

CLASSIC

CONTEMPORARY

CROSS-CULTURAL

48 The Tragedy of Old Age in America

ROBERT N. BUTLER

The United States has often been described as a “youth culture,” in which youth is a measure of personal worth. In this selection, Robert Butler explores the U.S. view of the elderly, which he finds to be fraught with myths and prejudices. He argues that they not only hurt elderly people but also disadvantage everyone.

What is it like to be old in the United States? What will our own lives be like when we are old? Americans find it difficult to think about old age until they are propelled into the midst of it by their own aging and that of relatives and friends. Aging is the neglected stepchild of the human life cycle. Though we have begun to examine the socially taboo subjects of dying and death, we have leaped over that long period of time preceding death known as old age. In truth, it is easier to manage the problem of death than the problem of living as an old person. Death is a dramatic, one-time crisis while old age is a day-by-day and year-by-year confrontation with powerful external and internal forces, a bittersweet

coming to terms with one’s own personality and one’s life.

Those of us who are not old barricade ourselves from discussions of old age by declaring the subject morbid, boring, or in poor taste. Optimism and euphemism are other common devices. People will speak of looking forward to their “retirement years.” The elderly are described respectfully as “senior citizens,” “golden agers,” “our elders,” and one hears of old people who are considered inspirations and examples of how to “age well” or “gracefully.” There is the popularly accepted opinion that Social Security and pensions provide a comfortable and reliable flow of funds so the elderly have few financial worries. Medicare has lulled the population into reassuring itself that the once terrible financial burdens of late-life illnesses are now eradicated. Advertisements and travel folders show relaxed, happy, well-dressed older people



Source: From *Why Survive? Being Old in America* by Robert N. Butler, M.D., pp. 1–2, 6–12, 15–16, copyright © 1975 by Robert N. Butler, M.D., HarperCollins Publishers, Inc. Reprinted with permission of HarperCollins Publishers, Inc.

enjoying recreation, travel, and their grandchildren. If they are no longer living in the old family home, they are pictured as delighted residents of retirement communities with names like Leisure World and Sun City, with lots of grass, clean air, and fun. This is the American ideal of the "golden years" toward which millions of citizens are expectantly toiling through their workdays.

But this is not the full story. A second theme runs through the popular view of old age. Our colloquialisms reveal a great deal: Once you are old you are "fading fast," "over the hill," "out to pasture," "down the drain," "finished," "out of date," an "old crock," "foggy," "geezer," or "biddy." One hears children saying they are afraid to get old, middle-aged people declaring they want to die after they have passed their prime, and numbers of old people wishing they were dead.

What can we possibly conclude from these discrepant points of view? Our popular attitudes could be summed up as a combination of wishful thinking and stark terror. We base our feelings on primitive fears, prejudice, and stereotypes rather than on knowledge and insight. In reality, the way one experiences old age is contingent upon physical health, personality, earlier-life experiences, the actual circumstances of late-life events (in what order they occur, how they occur, when they occur), and the social supports one receives: adequate finances, shelter, medical care, social roles, religious support, recreation. All of these are crucial and interconnected elements which together determine the quality of late life. . . .

MYTHS AND STEREOTYPES ABOUT THE OLD

In addition to dealing with the difficulties of physical and economic survival, older people are affected by the multitude of myths and stereotypes surrounding old age:

An older person thinks and moves slowly. He does not think as he used to or as creatively. He is bound to himself and to his past and can no longer change or grow.

He can learn neither well nor swiftly and, even if he could, he would not wish to. Tied to his personal traditions and growing conservatism, he dislikes innovations and is not disposed to new ideas. Not only can he not move forward, he often moves backward. He enters a second childhood caught up in increasing egocentricity and demanding more from his environment than he is willing to give to it. Sometimes he becomes an intensification of himself, a caricature of a lifelong personality. He becomes irritable and cantankerous, yet shallow and enfeebled. He lives in his past; he is behind the times. He is aimless and wandering of mind, reminiscing and garrulous. Indeed, he is a study in decline, the picture of mental and physical failure. He has lost and cannot replace friends, spouse, job, status, power, influence, income. He is often stricken by diseases which, in turn, restrict his movement, his enjoyment of food, the pleasures of well-being. He has lost his desire and capacity for sex. His body shrinks, and so too does the flow of blood to his brain. His mind does not utilize oxygen and sugar at the same rate as formerly. Feeble, uninteresting, he awaits his death, a burden to society, to his family and to himself.

In its essentials, this view I have sketched approximates the picture of old age held by many Americans. As in all clichés, stereotypes, and myths there are bits of truth. But many of the current views of old age represent confusions, misunderstandings, or simply a lack of knowledge about old age. Others may be completely inaccurate or biased, reflecting prejudice or outright hostility. Certain prevalent myths need closer examination.

The Myth of "Aging"

The idea of chronological aging (measuring one's age by the number of years one has lived) is a kind of myth. It is clear that there are great differences in the rates of physiological, chronological, psychological, and social aging within the person and from person to person. In fact, physiological indicators show a greater range from the mean in old age than in any other age group, and this is true of personality as well. Older people actually become more diverse rather than more similar with advancing years. There are extraordinarily "young" eighty-year-olds as well as "old" eighty-year-olds. Chronological age, therefore, is a convenient but

imprecise indicator of physical, mental, and emotional status. For the purposes of this book, old age may be considered to commence at the conventionally accepted point of sixty-five.

We do know that organic brain damage can create such extensive intellectual impairment that people of all types and personalities may become dull-eyed, blank-faced, and unresponsive. Massive destruction of the brain and body has a “leveling” effect which can produce increasing homogeneity among the elderly. But most older people do not suffer impairment of this magnitude during the greater part of their later life.

The Myth of Unproductivity

Many believe the old to be unproductive. But in the absence of diseases and social adversities, old people tend to remain productive and actively involved in life. There are dazzling examples like octogenarians Georgia O’Keeffe continuing to paint and Pope John XXIII revitalizing his church, and septuagenarians Duke Ellington composing and working his hectic concert schedule and Golda Meir acting as her country’s vigorous Prime Minister. Substantial numbers of people become unusually creative for the first time in old age, when exceptional and inborn talents may be discovered and expressed. What is most pertinent to our discussion here, however, is the fact that many old people continue to contribute usefully to their families and community in a variety of ways, including active employment. The 1971 Bureau of Labor Statistics figures show 1,780,000 people over sixty-five working full time and 1,257,000 part time. Since society and business practice do not encourage the continued employment of the elderly, it is obvious that many more would work if jobs were available.

When productive incapacity develops, it can be traced more directly to a variety of losses, diseases, or circumstances than to that mysterious process called aging. Even then, in spite of the presence of severe handicaps, activity and involvement are often maintained.

The Myth of Disengagement

This is related to the previous myth and holds that older people prefer to disengage from life, to withdraw into themselves, choosing to live alone or perhaps only with their peers. Ironically, some gerontologists themselves hold these views. One study, *Growing Old: The Process of Disengagement*, presents the theory that mutual separation of the aged person from his society is a natural part of the aging experience. There is no evidence to support this generalization. Disengagement is only one of many patterns of reaction to old age.

The Myth of Inflexibility

The ability to change and adapt has little to do with one’s age and more to do with one’s lifelong character. But even this statement has to be qualified. One is not necessarily destined to maintain one’s character in earlier life permanently. True, the endurance, the strength, and the stability in human character structure are remarkable and protective. But most, if not all, people change and remain open to change throughout the course of life, right up to its termination. The old notion, whether ascribed to Pope Alexander VI or Sigmund Freud, that character is laid down in final form by the fifth year of life can be confidently refuted. Change is the hallmark of living. The notion that older people become less responsive to innovation and change because of age is not supported by scientific studies of healthy older people living in the community or by everyday observations and clinical psychiatric experience.

A related cliché is that political conservatism increases with age. If one’s options are constricted by job discrimination, reduced or fixed income, and runaway inflation, as older people’s are, one may become conservative out of economic necessity rather than out of qualities innate in the psyche. Thus an older person may vote against the creation of better schools or an expansion of social services for tax reasons. His property—his home—may be his only equity, and his income is likely to be too low to weather increased taxes. A perfectly sensible

self-interest rather than “conservatism” is at work here. Naturally, conservatives do exist among the elderly, but so do liberals, radicals, and moderates. Once again diversity rather than homogeneity is the norm.

The Myth of “Senility”

The notion that old people are senile, showing forgetfulness, confusional episodes, and reduced attention, is widely accepted. “Senility” is a popularized layman’s term used by doctors and the public alike to categorize the behavior of the old. Some of what is called senile is the result of brain damage. But anxiety and depression are also frequently lumped within the same category of senility, even though they are treatable and often reversible. Old people, like young people, experience a full range of emotions, including anxiety, grief, depression, and paranoid states. It is all too easy to blame age and brain damage when accounting for the mental problems and emotional concerns of later life.

Drug tranquilization is another frequent, misdiagnosed, and potentially reversible cause of so-called senility. Malnutrition and unrecognized physical illnesses, such as congestive heart failure, may produce “senile behavior” by reducing the supply of blood, oxygen, and food to the brain. Alcoholism, often associated with bereavement, is another cause. Because it has been so convenient to dismiss all these manifestations by lumping them together under an improper and inaccurate diagnostic label, the elderly often do not receive the benefits of decent diagnosis and treatment.

Actual irreversible brain damage,¹ of course, is not a myth, and two major conditions create mental disorders. One is cerebral arteriosclerosis (hardening of the arteries of the brain); the other, unfortunately referred to as senile brain disease, is due to a mysterious dissolution of brain cells. Such conditions account for some 50 percent of the cases of major mental disorders in old age, and the symptoms connected with these conditions are the ones that form the basis for what has come to be known as senility. But, as I wish to emphasize again, similar symptoms can be found

in a number of other conditions which *are* reversible through proper treatment.

The Myth of Serenity

In contrast to the previous myths, which view the elderly in a negative light, the myth of serenity portrays old age as a kind of adult fairyland. Now at last comes a time of relative peace and serenity when people can relax and enjoy the fruits of their labors after the storms of active life are over. Advertising slogans, television, and romantic fiction foster the myth. Visions of carefree, cookie-baking grandmothers and rocking-chair grandfathers are cherished by younger generations. But, in fact, older persons experience more stresses than any other age group, and these stresses are often devastating. The strength of the aged to endure crisis is remarkable, and tranquility is an unlikely as well as inappropriate response under these circumstances. Depression, anxiety, psychosomatic illnesses, paranoia, garrulousness, and irritability are some of the internal reactions to external stresses.

Depressive reactions are particularly widespread in late life. To the more blatant psychotic depressions and the depressions associated with organic brain diseases must be added the everyday depressions that stem from long physical illness or chronic discomfort, from grief, despair, and loneliness, and from an inevitably lowered self-esteem that comes from diminished social and personal status.

Grief is a frequent companion of old age—grief for one’s own losses and for the ultimate loss of one’s self. Apathy and emptiness are a common sequel to the initial shock and sadness that come with the deaths of close friends and relatives. Physical disease and social isolation can follow bereavement.

Anxiety is another common feature. There is much to be anxious about; poverty, loneliness, and illness head the list. Anxiety may manifest itself in many forms: rigid patterns of thinking and behaving, helplessness, manipulative behavior, restlessness and suspiciousness, sometimes to the point of paranoid states.²

Anger and even rage may be seen:

Mary Mack, 73, left her doctor's office irritable, depressed, and untreated. She was angry at the doctor's inattention. She charged that he simply regarded her as a complainer and did not take the necessary time to examine her carefully. She had received the same response from other doctors. Meanwhile her doctor entered the diagnosis in his file: hypochondriasis with chronic depression. No treatment was given. The prognosis was evidently considered hopeless.

John Barber, an elderly black man, spent all his life working hard at low wages for his employers. When he was retired he literally went on strike. He refused to do anything. He would sit all day on his front porch, using his family as the substitute victim of his years of pent-up anger. He had always been seen as mild mannered. Now he could afford to let himself go into rages and describe in vicious detail what he was going to do to people. A social worker viewing his behavior declared to his family that he was "psychotic." But Mr. Barber was not insane; he was angry.

AGEISM—THE PREJUDICE AGAINST THE ELDERLY

The stereotyping and myths surrounding old age can be explained in part by lack of knowledge and by insufficient contact with a wide variety of older people. But there is another powerful factor operating—a deep and profound prejudice against the elderly which is found to some degree in all of us. In thinking about how to describe this, I coined the word "ageism" in 1968:

Ageism can be seen as a process of systematic stereotyping of and discrimination against people because they are old, just as racism and sexism accomplish this with skin color and gender. Old people are categorized as senile, rigid in thought and manner, old-fashioned in morality and skills. . . . Ageism allows the younger generations to see older people as different from themselves; thus they subtly cease to identify with their elders as human beings.

Ageism makes it easier to ignore the frequently poor social and economic plight of older people. We can avoid dealing with the reality that our productivity-minded society has little use for nonproducers—in this case those who have reached an arbitrarily defined retirement age. We

can also avoid, for a time at least, reminders of the personal reality of our own aging and death.

Ageism is manifested in a wide range of phenomena, both on individual and institutional levels—stereotypes and myths, outright disdain and dislike, or simply subtle avoidance of contact; discriminatory practices in housing, employment, and services of all kinds; epithets, cartoons, and jokes. At times ageism becomes an expedient method by which society promotes viewpoints about the aged in order to relieve itself of responsibility toward them. At other times ageism serves a highly personal objective, protecting younger (usually middle-aged) individuals—often at high emotional cost—from thinking about things they fear (aging, illness, death). . . .

Older people are not always victims, passive and fated by their environment. They, too, initiate direct actions and stimulate responses. They may exploit their age and its accompanying challenges to gain something they want or need, perhaps to their own detriment (for example, by demanding services from others and thus allowing their own skills to atrophy). Exploitation can backfire; excessive requests to others by an older person may be met at first, but as requests increase they are felt as demands—and may indeed be demands. Younger people who attempt to deal with a demanding older person may find themselves going through successive cycles of rage, guilt, and overprotectiveness without realizing they are being manipulated. In addition to his "age," the older person may exploit his diseases and his impairments, capitalizing upon his alleged helplessness. Invalids of all ages do this, but older people can more easily take on the appearance of frailty when others would not be allowed this behavior. Manipulation by older people is best recognized for what it is—a valuable clue that there is energy available which should be redirected toward greater benefit for themselves and others.

It must also be remembered that the old can have many prejudices against the young. These may be a result of their attractiveness, vigor, and sexual prowess. Older people may be troubled by

the extraordinary changes that they see in the world around them and blame the younger generation. They may be angry at the brevity of life and begrudge someone the fresh chance of living out a life span which they have already completed.

Angry and ambivalent feelings flow, too, between the old and the middle-aged, who are caught up in the problems unique to their age and position within the life cycle. The middle-aged bear the heaviest personal and social responsibilities since they are called upon to help support—individually and collectively—both ends of the life cycle: the nurture and education of their young and the financial, emotional, and physical care of the old. Many have not been prepared for their heavy responsibilities and are surprised and overwhelmed by them. Frequently these responsibilities trap them in their careers or life styles until the children grow up or their parents die. A common reaction is anger at both the young and the old. The effects of financial pressures are seen primarily in the middle and lower economic classes. But the middle-aged of all classes are inclined to be ambivalent toward the young and old since both age groups remind them of their own waning youth. In addition—with reason—they fear technological or professional obsolescence as they see what has happened to their elders and feel the pressure of youth pushing its way toward their position in society. Furthermore, their responsibilities are likely to increase in the future as

more and more of their parents and grandparents live longer life spans.

CRITICAL-THINKING QUESTIONS

1. Butler presents several themes that shape popular views of old age in the United States. What evidence of these do you find in the mass media? What about in your own attitudes and behavior toward elderly people?
2. Why do you think our society has developed views of aging that are not realistic?
3. How do the elderly themselves sometimes reinforce ageism?

NOTES

1. Human beings react in varying ways to brain disease just as they do to other serious threats to their persons. They may become anxious, rigid, depressed, and hypochondriacal. (Hypochondriasis comprises bodily symptoms or fear of diseases that are not due to physical changes but to emotional concerns. They are no less real simply because they do not have a physical origin.) These reactions can be ameliorated by sensitive, humane concern, talk, and understanding even though the underlying physical process cannot be reversed. Therefore, even the irreversible brain syndromes require proper diagnosis and treatment of their emotional consequences.

2. No less a thinker than Aristotle failed to distinguish between the intrinsic features of aging and the reaction of the elderly to their lives. He considered cowardice, resentment, vindictiveness, and what he called “senile avarice” to be intrinsic to late life. Cicero took a warmer and more positive view of old age. He understood, for example, “If old men are morose, troubled, fretful, and hard to please . . . these are faults of character and not of age.” So he explained in his essay “*De Senectute*.”