

The Americanization of Roseto

The transformation of a close-knit Italian village into a suburban town—complete with Cadillacs, swimming pools, country clubs... and heart attacks

BY JOEL GREENBERG

"A man's social 'me' is the recognition which he gets from his mates.... No more fiendish punishment could be devised than one should be turned loose in society and remain absolutely unnoticed by all members thereof. If no one turned around when we entered, answered when we spoke, or minded what we did... a kind of rage and impotent despair would ere long well up in us, from which the cruelest bodily tortures would be a relief...."

—William James, *Principles of Psychology*, New York, Henry Holt and Co., 1918.

There had been something curious about the town of Roseto, Pa., for quite a while. But the first to take public note of it, around 1960, was Benjamin Falcone, a community physician. Falcone observed that Rosetans — almost all Italians — seemed to have a remarkably low death rate, especially in heart attack deaths. A subsequent, comprehensive study of the majority of Roseto's population dramatically confirmed Falcone's contention.

Only one Rosetan man in 1,000 died of a heart attack (or myocardial infarction), the study found, compared with a national rate of 3.5 males per 1,000. The female heart attack death rate for Rosetans was even less, at 0.6 per thousand, well below the national average of 2.09 per thousand women. Moreover, the study found that Rosetans also had rates of peptic ulcer, senile dementia and certain other emotional difficulties lower than not only the rest of the United States but of neighboring towns as well.

This was particularly puzzling because, compared with their neighbors in the towns of Nazareth and Bangor, the men and women of Roseto were relatively obese. Their diets contained at least as much animal fat as those of the two other towns; their serum cholesterol, hypertension and diabetes levels were no lower; their smoking and exercise habits did not differ essentially from the other groups; they even shared a common water supply.

With such "risk factors" apparently as prevalent in Roseto as in most other places (researchers also were able to rule out ethnic and genetic factors), social sci-



Photos: Remsen N. Wolff

entists turned their attention to the town's cultural structure. And in a now well-known report, they concluded that that structure seemed primarily responsible for the good physical health of the Rosetans.

"One striking feature did set Roseto apart from its neighbors," says Stewart Wolf, vice president for medical affairs at St. Luke's Hospital in Bethlehem, Pa., and a principal investigator of the Roseto phenomenon. The town's culture "reflected tenaciously held old world values and customs," Wolf says. "We found that family relationships were extremely close and mutually supportive. This cohesive quality extended to neighbors and to the community as a whole."

The Roseto culture strictly defined men as the uncontested heads of families. The elderly were cherished and respected and retained their authority throughout life. "The atmosphere of Roseto was gay, friendly and reflected an enthusiastic and optimistic attitude toward life," recalls Wolf. "This was more than ethnicity—they developed such a cohesive, mutually supportive society that no one was ever abandoned."

Crises and problems were coped with jointly by family members with support from relatives and friends. "Following a death in the family," says Wolf, "the bereaved received food and money from relatives and friends, who at times temporarily assumed responsibility for the care of the children of the bereaved."

"When financial problems arose, relatives and friends rallied to the aid of the family and in cases of abrupt, extreme fi-

ancial loss, the community itself assumed responsibility for helping the family. Personal and family problems were usually worked out with the help of other clan members and often the priest. The elderly were cared for in the homes of their kin and were usually only institutionalized when extreme physical and mental deterioration prohibited further home care. In cases of illegitimacy, divorce or mental retardation, the affected person was normally cared for at home."

At the same time, however, Wolf and his colleagues (at that time, researchers from the University of Oklahoma) began to detect the start of some disturbing trends in the little town, terraced on a hillside 75 miles north of Philadelphia. Many younger Rosetans — in their 30s and younger — were hinting at dissatisfaction with the tradition-steeped lifestyle of the community. They were growing restless with the cornerstone of the Rosetan way of life — the family clan, which survived primarily through intermarriage of Rosetans.

They were dissatisfied with the culture's social isolation — the social life revolved around a number of predominantly Italian clubs — and began to adopt some typically American middle class desires, such as job advancements, bigger homes and other material needs and mobility. "There is very little excitement," said one young person. "No industry, which is the reason for young college graduates to abandon this town. There is no place to get ahead. Other than the mills [the town was a blouse manufacturing center], there is nothing a person can do for a living.... The children in Roseto have a chance for a



Modern sections of Roseto, Pa., are a far cry from the home of the residents' ancestors, Roseto val Fortore, Italy (right).



and he had no close friends in Roseto. When his business went bankrupt, he was hospitalized for chest pains at age 29. He then founded a new, financially successful company and proceeded to "live like a king for the next few years" — traveling around the world and showering his family and acquaintances with money and gifts. He lost \$9,000 gambling one night in Puerto Rico. Suddenly, at 39, amid a whirlwind of business and pleasure trips, he died.

In Roseto, "for the first time," says Wolf, "young men are dying of myocardial infarction" and other causes of sudden death. And it appears as though Rosetans' health in general may be settling to the levels of their neighboring towns as well as of the rest of the United States.

"Being part of the group, selfless to some extent, continues to be the price of



good education, but it is hard to live in Roseto if you acquire a specialized education. All Rosetans have a higher goal, but old people want to keep things the way they are used to."

Noting this change in attitude among the young people, Wolf and the other investigators forecast in 1963 a gradual but widespread change in the Rosetan lifestyle — in effect, an Americanization. Moreover, they predicted that this transformation would also bring with it a worsening of the health of the townspeople, and by 1975 place them essentially in the same danger of heart attacks and other illnesses as the rest of the United States. This constituted perhaps the first and only such predictive health study of an entire town.

"By 1965 we saw the first evidence of the effects of the restlessness," Wolf says. Young men and women started marrying non-Italians as well as non-Rosetans; they joined country clubs in the nearby Poconos; they bought Cadillacs; they replaced old, tradition-rich wooden houses with sprawling suburban ranch-style structures; they began attending outside churches, or no church at all; many of the women joined Weight Watchers; the birth rate declined; the men took up golf.... It seemed like a capsulized, accelerated fulfillment of the American dream.

But some Rosetans also sensed they were leaving something behind, something more important than they might have suspected. "Everything is modern here, very nice," says one housewife whose family had recently moved into an opulent house with a swimming pool. "I have everything I need, except people. When we lived in town, the neighbors were always in my kitchen and I was always in theirs. We talked. We knew what was going on there and there was always someone around to help you and keep you from feeling lonely. I miss that," she says. "But I guess I will never go back."

And by 1975, the prediction of declining health ventured 12 years before was also reaching fulfillment. "From 1966 forward there has been a striking increase in death rates from myocardial infarction," reports Wolf, "especially the most recent five-year period, 1971 to 1975." The increase has been most notable in men younger than age 55, he says.

In a typical example, Wolf tells about a Roseto-born man who at 25 years of age married a German girl of 20. Two years after marriage, he started his own construction firm in a town about 20 miles away; he worked overtime and smoked three packs of cigarettes a day for 20 years. His main interest was in making money,

acceptance as a good Rosetan," Wolf writes in a report with John G. Bruhn, associate dean of medicine at the University of Texas Medical Branch at Galveston. "But with social change, the sources of social and emotional security are becoming increasingly threatened." Most of the recent, young heart attack victims, he notes, "were found mainly among... those who to some extent had forfeited community acceptance and support for material 'success.'"

"From a long prospective study of Roseto it seems possible to identify a social process pertinent to health," Wolf says. "A group of proud, energetic, courageous but poverty-stricken Italian villagers (*paesani*) came to live and work in the United States. They were forced by snobbish neighbors to look out entirely for themselves, to support one another for survival and to form their own enclave.

"The family... played a vital role in enabling the Rosetans to cope with the early challenges and to build a viable community. Everyone worked hard and they worked for each other," he recounts. "Now, nearly a hundred years later, a younger generation is less conscious of their heritage and less interested in preserving the unique character of their community than

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... Electric lights

erates an electrical signal to regulate the current going through the lamp. As the level of incoming light increases, the lamp dims (although it will never shut off completely). Don F. Widmayer, Ecalo's inventor and CESI president, says the system can save 40 percent of the energy consumed by fluorescents. And for businesses that air-condition in summer, Ecalo-like dimmers offer a second benefit — reduced heat output. It's estimated that a half watt is needed to remove the heat provided by each lighting watt.

Another advantage of dimmers is that they control the radiant output of a lamp throughout its life. If a 40-watt fluorescent lamp, for example, produces more than the expected 40-watt lumen equivalent (and all lamps overproduce in the beginning), the dimmer will reduce power to the lamp accordingly. Similarly, when lamp performance falls off in later years, the dimmer will boost power to the lamp to increase the lumen output.

The Ecalo system requires no special ballast or fixture, and can be installed, according to Widmayer, in less than 15 minutes. He says energy paybacks depend on sunlight, but the system should pay for itself in one to four years.

Lutron of Allentown, Pa., offers a more flexible system under the trade name Lumar. Unlike Ecalo, it controls the output of all lamps — incandescent, fluorescent and high-intensity discharge (HID), and can vary preset light levels individually or by floor throughout the day. For example, it can be set for partial power in the early morning and evening, full power during business hours and no power from midnight to dawn. A photosensitive dimmer compensates for daylight. Its drawback is cost. Joseph Licata, a Lutron vice president, says Lumar is "very expensive," and that the expected payback time is between three and eight years. Wide-Lite, a manufacturer of HID fixtures in San Marcos, Tex., offers similar systems for HID lamps.

Mercury-vapor, high- and low-pressure-sodium, and metal-halide lamps belong to the most energy-efficient class of lights — HID. Mercury lamps cost the least and last a long time, but their color rendition is not always good. Metal halide lamps are more efficient and have better color, but don't come in sizes smaller than 175 watts. High pressure sodium lights have the best efficiencies — to 140 lumens per watt — and can last to 24,000 hours, roughly three times the life of a good fluorescent. But their yellow color tends to limit their use indoors.

High-pressure sodium lights were used inside the Norris Cotton Federal office building in Manchester, N.H., which is a fully functional energy-conservation laboratory. Soon after, the yellow lights were replaced in an Army recruiting office because they were unsatisfactory for medical examinations. Other employees complained of the eerie environment it

provided, but conceded they were getting used to it.

People management can also make an important contribution to energy and lighting needs. Lighting standards are based on tasks users perform. Reading small numbers on smudgy photocopies, for example, requires high-level lighting. Answering telephones or running a machine may require little lighting. By grouping people with similar lighting needs together, areas can be lit to a minimum.

Techniques to overcome glare can alter lighting needs. It takes less light to read words or numbers printed on matte-finish instead of glossy paper, and to read words written by pen or felt-tip markers instead of by pencil.

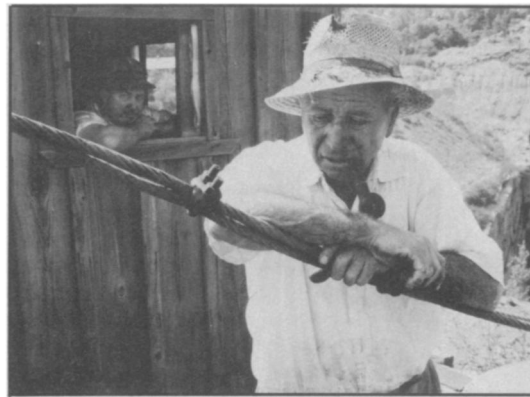
Because so many people tend to forget to turn off lights, some firms are developing people sensors; a "smart room" installed with such a sensor would automatically turn off lights as people leave. For some large, complex lighting management purposes, computers are the only answer. In one company, reducing all lighting by two-thirds during a daily half-hour lunch period saved \$100,000 annually.

With a turn toward using less light or more efficient but "unusually colored" light, lighting designers are beginning to worry about what emotional or perceptual values these changes foster in users. John E. Flynn, an architectural engineering professor at Pennsylvania State University, has been studying, with surveys, the effects of low-level lighting and its spatial distribution on impressions of visual quality and one's sense of well being.

He found that diffuse lighting at 10-foot-candles intensity seemed more monotonous, unsociable, apt to cause tension and dim than the same 10-foot-candle output delivered by overhead "downlighting." His findings, described in the February 1977 *LIGHTING DESIGN & APPLICATION*, also show that when impressions of clarity and utility are important, overhead lighting is preferred. Non-uniform overhead lamps that light central portions of a room intensify this perception, he says, even if viewers are situated in regions of reduced lighting. Wall and "peripheral" (such as desk) lighting affect mood and feelings of spaciousness most, he found. Uniform wall lighting strengthened impressions of spaciousness while non-uniform peripheral lights combined with warm lighting colors reinforce impressions of friendliness, pleasantness and relaxation.

"We are talking about more than mere aesthetic amenities here," Flynn says. "In an era of more limited energy resources, where lighting watts must be scrutinized with professional attention to function and value, we need to define more adequately what the overall spatial contribution of light is, and what the value of that contribution is relative to the broad competing demands for energy used in buildings." □

... Roseto



A Rosetan operates a mechanical hoist in a nearby Bangor slate quarry.



were their parents and grandparents. From the beginning the sense of common purpose and camaraderie among the Italians precluded ostentation or embarrassment to the less affluent and the concern for neighbors insured that no one was ever abandoned."

It is the breakdown of such values that the researchers conclude is primarily responsible for the apparent decline in health and jump in the heart attack death rate. And the findings, Wolf says, have "tremendous implications" not only for Roseto, but for other areas where similar processes have taken or will take place. "Social change and fragmentation of families has been taking place in the western world for centuries," says Wolf. "It may be significant, however, that the lowest prevalence of myocardial infarction... is to be found in those parts of the world where traditions and family ties are strong. Additionally, it may be significant that sudden death is characteristically associated with important losses, bereavement or abandonment.

"As the process of 'Americanization' continues, as family and community ties continue to weaken and as Roseto's Old World culture and traditional values continue to erode, we may expect increased numbers of fatal myocardial infarctions among the young.

"American society emphasizes 'standing on one's own feet' and 'being independent,'" Wolf says. "We just went too far with it." □