Amish

Lawrence P. Greksa and Jill E. Korbin

ALTERNATIVE NAMES

Old Order Amish, Plain People.

LOCATION AND LINGUISTIC AFFILIATION

The Old Order Amish, the focus of this entry, live in more than 200 settlements in over 20 states of the United States and one Canadian province (Ontario). Approximately three-fourths of all Amish live in Ohio, Pennsylvania, and Indiana. The Old Order Amish speak Pennsylvania Dutch (a German dialect) within the group, use High German in their church services, and, with the exception of preschool children, are generally fluent in English. All of these languages are in the Indo-European language family.

OVERVIEW OF THE CULTURE

The Old Order Amish are an Anabaptist religious isolate. The Anabaptist (or Swiss Brethren) movement arose in Europe in the early 16th century. The Anabaptists believed in adult rather than infant baptism and refused to bear arms, both of which resulted in them being severely persecuted. Martyr's Mirror, a book found in most Amish homes, documents how hundreds of Amish were brutally executed for their religious beliefs.

In 1693 the group now known as the Amish separated from the Mennonites, one of the early Anabaptist groups, because they believed in a stricter adherence to the doctrine of mißbraung, or a total shunning of excommunicated church members. Following this separation, the Amish migrated throughout the German-speaking parts of Europe. They were highly regarded as farmers, but were severely persecuted for their Anabaptist beliefs.

To escape religious persecution, the Amish migrated to North America between about 1727 and 1860. There are no longer any Amish in Europe. In 1865, approximately one third of the Amish population split off from the more liberal Amish majority. This offshoot minority was given the name Old Order Amish in recognition of the fact that they wished to retain the old Ordnung (order of behavior), or set of orally transmitted rules that govern the behavior of the Amish.

There are currently over 150,000 Old Order Amish residing in the United States and Canada. The primary unit of organization for the Old Order Amish is the congregation, or church district, each composed of an average of 30 households and approximately 150 people. Each congregation is led by a bishop, with the assistance of two to three ministers and one deacon. Religious leaders are chosen by lot. Bi-weekly worship services are held in homes, and there is no separate church building. Each church district has its own Ordnung, which it reaffirms twice a year during communion. The Ordnung consists of both rules that are common to all Old Order Amish and rules that are specific to each congregation. If a member consistently violates the rules of the Ordnung, a hierarchy of responses is initiated, with the highest level of response being excommunication in association with meidung. At the most extreme, meidung requires all members of the congregation (and by extension all Amish), to have absolutely no contact with the shunned individual. However, any shunned person who repents is reincorporated into the community. The severity of the meidung has been decreasing in recent years.

Because each church district has its own Ordnung, there is variability from church to church. There is no higher level of religious organization above the church district, although church districts may be affiliated with one another based on similarity of their Ordnungs. The term settlement is used to describe a group of congregations located within the same geographic region.

Religion is the core organizing principle for the Amish and is embedded in every aspect of Amish life. A distinction between religious and non-religious affairs is meaningless for the Amish. Amish life is guided by several key principles, including adherence to adult baptism; Gelassenheit (acting with humility and simplicity at all times); conviction that true grace can only be achieved if one lives in isolation from the non-Amish world; an ethic of absolute non-violence; a belief that mutual aid is a key ingredient in maintaining the integrity of the church; and a stance that states have no authority in religious matters. Separation from the world is fostered by the utilization of distinctive symbols, such as 18th century European peasant clothing, horse and buggy travel, and rejection of electricity from power lines. The Amish recognize that separation from the world requires the existence of strong community ties and, in particular, providing each other with assistance when needed. One of the better known examples of mutual aid is a communal barn-raising, but in fact, mutual aid is involved in virtually all aspects of daily life. For example, while families are expected to be self-sufficient in paying for usual health care costs, the church will assist in paying large hospital bills.

The Old Order Amish are often thought of as a static society living the lifestyle of 17th or 18th century farmers. They are, in fact, a dynamic society, with a history of carefully incorporating new technology that they decide is essential for economic competitiveness. However, the Amish are selective, refusing to accept anything that they feel might threaten their core beliefs. It must be remembered that this selection process occurs separately within each church district, resulting invariability among Amish communities in the degree of change that has been accepted.

The Old Order Amish have been undergoing a transition over the past 40–50 years from an economic system based primarily on small family-owned farms to one based on wage labor. This transition appears to be primarily due to the joint effects of a rapid rate of population increase in conjunction with an increase in the cost of farm land in the vicinity of the major settlements. The magnitude of this transition varies substantially between settlements. Some Amish wage laborers work primarily with other Amish men, either in Amish-owned shops or on Amish construction crews, but an increasing number of men now work in factories where they have intensive contact with the non-Amish (variously referred to by the Amish as “Yankees" or “English").

THE CONTEXT OF HEALTH: ENVIRONMENTAL, ECONOMIC, SOCIAL, AND POLITICAL FACTORS

The Old Order Amish originated from a relatively small founding population and each major settlement has
remained largely genetically isolated from both other Old Order Amish settlements and the surrounding U.S. and Canadian populations for a little over 200 years. As a result, a number of distinctive recessive disorders have developed among the Old Order Amish, with some of them being unique to particular settlements. Other than these genetic disorders, the general pattern of illness and causes of mortality among the Old Order Amish are similar to those for the United States as a whole, except that accident rates related to agriculture and other manual labor occupations are probably somewhat higher.

Cost is one of the primary factors considered by the Old Order Amish when making decisions about health care utilization. Two aspects of cost are particularly important in the Amish context. First, because the Amish do not own or drive cars and rely on horse-and-buggy transportation, estimates of costs for doctor visits and hospitalization must include the need to hire a driver. This can be very expensive, sometimes equaling the cost of the physician visit. Second, due to Amish beliefs in self-sufficiency, separation from the world, and mutual aid, the Amish have generally rejected any kind of formal assistance that comes from outside the Amish community, including commercial health insurance. Obtaining commercial health insurance goes against the principle of separation from the world, implies an unwillingness to accept God's will, and operates against the principle of providing mutual aid in times of crisis. However, since most Old Order Amish have no compunction about using modern biomedicine, but at the same time reject commercial health insurance, this means that illness can potentially result in very high medical bills. This is particularly true for chronic physical conditions and for mental illnesses, which often require long (sometimes lifetime) periods of treatment, often in association with expensive medications.

The Old Order Amish traditionally have relied on personal savings and various mechanisms of mutual assistance within the immediate and larger Old Order Amish community to meet their medical expenses. This includes the use of Amish Aid health care plans that were established in the 1960s in response to the rising cost of health care and with the explicit goal of providing an alternative to commercial health insurance. Although the Amish Hospital Aid plans are essentially health insurance plans, they are not viewed in the same negative way as commercial health insurance plans because they involve Amish mutual aid rather than assistance purchased from non-Amish. Amish Hospital Aid plans are thus acceptable to many, although not all, Old Order Amish. In recent years there has been a trend in some settlements of at least some of the men working in non-Amish commercial establishments to utilize the commercial health insurance provided by employers as part of their benefits package.

At least as important to the Amish in their selection of health care services as economic factors is the ability to obtain services from an agency that they feel can be trusted to respect Amish culture. If a provider is well thought of or makes a positive impression, news of this will spread in the community, and referrals will occur through personal networks.

The role of the Amish bishop in all aspects of Amish life, including the utilization of health care, cannot be overstated. He is the spiritual leader of the church district as well as the mediator between church members and the outside world. The well-being of the community is an enormous responsibility that bishops take quite seriously. Bishops either can be a barrier to or can facilitate access to health care. If a bishop promotes the view that preventive health care, such as childhood immunization, indicates a lack of faith in God and God's will, members of his church will be less likely to seek that care. If, on the other hand, the bishop is not opposed to such care, then individual members of the church are free to follow their own beliefs and preferences. Bishops can be a barrier to mental health services if they believe that mental illness is the fault of the individual, particularly if they believe it is due to shortcomings of the individual in his or her relationship to God, church, and community. Bishops can also be a barrier to specific agencies if they have heard that an Amish person has had unsatisfactory experiences with that specific agency. On the other hand, bishops can be an enormous asset to service delivery if they feel that a particular mental health care center is effective and can be trusted to respect Amish culture.

The most important point for health providers to understand about Old Order Amish society is that it is dynamic and that there is greater heterogeneity between and within congregations than might be expected by outward manifestations of conformity in dress and transportation.

The Old Order Amish diet reflects its Germanic ancestry and is thus characterized by large servings and an emphasis on meats, starches, and a wide array of pastries. Almost all Old Order Amish families, as recently
as 50–60 years ago, produced almost all their food themselves, with the exception of basic staples such as flour, sugar, and salt. All the food produced on the family farm was (and still is) grown with the minimum use of artificial fertilizers, if any at all. The transition from small-scale farming to wage labor appears to be associated with increased dietary diversity (due to the increasing purchase of foods, both raw and processed), but without any substantial change in basic dietary patterns. Most Amish families still have gardens for producing vegetables that will be canned and used throughout the year, but these foods now provide a relatively small proportion of food intake in most families. Instead, most families now purchase a large majority of their foods in the same grocery stores as their non-Amish neighbors. Similarly, whereas eating at restaurants of any kind was rare in the past, generally only occurring on long trips where no other option was available, many Amish families now routinely purchase foods at a variety of fast food and family restaurants.

**Medical Practitioners**

Amish individuals rely on a variety of health care practitioners. The Amish obtain health care from biomedical practitioners, from a variety of complementary and alternative medicine providers, and through the use of home remedies. As long as core religious beliefs are not violated, individual preferences for health care providers are allowed and respected. Biomedical care is sought for both mental and physical illness, though the level of acceptance of biomedical care, particularly for mental health, varies across church districts. Many individuals simultaneously consider and utilize both biomedical and one or more different complementary and alternative (CAM) treatments for virtually all illnesses. There is also a reported tendency for the Old Order Amish not to utilize preventive health services to any great extent, although there is some suggestion that this is changing with increased access to insurance and recognition of the benefits of some preventive care, for example, childhood immunization.

CAM health care is sought either because it is believed to be efficacious or because of its lower cost. Practitioners ranging from reflexologists to chiropractors to herbal and vitamin practitioners may be consulted for health problems. A unique practitioner found in the past (but apparently no longer used) amongst the Amish was the braucher, whose healing was based on repeating secret verses and charms that were passed on orally from braucher to braucher. Brauching was performed by both men and women and the braucher did not need to be in the same location as the ill person. Although many options are available, when an illness persists, recourse is usually toward biomedical care. Individuals may travel substantial distances, across states and to Mexico or Canada, to seek care from practitioners, both biomedical and CAM, whom they believe will provide a cure and/or who are more affordable.

**Classification of Illness, Theories of Illness, and Treatment of Illness**

Health among the Amish is generally associated with an ability to perform one’s work and the ability to eat well. Biomedical paradigms, classifications, and theories about illness and treatment are widely accepted among the Amish, keeping in mind that there is both individual variability and variability across church districts. Biological causes generally predominate in etiological explanations of physical illness. With respect to mental illness, most Old Order Amish distinguish between mental disorders that have a biological basis, and therefore can be treated with medication, and those that are not rooted in biology, and therefore require counseling. Amish families are very likely to accept biomedical treatments, regardless of cost, that restore normal functioning, but are likely to strongly resist treatments primarily designed to extend life when there is no hope of restoring normal functioning. The latter, but not the former, is seen as interfering with God’s will by most Amish.

**Sexuality and Reproduction**

The fertility patterns of most populations, and certainly most modernized populations, are strongly influenced by parity-dependent behaviors that limit family size, particularly the cessation of fertility (stopping behaviors) once a couple has attained its desired family size. Populations whose fertility patterns are not influenced to any great extent by such behaviors, but are instead
primarily a function of the biological capacities of individuals to reproduce (fecundity) are referred to as "natural fertility" populations. The Old Order Amish possess very strong religious proscriptions against birth control and thus qualify as a natural fertility population. Unlike most natural fertility populations, however, the Old Order Amish are a healthy and well-nourished population that fully utilizes the available biomedical health care system. As a result, Old Order Amish females tend to have very high fecundities, resulting in very high fertility rates, with an average completed fertility (births to women who have completed the reproductive life span) of 7–8 children. Although there is no evidence that the Amish practice stopping behaviors, there is some evidence that at least some couples practice behaviors that influence the length of birth intervals (spacing behaviors). Such behaviors could eventually have an impact on total fertility rates but are not having a measurable impact at the present time. The transition to wage labor has thus far only resulted in a minor decrease in fertility.

Those few adults who either do not marry or are biologically incapable of having offspring (about 3%, similar to other populations) are considered unfortunate and sometimes have a hard time accepting this reality but are not stigmatized by Amish society. Fertility treatments and medical intervention are sometimes sought by infertile couples.

HEALTH THROUGH THE LIFE CYCLE

Pregnancy and Birth

Children are considered a gift from God. The Amish understand biological procreation, but view God's will as involved in the number, gender, and health (including miscarriages) of their offspring. Abortion is strictly prohibited. Use of prenatal care varies by parity. In general, prenatal care in the biomedical sector is initiated earlier with first pregnancies and later with subsequent pregnancies. If, however, the pregnancy appears to be problematic (for example, if it involves bleeding), biomedical care is sought without regard to parity. Some Amish communities have created free-standing birth centers, generally staffed by a nurse with a physician on call. Birth centers were established to limit the cost of childbirth so that young couples would not limit family size due to the high cost of hospital births. Birth centers also provide an atmosphere congruent with Amish preferences for minimal intervention in birth and cost considerations. Women and families are free to decide whether to use birth centers or hospitals for childbirth. The use of midwives, once common, is now rare.

Amish families are not opposed to the use of biomedical technology in childbirth, as long as it is congruent with Amish values and lifestyles. Fetal monitors are accepted, for example, because they may facilitate a better outcome for infant and mother. Prenatal tests, on the other hand, are considered a wasteful use of funds because all children will be accepted, regardless of any problems identified prenatally.

Infancy

Infants are both breast- and bottle-fed, with both types of feeding usually occurring on demand. Breast-feeding remains the ideal or preferred method of infant feeding, though women who elect to bottle feed are not criticized for this decision. There are no data on the length of breast feeding, but exclusive breast feeding seldom lasts for more than 3 or 4 months, at which time Amish families begin to provide soft supplementary foods, such as mashed potatoes, to infants from the dinner table. There are some reports that Amish babies often sleep in the same bed as their parents for the first few months but the frequency of this behavior is not clear. However, most Amish parents do move their babies' cribs into their bedrooms for the first several months after birth, to facilitate infant care and feeding.

Infants are viewed as not yet having the ability to distinguish between right and wrong, and therefore, they should never be punished in any way for any act. Crying is a sign that an infant needs comfort and is never cause for discipline. Amish infants are primarily cared for by their parents, but older children, particularly older female children, will generally play an important role in child care, even in infancy.

There has been resistance in the past, particularly in the more conservative Amish groups, to child vaccinations, in the belief that vaccinations are attempts to thwart God's will. This has occasionally resulted in outbreaks of disease within Amish communities. There may still be some resistance to vaccinations (as well as biomedical health care in general) in the most conservative groups, but the majority of Amish parents recognize the value of vaccinations. Additionally, while the Amish have their
own schools, some parents elect to send their children to non-Amish schools or to kindergarten prior to beginning Amish school in the first grade. These parents comply with immunizations that are mandatory for school attendance.

The attitude of Amish parents toward pediatric care for their children largely reflects their attitudes about preventive medical care for themselves. In other words, most Amish parents would not hesitate to take their child to the family doctor or the local emergency room for any disorder that they or their community recognized from past experience (e.g., respiratory disorder) could most effectively be treated with antibiotics or other medical treatments. On the other hand, few Amish parents would probably feel it necessary to take their child to a pediatrician for an annual health exam.

**Childhood**

Amish parents recognize that one of their most important functions is to raise their children to accept adult baptism and lead a good Amish life. Parents recognize that they must provide a good model of behavior for their children at all times and believe that they must be constantly vigilant to correct the behavior of their children whenever it deviates from the expected norms of the Amish community. Amish parents see the road to becoming Amish (and thus to salvation) as being straight and narrow. It is their responsibility to keep their children on this track. In particular, children are taught to be obedient, to respect authority, to work hard, and that the well-being of the group always takes precedence over their own well-being. The latter belief is summarized in a saying found in many schools: “JOY: Jesus first, Others second, Yourself last”.

Amish parents believe that it is their moral obligation to firmly and consistently correct their children. This sometimes is viewed as requiring physical punishment (spanking). Spanking is seen as a necessary (even if disagreeable to the parent) tool for teaching obedience and raising good Christian children. However, any corrective action, including spanking, must not be performed in anger. Amish parents recognize that any corrective behavior performed in anger will not be an effective learning event, which should be the only goal of such behavior.

Toilet training generally begins at about 2 years of age and is approached like all other stages of life for children. Children are gently and calmly told what should occur. They are not blamed for failing but rather are praised for succeeding. The general attitude is that this is what all children do, so you will too.

Since work is seen as central to both good health and being a good Christian, Amish children are assigned age-appropriate chores from an early age. Children are thus incorporated into the work ethic of the family and community, and are seen by others, as well as by themselves, as contributing to the general family welfare. There was never any difficulty assigning useful and meaningful tasks when most Amish were family farmers. Some Amish are concerned that one negative consequence of the transition to wage labor has been the loss of meaningful chores for the young, leading to potentially dangerous idle hands.

**Adolescence**

Amish children attend school through the 8th grade. The Amish have their own schools, but families may choose whether to send their children to public or Amish school. Upon completing school, all boys and many girls enter the workforce. Boys with fathers who farm will often assist with farm work, but many boys now work in Amish shops or on construction crews, or for non-Amish businesses. Girls generally work as domestics in both Amish and non-Amish homes. Sometime within in their late teens or early twenties, Amish youth must decide if they will accept adult baptism to join the Amish church.

Adolescence is often a difficult time for parents and youth. This is the stage during which youth must decide if they will make a lifelong commitment to join the Amish church, and during which they locate their spouse for life. During this period, a small proportion of Amish youth develop problems with alcohol, drugs, and tobacco. Although the parents of these youth are often portrayed as passively allowing their youth to misbehave, this is not an accurate description of what generally occurs. In the vast majority of cases, these problems resolve and the youth become baptized in the church. Currently over 80% join the Amish church. For a small, but unknown number of youth, these problems persist into adulthood.

**Adulthood**

There are no special health or medical issues that arise during adulthood for most Amish. However, due to the unique genetic history of the Amish, there is a high
prevalence of a number of genetic disorders whose symptoms often include a reduction in both cognitive and physical functioning. Given the Amish belief in self-sufficiency and in taking care of their own, such adults are very rarely placed into a medical or alternative care setting. They are instead cared for at home. As a result, it is not at all unusual for an Amish family to have an adult child living at home who cannot take care of him or herself. This adult child will be cared for by the parents until they are no longer physically capable of doing so or, frequently, until they die. At that time, the adult child becomes the responsibility of his or her siblings. Such an adult is only placed into a nursing or other medical facility if the family cannot provide adequate health care.

The Aged

Elders are accorded respect by the Amish. Elder individuals try to live as independently as possible, often moving into a small but separate house connected to one of their children’s homes (grossdawy house). In the past, this move would occur when the parents turned over their farm to one of their children, often the youngest male. Once the elderly person is no longer capable of living independently, they will generally either move in with one of their children or their children will take turns taking care of them. In very rare cases, the elderly are placed into a health care facility. Such cases generally only occur if the family is convinced that appropriate care can only be obtained in a nursing home.

Dying and Death

The Amish have well-established rituals associated with death, which is seen as an expected life transition, and associated with eternal salvation. As a result, death appears to be associated with less stress than in many societies. Life should not be prolonged by the use of heroic measures, and family members should be allowed, if at all possible, to die at home. If a hospital death is unavoidable, the dying person should be surrounded by family and church members. Once death occurs, family members are supported and relieved of their usual tasks and obligations. For example, neighbors prepare the home by clearing one room for a viewing and the other rooms for benches (which are normally used for church services) for those who come to pay their respects. If death occurs in the hospital, these preparations will generally occur before the family even returns home. Neighbors and church members also perform all necessary household and farm tasks. Viewings and funerals are clearly recognized as symbols of community togetherness and are thus generally well attended, so much so that it is sometimes necessary to hold memorial services simultaneously at more than one location. There is generally an open-casket viewing for 1–2 days after death, after which the individual will be buried in one of the local family cemeteries. Non-Amish morticians prepare the body for burial and deliver it to the home, but the actual burial is performed by the church and community.

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