

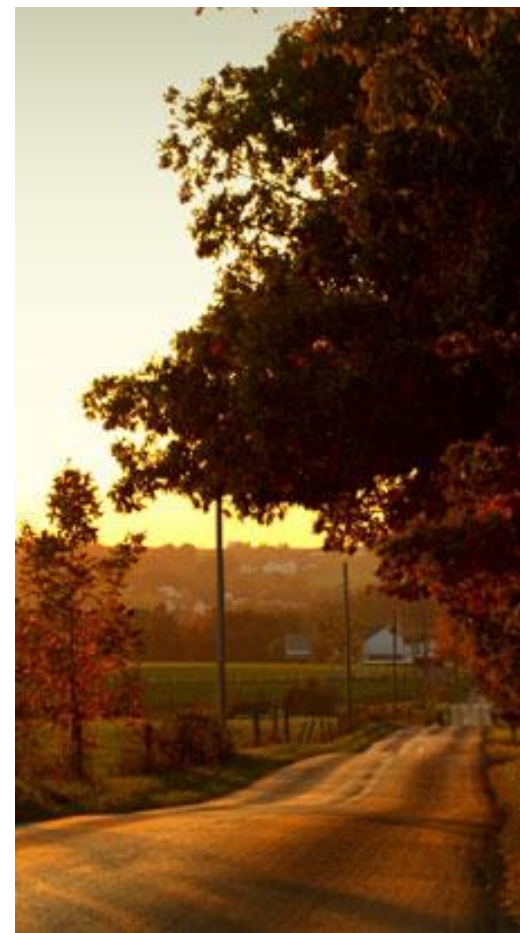


SECTION #10

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)

STATES	SETTLEMENTS	DISTRICTS	POPULATION
Pennsylvania	55	497	74,250
Ohio	61	560	73,780
Indiana	23	380	53,075
Wisconsin	53	150	20,095
New York	55	146	18,575
Michigan	47	117	15,040
Missouri	42	98	12,320
Kentucky	42	91	12,060
Iowa	23	65	8,985
Illinois	19	56	7,505
Minnesota	21	37	4,090
Tennessee	10	24	3,035
Kansas	7	16	1,775
Maryland	3	11	1,605
Delaware	1	10	1,595
Virginia	7	9	1,040
Montana	7	9	780
Maine	6	7	665
Oklahoma	4	7	645
Colorado	4	5	485
Nebraska	5	6	420
Mississippi	1	2	255
West Virginia	3	3	245
Arkansas	2	2	235
North Carolina	2	2	235
Wyoming	1	1	100
Florida	1	2	75
Idaho	1	1	75
South Dakota	1	1	75
Texas	1	1	60
Vermont	1	1	40
TOTAL	509	2,317	313,215

"Amish Population, 2017." Young Center for Anabaptist and Pietist Studies, Elizabethtown College.
<http://groups.etown.edu/amishstudies/statistics/population-2017/>

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

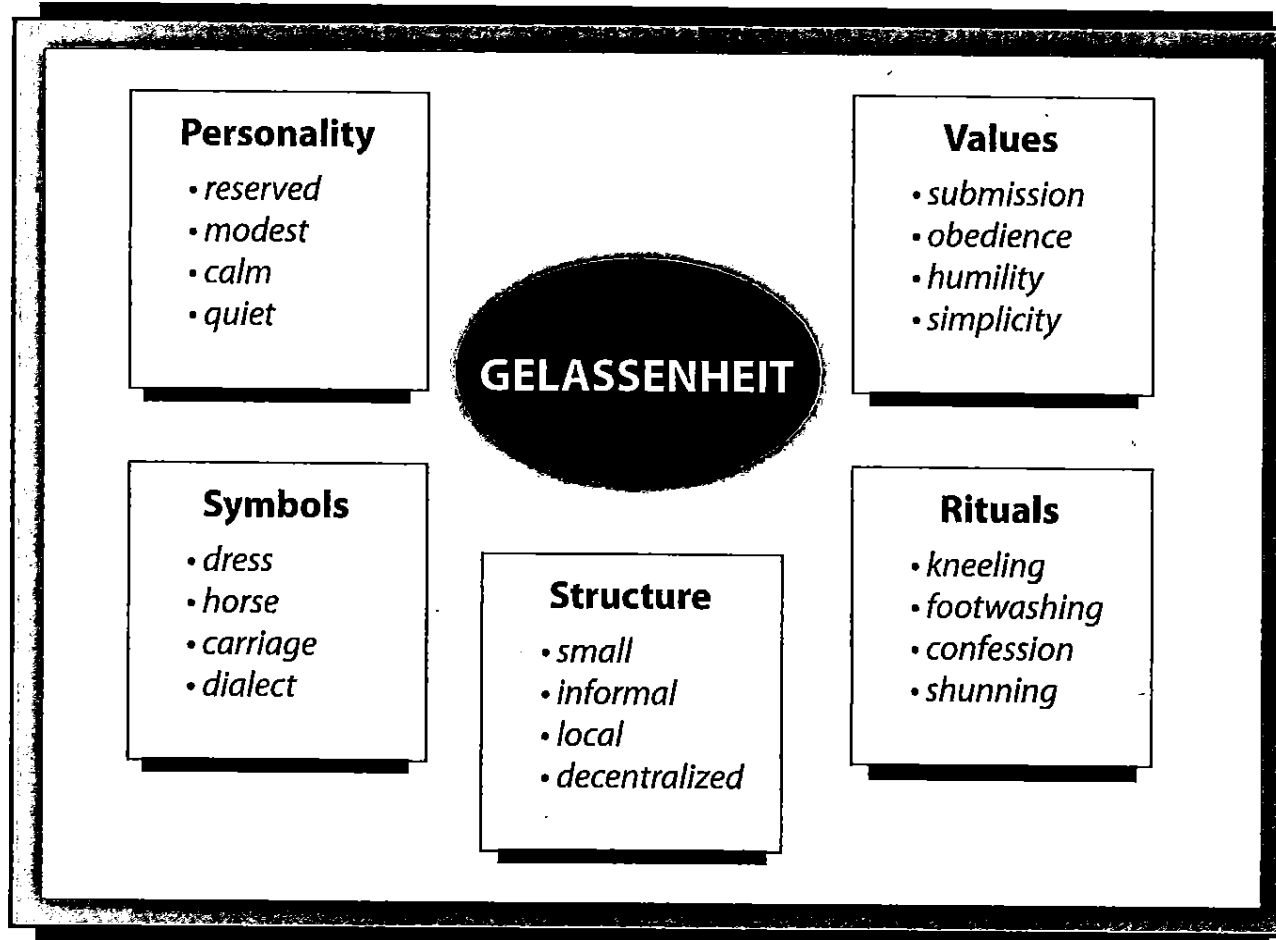


FIGURE 6.1. Five Dimensions of Gelassenheit

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