Amish Medicinal Beliefs, Practices, and Practitioners: Medical Hegemony and its Role in Amish Medical Decision-Making

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Abstract:

A power struggle over medical hegemony has ensued between the Amish and the outside biomedical community. This paper considers the problems that face the liberal Amish when making decisions regarding medical care and examines the role of hegemony using birth control and cell phones as examples. Amish medical practices and perceptions will be examined in detail, as will the role of alternative healers within their community.

Introduction

An individual's cultural background and belief system undoubtedly play a large role in determining the type of medical care he or she seeks. This issue becomes exacerbated when one examines a particular culture's group dynamics and interactions with the medical community of a different culture. Individuals generally prefer to receive care from those people with whom they are the most comfortable. This is not necessarily what those outside their culture may judge to be the best or most appropriate care. A power struggle over medical hegemony ensues when the needs of the individual are viewed by that individual as more important than the needs of the group, even in an intentional community. If the group in question also happens to be a minority, individuals may feel pressured by their own community to keep their traditional ways while being urged by the dominant community to conform to its views and methods. In this paper, some of the problems that face the Amish when making decisions about medical care will be considered, and the role medical hegemony plays will be examined in order to better understand the medical choices the Amish make and how their medical needs can be better met in their changing society.

The United States refers to itself as "the great melting pot," but within its borders live groups of people who have chosen to isolate themselves from the rest of the society. Far beyond living in different neighborhoods, these groups have chosen to be as distinct as possible. They adopt styles of dress, language, and social organization that serve to separate them from the larger society in which they live. The Old Order Amish exemplify this type of intentional community as one that seems to be unwilling to change (Brown 2002). Love Brown states that intentional communities are conceived of as being separate from the larger society, and that when something they don't approve of happens in the larger society, they turn their backs on it. This defines the way in which Jacob Ammann, a Mennonite leader after whom the Amish were named, began questioning the Catholic Church in the 1690s (Bender 1989).

Ammann questioned the power and authority of the Catholic Church as well as the ornateness of its He felt that there should be a clear ceremonies. separation between church and state, an idea still present among American Amish and exemplified by their non-participation in government. His followers saw themselves as God's chosen people, and they believe that God takes a personal interest in each of their lives. As such, Ammann demanded a return to living plainly and simply. He believed that daily living should emphasize their beliefs, and that by separating themselves from the community at large they would also be drawn and held together. His ideals and teachings are the same ones followed by the Old Order Amish today, as well as many sects of liberal Amish and Mennonites.

Scholars and anthropologists alike, such as John Hostetler and Donald Kraybill, chose to study the Old Order Amish as founded by Ammann. Hostetler wrote about the Old Order Amish in Pennsylvania, Ohio, Indiana, Iowa, and Ontario, while Kraybill focused on Pennsylvania. I focus on more liberal Amish communities. Some of my findings agree with Hostetler and Kraybill's work, while other areas stand in contrast, presumably attributable to the differences in the individual groups we studied. I looked at stories written by ex-Amish of the Old Order such as Ruth Irene Garrett with Rick Farrant, and I interviewed two individuals who left the Amish community and married non-Amish men. They had interesting insights into the community and an experience far different from Ms. Garrett's.

Some of the books written about the Amish have idealized their lives. Many photographers and artists have written about the Amish, emphasizing the admirable aspects of Amish life while ignoring the problems the Amish face in American society. For me, the books are reminiscent of fairy tales that glamorize the Amish's simple life in stark contrast to our own complicated society. They never discuss the deeper issues surrounding Amish behavior. I do not wish to trivialize this type of work, as it adds valuable data to the research on the Amish, but I seek to understand a problem within Amish society instead of looking at the surface issues of how they live their "simple" lives.

This paper will focus on how to bridge the gap between Amish and non-Amish societies. To do this I examined Amish communities that have chosen to accept more technologically advanced methods and ideas. Specifically, in these communities, many traditions that involve basic Old Order societal norms are broken, and this research will therefore stand in contrast to much of what has been written.

Methodology

In the initial phase of research I relied solely on fieldwork utilizing participant observation. I had the opportunity to spend four weeks in the company of a nurse midwife, "Grace" (a pseudonym), who serves the Amish community I studied. Grace is well-known and well-liked in this community, having delivered more than 150 Amish babies in 2003 alone. I accompanied Grace to her appointments with pregnant and post-partum Amish women at their homes. While in her company, I was able to observe Amish women, their homes, and their interactions with trusted non-Amish people. During this period I gained insights into Amish culture and established a sense of trust.

Following the observational period, Grace was a valuable source of information as an outsider who was intimately familiar with Amish culture. She provided details about their lives and practices that many Amish would not have revealed. I also interviewed two nurses who worked on a daily basis with the Amish and their children and families at a birthing center. This fieldwork allowed me to move into my next phase of research within their community, which was the semi-structured interview process.

My initial interview sources were three of Grace's patients, all of whom were married females 20-30 years old. Based on referrals provided to me by these

women, I contacted two Amish healers to interview and found the best places to randomly interview members of the Amish community.

The first Amish healer with whom I spoke is a certified Doctor of Naturopathy from the Clayton College of Natural Healing. He owns a health food store and has been practicing within his community for more than 10 years. He does not charge for his services, which are based on his own self-study through Clayton as well as the herbal knowledge he has gained through books and lectures he has attended.

Grace and several members of the community referred me to the second healer with whom I spoke. While the Amish feel that he is a skilled healer at "laying of the hands," and that he was born with the gift of healing, Grace felt his healing practices were questionable at best.

Following the first 8 interviews, I did shorter interviews with 20 randomly selected members of the community. To begin, I developed a set of general questions (see Appendix A) asked of each interviewee, then followed the conversation as it developed. In this group I was referred to two ex-Amish who still lived and worked in the community in which they were born. One was a female in her 50s; the other was a male in his 40s. The remaining 18 interviews were divided between 11 males, aged 25-45, and 7 females, aged 20-45. The interviewees were randomly approached while working or shopping. No personally identifiable data was gathered, as the interviewees wished to be assured anonymity.

Using this research data, I will look at the medical hegemony imposed upon Amish society by the dominant non-Amish class. Antonio Gramsci defined "hegemony" as a state in which the ruling material force of society is also the ruling intellectual force (Scott 1985). Using this model, I examine medical hegemony from the point of view of the dominant classes' success in presenting its definition of reality and its view of the world in such a way that other classes accept it as "common sense." The general consensus is that the dominant class's world view is the only sensible one. Groups with an alternative view are therefore marginalized.

This paper describes relationships and values observed within an Amish community and how Amish social and religious structures shape their medical practices. I will examine medical options from the

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perspective of Amish patients, both within and outside of their community, and look at how one practitioner is crossing these boundaries to provide the Amish with care that is central to this problem. Using the examples of cell phones and birth control, my research and my conclusions will demonstrate how medical hegemony, both directed at the Amish from the American medical system as well as from their own Ordnung (Order), is being dealt with and circumvented by the members of this liberal Amish community.

Understanding Amish Culture

The liberal Amish of Indiana are caught between two worlds: that of the Old Order Amish and that of the non-Amish. The choices they struggle to make on a daily basis as to what parts of each world to incorporate in their lives are sources of mental and emotional stress. One informant explained that the Amish believe emotional problems are between an individual and God, and they do not freely discuss personal dissatisfaction or anxiety. She stated, "It wasn't until I finally started taking Paxil that I realized how bad I had felt. I didn't realize how depressed I had become, between all the kids and the pressure at home." Grace, the midwife, stated, "Honestly, I would say up to 70 percent of the Amish, especially the women, would be classified by a psychologist as clinically depressed. I see it every day in my patients." In her opinion, the number of pregnancies, children, and financial stress are key factors in causing their depression. Adding to this stress is the fact that their husbands, who traditionally have worked at home farming, are increasingly taking outside positions. As a result, the women often find themselves facing the pressures of two distinctly different worlds.

James Hostetler studied the Old Order Amish of Pennsylvania, Ohio, Indiana, Iowa, and Ontario (1968). Much of his research characterizes their social structure with many behaviors that have subsequently been modified by the more liberal Amish. For example, while Hostetler found the Old Order Amish were almost all farmers, or ran their own businesses within their communities, in liberal Amish communities many of the men work in factories, at construction sites, stores, or other places that are owned by the non-Amish (1968).

By comparison, Kraybill noted that in the Amish communities he surveyed, 25 percent of the people worked away from home, usually in addition to farming (1989). My findings are even more contradictory; I found that among the more liberal Amish, married women might also work outside the home. Many hold positions as waitresses, store clerks, and factory workers. While Kraybill (1989) found that no Amish women, once married, worked outside the home, my research found that in this community, the married women could choose this route. None of these women, however, had children at home. They were either barren or their children were grown and had their own families. My research does agree with Kraybill's findings that at least half of the single women work full-time away from home (1989). This is one example of a small change that has opened the door to many other changes now seen in these groups.

With advancement into a non-Amish workplace, the Amish have also opened the door to new technologies. While many items are forced on them by outside regulations, such as electricity in their barns for the processing of milk and in their workplaces for machining wood and metals, furniture making, and store ownership, they still choose to keep these items outside of their homes. As with Kraybill, my research also concluded that the limited power of women in Amish society is responsible for the lack of modern conveniences for their daily labors at home. An excerpt from Kraybill reads, "The joke among us women is that the men make the rules so that's why more modern things are permitted in the barn than in the house. . . . We keep saying that if the men would mow the lawns, there would be engines on them" (1989: 73).

Modern technology still persistently creeps into Amish life. While telephones are not allowed in homes, they are allowed in businesses and some barns. With the advent of cell phones, some Amish who use them as part of their work outside the home are also using them in their home. This issue is hotly debated in the communities where I worked. I learned that five community members with high ranking in the church feel that the use of cell phones, even in the homes, will soon be approved by the local bishops. What makes this of particular interest is not the cell phones themselves, but the idea of the individual beginning to make personal choices against the main church values, and then banding together with others who are doing the same "unacceptable" action to try to change the ways of the community. While this notion is not startling to outsiders, it may become a trend that leads to a gradual modernization of this Amish community and makes the differences between them, their Mennonite neighbors, and the non-Amish less obvious.

Medically speaking, there are no specific rules in the Ordnung that regulate medical care, as there are with technology such as phones and electricity. However, there are rules governing such medically related issues as birth control, health insurance, and medical malpractice that will be discussed later.

Defying the power structure in Amish society is an extremely risky venture, as the punishment may be shunning. In a society that is bound by family and Biblical teachings, "being cut off from your entire life," as was described to me by a young Amish woman, was a fate thought worse than death. Ruth Irene Garret is an example of an Amish woman who chose to marry a non-Amish man (Garrett 2003). Her family tried using guilt and shame to convince her to come back to their ways. Her life story provides a very revealing look into the minds of the Old Order Amish. One of the most interesting aspects of her book was her description of the teaching of Amish children to be a type of "brainwashing." They are taught to distrust all outsiders and that the Amish are the privileged and chosen ones. The children learn from birth that they will only reap the rewards of Heaven through hard work and suffering.

Another interesting point is the religious service itself. Amish religious gatherings are held in individuals' homes, instead of in a church. They spend three to four hours at services every Sunday. The words of their bishops and ministers are not taken lightly, and as Hostetler pointed out, disagreeing with a minister's interpretation of the Bible is not discussed. The power behind the church is clear, as one informant stated: "They [the Church] control everything, they approve everything. If you go against their decisions, you may be shunned for life." The church controls what the Amish are taught, and thus shapes their culture and beliefs. This religious hegemony carries over into their homes and their lives.

Biblical teachings, and the Amish interpretation of them, make up the vast majority of rules for Amish life, from women being required to wear a head covering at all times (based on 1 Corinthians 11:6 where women must have their head covered when praying) to authority in the homes (where the women and children must obey the male head of the household, who in turn must obey God, 1 Corinthians 11:3). This topic brings up much controversy. Kraybill states that Amish women are content in having a well-defined role, that they are not servants but queens of their households, and that they see professional women as a "distortion of God's created order" (1989). By contrast, Garrett, as well as my ex-Amish interviewees, have a far different view.

In Garrett's experience, women were powerless and children choiceless. Amish men, especially her father, were strict to the point of verbal and physical abuse, often for minute transgressions such as not having a faucet shut off tightly enough. "We were all deathly afraid of him, unsure, for the most part, when something was going to send him into a rage. My sister and some of my brothers became so submissive they walked around with their shoulders slumped and heads down, unable to maintain eye contact with people" (2003: 21). She went on to state that she doesn't blame him, that he simply learned this behavior from his father, and his father before him. Even in the liberal Amish communities it is often painfully obvious that this trend has continued, by the bruising on some of the children and the stories related to me by the women. In my interviews with emergency room nurses, they related to me that at least one Amish child a week comes in after breaking an arm or leg and has bruising consistent with, in their opinion, child abuse. An Amish informant stated, "We are taught to be strict, that discipline is the way to the Lord. We expect the same from our children. Better the rod than the fires of eternal hell."

Given this power structure, and the teachings from birth about the outside world, its not surprising that even among the liberal Amish there exists an innate distrust of the American medical system. Despite this, there is no Amish value that prevents them from seeking outside medical care. Additionally, because of their cultural beliefs in turning the other cheek, as well as not wanting to involve themselves with any type of government matter, an Amish person will not sue for medical malpractice. This, however, also means that most do not carry health insurance. They are firm believers in paying their dues in life, and as such are typically cash customers for medical procedures. However, this also makes medical care costs prohibitive, and communities will often band together to have bake sales or quilt sales in order to raise money for a family in a medical, and therefore financial, crisis.

This basic understanding of Amish culture as it relates to their medical choices and medical needs serves as a foundation and reference point from which to understand the significance of choices that go against their community and power structures. It also prepares the reader for material that will be presented next on the choices available to the Amish when they are in need of medical care. I will continue to expand on some cultural issues of Amish life in the coming sections as they relate to my research.

Amish Medical Choices

By studying their social structure, religious beliefs, medical beliefs, and cultural biases, a conclusion can be reached on how and why the Amish make their medical choices and how the outside medical community can best serve their needs. At present, both sides of this equation are unprepared to handle the medical needs of the Amish community. Whether the problem is cultural biases and prejudices or lack of access to care, there is a definite set of hurdles to overcome before any middle ground can be reached. Additionally, the intentions of each group must be comprehended in such as way as to prevent many of the legal and ethical issues that have arisen regarding medical care choices made by the Amish.

In speaking with several healers in the Amish community, I gained an understanding of the medical care they offer as well as their perceptions of outside medical care. Some of the Amish believe that the governmental controls involved in medical research in the U.S. are aimed at protecting the pharmaceutical companies and their profits, versus finding a cure for something. This is one idea that many Amish share with outsiders: that the American Medical Association is incapable of true "curing" or "healing," and that physicians instead mask or control symptoms. One obvious exception to this is trauma, where the Amish concede that non-Amish doctors excel.

When biomedicine emerged, along with it came a movement to undermine the credibility of alternative practices. As evidenced by the Flexner Report of 1910, once the scientific method of discovery was socially accepted, alternative medicines were labeled as "non-scientific" and therefore incapable of being medically viable. This report had four effects on medical education: 1) a rapid decline in the number of biomedical schools; 2) a drastic change in the socioeconomic, ethnic, and gender composition of the medical profession (including closing of all but two black medical schools); 3) a push in heterodox medical schools, especially in chiropractic and osteopathic practices to mirror biomedicine more closely; and 4) a new idea of medical paradigm that viewed the body as parts that can be repaired. The report was the culmination of attempts to give

dominance to biomedicine. These changes elevated the status of medical practitioners into the socially elite class and created a status of medical ownership (2001: 1593). Hegemony is important here as this class dominates economic, social, and intellectual life.

Once dominance had been established, the medical community took steps to solidify its hegemony by changing licensing laws and influencing the government to solidify control of AMA licensing boards (Porter 2003). Within the American system, there has been a recent surge of interest in "alternative" practitioners, defined for purposes herein as those who have not been licensed by the AMA. These practitioners hold as much, if not more, appeal within the Amish community as they do with the non-Amish community. The Amish often utilize non-Amish chiropractors, and many healers who are Amish have chosen to call themselves chiropractors as well. Within the Amish community exist men who are considered great healers utilizing a method known as "laying of the hands." Some Amish have also chosen to study at non-Amish schools to learn to be NDs (Doctors of Naturopathy). Here they learn iridology, herbal treatments, reflexology, and blood testing for internal disorders. While none of their healers will "diagnose" you, or tell you how to fix it what ails you, they will offer suggestions on what may help, and they do not charge for their services. Within their society also exists a knowledge base of traditional natural cures for common ailments. Amish publications such as Old Fashioned Home Remedies for Man and Animals store this traditional knowledge.

In my surveys of the liberal Amish, I was interested to learn not only where they go for medical advice, but why. When asked to whom they first go for a remedy when they are ill, 13 of 15 Amish men stated they go to a non-Amish doctor. Bv comparison only one of the women would turn to a doctor, and 10 out of 13 would first go to family or friends. If that didn't work, they would next turn to an Amish herbalist or Amish chiropractor. Interestingly, five wives said their husbands first came to them or a family member before seeking a doctor's advice. The women stated that the men usually come to them before ever going to a doctor for two reasons: 1) doctors are expensive and should only be consulted in either a true emergency or when "natural" cures prove ineffective; 2), the men would never admit to an outsider that a woman may have more knowledge than they do in this area, as the men have the final decision in all health matters.

On topics of herbal remedies and Amish healers, many would not admit to me that they even considered these. When first asked, 90 percent of respondents, both male and female, stated that they used "over the counter" medicines and prescriptions from their doctors. However, upon further discussion, half of those who originally denied it, later admitted to using herbs to treat everything from fevers and colds to stomach problems, heart problems, and cancer.

From an outsider's perspective, it was noted that the Amish would spend hundreds, even thousands of dollars on alternative non-Amish treatments before seeking a non-Amish doctor. Such alternative treatments include massage therapy, light therapy, homeopathy, reflexology, herbal cures, as well as many pills and "cures-alls" that are advertised in one of their main publications, *The Budget*. Interestingly, the majority of the Amish also stated that for nonemergency surgeries they prefer to travel to either Canada or Mexico to receive care. One can receive the same procedure in Canada for a fraction of the cost in the U.S. However, the perception among the Amish is that for cancer a better standard of care exists in Mexico, and a more natural treatment program.

This idea of natural healing is very prevalent in the Amish community. They believe that only God can heal the body, and therefore they must work in harmony with his abilities by using natural products and treatments. Herbs are the preferred choice, and there are many Amish herbal stores to serve them, as well as mail-order catalogues. This does not mean that the Amish are "self-prescribers." They will typically only use something new if it has been recommended by someone who has either used the item successfully, or knows someone who has. Unfortunately, this leads to misinformation, as their understanding of medical processes is limited. An informant on the issue of cancer related an example of this to me. She stated:

Most of the Amish don't understand how medicine works. What works for one person won't always work for another. So, they recommend herbs to each other that worked for Aunt Irma's lung cancer, thinking the same thing will work for Emma's stomach cancer. They just don't understand they're not the same illness.

This same logic applies to such things as "difficulty breathing," which may be medically attributable to allergies, asthma, bronchitis, pneumonia, or many other problems, some of which are life-threatening. Often, conditions which require antibiotics or other medicines become far more severe and end up requiring hospitalization due to the delay in seeking medical care from the biomedical system. Two Amish healers stated they always refer their patients to a non-Amish doctor for anything they feel is "suspect." However, none of the Amish I spoke with concurred on this point. They instead stated it was always their choice to seek biomedical care if the healers' remedies were ineffective.

Aside from Amish who recommend herbs, others perform a technique referred to as "laying of the hands." These men are typically thought to have a "gift from God" that is noticed as they enter their teen years. As with all Amish healers, there is no charge for their services, but in the community, there is also a "not to be discussed amount" that is suggested to be left as a donation. A particular healer was reported to be able to relieve a stomachache or a fever by simply placing their hands above the affected area. It is said that they then take on the ailment themselves, but to a much lesser degree. One Amish man I interviewed reported that a child went from a fever of 102° down to 99° within five minutes of this healer placing his hands over their body. Additionally, the healer is renowned in the community for being able to cure colicky babies through skull and stomach massage, as well as improve circulation and health through his healing hands and massage. His massage techniques are also said to relieve stomach and intestinal disorders. However, Grace considers some of his massage techniques questionable. She stated, "His favorite diagnosis for women is that her uterus is tipped, causing intestinal or abdominal problems. He inserts his finger into the vagina and spins it around."

In part, the unorthodox treatment provided by their own healers, as well as their fervent interest in unconventional medical treatments from the non-Amish community, has led to a less-than-favorable perception of the Amish by many in the biomedical community. Local nurses stated that the Amish have been the subjects of state investigations for allegations of child neglect when they have used herbal remedies instead of hospitalization for fevers or illness in newborns and children. They have been reprimanded for using onion tea in treating colic, and not providing infants with breast milk for the 24-48 hour period that he or she is receiving the tea. It should be noted however, that no one was able to tell me of a single incident in which a child was actually harmed or killed due to the actions that were considered neglectful.

This serves to illustrate the hegemony placed upon the Amish by the biomedical community. The economic power held by the biomedical community can be utilized for the purpose of determining child neglect by state organizations. There is a clear line drawn between alternative healing and the biomedical model. It would appear that the message the Amish receive from the biomedical community is that they can do whatever they please to themselves, but when it comes to their children, the AMA knows best.

Perceptions of the Amish

While public perception may not go far beyond the notion of the Amish as being simple people, the medical profession has a much different view of their culture, as well as a vested interest in changing it. Beyond being simple in lifestyle, most of the 42 nurses I worked with would describe the Amish as naive, easily duped, and uneducated. Whether these opinions came from the medical personnel I interviewed or articles, the unanimity on the ease at which they can be "conned" was readily agreed to.

In an article in the *Fort Wayne Journal Gazette*, the decision by many Amish to visit Mexico for everything from cancer treatment to surgeries raised the scrutiny of many local doctors. Dr. Stephen Barrett, a retired psychiatrist from Allentown, Pennsylvania, and Vice President of the National Council Against Health Fraud, stated that using alternative cures in place of conventional medicine could waste time, cost money, delay appropriate care, and even kill. Specifically, he believes the Mexican clinics are a "bunch of crooks" (Emerson 2002). Many of these clinics were closed after performing unsanctioned therapies, only to reopen in different locations.

In order to gain the attention of the Amish and solicit their business, doctors from Mexican clinics place ads in Amish papers and hold seminars in In these seminars they boast Amish communities. about their results and the failings of the AMA. I attended one such seminar with Dr. Robert Morse, from Florida, who practices iridology and, among other things, claims to be able to cure cancer, diabetes, and regrow spinal tissue. He claims more than a 75 percent success rate in curing cancer, and a 100 percent success rate in curing diabetes. His lecture included such statements as "Doctors from the AMA have never cured anything. All they do is mask the symptoms." He additionally mentioned that he has a Ph.D. in biochemistry, as well as an ND. He also described how an MD who blasted him for

making false claims about curing diabetes had approached him. He stated that in response he said, "What did you waste all that time and money on med school for if they didn't teach you something as simple as curing diabetes?"

At the end of his lecture, attended by Amish and non-Amish alike, the consensus was that the AMA was filled with doctors who had no idea how to cure illness. The perception was that doctors only treat the symptoms without ever dealing with the cause. Dr. Morse proposed many herbal treatments, sold by his company, to "cleanse" the body and remove impurities to restore health. He additionally pushed a high alkaline diet (mainly raw fruits and vegetables) as a key to thriving health. He even offered two Amish in the room who had followed his advice as shining examples of restored health.

The Contreras Clinic in Mexico is widely used by the Amish with whom I worked for everything from hysterectomies, to heart problems, to cancer. Dr. Ernesto Contreras stated, "My clinic treats body, soul and spirit with prayers, singing and love. American doctors are used to treating only the body." This convinces the Amish of the efficacy of his treatments. He argues that an American doctor's examination lasts three to four minutes, barely seeing one's symptoms, yet alone anything about underlying emotional or spiritual states. Contreras also shares a belief in the healing power of God with the Amish, so his methods and natural treatments are very appealing to them.

While biomedicine practitioners may feel that the Amish are easy prey to these "shucksters," the Amish genuinely feel they are receiving the best medical care for their money. The fact that most procedures can cost about 90 percent less than the same procedure in America doesn't hurt. The clinic boasts many satisfied customers. I spoke with 7 Amish women who had friends or family members who were treated in Mexico. and none felt that the clinic had failed to treat or even cure them. The Amish healer who practices "laying of the hands" routinely brings his own sister-in-law, as well as other members of the community suffering from cancer and other ailments, to Mexico for treatment. However, none of them have followed up with American doctors to verify that they were indeed "cured." Behind the "Mexico craze" are the beliefs that American bureaucrats too slowly recognize real breakthroughs and that greedy American doctors and drug companies conspire to suppress Mexican methods so they can protect their own profits.

The AMA vehemently denies attempts to suppress treatments. The American Cancer Society has tested many of the remedies used in Mexico and found that none cured cancer, and that many could be harmful. However, when the Amish are faced with "unnatural" therapies, like radiation or chemotherapy that leave them feeling worse, the choice to them is clear. Unfortunately, the *Kansas City Star* revealed that the Amish fall prey to many questionable treatments and diagnosis techniques. They discovered that the Amish have paid peddlers to diagnose disease with dangling nail clippers, to cure cancer with goat's blood, and to use machines believed to spot a myriad of ailments by the mere touch of a metal probe to the hand.

In my fieldwork I also learned of the many local and regional healers whom the Amish seek out. Practitioners of "light therapy," where a colored pulsating light is applied to points on the body, are routinely sought to combat depression. More recently, fungal infections and mouth sores have been treated this way after these items cleared up in a patient receiving light therapy for depression. Blood analysis, where a drop of blood is viewed under a microscope and the results seen on a TV screen, is used to tell the patients where the imbalances are in their body. While lab techs will argue that it is impossible to diagnose imbalances with such a small amount of blood, the Amish claim it speaks volumes about the body.

I allowed a practitioner of this method to test my son, who had been suffering from sandpaper-like skin that his pediatrician and dermatologist were unable to relieve or identify the cause of. He claimed the cause was improper liver function, which he said was evidenced by some fuzzy white spots he pointed out on the screen. He recommended two minerals and an herb to improve liver function, and much to my amazement, three weeks later his skin had cleared up.

These types of treatments are all too well-known by medical doctors, who feel that their hands are tied. My son's results were called "coincidence." "The condition would have gone away on its own." If they try to explain the unlikelihood of these treatments working, or the diagnoses to be false, the Amish will not return to them. This has led to mixed emotions on how to handle Amish patients. Some in the biomedical community state that, due to minimal education, the Amish cannot understand medical problems and cares. They often complain of issues with compliance and that the Amish take many herbs without considering their interactions with each other or their efficacy. It seems the largest complaints about the Amish is that they don't make "good patients." By the definition provided to me by several nurses and doctors, a good patient follows biomedical advice. Biomedical practitioners stated they feel the Amish are threatening their health by their insistence in turning to unproven treatments for conditions that they feel should be treated in America. While some have offered to perform procedures, such as surgery, at reduced prices for the Amish, the additional hospital costs still far out-price the Mexican clinics. In the end, this leaves both parties frustrated with each other, and the Amish continue to flock to Mexico.

Bridging the Gap: A Midwife's Tale

Currently, some health care providers have chosen to work almost exclusively with the Amish. Many of them specialize in either family practice or midwifery. For the purposes of this research, I will focus on the particular experiences of Grace, a nurse-midwife, and how she has bridged the gap in treating the Amish. Her story illustrates what it takes to allow the biomedical community to treat the Amish to its own standard of care while allowing the Amish the freedom to pursue their own beliefs in medical treatments.

Earlier I discussed the problem of doctors offering reduced prices only to have hospital costs offset this gesture. In this Amish community, a viable alternative has been found. Grace primarily does home visits with the Amish. All prenatal visits and delivery of the baby is included for a flat fee of \$1,000. The patient then has the choice of home delivery, or delivery at a birthing center. Grace states that 75 percent of her patients choose the birthing center, with which she is affiliated. Here, they pay an additional fee for room usage, etc. All totaled, this is still less than 1/3 the cost of a hospital delivery with an obstetrician or midwife.

Grace's calendar is filled with 12+ hours every day except Sunday. In 2003 she delivered 165 babies for the Amish. Her dress is conservative, yet she wears makeup and has short hair. When I asked the Amish what appealed to them about her, it was the fact that she never criticized their beliefs or usage of nonmainstream medicine. As one Amish woman said, "Most doctors treat us like we don't know anything. They think that because we don't have their fancy schooling, we don't understand how healing works. They are the ones who don't understand." In my interactions, even I could not notice a visible sign of disagreement when Grace and the women discussed treatments the women or their children had received. Back in the car, however, Grace's disgust was clear.

While Grace offered advice on their pregnancy, which herbs to take, and immunizations for their children (where she amazingly has a 100 percent compliance rate), she never criticized when they discussed their alternative treatments. A curt nod, or an "I've heard he's good," would be the most she would offer to the conversation. If advice were asked of her, she would readily offer it. However, she also stated that she learned long ago that if she tried to explain the sheer ludicracy of some of their "treatments," she would lose them as patients. By allowing them their cultural expression, Grace was able to help ensure healthy infants, healthy mothers, and immunized children. She feels this is a fair tradeoff for not criticizing their "tipped uterus" treatments, teas for colicky babies, or unorthodox herbal or chelation treatments in Mexico.

During her visits, Grace is a good listener. In contrast to the short visits at a typical obstetrician's, she spends 30-60 minutes with each patient. All were excited to see her; they spent at least half the time gossiping about other Amish. I was amazed by the sheer number of people she was able to remember: names, addresses, relatives, who was getting married, having a baby, etc. The Amish were impressed with her knowledge of their community as well. They seemed genuinely affectionate toward her. As her business has spread solely by word of mouth, so much so that she added a second midwife to her practice, it is obvious to see that she has made a great impact on the Amish personally and professionally.

A second role that she sees herself fulfilling with her patients is that of a counselor. In the Amish culture, discussing what is "inner," i.e., emotional and psychological problems, is almost taboo, that these items should only be discussed between the person and God. As such, they do not tend to share personal problems, even with their closest friends and family. Many are suicidal by the time they reach out for help. The health food stores noted that one of their most popular herbs sold to the Amish is St. John's Wort.

While there is no stigma associated with seeing a psychologist, the Amish who have quickly complain because of being so frequently asked, "How does that make you feel?" As they are not used to discussing such things, this makes them extremely

uncomfortable. Grace estimates that up to 70 percent of her patients suffer from mild to moderate depression. Additionally, she has found that the more liberal Amish suffer from higher rates than the Old Order Amish. She speculated that this might be due to greater anxiety over less well-defined cultural boundaries, and the gradual sliding of their culture toward a more open Mennonite community. This has led to an interesting new occurrence in this Amish community: the use of birth control.

Although the Amish church has strict rules about not using birth control, Grace is increasingly being asked to "discreetly" arrange for a tubal ligation or hysterectomy following the birth of a child. She has been asked for referrals to doctors who would perform discreet vasectomies. Some women visit her regularly for birth control prescriptions or shots. While only an estimated 10 percent of her patients request this service, the fact remains that to deal with meeting the demands of a satisfying family life, some Amish are beginning to go behind the church societal controls. While the Amish have been presumed to practice the rhythm method by scientists, the outright use of birth control has not yet been published (Brown 2002: 199). Conversations do not start as open inquiries. They begin with open-ended questions such as, "Gee, I wish there was a way to stop having kids . . . they are so expensive these days. The church just doesn't understand, it's not like it was."

Grace is able to provide her patients with what she believes is good medical care. According to the definitions discussed earlier, she is also able to maintain "good" patients who listen to her advice and follow through. She has found a balance between "sound medical practice" as defined by the AMA and its hegemony over society, and the cultural beliefs and willingness to try any remedy or treatment seen as "natural" by the Amish. In doing this, she creates a feeling of trust with her patients, and a window to educate them on important health issues.

As shown by their increasing use of birth control, Amish culture is changing. Their own internal authority is being questioned on seemingly mundane issues such as cell phones. These issues may seem small to us, but have huge consequences for Amish culture. By allowing individual members to go against the church without serious reprimand on small issues, the door opens for more serious issues, such as birth control, to be questioned and changed. Additionally, as the Mennonites use birth control, the more liberal Amish begin to consider that they, too, can maintain their faith in God but adapt it for a more modern world. As one Amish woman said, "We just can't afford large families anymore. We have to survive, and the church needs to understand this. I can't speak openly, but I'm not alone. This type of thing (birth control) just isn't talked about, but it goes on."

Conclusions

Behind the ideas and values of the Amish lies a culture in which there is considerable turmoil. Many Amish struggle with discerning between their society and that of the non-Amish. Those who have left the Amish culture were a rich source of information on many of the practices that the Amish refused to openly discuss with me, as well as the psychological problems and stress-related disorders that are rampant in their society. Part of this inner struggle has to do with the social structure of the Amish as well as the expectations placed on its members.

The Amish struggle with medical hegemony from within and outside of their communities. Internally. they struggle with their own self-definition of a culture that continues to slowly change. A direct medical hegemony they face internally is birth control, while indirectly they rely on medical advice within their community before contacting a biomedical Other examples include having no health doctor. insurance, which causes the family, and by extension the community, to pay for all expenses. This is a primary reason why the Amish seek medical care in Mexico as well as from alternative, less costly medical treatments in the U.S. As many of the treatments utilized are decided on simply by stories of their success for a friend or acquaintance, the Amish tend to be poorly informed medical consumers. Many rely on self-diagnosis from medical books or on treatments from herbal remedy guides as well.

Externally, the Amish perceive ridicule and chastising from many doctors who feel that their unorthodox remedies will not help the Amish. Due to the AMA and its own level of medical hegemony, the Amish are not able to openly discuss the treatments they are getting outside of their physician's care for fear of losing him or her as a doctor and having to find a new one. The Amish perceive themselves as being looked down upon as uneducated, and therefore do not feel they are treated as well as they should be. Additionally, given the fact that they do not sue, they feel prices should reflect this.

To deal with these forces, the Amish take several routes. Many choose to travel to Mexico for care, or attend local seminars on health and healing. Most use herbal remedies recommended by friends, family, or the local healer or health food store. Some see a biomedical doctor occasionally, but most only go for a major illness that did not resolve itself after "natural" remedies were tried. Others find lessexpensive alternative practitioners, such as chiropractors, naturopaths, reflexologists, and massage therapists. Often, the Amish ignore most emotional problems, although some choose to see a The financial and emotional stress of counselor. raising a large family for the liberal Amish is being dealt with by circumventing the church and choosing birth control.

How, then, are the medical needs of the Amish community to best be met? For the liberal Amish, the issue lies not only in receiving affordable care from American doctors, but also in not having their cultural beliefs in natural healing dismissed or laughed at. Additionally, given their mode of travel, more local community doctors or nurse practitioners (a cost-saving feature), should be located within Amish communities. If affordable caregivers educated in the cultural beliefs of the Amish, such as Grace, were available, I believe he or she would be welcomed and utilized. A low-cost, cash-only clinic, such as those appearing in Washington, that provide stitches for cuts and casts for broken bones, would be highly valuable to the Amish as an alternative to costly emergency-room care (Cook 2004). Additionally, if articles in their own publications helped educate them about fraudulent medical practices, yet did not scorn or condemn them, they might be far more receptive to medical advice on alternative care.

The overall future for the Amish remains unclear. The steady flow of people changing cultural affiliation from Old Order Amish to liberal, to Mennonite, to non-Amish, seems to continue. With technology pressing upon them from all angles, land for farming is becoming less readily available. There is continued need to take jobs away from the farm and this constant exposure to non-Amish culture may in coming years bring further changes to the Amish culture.

Hegemony in the American medical system, coupled with the perceived arrogance and prejudice of its members, alienates the Amish from utilizing its care. By assuming that the biomedical model is the only correct one, medical practitioners marginalize the cultural beliefs of the Amish, inspiring them to seek counsel elsewhere. The AMA's economic power further isolates the Amish from biomedical care due to a lack of health insurance. Internally, the Amish struggle to define boundaries that are shifting between their former status as "Old Order Amish" and the more modern "Mennonites," leaving them in a "Liberal Amish" limbo. If the biomedical community wishes to treat the Amish it must adopt a more culturally sensitive view not only to their economic issues but also to their healing beliefs and cultural struggles.

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Appendix A: Basic Interview Questions

1). What causes disease?

2). If you need medical advice about a problem, where do you seek information?

- Friends/Family Reference Books Amish Chiropractor Herbal Store
- Foot Massager Chiropractor Non-Amish Doctor
- 3). If you need surgery, where would you prefer to get it done and why?
- 4). What's more effective herbs or prescriptions? Massage or medicine?
- 5). At what point in an illness do you go to a doctor? What specific conditions?
- 6). How much time should a doctor spend with you?
- 7). Do you feel doctors listen to your concerns and understand them?
- 8). Do doctors answer your questions?
- 9). Who in the family knows the most about herbs? Is this information passed from generation to generation?
- 10). What other types of healers exist in the Amish community
- 11). How much time to Amish healers spend with you at each visit?

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