, and learn together.

According to Ostaseski, mutual is an essential characteristic of service, which differs from our usual notions of charity. "Charity," Ostaseski says, "has been with us for thousands of years, but I'm not sure it has appreciably changed anything. Service—a very different experience than charity—recognizes wholeness: there is no 'helper' and no 'helped.' Something bigger is happening in service than the two individuals involved. Mindfulness practice helps to transform generosity from a charitable 'I and other' expression to one of service, where we recognize that we're both in the soup together. I understand that in order to work with someone else who is dying, I have to do a kind of individual exploration. I have to look at my own relationship to sickness, old age and death. While I'm working with someone, I'm also investigating my own fear, my own grief. In Buddhism, we recognize that someone else's suffering is also my suffering. So when I take care of myself, I care for others; and when I care for others, I am taking care of myself."

Although caregivers don't instruct the dying in Buddhist teachings or meditation practice (unless they ask), they understand the parallels between meditation and the dying process, so an atmosphere of mindfulness naturally emerges. For one thing, there is more silence when people are dying, and in that space the dying often begin to inquire. They may look beyond the content of their experience and into its basic nature, just as in meditation practice. Ostaseski says, "As in the process of meditation, one's sense of self is transformed. The ways in which we have identified ourselves—I'm a mother, I'm a father, I'm a Buddhist teacher—are all stripped away by illness, or gracefully given up. It is the dissolution of self."

The caregiver's role is to "stay close," and not turn away from death, in order to accompany people through their journey. They listen, Ostaseski says, "to the dying person's story, their emotional upheavals, without needing to change the other in some way, and without needing to either cheer up falsely with empty hope or turn away from someone who is trying to reconcile their life. That is the healing power of human presence."

Over the past sixteen years, ZHP has trained nearly one thousand volunteer caregivers and has cared for almost three thousand dying

people. Recently, ZHP has begun to actively, in Ostaseski's words, "articulate what dying patients have taught us."

One of its first initiatives has been to develop a program that trains people—primarily healthcare professionals—to become end-of-life counselors. The goal of this pilot program, now entering its second year, is to create a new kind of guide: a person who can educate people about existing services and options for the dying, and who can also advocate on behalf of a dying person. According to the program's information pamphlet, an end-of-life counselor can act as "a midwife to the dying," allowing them to discover their own resourcefulness and "reaffirm the spiritual dimensions of dying." ZHP hopes this program will stimulate the development of similar programs at other institutions, including graduate schools and hospitals.

Far too many people die in fear, in Ostaseski's view, and tackling this problem requires reaching people before the final days. So, ZHP has established the Institute on Dying, which offers workshops and retreats across the United States and in Europe. Many programs are tailored to the groups that have expressed an interest. For example, Ostaseski recently led a public workshop sponsored by Insight Meditation New York, which included both dharma students and healthcare workers from hospitals and hospices around New York City. Because Ostaseski felt the students and workers had something to offer each other, the aim of the workshop was to build bridges between these communities.

What the Institute on Dying can do as it develops, Ostaseski says, is "raise the banner of death to get people's attention, so that they can look more deliberately and clearly at their lives. Death is not only a medical event. The lens of our own dying offers an extraordinarily clear view of our own life. The lessons we are learning at the bedside at ZHP—that dying patients are teaching us—have great application across the span of our lives and they also have an awful lot to offer to the dharma world at large."

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