

Leadership Voices:

Report on the *Aging in Shambhala* Survey

Contents

I. Introduction	3
II. Survey Statistics and Demographics	4
III. What does a Shambhala Centre do when an Older Community Member Needs Help?.....	5
A. The Largest Centres (Halifax, Boulder & New York)	5
B. Centres with 100 Members – 250 Members	6
C. Smaller Centres (Under 100 Members)	9
D. Discussion	10
IV. Obstacles to Participation for Aging Sangha	12
A. Physical Accessibility.....	12
B. Transportation & Parking.....	13
C. Hearing and Vision; Physical comfort	13
D. Evening Classes	13
E. Obstacles to Attending Land Centre Programs	14
F. Financial Obstacles to Participation	14
V. Financial Obstacles – Not Meeting Basic Necessities	16
VI. Communication between Young and Old.....	17
VII. Aging Groups, Programs and Outreach	20
A. Aging Groups.....	20
B. Programs and Workshops	22
C. End of Life Programs and Preparation	22
D. Outreach and Interface with the Community	23
VIII. Activities, Programs and Supports that Centres would Like to See	24
A. General Mandala Support	24
B. Workshops and Programs – Desirability of Local Surveys	24

C. View of Basic Goodness and Enlightened Society	25
VIII. Shared Housing.....	26
IX. Conclusions and Next Steps	27

I. Introduction

An analysis done in 2008 revealed that approximately $\frac{1}{3}$ of all Shambhala members were over the age of 60. Whether that percentage has changed or not, the growing number of aging Shambhala community members and the resulting implications for Shambhala Centres is a phenomenon which can't be ignored. As one step in trying to see the big picture of this multi-dimensional situation, the Shambhala Working Group on Aging, with support from the Shambhala Trust, conducted a survey of Shambhala Centre leaders in the autumn of 2014 to find out how this is presenting itself at local Centres.

How do leaders view this challenge? Is it an issue at their Centre or not? Does the Centre have systems in place when a sangha member (particularly aging) needs help, either short or long-term? How do they view the role of the Centre in caring for members (in the context of help from the wider community, such as family or social services?) Are there educational and/or social gatherings (such as Aging groups) in place to support their aging members? Are there obstacles to participation at their Centre for some older sangha? What about relationships between the generations? Are these good or are there issues? What kinds of supports can Shambhala provide to local Centres? And how are all these situations viewed in the context of creating a culture of kindness and the practice of community?

This is a report on the findings from the survey. It is hoped that it will shed light on the mandala-wide situation, inspiring appreciation for the efforts of many people at many Centres and providing further ground for creating enlightened society.

II. Survey Statistics and Demographics

This survey was particularly addressed to Centre leaders.

Overall, 150 responses were received from a total of 116 Centres (there were multiple responses received from some Centres). 83 responses were received from Centre Directors (56%); 37 from Societal Health & Well-Being Directors (25%); 6 from Desung (4%);ⁱ and 22 (15%) from others (MI's, teachers, aging representatives to SHWB, other center administrators, retired directors or SHWB directors.) Responses were received from Dorje Denma Ling and from Gampo Abbey but not from the other Land Centres. It should be noted that there was a diversity of ages in the people who filled out the survey – this was not tracked.

The survey was sent out worldwide. Here is the breakdown of responses by region: 79 (53%) from U.S. centres; 31 (21%) - Europe; 27 (18%) - Canada; 4 (3%) - Latin America; 7 (5%) - Other.

Out of approximately 24 Centres with over 100 members, we received responses from 23 (and we received a “test-drive” response from the remaining Centre.) See chart below:

# of Members	# of Centers*	# of Centers Responding	# of Responses
Over 100	24	23	36
51 - 100	27	22	34
21 - 50	53	31	40
11 -21	34	17	18
10 or less	73	21	19
skipped question	n.a.	2	3
Totals	211	116	150

*These statistics are from a Shambhala Database analysis from the 4th quarter of 2013. Shambhala now reports that there are 220 Centres, so these numbers are a little out of date.

III. What does a Shambhala Centre do when an Older Community Member Needs Help?

“If I really look at the emerging situation, it can feel quite overwhelming, but at the same time, because of the very, very good training we have in Shambhala, we know it is all workable, and we never give up, so the option of depression is not having any traction.” Lexington Director of SHWB

With respect to community care, almost every Centre aspires to relate to the care needs of members, either with some organization or more often, ad hoc. We’re organized the responses by size of Centre.

A. The Largest Centres (Halifax, Boulder & New York)

These Centres all have around 500 members and their situations are unique. They also are the most challenged in responding to care needs and there is the most danger of people falling through the cracks.

a. Halifax

The Societal Health and Well-Being Director reports that over half of the members of the Halifax Shambhala Centre are over 60 years old and at the present time, there is no formal system for responding to care needs. Most often community members self-organize, sometimes through their deleks. The Centre calls social services sometimes, but usually friends are the primary help. Obviously this works best for people who are connected and not so well for people less connected. The Desung rarely get involved, but does at times. They often use the Shambhala Network as a way to get the word out. There is a document on the Halifax Centre website that gives members information on [Who to Call](#) when they need help.

The Halifax Shambhala Centre has a local Steering Committee on Aging that has been meeting regularly since 2010, to discuss aging issues within the Nova Scotia sangha, and also an SHWB committee person representing seniors in the community. They hope to begin to develop a support network by first relaying information through regular newsletter information and articles. They have also recently developed an [Aging & Health Webpage](#) with information on supports available both within and outside of the sangha.

There is a Shambhala Seniors' Outreach and Support Group, meeting monthly which is run by Pam Dreiling. The support group is open to anyone, but is specifically focused on issues pertaining to seniors. This includes younger people who have an interest in aging, work with elderly, or are caregivers. Loving kindness and compassion are the basis of the support group, enabling people to be kind and helpful and to accept kindness and helpfulness. The group follows a simple format beginning with a few minutes of meditation followed by everyone sharing what is on their mind and in their hearts. There is usually no set topic or agenda, and everyone can bring up any issues to share or discuss. A facilitator reminds those present of a few basic rules for a support

group: confidentiality, no interrupting, listening and speaking with an open heart, respect for the time and needs of others

b. Boulder

In Boulder, situations where there is a need for help get directed to the Desung group, who work with immediate need. Much is handled by the paid staff at the Boulder Shambhala Center, if it can be addressed. If there is need of a care team, it comes to SHWB or for discussion at a community care council meeting. There is also a trust for those in financial need. In addition, there are a host of services provided by City of Boulder and Boulder County, plus family and friends.

One respondent remarked that she is amazed how people jump in and get organized, especially for emergency situations. Chronic situations are more challenging. She feels that it has to be a community effort and can't really be entirely organized by the Center. The Center can support and help to connect. As in Halifax, situations where a person is not well-connected are more challenging.

c. New York

Other than word of mouth, New York does not have a system in place to mobilize friends and family. Particular members are more knowledgeable about accessing social services and there had been discussion on creating a manual of sorts to help navigate this process. Through Shambhala neighborhoods/deleks, it is hoped that a little more structure can be created (i.e. phone trees) to facilitate communication and mobilize help. They are not there yet.

Anne Kenan, the Director of SHWB in NY writes, "From my perspective we are challenged with finding a constructive way to create structures, systems, protocol that would address the needs of aging members. First step is finding those who are willing to spearhead this. Andrea (Sherman) and Cynthia (Spencer) have done a tremendous job in facilitating the conversation on aging and work hard to bring attention and action to these issues - but there is still the job of putting systems into practice. This takes time, energy, collaboration and a committed group of people to get something off the ground. Early in my SHWB tenure I had a conversation w/ Cynthia and Andrea about many of these issues. In response I attempted to gather a group around Circles of Care. There seemed to be a lot of interest in participating in a Circle of Care but first we had to learn about and create the structure. Taking the time to create the structure is where we got stuck and the group eventually dissolved."

This comment seems to reflect the current experience at all three of the above Centres.

B. Centres with 100 Members – 250 Members

Dan Peterson of Seattle reports that at their Centre, a "culture of noticing" has developed. Once informed of a situation, the SHWB Director or the Desung (who have a very good working relationship) will inform people with a connection to the person needing care. They find that responding to needs works best if it is organized through friends of the person needing care.

The other larger Centres have varying degrees of structure and organization in providing care.

a. Boston

Boston's system of support is also fairly ad hoc at the present. Generally, word of someone in need gets to the SHWB Director from members of Health and Well-Being Committee, or MI's or the person themselves. Organizing care depends on the person's circle of friends. The MI sometimes helps organize support; also one Boston sangha is a care manager for a social service agency-- sometimes she gets involved. Although rare, sometimes the Health and Well-Being Committee sets up a care team.

The current Aging Representative for Societal Health and Well-Being, writes,

“Because I am a geriatric care manager working for Jewish Family & Children's Service, I either hear about issues directly - request for referral to a good rehab, or for homecare providers, or such, or someone else hears about someone, and either refers them to me or asks for my expertise. There are, however, most likely many issues which go unnoticed and are not brought to anyone's attention - the person just stops coming or suffers in silence.

“We did provide a care team for one aging member who was in a crisis, but we are not equipped to provide ongoing support for someone with chronic needs, and often the psychological dimension of such situations is more problematic than the actual physical help needed.”

b. Large Centres with some Structure of Care

1. Amsterdam

One center that has developed some structure and process is **Amsterdam**. It has a care committee, (referred to as “care team”) for coordinating requests for help. It has a relatively simple process worked out, including a contact person who will have an "intake meeting" with the person or persons needing care/help to see what the situation is and the kind of help that is needed. Then the care team discusses how to organize it, who to involve, etc. and asks the council and/or the community for support if needed.

There are challenges, however. Liesbeth Scholten, the Societal Health & Well-Being Director, reports that, “Often the same people are doing the most to help others. We want to come up with a way to mobilize more sangha members to get involved in doing fairly small/simple and practical care tasks for older members who need help, like doing grocery shopping, cleaning etc. Communication is not easy, within the care team for example, how to do a good intake with someone who needs help, how to get a good insight into what kind of care is needed. How and where to get specific help for specific needs. It is difficult to help sangha members with psychological problems.”

In Amsterdam, part of the care can also be to help with navigating social services. There is a separate team that supports people with computer and internet problems, since a lot of things have to be organized through internet forms, etc. (This may be a more prominent issue in some of the European countries, although this would clearly be of value in the U.S. as well.)

2. Chicago

Chicago has a fairly formal "Care Team" structure, with contracts, etc. The knowledge that someone needs help gets directed to the Societal Health & Well Being Directors or to the "Care Team" Coordinator. The Care Team Coordinator organizes a team to meet the needs of the person requiring assistance.

3. Other Centres

Among other Centres with over 100 members that have some organization, **Denver** has a care coordinator and provides care teams to a limited extent. It reports being challenged in finding enough volunteers for the care teams.

Portland (Oregon) has a Community Care group, which organizes care when needed. The SHWB Director forwards care needs to the Coordinator of that group, who puts out requests for volunteers. Generally people step forward.

In **San Francisco**, requests for assistance are brought to its Executive Team, composed of volunteers and leaders within the Center. They organize a response that makes sense for the individual situation.

Philadelphia has a newly formed "Circle of Care" group that helps Sangha members in need, which is led by the Societal Health & Well-Being Director. They aspire to be able to provide care teams.

Atlanta has an Elders Group (led by Carol Williams), which meets once a month, which is structured as a support group. There are 80 members on the mailing list. The group averages 8-10 people per meeting. It also has a nascent working group on aging. The Director of Societal Health & Well-Being in Atlanta reports that, "organizing a process and team to care for our Sangha is one of my 2015 priorities... We don't have a care process or team set up at this time. It's hard to mobilize people - everyone is busy. And it's hard to know what to offer, exactly, and how to set boundaries with people receiving care. I plan to seek support from Mary Whetsell, but would also welcome advice from the Working Group on Aging."

Other Centres have also expressed a desire to create further organization to respond, expecting the level of need to increase.

d. Centres with Ad Hoc Care

At most other large centers, care needs are handled in a somewhat ad hoc way. Generally information that someone needs assistance is received by the Societal Health & Well-Being Director and/or the Desung (through conversation, phone call or email), and they in turn initiate efforts to organize care. This may involve connecting with sangha friends of the person involved, calling for volunteers, interfacing with family or depending on the circumstances, connecting to social services. Oftentimes, online organizing tools are used, such as CaringBridge and Lotsa Helping Hands. Some Centres have members working in the social services sector, which can be quite helpful.

Many centers report that members are very willing to jump in. For example, the Centre Director in **Baltimore** states, “Our Center is pretty responsive to anyone who needs help, not just older people. Someone sets up a Rota, which people sign up for. Usually the person who needs help makes it known through community talk. Other times, another community member will make it known.” However, they are concerned that they currently don’t have a point person for people in distress.

The Centre Director of **Austin** reports, “We have a pretty caring sangha. We have a Representative for Health and Well Being who will call and check in on members who are sick or need help. Most of our efforts go to people who are sick, people who need help like a single mom with no resources, someone in the hospital, someone with a severe mental problem or the family of someone who has died.”

C. Smaller Centres (Under 100 Members)

*The Societal Health and Well-Being Director in **Stockholm** comments that there are “seven pensioners at the Stockholm Center, and so far the above [care] issues have not occurred, but everybody knows everybody, so the day it happens, we will know about it and of course try to help as needed.”*

The general picture which emerges is of a largely informal system but one where people step in as needed. In most cases (similar to many of the larger centers), word of a member needing help gets to the SHWB Director and/or the Desung, and they respond by putting out a call for help, usually via email (via a local listserv or the Shambhala Database) or by phone. (If there is no SHWB Director or Desung, this is generally handled by the Centre Director or Coordinator.) Generally, people who are friends of the individual will step in first and often have already stepped in by the time someone in leadership is notified. There is a natural willingness to help, based on connections and friendship with the person as part of the community.

Another theme that emerges is the importance of the SHWB Director and/or Desung as a point person. This role reduces the load on the Director, but also is a message that the well-being of members is inherent to what a Shambhala Centre is.

Some Centres have some structure for care or are working on developing it. In **Birmingham**, there is a Care Team that can help in acute situations and as a plan b (after family possibilities.)

Brunswick/Portland (Maine) reports that, “We do use center members and other community members as part of care teams, both for direct service and support like providing transportation to hospital appointments, emotional support, preparing food for ill individuals, but also use member resources for information when assistance is needed from social services agencies. We have a number of members whose professional lives include jobs in health care, mental health counseling, early childhood education, and handyman services.”

Davis Shambhala Center in California has “an Emergency Support Fund ... and a group that offers transportation, food delivery and accompanying people to medical appointments.” **San Antonio** reports that, through their SHWB Director, “we have coordinated ride shares for members who can't drive anymore and organized fundraising for members in financial difficulty. Independently, people have checked in with members in the hospital requesting visitors- though this was not

organized, just announced more to leadership or close friends via email or phone call depending on the sensitivity of the hospital stay.”

Longmont, Colorado (a very small group) reports having “a very active health and well-being resource group. They organize for sangha members who need help.” They also “have had a support group [for caregivers] that has been active for the past year. We meet once a month with a facilitator, who is also a professional psychologist. This has been very helpful. There have been about ten people involved in this.”

The SHWB Director in **Cuernavaca/Tepoztlan in Mexico** writes, “As we have our center in Tepoztlan, a relatively small town, we are a real community. When a person of the sangha got sick, we did a group of support for the couple for more than 5 years, until the man died. We cook for them, and help in other domestic endeavors. Usually we write to the people who are close to the person and propose certain kinds of support....”

The SHWB Director in **Vienna** reports, “In Austria, we have a very well working social network from the government. In general, help like wheelchair, food, etc. is provided by healthcare from the government. If members tell about issues like having cancer or having had an accident, we might ask whether they need any support. However, this is not ‘organized’ yet, but depends more on the actual situation.”

The **South Shore Shambhala Meditation Center** in Nova Scotia reports that they are actively involved with a "Seniors Helping Seniors" program in the community.

From **White River Junction**: “For us it hasn't been about ‘aging’ members, so much as ‘dying’ members -- we've had two later-middle aged members dying of cancer in the past few years and mobilized around that. In both cases, there was someone who arose spontaneously to organize care, taking into consideration the wishes of the person who was dying. In one case, the dying person named a number of people whom they wished to keep informed and call on for specific kinds of help, and the organizer contacted us by email. In another case, the dying person was open to any and everyone's support, and it was again coordinated by a naturally arising friend.”

D. Discussion

It is clear that providing care has to be a community effort and can't really be entirely organized by the Centres. The Centres can support and help to connect. However, further organization and support from within the Centres is obviously desirable. How to find manpower for leadership is an issue. Many centers are requesting information, education, and structures to grow with.

Fortunately, a culture of kindness has been growing and people step in. Again, as Dan Peterson commented about **Seattle**, “a culture of noticing has developed.” It is clear that presence of Societal Health and Well-Being Directors and Desung has been valuable in providing a reference point for people's natural caring for one another (and also taking that responsibility off of the shoulders of the Centre Directors.)

However, sometimes it is hard to find out what people need, particularly where a person has become more isolated from the Center, due to alienation or health. There is the danger of people falling through the cracks. **Berkeley** reports that, “It is difficult to keep up with the health of

individuals in such a large community.” **Davis** reports that they would like more people to come forward and ask for help. **Pittsburgh** reports a challenge in “knowing what's going on among community members. Creating a safe space for sharing information like this.” **Philadelphia** reports a challenge of “mainly reaching out to them and letting them decide what they want....most of the time people are thankful for the ‘reach out’, but often rely on their family or friends to help them.”

Creating a care team and finding helpers seems to work best when a person is well-connected to the sangha and when it is organized by friends and is more difficult otherwise. On the other hand, the **Shambhala SW Michigan** Director comments, “Some people have their own already-established social networks. How much help is offered depends in part on how much our sangha is at the center of the world of the person or family who needs assistance.” Related to this, **Los Angeles** reports a challenge in “coordinating the center's care teams with needs of family members.”

There is the issue of caregiver burden. **Minneapolis** comments that, “Caregivers have more need that we see now than actually assisting elderly members themselves. There are many services in the Twin Cities that are helpful, and shared experiences are offered as support.” **Sonoma Shambhala Center** reports that “Some of our members are working, involved in family---either illness, aging issues or involved with their adult children and grandchildren, and do not have a lot of extra time and energy for other care giving.” There are concerns about the demographics with so many being over 60 at a lot of centers, and often-times they are the caregivers. Situations of dealing with chronic situations or where there is mental illness or dementia are more challenging.

London has had a situation of “sangha members who are terminally ill or with chronic physical conditions being cared for by another sangha member in a way that can lead to some burden being experienced by the caregiver-sangha-member - sometimes because the sick sangha member has no available direct family member who can take on the care, so sangha friends are left with a sense of responsibility and perhaps more care than they can easily maintain.”

Some centers, such as **Tatamagouche, Nova Scotia** and **Brunswick/Portland, Maine** have a geographically spread out membership, which makes it challenging to provide help.

IV. Obstacles to Participation for Aging Sangha

“We do need to think about helping older persons continue in their practices, education, and sense of connection. And we need to find ways to celebrate the gifts that older persons bring.” SHWB Director at Pioneer Valley Shambhala Center

Below is a compilation of responses we received regarding frequently encountered accessibility issues and how they are being addressed at some Centres.

A. Physical Accessibility

In the survey, 39% of the respondents report that their Centres are not wheelchair accessible, and 41% of respondents report that their bathrooms are not wheelchair accessible. For Centres with over 100 members, 28% of the respondents report that their centres are not wheelchair accessible and 35% report that their bathrooms are not wheelchair accessible.ⁱⁱ In some cases, such as Halifax, the Centre is only partially wheelchair accessible.

Many Centres have internal or external stairs which are an issue. These are an accessibility issue not only for people in wheelchairs but also others who have trouble navigating stairs due to pain or shortness of breath. **Santa Rosa** Shambhala Centre reports that, “we are on the 2nd floor and the ramp that goes up is quite steep so wheelchairs and folks with some mobility issues might find it too challenging.”

Some people have expressed a ready willingness to carry people and wheelchairs upstairs, but of course this can be a safety issue. **St. Johnsbury** Shambhala Center in Vermont installed a chair lift on the stairs which has helped but they are not completely wheelchair accessible. Other Centres are considering installing wheelchair lifts or elevators.

St. Margarets Bay Shambhala Centre, Nova Scotia, reports, “We got a grant to pay for our elevator. Contact Theresa Milligan, Director, for more details.”

Also related to funding, the **Barrie Shambhala Meditation Group**, Ontario, Canada reports, that “While we don't presently meet in an accessible building, the leaseholders have a vision for the next few years that includes applying to local, provincial and federal agencies for funding to put in an elevator. Also the bathroom would be renovated at that time, but it is a very new situation. The funding is there, though and we appreciate that it is part of their plan.”

Portland (OR) is supporting a live Skype link for some classes, for some individuals who physically can't make it to the Center. Similarly, **San Antonio** has been “skyping White Tara and Tonglen practices with those who have difficulty getting to the center due to health issues.” **Chicago** has one physically challenged Sangha member who regularly Skypes in when we do the Shambhala Sadhana together.

B. Transportation & Parking

Getting to and from a Centre can be a challenge, particularly at night. Some issues that have been mentioned are poor public transportation, bad winter weather, living far from the Centre, or membership being spread out.

Parking can also be an issue. For example, **San Francisco** reports, “There is no parking lot-- older people have to be able to navigate our urban environment of public transportation and street parking in order to get to us.”

On the other hand, many Centres report a ready willingness to arrange rides where needed.

C. Hearing and Vision; Physical comfort

New York summarizes the challenges this way: “Access issues, making sure that older people can have a comfortable seat to sit in, close enough to the speaker so that they can hear/see (we do not have hearing devices), without the danger of tripping over crowded cushions.”

Challenges related to hearing loss are a common theme. This was mentioned by many respondents. Some centres report that their sound system is not always good for people with hearing loss.

The **Pittsburgh** respondent reported, “We take all of the feedback at our Center seriously and break it down to whether we [can] easily solve whatever circumstances are arising. For example, we currently have a new participant who is an older woman with hearing difficulties. She reads lips and can participate without too much trouble - but our Executive Council saw her circumstances as a means to improve the way we operate for everyone by working to install a new sound system.”

St. Margarets Bay Shambhala Centre (Bruce Wauchope) also reports that “we have found that our recording device can be rigged to help persons with hearing issues.” He also stated, “I do audio support for dharma talks, major and minor. I do not see Shambhala rolling out a global strategy for providing audio support for those who cannot afford hearing aids.”

With respect to supports for people with vision challenges, one suggestion was to provide chant books with larger font.

D. Evening Classes

A number of people mentioned evening classes as being a challenge for many older people and the desire to create daytime programming.

Burlington Shambhala Center in Vermont reports, “We have more daytime offerings - Tuesday and Thursday noon sittings; Tuesday Lunch group, daytime classes. This is very helpful to those who do not like to drive at night.”

E. Obstacles to Attending Land Centre Programs

A **Boulder** respondent reported, “Challenges I am aware of are, for example, that many of the aging population is not able to go to Land Center programs and hear (for example) the Sakyong's teachings; that makes them feel disconnected over time and it might be good to consider having (for example) a Rigden Abisheka at the Boulder Shambhala Center, because health and money related issues keep quite a few people on the fringe of our Community. That is only one example and in a conversation I could explain this further.”

From **Dorje Denma Ling**: “We try to offer elders the choice not to participate in rota, and try to provide places to rest during program breaks. We also have of course Desung stand by for issues. Of course we also always have high puja tables and chairs for elders as needed.”

F. Financial Obstacles to Participation

There are two categories here: (1) participation at Local Centres and (2) participation at Land Centres.

a. Local Centres

Most centers report a very flexible payment or generosity policy for those financially challenged, which applies to all ages. There are some Centres with specific discounts for seniors. **Santiago** Shambhala Centre in Chile reports, “We have special fee for seniors (over 60 years old) for all the programs (25% discount) or they do not pay and sometimes they help with different tasks in the Centre.” They feel that older members do not have any other obstacle to participate beside economic one.

Vienna reports, “In Austria most seniors get a pension, and in general there is no typical connection between being aged and poor. However, we have a general: “give-as-you-can-policy”, and are encouraging everyone not to hesitate to participate in programs, even if they cannot pay a lot.”

Another interesting response comes from **Philadelphia**: “Members can pay what they want. Typically the older generation is able to help support the Center. Our members in their 40s and 50s are more likely to have financial limitations.”

Birmingham suggests a more psychological obstacle related to finances: “They don't feel they can contribute much - they don't have much money and they can't help in physical projects.”

b. Land Centres

“I feel that in our mandala at large, we should be honoring and adopting a culture of kindness toward our faithful aging population, particularly for those who may not have the means to continue paying for the fees to attend programs or yearly retreats required to continue on the path (the Scorpion Seal retreats come to mind). Many of these folks have dedicated years of their lives to staffing, teaching, supporting their centers, the land centers and taking time off to attend dathuns, assemblies, seminaries, etc. In many cases, this has been at the expense of their careers and/or their retirement plans. They find themselves now unable to continue to attend these costly events and are feeling alienated and in some cases, cast aside. Even if they are able to bring themselves to ask for

financial aid, it is often not enough to allow attendance. It might be nice to have something like a 'Warrior Elders' fund that is dedicated to supporting these faithful warriors who have given so much to the organization and find that now they are no longer able to." – From Santa Rosa Shambhala Center

While there are now discounts in place at Land Centres for people who are financially challenged, this clearly remains a challenge for many older students.

V. Financial Obstacles – Not Meeting Basic Necessities

“One comment: I had this topic in my mind about our dear old teachers who are completely involved in our community, offering so much, and not so well ‘paid’ for that. Some are completely in good situation, but not all.” Centre Shambhala de Paris

The biggest issue related to money is of course when a person doesn’t have enough income to meet basic necessities, including health care. A respondent from **Vancouver** reported, “Recently a member did not have enough money for food. This person was given a gift certificate at a grocery store.”

A **Boulder** respondent said that, “money is an issue and Boulder is quite expensive.” Another person from Boulder said, “There are many of us who have given many years to developing our Sangha, Community and Dharma Centers, and now with the cost of living so high and poor planning by us Dharma Bums, coming into old age can be frightening. We were so excited when we first encountered the dharma, we wanted to give all of our time. I encourage our young Sangha to not forget livelihood. Most of us who gave so many years, now have no retirement or have not built any kind of Social Security. We have to work on different ways of being elderly and making ends meet.”

In **Boulder** there is a Trust, and in **Davis** there is an Emergency Support Fund for those in financial need.

VI. Communication between Young and Old

“We have not needed to directly facilitate communication/appreciation between younger and older members at this stage, as our older members are mainly the well-respected senior teachers and elders of our community, who on their part have been actively nurturing the younger members of our community as students on the Shambhala path.” – London Shambhala Centre

In society today there is a tendency toward not having good communication between young and old: the old being viewed as stodgy and possibly demented and the young being viewed as naïve and immature. In Shambhala at this particular time, some of these challenges can be accentuated by other factors (see quote below from New York.)

On the other hand, many people expressed tremendous appreciation for the wisdom of the older students who are also the main teachers, and the wish for them to be more visible at the Centre. (One request from younger leaders is for more mentoring in their roles.) And older students understand the importance of young people as the wave of the future. Coming together for Nyida day celebrations and other events helps to break down the barriers.

In the survey, we asked, “In what ways (if any) has your Centre been effective in facilitating communication / appreciation between younger and older members?”

Here are some of the responses:

“I do feel like there is undercurrent of mistrust, disapproval, feelings of alienation, defensiveness, or at the very least poor communication between the older generation (this includes older people in general and the previous generation of students, i.e. students of the CTR) and center leaders (who are primarily younger in age and students of SMR). Among the many challenges we face, this divide (which is not entirely across the board) makes collaboration awkward. Thank you for your efforts on this front!” New York Shambhala Center

“We're really working on encouraging younger members. I'm going to sit in on our very active young meditators group (18-35 years old) tonight. Our family and children programs are starting to flourish. Most of our members, especially our senior students are older and that demographic is the core of the center leadership. There is a natural melding of all ages in most programs. I think young people feel more isolated than middle aged or older folks.” – Austin Shambhala Center

“We really appreciate our older members, because they are admirable!! The oldest member is always looking to participate and she is very generous and cheerful. We really enjoy them.” – Tepoztlán Shambhala Centre (Mexico)

“My sangha allowed me to become Center Director at 28 years old, which as an act in itself is worth mentioning. However, I received very little support around the process of mentorship and becoming Director and mostly had to figure it out myself.” – A Center in the United States

“We have a lot of cross-generational activity - older members being invited to speak at Young Meditators group, young people attending talks on aging and death and dying, and a lot of team work.” – Portland Shambhala Center

"Much of the center leadership is young and many of the teachers and long-time members are old. It's been a little challenging to bridge this gap." – Berkeley Shambhala Center

"Our Executive Team is fairly diverse in terms of age, and has often been a place where an idea can be discussed by several generations of leaders and volunteers." – San Francisco Shambhala Center

"We are a close community which seems to have good interaction and appreciation between and for older and younger members." – San Antonio Shambhala Center

"I do not think there is a problem here. We have a Boeddhist Youth Night every other Monday, but the persons coming to the youth night also visit the other sitting moments so we mix up well." Shambhala Meditation Centre Rotterdam

"We have a 'Feast of Shambhala' Open House every Wednesday that is open to the public where soup is served and there is an opportunity for conversation before a presentation. This informally brings younger and older people together." – Halifax Shambhala Centre

"We have a thriving Young Adults group. More of the younger folks are joining our regular socials and classes and meetings, mixing with the older members." – Burlington Shambhala Center

"We all work together. Almost all of our Vajrayana students are older members, so the younger members really depend on them to lead on decorum, practices, etc." – San Antonio Shambhala Center

"We did have a Dialogue Group for over a year, and the one 'difficult' woman did attend, but then complained bitterly that we would not talk loudly, clearly enough that she could participate knowledgeably in conversation. When several of us went in together to raise enough money to buy her hearing aids, she gratefully accepted them but soon had lost this second set of hearing aids, once again. In addition to the Dialogue Group, we did offer the Community As Path videos and discussion guides in a group setting at the Center. It was successful to a certain degree, but the turnout did not have large numbers, so the opportunity was there, but the interest was not, so we had not done a very good job of promoting the program. It has been an ongoing issue in our sangha and affects our programming in every area. We are just the past year having an on-going Family Group gathering, which is promising for the future." – Lexington Shambhala Center

"We have a unique situation being in close proximity to Karme Choling. KCL has a mostly young staff that mixes with our local, mostly older community. We share many social events and practice sessions. KCL hosts an annual 'Local Sangha Appreciation Dinner'. We become friends." – St. Johnsbury Shambhala Center

"I appreciate that as one of the few younger people (under 40) in the community, that my leadership and wisdom is valued and encouraged. The older community members do show a lot of respect for young people who come to the Shambhala path. The older community does find support from each other on aging issues." – Brunswick/Portland Shambhala Center

"With age, our senior teacher has struggled with the conceptual aspects of the Shambhala courses but is now relaxing into a more experiential format - previously he was often "over people's heads" but is now much more accessible." – From a Meditation Group in Europe

"I feel it is important to cultivate a culture of harmony around the experience of 'old' people as opposed to the stigma of age." – St. John's Shambhala Meditation Group, Newfoundland, Canada

VII. Aging Groups, Programs and Outreach

"I was once told by a very senior student that we Shambhala Buddhists have been taught how to die, but not how to grow old. We can use some help with this." Longmont Shambhala Meditation Group

A. Aging Groups

A number of Centres have established aging groups. **New York, Denver** and **Portland** report that their aging groups are going very well (see below), offering a good balance of community and teachings, and would be something that other centers might want to model.

Also, a number of Centres are starting groups and there seems to be lots of interest. **Boulder** is hoping that its "Second Friday of the Month" social gathering could become something to share and might take off.

Many Centres want to do more but are struggling with manpower to start and lead them. There are requests for more information about the already-existing aging groups.

Several (in **Halifax, Atlanta** and **Longmont**) are structured as support groups and are described in section III (...When a Member Needs Help.)

In other Centres, these are more organized as special interest groups, meeting regularly. **Denver** has a very popular "Wisdom of Aging" group that is led by Camille Yarbrough. They generally have over twenty participants and meet once a month. The group attracts a diverse cross-section of the sangha, including some who have completed the Way of Shambhala and want to stay connected to the Centre, new people, etc. They have found that bringing in strong teachers and speakers is important.

In **New York**, Andrea Sherman and Cynthia Spencer lead the community group titled "Conversations on Aging." They describe it as follows (supplemental information added):

"It has a format of open group meetings and special guest presentations, attracts long time practitioners, those currently caring for aging parents, spouses, friends, those who are growing older and face frailty, vulnerability and chronic disease as well as those interested in the Dharma and aging.

"We have had several guests including Acharya Judy Lief, Lewis Richmond, Olivia Hoblitzelle, Acharya Eric Spiegel, John Baker, Lanny Harrison and other noted Buddhist teachers.

"Each group starts with a meditation, introductions and concerns, contemplations, socializing and refreshments, and concluding dedications, and announcements. Themes in the group conversations include grieving and loss, productive aging, death and dying, creativity and aging, caregiving, aches, pains, and wisdom of aging.

"It generally meets every other month, and the attendance ranges from 15 to 50 depending on whether we are having a guest speaker. Typically with guest speakers, it's 30-50, and without it is on average 15 people."

The **Portland Shambhala Center** has a group called the Portland Aging Mandala (initiated by Ann Cason), which has been meeting quarterly. The last several meetings have occurred in people's homes and have included a speaker, discussion and potluck. These have become very popular (the last one had about 40 people), with a broad cross-section of the community attending which is having a unifying effect for the Centre. For some people with marginal connections to the center, it is the only event they are coming to.

Another aspect of these gatherings in Portland is outward engagement: creating connections in the broader community. The next meeting has a speaker from the Villages movement, which is very active in Portland. Because of the space limitations of meeting in members' homes and the group plans to resume meeting at the Shambhala Center.

The **Sonoma Shambhala Center** in California has an Aging affinity group that meets once a month. "We try to have a brief video or reading to stimulate discussion, but we basically allow the needs of the participants to guide discussion. The Center Director and SHWB Director have led it for many months, but recently we have been encouraging other members to facilitate."

Amsterdam has a gathering of female members aged 55+ which meets regularly.

Los Angeles has an Aging Mandala headed by Marilyn Moore and John MacAdams, with support from SHWB director. They are basically feeling their way right now, by having occasional programs, which are well-attended. They recently conducted a program called "Generosity in Action: Let's Get Ready" – presentations from a number of professionals, including a hospice nurse, a lawyer who deals with estate planning, and a chaplain. (It was staffed by a young person from the Young Meditators Group, who was struck by its relevance for younger people and wants to offer a similar program for their group.) A follow-up program is planned where participants are asked to bring back one completed form (such as a POLST, advance directive or will.) The Aging Mandala also supports a healing circle, which meets once a month. There is a sense of a lot of grass-roots energy and interest around these issues.

Boulder used to have a group gathering on a regular basis until recently. People interested were members of the community as well as people who have been involved with Shambhala, but are currently not members anymore. The group ended and is re-arising as a social gathering every other month. Marcia Usow and Felice Owens are the active people and the idea is to have less of an agenda and try to build more connections and to provide community with conversation and enjoyment. The Shambhala Center wants to support ideas that might come up from those gatherings if possible.

In **San Francisco**, "The Sickness, Aging, and Death" group is in its early stages, coordinated by Peter Dobbins and Susan Stoddard. They have met to discuss the group, and are in the process of making the group appear regularly on our calendar.

In **Baltimore**, by invitation, a group of older members meets regularly to discuss issues around dying. The group is led by Joan Kolker. They meet once a month and primarily discuss issues regarding approaching death.

A number of Centres have Death and Dying groups starting up. For example, **100 Mile House Meditation Group** in British Columbia, Canada, reports that a “Death, Dying, and Hospice Care affinity circle is just taking hold here.”

As a counter-point to the desirability of creating an aging group, a respondent from **Shambhala SW Michigan** (a smaller Centre) comments, “All of what we discuss is of common interest to older community members. Since all members will get older, if they live, what's of interest to older community members is of interest to younger community members. We're not big enough to segregate into special interest groups except by educational cohorts.”

B. Programs and Workshops

Centres have begun offering courses and workshops of particular interest to older members. The ones below are a small sampling.

Angela Pressburger of the **Tatamagouche Shambhala Group** near Dorje Denma Ling in Nova Scotia has led a very successful class based on Rabbi Zalman Schacter's *Age-ing to Sage-ing* for both local and sangha people. First year was women only but now men want to join in too.

In **Atlanta**, Lisa Federico has organized a workshop series based on President's Reoch's teaching on his Big Yellow File. This is to be offered in early 2015. It will include three workshops - wills, advanced directives, and funeral/memorial planning.

Amsterdam reports that they had a program on "Shambhala and the Art of Doing Grocery Shopping", out of which the care team was born.

Seattle has ongoing book discussion groups on books such as *A Year to live* by Stephen Levine. Similarly, **Brunswick/Portland (ME)** has embarked with twenty people in two book study groups using *A Year to Live*, meeting monthly. **St. Johnsbury** also has been hosting a "Year to Live" group that has had excellent participation.

C. End of Life Programs and Preparation

Los Angeles is planning “a ‘Signing Party’ in the spring, which will present and go over all of the documents needed as we age: wills, trusts, DNR's, etc. We are bringing in medical, legal, and Shambhala speakers, have dyads, and a notary public so that attenders can complete the process by the end of the event. It will be advertised as being for all community members, and can serve the purpose of gathering young and old around this issue.”

Boston reports the following activities: “End of Life group working on a resource manual, *Preparing to Die* book discussion group, Becoming Intimate with Death exploration day, LGBT retreats with Charlie Byron or Acharya Eve Rosenthal, practicing with ill members in their home.”

Milwaukie Shambhala Center reports, “We have one member (turning 90 in December) who has taken it upon herself to get a packet together that has info on funeral homes and funeral services who will accommodate a non-traditional (Western/Christian) approach to death and ceremonies.”

D. Outreach and Interface with the Community

100 Mile House Meditation Group in British Columbia was planning to give “a training presentation to the local hospice regarding Mindfulness and Palliative Care.”

South Shore Shambhala Center, Nova Scotia: <http://www.mahonebaycentre.com/seniors/>. Please follow this link for information with regards to our involvement with this program which seems to address the needs of our community as well as the greater community in general.

The new SHWB Director in **Pittsburgh** previously worked for a nationally-funded research institute focused on supporting older people and people with disabilities. He has professional connections in the community and feels that they are well-positioned to address issues in some unique ways.

VIII. Activities, Programs and Supports that Centres would Like to See

In the survey, we asked the question, “Are there any activities, programs, workshops (including online) which you would like to see at your Centre to better serve older persons?”

A. General Mandala Support

There are requests for more information on what resources are currently available and how to access them. Also, information on the activities at other Centres (one of the goals of this report!)

The other request is for information on how to start aging groups and community care. What kind of structures work well? How to find leadership and people willing to spearhead the starting of a group.

B. Workshops and Programs – Desirability of Local Surveys

A number of people commented that a local survey of the older sangha would be good, to find out what their interests and needs are. **Amsterdam:** “A survey among older community members to understand their needs (probably this needs to be location based).” **New York:** “I would be curious to hear what older people would be interested in seeing more of.”

a. More Online Offerings plus Making Current Programs Available Online

Many people expressed appreciation for the Shambhala Online Series on Aging and would like more online teachings on aging issues. An advantage of online teachings of course is that they are potentially accessible to members who can’t physically make it to centres. However, some are challenged by the technology and there was also a request for local technical support.

A request from **London** for “live online access to certain practice sessions, talks, courses or programmes so that older people who are not easily able to travel can still participate in our programmes and the community.” A request was made from **Tatamagouche** (in a rural area of Nova Scotia) for a way to get Rites of Passage ceremonies and teachings without having to go to Halifax.

b. Local Workshops and Programs

“I think any thoughtful, relevant program or workshop would be appreciated.”

i. Rites of Passage

There were a number of requests for information about Rites of Passage ceremonies. These have already occurred in a few places, including **Halifax** and **Boulder**.

ii. Practical Topics

One theme was the need for workshops on practical earthy topics.

From **Shambhala SW Michigan**; “We're planning a day where we work on our wills. All the old age teaching programs that are generally taught, including ones that we have done here, don't quite get down to the nitty-gritty of having people actually, physically, create wills and work with the language in wills. Like with a lot of programs, plenty of heaven, not enough earth. We hope to address that, and when we do, we'll share what we've done.”

“Training on mental health in seniors; providing practical information: financial planning, medicare, housing, nutrition, etc.”

There were quite a few observations that more daytime offerings for older people, classes, workshops, and practice, would be good. From **Burlington Shambhala Center** (in Vermont): “I can imagine interest in a daytime class devoted to a topic such as "Meaningful Retirement" or "Making Friends With Old Age" here in Burlington.”

There is the opportunity for outreach. From **Shambhala St. Petersburg** (in Florida): “Would love more information about starting programs and/or workshops. St. Pete has an older community and would love to be able to provide programs specifically for them.”

Another recurrent theme was the desire for workshops and programs related to death and dying. A respondent from **White River Shambhala Center** (Vermont), stated, “I think there are many members who would like to have honest, direct, practical, and philosophical conversations about aging and dying.”

C. View of Basic Goodness and Enlightened Society

One request was for “awareness and support within the Shambhala tradition with reminders and guidelines would be useful.”

A respondent from **Deventer** (in the Netherlands) commented, “Perhaps more attention to how we as a community can support and serve those who are getting older.”

VIII. Shared Housing

A recurrent theme is the desire for community housing options and interest in initiatives happening around the mandala.

From Lennart Krogoll, Director of **Dorje Denma Ling** Land Centre in Nova Scotia: “I am just now forming a small working group, to investigate an elders community development on a piece of land that is part of DDL , yet currently un-used.” I am just now convening a small working group, looking at developing an elders community housing project here that will be attached to DDL in a way that can be supported by the younger folks who run DDL, while giving the elders an active role in a multi-generational community, Research shows that as people grow old, they stay healthier physically and mentally, if they have a contributing role in a community. Here they will be able to be elders well, contribute to mentoring, teaching, being MIs, doing child care, arts, gardening etc. We also have a hospital nearby and other amenities useful for elders.”

One place where shared housing is already in place is **Lexington**, which reports, “We have a practice house that houses older members of our sangha in a community living situation. This has been successful as a support for the inhabitants and as a positive resource for the center.

“It is modeled after the one on Boulder (referring to Marpa House), is owned by two sangha members and houses 5 - 6 sangha members, with each person having a sleeping room, but they share living and dining, kitchen and bathrooms. For the first few years, the ‘manager’ was a woman who had spent a lot of time living at Gampo Abbey, so she was able to share the practical wisdom of that experience with her housemates. (At this time, she has been again living there, at their request, to help fulfill their program needs.) Overall, the residents are very happy to be living communally and feel the quality of their lives is enhanced by their living situation. They also have had a house garden which is improving year after year, and is providing a good quantity of quality vegetables, juniper, and flowers. It may be the wave of the future.”

From **Davis Shambhala Center**: “There is an affordable housing cooperative in Davis that has three Shambhalians and several Buddhist-leaning members. It is called Dos Pinos. My wife and I wrote about it in Shambhala Times in 2009. It could become some sort of Sangha Housing if enough people moved in.”

A respondent from the **Sonora Meditation Group** in California, would like to see “a housing option for dharma people who could move to a community that would support them as well as their practice.” In **Boulder**, Felice Owens and Marcia Usov “are interested in shared housing and always look around.”

In **Minneapolis**, “Older members are still mostly active, but we are having conversations around ways to share housing, as needs will arise - people are aware but there's no formal program here yet.”

IX. Conclusions and Next Steps

"I feel very pleased about this survey and consideration you are giving this often forgotten group of people these days when everything is going fast and effectively and the older people are looked upon as a burden rather, at least in this country." – Shambhala Stockholm

"The aging of our mostly older sangha over the next 20 years is going to bring up all kinds of issues. In particular I think the Halifax sangha might shrink in size substantially. How do we prepare for that? How does the aging community accept changes that ease that transition?" – Halifax Shambhala Centre

"We will face in 10 years a terrible "aging crisis" in Limousin related to the age of the community of 'neighbours' from DCL who will be old people? Now we are more between 55 and 80 and in a good health. We don't have many old people in our sangha around except one old lady but she has her son and daughter-in-law around her..." – Shambhala Limousin, France

With this survey, we set out to ask how Shambhala Centres world-wide are working with the challenges of an aging sangha. We are very pleased with the quality and range of responses from leadership. Hopefully this report will provide a mirror and help to spread ideas and inspiration around the sangha, both to the Working Group on Aging and Shambhala leadership as well as to local Centres.

While we received many answers from Centres outside the U.S. and Canada, there probably would have been a stronger response from those groups if we had been able to send it out in multiple languages. However, in the responses we did receive, it seems that the commonality of the challenges far outweighs regional and cultural differences.

Some people took time on their surveys to express concern that we are only beginning to see the tip of the iceberg: Could the unmet needs of aging members of Shambhala sink the Centres? But with that observation in mind, maybe we should consider: How can our aging sangha, and coming up with ways to meet their needs, be a big factor in promoting the wisdom of Shambhala? There is kindness and wisdom and effort being engaged throughout the mandala. Here is hoping that this survey will be a springboard of benefit and a small step in creating enlightened society.

ⁱ We had limited success in reaching Desung so that they could fill out the survey, because they are not listed in the Shambhala Database. We had to rely on the Regional Desung to forward the survey to them and there were evidently breakdowns in the chain of communication.

ⁱⁱ Because more than one person filled out the survey from the same Centre in some instances, the actual percentages of Centres with wheelchair accessibility issues are a little different.