A History of Ageism since 1969

W. Andrew Achenbaum

Naming the prejudice

“Ageism” was coined by Robert N. Butler, M.D., a 42-year-old psychiatrist who (among his other civic and age-based advocacy responsibilities) headed the District of Columbia Advisory Committee on Aging. In partnership with the National Capital Housing Authority (NCHA), Butler used the term “age-ism” during a Washington Post interview conducted by then cub-reporter Carl Bernstein (1969). The Post story, headlined “Age and race fears seen in housing opposition,” described the apprehension of homeowners in Chevy Chase, an affluent Washington suburb, who were distressed by NCHA’s decision to turn an apartment complex into public housing. The project was intended to offer residences for the elderly poor, including African Americans. Residents feared that Chevy Chase would never be the same.

“People talk about aging gracefully, which is what they want to do of course. So naturally, they don’t want to look at people who may be palsied, can’t eat well...who may sit on the curb and clutter up the neighborhood with canes,” Butler told Bernstein. “Until our society builds [a] more balanced perspective about age groups, this lends to embittered withdrawal by old people.” In Butler’s opinion longstanding racial prejudices and palpable class biases fueled an animus against age, a stigma which few Americans at the time acknowledged. “In the course of a Washington Post interview, I
was asked if this negativism was a function of racism,” Butler recalled (1989: 139). “In this instance, I thought it more a function of ageism.”

Anger about age-driven injustices invariably impelled Butler to political activism on behalf of the old (and the young). Butler as a delegate to the 1968 Democratic convention had witnessed clashes among age groups in the streets of Chicago. The mayhem to his mind underscored a generation gap fomenting “in the political year 1968 [with] the elements of a counterrevolution by the middle-aged against both the young and the old” (Butler, 1969: 243). Butler elaborated his insights into “ageism” in The Gerontologist. Age bigotry, he predicted, would not fade soon. “Aging is the great sleeper in American life,” Butler declared; ageism permeated institutions that served older Americans—Medicare, Social Security, and public housing. These “examples of tokenism” marginalized the elderly. “Age-ism might parallel (it might be wishful thinking to say replace) racism as the great issue of the next 20 to 30 years” (Butler, 1969: 245, 246).

Butler was not the first to identify a seemingly universal, widespread contempt for the old. Negative attitudes toward age and aging have been, and remain, deeply rooted in global history. Men and women who no longer could contribute to communal survival in Neolithic cultures were cast aside, often left to die. “Senectus morbidus est,” (old age is a disease), Seneca (4 BC–AD 65) opined. By associating late life with disease and death, generations since have justified the futility of granting the aged access to care (Achenbaum 1978, Haber 1983; Cole 1992). Ageism is ubiquitous—evident in places as different as Japan (Gerlock, 2005) and east Africa (Ogonda, 2006)—and embedded in western culture. Juvenal’s satires mock impotent and priapic septuagenarian satyrs alike; other Classical authors disparaged mature women’s

Robert Butler’s achievement was to give meaning to ageism as an affliction. (In 1969 "ageism" entered the Oxford English Dictionary; “new ageism” appeared in the dictionary’s 2003 electronic version.) For the rest of his career Butler’s critiques of ageism repeated themes enunciated when he first introduced the subject.

Ageism can be seen as a systematic stereotyping of and discrimination against people because

they are old, just as racism and sexism accomplish this with skin color and gender…I see ageism manifested in a wide range of phenomena, on both individual and institutional levels—stereotypes and myths, outright disdain and dislike, simple subtle avoidance of contact, and discriminatory practices in housing, employment, and services of all kinds (Butler, 1989: 139; see also Butler, 2005).

Whether working with the Veterans Administration while founding director of the National Institute on Aging and, then, as the (first U.S.) chair of geriatrics at Mount Sinai Hospital and Medical School, Dr. Butler constantly sought ways to rid elder care of ageism. Training health care professionals to treat older patients with dignity and compassion was a top priority (Butler, 1980; Achenbaum, 2013).
Combating ageism was frequently the goal of publications and workshops at the International Longevity Center (ILC), which Butler formed and head during the last two decades of his life. Media Takes on Aging, an influential ILC report, documented that much remained to counter the insidious effects of age-based prejudice. The report claimed that eighty percent of Americans were subjected to ageism. “The advent of possible means to delay aging and extend longevity is a great intellectual and social as well as medical achievement...The very words we use to describe people are undergoing greater scrutiny,” Butler wrote a year before he died. “It is ironic, then, that at the same time Americans are beginning to see an unfolding of the entire life cycle for a majority, we continue to have embedded in our culture a fear of growing old, manifest by negative stereotypes and language that belittles the very nature of growing old, its complexities and tremendous variability” (Butler, 2009: 7).

Broadening interest in defining and measuring ageism

Scores of researchers on aging followed Butler’s lead in defining and measuring ageism. Scholars deployed knowledge-building and consciousness-raising to mitigate if not eradicate the stigma. A few investigators merit attention here. Donald McTavish (1971) prepared an exhaustive review of research methodologies and cumulative findings concerning perceptions of old people; he found the literature to date mixed in terms of validity and usefulness. Ageism became the cornerstone of Erdman Palmore’s research while he was a graduate student in the 1950s. With Kenneth Manton, Palmore published the first systematic comparison of age-based inequality to racism (the pair reported small but significant gains in recent times) and sexism (they claimed that women’s inferior status was barely maintained). “Few people recognize the magnitude of age inequality in our society,” reported Palmore and
Manton (1973, 367). In 1976 Palmore developed and subsequently maintained a 25-point “Facts on Aging” quiz to help ordinary persons recognize the extent of their misinformation about older people’s qualities—a bias that contributed to age discrimination (Bennett, 2004). In an editorial, Palmore (2000) offered guidelines for avoiding ageism in gerontological language. At age 82 Palmore co-edited the Encyclopedia of Ageism (2005), wherein 60 authors reviewed 125 aspects of ageism, ranging from mapping elder abuse to assessing ageism among children.

The U.S. has always been an age-graded society. Its segmented age groups do not necessarily unify the populace, although most citizens claim to agree with Robert Wohl (1979: 203) that “the truest community to which one can belong is that defined by age and experience.” Intergenerational tensions flamed ageist rhetoric in the 1980s and 1990s, however. The New Republic depicted older people as “greedy geezers,” who squandered their life savings and depleted Social Security funds. Younger Americans blamed the aged for their inability to obtain an education, a home, or a decent job. Debates over generational equity abated over time, without uprooting the perception that different age groups compete for diminishing resources in a zero-sum world. “Age-based social divisions, particularly in the current economic environment of budget deficits and fiscal tightening, threaten the sustainability of the American social compact” (Network on an Aging Society, 2012: 1).

A rising generation of scholars contributed fresh understandings of ageism. Some validated insights by Butler and Palmore (McGuire, Klein & Chen, 2008), while presenting novel approaches. Becca Levy (2001), for example, demonstrated how implicit ageism generated adverse health effects. Self-inflicted stereotypes elicited prejudices against the old no longer tolerated or hurled against African Americans or
women. Todd Nelson in a collection of essays on ageism (2002) and a handbook on the psychology of prejudice (2009) sought to contextualize the syndrome by documenting the extent to which Americans’ derogation of aging clashed with their views concerning youth, mobility, change, and fear of death. In Agewise (2010) Margaret Morganroth Gullette provided a devastating critique of the “culture of decline” and the “systems of decline” (including those cultivated by health-care professionals and pharmaceutical firms) that distort how passages through the life course are viewed. Gullette’s analysis dealt with the Fourth Age. Still other investigators tracked policies undermining ageism, such as changes in employment discrimination. They noted limitations in country’s landmark Age Discrimination in Employment Act, which abolished mandatory retirement (Pampel & Williamson, 1992; Burchett, 2005: 122–125).

(1922) who linked gerontology and thanatology—a connection rarely pursued by investigators dedicated to probing “successful aging.”

Ageism compared to racism, sexism, and other isms, here and abroad

Academics and popular commentators have been analyzing the relative effects of ageism, racism, and sexism ever since Robert Butler aroused interest in age prejudice in the late 1960s, a time in which the deleterious effects of racism and sexism were tearing the nation apart. But unresolved debates over definitional matters gave rise to measurement issues about ageism. Erdman Palmore acknowledged that his pioneering Equality Index was a useful but insufficient basis for such comparisons. Synthesis is difficult (Aosved, Long & Voller, 2009; Dittmann, 2003), since few researchers investigate intolerant beliefs simultaneously. Furthermore, much survey data on ageism is self-reported; the negativity is likely (as Becca Levy has shown) to be implicit or unnoticed. Ageism after all takes on various forms: Making jokes at an older person’s expense is different from hitting grandparents or stealing their resources.

In addition, times change: “Racism, sexism, homophobia, and other forms of discrimination don’t look the way they used to” (Covert, 2014). Jim Crow laws are gone, but not visceral signs of poverty and discrimination within African American communities—the homeless, the incarcerated, the victims of violence. The status of women has improved due to greater opportunities in higher education and professional advancement. Yet women are more likely than men to be expected to interrupt their careers in order to be caregivers; income disparities have not changed
much since the passage of the Equal Pay Act (1974). Though few Americans thought
about Spanish-speaking immigrants in the late 1960s, this burgeoning, diverse
segment of society has become a potent force in contemporary life. The same might
be said of men and women from Asia and the sub-continent. Since Stonewall (1969)
there has a radical transformation of attitudes and public policies affirming the rights
of gays, lesbians, transgendered individuals, and self-identified queers to participate
in everyday affairs.

Much since 1969 remains the same about ageism. Then and now older
Americans are a variegated group; their circumstances still diverge in terms of financial
resources and employment opportunities, mental and physical health, educational
attainments, cultural diversity, marital status, religion, and region. Class matters:
Disenfranchised elderly people have less access to power, prestige, or property.
Ageism continues to bedevil segments of the aged population in distressing ways.
Most older Black women still embody a triple jeopardy, which public agencies cannot
fully ameliorate. Older Americans remain underrepresented in the media, especially
movies. And gerontology’s great irony persists—whereas most of us now live long
enough to become old, ageism is the only prejudice that can diminish everyone’s
quality of life.

That said, ageism itself has taken on new forms since Butler identified the
prejudice. The marks of ageism in the U.S. have changed in at least four ways since
1969:

1. More than the young or middle-aged, older Americans benefit from age-based
discounts and entitlements. This is a positive development, of course, yet the
benefits convey a scent of ageism. Many of these perquisites originated in the
notion, pervasive, that the elderly were poor. That is no longer the case. As a group the old on average have more income at their disposal than children under 18.

2. The Baby Boom generation (1946–1964) has seen both faces of ageism. As youth, they mocked people over thirty. Now they are taunted for their obesity and improvidence. Their very numbers fan concerns that the Boomers might just live long enough to bankrupt Social Security and Medicare.

3. We no longer limit comparisons of ageism just to racism and sexism. New dyads have emerged, notably ones associated with the disabled and with GLBTQ. Conjoining age with Alzheimer’s disease and related disorders or recognizing the risk of HIV infections after sixty arouses fears about loss of control and independence in late life, despair over prospects for a meaningful existence. From a societal perspective, such stereotypes underscore the need to invest more in mental health and aging and to provide greater access to older Americans to public health education and interventions.

4. Elderly men and women feverishly committed to extending careers well beyond their prime rarely take note of how ageism cripples peers. This is one reason Americans can postpone the 1960s–version of 65. Ageism preys on vulnerability—fragility, frailty, and dependency at advancing ages—especially as dread of dying and death mounts.

Conclusion
Two ironies frame the history of ageism before and after 1969. First, ageism predates Dr. Robert Butler’s naming of a syndrome endemic over time and across space. Vulnerable elders feared abuse, physical and psychological—regardless of their proportionate numbers in a given population. Second, ageism remains virulent amidst “the longevity revolution” (Butler, 2008). The gift of extra years should afford time and opportunities to grow, to cherish bonds, to review life’s meaning. Instead, older people often find their opinions discounted, diminishing their capacities to contribute and to matter.

References


Monitor Staff, 34, 50.


USA: International Longevity Center/Aging Services of California


The Gerontologist, 41, 578–579


Nursing and Health Sciences, 10, 11–16.


MacArthur Foundation


New York: Cambridge University Press.


Tuckman, J. & I. Lorge (1953). When does aging begin and stereotypes about aging. Journal of

Gerontology, 8, 489–492


Virginia Press.