

PREFACE

Robert Neil Butler, MD
(January 21, 1927–July 4, 2010)

Dr. Robert N. Butler became the “Visionary of Healthy Aging” here and abroad by dint of his five decades of groundbreaking research, influential writing, prudent institution building, and diligent networking. He helped to transform the study of aging from a marginal specialty into an intellectually vibrant field of inquiry. Gerontology now attracts the attention of renowned scholars, emerging professionals, students, and other experts who are determined to understand the secrets of longevity and healthy aging. Butler designed, underwrote, and conveyed perspectives on aging rigorous enough to impress scientific peers and practical enough to sway policy makers and politicians. A psychiatrist and geriatrician, Butler also initiated changes in the training of physicians and other health professionals on how to care for the elderly. All this had a profound impact on altering the lay public’s images of the aged: Butler gave people reason to question stereotypes that demeaned late life and cause to focus on healthy, productive aging.

With Butler’s death a formative chapter in the history of gerontology and geriatrics ended: we are unlikely to see in our lifetimes anyone so

adept at generating, championing, and communicating issues in aging. Butler exemplified the importance of interdisciplinarity in advancing research, education, and policy making in gerontological practices. Geriatrics, he stressed, was more than a medical specialty that complemented family medicine; it offered a team approach to addressing older people's resources and resilience while attending to diseases and challenges of late life.

No contemporary gerontologist or geriatrician moved as deftly as Butler from one domain of American life to another. He and his ideas became a significant presence in medical schools and higher education, the media, hospitals and laboratories, literary and cultural organizations, foundations, and government agencies. He left an ambitious agenda for future work in geriatrics and gerontology. Those who continue to work in these and related fields would do well to capitalize on three of Butler's remarkable strengths: (1) his dogged determination to stimulate and refine scientific investigations concerning various dimensions of human aging, (2) his gifts for conveying images to the public that illuminate the meanings and experiences of late life, and (3) his capacity for mentoring, in addition to his remarkable generosity to those who aspired to improve the quality of late life.

Butler was an idea broker. In his twenties, when he was a fledgling investigator and physician, he saw potential for personal growth among people advancing in years. Whereas most physicians and clinicians in the 1950s and 1960s focused on aging as a disease-ridden period of decline, he extolled later years' positive qualities. Eager to broaden and clarify scientific modes of gerontology, Butler devoted his career to promoting means to enhance older people's health, esteem, and social roles. He gleefully crossed disciplinary frontiers to challenge and uproot disparaging views of human aging; he endeavored to replace stereotypes with images that accorded older individuals everywhere dignity and respect.

Butler envisioned a new millennium that held unprecedented opportunities for productive aging. "Many of our economic, political, ethical, health, and other institutions, such as education and work life, have been *rendered obsolete* by the added years of life for so many citizens," he proclaimed in the *Longevity Revolution* (2008:17). In the midst of the modern Longevity Revolution, which was transforming individual ways of growing older and

vectors of societal aging, healthy elders could and should use their talents and experiences to benefit youth. Commentators in the United States and abroad saluted Butler's vision. "No one did more to change society's perceptions of ageing and the aged than Robert Butler," declared the obituary writer of the *Guardian* in Britain (Carlson, 2010), "because his greatest achievement was in changing the attitude that obsolescence was the inevitable product of the ageing process."

Butler the idea broker also proved to be a masterful wordsmith. Over the course of his career, Butler coined many words and phrases now used to describe the meanings and conditions of being older. For instance, as a newly minted psychiatrist, he developed the concept of the "life review," a technique to assist elderly men and women grappling with issues still unresolved from earlier in their lives as they came to face death's inevitability. Therapists fifty years later still use this technique to encourage clients to journal their journey of life. And, as we shall see in chapter 1, Butler himself revisited his ideas about life review in his last weeks.

In his mid-fifties Butler introduced the idea of "productive aging" to embrace the contributions elders made in their households, volunteer activities, and late-life careers. Others, taking cues from him, added "successful," "vital," "conscious," and "positive" aging to the repertoire. Such themes remain prominent in popular books, news reports, media releases, and research articles. They all underscore positive aspects of growing older.

Well past normal retirement age, Butler sought to broaden the range and focus of aging studies. The consequences of demographic shifts associated with the Longevity Revolution, he believed, required scientists to develop fresh scientific constructs for studying societal aging and to create new institutional arrangements and normative patterns to accommodate individuals benefiting from extended years of maturation. Summing up a rich career of exchanges with other idea brokers, he mapped out the parameters of what he called the "New Gerontology" in *The Longevity Revolution*, articulating a bold model with which to analyze and harvest the fruits of extra years. While disappointed by the poor receptivity to his ideas, he nonetheless exuded his hallmark self-confidence as he insisted that he was on the right track.

There were frustrations other than intellectual disappointments. Butler well understood that ignorance, prejudice, and stereotypes clouded the vision of vital, productive, fruitful aging that he wished to promulgate. The mistreatment of older patients in health-care facilities and the neglect of geriatrics by the medical establishment had begun to anger him while he was still an intern. Butler chastised colleagues for presuming that the depressed outlook and physical impairments common among the institutionalized aged represented the “normal” profile of older Americans. Butler gave the odious prejudice a name: in 1968 he coined the term “ageism” as an analog to “racism” and “sexism.” *Ageism* quickly entered everyday parlance. Ageism undermines the value and status of elderly men and women in virtually every sector of American life—notably education, health care, the labor market, and the media—and remains there to this day.

In late life Butler concluded that ageism was even more pernicious and invidious than he initially had realized. In “Combatting Ageism: A Matter of Human and Civil Rights,” his introduction to a report on *Ageism in America* (2006:1), Butler opined that

the status of older persons and our attitudes toward them are not only rooted in historic and economic circumstances. They also derive from deeply held human concerns and fears about the vulnerability inherent in the later years of life. . . . Older people are still being rendered invisible. Instances of this invisibility occurred in the horrific aftermath of Hurricane Katrina when a person’s class (impoverished) and race (black) were dominating factors in survival. Older persons in their own homes and in nursing homes were often abandoned.

Butler now called ageism a disease, a morbid fear of decline and death that crippled individuals.

Outrage at the disregard and devaluation of older persons impelled him to write *Why Survive? Being Old in America* (1975b), which won a Pulitzer Prize. “When we talk about old age, each of us is talking about his or her own future,” Butler wrote. “We must ask ourselves if we are willing to settle for mere survival when so much more is possible.” From a man

usually guarded about expressing feelings, this sentence reveals much about Robert Butler and his *raison d'être*: the visionary of healthy aging rarely hesitated to forcefully challenge conventional wisdom about aging when he felt it was wrong or misguided.

Nor did Butler accept “mere survival” as the baseline for living, despite moments in own his life history that tested his resilience and perseverance. The Great Depression shaped his childhood, exposing him to poverty and loss, material and familial. Grieving the death of his beloved wife, Myrna Lewis, for the rest of his days, he nonetheless remained open to new love. On top of his strenuous writing and travel schedules, he found time to grant interviews and to support diverse cultural and political causes. Butler invariably accentuated the positive, quick to note progress made. He championed causes for older Americans with unrelenting optimism. Sometimes such an ebullient outlook blinded him to inconvenient truths in the marketplace of ideas and in his dealings with others.

Appointed in 1976 by President Gerald Ford to be the first director of the National Institute on Aging (NIA), Butler took daring, sometimes controversial, steps: he made research on Alzheimer’s disease a priority at NIA instead of earmarking incremental resources into basic biomedical mechanisms and processes of aging. After he moved to Mount Sinai Medical Center in New York to establish the country’s first geriatrics department, federal and local cost-cutting measures made it difficult for him to secure budget increases for elder care. That he flourished so long in an era of superspecialization and zero-sum academic politics attests to Butler’s savvy and leadership style. After initially playing to his strengths in basic sciences at the International Longevity Center, he delved heavily into economics and ethics, two areas where he was not trained.

The outpouring of affection in obituaries in the United States and around the world demonstrates the respect and admiration bestowed on Robert Butler. According to Catherine Mayer (2010), who interviewed him for *Time* a few weeks before his death, “he proved a role model, right until the end, as he was energetic and effective.” Christine Cassel, MD, president of the American Board of Internal Medicine, remembered her mentor this way: “Bob Butler [had] an amazing ability to keep both engaging

personal stories and attention-grabbing statistics on the tip of his tongue. . . . For those of us who watched his effective presentations, these speeches were themselves worthy objects of study. We realized that carrying the baton he handed to us required understanding the skills of persuasion just as much as the skills of being a good geriatric clinician or researcher” (Cassel, 2010).

Butler was a can-do, go-to guy, at once a cheerleader and a taskmaster who expected the best from others and certainly nothing less from himself. He was a loyal friend who routinely checked up on college roommates. Butler traveled easily in the rarified circuit between Washington and New York. Although received royally abroad, he remained hospitable to strangers, unfailingly courteous to all.

In November 2009 Robert Butler showed me a draft of a memoir he said that he had written for his four daughters and grandchildren. Having known Butler for thirty years, I suspected that he intended to publish what he had written. When I told him bluntly that the text needed a lot of work, he invited me to edit it. I replied that I preferred to write his biography. He worried that my rendition would be too flattering; I assured him that that would not be an issue.

I worked with Bob on this book until he died. Besides sharing his love of history and ideas, I knew the names of most of his friends, and I interviewed key colleagues in geriatrics and gerontology. I enjoyed listening to him ruminate about science and culture, revise his action plan for what he absolutely had to accomplish within the next five years, and express his love for and pride in his daughters. Two weeks after his death, to honor one of Butler’s last intentions, I traveled with three of his daughters and his dear friend on an itinerary he had planned—to Vineland, New Jersey, where Bob spent his early years, and to Rehoboth Beach, Delaware, where the family usually vacationed in August.

My main purpose in writing *Robert N. Butler, MD: Visionary of Healthy Aging* has been to interpret how this éminence grise helped to shape the history of gerontology and geriatrics in the United States during a critical period of development. Butler’s life personified the ripening of the greatest human possibilities into advanced age. His life work refracted

and reflected trends in American medical, policy, political, gerontological, and geriatric history during the last half-century. Because his public record is so rich, I chose not to quote directly from his memoir: the document clearly is a work in progress, and I want to respect Dr. Butler's right to privacy. That said, I must quickly add that his prodigious output made it easy to find in print ideas often fragmented in his unfinished manuscript.

I have concentrated in this book on Butler's evolving ideas about aging and his professional *modus operandi*, which permeate the study and practice of gerontology and geriatrics today and in the future. There is a need for a work that critically assesses the hurdles he faced. Butler was a Renaissance man whose ideas will foreshadow developments for some time to come. At the same time I hope that it will be instructive for baby boomers and those entering the field to come to terms with the historical vectors that frustrated him and kept him from completing his agenda.

With the graying of the baby boomer generation, the coming of age inevitably will have as great an impact on public discourse and societal institutions as did the Civil Rights movement and the feminist revolution, in which boomers participated as youth. What we have learned and distilled since World War II about age and aging should impel thoughtful readers and activists to build on Butler's legacy and, ideally, go farther than he did in integrating gerontological research, geriatric care, age-based coalitions, and generational politics into other domains of life. Butler, working at the vanguard of the new gerontology, sought to expand intellectual horizons and social mores. He had faith in the leaders of academic gerontology and medical centers, but the insularity of many coworkers dismayed him. Ageism remains endemic. These are some of the reasons why Butler did not totally succeed in creating a bold vision of aging America that captured the imaginations of scientific communities, lawmakers, and the public.

I wish to explicate the relevance of Butler's brilliant exploration of the meanings and experiences of growing older and societal aging over the past half-century. This vision not only illuminates contemporary age-groups and institutions, but it will be the touchstone for future developments. This book builds on an emerging literature on developments in the field of aging as well as cultural and social histories of postwar America. I have

rethought and recast ideas that I presented in *Crossing Frontiers: Gerontology Emerges as a Science* (Achenbaum, 1995). I have updated the main lines of Butler's own unedited bio-sketch that he contributed to *Profiles in Gerontology: A Biographical Dictionary* (Achenbaum & Albert, 1995). Butler's family and friends have been very supportive, especially after Bob's death, but I alone bear responsibility for what follows. As Butler would have wished, I have composed a comprehensive, sometimes critical interpretation of a trailblazer who contributed much to improve the well-being of all who are or will become elders in postwar America, a critical period of U.S. cultural and social history.

ACKNOWLEDGMENTS

This book began as a joint venture between the late Robert N. Butler and me. I interviewed Dr. Butler on four separate occasions early in 2010 and corresponded with him by phone and e-mail until his sudden death. Three of his daughters—Alexandra, Chris, and Cindy—and one of his granddaughters (Corinne) gave me insights, personal and professional, into a man they adored. It is fitting to dedicate this volume to them. I also want to thank Herta Gordon, who enriched Bob's life, for her support and perspectives.

Friends were tremendous help. I owe my greatest debt to Rick Moody, who willingly interrupted our collaborative efforts on two other books so that I could undertake this project in a timely manner. Having worked closely with Butler for more than three decades, Rick provided a reading of the first draft of the manuscript that proved enormously helpful. He also offered tough constructive criticism when he felt that I needed it. Tom Cole greatly improved the first chapter. Linda Fried and Jack Rowe made the initial pitch to Columbia University Press. Morriseen Barmore, Butler's assistant, and our mutual friend Barbara Greenberg supplied hard-to-find