SECTION #10

Amish Culture and Community

• SpringHaven Counseling Center Presentation - Amish Culture and Community: Implications for serving in health-related contexts
Amish Culture and Community:
Implications for serving in health-related contexts
Outline of time together

• My interest, background
• SpringHaven Counseling Center
Learning Objectives

• Who are the Amish
  • History, Migration, Population trends

• The Amish Way
  • Understand important social/familial/religious patterns of daily life

• Serving the Amish
  • Understandings on health and wellness
  • Implications for Providers
The Amish

- Roots back in Protestant Reformation in 1500’s in Germany/Switzerland
- “Radical” Anabaptists challenged the medieval state-church relationship
- Rejected practice of baptizing infants-linked with citizenship
- Anabaptist=“rebaptizers”
- Anabaptists believed true church was alternative community, distinct from surrounding society
- In obedience to Jesus, renounced violence and refusal to swear oaths
- From 1527 to 1614, authorities killed as many as 2,500 Anabaptists
Martyrs Mirror

Stories of early martyrs
• Dirk Willems

Martyrs mirror and stories of persecution continue to be shared.
-Importance of reliance on God and “self surrender.”
-Obedience even in the face of opposition
The Amish

• Group named after Jacob Ammann-born 1644
• Between 1736 and 1770, about 500 families arrived in Pennsylvania
• Migrated west-primarily for lower land prices
• First Amish arrived in Ohio(Holmes County) in 1809
• Largest Amish settlement is in Holmes/Wayne Counties
• Since 1960, population has doubled every 20 years
• Speak Pennsylvania Dutch
Amish population 2017 (ordered by estimated population)

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Faith

- Central to way of life
- Necessity of separation from the world
- Bible, Martyr’s mirror, the Dordrecht Confession, Audsbund
- Yielding to Divine Providence
- “Ministers”- Bishop, 2-3 preachers, deacon-lead congregation
- “Ordnung” -provides guidance
Diversity

• Who are the “Real” Amish
• Variety of Affiliations. Holmes County—we have 11-12 Groups
• Stories of schisms
  • Ex: Often difficult/traumatic for families going through this.
Family

• Large families
  • Ex: information form

• Children often learn English when they go to school/older brothers and sisters
  • Ex: Waiting area fountain
Gelassenheit

**Figure 6.1. Five Dimensions of Gelassenheit**

- **Personality**
  - reserved
  - modest
  - calm
  - quiet

- **Values**
  - submission
  - obedience
  - humility
  - simplicity

- **Symbols**
  - dress
  - horse
  - carriage
  - dialect

- **Structure**
  - small
  - informal
  - local
  - decentralized

- **Rituals**
  - kneeling
  - footwashing
  - confession
  - shunning
Gelassenheit/Modernity

- The way of Gelassenheit discovers fulfillment in community...and receives in return a durable and visible ethnic identity
- “Amish work just as hard at losing themselves as moderns work at finding themselves”
- “There is an ordered sense of doing things ‘right’ and well..God watches all we do...if it worth doing it is worth doing it right”
- Threat of losing “Gelassenheit” to individualism. Obedience, humility, simplicity are power engines of resistance
  - Source: LaVina Miller Weaver
Implications for Health & Wellness

• Overall, concern for those who are sick
• Attention and care for those who are struggling
• Do not typically participate in health insurance plans
• Fund-drives for health-related needs, community-driven response to larger hospital bills
  • Ex: Monthly topics/support groups.
Faith and Healing

• God is ultimate healer. “Will of God” as powerful driver
• Generally more acceptance of mental health issues as medical issue
• Professional involvement is generally allowed
• Danger of being led astray by secular thought-As it relates to approaches used in counseling modalities/approaches
• Fear of therapists/provider becoming voice of authority over the church/community
  • Ex: Fastest way to lose credibility/trust is to recommend someone leaves the church/Amish faith.
Community Support/Values

• Visitation and contact with family who are sick/struggling is welcome

• Importance of personal contact with people who are struggling. Value of cards, circle letters, help with children, cooking meals, etc

• Us of Support Groups (Consist of 3 couples within the community)
  • Attend discharge planning/education session
  • Commit to continued support/meetings
Community vs. Individual values

• In therapeutic settings, attention to counseling theories/modalities that conflict with cultural values

• Values such as self-improvement, empowerment, individualism, self-differentiation at odds with communal values—not highlighting self
  • Ex: When sitting in office, imagine that the whole family/community is sitting in the office with you and individual.
Prevention/Accessing services in Amish Communities

• Range of beliefs on preventative health measures depending on church and order.
  • Ex: Immunizations, Drug and Alcohol Prevention Task Force

• Practical approaches to prevention and when to seek help. Study in Holmes county in 2003, non-Amish people were twice as likely as Amish individuals to have routine examination.

• Applications for mental health.
  • More prudent about when to seek help. May wait until mental health issues have increased in severity.
  • With mental health, women tend to experience more social acceptance in coming for help.

• Paying out of pocket for services. Aware of pricing of services.
  • Ex: Providing self-pay discounts/time of service discounts.
Implications for health care providers

• Typically “Word-of-Mouth” experience with provider speaks for itself.
  • Ex: “My brother-in-law had good results with you.”

• Less impressed by what you have on your wall (degree or license)...Are you competent, trustworthy, and authentic?

• Many Amish will travel to Mexico for operations/treatment due to cost.
  • Ex: Vacation and the surgery in Mexico=same cost of surgery of U.S.
Issues of Confidentiality/Self-disclosure

• Confidentiality/HIPPA issues-Cultural values of privacy
  • Ex: Monthly topic

• Helps to have some experience in experience with Amish. Importance of connectivity and
  • Ex: Holmes and Wayne County-“things get around”

• Pay attention to expectations on self-disclosure. Professional boundaries with Amish
Technology

- Awareness that use of technology varies from group to group. Educational videos/recording may be acceptable in many groups. Swartzentruber Amish would tend to discourage watching videos.

- Pay attention to giving culturally appropriate homework. (journaling, worksheets tend to be well received).

- As more providers use EHR (Electronic Health Records), more comfort with technology in professional settings.
  - Ex: Psychiatric hospitalizations
“Naturals” and Alternative therapies

• High percentage of Amish will use traditional or home remedies, including herbal supplements, tinctures, massage.

• Belief that approaches are more “natural,” may be more cost-effective.

• Higher percentage of use of Chiropractic therapy, reflexology.

• Again varies from group to group...may have people coming to appointments with multiple supplements/herbs, asking which ones to continue taking.

• High trust factor, belief in word-of-mouth testimonials, often lead to sales-people preying on Amish.
Use of Metaphors/Stories

• Amish are a story-telling people.
• Important to connect often difficult issues with easily understandable explanations. Recognizing that no analogy is perfect, but most can be helpful.
  • Explanations of Tools
  • Carrying your backpack full of bricks
Notes on Personality Testing

• Careful to not jump to conclusions based on testing.
• Values/traits of humility, self-sacrifice, patience in culture may skew results.
  • Ex: No much research out there to “norm” testing in Amish population.
Conclusion

• Questions?
• Thank you