Robert N. Butler, MD (January 21, 1927–July 4, 2010): Visionary Leader

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The career and accomplishments of Dr. Robert N. Butler highlight the history of postwar gerontology and geriatrics here and abroad. Butler was an idea broker: He introduced “life review” as a therapeutic intervention and coined “ageism.” Butler was the only researcher on aging to win a Pulitzer Prize or long after normal retirement lay the foundations for a new gerontology. Butler was an institution builder: he served as first director of the National Institute on Aging, created the first department of geriatric medicine in the United States, and mobilized support here and abroad for global aging. His legacy provides much for successive generations to emulate and enhance.

Key Words: Ageism, Geriatrics, History, Theory, Quality of life, Public Policy, Longevity, Alzheimer’s Disease

To the dismay of his medical school professors, Robert N. Butler decided early in his career to work mainly with the elderly adults, a group whom most health care workers (and other professionals across mainstream America) after World War II willfully ignored and disparaged. Physicians then typically seized on manifestations of senility and diseases, frailty and incapacity, and obsolescence in old age. Butler (a newly minted psychiatrist in 1953), in contrast, measured and celebrated late-life potentialities among aged patients he saw in clinical settings and across kitchen tables. Butler enjoyed promoting and engaging in interdisciplinary research projects, which stemmed from intellectual risk taking at Columbia University, where he received his undergraduate degree in 1949 and MD in 1953.


Butler was an idea broker and institution builder. The two roles were symbiotic. Perhaps it is not serendipitous that Butler’s first book, Why Survive?: Being Old in America (1975), won a Pulitzer Prize the very day that he assumed office as founding Director of the National Institute on Aging (NIA). Accordingly, this biosketch begins with these two notable accomplishments, which offer a useful measure of the man on center stage, his modus operandi, and his legacy.

The Preface to Why Survive? begins “old age is a tragedy” (Butler, 1975, xi), a condition that stirred the author’s anger and spurred him into action. “When we talk about old age, each of us is talking about his or her own future,” Butler continued (Butler, 1975, xiii). “We must ask ourselves if we are willing to settle for mere survival when so much more is possible.” This sentence demonstrates that
Butler, a man usually guarded in expressing feelings, did not hesitate to challenge conventional wisdom about aging forcefully when he felt it was wrong or misguided. “The tragedy of old age is not the fact that each of us must grow old and die but that the process of doing so has been made unnecessarily and at times excruciatingly painful, humiliating, debilitating, and isolating through insensitivity, ignorance, and poverty” (Butler, 1975, pp. 2–3).

Why Survive? devotes six chapters to a variety of economic and emotional problems plus another four involving difficulties with nursing homes, drugs and substance abuse, and victimization of the old. These analyses are followed by chapters on the politics of aging and a policy agenda to ameliorate “the gift of life,” which culminate in his portrayal of “A More Balanced View of Old Age” (Butler, 1975, p. 408): “Older people are as diverse as people in other periods of life, and their patterns of aging vary according to the range they show from health to sickness, from maturity to immaturity, activity to apathy, useful constructive participation to disinterest, from the prevailing stereotype of aging to rich forms of creativity” (Butler, 1975, p. 408). In addition, Butler attached five appendices to afford readers sources to the gerontological and geriatric literature and references to Federal agencies, national organizations, and other programs that served the elderly adults. Writing Why Survive? gave Butler a comprehensive understanding of the state of the field, solid spadework as he prepared himself to execute a national action plan to empower older persons.

Clinical insights, civic engagement in Washington, and a passion to make a difference served Butler well in translating ideas into practice at the Federal level. Appointed by Gerald Ford in 1976 to direct the newly created National Institute on Aging, Butler perceived that NIA’s future success was uncertain, given its modest budget and amorphous mandate, in addition to opposition within the National Institutes of Health (NIH). To galvanize citizens’ stake in aging while fighting resistance to the inevitability of growing older, NIA under Butler’s direction published a blueprint, Our Future Selves: A Research Plan Toward Understanding Aging (National Institute on Aging, 1978). In consultation with the National Advisory Council on Aging, Our Future Selves proposed 10 short-term and 10 long-term “selected research opportunities” under biomedical issues, behavioral/social issues, and human services and delivery.

Agonizing some key members of the gerontological community (Adelman, 1995), Butler decided that NIA needed to claim a “disease” of its own. Butler chose the etiology and treatment of Alzheimer’s disease and related mental disorders. He looked forward to intramural collaboration with other NIH research teams. Butler, impressed by the success of the American Heart Association, was also instrumental in creating the Alzheimer’s Association (1980), a private foundation to heighten media attention and generate funds. Although scientists in the 1970s had not yet devoted much attention to Alzheimer’s disease, the risk nonetheless paid off for NIA: its budget grew as interest in the disease rose.

Toward the end of his tenure at the National Institute on Aging, Butler spoke to Janice Caldwell, a former executive director of the Gerontological Society of America: “I am very pleased that the Institute’s very formulation in the Research on Aging Act [which authorized NIA’s creation] spoke to the complexity of the human condition. . . . It did not make this a purely biomedical research institute but it made it biomedical, behavioral, and social” (Butler, 1983).

Besides building bridges to Congress and to relevant research communities, as well as reaching out to Gray Panther, convener Maggie Kuhn, and feminist Betty Friedan, among others, Butler assiduously sought to make research on aging a national priority by facilitating the organization of the American Association of Geriatric Psychiatry (1978), the American Federation of Aging Research (1981), and, after leaving NIA, the Alliance for Aging Research (1986).

For the rest of his life, Butler remained an idea broker and institution builder. He wrote influential articles with investigators across disciplines. He also published multiple editions of bestsellers with his wife, Myrna Lewis, which respectively pierced the prevailing silence of secrecy about Aging and Mental Health (Butler & Lewis, 1973, 1998) and Love and Sex after 60 (Butler & Lewis, 1976, 2011). Butler told me that he would have been content to remain at NIA indefinitely, but he could not resist opportunities to create structures and coalitions for advancing aging. In 1983, Butler established the nation’s first academic Department of Geriatrics and Adult Development at Mount Sinai Medical Center in New York, from where he launched the International Longevity Center 7 years later.

Butler brilliantly advanced aging-related ideas and championed best practices in an array of institutions that served the old. “Bob’s purpose was to be a visionary leader, to inspire others to believe in better care for older people and take
up the charge,” observed Nora OBrien-Suric (2010) in a eulogy in The John A. Hartford blog. Butler was a charismatic leader who knew how to effect and sustain productive relationships—often collaborating with others featured in this issue of The Gerontologist. Research on aging, once dismissed as the ken of charlatans and quacks, now attracts the attention of renowned scholars, emerging professionals, students, and experts (sometimes in unlikely domains) who are determined to understand the secrets of longevity and to advocate principles of healthy aging.

Butler’s distinctive legacy is that he tirelessly attempted to persuade people that age matters. Through writings, interviews, and speeches, he piqued interest among biomedical and psychosocial scientists, in addition to policymakers and scholars in the arts and humanities—many new to the field of aging. Butler was not content, however, simply to design, underwrite, and convey perspectives in gerontology and geriatrics sufficiently rigorous to impress scientific colleagues and/or practical enough to sway policy analysts and politicians. Adept at underwriting and generating foundational and translational research, Butler wanted people to flourish while growing older. To this end, at NIA and Mount Sinai, Butler recommended and implemented guidelines to upgrade the training of physicians and other health professionals, efforts which have enhanced elder care overall even in the face of persistent shortfalls in recruiting and retaining qualified personnel.

Butler exemplified the importance of interdisciplinarity in advancing research, education, and policymaking in training health care professionals. At meetings of the American Medical Association and other professional gatherings, he stressed that geriatrics’ scope exceeded most medical specialties. Butler put team approaches at the heart of geriatric care; they enabled professionals to enhance older patients’ resources and resilience while attending to diseases, impairments, and accidents that accumulated over the life course.

No contemporary gerontologist or geriatrician ever moved as effectively as did Butler from one sphere of American life to another. While he and his ideas became a significant presence in the media, Butler made sure that his persona and insights appealed to journalists and critics. He was equally at home in literary circles and cultural organizations. Private foundations and philanthropists sought out Butler’s advice and underwrote his ventures.

Throughout his career, Butler embodied a two-fold message of hope. On the one hand, he fought to extirpate stereotypes that riddled deleterious images of age held by the lay public and scientific communities. Butler gleefully crossed disciplinary frontiers to put a human face on aging. On the other hand, Butler was a leader in advocating for and augmenting opportunities for women and men to harvest late-life capacities, which transcended mere survival, in order to enjoy the meaningful fruits of what he called the longevity revolution. He had a penchant for identifying and mentoring people who shared his zest for enhancing older people’s health, esteem, and social roles.

First Fruits in 1963: Human Aging and “The Life Review”

Robert Butler considered his years (1955–63) at the National Institute of Mental Health (NIMH) to be the most creative phase of his career. He was recruited by neuroscientist and physiologist Seymour Kety, largely on account of his work on psychopharmacology at the Langley Porter Institute in San Francisco (1953–55). Butler thrived on NIH’s interdisciplinary campus where “the hope of major advances [lay] in sustaining broad and free-ranging inquiry into all aspects of the phenomena of life, limited only by the criteria of excellence, the scientific importance, and the seriousness and competence of the investigators” (Shannon, 1967, pp. 104–105).

At NIMH, Butler worked closely with James Birren, who left Nathan Shock’s gerontology unit to create the first section on aging on NIH’s Bethesda campus. He also collaborated with statistician Samuel Greenhouse, neuroscientist and biological chemist Louis Sokoloff, MD, and developmental psychologist Marian Yarrow, whose research had been influential in deciding Brown v. Board of Education. The team focused on physiological cerebral changes that occur with advancing age as they relate to concurrent psychological capacities and psychiatric manifestations of late life.

NIMH published results in Human Aging: A Biological and Behavioral Study (Birren et al., 1963), which questioned conventional wisdom and prevailing judgments about aging as a period of decline—a motif embedded in the scientific literature. The theme had been central to Jean-Martin Charcot’s Clinical Lectures on the Diseases of Old Age (1881), which was based on examinations of Salpietere’s
mentally ill inmates in Paris. It also pervaded the landmark handbook compiled by Edmund V. Cowdry, which accentuated Problems of Ageing (1939) more than capacities. Contributors to Human Aging deployed batteries of clinical instruments to disaggregate the effects of disease from "normal" aging. Butler and his immediate supervisor, Seymour Perlin, MD, prepared the longest chapter in Human Aging, a 58-page analysis of “Psychiatric Aspects of Adaptation to the Aging Experience.” The pair stressed the importance of taking observations and collecting data from older participants who lived in communities not (then the practice) from institutionalized persons. Butler and Perlin concluded that chronological age was a less reliable predictor of psychiatric states than personality traits, stress and depression over losses, and diseases.

In retrospect, Human Aging seems a modest, cross-sectional project based on an unrepresentative sample: investigators examined 47 men, who had higher levels of income, education, and living conditions than the U.S. population at large. (Most participants were drawn from the National Association of Retired Civil Service Employees between Philadelphia and Washington, DC.) Contributors presented findings—many of which we take for granted today—couched in tentative, almost deprecating, terms. That said, Human Aging truly represents a turning point in the history of gerontology and geriatrics. Only one other multidisciplinary research team at the time attempted to differentiate healthy and pathological aspects of growing older: in 1955, Ewald Busse, a Duke psychiatrist, launched a survey of normal aging, notable for its inclusion of African Americans.

The same year that the National Institute on Mental Health issued Human Aging, Butler (1963) published “The Life Review: An Interpretation of Reminiscence in the Aged.” The article’s therapeutic aim, declared Butler, was to recover (or better yet, to uncover) potentials of old age so that individuals could enjoy a ripe maturity in a manner beneficial to society.

I conceive of the life review as a naturally occurring, universal mental process characterized by the progressive return to consciousness of past experiences, and, particularly, the resurgence of unresolved conflicts . . . Presumably this process is prompted by the realization of approaching dissolution and death, and the inability to maintain one’s sense of personal invulnerability. It is further shaped by contemporaneous experiences and by the life-long unfolding of character (Butler reprinted in Neugarten, 1968: 487). Within the decade, Butler (1974) was asserting that life reviews fostered successful aging. He recorded, with Margaret Mead and Wilton Dillon as part of the Smithsonian Institution’s oral history project, the experiences and memories of ordinary people who came to the Mall to celebrate the Bicentennial. In the mid-1970s, Butler and Myrna Lewis established protocols for conducting life reviews as part of group therapy sessions.

Butler’s “Life Review” fired gerontological imaginations. “The Butler paper came out and was read and talked about and our world changed,” recalled gerontological social worker Rose Dobrof (1984, xvii–xviii). “In a profound sense, Butler’s writings liberated both the old and the nurses, doctors, and social workers; the old were free to remember, to regret, and to look reflectively at the past and try to understand it. And we were free to listen and treat rememberers and remembrances with the respect they deserved, instead of trivializing them by diversion to a bingo game.” Fifty years later clinicians still use this technique to encourage clients to interpret their journey of life. Therapists and caregivers in 1995 established the International Society for Reminiscence and Life Review. Butler himself wrote retrospective essays about life review at several points in his career (Butler, 1974, 2002a); he completed a hitherto unpublished article on life review a week before his death (Butler, 2010 in Achenbaum, 2013).

Butler could also deftly coin a memorable phrase, as the history of ageism attests. In an interview with the Washington Post’s Carl Bernstein, Butler excoriated the ignorance, prejudice, and stereotypes associated with becoming and being old. The mistreatment and neglect of aged patients in health care institutions—fueling the medical establishment’s disdain for geriatrics—shocked and angered Butler while he was still an intern. Butler chastised colleagues for presuming that the depressed outlook and physical impairments among elders in hospitals and nursing homes represented the “normal” profile of older Americans. Butler gave the odious prejudice a name: he considered “ageism” to be analogous to racism and sexism (Bernstein, 1969). By repeatedly highlighting stereotypes that demeaned late life, Butler sought to supplant ageist sentiments with ones that redirected popular and scientific attention to assets of age.

Butler later championed the notion of “productive aging” to embrace those contributions elders made in their households, volunteer activities, and life-long careers in the United States and elsewhere. At the 1983 Salzburg Seminar, which he planned and chaired, Butler “urged that we move away from the popular
Butler & presented an by the added years of life Butler summarized a lifetime of work by flatly declaring that “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.” In the midst of the modern Longevity Revolution, which was manifestly altering ways that individuals grew older in societies that were themselves aging, elders could and should use their talents and experiences to benefit youth. The Longevity Revolution presented an expansive, cross-disciplinary and bold model for analyzing and harvesting the fruits of extra years.

Commentators in the United States and abroad saluted Butler’s vision, but the author was disappointed by The Longevity Revolution’s poor sales and lukewarm reviews. Nonetheless, exuding characteristic determination and self-confidence, Butler challenged himself and others to revamp science and reorient policies so that humans could live extra years in healthful, fruitful, and meaningful ways.

Butler sublimated frustrations and disappointments, personal and professional, in late life by returning to central messages in essays and speeches. For instance, Butler contended that ageism was even more pernicious than he initially had realized. In “Combating Ageism: A Matter of Human and Civil Rights” (Butler, 2006), 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 (impo
ti.i.shed) and race (black) were dominating factors in survival. Older persons in their own homes and in nursing homes were often abandoned.

Butler saw ageism as a curse afflicting all generations. He often appealed directly to Baby Boomers to fight ageism and the concomitant fear of decline; he thought that the cohort’s size and approaching finitude sensitized them to the prejudice. To assist Boomers’ quest, as well as other age groups drawn to the field of aging, Butler designed research projects that would change minds and practices.


In negotiating his own move to Mount Sinai Medical Center in New York in 1983, Butler drafted a blueprint for expanding the scope of geriatrics there. His requests are worth elaborating. Butler set a standard of excellence in coordinating research, training, and delivery of care not always attained in medical centers elsewhere even today.

If Mount Sinai’s board were to give him $9 million in seed money, Butler expected to have a program in place with a flow of 2,000 new and 4,000 follow-up patients a year admitted to clinical geriatrics. Butler promised to design a curriculum based on geriatric principles and practices for all medical students; he requested that 20h be given him during the first 2 years in addition to a 4-week rotation in the third year and an elective in geriatrics available during the fourth year. Additional start-up funds would enable Butler to dedicate 5,000 square feet of laboratory space for research teams working in the areas of cell biology, homeostasis, and neuroscience (Achenbaum, 2013).

And that was not all: Butler wanted the Mount Sinai Medical Center to create a hospice unit, an Institute on Health and Socioeconomic Policy to amplify work on productive aging, and a major long-term care and rehabilitative project affiliated...
with the renowned Jewish Home and Hospital for the Aged. Within Mount Sinai’s new hospital facility, Butler proposed a Geriatric Assessment and Referral Service (to handle diagnoses and treatment plans) and a Geriatric Clinical Demonstration Unit (to take referrals from other units) to attend to elderly patients afflicted with frailty, substance abuse, malnutrition, and psychosocial difficulties.

Besides training medical students, Butler wanted Mount Sinai to provide continuing education for physicians and other health care professionals who worked with aged patients; he proposed a scientific information office (similar to the one he established at NIA) and a library that would become a resource for the City. Butler promised to write a syndicated column on aging. In return, Butler insisted that he control “specific agreements as to funds, staff, facilities, and policy directions” and designated endowments.

Mount Sinai’s trustees gave Butler virtually everything he requested for start-up. Butler recruited two rising stars, Christine Cassel, MD, and Diane Meier, MD, and trained countless others, including Barbara Paris, MD, who became his personal physician. The Brookdale Foundation and Robert World Johnson Foundation, in addition to celebrities such as Martha Stewart, supported his endeavors. With help from the city’s elite, Butler managed to put a Healthy Elderly Program in the nearby 92d Street YMCA. “The creation of an independent department at Mount Sinai Medical Center may represent a milestone of American medical association,” declared Dr Paul Beeson (1985, p. 482). Officers at the John A. Hartford Foundation claimed the department was a model for at least six other geriatric units and had spurred curricular developments at 105 other medical schools.

Unfortunately, Butler’s best-laid plans unraveled with changes of leadership at Mount Sinai. Strong department chairs at Mount Sinai undercut his position and claimed beds earmarked for geriatrics. Federal and local cost-cutting measures made it difficult for Butler to secure budget increases for elder care. That he flourished so long and so well in an era of superspecialization and zero-sum academic politics attests to Butler’s savvy and leadership style. Considering his next career move, Butler thought about entering politics or relocating elsewhere to head a flagship gerontology center. In the end, he decided to create an institute centered on global aging.

With seed money from the oil company ARCO, Butler established the International Longevity Center (ILC) at the Mount Sinai Medical Center in 1990 to generate and exchange policy-relevant ideas in order “to study the impact of population aging and advancing longevity from a socioeconomic perspective, health perspective, and quality of life.” Within two decades, Butler had 10 international partners. As he had done at NIA and at Mount Sinai, Butler successfully recruited first-rate minds and opinion makers while aligning himself to persons with access to the media and financial resources. Laurence Rockefeller helped him to purchase and renovate a town house for ILC’s conferences and staff. Atlantic Philanthropies, then a low-key foundation, supported Butler’s projects in excess of $26 million through 2009 (Achenbaum, 2013).

Given his pattern of setting ambitious goals at NIA and Mount Sinai, it is not surprising that Butler generated a daunting program of activities at the ILC. Besides inviting experts to conferences in New York, Arizona, and abroad, he issued scores of press releases and more than a dozen publications tailored to idea brokers and policy influencers. Butler created an Alliance for Health & the Future to explore how healthfulness and longevity contributed to increasing wealth in nations (IAPO, 2003). He established a World Cities Project to focus on health disparities and old-age vulnerability in New York, London, Paris, Tokyo, and a few disaster areas (Rodwin, 2002). Butler (2002b) proposed a “Declaration of Rights of Older Persons,” which was adopted that year at the second World Assembly on Aging.

Initially Butler capitalized on his expertise in biomedical sciences at ILC. Then he broadened his field of vision as he and collaborators forged the intellectual basis for integrating the science of longevity into “the new gerontology.” Researchers issued reports on ethics, economics, and demography, all of which indicated that health and longevity promote economic well-being. Concurrently, Butler mounted a campaign against the claims for the efficacy of pharmacological interventions and life-extension panaceas made by proponents of antiaging regimens. Butler sometimes came full circle intellectually: if biomedical researchers could manage to delay the occurrence of Alzheimer’s by 5 years, argued Butler, its incidence would be cut in half, which would postpone old-age dependency, thereby saving billions per month (Butler, 2008). At bottom, quality research, often controversial in nature, drove ILC’s agenda.

**Butler’s Unfulfilled Legacy**

Few of us will accomplish as much as Robert Butler. Yet his unexpected death seemed untimely, even premature, because he seemingly possessed
the energy and passion to press on indefinitely. On top of his strenuous writing and travel schedules, he found time to grant interviews and to support diverse cultural and political causes. Butler died before his agenda for aging America was fulfilled.

The outpouring of affection in obituaries in the United States and around the world was palpable. 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, a cheerleader, and a task master who expected the best from others and certainly nothing less from himself. A loyal friend, he routinely checked up on college roommates. While Butler traveled easily in the rarified circuit between Washington and New York, he remained hospitable to strangers, unfailingly courteous to all. For his efforts, Butler was given two honorary degrees, joined Myrna Lewis in entering the American Society on Aging’s Hall of Fame, received the Heinz Award for assuaging the needs of aging citizens, and (with T. Franklin Williams) shared the Institute of Medicine’s Levinard Award in 1996.

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