Book Reviews

Frank J. Whittington, PhD, Editor

FROM AGEISM TO THE LONGEVITY REVOLUTION: ROBERT BUTLER, PIONEER


My first memories of Robert Butler, MD, the visionary pioneer in gerontology whose career is so engagingly recounted in this biography by Andrew Achenbaum, concern a swimming pool where he was playfully splashing away at graduate students. It was on a scorching June afternoon in 1966. Bernice Neugarten had invited him to give a workshop at the University of Chicago, and the temperature had soared while Butler was holding forth in the non-air-conditioned classroom. Along about 3:00 p.m., as I recall, he stopped mid-sentence and said—“Oh, it’s too damn hot in here. Come on over to my hotel on Lakeshore Drive and let’s continue this in the pool.”

There was a playful quality in much of what Butler did, and Achenbaum, the premier historian in the field of gerontology, has managed to convey this playfulness in this masterful biography. Throughout a career spanning almost five decades Butler was a juggler who somehow kept an amazing number of projects in the air. He enjoyed puzzles, whether administrative or political. Butler was also a gambler, putting down wagers that often went against the odds of success. He played the media and public opinion off against medical and bureaucratic establishments—and often won.

Butler also played with ideas, and I think this will turn out to be his most lasting legacy. He influenced research and practice in aging by championing ideas which he was able to communicate in memorable phrases. These quickly came into gerontology’s vocabulary and shaped the development of our field. I want to focus my review of Achenbaum’s book around five of Butler’s most enduring phrases: the façade of chronological age, the life review, ageism, productive aging, and the longevity revolution. These are terms that have forever changed the public image of gerontology.

The Façade of Chronological Age

As Achenbaum, a gifted storyteller, recounts it, Butler had to survive significant challenges in order to emerge as the “visionary of gerontology.” He was separated from his parents when they divorced shortly after his birth in 1927; he was sent to live with his grandparents. A second separation occurred at age 11 when his beloved grandfather, a “gentleman chicken farmer” in New Jersey, died suddenly. He was then raised by his grandmother during the Depression’s worst years. When she lost the family farm they were reduced to living on welfare. Later he wrote that it was his grandmother who had shown him the “strength and endurance of the elderly.”

After high school in 1943 Butler was accepted at Columbia University but instead enlisted in the World War II effort with the Merchant Marine. After the war he enrolled at Columbia where he began his lifelong writing career by joining the student newspaper, eventually rising to editor (when, as he later put it, he “learned how to boss people around”). After graduation in 1950, with a vague notion that medicine would provide many more prospects for employment than would journalism, he enrolled in Columbia’s College of Physicians and Surgeons and married his first love, Diane McLaughlin. It was during his internship at St. Luke’s Hospital that he became interested in problems of aging. He was, as Achenbaum writes, influenced by the “positive experiences with his
grandparents and at the same time repulsed by the demeanor of health care professionals toward older people.” After completing his MD he took a residency in psychiatry at Langley-Porter Institute in San Francisco and then moved back to Washington, DC, to complete his residency and join the staff at the National Institute of Mental Health (NIMH). There he began his amazingly productive career in the new field of gerontology.

At NIMH he joined a team that produced a groundbreaking study focusing on healthy aging (Birren, Butler, Greenhouse, Sokoloff, & Yarrow, 1963)—as contrasted to the usual focus of geriatrics, on disease. Based on their findings, Butler coined one of his memorable phrases, “the façade of chronological age” (Butler, 1963a). He used results of the NIMH longitudinal study of healthy aging to argue that chronological age was not directly correlated with functional performance in terms of physical and mental health. In the future, he predicted, “more individuals will be seen who are old in years but functionally young” (Birren et al., 1963, p. 316).

**The Life Review**

With what Achenbaum calls Butler’s three remarkable strengths (his dogged determination to advance gerontological research; his gift for communicating to the public the experiences of late life; his capacity for mentoring, Butler began moving to ever-higher positions of influence. Early at NIMH Butler had shown his talents as a wordsmith, coining some of the powerful phrases we are still using today to describe the experiences and conditions of aging. In 1963 he “fired gerontological imaginations with a path-breaking article,” as Achenbaum colorfully describes it, with his publication of “The Life Review: An Interpretation of Reminiscence in the Aging” (Butler, 1963b). It attacked the assumption that later life was a period of deterioration or loss. Furthermore, it proposed that the reminiscences of elderly persons were not just garrulous ramblings, so often dismissed by others, but rather were evidence of a process of resolution, the healing of previously unresolved life experiences.

Butler defined life review as “a progressive return to consciousness of memories and unresolved past conflicts for reevaluation and resolution. It is a normal, developmental task of the later years that occurs with the awareness of finitude and helps individuals face their own mortality” (Butler, 2010b, p. 41). It is an opportunity for enlightenment as well as resolution. Butler’s wonderful way with words is reflected in this passage, quoted by Achenbaum:

> We inch along in our fifties and sixties, even seventies and eighties, only beginning to question what we have done and re-evaluating relationships. As we grow still older and approach death, it becomes enormously important to strengthen our intimate relationships, to understand ourselves and our loved ones better, to come to grips with guilt and shame, experience remorse and serve others as well as effect reconciliations (Butler, 2010b: 16; reprinted in Achenbaum, 2013, p. 203).

Life review is therapeutic, a way to surmount fear in later life. “Elders should try through life review to free themselves from being anxious because they are aware that time is running out. Older people ought to take delight in the elemental things of life such as children, friendship, and human touching (physical and emotional)” (Butler, 2010b, p. 17). For psychotherapists, encouraging the life review can be a technique to assist elderly individuals grappling with issues still unresolved as they face the inevitability of death. A half-century later, therapists are still using this technique to help elderly clients.

In addition, at NIMH Butler began his career-long pattern of helping along the careers of younger scientists, for which many gerontologists—I am one—have been enduringly grateful. In 1968 I submitted a proposal to NIMH for “A Study of Generations and Mental Health,” and, although I was a mere second-year assistant professor with no previous grant history, it was miraculously funded. Butler later confided to me that he was helpful in bumping up the peer review score to the level of funding: “I thought it looked innovative,” he said. His confidence paid off; this project became the 35-year Longitudinal Study of Generations, continuously funded over eight waves of data collection from 1970 until 2005 (see Bengtson, Putney, & Harris, 2013). A few years later Butler became aware of another young gerontologist, a brilliant young historian whose Michigan dissertation examined historical treatments of old age and focused on American society. His name was Andrew Achenbaum, and Butler later wrote the preface to his first book, *Old Age in a New Land: The American Experience Since 1790* (Achenbaum, 1978). Thus began a friendship that lasted the rest of Butler’s life and culminated in the rare insights that readers can share in this book.
Ageism

Butler loved playing with words. In 1968 he coined another of his memorable terms, “ageism,” first recorded in a *Washington Post* interview with Carl Bernstein (Bernstein, 1969). Opposition had arisen against a proposal to build senior housing in Washington, DC. Butler likened the negative stereotyping heaped on the elderly in this debate to the evils of racism and sexism. It was a theme to which he would return again and again.

A few years later he published his monumental indictment of ageism, *Why Survive? Being Old in America* (Butler, 1975). This was both a scholarly analysis of the current state of scientific knowledge about aging and a political manifesto, a call to arms. It was an elegantly written but angry polemic, possibly the most powerful book on aging ever published, and it lingered on the *New York Times* best seller list for weeks. As he was to say later on several occasions, “the underlying basis of ageism is the dread and fear of growing older, becoming ill and dependent, and approaching death.” He called denial a “close cousin” of ageism, since it eliminates aging from consciousness. Ageism extends from inner consciousness to culture: “We must address the underlying terror and distaste for aging, replete as it is with hysteria and anger.” He went so far as to call ageism a “psychosocial disease.”

Looking back 40 years later on the publication of *Why Survive?* Butler was saddened by how pervasive ageism had remained over the years. He concluded that the fears and prejudices regarding aging would only abate by societal reconstruction of old age (Butler, 2005). He recounted how he himself had witnessed ageism: as a medical student watching the dehumanization of elderly patients by staff; grappling with an age-intolerant medical and geriatric establishment; confronting age discrimination in the airline industry; debunking the notion of sexlessness in writing *Love and Sex after Sixty* with his second wife, Myrna Lewis (Butler & Lewis, 1976), whom he had married in 1976. As he approached the end of his life Butler was still fuming about ageism: “It is time to alter our deep-seated cultural sensibility and work to overcome our fear, our shunned responsibility, and the harmful avoidance and denial of age,” he wrote. “We must help people deal with their fears of aging, dependency, and death, and develop a sense of the life course as a whole” (Butler, 2008, p. 58).

Productive Aging

In 1976 President Gerald Ford, following a formidable coalition of political support, appointed Butler director of the newly formed National Institute on Aging (NIA). It helped that earlier that year Butler had received international recognition with his Pulitzer Prize for his *Why Survive? Being Old in America*. He knew he had a difficult job ahead of him. Money was tight, and NIA’s mandate was different from that of any other National Institutes of Health (NIH) organizations—its multidisciplinary thrust did not focus on a well-defined disease or organ, like other institutes. Butler again found himself up against disciplinary parochialism, fallacies about senescence, and—once again—ageism.

So Butler made two strategic decisions. The first was to highlight the power of the interdisciplinary connectedness he felt was so necessary to understanding aging and its maladies, and to broadcast this message to as wide an audience as possible. Thus NIA produced for lay audiences *Our Future Selves: A Research Plan toward Understanding Aging*, outlining a broad proposal for research on aging. It emphasized the value to people of all ages of attacking ignorance and distortions concerning later life and called for research in three areas: diseases, memory, and human services and delivery, including eldercare. It also called for dramatically increasing the number of trained specialists in aging across a wide variety of disciplines—not just geriatrics.

Butler’s second decision was to showcase a specific disease in hopes of mobilizing public support for the new Institute. He chose Alzheimer’s disease. “The public does not see itself as ‘suffering’ from the basic biology of aging,” he said later. “We had to put Alzheimer’s on the map” (Kastor, 2010, p. 93). Alzheimer’s disease in the 1970s was only barely visible, nothing like it is today. “Success (has been) frequently derived from what I came to call the ‘health politics of anguish’, that is, public concern about a specific disease, expressed by families who have suffered and by advocacy groups” (Butler, 1999, p. 383). The strategy paid off, perhaps too well. As Achenbaum notes, there was a backlash in the gerontological community from those objecting to the “Alzheimerization of aging.” These included biologists who were conducting bench science studies on cellular and genetic aging and were concerned about funds being withdrawn from research on basic processes of aging. They
included psychologists involved in depression research and social workers concerned with caregiving and enhancing health care delivery. Funding for these areas were fixed at a lower priority than funding for Alzheimer’s disease research and treatment. This prioritization of Alzheimer’s disease in NIA budgets has continued since 1975, and indeed the disparity has increased over time. Contrary to Butler’s multidisciplinary vision for NIA, the budget for behavioral and social research has continually shrunk over the years compared with the percentage allocated for Alzheimer’s disease.

Butler remained as Director of NIA for just 6 years. Though as Achenbaum notes he had been able to triple the NIA budget, this was still a miniscule proportion of NIH activities, and he never received the cross-disciplinary support he advocated. In 1982, worn out from the infighting and decreasing budgets of NIH, he accepted what appeared to be a dream job as head of the Department of Geriatrics and Adult Development (emphasis added) of the Mount Sinai School of Medicine in New York. The Department’s mandate was to go beyond traditional geriatrics to encompass a multidisciplinary approach to aging and development in later life. He negotiated a research program with laboratories and demonstration models of inpatient and outpatient care that would introduce geriatrics and gerontology into all aspects of activities at the Mount Sinai School. Moreover, the scope was broadened to include the adult life span and development, beyond just diseases of the elderly.

Thus Butler began devoting attention to positive and effective aspects of later life, which he came to call “productive aging.” In his definition this encompassed the contributions elders could and did make in their households, volunteer activities, professions, and later life careers, whether paid or not. Enabling older people to remain healthy and active longer would not only enhance individuals’ happiness, but would also contribute to a more productive economy. However, before productive aging can become a reality, Butler noted that there must be change in society. More realistic public policies must be instituted to encourage older people to remain active. Every aspect of society, and particularly health professionals and employers, must revise outmoded stereotypes of age and develop ways to capitalize on the strengths of a new generation of elders.

A few years later, in “A Generation at Risk: When the Baby Boomers Reach Golden Pond” (Butler, 1984) he turned his attention to both the potentials of baby boomers and the challenges they faced for productive aging. He argued that our society must reevaluate the very meaning of productivity. Although he discounted any meaningful “generation gap” in American society, he perceived a new “geriatric gap,” based on outmoded perceptions of those older than 75. He urged that we move away from frequent misconceptions of older age dependence, long-term care, and costs of old age—which he noted as all admittedly important—to the largely undeveloped topic of productivity in old age. He warned that baby boomers, unless they change their habits (i.e., overeating), were likely to be the very first cohort in U.S. history to be less healthy than their parents.

The Longevity Revolution

Butler stepped down as Chair of the Department of Geriatrics and Adult Development at Mount Sinai in 1995. Because of budget cuts and turf wars this appointment had never realized the dreams he had hoped for; it became, as he later told Achenbaum, the “hardest job I ever had.” And another opportunity had arisen. He became President of the International Longevity Center-USA, which moved into a beautifully renovated building in Manhattan’s Upper East Side. Butler began fundraising and recruiting to bring together a brain trust to develop and disseminate some of the knowledge about aging he had developed during his decades as a scientist, advocate, and public figure.

Butler began his career focused on medical aspects of aging; toward the end, his attention was drawn to public policy and aging. He brought these themes together in what he called the “longevity revolution” (Butler, 2008). He noted that during his own lifetime the longevity revolution had added 30 years to average life expectancy in all industrialized societies. But this demographic revolution had an unfortunate consequence: ageism (his theme, once again). Expanded years of aging had exacerbated what Butler called the “three great fears of longevity”: first, that there will be an unprecedented number of economically dependent older people; second, that old people will drag down the economy; third, that there will be intergenerational conflict.

But he also saw many positive consequences of the longevity revolution, at both the individual and societal levels. Longer lives could bring for individuals greater time for reflection and relationships,
greater attention to generativity and generosity. As Butler had earlier so insightfully written, “None of us know whether we have already had the best years of our lives, or whether the best are yet to come” (Butler, 1975, p. 141). There also would be, as Butler perceived it, a “longevity dividend”—the extension of healthy lives would not only generate wealth for individuals, but also would bolster the economy. Lowering morbidity and mortality rates would give aging populations more productive years to contribute to societal well-being—a dividend that could begin with generations currently alive and continue with generations to follow.

Shortly before he died, Butler published his final book, The Longevity Prescription (Butler, 2010a). His aim was to use the accumulated knowledge and resources of the International Longevity Center to offer the best strategies for living longer and living well. As Achenbaum notes, the book promised neither magic pills nor elixirs but nine suggestions, five of which involved positive outlooks and connections with others: (1) maintain mental vitality; (2) nurture your relationships; (3) sleep well; (4) set stress aside; (5) connect with your community; (6) live an active life; (7) eat your way to health; (8) practice prevention; (9) stay with these strategies. Finally, it is important, Butler urged, “To do things that rouse the quiet stream of happiness that you know is there” (Butler, 2010a, pp. 263–264).

Robert M. Butler died on the Fourth of July, 2010, from acute leukemia that had been diagnosed only weeks earlier. As Achenbaum notes, it was a death epitomizing the “compression of morbidity” into a short time frame, the kind of ending to a long life that we all would wish for. He had willed his brain to the Johns Hopkins Medical Institution for Alzheimer’s Research.

**Personal Reflections**

For me, this was a difficult review to write, and perhaps I should have passed on the opportunity. Robert Butler, the subject of this biography, had been at various times a father figure to me, and its author, Andy Achenbaum, is one of my oldest friends and colleagues. But I remember some things differently than Andy does, and my memory of this Great Man seems somewhat at variance with his. I should add that Andy had much greater acquaintance with Butler personally through the years, as well as access to Butler’s memoirs and archives before and after his death, so his is undoubtedly the more factual memory.

Differences in perspectives like this are a frequent occurrence in science where a great man or woman is remembered by different colleagues or mentees. The situation may not have arisen so far in gerontology where no book-length biography has yet been published (to my knowledge) of Bernice Neugarten, or Nathan Shock, or Matilda White Riley, or M. Powell Lawton, or Robert Kleemeier, though there have been memorial articles published about each of these greats. Robert Butler was unique—not only because he walked in the Washington corridors of power, as few scientists have managed to do, but also because he had his Boswell to follow him through his later career.

So I’m not sure what to do with my memories of another side of Butler, those at variance with the portrait that is so dominant in this book. For example, Butler’s breezy self-confidence occasionally bordered on arrogance in ways that could be infuriating. I recall Bernice Neugarten’s anger at Butler’s “grandstanding,” though I don’t remember what she was so angry about, and Bernice was frequently indignant about something or other. I remember sitting in Jim Birren’s office listening in amazement as he vented his fury at Butler over the telephone because of his refusal to support behavioral research at NIA. I recall Matilda White Riley sputtering that “Butler’s Altz-hi-mer-ZA-tion is going to DE-STROY us!” at a Behavioral and Social Sciences GSA council meeting. Of course, strong personalities—as all these pioneers and leaders of the field were—often express strong feelings about issues they care deeply about, and I know each of these sometime rivals of Bob’s for influence, leadership, and possibly the limelight also held his accomplishments in high regard. But there were other episodes, awkward relationships that were much more personally painful to individuals involved, issues which I do not want to go into here.

In any case, some important questions about Butler remain unanswered in this book. Butler was a complex personality, a genius who had flaws, and as someone who knew him over four decades, I wanted to know more about what made the saint-like personage depicted in the book run so hard and so fast. Curiously, there is little to be found about the downside to his success, about the costs of his prodigious efforts to advance his career and the field of geriatrics and gerontology. What about the intimate relationships in his life, particularly...
in the context of his workaholic climb to success? What was his relationship with his children while he was devoting his time to career accomplishments? What about his divorce from his first wife, and the relationship that preceded it by several years which led to his second marriage—how did these affect his own life review? Most importantly, how did these intimate relationships and longings shape his pursuit of ever-climbing professional success?

With his intimate access to Butler and his archives that the author was privy to, a few readers might find it disappointing that there is not more discussion of such emotional connections mentioned here. But perhaps these were not appropriate, or even possible, precisely because of Achenbaum’s close personal connections with Butler and his family after his death. Nevertheless, this may leave readers wondering, as I was, about the personal motivations that impelled Butler to such amazing heights in his professional accomplishments.

A Must-Read Book for Gerontologists Today

But however you look at it, this is one of the most important books to appear concerning our field in several years. It is first and foremost an engaging biography of Robert Butler, a giant who enlivened our vocabulary with “the façade of chronological age” and “ageism.” It is at the same time a fascinating account of how gerontology has developed into a powerhouse science and advocacy group, with background stories of the professional and political infighting that were necessary to accomplish this. And the book is another product of impeccable scholarship by gerontology’s historian, Andrew Achenbaum. In Crossing Frontiers: Gerontology Emerges as a Discipline (Achenbaum, 1995) Achenbaum traced the development of our field from folk art to science, and in Profiles in Gerontology: A Biographical Dictionary (Achenbaum & Albert, 1995), he provided personalities to match the names of this progression. This is the 16th of Achenbaum’s books to date, and his masterful storytelling makes this compelling reading.

Finally, Achenbaum has captured Butler’s vision for a more compassionate and multidisciplinary gerontology of the future. He closes his book with a plea that we as gerontologists will continue with that vision: Our task is to build on Butler’s capacious and optimistic vision of aging, in which young and old would grow into healthful, productive elderhood, clothed in all its special mysteries, exigencies, ambiguities, and contingencies. Achieving this objective, Butler knew, entailed more than repackaging late life’s meanings and experiences. The Longevity Revolution demands concerted political action: As we uproot prejudices about growing older, we must invest in research on aging and develop policies to empower all age groups to prepare for their future selves (Achenbaum, 2013, p. 189).

This is a book that should be on the bookshelf of every gerontologist today.

Vern L. Bengtson, PhD
Edward Roybal Institute of Aging
School of Social Work
AARP Professor of Gerontology Emeritus
Leonard Davis School of Gerontology
University of Southern California
Los Angeles, CA 90089

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