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## **My Passage to India**

By

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The heat was impressive, about 90 degrees inside an un-air-conditioned auditorium now filled to capacity with thousands of students, faculty, and faithful citizens. Closed doors prevented many more outside from coming in, and added to the heat. An official of Andhra University in Andhra Pradesh, a state in Southeast India, announced that Dr. Abdul Kalam had arrived and exhorted the crowd to show him respect. In saying this, the official was not trying to dissuade them from catcalls and other negative behaviors but from joyously swamping Dr. Kalam and preventing him from reaching the stage. This was the March 12<sup>th</sup> convocation which launched a three-day conference that focused on beginning the first gerontology program in all of India. I was privileged to be a witness and the keynote speaker.

Dr. Kalam is the immediate past president (2002-2007) of India. He is enormously popular with just about everyone. A scientist, author of many scientific and popular books and articles, technological innovator (his speech was on his website that afternoon), staunch advocate for India and her advancement in the family of nations, he was a Muslim president elected in a Hindu nation, a man whose closest cabinet members included a Sikh man and a Christian woman. An Indian colleague described him this way: "He's not a politician but a statesman." He was the perfect choice to call attention to aging in India.

A slight and vigorous 78 year old, Dr. Kalam held the audience spellbound for 30 minutes or so, leading them through an appraisal of the country's values and greatness and of the importance of her elders in achieving this greatness. He reviewed briefly neurobiological findings that brains can sprout new neurons, noted that with young and older persons this sprouting is dependent upon supportive environmental factors, and discussed strategies for making "every experienced citizen mentally alive." He led the audience in fervent promises to lead good lives, to visit those in hospitals and nursing homes, to be a friend to the mentally and physically challenged in order to normalize their lives, and to respect "the sweetest hearts," his wonderful expression for elders. He exhorted the audience to "give, give, and give and receive happiness" and to treat "everyone as a manifestation of God." Coming from someone else, these might have sounded like empty platitudes. But Dr. Kalam has earned the respect of extraordinarily large numbers of Indians, across income and education levels, castes, religions, public and private sectors, and, importantly, across ages. He communicated that India needs gerontology.

From my seat on the dais I watched almost in awe. I sensed that, with such a convocation speech, these three days in conference would be seminal and memorable. So they were. Our work in India is the progression of the "DaVinci Kigatsuku" initiative that began in Japan some years ago and that has been described here in previous issues. This

undertaking's name incorporates DaVinci, the brilliant Renaissance artist and inventor who "saw" in ways that others did not, and Kigatsuku, a Japanese word meaning to do the right thing without being told to do so.

Our collaborations with colleagues in Japan and across Southeast Asia had caused us to ask ourselves: *What if gerontology could be the door through which we come to understand not only human aging but human life? What would we add or subtract in the prevailing curriculum? What and how would we teach?*

In preparing to help Southeast Asian colleagues to establish or to further their gerontology programs, we assessed what currently constitutes the usual gerontological curriculum. We recognized its strengths and limitations. Some subjects and issues were less relevant in certain cultural contexts. Much of its focus is external and one-dimensional. We also came to realize that our colleagues in these other countries have much to teach us in our quest to appreciate, better understand, and teach about human aging.

In Okinawa in 2007 we acknowledged publicly that a curriculum about gerontology should include more than just an expanded core of subject matter. Adding business, technology, the humanities and the arts augments the subject matter of the core curriculum but may not be equally relevant in every cultural context. Adding an interior focus to the study of human life and human aging, however, complements and helps to further the approaches to understanding. Meditation, yoga, introspection, Eastern and Western spirituality and more should be part of the array, part of what we are calling the cafeteria curriculum or *the curriculum palette*. With such a curriculum palette at hand, gerontological educators anywhere might select carefully the "colors" most relevant to the cultural canvas on which they work.

In India I encountered among colleagues not only an enviable sophistication in technical and mathematical approaches but also a deep appreciation of the spiritual in the human life course; of music and of yoga as means of relaxation and of meditation and wellness; and of the roles of dance and ritual in binding people of all ages together into a social whole. I met and had conversations with ayurvedic physicians, MDs who emphasize the mind-body-spirit connection and incorporate diet, exercise, meditation, and other "alternative" practices that Western medicine typically does not. An American musician living in India, trained in both Japanese and Indian traditional stringed instruments, recounted the central roles that music has played in conveying the stories, values, and meanings of these cultures. Andhra University officials used the term "yoga gerontology" to describe their orientation to mix East and West. And so it went. The point is that, indeed, different cultures do select different "colors" from the curriculum palette in painting the experience of aging as they see it. Aging is a construct, experienced amid and influenced by the norms, limitations, expectations, and horizons around us.