

"The Roseto Effect"

I. HEALTH AND CULTURE

People are nourished by other people. The importance of social networks in health and longevity has been confirmed again by study of a close-knit Italian-American community in Roseto, Pennsylvania. At first blush, Roseto seems a diorama of what once was the nation's ideal lifestyle--neighbors who looked after one another, civic-minded joiners and doers who formed the grass roots of American-style democracy. It seems to showcase those virtues that have all but disappeared elsewhere in what has become what we are now--a nation of strangers.

At one time the village came to be a living laboratory demonstrating that neighborliness is good not just for the body politic (community) for the human body (self) as well. Now Roseto is changing, becoming a community of suburban commuters with satellite dishes, fenced-in yards, and expensive cars.

Thirty years earlier, medical researchers were drawn to Roseto by a bewildering statistic: in defiance of medical logic, Rosetans seemed nearly immune to one of the most common causes of death. The men died of heart attacks at a rate only half of the rest of America. Doctors were mystified in that residents led what medical textbooks predicted would be short lives.

The men of the village smoked and drank wine freely. They spent their days in backbreaking, hazardous labor, working 200 feet down in nearby slate quarries. At home, the dinner tables each evening were laden with traditional Italian food, modified for local ingredients in ways that would drive a dietitian to despair.

The Mediterranean diet, with its use of olive oil rather than animal fat, has been touted lately for health benefits. But, poor immigrants couldn't afford to import cooking oil from their homeland and instead fried their sausages and brown their meatballs in lard. Yet, the resulting hefty bodies contained unusually health hearts. Why?

II. A RESEARCH OPPORTUNITY

Study of the "Roseto Effect" began with a chance conversation over a couple of beers. A local physician happened to mention to the head of medicine at the University of Oklahoma that heart disease seemed much less prevalent in Roseto than in adjoining Bangor, occupied by non-Italians.

When first studied in 1966, Roseto's cardiac mortality traced a unique graph. Nationally, the rate rises with age. In Roseto, it dropped to near zero for men aged 55-64. For men over 65, the local death rate was half the national average.

The study quickly went beyond death certificates, to poke, prod, and extensively interview the Rosetans. Instead of helping to solve the puzzle, all the data simply ruled out any genetic or other physical sources of the Rosetan's resistance to heart disease. Two statistics about Roseto were eye-catching: Both the crime rate and the applications for public assistance were zero.

III. HEALTH AND SOCIAL RELATIONSHIPS

Subsequent study showed that all of the houses contained three generations of the family. Rosetans took care of their own. Instead of putting the elderly "on the shelf," they were elevated "to the Supreme Court." The scientists were led to conclude that the Roseto Effect was caused by something that could not be seen through the microscope, something beyond the usual focus of medical researchers.

It seemed that those groaning dinner tables offered nourishment for the human spirit as well as the body. In fact, all of the communal rituals -- the evening stroll, the many social clubs, the church festivals that were occasions for the whole community to celebrate -- contributed to the villagers' good health.

In "The Power of Clan," an updated report on studies by Stewart Wolf, a physician, and John Bruhn, a sociologist, cover a broad period of time from 1935 to 1984.

They found that mutual respect and cooperation contribute to the health and welfare of a community and its inhabitants, and that self indulgence and lack of concern for others exert opposite influences.

Tracing the history of Roseto, the sociologists found that early immigrants were shunned by the English and Welsh who dominated this little corner of eastern Pennsylvania. According, the Rosetans turned inward and built their own culture of cooperation and as Wolf and Bruhn noted, "radiated a kind of joyous team spirit as they celebrated religious festivals and family landmarks."

"People are nourished by other people," said Wolf, noting that the characteristics of tight-knit community are better predictors of healthy hearts than are low levels of serum cholesterol or tobacco use. He explained that an isolated individual may be overwhelmed by the problems of everyday life. Such a person internalized that feeling as stress which, in turn, can adversely affect everything from blood pressure to kidney function. That, however, is much less likely to be the outcome when a person is surrounded by caring friends, neighbors and relatives.

The sense of being supported reduces stress and the disease stress engenders.

"We looked at the social structure of healthy communities," Wolf said, "and found that they are characterized by stability and predictability. In those communities, each person has a clearly defined role in the social scheme."

Into the 1960s, Roseto was the epitome of predictability and conformity. In clothing, housing or automobiles, any display of wealth was taboo. Women knew that, from their teens on, they would work in one of the many small blouse factories scattered throughout the village. Even the evening meal followed a rigid cycle.

"Monday" recalled 66-year old Angie Martocci, "almost everyone in town ate spezzati (a spinach and egg soup). Tuesdays, it was spaghetti and gravy (tomato sauce). Wednesday was roast chicken and potatoes. Thursday, spaghetti again. Fish on Fridays, of course. Veal and peppers on Saturday; and antipasto, meatballs and spaghetti

on Sunday."

All of that conformity reduced the distance between the haves and have-nots, thereby reinforcing everyone's sense of conformity also spared Rosetans the stress that comes with freedom of choice.

Possibly the strongest conformity in the village was the work ethic. No only did everyone work here, they worked toward a common goal--a better life for their children. The reverence for work was the legacy of Roseto's first priest, Rev. Pasquale de Nisco. Arriving in 1896, De Nisco practiced what he preached. Taking up a pick and shovel, he started clearing ground next to the church to build the graveyard, where he now lies. Above all, De Nisco, whose influence is still strong in Roseto, preached education.

IV. THE EFFECT FADES

In the slate quarries and blouse factories, the men and women of Roseto labored to be able to send their children to college, which they did at a rate far above the national average. By World War II, Roseto had a small white-collar class and was prospering. And of course with that, life began to change.

Wolf and Bruhn's study took place just as Roseto's golden age of community was drawing to a close. They were able to predict that Rosetans then under 30 would not long be content with their rigid, traditional lifestyle. By the '70s, homes on the outskirts of town were in the suburbanized style that had become the American norm: large single family houses, swimming pools, fenced yards, country clubs, and churches outside of the community.

As people moved and achieved material success, they found those gains at the expense of traditional communal values with which they have been raised. One person said, "I'm sorry we moved; everything is modern here and we have everything I need here, except people."

The principal of the elementary school said that children's lives changed. They went from days filled with activities to lives of watching from the sidelines. She found she had to teach children how to play jacks and marbles.

The strongest evidence that change had come to Roseto was in 1985 when the town's coronet band, founded in 1890, demanded for the first time to be paid for playing at the church's big festival.

As Wolf and his colleagues continued to monitor the health of the community, they noted that social change in the village was accompanied by increasing health problems. In 1971, the first heart attack death of a person less than 45 occurred in Roseto.

Nationally, the Americans' vulnerability to heart attack began to decline because of the widespread adoption of exercise programs and healthier diet. At the same time, the Rosetan's rate rose to the national average.

Roseto has lost its statistical uniqueness. Yet, it makes clear to a visitor that it retains a sense of community -- one that would be the envy of almost any place else in the nation. For many families, eating remains a ritual of the communal nature of life here. On Sundays, extra chairs are drawn up and leaves are added to dinner tables all over town for a ceremony that satisfies both physical hunger and the hunger to be surrounded by people who share our lives.

At Rose's Cafe, the only restaurant remaining in town, proprietor Rose Pavan calls everyone by name. Anyone with questions about menu items is swept into the kitchen for a sample. Children, most in Catholic school uniforms, flock in for an after-school snack--just as parents did back when Rose's was Mary's Luncheonette.

A visitor is bound to come away from Rose's with a full stomach and even fuller appreciation how far the rest of us have drifted from the civic-mindedness that marked much of the nation's history.

If older Rosetans are concerned that they have traveled too far down the path of materialistic fulfillment -- a path that seems never to end in lasting contentment -- shouldn't other Americans be at least as concerned?

We now know that people's reaction's to the same stressful experience vary widely and those who have a greater sense of control, support and satisfaction in their lives are less at risk of illness.

Those who get sick most seem to view the world and their lives as unmanageable while those who stay healthy have a greater sense of coherence and control through faced with the same problems. The Rosetans, to put it in Darwinian terms, were a successful adaptation.

A wide range of illness reflects the role that ineffective coping and inadequate support play. The highest rates of tuberculosis have been found among isolated and marginal people who have little social support, although they may live in affluent neighborhoods.

This article focused on heart disease, others are indicators of social life as well. These include respiratory diseases, accidents, and mental illness. Studies in England have shown that civil servants with the highest rate of death from coronary heart disease occurs amongst those with little social support. We are indeed nourished by contact with others.

V. SOCIALIZING AND LONGEVITY

A study published in the British Medical Journal in 1999 found that people more than 65 who like to eat out, play cards, go to movies and take part in other social activities live an average of 2 1/2 years longer than more reclusive people. Simply mixing with people seems to offer as great a benefit as regular exercise. Social and productive pursuits are equivalent to and independent of the merits of exercise.

In a similar study at Harvard, it was found that those who were most engaged in productive pursuits were 23 percent less likely to die than those least involved in such pursuits. When each activity was examined individually, doing a lot as opposed to not much, extended live in almost every case regardless of the activity.

Does humor matter? While it is popularly accepted that laughter speeds healing and fights disease, some researchers say that laughter isn't the best medicine after all. A review of humor research does not confirm a direct therapeutic effect of laughter.

Does love matter? In a study of 10,000 married men, it was found that in the subsequent five years men who felt love from their wife had significantly less angina that those that felt no love.

People who perceived themselves as socially isolated were found to be two to five times more at risk for premature death from all causes.
Persons with low interpersonal conflict in their lives do best.

Resources

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