Traditional Healing and Medical Pluralism in an Ohio Amish Community

Maeghan Dessecker
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by

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Under the Direction of Dr. Cassandra White

ABSTRACT

This study examines the unique cultural practices related to disease prevention and health maintenance within a Holmes County, Ohio Amish community. This research focuses on the many options for healthcare within this community and the decisions behind their use. By engaging with these Amish community members to discuss their methods of managing health, the non-Amish medical professionals who treat Amish patients can learn cultural understandings of health within the community. As we learn that there are useful techniques to health beyond the dominant biomedical model, it is valuable to incorporate more traditional methods into our existing healthcare in to boost compliance and comfort for those seeking medical help.

INDEX WORDS: Amish, Medical pluralism, Alternative medicine, Complimentary medicine, Traditional medicine; Powwow; Reflexology; CAM
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DEDICATION

None of this research would have been remotely possible without the help of my paternal grandfather Melvin Dessecker, my paternal great-uncle Kenny Walter, my advisor Dr. Cassandra White, and the Dale Beachy family. Grandpa, your unflagging love and support through these past three years have really encouraged me to reach for the stars and beyond. Thank you for constantly going out of your way to actively help me do my research, I will never be able to thank you enough. Uncle Kenny, thank you for all of your tireless efforts to make this research a huge success, none of this would have been remotely possible if it were not for you. Dr. White, your constant support and encouragement have truly made me realize my potential, not just as an anthropologist but also as a human being. I owe both of my college degrees and this entire research project to you, because without your reassurance, constant motivation, and confidence in me, I could not be the anthropologist that I am today. Lastly, I would like to thank the Beachy family. You have all offered me nothing but warmth, kindness, and friendship throughout this entire project and I cannot thank you enough for all of your love. When this research started out in 2011, I never could have imagined the amount of encouragement and support that you all have given me. In the beginning, I was so nervous that I would not be accepted into your community; however, not only did you all accept me with open arms, but you have also shown me what it truly means to be Amish. I now know that being Amish is not about the restrictions or resisting modernity; being Amish is about nurturing a community, fostering hope and faith, and truly loving all of God’s creations. Thank you for teaching me the most valuable lessons I will ever learn and for being the most phenomenal friends. Much love to each and every one of you, from the bottom of my heart.
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TABLE OF CONTENTS

DEDICATION ...................................................................................................................................................... iv

ACKNOWLEDGEMENTS ......................................................................................................................................... v

LIST OF TABLES ................................................................................................................................................... viii

LIST OF FIGURES ................................................................................................................................................... ix

1 INTRODUCTION .................................................................................................................................................. 1

1.1 Origins of the Study .......................................................................................................................................... 1

1.2 History and Aversion to Modernity ................................................................................................................. 5

1.3 My Research Setting: An Ohio Amish Community ........................................................................................... 10

1.4 Primary Research Questions and Purpose of the Study ................................................................................... 11

2 THEORETICAL FRAMEWORK .......................................................................................................................... 13

2.1 Medical Pluralism .............................................................................................................................................. 13

2.1.1 Understanding Biomedicine as the Dominant Medical System in the U.S. ........................................... 16

2.2 Amish Choices and the Use of Medical Pluralism ............................................................................................ 17

2.2.1 The Aversion to Formal Insurance and the Rising Cost of Medical Care: A Reason

\textit{Behind Amish Use of Medical Pluralism} ........................................................................................................ 20

2.3 Importance of Traditional Health Care ............................................................................................................. 22

2.4 Existing Data on Amish Health ......................................................................................................................... 24

2.5 Prevalence of Genetic Illness ........................................................................................................................... 26

2.5.1 Population Isolates and the Founders’ Effect ............................................................................................. 26

2.5.2 Genetic Illnesses Affecting the Amish Population ......................................................................................... 28
3 RESEARCH METHODS ........................................................................................................................................31

3.1 Recruitment and Gaining Access ..................................................................................................................31

3.2 Participant Observation, Engagement, and Interviews .................................................................................33

3.3 Ethnographies .................................................................................................................................................34

4 TRADITIONAL PRACTICES OF HEALING AMONG THE AMISH .............................................................35

4.1 The Role of Chiropractors .............................................................................................................................35

4.1.1 Amish Chiropractors ..................................................................................................................................35

4.1.2 My Visit with an Amish Chiropractor: An Ethnographical Approach ....................................................36

4.2 Spiritual Healing ..............................................................................................................................................38

4.2.1 Decline of Powwow .....................................................................................................................................39

4.2.2 Amish Chiropractors and Healing Hands: An Ethnography ..................................................................40

4.3 Reflexology .....................................................................................................................................................42

4.3.1 Your Feet Don’t Lie: An Ethnography .........................................................................................................43

4.4 Mental Health ..................................................................................................................................................45

4.4.1 Spring Haven Counseling Center Visit: An Ethnography ........................................................................48

4.5 Maternal Health ...............................................................................................................................................49

4.5.1 Mount Eaton Care Center ..........................................................................................................................51

4.6 Medical Doctors ............................................................................................................................................53

4.7 Coping with Genetic Illness .............................................................................................................................54

4.8 On Being Your Own Doctor: Home Made Remedies .....................................................................................56
4.8.1  ‘Half a Calf Pill’: A Chat About Illness ..................................................61

4.9  Choices We Must Make: Amish Takes on ‘Noncompliance’...............................63

4.10  Preventative Medicine .................................................................................66

4.10.1  Hygiene Hypothesis ..................................................................................67

4.10.2  Allergies .................................................................................................68

4.10.3  Vaccinations ............................................................................................69

5  PRACTICAL APPROACHES ...........................................................................72

5.1  Health Education ..........................................................................................72

5.2  Avoiding ‘Snake Medicine’ ...........................................................................73

5.3  Treating Amish Patients in a Biomedical Clinic .............................................74

6  CONCLUSIONS .............................................................................................77

REFERENCES ......................................................................................................79

LIST OF TABLE

Table 1.1 The Use of CAM in Amish Communities ............................................... 23
LIST OF FIGURES

Figure 1.1 Reflexology Foot Chart ........................................................................................................ 43
1 INTRODUCTION

1.1 Origins of the Study

I fondly remember visiting the vast countryside in my father’s hometown of Dover, Ohio when I was a little girl. Located in Tuscarawas County in Northeastern Ohio, Dover is a small, quiet mid-West town with a large population of Swiss and German descendants. Visits to cheese houses and German/Swiss general stores were commonplace in my childhood vacations to my grandparents’ house. I have many memories of women donned in bonnets and long, plain dresses handing me samples of Colby Cheese and Trail Bologna while happily chatting to one another in a different language. I remember their horse drawn buggies hitched up in the parking lots and asking my parents if I could pet the horses. I remember visiting the old family farm that was sold generations ago to an Amish family with my grandmother, and asking her if I could play with the other children in its fields. The Amish of Ohio have piqued my curiosity since I was a child, and continue to do so today.

I did not return to my interest in the Amish community until I became involved with anthropology as an undergraduate at Georgia State University. I noticed popular documentaries on the Amish rite of passage known as *rumspringa*, where some Amish permit their youth to suspend their committal to a simple Amish lifestyle when they turn sixteen in order to explore an alternative lifestyle. After I became more comfortable with the process of ethnographic research and got permission from my university, I set out to my father’s home in Dover hoping to study Amish youth culture and the idea of *rumspringa* for an undergraduate honors thesis.

Many Amish have generally been wary of outsiders, so it is imperative for one to have an ‘in’ to the culture in order to gain access. I am very fortunate to have had rapport with some Amish families because my father’s family has many friendly ties with many Holmes and Tuscarawas County Amish families. My great uncle is a school bus driver for Amish children and a former board member of Ohio’s
Farm Bureau, which allows him to work with many Amish farmers. His wife, my great aunt, was an Amish parochial school teacher before her retirement. With the help of my grandfather, Melvin Dessecker, and great aunt and uncle, I have been able to make many lasting connections within this Amish community. I decided to set my research in and near Holmes County, Ohio, which happens to be one of the largest Amish communities in the United States (Hurst & McConnell 2010). My family resides primarily in Tuscarawas County, the next county over from Holmes, but knows many Amish families within the Holmes County area as well as the Tuscarawas County area.

I called my grandfather shortly following my first thoughts about doing research with an Amish community. We were both initially very excited about the prospect and thought that the American public could really benefit from having an inside look at the real Amish culture. Unfortunately, it is a common occurrence that the greater American public often exploits these benevolent peoples as popular TV shows, books, and movies often sensationalize Amish culture. This often results in harmful generalizations of the Amish community. I knew that I would have to be very mindful of this while pursuing my research. While I got Institutional Review Board approval from Georgia State University, my grandfather and my great uncle began visiting Amish family friends and asking for any family that would be interested in hosting an ‘English’ (a commonly used Amish term which refers to the non-Amish) girl in their homes. They visited three hopeful families before receiving mutual excitement and permission from a family of six children within a few years of my own age.

In late June of 2011, I nervously arrived at an Ohio Amish family’s doorstep. Although I only stayed with the family for under a week, I learned more about the Amish culture than many Americans do in a lifetime. My time in 2011 staying and visiting with Amish families and Amish youth was extraordinary, life changing, and consists of some of my favorite memories to date. As a cosmopolitan girl who really loves her smart phone, I had fears that I would not be able to detach myself from my niceties in order to blend into the lifestyle of my informants. However, I was pleasantly surprised at how
easy it was to divorce myself from the electronic components that are a large part of my every day life. I had originally feared that I would become bored without a phone or a laptop to entertain me, but I found that I was content in my brief experiences with simplicity. The day’s farm work and chores were so time consuming that I was not only occupied but also exhausted enough to sleep like a baby through the night. I even remember feeling relieved at one point that I was not constantly connected to my phone where I often feel pressured to answer every email and text message right away. I began to breathe more easily on the farm. I also learned powerful lessons about family and true, honest friendship. Family dinners became something that I actively looked forward to as each meal was centered on good stories, laughter, and the company of family. I noticed the closeness between the members of the family that I stayed with as well as their relationships with their friends and fellow church members. The churches and families with whom I participated are very open to helping one another and providing support in times of need. I ultimately learned, during my brief stay, that being Amish is not about the lack of modern conveniences but about love, family, and faith.

I kept (and continue to keep) in contact with many of my informants, as they have grown to become close familial friends over the past few years. The family that I stayed with during my research on Amish youth visited me in Atlanta, Georgia (driven down by my grandfather) and even attended my paper presentation on my research at Georgia State University’s Undergraduate Research Conference. During their stay with me in Atlanta, my host family and I caught up while I told them about a field school in medical anthropology that I was planning on attending that summer in Peru. They were very excited for me. One of my informants told me about a book that she owned about traditional medicine. Later in the year, she sent me a copy of the book in the mail. The book she sent me, called Be Your Own Doctor by Rachel Weaver (2012), is full of homemade remedies using natural ingredients and advice on treating illness and was the ultimate object in fueling my decision to explore Amish health practices as a research topic.
While conducting research for Amish youth culture, I noticed how healthy the lives of many Amish families with whom I spoke are. Eating fresh food and getting plenty of exercise by means of farm work (and in many cases, bike riding) was part of an every day routine in the Holmes County Amish country. I remember off handedly asking an Amish girl one afternoon while helping to prepare the family’s cows to be milked, “So what happens when you are sick? Do you ever go to the English doctor?” She replied with something along the lines of “I don’t remember ever needing to go to a doctor. I don’t get sick that often.” This statement let to many further questions about high immunity among Amish populations.

I also noticed a difference in hygiene practices, not to say that they were nonexistent all together, rather they were different from what I was accustomed to. Although homes and appearances are kept tidy, disinfecting articles or surfaces after their use did not seem to be a priority in the Amish household where I stayed, as it was in the household in which I grew up. As a self identified ‘germaphobe,’ I noticed these differences and looked upon them with curiosity. Many of us in the mainstream American society often have a propensity for and a history of hygienic sterilization, a theme Emily Martin briefly discusses in her 1994 book Flexible Bodies. During the Polio epidemic of the 1940’s and 50’s, the most important threats to health for Americans were perceived to reside in the environment just outside the body (Martin 1994:24). Consequently, “Enormous attention was devoted to hygiene, cleaning surfaces in the home, clothing, surfaces of body and wounds with antiseptic” as recommendations for cleanliness by the National Foundation of Infantile Paralysis became highly publicized (Martin 1994:24).

Some scientists report the excessive use of antibiotic cleaning solutions and medications contribute to possible negative consequences in human immunity, this idea is often referred to as the Hygiene Hypothesis (Rook et al. 2008). I originally was very interested in Amish immunity and its possible relations to the Hygiene Hypothesis after noticing the different hygiene practices in some of my
Amish informants’ homes. I initially thought that the lack of excessively used ammonia based cleaning products contributed to higher immune systems and thus a lower illness rate within the Amish community. However, I soon learned that my Amish informants do indeed get sick, but illnesses are defined differently within the Amish context than the dominant biomedical model. I found that many Amish have etiological models of illness and health that differ with the dominant biomedical model and have their own distinct ways of coping with and treating illness (topics that I will address later on). I noticed the wide variety of options and the plurality that is practiced in order to address disease and illness. I determined that I needed to reevaluate my research questions, which had previously been focused on Amish immunity and aversion to illness. Though the idea of high Amish immunity initially inspired my research ideas on Amish health care, I became more interested in the variety of practices associated with health care and illness among the Amish. Many Amish have etiological models of illness and health that differ with the biomedical model, that many other Americans are used to, and have their own distinct ways of coping with and treating illness. I concluded that my new research questions should be focused on modalities of health care, Amish etiology of illness, and approaches to concepts of bargaining with health care technology and high costs.

What had started as a curiosity turned into a passion for health practices cross culturally and for the Amish community as a whole. Though I am not Amish in practice and do not technically have any Amish ancestry that I know of, these wonderful people have offered me kindness and insight to a captivating take on health and how they perceive (and what I have come to believe as well) what it means to be truly healthy in the mind, body, and soul.

1.2 History and Aversion to Modernity

In order to delve into Amish health care and my research questions, I must first introduce the Amish community and my research population. The Amish community and religion has its roots in the Christian Anabaptist movement. This movement, in response to (and reaction against) Catholicism,
encourages its members to be baptized into the church when the baptismal candidate is of consenting age and a sound decision-making mindset (Hurst & McConnell 2010). Therefore, members of the Amish church are not baptized until they are at least sixteen years old, but often members are older than sixteen, (Hurst & McConnell 2010), contrary to Catholicism, which encourages its members to be baptized at birth. In order to make a sound decision on whether or not to join the Amish church, some Amish sects allow their children to partake in the non-Amish lifestyle when they turn sixteen in order to experience an alternative lifestyle and a different perspective. This rite of passage is known as *rumspringa*. It is imperative to point out that not all Amish churches allow their children to participate in *rumspringa*. There are many Amish who feel that *rumspringa* contradicts Amish doctrine and should not be practiced and others practice various forms of exploring alternative life paths without participation in activities that the church or parents condemn (Dessecker 2012). Another important note is that the practice of *rumspringa* is highly sensationalized by the non-Amish American culture and many Amish community members feel that this practice gives outsiders a negative perception of Amish culture (Dessecker 2012). However, some parents (many, reluctantly) allow the participation of *rumspringa* in hopes that the youth will realize the Amish life is the closest life to God and eventually return to the Amish church (Dessecker 2012).

One of the most intriguing components of Amish culture is the aversion to modernity, and subsequently, the mainstream American society in order to better maintain their Christian integrity (Dessecker 2012). Unlike conventional American culture, many Amish don plain dresses, zipper-less slacks, button-down shirts, and head coverings rather than jeans, tees, and make-up. Most Amish do not accept the use of modern technologies, such as TV, Radio/MP3/CD devices, cars, or electricity, into their lifestyles (though there are exceptions to these depending on the church to which a family belongs). My Amish informants explained that they feel as though many modern conveniences allow them to stray from the heart and soul of their culture: Family and God (Dessecker 2012). The rejection of certain forms
of technology within the Amish community has helped shape Amish cultural identity (Kraybill et al. 2013:315). Aversion to cars and the electrical grid has helped preserve their pre-industrial nature (Kraybill 2013:315) as avoidance of telecommunication and modern media help to maintain the Amish Christian integrity.

Though they are markedly different from what many would consider the dominant mainstream American culture (that holds modern technologies and worldliness in high esteem), the Amish are Americans nonetheless. It is important to note that I use the term ‘English’ instead of ‘Americans’ to describe the non-Amish American population because the Amish are just as American as any other non-Amish American. Although the Amish are exempt from some programs such as military service and social security, they are tax-paying citizens of the United States (Kraybill 2010:196). Some Amish will vote in local elections (Kraybill 2010:168); I found that this is especially the case if the vote will directly influence one’s family, business, or farm.

Although it is a common misconception that all Amish across the board are the same, there is a large degree of heterogeneity within Amish affiliations and between churches (Kraybill et al. 2013, Hurst & McConnell 2010, Dessecker 2012). In fact, there is just as much intracultural variation as there is variation between Amish communities and their English neighbors. Variations of interpretations of Biblical text and use of certain technologies have caused rifts between Amish churches in the past, which have resulted in over 40 different affiliations and thousands of ordnungs or individual churches (Kraybill et al 2013). Most of these factions have occurred over bargaining with modernity and survival versus keeping a simple lifestyle and maintaining a virtuous relationship with God and the church. Donald Kraybill, Karen Johnson-Weiner, and Steven Nolt best discuss these dilemmas in their 2013 book, The Amish, “Concessions are traded back and forth in a process of social bargaining...The negotiating metaphor captures the dynamic process of give-and-take both within Amish communities-as factions struggle to agree on acceptable practices- and between Amish society and the larger world” (Kraybill et
Modernity is a constant pressure on the Amish lifestyle and variation occurs within and between Amish communities because of this outside force (Hurst & McConnell 2010). These realities can lead to discrepancies that influence differentiation between Amish groups and also different churches. These differences influence deviations in dress, buggy-style, the practice of *rumspringa*, the use of some forms of technologies, Biblical text, and even modes of healing and health care.

As stated previously, compromising with different forms of technology and interpretation of Amish doctrine has resulted in over 40 different affiliations. Although there are observable differences between some of these affiliations (a few examples of these are: the New Order Amish, the Old Order Amish, the Beachy Amish, the New New Order Amish, and the Swartzentruber Amish), there is more diversity within individual churches and between individual families (Kraybill et al. 2013). The bishops and other elder members that lead church services typically set the regulations for a specific church, or *ordnung*. Bishops from one *ordnung* may permit the use of some forms of technology while another bishop that identifies with the same affiliation but different church may restrict the use of the same technology.

Families whom I interviewed used differing forms of technology. These families identified with the New Order, the Old Order, or the Swartzentruber Amish affiliations. A few of the families that identified with the Old Order affiliation noted that they used gas to power basic household appliances such as refrigerators and ovens and to burn gas lamps. However, they noted that they were not permitted to travel on airplanes or drive tractors. I noticed that a few Old Order families used battery-powered portable lanterns. Several New Order families with whom I spoke were able to travel by flight and had been to other Anabaptist populations in several different countries around the world. I noticed a that one New Order family used an old tractor to do heavy farm work while another family with whom I spoke used a team of horses and a wagon. I visited a few families who used outdoor commodes and wood burning cooking stoves while others had gas ovens and indoor plumbing. All of the families I
interviewed used a horse and buggy as a form of transportation; many used bicycles if their church permits it. These are just a few examples of the variation between forms of technology used in the population I studied. These examples illustrate just one of the many topics on which Amish communities may differ in opinion and practice. There are, of course, many other variations in topics such as dress, interpretations of the Amish doctrine, health resources, education, and cultural practices between churches within the Amish community.

It is important to also note that Amish formal education does not generally go past the eighth grade (though some churches may allow some forms of further education). According to some of my Amish informants, education is understood to make one conceited and egocentric to the point where one may question things that (in the Amish system of beliefs) are not meant to be questioned, for instance, the existence of God (Dessecker 2012). Because education is thought to get in the way of one’s piety, science (and often health sciences) takes the back seat to reading, mathematics, and writing skills as school subjects. Given their isolation and lack of emphasis on science in education, one might assume that many Amish do not believe in (or even know about) germ theory or other medically related theories. However, as I will discuss later on, many Amish do know a great deal about heritability because of their frequent use of farm animals.

Many Amish are knowledgeable about the modern world; however, they just prefer to keep their lives as simple as possible in order to maintain devotion to the Christian faith. My mention of the formal educational limit in Amish schools is not to show what the Amish lack in scientific knowledge, but rather to explain why they may have a different perspective on the subject of health than those who adhere to the dominant biomedical system of beliefs. It is important to understand these cultural differences in order to fully examine the aspect of Amish health and wellness so that we may become familiar with the different perspectives that are outside the dominant biomedical medical framework.
1.3 My Research Setting: An Ohio Amish Community

The Holmes County/Tuscarawas County area lies about 70 miles north of Columbus and 60 miles south of Cleveland, within the triangle formed by Interstates 70, 71, and 77 (Hurst & McConnell 2010:1). My research parameters covered the western side of Tuscarawas County, starting from the Sugarcreek area, through the eastern side of Holmes County, ending in Millersburg. As one drives on the vast country roads of Highway 39, he can see many signs advertising various Amish craft stores, farmers’ markets, and restaurants as he passes the occasional horse-drawn buggy or bicycle in the right hand buggy lane. The small Amish towns of Sugarcreek, Walnut Creek, Farmerstown, Berlin, and Millersburg are picturesque tourist destinations for those curious about the Amish lifestyle or looking to buy some popular Amish crafts. The sweeping farmland is occasionally dappled with Amish farms and Amish parochial schools. The town squares hold small shops and restaurants, many of which are Amish owned and run. Holmes County, Ohio has a population of over 43,000 people (2012 U.S. Census), and nearly half of its residents are Amish (http://www.ohioamishcountry.com/). Tuscarawas County, Holmes County’s eastern neighbor, has a population of just over 92,000 (2012 U.S. Census). Holmes County, Ohio and the areas surrounding are home to one of the biggest Amish populations in the world to date (Hurst & McConnell 2010).

There are many different Amish affiliations and hundreds of Amish churches in Holmes County and surrounding areas. However, because of time and community access restraints, I was only able to participate with families who identified with one of three different affiliations: Old Order Amish, New Order Amish, and Swartzentruber Amish. The families that identified with the Old Order were quite diverse from one another as each family belonged to a different church, or ordnung. Each Old Order family differed slightly on their use of certain technologies and some practices such as rumspringa. The families that identified with the New Order affiliation were from two separate ordnungs; however, the churches were so similar that youth groups from both churches often have activities together. The New
Order families were all opposed to the practice of *rumspringa* but most were more accepting of certain appliances (such as milk machines, tractors, indoor telephones, and occasional generator use) as well as modern medical clinics (such as genetic counseling and physician visits). I only spoke with members from one Swartzentruber church, so families practiced many of the same traditions (like the cape over women’s dresses) and technology use (such as outdoor commodes, wood burning stoves, and well water sources). It is important to make note that all of these individual families practiced differing modes of healing, something that I will address later on, and that their health habits were also diverse, varying from family to family. I found that no one *ordnung* or affiliation had a ‘standard’ method for health care and that health knowledge and practice differed from family to family within my research population of about 20 family units.

**1.4 Primary Research Questions and Purpose of the Study**

The purpose of my research was to study and identify practices of and beliefs about health and wellness among an American Amish population in Ohio. Through previous experiences with this population, my impressions were that the Amish live healthy lifestyles. My primary research question was: How do Amish Americans maintain healthy lifestyles and what practices are used to prevent/treat illness in the Amish community? I was interested in gaining a better understanding of alternate modes of health/wellness in the Amish culture. There are many other approaches to health other than the popular Western or Biomedical medical model. Through structured interviews as well as participation in the Amish lifestyle, I document some of the practices and values through which Amish Americans maintain wellness and attempted to infer the meanings of these practices in people’s everyday lives.

Most previous studies of health among the Amish have been based on survey research. My study adds an ethnographic component and may be helpful to the anthropological community as well as the medical community as a whole because the research outlines and explains why the statistics cannot. By engaging with the Amish community to discuss their methods of managing health, non-Amish
medical doctors and professionals treating Amish patients can learn the health systems used by this Ohio Amish community. The Amish community can in turn learn about the wide array of medical options that are available to them: including traditional Amish methods as well as biomedical and professional methods. This thesis research primarily serves to bring about greater documentation of Amish health beliefs and practices and understanding the meaning of these practices and the significance of the choices the American Amish make in a pluralistic medical system.
2 THEORETICAL FRAMEWORK

2.1 Medical Pluralism

Understanding differing medical frameworks and how they are applied in their respective traditions gives us insight into how people understand health and the body cross-culturally. Across the world, people have access to different options for treatment and health maintenance, which might include home remedies, biomedicine, Shamanistic healing, and traditional Chinese medicine, among many others. The idea of medical pluralism within the discipline of medical anthropology is a useful tool when applied to studies that look at how and why people or groups make certain choices about healthcare. Medical pluralism can be roughly defined as using a number of culturally different health care systems or the overlapping of several different medical practices. Differing medical systems may have their own loose boundaries, for example, what is considered to be standard procedure for one medical system may not be included in a differing medical system. However, the borders of different medical models are not always clear (Crandon-Malamud 1991:24). Borders become quite fluid when medical pluralism is practiced within a culture as resources and ideas are shared through different medical domains (Crandon-Malamud 1991:24).

There have been many publications on medical pluralism and its uses within populations who use medical frameworks that differ from the popular Western model of Biomedicine. John M. Janzen (1982) looks at patterns of healing within the BaKongo peoples of Lower Zaire in *The Quest for Therapy*. Janzen argues that these people often use both traditional medicine and Biomedicine in their framework (Janzen 1982). He proceeds to analyze what precedent is set in order to help the persons(s) seeking treatment determine which medical model to choose; in particular, “therapy management groups” of family members and elders guide patients’ decision-making process, in contrast to dominant American medical culture in which the individual is generally responsible in the decision-making process (Janzen 1982).
Janzen’s 1982 study is applicable to my own research in the Ohio Amish as community recommendations and advice from community elders are exceedingly important in choosing methods of health care. Hurst and McConnell (2010) discuss this concept with a professional who frequently works with Amish patients, “One big thing about Amish people is that they really respect their elders...Even if they’re losing some of their mental capacity, they still respect them. And what they say has a lot more weight than a doctor” (2010:234). Family decisions also play a central role in Amish culture. Individuals rarely make big decisions, such as medical interventions, on their own. The family is typically heavily involved with medical decisions each step of the way. Also, recommendations from other close neighbors or community members who have had success with a certain practitioner or remedy are often the most encouraging for a certain choice among health care options (Hurst & McConnell 2010:234).

In her work, From the Fat of Our Souls (1991), author Libbet Crandon-Malamud discusses the medical systems in place in the Andean mountains of Bolivia. As there are many different cultures occupying the small Andean town, there are also many different illness narratives to be told as well as many different medical models to choose from (Crandon-Malamud 1991). Choices among this community are determined in part by social class and the associations placed on different modes of healing, which include traditional medicine, church-based healing (including Catholic and Protestant churches in the community), and biomedical doctors and healthcare workers (Crandon-Malamud 1991). Though Crandon-Malamud largely argues that, in the context of her research, individuals use the “primary-resource” of Biomedicine to gain access to secondary resources that do not necessarily include medicine (although ‘health’ can be considered a secondary resource) but more than likely social mobility or material wealth (Crandon-Malamud 1991). She notably remarks in the Preface of From the Fat of our Souls (1991):

Through medicine, physicians acquire economic power and prestige; insurance and pharmaceutical companies accumulate capital. The argument presented in this book is that, where medical pluralism exists, the principal secondary resources for which medicine is a primary
resource are social relations and material resources that permit social mobility (Crandon-Malamud 1991.ix).

For the context of my own research, I interpret Crandon-Malamud’s (1991) argument to apply to the idea that those who use biomedicine more often may also have a status as being more worldly or more connected with a cosmopolitan way of life. Although these applications may hold true for those of us who frequently use biomedicine, being worldly has negative connotations within Amish community. A major difference from Crandon-Malamud’s (1991) research and my own is that egalitarianism is generally more valued among the Amish than gaining prestige or advantage over others in the community, as greed and individuality are generally looked down upon within the community.

In his book Aghor Medicine (2008), Barrett looks at the topic of medical pluralism in Northern India. He focuses on the Aghori sect within Hinduism; the Aghori have often been marginalized by society because of their ritual embrace of pollutants (Barrett 2008) but have recently been hailed for their willingness to work with those who are victims of stigmatized diseases. The author discusses the ways in which people make choices about healing and treatment for stigmatized diseases, such as leprosy and vitiligo, and how the Aghori use a pluralistic approach to treating patients (Barrett 2008). In my own research, I have found that there are some practitioners within the Amish traditional medical framework who have less prestige than others (such as those who practice powwow, which will be further discussed in Chapter 4). However, Amish patients will still seek medical advice from these often-stigmatized practitioners, especially if there seems to be no other outlet.

As medical pluralism is widely researched within medical anthropology, I intend to apply it to my thesis and the Amish medical framework to show how the Amish culture works to blend traditional, ethnomedical models and Biomedicine in order to achieve their desired state of wellness. In this paper, I intend to document some cases of medical pluralism within the Amish medical framework and investigate the reasons and meanings behind the choices people make regarding different medical options.
2.1.1 Understanding Biomedicine as the Dominant Medical System in the U.S.

Biomedicine is the dominant medical framework in the U.S. and many other Western cultures. The term ‘biomedicine’ readily implies that the medical system is based on biological medicine (i.e. medicine that is tried and tested by the scientific method) but other names for this system include: cosmopolitan medicine, Western medicine, allopathic medicine, and also simply medicine (Gaines & Davis-Floyd 2004:95). In this thesis, I avoid using the term “medicine” to describe this system, as this label is problematic in many ways. Biomedicine may be the dominant mode of healthcare preferred by Westerners but it is far from the only medical system present in the United States and other Western nations. By using the moniker of “medicine” to describe Biomedicine, we imply that Western biomedicine is the standard or the correct mode of medicine and other systems are therefore “non-medical” (Gaines & Davis-Floyd 2004:95).

Biomedicine strongly influences individual health care choices in America and in other Western nations and is often thought to produce the most accurate somatic medical information and treatments because it is thought to be belief free and objective. Beliefs surrounding the superiority of biomedicine over other systems in ethnomedicine stem from denouncing cosmology and connecting different medical diagnoses and practices to a larger grand design (Gaines & Davis-Floyd 2004); however, if one were to look at the practice of biomedicine through a critical lens, it is possible to see that biomedicine does indeed have roots in cosmology (though a more secular version) (Gaines & Davis-Floyd 2004). Medical anthropologists Gaines and Davis-Floyd (2004) discuss certain biomedical ideas and their likeness to cosmology “[Biomedicine’s] cosmological underpinnings are encompassed in what Davis-Floyd calls ‘the myth of technological transcendence:’ the hope-filled notion that through technological advances we will ultimately transcend all limitations seemingly placed on us by biology and nature” (2004:100). Biomedicine is increasing in popularity worldwide but is far from the only medical system.
Although biomedicine is thought to be the most reliable method of healthcare, there are many more models that are also effective and reliable, and are held in high esteem within their cultural context.

2.2 Amish Choices and the Use of Medical Pluralism

Medical pluralism is becoming increasingly relevant in the United States today. In a national survey conducted by the *Journal of Women’s Health*, over half of the respondents used complementary and alternative medicine as a supplement to conventional medicine, especially in instances of chronic illness (Wade et al. 2008). The rise of chiropracty and reflexology can be seen while driving through the streets of many American towns as there is no lack of offices in hospital buildings or medical complexes advertising these alternative medical methods. It is thought that the recent widespread interest of alternative medicine within the United States may be due to the postmodern emergence of medical diversity (Kaptuchuk & Eisenberg 2001:189) on an increasingly globalized market. The demographic and social diversity in the United States also may influence the use of medical pluralism within the nation.

It is important to note that Kraybill et al. discuss the dangers in generalizing Amish behavior and state that generalizing healthcare practices is just as dangerous (2013:336). Although the diversity within Amish populations is not readily noticeable to many non-Amish, there is great variability between affiliations, *ordnungs*, geographic populations, and individual families. This statement applies to Amish modes of healthcare as well. As I have previously touched on, Amish family units vary on knowledge and perception of the body and thus practices of health maintenance. For example, one Amish chiropractor recounted what thought about human origins, “God picked up soil off of the ground and blew and man was created right before his eyes. It still amazes me.” Many Amish may share this belief of human creation and therefore have varying knowledge about how bodily systems work. All Amish believe that God created man, as it is written in the Bible. However, some families and individuals may share aspects the biomedical approach to the operation of bodily systems. Because there is a difference in the beliefs and knowledge surrounding the human body, there are a variety of pluralistic options for treatments.
and health maintenance. I have found in my research that the Amish have their own unique form of practicing medicine that includes combining areas of healthcare within the enthnomedical/traditional model within medical pluralism as well as the professional sector, which includes biomedicine as well as chiropractic.

While many modes of complementary and alternative medicine, also known in the academic sector as the acronym CAM (Robinson & Chesters 2008), are used within the Amish medical framework, there are many conventional Western medical techniques used as well. Donald Kraybill states “Amish views of health and healing reveal a fascinating interchange between a traditional culture and modern values” (Kraybill et al. 2013:335). He and his colleagues found that Amish personal health care often mixes conceptions and practices from conventional American culture and rural techniques (Kraybill et al. 2013:335). One medical doctor who sees Amish patients regularly noted that they see the established American medical system as only one of many health resources; though he noted that he thought it was because the Amish generally do not have good knowledge of the body (Kraybill et al. 2013). It can be argued that Amish patients have a different knowledge of the body than we in the English mainstream do but that their knowledge of the body is still very relevant in choosing an option for health care.

I found that there are several factors influencing the choices that Amish patients make when seeking health care options. One such influence for a specific choice in a health care practice is from word of mouth (Hurst & McConnell 2010; Kraybill et al. 2013). The advice and testaments of success from other trusted neighbors or community members greatly impacts an Amish person’s use in a particular health practices (Hurst & McConnell 2010). A popular Amish newspaper, The Budget, frequently displays ads from companies and claims from individuals within the Amish community on specific products or healing practices offered in the area. Individual community members also sometimes offer healing advice in occasional columns. Another factor that influences one’s choice in seeking treatment or medical care is the opinion of the community’s elders or the high bishops of the
Amish church (Hurst & McConnell 2010). The Amish deeply respect the opinion of the elder members of the church; one Amish author stated, “We believe wisdom is in the ages; most North Americans believe progress is in the new” (Hurst & McConnell 2010:235). Many in America tend to avoid interaction and advice from the elderly population, admitting them into nursing homes rather than caring for them as a family. Perhaps this is because America (and many Western cultures) values progress and embraces current research efforts to enhance progress. The Amish, however, value the wisdom and life experiences of their older church members because they ultimately pass down Amish knowledge and advice that they have lived.

The Amish traditionally respect the wishes of the community, the family, and church bishops in many decisions, including health. It is important to note that, although individuals can sometimes make decisions on care, it is the community that provides support and much of the payment for its members (Hurst & McConnell 2010:234). Hurst and McConnell (2010) make note that typically the more conservative the church is, the less likely the Amish patient is to be proactive about seeking preventative care (2010:227). The authors also state that access and distance are also key factors in choosing where to seek treatment in Amish patients, especially in the more conservative Swartzentruber Amish (2010:228). Along with an accessible location, Amish patients also regard the financial accessibility of the health care option before making a choice on where to seek treatment.

Health care choices and practices often coincide with the Amish cultures’ current position in compromising between traditions and surviving in the modern world. Donald Kraybill states this concept best, “The Amish discourse about health care shows sharp divides between Amish affiliations and reveals how some groups have accommodated to modernity while others have not” (Kraybill et al. 2013:335). I found that Amish families will often use traditional, or natural methods for illness prevention and healing within the home until a problem becomes persistent enough to visit a medical
practitioner (either the family’s physician or the family chiropractor). Many families enjoy the level of comfortability of traditional and home remedies.

Many Amish families avoid biomedical clinics unless the situation is dire or absolutely necessary. Western medical systems do not often share the same understandings of nature, illness, and personal hygiene as Amish patients, and because of this, many Amish feel that Western medical concepts are foreign and difficult to conceive (Kraybill et al. 2013:335). Biomedicine’s definition of the body does not always complement the understandings that the Amish may have about the human body, as defined by the Bible. Perhaps this is why Amish patients have difficulty understanding some biomedical treatments. Kraybill et al (2013) also make note that all Amish use some method of standard healthcare, which he defines as “…professionally trained doctors, midwives, dentists, optometrists, psychologists, and other professionals as well as prescription medicine and clinically tested procedures at major hospitals” (2013:343), but that they use these standard systems less than their English neighbors, and some only use physicians during emergencies (2013:344).

2.2.1 The Aversion to Formal Insurance and the Rising Cost of Medical Care: A Reason Behind Amish Use of Medical Pluralism

Something that heavily influences the use of medical pluralism within the Amish cultural practices of health is the absence of insurance use as a rule by the Amish church. The Amish faith discourages the use of some forms of private or governmental insurance, as it promotes the idea that it is one’s Christian duty to help those in need. Because the Amish community discourages governmental aid of any kind, the church takes up a collection or donations from families and has its own alternate insurance system for its parishioners. An Amish man explained to me that typically one dollar is paid to the church for every $1,000 of assets and this acts as insurance in case of a fire or a storm (this varies from church to church). There are also typically several separate funds held by the church, for example: a fund for medical bills of parishioners in need and one for Amish and Mennonite children who are
affected by a genetic illness (which will be discussed in greater detail in Chapter 4). Because
governmental aid is truly against the Amish doctrine and because they have an alternate “insurance”
system, the Amish community is exempt from the newly enacted 2010 Affordable Health Care Act
(colloquially known as “Obama Care”) (Kraybill et al. 2013:337).

A brief but remarkable anecdote is a good illustration of this type of church and community-run
insurance; the host family with whom I stayed during my undergraduate research lost their house in a
fire in January of 2014. My immediate family and friends were eager to raise funds to buy the family
new bedroom furniture and mattresses. Before we had made any purchases, we checked with the
family to see if they had any major needs. Not only did the Amish community band together to rebuild
the family’s house, but the community along with many local Amish run stores had donated most of the
furniture and supplied many other household necessities, food, and clothing.

Although the reliance of the Amish community for a means of insurance is often extremely
appreciated and indeed helpful, the rising costs of health care make use of the Western Biomedicine
method increasingly difficult and inaccessible for the Amish community. Amish patients realize that a
short visit to the physician or a few simple medical tests can result in a health care bill of several
hundred dollars (Kraybill et al. 2013:338). The absence of health insurance and the rising costs of clinical
care lead many Amish patients to use necessary health care services only as a last resort, which can
often end up create larger medical complications, and can subsequently increase the cost of care
(Kraybill et al. 2013:338). It is for this economic reason, rather than a religious reason, that the Amish
avoid frequent use of the biomedical health care system. One way Amish patients can deal with the
heavy financial burden of health care is to meet with doctors to negotiate lower rates for a full cash
payment; however, some hospitals are refusing to negotiate lower rates because of existing negotiated
rates between hospitals and the government or other insurance companies (Kraybill et al. 2013:338).
Another way the Amish cope with the high prices of necessary biomedical treatments is to have church run fundraisers or collections at church. Amish churches will often collect several different funds in addition to the “insurance” (such as hospital funds and home ‘insurance’ funds in the case of weather/fire) and donate the money to a family in the parish that is in need of it. The Amish feel that it is their Christian duty to help those in need and know that by joining the Amish church, one is expected to share the responsibility of other community members (Kraybill et al. 2013:339). The third way the Amish community typically deals with high costs of medical treatment is to use alternative health care measures, otherwise known as traditional Amish health care practices or folkloric healthcare practices that will be discussed further in great detail in Chapter Four.

2.3 Importance of Traditional Health Care

As stated earlier, the Amish utilize medical pluralism by blending both conventional American medicine and traditional healing techniques in their health care practices; however, the use of traditional medicine is perhaps the dominant method of health care within the Amish community. Kraybill and colleagues (2013) note that the Amish may have more of an inclination towards natural remedies because:

[They] inhabit a sacred world filled with the spirit of God, who intervenes to bring about certain outcomes, and Satan, who seeks to distort God’s plans. They see nature as God’s handiwork and think that the more one embraces nature, the closer one walks with God. Likewise, because the body is a natural organism, the more one treats its ills with natural remedies, the more one is in tune with the mysteries of God’s intent (2013:336).

Typically, scholarly works refer to these traditional healthcare methods as ‘Complementary and Alternative Medicine’ or CAM (Robinson & Chesters 2008). Paul Reiter et al. (2009) define Complementary and Alternative Medicine as “a group of diverse medical and healthcare systems, practices, and products that are not presently considered to be part of conventional medicine” (2009:33). Although these traditional health care methods are the primary modes of healthcare within the Amish community, and therefore neither ‘Complementary’ nor ‘alternative,’ both terms
‘Complementary and Alternative Medicine’ and ‘traditional’ or ‘folkloric’ health care along with ‘ethnomedicine’ mean the same thing in the context of this paper.

Traditional or folkloric health care practices have been used by many cultures as main healthcare methods or supplementary health care methods to the dominant Western biomedical model. Knowledge of traditional healthcare methods can give physicians insight into a patient’s cultural background and can aid in treatment compliance and understanding. According to David Hufford of Pennsylvania University, “Physicians need to know what kinds of health practices people use, who uses which ones, how they are believed to operate, what their impact on health and health care may be and how to speak with patients about them” (Hufford 1998:299-300). By expanding our knowledge of traditional or folkloric health techniques medical doctors and practitioners can increase trust and compliance with their patients.

Paul Reiter et al. (2009) conducted a study to determine the prevalence of complementary and alternative medicine among rural residents, specifically looking at an Amish and non-Amish sample in the Ohio Appalachia area. The authors found that prior contemporary and alternative medicine use was more prevalent within the Amish population than in the non-Amish population, especially with chiropractic therapy and reflexology (Reiter et al. 2009:33). The authors also noted that there were few differences in the use of mainstream healthcare services between the Amish and non-Amish participants (Reiter et al. 2009:33).

<table>
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<th>%</th>
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<td>117</td>
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<td>51</td>
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</tr>
<tr>
<td>Acupuncture Therapy</td>
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<td>9</td>
</tr>
<tr>
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2.4 Existing Data on Amish Health

According to several physicians who treat Amish patients, the Amish are generally healthy people because they eat mostly fresh foods and are well nourished, they get adequate amounts of exercise, and they do not usually use alcohol, smoke cigarettes, or use drugs other than medical necessity (Waltman 1996:26). The Amish also have different stressors other than many other busy, business-oriented Americans and also tend to have very healthy and positive outlooks on life; according to Jacob Hostetler, a pioneer Amish researcher, “[i]ndividuals in a highly integrated group who share significant meanings may deny themselves personal gain and convenience and still achieve a high amount of personal fulfillment” (Hostetler 1993:332). Hurst and McConnell (2010) discuss the benefits of living a farming lifestyle, such as consumption of organic foods, plenty of physical exercise, and an early-to-bed, early-to-rise schedule (2010:232). Diet is also an essential element that affects Amish health; Hurst and McConnell (2010) note that some of their informants are very conscious of what they eat, while others are not (2010:233). The authors explain that, among Old Order Amish and Swartzentruber Amish, diets are typically heavy in pork, beef, starch, sugar, and fat (Hurst & McConnell 2010:233). The recent movement away from agriculture and farming practices into nonagricultural enterprises has had consequences on health as Amish individuals start to eat out at restaurants and purchase their foods from stores more in today’s society (Hurst & McConnell 2010:232). One physician
who sees many Amish patients explained to me that, while Amish youth and young adults may be very healthy in terms of having plenty of exercise, once his patients become older, they begin to slow down and their heavy diets start to catch up with them. “They may be healthier than many of my English patients when they’re young, but when they turn 50 or so they have the same problems that many older English patients do...diabetes... heart troubles... obesity...” It seems as though Amish youth may lead healthy lives with exercise and plenty of nutrients; however, older Amish populations seem to have similar health problems as many other American populations.

There have been some studies of particular diseases, such as cardiovascular disease, within the Amish community as well. Deborah R. Gillum et al. (2010) found that prevalence of cardiovascular disease among Amish men and women tended to be higher than in non-Amish white men and women living in the same area. While CVD (cardiovascular disease) may be a concerning health problem for the Amish in northern Indiana (where the sample was taken), the lack in genetic variation within Amish populations as a whole must be taken into consideration. According to the study, “The Amish have been an attractive population for genetic studies of CVD...Genetic studies have led to the identification of specific genes that influence blood pressure and obesity” (Gillum et al. 2010:29). A few of my informants who are medical doctors that treat Amish patients noted that their Amish patients had no instances of sexually transmitted diseases or cervical cancer because Amish typically only have one partner. Amish children also reportedly have less autoimmune disorders and asthma than non-Amish children due to exposure to allergens (Campbell 2012), which will be discussed in more detail later in the paper. Amish farmers and carpenters are also at a much greater risk for farm involved accidents such as working with farming equipment, large animals, and carpentry machinery (Hurst & McConnell 2010:233). Hard physical labor can also have adverse affects on one’s health, as heavy lifting and frequent bending of the back and joints can cause arthritis, varicose veins, and prolapse (Hurst & McConnell 2010:233).
2.5 Prevalence of Genetic Illness

The American Amish are one of a few populations who have collectively chosen to remain isolated (linguistically, culturally, and genetically) from the rest of the modern world due to religious and cultural beliefs. Consequently, genetic illnesses are common within the Amish community. An important factor of the Amish lifestyle is that Amish doctrine requires that, in order to remain Amish, one must marry someone who is baptized within the Amish church. Because converts to the Amish lifestyle are very uncommon (although not unheard of), marriage within the Amish community remains endogamous, where one marries only within the community (Hostetler & McKusick 1965; Hurst & McConnell 2010; Strauss et al. 2012; McKusick 2000). With the lack of new genetic material within the Amish gene pool, that would be present perhaps if Amish marriages were exogenous, genetic illnesses are a prevalent issue within the community.

2.5.1 Population Isolates and the Founders’ Effect

Isolated populations, such as the Amish, that have a high occurrence of genetic disorders are subject to a phenomenon known as the Founders’ Effect. Stephen Molnar (2006) defines the Founders’ Effect as the “establishment of a new population by a few original migrants or ‘founders’ whose genetic composition may be an aberrant sample of the gene pool of the large population from which it migrated” (2006:422). The Founders’ Effect occurs through genetic drift, which refers to chance events, or mutations, that alter genetic frequencies in small breeding populations due to restricted gene flow because of limited breeding options (Molnar 2006:422). Victor McKusick, a celebrated geneticist who worked with Amish populations, explains that genetic illnesses are a result of the negligible gene flow coming into the Amish community due to endogamous marriages and the closed nature of the community (Tell 2012:19). Essentially, the alleles, or variations of select genes, that are present in the current Amish population are the same alleles that were present within the founding individuals (Tell 2012:19; Patton 2005).
The Amish lineage can be effectively traced back to its Anabaptist ancestors, who migrated to Germany, and then to America (centuries later) to avoid religious persecution in Switzerland during the sixteenth century (Patton 2005; Kraybill et al. 2013; Hurst & McConnell 2010). A few waves of roughly 200-400 Amish settlers at a time made their home in Holmes County, Ohio and Lagrange County, Indiana (Patton 2005:164). The original 200-400 Amish immigrants that settled in Ohio and Indiana flourished into more than 180,000 Amish individuals that currently live in the same areas (Patton 2005:164). Although first cousin marriages are discouraged, over three centuries of marriages between distant cousins has led to a high degree of consanguinity, which consequently has led to a high incidence of genetic illness within the Amish community (Patton 2005:164). Because the Amish are a closed community that practices strict endogamy, most of the community can be directly traced back to one of the 200-400 original migrants (Patton 2005:164).

John A. Hostetler, an acclaimed scholar on the Amish culture who was also born Amish, and Victor A. McKusick discuss Amish lineage in the research notes of their collaborated work (1965). Hostetler and McKusick (1965) estimate that those living in these Amish isolate communities, specifically those who live in Lancaster County, Pennsylvania and Holmes County, Ohio, can be compared to two (or more) possible inbreeding groups (1965:224). For example, in the case of one genetic disorder mentioned by McKusick and Hostetler (1965), cartilage hair hypoplasia dwarfism (a disorder that results in shortened limb dwarfism and immunodeficiency), which is most largely found in Holmes and Wayne counties in Ohio, the largest portions of affected individuals share a common ancestor (Hostetler & McKusick 1965:225). During my own research with the Amish in Holmes County, I found that there are only a few last names characterizing a huge Amish population. The most frequent names that I have noticed are: Yoder, Troyer, Weaver, Miller, Beachy, Hostetler, Hochestetler, Hershberger, Stoltzfus, and Schlabach. For example, in an article McKusick (2000) wrote, he states that 23% of people in the Lancaster County deme, or group, are associated with the name Stoltzfus. Because there are so few
founders and a limited amount of new genetic information entering the population (because of the strict endogamy that is practiced), the Amish community is no stranger to isolated strains of genetic illnesses. The community has recognized this issue and has come together in order to decrease incidence of genetic illness. The response from the Ohio Amish community will be further discussed in Chapter Four.

2.5.2 Genetic Illnesses Affecting the Amish Population

There are quite a few genetic disorders that are found within the Amish community. Most of these illnesses are wholly unique to the Amish population (Tell 2012; Patton 2005; Hostetler & McKusick 1965). The more isolated the Amish settlement becomes, the more isolated the gene pool characterizing the Amish population becomes; which consequently, results in distinct genetic disorders that are not likely to be found in their “English” neighbors (Tell 2012:19). Victor McKusick and John Hostetler discovered many of the uniquely Amish genetic disorders while McKusick was mapping many Amish genealogies (Tell 2012:19; Hostetler & McKusick 1965:224-25).

McKusick and Hostetler (1965) discuss a number of these genetic disorders in their research notes. One disease mentioned in the notes of Hostetler and McKusick (1965) is called Pyruvate Kinase deficient hemolytic anemia, otherwise known as PK deficiency; although PK deficiency was already an existing disease, the Amish version of PK deficiency is notably distinctive from the latter (Hostetler & McKusick 1965:225). In the Amish version of PK deficiency, the anemia is much more profound, which causes death within the first four years of age if left untreated (Hostetler & McKusick 1965:225). The only instances of Amish PK deficiency are located within an Amish settlement in Mifflin County, PA (Hostetler & McKusick 1965:225). Hostetler and McKusick (1965: 225) note that all cases were effectively traced back to one, “Strong” Jacob Yoder, who immigrated in 1742.

Christmas Tree Disease, or Hemophilia B is another Amish effecting genetic disorder. Hemophilia B affects a brother of one of my key informants in the Holmes County Amish community. My informant
and his wife explained to me that his brother’s disability keeps him from exerting himself in physical labor; hard work is a quintessential value in the Amish community as the ultimate insult to an Amish person is to imply that he/she is lazy (Dessecker 2012). At the time their research was written, Hostetler and McKusick (1965) effectively traced back all affected persons to two sister carriers, Anna and Gertrude Hershberger, born in the 1820’s (1965:225). The authors make note that there is a strong prevalence of Christmas Tree Disease in the Tenna district of Switzerland but that the Swiss occurrence of the disease does not appear to be related to the Amish version of the illness (Hostetler & McKusick 1965:225). Cystic Fibrosis also affects a high number of Amish children (Miller & Schwartz 1992); as does severe combined immunodeficiency (SCID), which leaves those affected unable to fight off infections (Gura 2012:20).

I also interacted with a family that has suffered the loss of several children due to a genetic disorder called microcephilial osteodysplastic primordial dwarfism, or “small baby syndrome.” The disease is characterized by pre and postnatal growth retardation, skeletal dysplasia, and an extremely low birth weight (http://www.orpha.net/consor/cgi-bin/OC_Exp.php?Lng=EN&Expert=2636). Three out of nine children exhibited signs of the small baby syndrome at birth and all of them passed away before the age of two. Most babies with this syndrome typically die before their first year of age (http://www.orpha.net/consor/cgi-bin/OC_Exp.php?Lng=EN&Expert=2636), however one of the children lived to be over a year old. After the second child with the disorder, the parents decided to talk to a genetic counselor, though they found that they are very distantly related, both individuals carried the recessive gene.

Although the family knew these individuals would not grow to reach adulthood, the babies were cared for no differently than the other living children. Several of the living children, who have since gotten married, lit candles in remembrance of their three little sisters at the wedding dinner. The family talked openly with me about their deceased children and even offered some information about the
disorder. The family thought that their children were the only known cases of small baby syndrome for a few years. One family member recalled, “they didn’t have a name for it at first. So they called it [the family’s last name] Syndrome. But then they found a few other cases elsewhere in the United States.”

After more cases were found, the mothers of the affected families formed a support group. The mother of the family had visited other members of the support groups and occasionally they will have reunions. This is an example of how Amish cope with sometimes devastating genetic illnesses but I will go into further discussion and analysis of coping with genetic illnesses in Chapter Four.
3 RESEARCH METHODS

3.1 Recruitment and Gaining Access

As an outsider, it has been imperative that I rely on my family members who have strong relationships with the Amish community to aid me in making connections and gaining access. My family has been arguably my biggest gateway into the community; however, my key informants, such as my host family in my previous study on *rumspringa*, have gone through great lengths in order to help me in making connections. My recruitment process has been heavily reliant on word of mouth and the snowball sampling method, where people I had interviewed previously then connected me with another person (or persons) that I then interviewed (Trotter & Schensul 1998:705). A snowball sampling method was used in lieu of a random sampling method because it is exceedingly difficult to gain access to Amish informants without having a good rapport within the community. Through a snowball sampling method, Amish informants were able to recommend other Amish informants without knowing whether or not I would interview the contact they provided. I was able to access more informants that were comfortable with talking to me by using these specific methods. Although my information is not statistically significant, my informants were more comfortable with my research, which has lead to the collection of detailed narratives and ethnographic information. Again, privacy is of utmost importance and can be occasionally compromised by the use of a snowball sampling method. In order to keep all of my informants’ identities confidential, I asked families that have been previously interviewed by me to give my contact information to two or three other families. This way, these other families had the option to contact me individually; those who did not wish to participate in the study did not contact me.

The Amish community is largely vulnerable to the greater American population, and they are fully aware of it. Because of a lack of modern day conveniences (such as technology, mass media communication, language barriers, education barriers, etc.), the Amish are often prone to being
sensationalized by the American media in order to capitalize on their unique cultural practices. Trust within the Amish community is often difficult to attain. By and large, one must usually have an ‘in’ with the community; as stated earlier, I am incredibly lucky to have said ‘in’ as my paternal family has strong ties with the Amish community and has maintained these bonds for quite awhile.

It is important that my informants were made aware of my good intentions and that my research efforts are meant to be unbiased and informational to Amish participants as well as the non-Amish mainstream. Conducting research within the Amish community proved to be a challenging task, although my Amish informants have been more than welcoming of my presence within the community. In recent years, many ‘reality’ TV programs and Amish romance novels have sensationalized the Amish community and have thus reflected a negative image of the Amish lifestyle. Shows such as Amish Mafia, Breaking Amish, and Amish in the City have had a profoundly negative impact on America’s image of the Amish. These ‘reality’ shows are, of course, hardly a representation of the Amish culture and should be watched with caution. In a recent lecture promoting his newest book The Amish (2013), Donald Kraybill referred to these shows as ‘absolute rubbish.’ Kraybill’s statement was followed by enthusiastic applause from a mostly Amish audience. Because of the exploitative nature of many conventional American interactions, the Amish remain wary of ‘English’ outsiders. It is for these reasons that I maintain good rapport and trust within the community by working with other trusted members of the community.

All of my participants were informed that there would be no direct compensation for participating in this study. Informants were made aware that this study might not have any direct results that will concern them but that it will be beneficial to the Amish community as well as the anthropological/medical community as a whole. I plan to use the information I acquire to write ethnographies about the health practices and use of alternative medicine within the Amish community.
will discuss my data with leaders of the Amish community (such as church Bishops and elders) as well as other anthropologists and/or sociologists who have also studied with Amish communities (such as David L. McConnell, Charles Hurst, and Karen Johnson-Weiner) before any publication to show further respect and awareness to the Amish community. I also plan on rewriting my work for an Amish audience before any publications take place.

3.2 Participant Observation, Engagement, and Interviews

I interviewed, engaged with, and observed about 35 individuals over the course of a year and a half. Most of these individuals were Amish women patients and practitioners; however, there were a few Amish male practitioners and a few non-Amish practitioners who work with Amish patients. Of the individuals I interviewed, only 2 were below the age of 18, (however both were above the age of 13, the age at which Amish children complete their schooling). I asked each person or family with whom I spoke how each defines health, what health care options each prefers, and what ultimately influences these choices. While interviewing Amish practitioners, I asked what motivated the practitioner to open a practice, what kinds of treatments he/she uses on patients, how many Amish patients versus non-Amish patients the practitioner has, and how the Amish community views their practice. The interview questions I asked the non-Amish medical doctors who treat Amish patients were largely focused on the prevalence of certain illnesses in Amish populations, outlets for genetic counseling, and dominating health practices that they see in the Amish community.

I believe I gained the most information through participant observations and informal interviews in the form of conversations during my research with the Amish. My informants were nervous when I sat them down for a structured interview. I found it difficult to get them to answer the questions fully and elaborate on their answers. For the purpose of this study, most of my interviews were informal and open-ended. In addition to interviews and observations, I also participated in diagnoses and treatments
from the Amish practitioners I interviewed. I also participated in using popular Amish salves and herbs.

As well as interviewing Amish practitioners (who may be more comfortable with a structured interview), I also sat down with several Amish families and informally interviewed them about their preferred methods of healthcare. These family interviews were focused group interviews, though were open ended as well (Trotter & Schensul 1998:715). I prefer to use this method because I have found that many of my informants are uncomfortable with a one-on-one setting. They feared that they would give the ‘wrong’ answer (despite my attempts to assuage them and tell them that there is no wrong answer). The Amish are also a people with a strong community background and individuality is often discouraged (Kraybill et al. 2013) so a group interview yielded more confidence in individual answers. I often feel that a group setting can foster better, more robust answers so I employed group interviews with semi-structured questions. Because privacy is a concern in a group setting, every individual was made aware of the fact that there is absolutely no need to answer a question if an individual feels uncomfortable in doing so. Each interviewee was given my contact information so that if he/she wanted to tell me information that is sensitive to his/her wellbeing within the community, he/she could write to me instead. Every individual was also told that all identities would be kept confidential.

3.3 Ethnographies

An ethnographic approach is essential to this research because it offers an inside perspective as well as a detailed account of events and medical practices within the Amish culture. While most studies on the Amish health practices use surveys to collect information, the ethnographic component of this research offers a unique look at visits to Amish practitioners and Amish perspectives on health practices and other information that statistics cannot express. Although I am non-Amish, my ethnographic skills as an anthropologist bolster my experiences and add an unbiased, etic account of a culture that is not readily understood in the American mainstream.
4 TRADITIONAL PRACTICES OF HEALING AMONG THE AMISH

4.1 The Role of Chiropractors

In my preliminary research in the field, I have found that many Amish families heavily rely on the services of chiropractors. In fact, many of my Amish informants prefer chiropractors to primary care physicians for basic healthcare needs and health related advice. Linda A. Gerdner et al. reveal in their 2002 study:

Over 95% Old Order Amish identified the importance of chiropractic care. Four preferred treatment from a chiropractor to that of a physician for conditions such as ‘high blood pressure,’ a ‘strained back,’ or ‘arthritis.’ One couple was treated by a chiropractor every six weeks, but limited their visits to a medical doctor for annual ‘checkups’ or ‘when something is wrong” (Gerdner et al. 2002:68).

Many Amish use the services of licensed chiropractors along side their English neighbors for back adjustments as well as other health advice. Because heavy labor is often the norm in my Amish participants’ daily lives, wear and tear on joints and the back are common occurrences. It is perhaps for these reasons that the Amish rely heavily on the service of chiropractors.

4.1.1 Amish Chiropractors

Chiropractors who treat Amish patients are often non-Amish themselves; however, there are many Amish who take on chiropracty as a side profession. These individuals do not go through any formal chiropractic training, nor are they recognized by the state of Ohio as formal chiropractors. Nonetheless, many Amish patients take comfort in having treatments done by familiar Amish chiropractors. Other informants preferred the services of licensed chiropractors, or non-Amish chiropractors because they felt as though licensed chiropractors are more likely to accurately treat an ailment.

Amish chiropractors often learn chiropracty from an apprenticeship, or by working with another Amish chiropractor. The Amish chiropractors I spoke with were older men who had learned their
practice from other members of their church (in fact, one chiropractor that I spoke with had learned from the other, elder chiropractor I observed). Both practiced conventional chiropractic techniques (techniques that are also used by my personal, licensed chiropractor) but the elder Amish chiropractor subscribed to slight variations of both naturalistic illness causation (which refers to the causation of illness through natural forces such as cold, heat, wind, dampness, etc.) and personalistic illness causation (which explains illness causations through an active force or purposeful intervention, such as, in this specific case, an intervention by God) etiologies and treatments while treating me for upper back aches and headaches (Foster 1976:775).

4.1.2 My Visit with an Amish Chiropractor: An Ethnographical Approach

I talked to several Amish chiropractors during my preliminary research and also received various chiropractic treatments. Before one particular treatment, I waited in a small, dark room with several other Amish men and women, and one English man. One woman had a five-week old baby in her lap awaiting treatment for what she said was believed to be acid reflux. All other patients awaiting treatment with me complained of various back problems and muscle soreness. An older Amish gentleman opened the door to his office and kindly thanked everyone for coming. He recognized me right away as I had called ahead to set up an appointment. The man asked if it would be ok if he treated a few patients before me as they had engagements that they had to get to after their treatment; of course, I consented and he thanked me for my patience. I was slightly surprised to see a non-Amish person in the waiting room. I asked the man why he decided to come to an Amish chiropractor as opposed to a non-Amish chiropractor; he stated that he had known this chiropractor for many years, had done business with him before, and trusted him.

After 30-45 minutes, the Amish chiropractor brought me back into his office and asked me what questions I had for him. While he was aligning my back and positioning my neck, he told me that he had
become interested in chiropracty while learning about reflexology techniques in order to provide
treatment for his wife and himself whenever necessary. He said that he learned some chiropractic
techniques through his wife and set up a bulk food store business on his property to sell homemade
remedies and tinctures as a side business. All Amish chiropractors only accept donations, as they are not
legally practicing chiropractors recognized by the state of Ohio, so chiropracty is something that is often
done as a side business/hobby.

The chiropractor was a very busy man. He owned a bulk food store, where he and his wife were
selling well-known Amish home remedies including B&W Ointment (burn treatment crème), Krause
supplements and vitamins, and Happy Baby Tonic (for colicky babies). He also had four or five patients
waiting in a small waiting room outside his office when I came for a visit. I had called ahead earlier that
morning but the chiropractor asked if it would be ok if I let a few people that came from far away (and
who had hired drivers) if they could go first. I agreed, of course, because I was eager to talk to other
patients in the waiting area. A Swartzentruber Amish (one of the most conservative and more isolated
Amish ordnungs) woman trying to soothe an infant child was among those who were waiting. When I
asked her why she was seeking treatment by the chiropractor, she informed me that it was her baby
that was getting treatment, and not she. She explained that her son was five weeks old and that he had
issues with acid reflux, which was what he was getting chiropractic treatment for. When I asked her if
she was nervous letting a chiropractor adjust the bones of her new baby, she replied that her friends
and neighbors also bring their infants to this chiropractor and suggested that she take her son to him for
acid reflux treatment.

The chiropractor employed very similar techniques as my personal chiropractor in his treatment
of me. He used a common chiropractic tool that many licensed chiropractors use called an activator, or
an adjuster to put light pressure on my vertebrae. One thing he did differently was the use of
reflexology, or the use of foot massage to treat problem bodily areas, in his treatment. He noted that,
according to reflexology, nerves corresponding to bodily organs end in one's feet, and that by massaging the nerve endings, the corresponding organs would be treated. He moved his hands over my feet, immediately finding an area on my big toe; he pressed the area with his forefinger and thumb and I cried out in pain. “Ah, do you get many headaches?” I nodded (I have chronic migraines). He did similar things to other patients. One patient noted that she had a lot of pain associated with her uterus, and when the chiropractor rubbed the spot on her foot associated with the uterus, the woman cried out.

I found that I enjoyed my treatment with the Amish chiropractor. He was able to heal a minor headache and he worked out a few kinks in my back. I felt relieved, just as relieved as I feel when I leave my own chiropractor’s office. I spoke briefly with the woman whom I observed and she also reported feeling relieved. The woman mentioned that she felt as though she could trust the chiropractor and his services. The chiropractor seemed to see a lot of patients, as his waiting room was quite full. Although he had no formal education or chiropractic training, the chiropractor seemed to be knowledgeable about chiropractic techniques and applied them well. He lacked the fancy equipment that many other non-Amish chiropractors offer, but he made up for it in the application of his chiropractic techniques.

4.2 Spiritual Healing

Amish brauche or powwow is a German-American medical tradition that has persisted among the Amish and their ancestors for hundreds of years. Gerdner et al. defines brauche, as:

...A form of healing which involves ritual acts and quiet recitation of verses learned from a person of the opposite sex. More specifically, it has been described as a procedure for a ‘stomache ache or headache’ in which the healer holds his or her hands near the afflicted person’s head or abdomen for the purpose of ‘pulling out’ or ‘transferring’ the discomfort or pain (Gerdner et al. 2002:70).

Brauche is more commonly known today in Amish society as ‘powwow.’ The term ‘powwow’ is thought to have come from an Amish perspective of the Native American practice of naturalistic and/or personalistic medicine (Kriebel 2007). Although the practice was once called brauche, younger Amish
members recognize the term ‘powwow’ over the formal moniker \textit{brauche}. Hostetler explains that \textit{brauche} has evolved to include borrowed incantations from the English language suggesting that the Amish utilize cross-cultural oral traditions (Hostetler 1963:270). He describes the practice of \textit{brauche} as being performed by some of the older members in Amish society, those of whom are not paid or compensated in any way for their services. (Hostetler 1963:272). Most practitioners of \textit{brauche} acquire the skill through an older member of the opposite sex upon the promise that the formula involved with having the power to heal is kept secret (Hostetler 1963:272).

4.2.1 \textit{Decline of Powwow}

The limited literature that I have reviewed on this practice has stated that many Amish consider this practice outdated, “Participants reported limited knowledge of folk healers such as those who practiced ‘laying on of hands’ or \textit{brauche} and several said it was an ‘outdated practice’” (Gerdner et al. 2002:70). John A. Hostetler, a pioneer Amish researcher, discusses \textit{brauche} healing in his “Folk and Scientific Medicine in Amish Society” (1963), “\textit{Brauche} or sympathy-healing plays a role in Amish life even though some of the more progressive Amish have condemned its use. The usual English translation of \textit{brauche} is ‘powwowing.’” (1963:270).

Many see this healing practice as ‘dark magic’ or ‘quackery.’ As a result, many practitioners tend to stray from calling their healing gift ‘powwowing’ or \textit{brauche}, as they understand the negative implications of such a practice (Hostetler 1963:272). Hostetler discusses one informant as having a reputation for the curing gift in his paper, “He claims to posses a special gift of healing. He asserts that his practice is neither \textit{brauche} nor powwowing, but says he can tell what is wrong with a person by simply laying his hands on that person” (1963:272). David Kriebel (2007) also discusses this common theme of stigma in the practice of powwow in his \textit{Powwowing Among the Pennsylvania Dutch}. One informant warned him to be careful in researching powwow and “...claiming not only that the devil was
involved by that but also that patronizing a powwower or performing powwowing could lead to a dependence on magic to such an extent that it became impossible to live without fear” (Kriebel 2007:1).

While doing my fieldwork, I was also encouraged to stay away from these practices. One informant explained to me that the incantations used in powwow are “not exactly prayers” and further commented “we wouldn’t encourage that kind of hocus pocus [in our church], we think it belongs in the powers of darkness.” He further explained to me that, in the Book of Revelations, there are two beasts and one of these beasts has the features of a lamb (meaning that the beast will be disguised by something good). He then followed with “Even if [powwow] works, it doesn’t mean it’s right.”

Unfortunately I was unable to find an alternate opinion on the subject of powwow. All of my informants either reported that it is heavily discouraged or even sinister in nature. Some of my younger informants recognized neither term, brauche nor powwow. I believe that the Amish are so devoted in their Christian faith and loyal to God that they are unwilling to do something if they thought it was in support of evil. However, I also believe that those who still use sympathy healing (or the laying of hands to heal) in some form find that God is guiding their hands and supporting their actions in order to heal another individual out of love. This is not to say that sympathy healing and powwow are the same thing, rather they employ similar techniques such as drawing out pain by touching the afflicted area. I found that some Amish practitioners used some forms of sympathy healing and emphasized that their practice is not one of powwow. Many noted that God has influenced them to use these sympathetic techniques in order to heal other community members in need. I feel that those who use forms of sympathy healing are truly employing their practice out of love and the desire to heal another person.

4.2.2 Amish Chiropractors and Healing Hands: An Ethnography

Many of my informants warned against using this type of treatment, as they believed it to be ‘witchcraft’ or ‘of the dark powers.’ I asked many of my informants if they knew of any Amish that practiced brauche, they all either denied use or said that they did not know what brauche is. I had all but
given up hope of finding an informant who could tell me more about this method of healing before I visited an Amish chiropractor who used some techniques listed in the description of brauche healing, such as the use of hands to heal or diagnose. I asked him if he practiced brauche or ‘powwowing’ and he informed me that he did not think that his methodology for healing included ‘powwowing,’ although many Amish might say that he does.

He proceeded to emphasize a few times during his treatments that what he does is different, and does not involve powwow. He noted that powwowing was a part of the dark powers and that I “would do well to steer clear of that.” He also explained to me that he prays to God every morning, asking Him to guide his hands and to help him help others. He prays to God every evening as well, thanking Him for his gift.

The chiropractor felt that God had motivated each of him to become a healer. He noted that he does what works for him as far as his treatment methods go, and he encourages others to do the same. He noted that not every Amish chiropractor uses his preferred techniques, as they too ‘do what works best for them.’ The chiropractor’s treatment of me (as well as two others that I was allowed to observe) involved conventional chiropractic techniques as well as divination techniques, utilizing a copper wire that he used to sense the ‘static’ that the nerves create, or energy of the body to find areas that needed attention. He loosely held a copper wire while running it down the length of my body. “The copper wire will guide me like a magnet toward your static spot,” he informed me as the wire slightly twitched toward an area in my neck. He informed me that also he used his hands to find the static in the problem areas in the body as well as to draw out pain from the body and into his own.

After he was done diagnosing me, he cracked my neck and back in a few places and then he ran his hands down the length of my body to rid me of extra static. I remember feeling a tingling sensation leave my body as he finished my treatment. He then asked me to walk around his house twice before my treatment was completely over and he moved on to the next patient. Before moving on to the next
patient, the chiropractor took two pumps of the extremely large bottle of hand sanitizer. He did a similar procedure with the copper wire on the other two patients but catered treatment to their needs. One of the patients noted that she could feel pain in the area where the copper wire had indicated. “I have that blessing,” the chiropractor noted, “to pick up nerves.” When treatment was finished, he also ran his hands down the length of the other two patient’s bodies to rid them of static and asked them both to walk around his house twice. The two other patients of his also reported having this tingling sensation as he ran his hands down the lengths of their bodies to rid them of this excess energy.

I really enjoyed my treatment with this chiropractor, as he was eager to help me understand his techniques and his opinions on health matters (his wife also offered me a loaf of her homemade bread). I also enjoyed the treatment itself as it relieved me of the day’s tension and I left the house feeling spry and flexible. His techniques were not unlike those used by my own chiropractor. Even the sympathy healing techniques he used seemed to be beneficial. Although my medical beliefs and background differ from this man’s, I nonetheless felt healed after returning home from my visit.

4.3 Reflexology

After realizing that many Amish take on chiropracy as a secondary practice, I found that there are many other health-related positions that Amish men and women choose to take on as a service that is offered to their community in addition to their other jobs or housework. A survey conducted by Gerdner et al. (2002) on an Iowa Amish population found that “Over 2/3 of the informants used the services of a reflexologist. One female saw a reflexologist every two weeks for ‘female problems, cramps’ but only contacted a physician ‘if something turns up’” (Gerdner et al. 2002:68). Kraybill et al. (2013:343) also note that 45% of Amish informants in Holmes County, Ohio, and 41% of Amish informants living in Lancaster, Pennsylvania use reflexology regularly as a health practice.

According to several of my Amish informants, reflexology is a useful tool to alleviate pain in bodily areas by massaging areas in the foot. I purchased a reflexology book from an Amish chiropractor
who had originally been interested in reflexology. *One Touch Healing* by Mildred Carter (2000) discusses reflexology as the release of energy in a blocked/agitated nerve in the body using suggested massage techniques on different areas of the body, mainly one’s feet. She writes in her book “We start health flowing back into our bodies by breaking up this [energy] blockage and letting the life energy flow freely to all parts of the body” (Carter et al. 2000:1-2). Donald Kraybill et al. (2013:342) define reflexology as “the application of pressure to different areas of the foot to bring about relief from various ailments.” Most Amish reflexologists that I have spoken with use a patient’s feet for reflexology treatment. It is believed that every organ in the body is connected to nerve endings in one’s feet. Below is a diagram out of *One Touch Healing* by Carter et al. (2000).

![Diagram of Reflexology Areas](image)


### 4.3.1 Your Feet Don’t Lie: An Ethnography

I had never heard of reflexology before my visit to an Amish woman who gives reflexology treatment to family friends. My great aunt mentioned that she knew of an Amish woman who massages
feet near by. I headed out to the woman’s family farm to seek treatment for a recurring headache and a hopeful interview. A kind woman led me into her home and to a large, comfortable recliner of La-Z-Boy-esque proportions. She proceeded to wash her hands before reclining the chair to massage my feet. She explained to me that she became interested in reflexology when she received a treatment from her cousin. After her treatment, she asked her mother to watch her children for a day as she went to a reflexology seminar with her cousin. She noted that she typically goes to reflexology seminars every few months or when she is available to go. The woman explained that Alternative healthcare experts and chiropractors typically run seminars to educate those interested in reflexology on specific techniques and practices.

As she discussed her history and interests with reflexology, she gently massaged my feet, from ankles to toes using small circular motions with her thumbs. As she passed over specific regions in my foot, she explained what parts of the body corresponded with the area. As her hands passed the balls of my toes, she asked if I had sinus pain. I explained to her that I had a headache and that I was hoping she might be able to relieve it. She put both her forefingers and her thumbs at the very tip of my toes and lightly squeezed. At the same moment a sharp pain shot through my leg as I yelped. She asked me if I was having frequent headache episodes. I explained to her that I was seeing a chiropractor and a neurologist to treat my frequent headaches. She continued working down the inside of my feet, explaining what anatomical regions of the body corresponded to the areas where she pressed on my feet. She hovered over the ball underneath my toe that corresponds with my upper back. She continued to massage down the insides of my feet and paused at areas that, she explained corresponded to my lower lumbar vertebrae. She asked me if I see a chiropractor regularly for my back pain, and I informed her that I did. She continued to work over the rest of my feet, pausing to tell me about the parts of the body that the areas in my feet correspond to. She increased her pressure in areas of my feet that she felt were stiff, and paused to ask if I had any trouble with the corresponding organ.
I was able to sit in on a treatment with another patient (with the consent of the patient). The patient had previously explained that she was having issues with menstrual cramps, (she had been previously diagnosed with endometriosis), and some pain in her shoulders. The reflexologist put pressure on an area near the patient’s pinkie toe and the patient cried out. The woman recommended that the patient see a back specialist about her shoulders. Later on in the year, the patient had notified me that she had been diagnosed with scoliosis. The patient also exhibited some pain when the reflexologist touched the bottom insides of her foot, near the area that corresponds with her lower abdomen and bladder. After my treatment was complete, I gave the woman a donation for her services because she is unable (by law) to charge a fee.

Although my opinion differs from the beliefs of this medical practice, I momentarily suspended my disbelief in this practice because it worked (or it seemed to). The reflexologist massaged a point on each of my big toes that was supposed to correspond to my head. I cried out when she put some pressure on those areas but after she released my toes I felt relief in my headache. I am not sure if I understand how this practice works but I felt healed after being treated.

4.4 Mental Health

More is known about the physical health of Amish populations than mental health (Kraybill et al. 2013; Hurst & McConnell 2010); however, a similar statement can be made of non-Amish populations. Mental health and its role in within overall health and wellbeing is not always readily understood or acknowledged by the population at large (Amish and non-Amish alike) as stigmas surrounding mental illness still persist in today’s society. Amish ideas surrounding mental illness are not unlike their English counterparts’. Kraybill and colleagues (2013) explain, “Even some liberal Amish who embrace standard medical care are slow to see mental health as a medical issue and view psychotherapy as a questionable exercise in abstracting thoughts and feelings from soul and spirit” (2013:348). The authors then follow
with “Nonetheless, a growing number of Amish people now accept mental illness as a medical issue and view depression and anxiety as physical ailments, treatable, at least, in part by drugs” (Kraybill et al. 2013:348). One New Order Amish Bishop relayed a story with me about a woman whom he had been counseling and her fears of taking anti-depressants. He felt that mental illness is as much of an ailment as every other physical illness and encouraged the woman to take her medication because it would ultimately aid her in recovery. Realizing that mental illness is part of one’s physical health is a challenge in many non-Amish societies; however, there have been many efforts to bring this issue to light. In more recent decades, Amish populations have started to become more accepting and are doing more to aid in the treatment of fellow Amish who are affected by mental illness. The emergence of Amish run counseling centers and church support groups have positively affected the current need for mental health awareness.

Hurst and McConnell (2010) note that, in general, the rate of mental illness among the Amish does not seem to be significantly different from the population at large (2010:240). They also make note that some studies found that Amish women are more likely to be depressed and anxious than men; however the studies indicate that these results “...may be due to the greater willingness of Amish women to express some of these feelings because there is little stigma placed upon such expression” (Hurst & McConnell 2010:240). Hurst and McConnell (2010) also discuss the differences of mental illness within Amish ordnungs. They make note of an interview with one therapist, who reported, “I see a lot more depressed patients in that group [conservative Old Order or Swartzentruber]. And I think because the rules are so strict, that some people just feel crushed underneath them” (Hurst & McConnell 2010:241). However, other therapists believe that they may see less depression in Amish patients than in their English patients. Hurst and McConnell (2010) quote another therapist, whom they asked if she/he thinks the Amish are more widely depressed than the English, his response, “No, I don’t think
they are. I think they’re less, but when it happens it becomes kind of a major event...They’re not stress
free, I tell you that much” (2010:240).

The authors also note that the Amish tend to “think more of depression as a problem with
spiritualness and your relationship with God” (Hurst & McConnell 2010:242). One therapist noted in
Hurst and McConnell’s 2010 work stated that she would hear thoughts of causation as being religious
“Maybe I feel like this because I haven’t submitted myself to Jesus or God enough. Maybe I have sinned”
(Hurst & McConnell 2010:240). The thought that mental illness is a religious problem rather than a
medical problem has been changing over the past few decades, however. “Since 1990 more than a
dozen essays in Family Life, as well as growing contact between Amish people and health care providers,
have spurred a major redefinition of mental illnesses as medical rather than spiritual ailments” (Kraybill
et al. 2013:348). Although depression, anxiety, and mental illness altogether continue to be
misunderstood by both the Amish as well as the population at large, there have been many efforts by
both parties to quell stigmas and bring reliable treatment options to light.

One factor that possibly influences Amish participation in counseling clinics is the disconnect
that often occurs between non-Amish counselors and Amish patients.

One of the dangers in diagnosing psychological problems is that the standards of what is normal
vary between Amish and English communities...Working effectively with Amish clients ‘requires
a profound shift in perceptions’ on the part of English therapists. Misunderstanding Amish
culture or imposing one’s own mental framework on it can result in the mislabeling of behaviors
and demeanors (Hurst & McConnell 2010:239).

Efforts to bring counseling centers to Amish country that specifically cater to Amish patients and other
Plain Peoples (Mennonites, Hutterites, and other Anabaptists) have been increasing within the past few
decades. Amish therapy groups such as Family Helpers and Amish clinics such as Spring Haven
Counseling Center, House of Hope, and Rest Haven are helping to alleviate the disconnect between
counseling and Amish patients and also cater to Amish needs and culture.
I introduced myself to one of the counselors of Spring Haven at a lecture by Donald Kraybill last fall. I discussed my current interests in Amish health and explained to her that I was wary of discussing mental illness within the context of my research because I was not sure if the Amish population that I had been studying utilized any formal counseling or if they would appreciate me including mental health within my thesis on Amish health and wellness. She exclaimed that mental health is just as much a part of every day Amish health concerns as it would be in English health concerns and she encouraged me to visit her counseling center.

The next day, I drove out to Spring Haven Counseling Center to meet with the counselor and her husband. My first impressions of Spring Haven were wonderful, as the center is large, spacious, and beautifully calm. In fact, I remember wishing that my counseling center could be just as relaxing and beautiful. There were tall fountains strategically placed around the offices for privacy, and one could hear the soft trickling of the water and the white noises that are incredibly calming. The counselor explained to me that Spring Haven has a staff of eleven counselors, two officers, and an Amish liaison. The counselor used to be Amish herself, but had never joined the Amish church. She explained to me that she had had personal experience with depression after losing her mother and that she believes her own experience “shows that it’s possible to be well again.” After leaving the Amish community for sometime, the counselor returned to help the Amish and Plain Peoples’ community in dealing with sensitive mental health issues as well as for surrounding English neighbors. Because the counselor was Amish at one point in her life, and is currently a Mennonite, she is very aware of the needs for successful counseling centers for Amish patients and is very sensitive to (and also very protective of) Amish culture. Although Spring Haven is a professional clinic that treats patients of every background, they have a particular program for Amish patients.
Spring Haven has a special program for Amish patients called Woodside Rest. The Amish community noticed the need for a safe space for counseling and psychiatric programs tailored to Amish cultural needs. The Amish community raised money to fund the house and the program overseen by Spring Haven. The counselor explained that the house is used for more intensive treatment for Amish patients that may suffer from severe depression or other severe mental illnesses. These Amish patients have the option of doing an intensive five-week program where they will stay overnight in the house. The patients will go to individual therapy sessions as well as group therapy sessions multiple times a day. To participate in the program, one must agree to live in the house for the duration of the program under Amish rules and regulations. The house itself is a simple, Amish type home; however, the house has some modern amenities, such as electricity. Patients can do daily chores (like they otherwise would at home), such as washing the dishes, making the beds, doing the laundry, as well as participate in regular prayers. An Amish couple will volunteer to run the house and to lead Morning Prayer. The house consists of 15 beds, 7 beds for women are located on the top floor, while the other 8 beds are located on the bottom floor for the men. Most of the food is donated and treatment payments are usually covered by the patient’s church. The Amish house has a profound impact on the Amish community looking for help with mental illness. Spring Haven is a wonderful asset to the community as it serves both English and Amish patients with a special focus on Amish cultural needs. Though I did not see Spring Haven in full operation (as I visited on a Sunday, when it was closed), I could infer that the counseling center was truly one of a kind and a necessity within the community.

4.5 Maternal Health

Unlike the dominant American society, where baby showers and pregnancy announcements are common cultural practices, pregnancies and births are typically much more of a private affair in the Amish culture (Hurst & McConnell 2010:222). While many expecting mothers in the more conservative Amish ordnungs (such as Swartzentruber Amish and Old Order Amish) keep their pregnancies hidden
from their children, other Amish women are more open about carrying a child (Hurst & McConnell 2010:222). The word ‘pregnancy’ is typically replaced with ‘with child’ in letters and essays written for the popular Amish newspaper *The Budget* (Hurst & McConnell 2010:221).

When an Amish family is expecting, one of the most important decisions is where to have the baby, as there are several different options. Typically Amish births happen in either a hospital, a birthing center, or in the home, although home births by lay midwives are considered illegal in the State of Ohio. One man complained about this, “The State of Ohio is making it very unhandy for midwives who help people do home birthing. These midwives can no longer verify pregnancies or live births. They say that licensed nurses and doctors can do verification...It is an attempt by the state to shut down home births” (Kraybill et al. 2013:346). In a study done in Ohio in 2005, only 59 New Order and Old Order births occurred in a hospital compared to 84 English births (Hurst & McConnell 2010:222). This number was even less so in the more conservative Swartzentruber Amish, where only 18 births occurred in a hospital that year (Hurst & McConnell 2010:222-223).

Many Amish settlements have developed birthing centers that coalesce professional care with an Amish ethos and tradition (Kraybill et al. 2013:346). A celebrated Amish midwife and a medical practitioner who frequently treats Amish patients developed one such birthing center called Mount Eaton Care Center. Here, nurses and doctors who are sensitive to the Amish culture work in a low-tech, comfortable setting that relaxes some of the regulations that a typical hospital would have, which provides a hybrid for Amish mothers who are looking for a safe way to deliver a baby with the comforts of having the baby at home (Kraybill et al. 2013:347). Centers such as Mount Eaton also allow friends and extended family to come by buggy to visit the new mother and her child (Kraybill et al. 2013:346). The staff at many of these centers are made aware that these mothers have been running their households up until the time of labor and that they will need to return to working in a day or two (Kraybill et al. 2013:347). Birthing centers, such as Mount Eaton, evoke a lot of pride within the Amish
community (Kraybill et al. 2013:346) as they are often founded and funded by Amish community members.

4.5.1 Mount Eaton Care Center

I walked into Mount Eaton just as one of the patients was giving birth to a boy. The nurses encouraged me to wait in the waiting room for the doctor to come out of the delivery room. The doctor approached me with a large grin and an excited disposition. He handed me a stack full of books on Amish health (which I greatly appreciated) and sat next to me in a small waiting area off to the side of the main hall way. Mount Eaton was a markedly different environment than most hospitals that I have visited; the halls were lit with sunlight, rather than florescent tubes; the air was fresh and much warmer than most hospital environments, and instead of the normal hustle and bustle in hospital delivery rooms, people could be seen pleasantly reading or rocking in one of the rocking chairs provided. The doctor began to explain to me the many differences of Amish society compared to the greater population but, upon seeing that I had adequate knowledge of Amish culture, he shifted the topic to Mount Eaton. Though he was recently retired, he still has a hand in the practices of the hospital and his son took his place as the main obstetrician on staff.

The doctor explained to me that Mount Eaton was entirely built by the Amish and Mennonite community, thus only Amish and Mennonite patients can be admitted. He explained to me that the birthing center does not perform epidurals, C-sections, or anesthesia, nor do they deliver twins, premature babies, or breech babies. However, the center is conveniently located about fifteen miles away from the local hospital, so if there is an issue in delivery, the mother can easily be transferred to the hospital. Patients also must be 37 weeks pregnant before they can begin using the services of Mount Eaton. The doctor stated that, after a baby delivery, the new mothers can stay for up to 72 hours. He stated that some patients leave after 24 hours, but that the price always covers 72 hours. The doctor explained that some Amish women see giving birth as somewhat of a vacation because they are able to
take a break from their daily chores and their many children. He noted that he became involved with Mount Eaton after performing many home births (with the assistance of oxygen, IVs, and a nurse) in Amish households before meeting a talented Amish midwife who wanted to open up a birthing center that commingles both traditional Amish values and the safety of licensed doctors.

The doctor then gave me a tour of the facility. He explained that there is a nurse in the facility 24 hours a day and seven days a week. Some of the nurses, in fact, live onsite and have their own quarters in the downstairs section of the center. He showed me a typical birthing room, which was modestly decorated with quaint farm décor, several chairs, and a rocking chair for the new mother. He also showed me a more conservative room with no curtains and gas lamps for Swartzentruber and stricter Old Amish patients. The doctor then exclaimed that I should speak with one of the new mothers. He then walked into the room of the women that had just given birth and asked her permission. He and the new mother invited me into the room. She looked oddly calm after just giving birth fifteen minutes prior to my entrance. Though her head covering was slightly askew, she had a big grin on her face at the arrival of her new son. She told me that this was her eighth child and that the rest of the family was coming later that day to meet him. There was another woman in the room next to her that had given birth to a baby girl that morning. The nurse on duty noted that the woman had given birth to her eighteenth child and that this was her twenty-seventh pregnancy, “She’s a regular.”

My experience with Mount Eaton was eye opening and, overall, a wonderful experience. The doctor and nurses on duty were more than helpful in showing me around the facility and answering all of my questions. He offered me a stack of books about the Amish and treating patients in a multicultural world. The doctor and the rest of the staff were very perceptive and sympathetic to Amish needs. They truly were cultural brokers, linking aspects of biomedicine with Amish comfort. More and more Americans, including the both Amish and the non-Amish, are moving to complementary birthing clinics such as these. Their calm environments coupled with relaxed visiting policies and less of the strictly
structured environments that conventional hospitals tend to have. In addition to adding to the Amish medically pluralistic repertoire, this ethnography can also serve as a model for the non-Amish families looking to use an alternative birthing center. The Mount Eaton Care Center can certainly serve as a model for those looking for a less biomedically centered birthing experience.

4.6 Medical Doctors

Although many Amish prefer the use of home remedies and other methods of health care, almost all Amish still use Biomedical doctors for some emergency ailments and procedures, though significantly less than their non-Amish counterparts (Kraybill et al. 2013:344). Kraybill et al. (2013) note that many Amish use medical doctors for procedures such as chemotherapy, radiation, and surgery for cancer treatment, cleft lip and palate surgery, kidney and cone marrow transplants, cochlear implants, cataract surgery, broken bones, hip and knee replacements, and heart surgery (2013:344). There are a few non-Amish physicians who are sensitive to the Amish way of life, either because they themselves grew up Amish or Mennonite, or they tend to treat a lot of Amish patients in the area. A few such doctors that I was able to interview spoke Pennsylvania Dutch fluently which greatly encouraged Amish patients to seek their medical advice and treatment. Several informants that I interviewed noted that they were much more likely to see an English medical doctor if he/she understands the Amish cultural background and/or speak Pennsylvania Dutch, the primary language of the Amish community. Some of my informants from the New Order Amish affiliation prefer the services of medical doctors than other practitioners because they feel as though a medical doctor’s recommended treatment is more accurate or will be more likely to work than other practitioners’ recommended treatments. “We like herbs, but to tell you the truth. I’m afraid to not take the medicine my doctor tells me to” one New Order man exclaimed.

I found that many of the medical doctors with whom I spoke enjoy treating Amish patients, and even prefer them over their non-Amish patients because their Amish patients are much less likely to sue
them for malpractice, have much higher pain tolerances than their English counterparts, have well-behaved children, and pay their bills with cash (so they can avoid dealing with insurance companies and credit card debt/declines). The medical doctors I spoke with also noted the high support network that their Amish patients tend to have with their extended family and their church.

4.7  **Coping with Genetic Illness**

Although my research is not largely focused on genetics, I feel as though highlighting the issues surrounding genetic illness in Amish populations is crucial as the prevalence of genetic illness within the Amish population is so significant and it heavily affects Amish families and decisions in health care choices (Kraybill et al. 2013, Hurst & McConnell 2010, Hostetler & McKusick 1965). Though science, specifically biology education, is limited in Amish students (in comparison to other mainstream American students), many Amish have an extensive knowledge about heritability due to a wide practice of animal husbandry in Amish society (Kraybill et al. 2013:336). This understanding of genetic variability in livestock leaves many Amish men and women who are aware of the problems of isolated populations are also open to genetic counseling (Kraybill et al. 2013). Large Amish populations frequently attract geneticists interested in researching with genetic disorders and genealogy; as a result ‘genetic tourism’ within Amish country became popular in the 1960’s and 70’s (Tell 2012:18). These genetic tours consisted of genealogists, geneticists, and other medical researchers visiting Amish country for short periods of time in order to learn more about the unique genetic diseases that affect Amish populations (Tell 2012). Over time, the Amish community began working in partnership with geneticists and medical doctors to establish self-sustaining genetic clinics specifically designed to aid the Amish community with the burden of the high incidence of genetic illnesses (Tell 2012:19). Today, there are two clinics, one in Lancaster County, PA and the other in Geauga County, OH (Tell 2012:19). Both clinics are partially funded by the Amish community, which gives the Amish people a sense of agency in dealing with the genetic disorders that plague the settlement (Tell 2012:19).
Windows of Hope is one such project that offers services for Amish patients suffering from a genetic illness and their families. It was organized in 2000 in order to address the need for a genetic clinic for the Amish community in Holmes County (wohproject.org). The project’s website states that it is “...focused on the identification, diagnosis, treatment, and prevention of genetic disorders among plain people including Amish, Mennonites, and Hutterites” (wohproject.org). The project is organized into three main components: local fieldwork for the collection of information from families, molecular and biological studies on genetic disorders, and a national online database of basic genetics and information on the aspects of heritability (wohproject.org). Although the Windows of Hope project is largely funded by St. George’s University of London in the UK, there are also many Amish contributors (wohproject.org).

The Amish community has other ways of coping with the high prevalence of genetic illness. Amish culture emphasizes a strong community center that cares for individuals within the community (Kraybill et al. 2013). The Amish eschew commercialized or governmental health insurance because they believe that the community should be responsible for the lives and welfare of the individuals living within the Amish community (Kraybill et al. 2013; Hurst & McConnell 2010). With the huge financial burden that has resulted from extended hospital stays and therapy for those who are affected by genetic illnesses, the Amish community has become highly involved in efforts to research and treat genetic disorders (Strauss et al. 2012; Tell 2012). Partnerships between physicians and geneticists and the Amish community have resulted in the establishment of several genetic clinics partly funded by the Amish commonality (Tell 2012:19).

With the help of the Pennsylvania Amish community, Kevin Strauss (2012) and his colleagues formed the Clinic for Special Children in 1989 in order to work with Amish patients who are affected by genetic disease and have no medical insurance to cover the high cost (Strauss et al. 2012:1300). Strauss’s work with the Clinic for Special Children has helped to bring awareness to genetic disorders
within the Amish population as well as making specialty information readily available to Amish patients and/or to their parents (Strauss et al. 2012:1300). The authors insist that the best chance to prevent harmful effects of gene mutation is to focus on early diagnosis (Strauss et al. 2012:1300). By starting with a healthy child and providing longitudinal follow-up care, the authors argue that this splices high medical bills into affordable payments that Amish patients are financially capable of handling (Strauss et al. 2012:1302).

While doing my own thesis research, I came across several medical doctors who either grew up Amish themselves or have family members within the Amish community. These doctors are able to speak Pennsylvania Dutch and are highly respected within the community. Because these physicians are passionate about their work and the Amish community as a whole, they are involved in the movement in educating and aiding Amish families cope with genetic disorders. These physicians often work as a liaison, helping Amish patients to communicate with the complicated American health system. Many American doctors within the Holmes County area are willing to give Amish patients discounts on medical services as long as the bills are paid up front and in cash. This greatly helps alleviate the high costs of medical treatments and genetic therapy.

4.8 On Being Your Own Doctor: Home Made Remedies

While visiting Amish participants throughout my study, I noticed a common theme when I inquired about preferred health care methods; almost every Amish household I visited had a copy of Be Your Own Doctor by Rachel Weaver (2012) on a bookshelf or in the kitchen. Many Amish women and men that I interviewed mentioned that they use Weaver’s guide to herbal home healthcare and a copy was also given to me by one of my key informants after my undergraduate thesis study.

The author’s opening statement in the forward of her book is “If you read Be Your Own Doctor carefully, you will be inspired to realize that God created our bodies to heal when we give them the needed tools. You will be motivated to take back the responsibility of your own health and that of your
family” (Weaver 2012:4). Be Your Own Doctor (2012) largely instructs readers on how to find, identify, and use natural herbs and supplements in order to maintain health; it also assesses the role that God plays in one’s health and the agency that the readers must take onto themselves to maintain good health (Weaver 2012:4-5). Weaver notes her experience with herbal home remedies in the foreword of her work as well as her family’s generations of knowledge with herbs and home remedies. She notes that her book is not intended to give medical advice and that the FDA prohibits her from doing so as she is not a medical doctor; however, Weaver does have a Master Herbalist degree (Weaver 2012:4-5).

Weaver discusses many different tinctures, salves, and herbs and their uses along with success stories and cases in her 2012 work. The first chapter in her book outlines the ‘Essential Household Remedies, a few of which consist of: charcoal, comfrey, cayenne, flax, garlic, ginger, and slippery elm (2012:3). Weaver also outlines how to work with your family’s health and how to plan ahead for medical emergencies (2012:3). An informant of mine discussed the success that she has had with charcoal and many of Weaver’s charcoal medicine recipes. She noted that she uses charcoal as a poultice for it’s antiseptic properties as well as to aid in indigestion, bloating, detox, and diarrhea. Other remedies of Weaver’s that she found helpful were Mullen flower oils (which she noted are good for one’s lymphatic system), algae (which stops labor), and herbal teas. My informant stated that, before she bought Weaver’s book, she dealt with constant issues of fatigue and chronic illness; however, now she feels as though she is able to take care of herself with natural substances. My informant stated that she had never needed to take her children to a medical doctor, save once when her son had a bad ear infection.

Another popular Amish source is John Keim’s Comfort for the Burned and Wounded (1999). As a young boy, Keim experimented with different casts and salves to heal broken bones on horses and other farm animals (Keim 1999). His inspiration for writing Comfort for the Burned and Wounded came about when his two-year-old son was badly scalded in an accident (Keim 1999:17). Conventional modes for treating burns were ineffective as the gauze glued itself to his son’s burned skin (Keim 1999:18).
Frustrated at seeing his son in pain, Keim took a walk around his property looking for anything that might inspire an idea of a better treatment for his son (Keim 1999:20). He came across some waxy leaves while on his walk and thought that they would be less likely to stick to the skin (Keim 1999:20). He gathered some of the plantain leaves and dressed his son’s wounds with them instead of using gauze (Keim 1999:20). After applying a salve and covering the burn with plantain leaves twice a day for five days, Keim’s son’s burn was healed (Keim 1999:20).

After realizing that this treatment was successful, Keim experimented further with different ingredients and leaves to create a more successful treatment option for burns (1999:27). He notes that Burdock leaves, when dried, are just as effective as the plantain leaves and are more readily available in the winter, when most burns happen (Keim 1999:27). Along with Burdock leaves, Keim also experimented with different salves and their effects on burns and other wounds; he and his wife eventually came out with their own successful ‘B&W Ointment’ (Burns and Wounds Ointment) to treat burns (1999:40). B & W Ointment consists of: honey (which Keim notes is a well known healing agent and is known for relieving pain in blisters), Wheat germ oil (which is said to provide an abundance of vitamin E which promotes healing without scarring), Aloe Vera gel, lanolin, otherwise known as the grease in sheep’s wool (this acts as a lubricant and a protective covering for hair and skin), marshmallow root (which has softening and soothing properties and is high in protein), White oak bark (which has antiseptic properties and relieves itching), Wormwood (which relieves soreness), comfrey root (which promotes rapid reproduction in cells), lobelia (which soothes muscle soreness), and beeswax (to solidify the ointment) (Keim 1999:40-41).

Keim’s B & W Ointment and his book are an enormous success within the Amish community, especially because Keim is Amish himself. Along with Rachel Weaver’s Be Your Own Doctor (2012), Comfort for the Burned and Wounded (1999) is on many Amish bookshelves. Most of my informants used both of these works as resources before visiting a health care specialist. I purchased some B & W
Ointment for myself, along with a number of other Amish home made remedies to use for cuts and burns. So far, I have had much success with B & W Ointment on my cuts; however, Neosporin and Vaseline have proven to be just as effective for me. Another popular ointment used by my Amish informants is Union Salve (made and sold by Lute Remedies) which consists of petrolatum, sheep tallow, oil of tar, carbolic acid, castor oil, mineral oil, lanolin, and beeswax (Keim 1999:17) and is used for cuts. Other Amish salves that I purchased for my own purposes were Heat Salve for sore muscles, blood poison salve for antiseptic, and Garlic salve for colds and chest pain. I have used the Heat Salve frequently on sore muscles and knots in my neck and shoulders; it feels similar to Icy-Hot and Bengay, and quickly relieves pain associated with sore muscles.

I found one book, Home Remedies From Amish Country (Abana Books Ltd. 2008), on the shelf of a popular Amish inspired restaurant in Holmes County. I flipped through the remedies to find a plethora of other advice on weight loss solutions and body cleanses. The book displays family remedies and health advice from around Amish communities in Northeastern Ohio. There is advice by topic, or rather, ailment, such as: frost bite, hair care, food poisoning, poison ivy, rheumatism arthritis, shingles, scabies, and a ‘Cancer Essiac Blend’ (Abana Books Ltd. 2008). The story prefaceing instructions and uses of the remedy depicted the recipe as being a secret recipe of the Ojibway Native American Tribe and tested by a Canadian nurse (Abana Books Ltd. 2008:24). The remedy consists of four herbs: Sheep sorrel, which the book says, will attack and weaken mutated cancer cells, Burdock Root, Slippery Elm Bark, and Indian Rhubarb Root, are cited as blood cleansers and immune system boosters (Abana Books Ltd. 2008:25); the Rhubarb Root also serves as a pain reliever as well (2008:25). The book instructs to cut up the herbs, sift them into a powder-like form, and to steep into hot water as a tea (2008:25). The book warns not to consume the remedy any other way, as it will not have the correct effect (2008: 25). The book also stresses the importance of following the recipe, as it was a “54 [year] experience of personally giving this blend to her patients” (Abana Books Ltd. 2008:25).
One of the many reasons I find this book valuable is because this book displays knowledge of cancer causation in cancer cell mutations as well as a biomedically based approach to cancer as a disease. Perhaps this has to do with the conception that cancer is an emerging chronic illness that is currently affecting Americans of all cultural backgrounds. This book also intrigues me because it has such a wide array of remedies for topics spanning in health advice, like health maintenance. The article advises to use common household herbs and foods, such as garlic, mustard, and honey, as medicines (Abana Books Ltd. 2008:52-53).

When illness occurs in an Amish household, the use of home remedies before seeking out a health care professional was commonplace among the Holmes County Amish residents (Hurst & McConnell 2010:234). More than half of the participants of Charles E. Hurst and David L. McConnell’s survey of sixty-five New and Old Order Amish said that over half of their health care treatments come from home remedies (Hurst & McConnell 2010:235). The authors speculate that one of the reasons Amish use home remedies because of the lower cost and the belief that these remedies are more natural (Hurst & McConnell 2010: 235). Another proposal for the reasons behind home remedies and the use of folk healing is that, often Amish home remedies and practices have been passed down for generations (Kraybill et al 2013:339); as the Amish respect the wisdom of past generations, these healing options are often sought out before seeking help from a medical professional. Hurst and McConnell’s findings were very consistent with my own observations within my research population, as many heavily relied on homemade versions of remedies.

An Amish mother of three and her sister gave me a tour of her family’s herb garden. She showed me her tall purple Echinacea flowers, fanning Burdock leaves, crisp lavender, and many of her homemade tinctures and salves. She showed me several salves that she had condensed and blended with beeswax (for a spreadable consistency) that she had been using to treat both her daughters’ legs, which had previously been covered in poison ivy pocks. The mother showed me the youngest daughter’s
leg, and I could see the disappearing pockmarks. She pulled a book called *Backyard Pharmacy* (Another book by Rachel Weaver) and explained to me that she got much of the advice from this book. I was surprised that I left the garden wanting to start my own health garden. After this excursion, I have become very interested in have a few of these plants and herbs on my back porch and testing out their uses for myself. I have yet to purchase seeds or materials for this project, but I intend to one day plant some of these herbs in my own garden.

Vitamins are also heavily used within the Amish community. One of my informants, who happened to be a medical doctor who treats many Amish patients, discussed his many Amish patients and their love for vitamin use; he cheekily remarked “If you could recover all of the vitamins in the urine from Holmes County and resell them, you could retire early.” Many of my informants used vitamins to improve their health; however, many non-Amish also frequently use vitamins. I take the occasional vitamin myself, and both of my parents are regular vitamin users. Vitamin use seems to be a practice throughout many American cultures, including many biomedical practices.

Many popular Amish remedies and vitamins can be found in Amish owned bulk food stores and markets that cater to Amish families. Popular products like Amish Origins crèmes and B&W ointment can be found along side some homemade remedies and sell well in Amish markets; however the same products can be found for twice, even thrice the price on amazon.com and other English health websites. I am unaware of whether or not the owners of the Amish bulk food stores are knowledgeable of this; however, cost is generally a concern with Amish shoppers, so low prices would ensure sales in Amish markets.

### 4.8.1 ‘Half a Calf Pill’: A Chat About Illness

Through my own interviews of several young Amish girls, I found that if one’s health is compromised then the day’s work will be left undone and one’s day-to-day life could be completely disrupted. Both girls with whom I spoke were taught to lead a healthy life by their parents. The girls
agreed that not all Amish families take health to be a priority; however, many Amish families do their best to keep up with their health so that they are able to continue with their busy lives. When I asked what their definition of health was, one of the girls replied “Health means feeling good, eating well, and having the energy to fight off flues and stuff like that.” One of the girls noted that she could not remember ever visiting a doctor. She said that if she started to feel ill she might sleep a little longer in the morning, or skip the morning chores and take “…half a calf pill. The boys will take a whole one.” She showed me what she meant by a ‘calf pill’- it was a large, white, chalky tablet given to young calves during the winter months to boost their immune systems. I am not sure of what is in the calf pill, perhaps zinc or vitamin C. She added that she would typically use home remedies such as hot pepper water, or a salt gargle if she had a sore throat. One of the girls added “Now everyone’s going natural. It’s all Slippery Elm or raspberry tea if you’re sick.” Fresh garden tea was also a common remedy for illness.

Both of the girls with whom I spoke knew a little about ‘germs’ and the ‘spreading of germs.’ The younger of the two girls said that when she was still in school, she was more likely to get sick; but other than that she said she only got sick maybe once a year. “Mom and dad always taught us to be polite by covering our coughs and washing our hands after we go to the restroom or play with the animals and stuff like that, but not everyone knows to do that.” Both girls said that health education was not a large priority in school. “Maybe once every few weeks we would have a lesson on health.” Neither girl said that she had ever used powwow because their families thought it to be dark magic. Both girls stated that if they were sick enough, or if the situation was dire then their parents would take them to see a medical doctor. They explained to me that there oldest brother had gotten the measles when he was a child and that he was taken to a medical doctor right away.

The family seemed to be incredibly open to biomedical options, such as the use of a family practitioner from time to time; they also use a professional chiropractor regularly. The family displayed a wide array of biomedical knowledge, but they also regularly used herbs, tinctures, and salves to treat
illnesses before going to visit a doctor or a chiropractor. This family represents one of many Amish families that differ in the use of pluralistic health care options. Although other families differed in the use of different forms of care, they all displayed a large degree of pluralistic frameworks within their own unique health practice. These are great examples of the agency many Amish families display in designing a health care framework that suits their needs.

4.9 Choices We Must Make: Amish Takes on ‘Noncompliance’

One important dimension of Amish culture, and specifically Amish healthcare is that the Amish believe that, ultimately, what happens in life is in God’s hands and that there is a basic acceptance of what comes (Hurst & McConnell 2010:246). Many Amish tend to accept fate better than their English neighbors if things go south or treatments stop working because they see it as God’s will (Hurst & McConnell 2010:246). Donald Kraybill and his colleagues (2013) also discuss this concept in The Amish:

...[I]n general, Amish people are more willing to stop interventions earlier and resist invasive therapies than the general population because, while they long for healing, they also have a profound respect for God’s will. This means taking modest steps toward healing sick bodies, giving preference to natural remedies, setting common sense limits, and believing that in the end their bodies are in God’s hands (Kraybill et al. 2013:336).

One Amish Bishop expressed this concept when he discussed with me the great lengths at which patients will go through to beat an illness or death, “When is the time to understand that there’s nothing you can do to be better?” Because Amish see nature and the body as something that God ultimately has authority over, they often have difficulties understanding “...modern attempts to explain and control nature, especially scientific techniques to control the body and prolong life- goals that most non-Amish patients embrace- as sometimes obstructing the will of God” (Kraybill et al. 2013:336). Often, extraordinary measures for premature babies or elderly persons do not happen in Amish society, partially because of cost, but ultimately because this interferes with God’s will in many Amish opinions (Kraybill et al. 2013:337). Another reason for the avoidance of doing some medical treatment is that “Some Amish people worry that, by privileging the standards of modern western medicine, the state
may impose on their religious beliefs and curtail the ability of parents to make health care decisions-including end-of-life decisions-for their offspring” (Kraybill et al. 2013:337).

In 2013, the state of Ohio was involved in a highly publicized court case with a young Amish girl who refused chemotherapy treatment for cancer. When Sarah Hershberger was diagnosed with leukemia at ten years old, she and her parents agreed to go through two years of five chemotherapy treatments at Akron Children’s hospital last spring (Seewer 2013). The Hershbergers decided to stop Sarah’s second round of chemotherapy last June as Sarah became increasingly ill due to the treatment (Seewer 2013). The hospital believes Sarah’s illness can be treated but without chemotherapy, they say the girl will die within a year (Seewer 2013). Akron Children’s hospital took the Hershberger family to court in order to force Sarah to take the chemotherapy treatment and to appoint a medical guardian who would be in charge of the girl’s medical decisions (Seewer 2013). A county judge sided with the family, saying that they had the ultimate right to choose whether or not Sarah should take the treatment but the decision was overturned in a court of appeals in August of 2013 because the county judge failed to consider whether appointing a guardian would be in Sarah’s best interest (Seewer 2013).

Andy Hershberger, the girl’s father stated that the family is not against modern medicine; however, he feels that, sometimes, different routes to treatment are better (Seewer 2013). Hershberger stated that stopping the treatment was not a result of a religious decision; rather the chemo was making Sarah extremely sick and they began to fear for the girl’s life (Seewer 2013). The family decided to consult a wellness center in order to treat Sarah with vitamins, herbs, and other natural remedies instead of the chemo (Seewer 2013). The hospital’s chief medical officer stated that it is morally and legally obligated to make sure the girl receives proper care (Seewer 2013). In a second court appeal in October of 2013, the judge sided with the hospital again, allowing it to assign a medical guardian to Sarah to make sure she receives her chemotherapy treatment; however the Hershberger family fled the state several days before the judge’s decision in order to keep Sarah from having to do the treatment
(Seewer 2013). In January of 2014 the medical guardian relinquished her position to make Sarah’s medical choices, after not being able to contact the family when they fled the state (Seewer 2014). Current sources state that Sarah is doing well using natural remedies and that the family is hoping to return home soon without the interference of the state (Seewer 2014).

Sarah Hershberger’s case demonstrates the choices Amish families are faced with during times of critical illness. Although chemotherapy treatment is likely to save Sarah’s life, quality of life and the belief that ultimately whatever happens is part of God’s plan are heavily considered by Amish patients. I asked several of my Amish informants about this case. One informant stated that he has only known one person to survive cancer using only natural treatments, but he also acknowledged that chemotherapy cannot save everyone. He mentioned that chemo bought his wife about six months before she ultimately succumbed to the cancer. “At the end of the day, that was just God’s plan and I have to respect that.”

Numerous anthropologist and public health specialists have written on the subject of noncompliance and its affects on doctor-patient relationships. According to one article, noncompliance is considered one of the least understood health behaviors (Stewart & DeMarco 2010:287). This article states that, despite the needed knowledge on this subject, there is a serious lack of noncompliance theories and models in literature (Stewart & DeMarco 2010:278). The article suggests one possible theory behind the issue of noncompliance: “Our theory of patient decision making regarding treatment is as follows: Patients will comply with treatment instructions if and only if the perceived marginal benefit of treatment is greater than or equal to the perceived marginal cost of treatment” (Stewart & DeMarco 2010:279). I believe this theory is an excellent explanation of why many patients, both Amish and non-Amish alike, may choose the option of noncompliance, especially those who lack standard health insurance coverage. However, I feel the need to stress a possible addition to this theory as it applies to Amish patients. A few other components that could be added to Stewart and DeMarco theory
(2010), as it applies to the Amish are: (A) the component of the Amish perception of an afterlife with God as the ultimate end goal, and also (B) the component of not wanting to burden community and family members with medical costs and/or taking away from familial responsibly. In the case of cancer patients, the possibility of an afterlife with God may outweigh the pain and by going through intense treatment. I found that many Amish with whom I spoke seemed accepting of the natural outcome of things, which they identified as God’s will. These are important concepts for biomedical doctors and professionals treating Amish patients to understand.

4.10 Preventative Medicine

Hurst and McConnell (2010) note that, in general, Amish individuals are less likely than the general population to seek preventative or dental care or to get annual physical examinations and check ups and also to get immunizations (2010:227). One physician who grew up in an Old Order Amish family mentioned by Hurst and McConnell (2010) stated that the Amish “…are more prudent about coming in. They don’t come in every time they sneeze” (2010:227). The authors also state that the more conservative the church/ordnung, the less likely they are to be proactive in their health care (Hurst & McConnell 2010:227). A chiropractor who treats Amish patients mentioned by Hurst and McConnell (2010) states that:

If you’re not sick, you don’t go to the doctor. You don’t go to the doctor when you feel good, and we’re asking them to do the exact opposite. We’re saying ‘come to the doctor while you’re feeling good.’ And you’ve got this obscure goal of ‘we’re going to keep you from feeling bad.’ But you see, that’s not tangible… So you’re kind of working against a lot of human nature there (2010:228).

Amish patients with whom I spoke generally defined ‘being healthy’ as having a good appetite and being able to do daily work; my findings are also consistent with Hurst and McConnell’s (2010:231) findings. I found that if one’s ability to work is affected, then he might be considered ill. If one’s ability to work is impacted for several days then the individual is more motivated to solve the source of the illness by
visiting a doctor or another health care provider. However, this poses a threat to illness prevention within the Amish population as individuals are often treated after they are already affected by an illness.

4.10.1 Hygiene Hypothesis

Though the American Amish live inside of an industrialized world, they have chosen to keep their distances from many common English practices, such as excessive sterilization. Because Amish education does not exceed the eighth grade, many Amish do not know about or understand the concept of germ theory; as such, many do not go out of their way to sterilize surfaces or wash their hands with anti-bacterial soap. I noticed in my own research that most Amish wash their hands before they eat and after they come in from working out on the farm by using mild soap to remove dirt and freshen up, although some Amish may use anti-bacterial sanitizers, as hygiene practices absolutely vary from family to family. The Amish also have strong animal husbandry practices and many lead farming lifestyles and are thus exposed to a wide array of pathogens. These practices allow the immune system to be introduced to some of pathogens without becoming infected.

If an individual’s immune system were able to successfully fight a pathogen, then that individual could develop life-long immunity to that specific agent plus other similar agents, and could possibly prevent or inhibit the onset of some chronic diseases. In fact, Graham A. W. Rook offers evidence in his 2008 “Review Series on Helminths, Immune Modulation and the Hygiene Hypothesis” that microbial components may provide advantages that could increase the immunogenicity of tumor antigens and therefore aid in the abortion of some developing cancers (Rook 2008:6). Because animal husbandry offers many pathogens and the possibility of life-long immunity for someone who is affected by a particular disease, it is also possible for animals to offer up their microbes as ‘immune boosters’ and therefore aid in the prevention of some chronic illnesses as well as contribute to the overall health of an individual.
There are many studies that discuss the ‘hygiene hypothesis,’ which, according to A. Kramer et al (2013), is the theory that prevention of early life exposure to dirt and natural pathogens can lead to insufficient priming of the immune system (Kramer et al. 2013:S30). Marie-Helen Jouvin and colleagues (2012) propose that there is a link between the adoption of modern hygiene and cleanliness to increased prevalence of allergic and modern immune diseases (Jouvin et al. 2012:4). In a study by Kramer et al, it was found that up to forty per cent of the population in the United States and Europe suffer from at least one (if not more) type of allergy and that the prevalence of allergies in industrial environments has doubled within the past 15 years (2013:S30). Though no one recommends living in squalor, ‘normal’ exposure to microbes and potentially harmful pathogens is often recommended for one to have a healthy immune system (Rook et al. 2005).

4.10.2 Allergies

There are a few studies that suggest that Amish children are not as prone to allergies as non-Amish children living in urban areas. According to an article on the subject, only 7% of Amish kids are thought to have issues with allergies as opposed to almost 50% in the general population (Campbell 2012). Reporter Hank Campbell (2012) discusses a study done by Mark Holbreich, a celebrated allergist. Holbreich’s study consisted of a random sample of 138 Amish children, 3,006 non-Amish farm children, and 10,912 non-farm children (Campbell 2012). Holbreich concluded that farm children had a much lower rate of allergies than non-farm children while Amish children had substantially lower rates of allergies than farm children; Asthma instances are reported to follow the same pattern (Campbell 2012). Perhaps exposure from a wide range of microbes and pathogens and living in a farm setting from an early age aid in priming immune systems for animal borne illness and prevent common allergies that affect the larger general American population. Many of the informants I interviewed and observed reported no issues with allergies (neither food allergies nor airborne allergies). All of my informants have
frequent close contact with large animals such as horses and cows. Many of my informants also live on or near farms and/or family gardens.

4.10.3 Vaccinations

The use of vaccinations continues to be a controversial topic within the Amish community, as well as the American community as a whole. Although there are requirements by the government for vaccinations upon entering a public school, children can often be exempt on religious grounds (Kraybill et al. 2013:345). Kraybill and his colleagues (2013) note that the decision to vaccinate within the Amish community is a family matter, and typically not a church decision (2013:345). I discussed the subject with several Amish informants. One man I spoke with stated that he read in the paper that vaccinations are not 100% safe and so he remains wary of the adverse effects. He noted that he has met a few children who he thought to be affected by vaccinations. He mentioned one child that he knew who had gotten “his shots” and then became paralyzed from the waist down shortly afterwards. He then mentioned another child, who, he reported, was perfectly healthy before she got her “shots” and became very ill after her “shots” were administered. He followed this story with “We had no shots [when I was younger] and all the babies were okay.” He then added that he was not against vaccinations per se but that he thought vaccinations could be harmful at times. Kraybill and colleagues (2013) note that most Amish aversions to vaccinations stem from fear of the possible adverse effects rather than religious for reasons (2013:345). Other informants from the more liberal Amish ordnungs or households feel that vaccinations are necessary for the prevention of some diseases and encourage other family and church members to get vaccinated. A few other informants noted that they thought vaccinations provided an easy way to avoid certain diseases. Both Hurst and McConnell (2010) and Kraybill et al. (2013) mention that Amish families’ inclination towards obtaining vaccinations grows when they understand the possibility of endangering their neighbors. I would also add that it is possible to
persuade Amish families to obtain vaccinations if they know the dangers of both the disease itself and the serious consequences of not vaccinating.

In April of 2014, a German measles (rubella) outbreak in the Holmes county area heavily affected the unvaccinated Amish populations. The Times-Reporter, a local Ohio newspaper, reports on the subject, stating that this epidemic is the largest outbreak of measles in two decades with over 360 cases (Welsh-Huggins 2014:A1). The outbreak started after several Amish travelers to the Philippines contracted measles and then returned home to Knox County, Ohio where it spread rapidly, because of the lower rate of vaccination in the Amish (where phones and internet access are already limited) (Welsh-Huggins 2014:A1). Impromptu vaccination clinics have been set up all over Amish country to prevent further spreading of the disease. One of my Amish participants mentioned that Ohio’s Keim Lumber (employers to many Amish workers) set up a vaccination clinic onsite. The measles outbreak is reportedly slowing down due to vaccination clinics and door-to-door visits by public health nurses (Welsh-Huggins 2014:A1). More and more community members are participating in getting immunized for measles, mumps, and rubella in an effort to quell the outbreak. Perhaps community members would be more likely to get vaccinated if they were better informed of the benefits to having vaccinations, such as the strengthening of one’s immune system and the unlikely event that the individual will get the disease after being vaccinated.

Currently, in popular American culture, there is a movement against vaccinating children. Popular American celebrities such as Jenny McCarthy are speaking out against vaccinating children because of the suggestion that vaccinations can cause Autism Spectrum Disorder and other serious illnesses (Ołpiński 2012:381). One of the more famous studies that have fueled the anti-vaccination movement was published in a scientific magazine in 1998 by a Dr. A Wakefield, and suggests a link between the MMR (measles, mumps, and rubella) vaccination and Autism Spectrum Disorder (Ołpiński 2012:383). There have been numerous studies to shake this suspicion. In 2004 a panel at the Institute of
Medicine, the US leading advisor cited more than 200 epidemiological and biological studies that showed no evidence of a link between the MMR vaccine and Autism Spectrum Disorder (Olpiński 2012:383). Some involved in the anti-vaccination movement often use the Amish as a successful example of building immunity without the use of vaccinations. One thing to consider is, the Amish are much more isolated than many other Americans because of their restrictions on mobility and their exclusive nature. Though they may frequently come into contact with modern forms of transportation, their English coworkers, and neighbors they do not often travel long distances and their interactions are often limited to specific locations and populations. It is for these reasons that the Amish are not at high risk for many infectious diseases. However, because of the low vaccination rate within the community, when the exposed community members traveled home to Ohio, the disease spread like wild fire. Those who often use the Amish as a success story within the anti-vaccination movement should take these recent events into consideration and possibly reassess their stance on immunizations.
5 PRACTICAL APPROACHES

Although my study is a description of Amish health practices and the choices they make in health care options, my research is also applicable in a practical setting within the Amish community. The Amish have differing methods on healthcare and also differing ideas on how the body works. Although these methods and ideas are applicable in the Amish medical framework, there are some concerns about how the Amish method can survive in an English, or modern, world, and also being taken advantage of by the non-Amish hoping to capitalize on the Amish community’s unique perspectives. After researching the subject of Amish health for some time, I have a several suggestions for the Amish community in order to keep people from taking advantage of or misunderstanding the Amish community’s healthcare concepts.

5.1 Health Education

Many of my informants noted the lack of attention that is spent on health within Amish schools. Kraybill and colleagues (2013) also note the lack of quality health care education in the Amish school system:

> Those who attend Amish schools may study ‘health’ from an Old Order textbook that emphasizes God’s role in creating and sustaining the world. Only few Amish student who attend public schools study science in a systematic fashion, and because Amish youth leave school after the eighth grade, they often have only a rudimentary knowledge of nature, disease, and the human body (2013:336).

I once had the privilege of speaking with an Amish schoolteacher about the subject. She handed me an Old Order health textbook and I flipped through the pages that covered the concepts of the body. The book described the bodily system as a work of God’s, which should be properly maintained; however the diagram of the human body that was depicted in the book only discussed the larger organs and only partially explained their functions. I noticed that the book did not discuss what happens to the human body during growth and development nor did it discuss onset of puberty. When I asked the
schoolteacher about this she noted that many parents are against teaching the subject in school and feel as though it is the parents’ duty to teach reproductive health to their children. The teacher also noted that some of her students have a very limited knowledge of germs and that they may not connect hand washing with sanitation, as not every parent encourages hand washing at home.

I believe that health education is a necessity and should be addressed in Amish parochial school so as to foster knowledge and healthy practices in Amish children. I recommend that public health professionals that are close with the Amish community, perhaps the medical doctors that are able to fluently speak Pennsylvania Dutch and are sensitive to the Amish lifestyle, work with the Amish Bishops, schoolteachers, and the Amish parental board that oversees the upkeep of the school to come up with an Amish approved health curriculum that is accurate and gives the necessary health information to children. After talking to an Amish schoolteacher about possibly implementing these ideas in Amish schools, she explained to me that more and more parents are becoming health conscious, as it is becoming a trend in many communities across America, and that intervention may no longer be needed in the near future. She also explained that Amish parents would most likely be upset if the school chose to cover topics such as growth and development and puberty with some of the children, as most parents would feel that this topic should be taught at home instead. Health education is also necessary in addressing issues that will be covered in the next section (Chapter 5.2).

5.2 Avoiding ‘Snake Medicine’

The term snake medicine in this text refers to the intentional bogus advertisements and practices used by charlatan doctors in order to take advantage on the Amish community’s differing medical views. Hurst and McConnell (2010) note that one physician they interviewed stated “I’ve had ladies bring in bags of herbs that cost hundreds of dollars...where the medications [to treat the illness] would not have cost as much. But they’ll believe what they’re told as far as how these things are going to work,” (2010:235). Talks of ‘worm doctors’ and advertisements for ‘worm pills’ that specifically target
Amish populations are a frequent find in the popular Amish newspaper, *The Budget*. One local worm doctor “…basically convinces people, no matter what’s wrong with you- you got a headache, heart problems, diabetes, whatever- you got a parasite. So they call him a worm doctor. You got a worm...and he happens to have these potions that will kill the worms. From what I hear, he does a bang up business” (Hurst & McConnell 2010:236).

Hurst and McConnell (2010) note that these approaches to medical issues are persuasive to some people because they provide a clear cut explanation and answer to a medical illness (2010:236). Unfortunately, Amish populations are especially susceptible to medical con artists because of their limited understanding of the human body. One way to possibly alleviate this problem is to increase health education in schools. By teaching young Amish children about bodily systems using frequent analogies and clear language, dangers of being duped into spending money on ‘medicines’ that have little to no benefit to one’s health can possibly be abated.

5.3 Treating Amish Patients in a Biomedical Clinic

It is both practical and necessary for medical doctors to have multicultural awareness while treating patients. It is often difficult for U.S. doctors to communicate medical diagnoses and jargon with patients whose cultural norms are different from the American mainstream. Although medical doctors are typically effective in treating illnesses, if they are unable to communicate or gain the trust of their patients, their medical knowledge is of little help. Kraybill and colleagues (2013) discuss Amish interactions in Biomedical clinics “When Amish patients interact with Western medical systems, they enter clinics and hospitals where doctors and nurses who care for them do not share their understandings of nature, illness, and personal hygiene” (2013:336). According to Cheryl Mattingly, author of “Pocahontas Goes to the Clinic” (2006) “Technical competence may be a critical component of medical practice, but it alone cannot heal. In U.S. hospitals and clinics, medical technology and practice depend of the ability of patients and physicians to trust, communicate, and understand each other”
Mattingly explains that, in our modern world, U.S. clinics are becoming cultural borderlands of different cultures, traditions, and languages (2006:494).

The author suggests that by bringing in global icons, such as Disney characters and superheroes to communicate with pediatric patients, doctors can gain trust and better communicate with patients without mislabeling or misunderstanding them (Mattingly 2006:494). Using symbols and analogies that are culturally congruent with the Amish lifestyle to explain health needs, prevention, and illness diagnosis can possibly increase doctor patient relations and an overall sense of trust. Hurst and McConnell (2010) discuss the success of some health interventions and necessary treatments in Amish patients by using fishing analogies to describe an illness or a medical procedure, since fishing is a popular Amish past time (2010:236). Complicated medical jargon, high tech equipment, and impersonal attitudes that Biomedical clinics sometimes employ often intimidate Amish patients, who almost always learn English as a second language (Kraybill et al. 2013:337); so analogies and popular Amish icons can possibly alleviate the disconnect between Amish patients and Biomedical clinics.

There are a few published works offering advice to physicians treating Amish patients. One such work by Gretchen H. Waltman (1996) emphasizes the importance of the Amish community lifestyle and that one’s accomplishments are as a member of the Amish community, and not as the individual as a whole, and that the Amish education does not exceed the eighth grade level (1996:23). Waltman also briefly describes major ordnungs of the Amish church and how each differs from the other; here, she stresses that it is important for physicians to note with which ordnung the patient is affiliated because this will affect major health care decisions (Waltman 1996:23). Waltman addresses the aversion to any governmental aid or insurance and the concept of Amish mutual aid, or the strong network of mutual support that the Amish church offers a fellow parishioner in need (2006:27).

Hurst and McConnell (2010) give some examples of the ways in which doctors can increase compliance and doctor-patient relations. The authors discuss an example of a Chinese-American medical
director at a clinic for special needs children (many of his patients are Amish because of the high prevalence of genetic illness in Amish society) and his great involvement within the Amish community (Hurt & McConnell 2010:230). He notably spends more time with his patients, making house calls when needed, and forming support groups for families with children in the community who have special needs (Hurst & McConnell 2010:230). The doctor also invited Amish community members to serve on the board of directors (Hurst & McConnell 2010:230-231). In turn, the Amish community in which the medical director works provides significant funding for the continual operation of the clinic (Hurst & McConnell 2010:231).
6 CONCLUSIONS

The major themes of this work outline the diverse and unique perceptions and practices that many Amish utilize within their own conception of a medical framework. Although Amish conceptions of health and their medical framework differ from many of the mainstream American medical practices and ideals, the Amish medical framework nonetheless fits in well with the Amish culture and lifestyle. Some of the themes that I have outlined in the thesis include: the existence of multiple modalities for healing within the Amish community, some of the reasons of why the Amish make these specific healing choices, the specific health needs of the Amish and the experiences that lead them to frequent certain practitioners over others, and the application of the Amish medical framework within an increasingly modern world.

The Amish have many different medical frameworks to choose from despite living amidst a modern world heavily influenced by biomedicine. Although biomedicine is still used, other medical frameworks, including a variety of traditional Amish health practices as well as many syncretic practices, are often heavily consulted before an Amish individual visits a medical doctor. One key finding that my research has shown is that the Amish community blended the use of biomedicine and traditional medical practices in order to achieve a desired state of wellness. Another finding was that other community members and word of mouth often influence choices as do cost and the Amish interpretation of God’s will and the natural state of the body. My research also showed was that many Amish patients seek health advice from friends, family, and the church before deciding which health outlet to choose. Recommendations of practitioners by other community members have a large affect on the choices that many Amish make before seeking treatment. Another finding was that the high cost of medical treatment is also a heavy influence in choosing traditional care over biomedical care. One factor regarding health care options is the role of God as Amish typically see more ‘natural’ routes as being more pure and therefore more closely associated with God’s will.
Although traditional medicine plays a large role in the Amish medical framework, there are some health issues, such as genetic illness, that influence the use of certain practitioners and clinics over others. Amish family members with genetic illness are often encouraged to go to the biomedical clinics in the community that are sensitive to Amish culture and the high prevalence of genetic disorders. There are some practitioners that are considered more stigmatized than others, such as powwowers and the use of spiritual healers. The use of medical doctors is also dependent on the doctor’s ability to sympathize with Amish culture. Many doctors in the area who grew up Amish or speak Pennsylvania Dutch are used more often than doctors of conventional biomedical clinics because Amish patients feel comfortable and are able to understand the doctor without having a language barrier.

As the Amish have a differing view of the body and medicine as a whole, the mainstream society can often take advantage by offering products that supposedly cure a nonexistent illness. Greater education about health and the body can possibly help to alleviate this problem. Health professionals in biomedical clinics may also have trouble in treating Amish patients because of the cultural disconnect. Doctor-patient relations can be strengthened by the use of clear language, free from medical jargon, the inclusion of the Amish community, or the Amish church, and by using analogies and Amish icons to convey an illness or a proposed treatment to an Amish patient.

Though the Amish live within (but also removed from) a fast-paced, worldly society, they are able to practice their own unique medical frame while commingling with aspects of the biomedical framework. This syncretism of a traditional medical framework with the popular American Biomedical framework allows Amish patients to effectively reach their desired state of wellness while maintaining agency. As health and wellness have great importance in the human life, cultural constructs shape medical frameworks in order to bargain with a modern, global world while achieving one’s coveted status of wellness.
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