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# Perceptions of Lifestyle as Mental Health Protective Factors Among Midwestern Amish

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Walden University
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Abstract


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MA, Spring Arbor University, 2009

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

The Amish are commonly known for horse-and-buggies, simple clothing, and refusal to use electricity. Less commonly known is their rate of mental illness, which is significantly lower than the non-Amish population. The literature that points to lower depression and anxiety among the Amish does not adequately explain what elements of their lifestyle contribute to this phenomenon. Depression and anxiety are a widespread problem in the United States, increasing the importance of understanding a lifestyle that can reduce these issues. The purpose of this study was to explore the Amish way of life through the words of its members. The three research questions that drove this investigation inquired how the Amish conceptualize mental illness, if and how they seek help for mental stress, and what elements of their lifestyle may protect them from higher rates of depression and anxiety. This qualitative study employed social constructionism as the conceptual framework and positive psychology as the theoretical foundation. Data collection employed a purposeful, maximum variation sample and consisted of 14 in depth, semi-structured, face-to-face interviews. Data analysis employed phenomenological techniques as outlined by Moustakas. Elements of the Amish lifestyle contributing to positive mental health include the increasing availability of Amish focused treatment centers, bishops who encourage mental health treatment, family ties, social bonds, work ethic, and the most significant to the Amish: their faith. This study contributes to positive social change by discovering elements of Amish life that may be practical to the non-Amish. If non-Amish find positive meaning from the elements of Amish life, it may lead to lower rates of depression and anxiety.

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Dedication

This dissertation is dedicated to my father, Terence Lantz. God blessed me with a dad that modeled a lifestyle of selflessness and love of family. I owe much of what I am today to him. I love you dad.

Acknowledgments

Without God guiding and directing my life, this would not have been possible. I have often said, many times, I don't know how others make it through this life without Jesus by their side.

My gratitude runs deep for my committee. My dissertation Chairperson, until her retirement was Dr. Ruth Crocker. Your patience, your knowledge, and your expertise has brought me to this point, and I thank you. Dr. Gerald Nissley, I thank you for your advice and valuable input into my writing. Dr. Susanna Verdinelli, I am so thankful you were willing to step in and take on guiding me all the way through to graduation as my Chairperson. I appreciate all that you have done and your willingness to ensure my success!

To my precious family- my wife Heather, and my children Ashtyn and Koen. You were missing a husband and father during much of this process. Your support and understanding have allowed me to succeed in this entire undertaking. I love you!

To my friends and co-workers. I owe a debt of thanks to each of you. Each life that I touch in the future through my education will be a life that you have also had a part in helping.

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Chapter 1: Introduction to the Study

**Introduction**

The Amish are a community of people who believe in simple and austere living. They continue to preserve their culture of simple clothing, horse-and-buggy transportation, and plain lifestyle (Kraybill, Johnson-Weiner, & Holt, 2013).

[You need a clear transition between discussing the Amish and discussing depression. Please insert that here.]

According to Kessler, Petukhova, Sampson, Zaslavsky, and Wittchen (2012), 16.6% of Americans will experience a major depressive disorder during their lifetime. Over 600 million adults currently suffer from either depression or anxiety worldwide (World Health Organization, 2017). There are several studies that show disorders such as depression and anxiety are significantly lower in the Amish population (Furman & Bender, 2003; Lambert, 2006, Raheja et al., 2013, Weber, Cates, & Carey, 2010). In this study, I focused on the phenomena that may promote reduced mental illness among the Amish. I examined the experiences that may be protective in relation to mental illness, those that may result in a lower prevalence of mental illness or result in the reduction of reports of mental illness. Significant social implications resulted from this study that could positively affect the mental health of non-Amish in the United States.

During the 20th century, the Amish population in the United States nearly doubled every 20 years (Donnermeyer & Cooksie, 2010). The Amish continue to experience growth exceeding 6% per year. Due to this growth in population, the Amish

work outside of their close-knit agriculturally based communities. This leads to increased reliance on non-Amish people for their source of income. I wondered if based on this cultural shift that the Amish may experience increased mental health challenges such as anxiety or depression, but according to available research, this has not happened (Kraybill, Johnson-Weiner, & Nolt, 2013).

In this chapter, I summarize the research literature related to the Amish. This is followed by a discussion of the gap that exists in the literature related to the Amish, along with why this study is needed. Following that is the problem statement, the purpose of the study, and the research questions. The theoretical foundation and conceptual framework follow in the next part of the chapter. The nature of the study is then discussed, followed by definitions, assumptions, scope and delimitations, limitations, and significance of the study. The chapter ends with a summary.

**Background**

Lambert (2006) conducted research on the rising rates of depression in the United States. Lifestyle and cultural variables provide clues concerning rates of depression and the Amish are cited as an example of a culture that has remained physically active along with a culture that is traditional (Lambert, 2006). Cultures steeped in tradition, along with physical activity have been identified as factors that contribute to lower rates of depression and anxiety (Lambert, 2006). The elements of the Amish culture that may contribute to lower rates of depression and anxiety have not been clearly identified through existing research. In this study, I addressed this gap in the research.

Furman and Bender (2003) argued that we have not paid enough attention to the social influences on depression. The Amish have less than 1% rate of depression and the culture should be studied to see the influences behind this rate (Furman & Bender, 2003). Seligman (1997) found depression among the Amish to be one fifth to one 10th that of mainstream society. Valuing family and relationships correlates with the rising depression in non-Amish where many are disconnected from significant relationships (Seligman, 1997). While referencing the Amish and their mental health, neither Furman and Bender (2003), nor Seligman (1997) addressed the influence that Amish culture may have on their mental health, creating a gap in connecting low depression rates and the Amish lifestyle.

Another study showing the possible cultural difference in mental health among the Amish was done by Raheja et al. (2013). The primary hypothesis was that due to the shortened photoperiod in the winter and the fact that the Amish use low intensity propane lighting, the incidence of Seasonal Affective Disorder (SAD) would be higher in the Amish than the general population. The findings indicated that this is not true. According to Raheja et al. (2013) the Amish population has the lowest prevalence of SAD of any population studied in the world. The gap that is left in this research that needs to be addressed are the elements of the Amish lifestyle that may influence the lower prevalence of SAD, and of other forms of depression as well.

Miller et al. (2007) surveyed a population of Amish women from Lancaster, Pennsylvania, and found 10.1% of women experienced anxiety or depression in

comparison to 28.9% of the general population. Hodges (2002) found a connection between the practice of spirituality, participation in a faith community, and emotional well-being during adulthood. Hodges highlighted the Amish as an example of how spirituality makes a difference in depression rates among certain populations.

While the theme of positive mental health among the Amish seems to prevail in the literature, there is a missing piece when the discussion of Amish mental health occurs. In every case cited above, along with the literature reviewed in Chapter 2, every researcher stated that further study should be done to determine what there is about the Amish that results in a positive picture of mental health. There are gaps in the research where no mention is made of how the Amish conceptualize mental health. There may be risk factors for the Amish in discussing depression or anxiety and this should be addressed (DeRue, Schlegel, & Yoder, 2002). In this study, I addressed the gaps in knowledge regarding the Amish by examining the phenomena that may promote reduced mental illness among the Amish.

Another of the gaps is that much of the literature on the Amish is focused more on physical health than reporting on psychological difficulties of the Amish (Hurst & McConnell, 2010). In the Raheja et al. (2013) study, the researchers reported on the lower prevalence of seasonal affective disorder (SAD) among the Amish. The authors suggested the gap in their own study and others as well is that the findings are published without a discussion of what may have contributed to the results. Raheja et al. (2013) suggested that if one were to explore the resilience factors to SAD when faced with

seasonal changes, there may be unique preventative and therapeutic approaches that could also lower the impact of SAD in the non-Amish population.

In this study, I filled the gap in knowledge concerning how the Amish conceptualize mental health, the risk factors of acknowledging a mental health problem, and the elements of the Amish lifestyle that may contribute to improved mental health.

## Problem Statement

There is scarce information available on why the Amish are not as depressed and anxious as the non-Amish population. Because of this, concepts from the Amish cannot be applied to others who are depressed or anxious. There are currently over 300 million people in the world suffering from depression, and almost another 300 million people experiencing anxiety (World Health Organization, 2017). Lambert (2006) stated that depression and anxiety disorders are the primary mental illnesses worldwide. Kessler, Petukhova, Sampson, Zaslavsky, and Wittchen (2012), recorded lifetime prevalence of mood disorders for use in the DSM-5. Major depressive disorder was found to be the most common mood disorder in the United States, with 16.6% of Americans experiencing depression during their lifetime (Kessler, et al., 2012). The World Health Organization (WHO) ranks depression as the number one contributor to global disability (World Health Organization). The lifetime prevalence of depression and anxiety is difficult to report, as researchers use various measurement instruments and time frames (Kessler, et al., 2012). While prevalence data is not consistent, researchers and organizations such as WHO agree that depression is the most prevalent mood disorder in

the world (Kessler, et al., 2012). As mental health research is published one can find

occasional mention of the Amish population being an exception to these statistics

(Furman & Bender, 2003; Hodges, 2002; Kraybill, Johnson-Weiner, & Nolt, 2013).

There is significant diversity within the Amish community. There are differences

in migration histories, interpretation of the Ordnung, and within the community contexts

where they reside (Nolt & Meyers, 2007). Internal factors such as growth rate, size of the

settlement, and personality conflicts are present. External factors such as economic

competition, legal requirements, healthcare, and energy resources create pressure on the

Amish community (Hurst & McConnell, 2010). Despite these factors, there is a high

level of unity and solidarity in the Holmes County Community (Hurst & McConnell,

2010). There is consensus that continuing to study Amish community and cohesiveness

in the face of change and external forces, will lead to understanding that may help non-

Amish do the same.

There is also consensus among treatment centers for the Amish that there is lack

of understanding concerning Amish mental health needs (Charles Bauman, personal

communication, February 3, 2017). Charles Bauman is the Amish liaison for Philhaven

Treatment Center in Mount Gretna, Pennsylvania. There is a waiting list of Amish

seeking appointments at Philhaven. Consideration should be given when discussing

depression and anxiety and how it is defined by the Amish. Mr. Bauman indicated that

many of the Amish seeking treatment are not clinically depressed or anxious, but lonely.

Due to the changing environment in which the Amish find themselves, there may be less

family at home during the day, giving some less options to talk with someone when upset (Bauman, 2017). This leads the Amish to seeking services to have someone that will listen to them.

Understanding the Amish through accurate research is especially relevant today. Recent reality shows such as *Amish in the City, Amish Mafia*, and *Amish: The World's Squarest Teenagers* have increased visibility of the Amish in popular culture (Stevick, 2014). Among the Amish, shows such as these are viewed as fiction and have little to do with reality (Stevick, 2014). Publishers have discovered the interest in the Amish. There have been over two dozen writers writing over 300 titles of Amish fiction since 2006 (Stevick, 2014).

Over 85% of Amish youth choose to stay Amish. The movie *Devil's Playground, was* released in 2002. The movie created the impression that during the typical rumspringa years, Amish youth choose a wild and uninhibited lifestyle (Stevick, 2014). United Paramount Network continued to produce inaccurate and unrealistic portrayals of the Amish due to the interest shown by non-Amish audiences. I want my research to offer a realistic view of the Amish and share it with non-Amish in an understandable and meaningful way is one of the goals of this study.

Taken together, the body of literature about the Amish is lacking information in important areas. Elements of the Amish life experience that leads to their overall positive mental health, understanding how the Amish view life and mental health, and correcting many of the misperceptions of the non-Amish, may be accomplished by this study.

**Purpose of the Study**

The purpose of this study was to explore the Amish way of life through the words of its members. The intention is to understand what components of their lives contributed to better mental health outcomes than the non-Amish population. Through this study, I will specifically examine the lived experiences of the Amish and how they may relate to lower rates of depression, anxiety, and suicide when compared with the rates of non-Amish. There is a need for this understanding as much of the available research contains the statements of these low rates but does not explore the possible reasons through the lens of Amish lifestyle.

A research paradigm affects the choice of approach and method. While quantitative research can provide a way to test a hypothesis, or identify statistical relationships, it does not focus on understanding or interpreting social interactions (Johnson & Christensen, 2008). Patton (2002) compares quantitative research to a doctor that looks only at test results and doesn't listen to what the patient is saying. Qualitative analysis contains a depth, openness, and life detail that does not have to fit into a limited number of predetermined categories as in quantitative analysis.

The goal of research I am conducting is to find elements of the Amish life that may be able to inform non-Amish society in a positive way. By achieving greater understanding of this group of people, I hope to contribute to psychology's knowledge of the Amish who have, for the most part, been reported about with numbers and statistics through quantitative methods.

**Research Questions**

Research Question 1 (RQ1): How are mental illness and mental wellbeing conceptualized in the Amish community?

Research Question 2 (RQ2): How and from what source do the Amish seek help for mental health issues, especially depression and anxiety?

Research Question 3 (RQ3): What elements of an Amish lifestyle protect them from depression and anxiety?

Chapter 3 includes a more specific discussion concerning the research questions, along with along with information on the interview questions which arise from these research questions.

**Theoretical and Conceptual Framework**

The conceptual framework for this study was social constructionism. Social constructionists study how individuals makes sense of their world. Reality is not revealed so much as it is reached through the process of construction (Castello, 2016). Meaning making occurs between people and through their relationships. Using social constructionism, I have the goal of using the participants' view of their world to describe their lived experience (Creswell, 2007).

In social constructionism, personhood is constructed through the social practices people are engaged in, and the relationships they have with those around them (Raskin, 2002). An individual's identity may change depending on the social relationships and cultural context one finds themselves engaged in. Individual identity is fluid and

influenced by social surroundings (Raskin, 2002). When looking at the unique culture and relationships of the Amish, the value of using social constructionism as the conceptual framework is evident. The postmodern era has used social constructionism to understand human participation in the construction of knowledge (Raskin, 2002). Many psychologists believe that during the previous modern era (from the Renaissance through the end of the 19th century), science was focused on the discovery of personal and social reality (Sexton & Griffin, 1997). Moving forward into the postmodern era the focus has changed from discovery to understanding how one creates his or her personal and social reality (Raskin, 2002).

The theoretical framework that I used for this study was positive psychology. The goal of positive psychological research is to gain an increased understanding of healthy psychological functioning (Waterman, 2013). While there are no clear boundaries defining positive psychology (PP), Seligman, one of the founders of PP, felt strongly that psychology should shift to exploring more of the positive aspects of what makes life worth living (Schrank, Brownell, Tylee, & Slade, 2014). Positive psychology lends itself to the exploring of the Amish experience because it commonly is used in research of contentment, resilience, and life satisfaction (Schrank, Brownell, Tylee, & Slade, 2014).

Given the continuous population growth of the Amish community over the past decades, positive psychology may help our understanding of their ability to flourish despite shrinking land availability and increased contact with non-Amish society. Positive psychology not only focuses on the wellbeing, personal strengths, and

characteristics of individuals, but also on happiness and flourishing at a group level (Hefferon & Boniwell, 2011). I focus in this study on the environment in which the Amish flourish. The knowledge gained from this study may help psychological science improve the ability for non-Amish to flourish in the same way.

In Chapter 2, more information about both social constructionism and positive psychology will be provided.

## Nature of the Study

I used a qualitative approach in this study. This approach locates the observer in the world that is being examined (Creswell, 2007). Qualitative researchers study people in their natural settings. Research that is qualitative is especially useful in an exploratory study such as this one to make sense of and interpret phenomena (Creswell, 2007). Through inductive data analysis, a researcher establishes patterns or themes and the findings that result can be used to create hypotheses that can be tested by quantitative methods. Qualitative research allows participants to be heard and share their story and allows researchers to understand the context and setting of the participants (Creswell, 2007). There are issues that cannot be adequately explained through quantitative research and statistical analysis. Through qualitative research, the researcher can begin to determine how meanings are formed through and in culture, and can discover rather than test variables (Corbin & Strauss, 2008). I did not choose a quantitative approach because this was an exploratory study and there was nothing easily measured or quantified about the topic that I explored.

A phenomenological qualitative study is consistent with the goal of looking at the Amish life through their description of lived experiences. Phenomenology is used to examine not only what is experienced but how it is experienced (Giorgi, 2014). No external data is added to a phenomenological study. The study analyzes the life experiences shared by the participants and clarifies the meanings they have given to life (Giorgi, 2014). The analysis can then be used to define the essence of being Amish and the influences that combine to create a lifestyle that may contain value when brought into the non-Amish culture. Chapter 3 will provide a more in-depth discussion about the selection of an appropriate approach and method for this study.

**Definitions**

I used terms in this study with which not everyone will be familiar. Definitions are provided in this section.

*Anabaptist*: At a time when being baptized as an adult was punishable by death, young men in Zurich, Switzerland, disagreed with the policy of infant baptism. They felt that the New Testament clearly indicated that baptism should occur at the point that adults profess their faith in God (Kraybill & Rodriguez, 2008). These reformers became known as Anabaptists, meaning rebaptizers. The Anabaptist movement, started in 1525, spread from Switzerland to Germany and the Netherlands (Kraybill & Rodriguez). Anabaptists were persecuted to the point of being burned at the stake, being beheaded, drowned, and even starved in prisons (Kraybill & Rodriguez). Through all of the

persecution, the Anabaptists were determined to follow Jesus' teachings of forgiveness, turning the other cheek, and loving their enemies.

A Dutch Anabaptist leader, Menno Simmons, influenced the Anabaptist movement to the extent the followers became known as Mennonites. About 150 years later, another leader, Jacob Amman, emerged. Amman advocated celebrating communion twice per year, cautioned men against shaving their beards, and advocated the practice of shunning (Kraybill & Nolt, 2012). The practice of shunning created a division so severe that the Anabaptists split from Amman's followers. Amman's followers became known as the Amish (Kraybill & Nolt). Since their division in 1693, and although both groups share an Anabaptist heritage, they have remained distinct and separate communities.

*Ausbun:* The Ausbund is the hymnal that the Amish sing from during biweekly church services, a hymnal filled with lyrics from the sixteenth- and seventeenth-century (Kraybill, Johnson-Weiner, & Nolt, 2013).

*Beachy Amish:* The followers of Bishop Beachy are known as Beachy Amish. When some of the Amish in 1927, led by Bishop Moses M. Beachy, purchased and drove automobiles, the Old Order Amish did not agree. Most Beachy Amish have continued to dress plainly and retained the Pennsylvania Dutch dialect (Kraybill, Johnson-Weiner, & Nolt, 2013).

*Conscientious objection:* The belief that it is morally wrong to fight against one's brother in war. During World War I and II in the United States, the Amish men were subjected to conscription and given two years of alternative service. They usually were

assigned to hospitals or agricultural work. Their work had to contribute to the national interest in some way. While some Amish men were imprisoned, eventually many were allowed to work in another Amish community for two years before returning home to their own district.

*Courtship:* All Amish groups practice marriage within affiliated congregations. It is common for marriage partners to come from similar affiliations. The boy takes the initiative in courtship, asking a girl to ride home with him from a singing in his buggy. There are a variety of courtship practices, depending on the church district.

*Dordrecht Confession:* The Dordrecht Confession is an Anabaptist statement that is used by the Amish for baptismal candidates. Created in the early seventeenth-century, it strictly outlines social avoidance on biblical grounds.

*Flourishing*: Flourishing is used in positive psychology to describe the state of being in positive mental health. One would be thriving, prospering, full of emotional vitality and functioning well in both private and social realms (Hefferon & Boniwell, 2011).

*Gelassenhei:* From the words of Jesus, "Not my will, but Thine be done," referring to the belief of the Amish that they were to have a peaceful surrender to God's will (Kraybill, Johnson-Weiner, & Nolt, 2013).

*Martyrs Mirror:* A large book owned by most Amish telling the stories of martyrs from the 1500s (Kraybill, Johnson-Weiner, & Nolt, 2013).

*Mennonite:* Followers of a well-known Anabaptist leader named Menno Simmons. Menno Simmons lived in the Netherlands in the sixteenth century and was influential in conservative church teachings (Hostetler, 1993).

*Mutual aid:* Amish leaders caution against commercial insurance plans that would provide assistance in the case of medical bills, and property damage. Instead, the leaders believe that part of being a member of the church community entails providing financial assistance to their members whenever needed. This assistance is known as mutual aid (Kraybill, Johnson-Weiner, & Nolt, 2013).

*New Order Amish:* The New Order Amish are the most liberal of the Amish affiliations. In 2012, there were four subgroups in seventy districts among twelve states. One subgroup even allows the use of electricity in homes and businesses. New Order Amish have continued with plain dress, use horse-drawn transportation, and speak Pennsylvania Dutch (Kraybill, Johnson-Weiner, & Nolt, 2013).

*Old Order Amish:* Tradition-minded Amish who identified with plainness, simplicity, small-scale farming, and resisted an emerging consumer culture. Old Order Amish kept church a small-scale entity and resisted church buildings and salaried ministry (Kraybill, Johnson-Weiner, & Nolt, 2013).

*Ordnung:* Ordnung is the German word for "order". The Ordnung is a written set of moral guidelines, a divine order. The Ordnung continues to be followed by the Old Order Amish. The progressive minded Amish, such as the Beachy Amish, also use the Ordnung but do not interpret it as strictly.

*Pennsylvania Dutch:* As different Amish immigrants arrived in North America during the 1800s, dialects from various parts of Germany were mixed together. This produced a language that was a new dialect, one not spoken in Europe. This dialect became known as Pennsylvania Dutch (Kraybill, Johnson-Weiner, & Nolt, 2013).

*Rumspringa:* The period of time during which teenagers are allowed to socialize and begin the process of becoming an adult. It begins at the age of 16, and often continues until marriage. During this time period, the youth have two major decisions to make. The first is whether to be baptized into and join the Amish church. The second is whom to marry. Courtship begins, they can own their own buggy, and attend social gatherings. While some youth may decide to leave the Amish faith, the vast majority, over 90%, stay in the Amish faith (Kraybill, Johnson-Weiner, & Nolt, 2013).

*Shunning or Meidung:* The strict style of shunning followed in some of the Amish communities is in place for a lifetime unless the offender repents. There are more lenient forms that allow the ban to be removed from the ex-member. Members of the Amish community may be shunned for unrepented sin, which meant going against the established teachings of the Ordnung in one's specific community. Jacob Ammann felt strongly that belonging to the Amish church should have strong social implications. He did not intend shunning as a punishment but instead as a lesson to help restore the member to the church. When Ammann was criticized for being too strict, he referenced the Dordrecht Confession, that contained the instructions for shunning and footwashing.

*Singings:* The oldest youth activity dates to the nineteenth century. Sunday evening singings are hosted by families in the church district. They are often preceded by games and a meal or picnic. It is often the highlight of the week for Amish youth. It is here that they court, socialize, and take the final step toward marriage. At the end of the singing, the act of being asked to ride home in an Amish male's carriage signals the beginning of courtship (Kraybill, Johnson-Weiner, & Nolt, 2013).

*Swartzentruber Amish:* The Swartzentruber Amish were established in 1913 in eastern Ohio. They refused to consider any changes to the conditions under which excommunication, or shunning, was carried out. The Swartzentruber Amish became known for their strict adherence to the Ordnung and their refusal to change any of their technology, dress customers, farming, or worship rituals (Kraybill, Johnson-Weiner, & Nolt, 2013).

## Assumptions

There were several assumptions involved in this study. The primary assumption was that the Amish would be honest and truthful when answering the interview questions. Another assumption is that the answers would be an honest representation of their life experiences. The assumption is also made that while both Amish and non-Amish experience internal and external stressors, there may be elements of the Amish lifestyle that contribute to a less stressful existence.

Specific aspects of the Amish lifestyle, such as religious practices, ending education at the 8th grade, and limiting involvement with the non-Amish world, are not

generalizable to the general population. The assumption is made that there are aspects that may be generalizable, such as the strength derived from faith, work ethic, the importance of family, and a desire to live an honest life. When looking at existing Amish research, I assume that mental health among the Amish is mainly a function of their lifestyle.

## Scope and Delimitations

The scope of this study involved looking at the lived experience of what it means to be Amish. The population included in this study was drawn from the Shipshewana, Indiana area. The Old Order Amish was the population interviewed for this study.

The interview questions were designed to find out what the Amish value and their interpretation of life experiences. This will allow an exploration of the influence of Amish life experience on Amish mental health. Using purposeful sampling strategy, I plan to interview between 10 and 15 participants. Children will be excluded, and participants will be 18 years of age or older. The study was delimited to the Old Order Amish population in the Shipshewana, Indiana area. Not included are the non-Amish and various Anabaptist sects related to the Amish, such as the Mennonites.

While there is similarity between constructionist and constructivist approaches, they both share the basic assumption that reality is understood through a process of construction, not through being revealed to us (Castello, 2016). The constructivist approach was not chosen for the conceptual framework as it focuses on meaning-making as an intraindividual process (Castello, 2016). Due to the close family and social

connections among the Amish, the constructionist approach aligned with this phenomenological study.

Transferability refers to the ability of the reader to use elements of the research and in some way apply it to his or her own experience. Transferability may occur through the theoretical lens of positive psychology. Seligman and Csikszentmihalyi (2000) claim that positive psychology explains actions that lead to well-being, and that lead to positive, thriving individuals. Psychology has had as its focus the repairing of the worst things in life (Seligman & Csikszentmihalyi, 2000). The founders of positive psychology, such as Seligman, want to change the focus from what is wrong in one's life to how can one thrive and experience well-being (Seligman & Csikszentmihalyi, 2000). I focused this study on the elements that exist in Amish life. While some of the findings will not be transferable due to specific Old Order Amish traditions, there will be findings of this study that can be used to further understanding of well-being and thriving in a non-Amish society.

**Limitations**

Using a maximum variation sample is intended but cannot be guaranteed as I am dependent on recommendations from the local Bishop as to participants. This limits the opportunity of obtaining interviews with a diverse group of Amish affiliations. While my goal is still a cross section of ages, the ability to move outside the Bishop's Amish affiliation may not be possible.

While I do not speak Pennsylvania Dutch, most Amish are bilingual, speaking and writing both Pennsylvania Dutch and English. As a precaution against any misunderstandings on my part, all interviews will be conducted in English.

Another limitation is generalizability. Generalizability is usually found with quantitative research using data from large populations. Generalizability is most often used in an academic setting by researchers. A sound generalizability of this study is not possible as it is a small sample size using qualitative research. Descriptive statistics will be used to summarize demographic data to provide a description of the participants, however it will not be used for any kind of generalization.

## Significance

Depression and anxiety are the most common forms of mental illness affecting millions of people each year in the United States (Lambert, 2006). Thousands of studies are done to find ways to improve mental health. Studies have been done that consistently mention that the Amish are an exception when it comes to depression and mental health disorders. While this is good information, it does not provide explanation that connects the mental health of the Amish with their life experiences.

Qualitative research provides the ability to study in-depth the life experiences of the Amish and learn what influences there are on their mental health. Understanding the social meanings and implications that contribute to Amish mental health can provide guidance to Health Psychologists and health practitioners as they treat non-Amish patients with depression and anxiety. There is additional significance in studying the

Amish as they continue to experience population growth of over 6% per year (Weber, Cates, & Carey, 2010). Donnermeyer & Anderson (2015) project Amish population growth to continue up to the year 2020 and beyond. Even though this type of growth has caused apprehension among the Amish concerning working in the non-Amish world and having more contact with outsiders, the rate of depression has remained under 1% (Weber, Cates, & Carey, 2010).

Positive social change can begin in small ways in communities across our country. The Amish are known for several characteristics that may contribute to positive change in non-Amish communities (Kraybill, Nolt, & Weaver-Zercher, 2010). One characteristic is known as practices, or sustained activities, that positively affect the body, soul, and mind. Practices are activities such as spiritual teaching of their children, stories and traditions passed down generation to generation. Another characteristic is patience. Patience is learned by their lifestyle, including not having a car to run to town in, or waiting for the wood cook stove to heat up. Their lifestyle may lead to a pace that is less anxiety producing (Kraybill, Nolt, & Weaver, 2010). The importance of people is a characteristic that emphasizes going deeper than casual friendship. It involves sharing a common purpose, working together to better their community, looking out for someone in need. Although religious in nature, many of these characteristics can contribute to positive social change, even in non-Amish communities and apart from one's religious beliefs.

There is significance in this study to explore the life experience of the Amish. Anything that can be gleaned from their experiences that can help the non-Amish population to a more positive mental health is significant. I have been personally encouraged to share my research with the *Journal of Amish and Plain Anabaptist Studies*. According to J.F. Donnermeyer (personal communication, November 4, 2014), there is a lack of research on the Amish, and Donnermeyer (2014) felt that the study could have a meaningful contribution to the discussion of the Amish and mental health.

**Summary**

It is a fact that depression and anxiety are common mental health illnesses in the United States. When looking at the Amish population it becomes apparent that their prevalence of depression and anxiety are well below the average for the non-Amish population. Through this qualitative study, I will provide a phenomenological understanding of the relationship between the life experience of what it means to be Amish and their mental health.

A deeper understanding of the Amish can provide insight into how they view and live life. The findings of this study can be used for consideration by practitioners as they work with non-Amish in the mental health field. The findings can also form a basis from which to design subsequent quantitative research.

In Chapter 2 the literature on the Amish, and on depression and anxiety is reviewed. The theoretical foundation of positive psychology is discussed and explained. The framework of social constructionism is presented as the method to examine the

Amish experience. The history of the Amish is presented at length in Chapter 2 to provide the reader with an in-depth understanding of this unique group. Chapter 2 closes with a discussion of quantitative and qualitative research methods. Chapter 3 discusses the methodology used to explore and understand the Amish.

Chapter 2: Literature Review

**Introduction**

According to the World Health Organization (WHO), depression and anxiety disorders are the primary mental illnesses found across the globe (World Health Organization, 2017). Depression is one of the most common forms of mental illness affecting millions of people in the United States each year (Lambert, 2006). Lifetime prevalence among adults for mood disorders including major depressive disorder, dysthymic disorder, and bi-polar disorder is 20.5% among adults and 14% among adolescents (National Institute of Mental Health, 2013). When examining the information on the prevalence of depression and other mood disorders the impression that everyone in the world or the United States shares the same percentages of these disorders. The Amish have consistently lower occurrences of depression and mood disorders but are often overlooked or briefly mentioned without detail or insight (Kraybill, Johnson-Weiner, & Nolt, 2013). The available research and statistical data on mood disorders rarely mentions subgroups such as the Amish when reporting their numbers.

Information on the Amish people and their culture is not as prolific as for other cultural groups. Research on the Amish is limited in topic and spread across many years with significant gaps in between (Cates & Graham, 2002). A current book on the Amish contains over 550 references in its bibliography (Kraybill, Johnson-Weiner, & Nolt, 2013). Of the 187 references specifically referring to the Amish, only 10 of the references are post-2010; 58 are from the years 2001–2010; and 119 are from 1884--2000

(Kraybill, Johnson-Weiner, & Nolt, 2013). These numbers suggest a rather slow rate of research and publication about the Amish.

The available data share a common theme of wellness and mental health in Amish communities, which demonstrate significantly lower occurrence of depression and anxiety than the general population of the United States. Furman and Bender (2003), for example, found that the incidence of depression within the Amish communities is less than 1% nationwide compared to 8--24% of the general population. Hodges (2002) mentioned the significantly lower rates of depression among the Amish than that of Western society but also fails to give cultural insight to understand how and why this happens. There is a common theme in the Amish research that would create the impression that there is little problem with mental health among the Amish. The gap that is present in the literature is that the research presents many facts about the Amish and mental health. What the research does not present is what there is about being Amish that may explain the low incidence of mental health issues. I designed this study to shed light on how the Amish approach living life and what elements contribute to their positive mental health.

DeRue, Schlegel, and Yoder (2002) found that one aspect of mental health reporting of the Amish may be related to their willingness to seek help. Their research yielded conflicting results concerning how the Amish feel about obtaining help for mental health. More than 89% of the surveyed participants believed that the cost of mental health treatment would not be a deterrent to seeking treatment. 100% of the men

and 89% of the women believed that mental health services should be used for emotional problems, as opposed to using natural remedies (DeRue, Schlegel, & Yoder, 2002).

There was a smaller majority (60%) of men who felt that their church would be supportive of them seeking mental health treatment (DeRue, Schlegel, & Yoder, 2002). 60% of men and 68% of women responded to the survey stating that they would not consult their Bishop before obtaining mental health treatment. While 100% of the men and 84% of the women would encourage a friend or relative to obtain treatment for emotional problems, there was a difference among the Amish religious leaders.

75% of the religious leaders preferred that a member of their church consult with them before obtaining mental health treatment (DeRue, Schlegel, & Yoder, 2002). 52% of the religious leaders said that their support for mental health treatment for a member would depend upon the individual circumstances. 68% of the religious leaders indicated they would be willing to work with the English mental health community to bring services to their church members (DeRue, Schlegel, & Yoder, 2002).

There are many examples of research giving information without a discussion of the lifestyle that may have created the results. Platte, Zelten, and Stunkard (2000) conducted research with 106 Old Order Amish in a study on body image. They concluded that the characteristic body image problems that Western society experiences were not present in the young Amish people. As with many of the studies published involving the Amish, it ends with the recommendation that further studies occur to understand how the Amish experience gives results such as these. A final example of why it is important to

consider the Amish experience, is found within the information in a study done on Amish education. Ediger (2005) found that when compared with other subcultures in the United States, the Amish had minimal problems in school with drug abuse, pregnancy among unwed mothers, crime, alcoholism, thievery, and other forms of antisocial behavior. A deeper understanding of Amish life will contribute to closing the gap in Amish literature.

In the next section of this chapter, I will focus on the literature search. The databases used, along with an overview of the literature available on the Amish were given.

## Literature Search

Academic Search Complete, CINAHL Plus with Full Text, Expanded Academic ASAP, ProQuest Central, ProQuest Dissertation and Theses, PsychArticles, Psych Extra, PsychINFO, and Sage Journal databases were used as data bases. Keywords used were: *Amish, Amish Community, essence, lifestyle, depression, anxiety, prevalence, risk factors, suicide, education, positive psychology, social constructionism,* and *family*. Combined keywords used included *positive psychology and lifestyle* and *positive psychology and community*.

Table 1 contains the total literature resources used in this study.

Table 1

*Summary of Search Results by Topic*

| Topic | Peer-reviewed articles | Books | Other (i.e., websites, etc.,) |
|---|---|---|---|
| The Amish | 89 | 29 | +7 |
| Depression | 102 | 13 | +4 |
| Anxiety | 78 | 9 | +6 |
| Depression, Anxiety/ Prevalence | 11 | 2 | +4 |
| Depression/Anxiety/ Risk Factors | 24 | 2 | +4 |
| Suicide | 9 | 2 | +3 |
| Theoretical Foundation/ Conceptual Framework | 109 | 11 | +9 |
| Methodology | 141 | 12 | +7 |
| Total | 563 | 80 | 44 |

Due to the Amish marriage patterns of staying within the community, much of the available literature addresses the topic of genetic research. In addition to this, the Amish are a mature field of study, which like the Amish themselves does not change rapidly. This results in a wide range of articles from the early 1990s through 2014. Most research occurred pre-2000 and there is a recognized need for current research. The limited literature available on the Amish supports the use of the qualitative research method as an

exploratory tool. There is a need for exploration into the Amish lifestyle to address the gap in the literature that exists. Due to the lack of peer-reviewed literature on the Amish history, society, and lifestyle, the review of the literature for this study employs more alternative sources such as books by known experts on the Amish.

## Theoretical Foundation

The goal of Seligman and Csikszentmihalyi (2000) in proposing a framework for a science of positive psychology was to understand the actions taken by individuals that lead to well-being. Psychology since World War II has focused primarily on individuals living successfully despite depression, anxiety, and conditions of adversity (Seligman & Csikszentmihalyi, 2000). Psychologists researched what was wrong with people instead of asking, "what is right with people?" (Snyder, Lopez, & Pedrotti, 2011).

I illuminated, through this study, the experience of living as an Amish individual. The intention was to find out what the Amish might teach us about how to increase life satisfaction and reduce the occurrences of mental health disorders. Using positive psychology as their foundation, prevention researchers have found human strengths can act as deterrents to mental illness (Seligman & Csikszentmihalyi, 2000). By understanding the Amish life experience the strengths the Amish have used in their lives to reduce their mental health disorders were found.

One of the goals of positive psychology is to seek a scientific understanding of how individuals, families, and communities thrive and succeed in life satisfaction (Seligman & Csikszentmihalyi, 2000). This mirrors the goal of my research in

understanding how the Amish continue to thrive in modern day society when living by the traditions and beliefs passed down from their ancestors in the 1800's. Positive psychology looks at that which is satisfying and robust within a culture to understand what contributes to well-being (Snyder, Lopez, & Pedrotti, 2011).

In 1998, the American Psychological Association gathered for their annual convention. Martin E. P. Seligman, president of the Association, gave the President's Address (Fowler, Seligman, & Koocher, 1999). Seligman outlined his belief that the psychology movement needed a "reoriented science" that would move psychology from its almost complete emphasis on curing mental illness to an approach he named "positive psychology" (Fowler, Seligman, & Koocher, 1999). Since World War II, psychology has given almost exclusive attention to healing and repairing damage within a strict model of human functioning. Seligman felt that this ignored the individual who learned to flourish and thrive despite a less than ideal existence (Fowler, Seligman, & Koocher, 1999).

To encourage quality scientific research and scholarship Seligman established the Templeton Positive Psychology Prize (Fowler, Seligman, & Koocher, 1999). The award goes annually to those who contribute significantly to the positive psychology movement. Also in 1998, Seligman met with two different groups of scholars who began discussing the characteristics of a positive life (Fowler, Seligman, & Koocher, 1999).

The University of Pennsylvania became home to the Positive Psychology Center. The first Positive Psychology Summit occurred in Washington, DC (Linely, Joseph, Harrington, & Wood, 2006). First published in 2006, *The Journal of Positive Psychology*

lent credibility to the movement. Seligman was instrumental in obtaining the support and expertise of several well-known psychologists such as Ed Diener, Chris Peterson, and C.R. Snyder (Linley, Joseph, Harrington, & Wood, 2006).

Largely ignored before Seligman's address in 1998, the field was wide open to advancement so rapid scientific progress became possible (Linley, Joseph, Harrington, & Wood, 2006). Some feel that positive psychology did not begin in 1998, or 1999, but instead has been present for decades. The movement called for by Seligman began an integration of knowledge that led to further research, training institutes, and extensive funding for the work of advancing positive psychology (Linley, Joseph, Harrington, & Wood, 2006).

In 2011, the happiness model used by Seligman in positive psychology was revised (Lambert, Passmore, & Holder, 2015). The Pleasure, Engagement, Positive Relationships, Meaning, and Accomplishments (PERMA) model includes five pathways to authentic happiness. While there is limited research directly testing PERMA, the validity of PERMA is supported in studies done to date (Lambert, Passmore, & Holder, 2015). Criticism of positive psychology exists, including a lack of emphasis on physical health and well-being. Another criticism concerns the need for more discussion on community and organizational well-being (Lambert, Passmore, & Holder, 2015). Theories of well-being are evolving as positive psychology experiences continued growth. Positive psychology, with all of its variations, is a movement that will contribute significantly to positive social change (Lambert, Passmore, & Holder, 2015). Further

research is needed within the positive psychology framework, making the research of this study on the Amish relevant and contributing to the understanding of well-being.

## Conceptual Framework

Social constructionism is seen as an attempt to understand the nature of reality (Andrews, 2012). It is difficult to trace social constructionism to a single source. Mead, in 1934, wrote over 60 years ago of "symbolic interactionism" (Galbin, 2014). Symbolic interactionism held that through our everyday interaction with each other we construct each other's and our own identities (Galbin, 2014). Social constructionism acknowledges the influence of genetic inheritance but focuses on the social influences that define communal and individual life (Owen, 1995). Berger and Luckmann made a major contribution to constructionism with their book "The Social Construction of Reality" published in 1996 (Galbin, 2014). The premise of their book is that human beings create cultural meaning through their social practices (Galbin, 2014).

Social constructionism was the framework used to examine the Amish experience in this study. I used social constructionism to examine meaning and understanding as the main connection to human activities (Lock & Strong, 2010). There is not one, unique definition of social constructionism (Burr, 2015). In social constructionism, the nature or psychological makeup is the product of the cultural surroundings (Burr, 2015). Social constructionism would argue that to discern the Amish, the understanding comes not from objective reality but from the Amish themselves, both past and present.

Concepts and categories of life come from living in a particular culture and sharing that culture and language (Burr, 2015). Owen (1995) suggested that social constructionism is a combination of two schools of thought within conventional psychology. The first view is that the social context determines the understanding of human behavior. The influence on the individual occurs by the people around the person more than by the individual traits of that individual (Owen, 1995). The other view is that the personal choices of an individual, together with values and unique characteristics determine one's human behavior. Social constructionism is the blending of these two views where both individualism and social forces construct individuals in their communities (Owen, 1995).

The focus of mainstream psychology in understanding individuality and culture has often been through viewing the structure in that person's life (Burr, 2015). Explanations in psychological studies often contain personality traits, models of memory, and social or economic structures (Burr, 2015). When using social constructionism as the framework for explanation, social constructionism emphasizes processes over structure. Certain phenomena and cultural understanding occurs by people in interaction (Burr, 2015). This knowledge of culture includes understanding who a person is as an individual (Burr, 2015).

The framework of social constructionism works well with exploring the Amish experience as it focuses on strengths and what is working in that particular culture instead of focusing on problems (Gergen & Gergen, 2012). Examining the Amish experience

with the goal of learning what works well and how it is applicable to non-Amish is similar to the methodology in social constructionism. Instead of seeking an exact interpretation of a social phenomenon, it looks to expand understanding (Galbin, 2014).

**Background**

Mental illness has many forms and can be found in people of all ages, economic levels, and ethnic/racial backgrounds. Current epidemiological estimates show that one in five people will experience a mental disorder in the course of a year (Mental illness, in adults and children, 2006).

The most common mental illness in the United States is major depressive disorder (Kessler, Petukhova, Sampson, Zaslavsky, and Wittchen, 2012). In the United States and the world, anxiety disorders are second in prevalence to depression. Current research supports a biopsychosocial view of mental illness, finding influences from biological factors as well as psychosocial influences (past and present experiences) (Mental illness, in adults and children, 2006).

Research that estimates 20% of people in the United States experience mental illness during a 12-month period rarely includes the Amish in their studies. When research is done with the Amish people, details of that research often presents a very different picture of mental illness and lifestyle as well. This study began with a discussion of Amish mental health and lifestyle.

## History of the Amish

To understand the current culture of the Amish it is helpful to look at their past. The roots of the Amish began soon after the Protestant Reformation in Europe. In Zurich, Switzerland, a new group of Christian believers did not agree with governments' role in religion or infant baptism (Kreps, Donnermeyer, & Kreps, 2004). They felt that according to the teachings of Christ baptism was for consenting adults (O'Neil, 1997). On January 21, 1525, Ulrich Zwingli led the protesters to symbolically re-baptize themselves (Brewer & Bonalumi, 1995). These small groups of Anabaptists ("the re-baptized"), lived in German speaking areas of Europe and the Netherlands (Kraybill, Johnson-Weiner, & Nolt, 2013). The Anabaptists, known as a radical group, stressed accountability to Christ and one another, rather than to the state church.

The Anabaptists were condemned by both Catholics and mainline Protestants and viewed as revolutionaries (Kraybill, Johnson-Weiner, & Nolt, 2013). Due to renouncing violence and refusing to swear oaths, they were at odds with the civic and religious leaders of the time. As dissenters, the Anabaptists were considered a group that would disturb social order and destroy theological truth (Kraybill, Johnson-Weiner, & Nolt, 2013). The authorities began using laws, harassment, imprisonment and even execution to put an end to the spread of the Anabaptist movement.

Between 1527 and 1614, there were over twenty-five hundred Anabaptists executed in German-speaking lands, the majority of them in Passau, Bavaria (Kraybill, Johnson-Weiner, & Nolt, 2013). The Martyrs Mirror details the martyrdom of the

Anabaptists. This collection begins with the crucifixion of Jesus and ends with hundreds

of pages of Anabaptist martyr stories (Kraybill, Johnson-Weiner, & Nolt, 2013). Many of

the stories live in sermons to this day. The Amish emphasis on self-surrender and

completely relying on God has made the martyrs an important part of their heritage that

passes down from generation to generation.

There was eventually a split between two groups of Anabaptists. One group, led

by Ulrich Zwingli, was less conservative and became known as the Mennonites. The

other group, led by Jacob Ammann, are the "Amish" (Hostetler, 1993). Ammann

introduced the concept of Meidung, or social avoidance. He felt strongly that members of

the church who were excommunicated should be under an order of social avoidance

(Hostetler, 1993). The avoidance or shunning should be looked at as a lesson that would

encourage repentance and confession, not as punishment (Kraybill, Johnson-Weiner, &

Nolt, 2013). Ammann also gave special importance to wearing simple clothing and

avoiding the grooming styles of the world.

In the spring of 1862 and each spring thereafter until 1878, Amish bishops,

ministers, and deacons met to discuss disagreements in the Amish districts from across

the United States (Kraybill, Johnson-Weiner, & Nolt, 2013). They met together in

Holmes County, Ohio. The appropriate way to baptize, interacting with the Mennonite

church, and allowing photography in the community, all came under scrutiny. A division

occurred between the progressive minded Amish who wanted to embrace the some of the

changes considered abhorrent to the traditional minded Amish. Some of the changes

included allowing patterned and more colorful clothing, ornate carriages, and allowing business to operate with cell phones and modern technology (Kraybill, Johnson-Weiner, & Nolt, 2013).

The division led to creation of the Old Order Amish who adhered to the traditional guidance found in the Ordnung. The Ordnung is a book that puts forth the basic principles of rules for living (Kraybill, Johsnon-Weiner, & Nolt, 2013). The other group of Amish would soon lose their distinctive Amish identity and merge with the Mennonite church within two generations after the meetings ended. Modern day Amish will admit to embarrassment over the harsh behavior practiced by the church members of Ammann and distance themselves from many of his stricter rules (Hostetler, 1993). The Amish since have turned away from Ammann's rigid judgment and instead feel that only God can know one's spiritual state (Kraybill, Johnson-Weiner, & Nolt, 2013).  In the twenty-first century, there are many groups of Amish as well as Mennonites in North America. The largest group continues to be the Old Order Amish who have stayed loyal to following the Ordnung despite the many pressures of society around them (Kraybill, Nolt, Weaver-Zercher, 2010).

Before long, persecution began in Europe that resulted in the Amish coming to America (Hostetler, 1993). The persecution was severe in Europe and caused migration to begin. French King Louis XIV expelled the Anabaptists from all the land the Ammann group had settled for over 20 years. The Amish could settle in nearby areas but were no longer permitted to own land (Kraybill, Johnson-Weiner, & Nolt, 2013). It is likely that

the Amish began sailing to America between 1717 and 1736 due to the increased persecution, although no formal records of dates were kept (Hostetler, 1993). After much upheaval, martyrdom, and persecution, the Amish were anxious to sail to America where there was promise of living according to their tradition and beliefs.

## The Amish in America

During the colonial period many Amish settling in Berks, Chester, and Lancaster counties in Pennsylvania. Lancaster County has the largest concentration of Amish in the United States. Early settlements were often small and isolated from each other (Hostetler, 1993). From 1816 to 1860, a second emigration to North America occurred. These settlers came from Germany and France (Hostetler, 1993). Finding land prices higher in the east, many of the three thousand newly arrived Amish headed west (Kraybill, Johnson-Weiner, & Nolt, 2013).

Today there are settlements in traditionally Amish areas such as Lancaster, Pennsylvania, Goshen, Indiana and Berlin, Ohio that are often large enough for multiple church districts within one settlement (Kraybill, Johnson-Weiner, & Nolt, 2013). There are Amish settlements in 30 U.S. states and the Canadian province of Ontario (Donnermeyer & Luthy, 2013). Settlements range as far east as Maine, as far west as Montana, and one settlement is as far south as Mississippi (Donnermeyer & Luthy, 2013).

An Amish settlement is part of the unique community structure in America (Hostetler, 1993). The number of Amish families living in direct proximity to each other

determines the settlement size. Holmes and adjoining counties in Ohio are the largest settlements in the United States (Hostetler, 2013). The settlements may be small, containing just a few families or they may be large depending on how large the Amish population is in that particular area.

Within a settlement, there are church districts. The Amish meet together in various homes for preaching services, baptisms, weddings, and funerals. The seating capacity of the homes available within a geographic area determines the size of the church district (Hostetler, 1993). Smaller settlements may only have one or two church districts, while large settlements may have several.

While young people may date and marry across church districts, discipline and authority comes only from one's home district (Hostetler, 1993). Services occur every other Sunday in the chosen home for that week. The men sit separately from the women. The ordained preachers for the district meet during the first hymn and decide who is going to be the main preacher and who is going to give scripture readings (Hostetler).

One might expect uniformity in Old Order settlements. The fact that each settlement had its own authority and autonomy worked against uniformity. There was no central authority outside the local settlement dictating tradition and practice (Kraybill, Johnson-Weiner, & Nolt, 2013). One example of differences among settlements occurred in Somerset County, Pennsylvania. In this settlement, worship in meetinghouses occurred prior to a split between the progressive branch of the Amish and the conservatives. The

Old Order Amish decided to continue with this tradition and the meetinghouse appeared in the Ordnung for Somerset County (Kraybill, Johnson-Weiner, & Nolt, 2013).

In Lancaster County, Pennsylvania in the 1860s, one would have found Amish buggies covered in yellow oilcloth. They ended up by the beginning of the early twentieth century having gray oilcloth because the waterproof material they obtained had changed color (Kraybill, Johnson-Weiner, & Nolt, 2013). If one were traveling in Midwestern Amish communities, one would see buggies that were all black. There were times that church district leaders would collaborate over specific questions of tradition but often, each district was ruled by tradition set by the local leaders (Kraybill, Johnson-Weiner, & Nolt, 2013).

During the twentieth century, the Amish population nearly doubled every twenty years (Donnermeyer & Cooksie, 2010). The 1990's experienced growth of 128 new settlements in North America. From 2000 to 2009, there were 150 new settlements (Donnermeyer & Cooksie, 2010). In the first decade of the twenty-first century, the largest number of settlements occurred in the Midwest with slightly more shifting toward Illinois and Missouri.

Donnermeyer and Luthy (2013) found that as of September 30, 2013, there were 473 Amish settlements in North America. As of December 2015, Donnermeyer and Anderson (2015) published a mid-decade update to their settlement count showing exactly 500 Amish communities in 31 states and 2 Canadian provinces. The area experiencing the most rapid growth are the settlements in New York State. Thirty-seven

new Amish settlements occurred since January 1, 2000 (Donnermeyer & Anderson, 2015). By the year 2020, New York may have more settlements than Pennsylvania or Ohio (Donnermeyer & Anderson, 2015).

The need for land for the ever-expanding Amish population, along with new opportunities for Amish owned shops and businesses contributed to the new settlements. Economic factors heavily influence the decisions made by the Amish when moving to new areas (Anderson & Kenda, 2015). There were fourteen settlements which failed during 2000 to 2009, the failure predicted by whether the new settlement was adjacent to an existing Amish settlement (Donnermeyer & Cooksie, 2010).

The Amish increasingly work outside of the community to earn a living for their families in areas where land is scarce. This has led to concern among the Amish leadership that outside employment will contribute to a breakdown of traditionally avoiding any type of dependency on non-Amish for wages and insurance (Kraybill, Nolt, & Weaver-Zercher, 2010). Conflict arises when the Amish are expected to receive health insurance, pay into a retirement plan, and spend hours per day in a non-Amish culture. The fear among some Amish is that this will increase the pressure on their local leaders to make exceptions to the Ordnung and begin a slow shift away from the tight-knit communities that have been a way of life for centuries (Kraybill, Nolt, & Weaver-Zercher, 2010). The Amish traditionally have avoided social security, insurance, and retirement plans, believing that they are responsible for the social welfare of their members, not the national government (Kraybill & Rodriguez, 2008).

**Lifestyle**

There are many unique aspects to Amish life. Presented in this section is detailed information on various topics associated with the Amish. The following topics will enhance the reader's understanding of Amish lifestyle.

**Rumspringa.** The Amish lifestyle may be misunderstood by those outside the Amish community due to the popular media shaping the public perception of the Amish (Kraybill, Johnson-Weiner, & Nolt, 2013). In 1998, two young men, born and raised Amish were arrested for selling cocaine to Amish friends. This event brought the Amish tradition of Rumspringa to the forefront of media reports (Kraybill, Johnson-Weiner, & Nolt, 2013). The term Rumspringa is the Pennsylvania Dutch term for allowing Amish youth at age 16 (17 in more traditional Amish communities), to experience the outside world before they decide to accept baptism and join the church (Kraybill, Johnson-Weiner, & Nolt, 2013).  This period lasts from the age of 16 or 17 until marriage. The media wrote with a bias that tended to show the Amish in a less than favorable light.

**Forgiveness.** In 2006, the American public discovered a different side of the Amish through media reporting. In October of that year, five Amish girls died and five more were injured when a non-Amish man entered their school and began shooting in Nickel Mines, Pennsylvania. Media reported that on the same day of the shooting, members of the Amish community met with the widow of the shooter and offered forgiveness (Kraybill, Johnson-Weiner, & Nolt, 2013).

Amish leaders in Nickel Mines asked the Mennonite Disaster Service to accept

the unsolicited financial donations that were coming in.  The funds created accounts for the victims and their families, along with an account to benefit the gunman's widow and children (Kasdorf, 2007). The widow of the shooter attended each of the slain girl's funeral services, invited by the slain girl's parents (Kasdorf, 2007). At the funeral for the shooter, Carl Roberts, more than half of the 75 mourners were Amish neighbors among whom Carl had lived (Kasdorf, 2007).

One of the strengths of human behavior that psychologists often neglect is forgiveness and how people respond to mistreatment by others (Bono & McCullough, 2006). Forgiveness is a reaction to mistreatment that can increase well-being and healing in the victim (Bono & McCullough, 2006).

Lack of forgiveness is associated with high trait anxiety in a study done by Tuck and Anderson (2014). Tuck and Anderson (2014) also found life satisfaction suffers when anger and non-forgiveness are present. It is believed that by refusing to forgive, one can maintain control or influence in a situation (Webb, Hirsch, Visser, & Brewer, 2013). Webb et al. (2013) found that one could avoid the revictimization from anger and resentment by having increased control and influence because of forgiving.

 In a study done by Witvliet, Ludwig, and VanderLaan (2001), participants joined a scenario in which they were to imaginarily forgive a real-life offender. The results of their study showed that forgiveness could improve health measurements such as blood pressure and positive emotions (Witvliet, Ludwig, & VanderLaan, 2001). Looking at forgiveness, and how it has impacted the Amish, through the lens of positive psychology

is an example of a gap in literature that still exists.

**Humility.** The Amish do not seek personal goals and ambition but rather center their lives on church tradition, scripture, and family obligation (Kraybill, Nolt, & Weaver-Zercher, 2010). The Amish display humility in their daily interaction with others. It may be through their simple dress, their behavior of deferring to others, or their attitude that the other person's needs comes before their own (Kraybill, Nolt, & Weaver-Zercher, 2010). While non-Amish dress to match their reputation, or compliment their body or wealth, the Amish believe the way they dress shows self-surrender and a simple humility that honors God (Hostetler, 1993).

For the Amish, their custom of dress is symbolic of their separate identity from "worldliness" (Hostetler, 1993). There are certain characteristics of Amish dress that are common through all communities. These characteristics include hooks and eyes instead of buttons on coats and vests, flaps that button instead of zippers, suspenders instead of a belt, uncut hair for women; and long hair to the middle of the ear for men (Hostetler, 1993). Other traits of Amish dress distinguish age, sex, and position in Amish society.

Up to the age of two years old, both boys and girls wear a dress. At the age of two, the Amish boy will discard his dress for trousers (Hostetler, 1993). He also receives his first hat with a brim of three or more inches. The manufacturers that supply hats to the Amish produce twenty-eight different sizes with at least a dozen various styles (Hostetler, 1993). Amish girls and women wear a "Kapp" or "head cap" from infancy until death (Hostetler, 1993). The Amish look to 1 Corinthians 11:5 for their instruction that a head

cap, (also called a prayer cap), be worn by women whenever "praying or prophesying" (Hostetler, 1993). Often the cap details, such as with width of the front or back, identifies a specific community in which the Amish reside (Hostetler, 1993).

**Living Simply.** The Amish take seriously scripture describing separation from the world. This separation not only affects the way they dress but also forbids marrying a non-Amish person or entering a business partnership with an outsider (Hostetler, 1993). Because of separation from the world and living simply, the Amish do not permit electricity in their homes. The Amish have embraced many non-electric technologies that use air-powered and battery-operated motors. These include farm machinery, milking machines, children's toys, and lawn mowers (Kraybill, Johnson-Weiner, & Nolt, 2013).

Living simply encompasses many areas of the Amish life. Pathway Publishers is a publisher of many of the Amish print material available today. *Strangers and Pilgrims* (2008), is a booklet written by an unnamed Amish leader explaining the simplicity of the Amish. The author gives several reasons that the simple life is important to the Amish.

One is the concept of traveling light. The Amish believe that their true home is in heaven and do not see value in accumulating possessions that will not go with them to eternity (Strangers and Pilgrims, 2008). A second reason is the concept of being a neighbor. The argument is that it would not be showing love to a neighbor by living at a level above them by having a better car, a better home or other signs that the Amish consider extravagant.

The final reason given for living simply is that the Amish consider themselves disciples who are following the example left by Jesus (Strangers and Pilgrims, 2008). The Amish feel that the simple lifestyle of Jesus and his teachings of the danger of material possessions along with trusting God for daily needs is always to be followed.

The simple life of the Amish is not fully understood by those outside the Amish community (Kline, 1990). The Amish have found a way to combine work and pleasure in a way that gives both physical and mental delight (Kline, 1990). While modern farming involves expensive equipment costing many thousands of dollars, the Amish use horse-drawn equipment and do it efficiently (Kline, 1990).

The Amish view acceptance of technology as embracing the world (Kraybill, Johnson-Weiner, & Nolt, 2013). If the Amish were to begin using a dishwasher, for example, then this could lead to a loss of the family working together. The time spent washing dishes is often a time for conversation and strengthening bonds between siblings (Kraybill, Johnson-Weiner, & Nolt, 2013). One more example is the avoidance of using large tractors for fieldwork. The Amish feel this could lead to large super-farms whose only goal is profit (Kraybill, Johnson-Weiner, & Nolt, 2013).

**The *Ordnung*.** The Amish live by the Bible and a book known as the *Ordnung*. This book is the "rule book", the regulations for keeping the Amish faith. In many communities, the Ordnung is largely an oral tradition, with varying amounts written down (Weyer et al., 2003). Children observing the example set by the adults in their community (Kraybill & Rodriguez, 2008) learn the Ordnung. The Ordnung can vary from

community to community as the ordained leaders and members of each local church decide on the content and any changes that may occur (Kraybill & Rodriguez, 2008). There are five basic tenets that are followed by the Amish: separation of church and state; excommunication from the church if one violates moral law; living life according to the teachings of Christ; adult baptism; and refusal to bear arms, take oaths, or hold political office (Andreoli & Miller, 1998).

**Family.** Through the attachment one has to immediate and extended family, one can understand familism (Campos, Aguilera, Ullman, & Schetter, 2014). Family bonds that are close and supportive lead to better psychological health than for people who are in families where closeness and bonding are not present (Campos et al., 2014). When one is in a family relationship that contains conflict and lack of support, poor psychological and physical health result (Campos et al., 2014). One of the most important values of the Amish is family relationship (Kraybill, Nolt, & Weaver-Zercher, 2010).

While many families in the United States are fortunate to eat together once per week, the Amish regularly begin and end their day eating and praying together (Kraybill, Nolt, & Weaver-Zercher, 2010). Often the grandparents live in an apartment attached to the main home on the family farm. A thirty-five-year-old married woman may have up to 250 adults in her extended family network (Kraybill, Nolt, & Weaver-Zercher, 2010).

The family unit is at the center of Amish life and is a main reason that modern conveniences do not exist in the community. Grandchildren may help their grandmother weed the garden, while the men might be working with the horses to plow a field. The

quilting bees held by women in the church district encourage hours of socialization that would not occur if there were electric sewing machines (Kraybill, Nolt, & Weaver-Zercher, 2010). This mingling of generations contributes to reinforcing the belief system in the Amish communities.

**Education**

The Amish have traditionally viewed education with skepticism. The Amish feel that education can lead to too much independence and self-advancement, holding power over others as well as setting aside the value of simple life (Hostetler, 1993). True education in the eyes of the Amish is education that prepares the child for life. This includes "the cultivation of humility, simple living, and submission to the will of God" (Hostetler, 1993).

Until 1925, the Amish sent their children to one-room country schools (Hostetler, 1993). When states began consolidating schools, the Amish had to travel further to a school over which they had less control (Hostetler, 1993). The Amish also believed that there was no need for education beyond the eighth grade. The feeling among the Amish was that high school occurred during an especially important and sensitive time in the life of a young person. Adolescents begin to understand their own individuality and testing their power against that of their parents and community. To the Amish, it is important that during this developmental period in their life that the adolescent is influenced only by their own peers and community (Hostetler, 1993).

In Pennsylvania, Ohio, and Indiana there were compromises of varying forms between the local school boards and the Amish that allowed them to essentially homeschool or vocationally teach their children after the eighth grade. However, in the mid-1960s, Iowa school authorities forced their way into an Amish school, forcibly removed Amish children, and placed them on buses to transport them to public school. This brought widespread condemnation nationally and the governor stepped in and negotiated a two-year cooling off period during which Amish parents could send their children to Amish-created schools (Hostetler, 1993).

Governor Hughes of Iowa published an article in The Des Moines Register urging the legislature to pass a "letter of understanding" (Hughes, 1967). The legislature eventually passed a bill that exempted children from compulsory education laws if the denomination in question certified that the education laws of the state conflict with the beliefs of the denomination (To Exempt Amish From School Laws, 1967).

In 1971, the Supreme Court of Wisconsin used the approach of balance to decide the question of whether Amish children should be compelled to attend high school. They looked at weighing the burden of free exercise of religion against the interest of the state (Knudsen, 1974). The court ruled that the Amish, due to constitutional considerations, were not required to send their children to high school. The court found that Amish interest outweighed the interests of the state (Knudsen, 1974). In 1972, in Wisconsin v. Yoder, the U.S. Supreme Court ruled the Amish protected from sending their children to public high school. Due to these rulings, the Amish continue to use their own small

schoolhouses with their own curriculum. Protecting the curriculum their children use allows the Amish to continue to teach traditional values and to teach the children with material that does not conflict with the modern world.

Today, there are over 55,000 Amish children in over 2,000 schoolhouses scattered across Amish settlements throughout the United States (Kraybill, Johnson-Weiner, & Nolt, 2013). The curriculum from first to eighth grade includes spelling, grammar, arithmetic, reading, penmanship, history, and some geography (Kraybill & Rodriguez, 2008). Amish school teaching is conducted in English, but in Amish homes both German and English are taught and spoken. Amish teachers are normally single women with no formal training or schooling beyond their own eighth-grade education (Kraybill & Rodriguez, 2008).

The Amish created their own publishing company, Pathway Publications, to write their own curriculum for their schoolchildren. By doing this the Amish are able to control the content of what their children are learning. Most Amish are convinced that public schools would expose their children to aspects of a world that they do not need to know about (Kraybill, Johnson-Weiner, & Nolt, 2013). Basic science and technology are not taught in Amish schools as the Amish feel that school should prepare children for living as a member of the Amish community. Due to the vocations in which the Amish work, they do not use science or technology. When they do have need of it to conduct their business, they learn on their own and acquire the skills that they need from other Amish who are already trained in that particular area (Kraybill, Johnson-Weiner, & Nolt, 2013).

Using the Iowa Tests of Basic Skills, Amish children meet or exceed the scores of children from public schools in all categories by the eighth grade (Kraybill, Johnson-Weiner, & Nolt, 2013).

**Transportation**

Many of the beliefs of the Amish involve being "separate" from the world. Amish communities are close-knit and have close social ties (Kraybill, Johnson-Weiner, & Nolt, 2013). Face-to-face visiting and interaction strengthen friendship and family ties. Amish church districts are sometimes changed based on the number of people and how far they travel in horse and buggy to the services (Kraybill, Johnson-Weiner, & Nolt, 2013). The Amish use the phrase "a way of thinking" to describe areas that are off limits. One of these areas is the use of an automobile. The reasoning against the use of an automobile gives one insight into the overall hesitation to accept anything considered too worldly by the Amish.

Introducing an automobile into the Amish lifestyle raises several concerns for Amish people. According to one Amish leader, automobiles have a strong potential to become a status symbol violating the Amish belief against pride. Automobiles would make travel too easy and result in Amish people traveling well beyond their small social circle of family and friends. Automobiles have a strong potential to enable the Amish to take jobs in areas miles away from their own community. This affects the closeness of the traditional community where those who work there also live there and know each other (Kraybill, Johnson-Weiner, & Nolt, 2013). Prohibiting self-propelled power implements

such as combines, riding lawn mowers and garden tractors prevents the possibility of justifying car ownership (Kraybill, Johnson-Weiner, & Nolt, 2013).

The Amish often use Mennonite neighbors as a source of transportation when going to the doctor or even in the case of out-of-state trips to see friends and family (Hostetler, 1993).  Many Amish travel by public transportation including bus, hired van, or train when needing to visit family members who have moved to another county or state. By encouraging only horse-drawn transportation, the Amish have ensured a focus on their local rural community and home-centered way of life (Kraybill, Johnson-Weiner, & Nolt, 2013). The average speed of a horse and buggy is 5 miles per hour (The Amish Horse and Buggy, 2013). Considering it would take an 8-hour day to travel 40 miles it becomes clear that the Amish people do not travel far and are focused on their local family, neighbors and community by necessity.

**Relationship to Civic Life**

The Amish consider that a good American is to be as self-sufficient as possible and does not rely on those outside their community for assistance (Kraybill, Johnson-Weiner, & Nolt, 2013). The Amish avoid too much participation with outside government and stay aloof from national politics. They do see themselves as members of their local communities and often will participate in selected civic responsibilities. This includes communities such as Lancaster, Pennsylvania where many of the volunteer emergency medical technicians are Amish members (Kraybill, Johnson-Weiner, & Nolt, 2013). When participating in fire departments, the Amish do not drive the trucks but do

use the latest technology; without the Amish participation, there would not be enough fire fighters in Lancaster County to respond to fires effectively (Kraybill, Johnson-Weiner, & Nolt, 2013).

The experiences of the Amish people in Europe prior to coming to North America influenced civic involvement by the Amish (Nolt, 2014). The Amish were careful to keep separation between church and state as they felt that, at least in the past, government symbolized persecution and harassment. The Amish Bishops instructed their people to avoid holding public office, serving on juries, or participating in voting (Nolt, 2014). The Amish leadership in 1837 felt that politics contained elements that were unethical, and the nature of campaigning included a boastful and prideful behavior that clearly went against the Amish value of humility (Nolt, 2014).

There are instances of the Amish fighting in America's Civil War. Amish sympathies were often with the Republican Party and while the Amish did not participate in the abolitionist movement, they were vocally opposed to slavery (Nolt, 2014). A few Amish men felt that to serve in the Union army was to perform a moral duty to support their country. Some Amish immigrants had been a part of military service in Europe and joined the Northern army with the incentive of a shorter waiting period to become a U.S. citizen once the war ended (Nolt, 2014). Other Amish men used available state and federal draft laws that allowed one the option of paying a $300 fee to have their service commuted, or hired a substitute to muster in their place (Nolt, 2014).

At war's end, many of the leaders within the Amish communities felt that the Amish had become too involved with American culture (Nolt, 2014). The injustice and bloodshed throughout the war went against the Amish values of community and simplicity. During this period from the end of the Civil War to the early 1900's the Amish began to outline specific practices for their members to avoid. Community and family ties are of utmost importance to the Amish. The leadership felt that every time something new came to the Amish it had the potential to lead to a breakdown of the fabric of their life (Nolt, 2014). Examples during this time included attending carnivals, dressing in multi-colored clothing, fancy furnishings, and dressed up carriages (Nolt, 2014). That the Amish have succeeded in keeping many modern products and entertainment away from Amish culture may contribute to the strong sense of identity the Amish experience (Nolt, 2014).

One Amish writer believes that God has established a secular government that exists to rule over good and evil (Kraybill, Johnson-Weiner, & Nolt, 2013). The Amish firmly believe that if a government asks them to defy Biblical principles then their loyalty must always be to God. The Amish accept civic order and participate in some governmental areas such as property ownership. The Amish feel that paying taxes is a Biblical edict that also shows their thankfulness for their freedom to live their beliefs in this country (Kraybill, Johnson-Weiner, & Holt, 2013).

**Health Care**

There is a blend of traditional culture and modern medicine reflected in the health care practices of the Amish (Kraybill, Johnson-Weiner, & Nolt, 2013). The Amish do not participate in health insurance programs but instead self-insure through the community in which they live (Armer & Radina, 2006). Every family contributes an amount to their community on a monthly basis. When a family incurs a medical expense, the community fund pays for it (Armer & Radina, 2006).

Alternative medicine is commonly used among the Amish (Reiter et al., 2009). Alternative medicine is normally used in place of traditional or complementary treatments (Ramadurail, Sharf1, & Ramasubramanian, 2016). Traditional treatment encompasses doctors, hospitals, and medication. Complementary treatment is done in conjunction with traditional treatment. Alternative medicine often includes herbal supplements, vitamins, and other natural approaches. Both the Amish and non-Amish embrace alternative medicine to reduce the side effects often associated with medication use with traditional treatments (Ramadurail, Sharfl, & Ramasubramanian, 2016).

Reiter et al. (2009) conducted a study examining alternative medicine use among the Amish. The Amish used alternative medicine at a rate of 98% for males and 100% for females (Reiter et al., 2009). Among the non-Amish, alternative medicine use was 89% for males and 98% for females. The Amish and non-Amish adults used mainstream healthcare with little difference found between the two groups (Reiter et al., 2009). The largest difference between the two groups occurred in the use of chiropractic therapy. Eighty-four percent of males reported using chiropractic treatment compared to sixty-one

percent of the non-Amish males (Reiter et al., 2009). Ninety percent of the females reported using chiropractic treatment compared to 57% of the non-Amish females (Reiter et al., 2009).

Overall, mainstream healthcare use has increased over the last 10 years among the Amish (Reiter et al., 2009). While chiropractic treatment had the highest rate of use among the Amish, 61% of the Amish had also used mainstream healthcare in the last year prior to this study being conducted (Reiter et al., 2009). The individual family usually makes the decision concerning the use of mainstream healthcare (Armer & Radina, 2006). Past tradition involved the elders of the community deciding when mainstream healthcare occurred. Within the last few years, the elders have started leaving the decision to the family (Armer & Radina, 2006).

One area of compromise between traditional Amish healthcare and modern medicine occurs with the use of midwives (Jolly, 2014). Midwives from outside the Amish community have formal training and are used the Amish. The midwives receive training in Amish values and beliefs to be very sensitive to their culture (Jolly, 2014). Often the Amish midwife in the community will work alongside the trained midwife without conflict (Jolly, 2014).

Nolt (2011) found resistance among the Amish to talk therapy when a mainstream physician recommended mental healthcare. The culture of the Amish does not promote personal reflection, feeling that it could lead to pride (Nolt, 2011). Amish learn early in life that one is to submit to his or her station in life and not question God. Many church

leaders and families are hesitant to accept an opinion of mental health professionals that, at times, have seemed to suggest messages that could lead someone out of the Amish community (Nolt, 2011).

The Old Order Amish, the most conservative of the Amish communities, feel that going to an outside professional to discuss the private matters of the family goes against the teaching of the church (Nolt, 2011). The church leaders feel that the structure in place concerning confession and discipline within the church is sufficient for their member's mental health needs. There is also fear that becoming involved in secular social services could lead to actions that the Amish do not understand or know how to navigate (Nolt, 2011).

Amish focused mental health treatment centers have opened in some Amish areas in the United States (Nolt, 2011). One successful treatment center is Rest Haven at Oaklawn Hospital in Goshen, Indiana. In-patient and outpatient treatment occurs by therapists trained in Amish beliefs and values (Nolt, 2011). The protocols for treatment, design of the building, and furnishings of the patient rooms occurred through meetings with Amish elders and community leaders (Nolt, 2011). The success of Rest Haven led to the opening of Green Pasture Rest Home in Mount Gretna, Pennsylvania (Nolt, 2011).

The treatment centers in Indiana and Pennsylvania earned the respect and endorsement of many local church leaders. A wide range of patients uses the facility including Old Order Amish, Beachy Amish, and Mennonites (Nolt, 2011). While there is still some suspicion among the most conservative of the Amish, many feel that the

success of these centers will lead to further use of mental healthcare by the Amish in the future.

**Leaving the Amish**

The research presenting information on population increases and the potential doubling of the Amish population in the next twenty years approaches the discussion with a largely positive view of the Amish. It is true that the Amish people have a high rate of retention when young people make the decision to be baptized into the Amish faith, and that there is little movement of Amish adults away from the Amish church to non-Amish churches (Donnermeyer, 2015).

Despite the population increase, retention of Amish young people, and my personal predisposition to view the Amish through a positive lens, there are certainly those individuals who choose to leave the Amish community. For example, Saloma Furlong was raped by her brother at 11 years old (Furlong, 2011). She endured years of physical abuse from her father and could not expect help from other family members who were too scared to speak up in her defense. Furlong (2011) states that there is much pressure on Amish youth to be baptized and join the church and that she does not consider it an act of free will. When she was twenty years old, Furlong (2011) moved to Vermont and left the Amish community permanently to escape the continued abuse from her father.

Cates and Weber (2012) report that between 70-80 percent of Amish youth experience drunkenness at least once during their rumspringa years. Drug use is present

among Amish youth, with marijuana the most common, along with prescription drugs such as Xanax, and Adderall (Cates & Weber, 2012).

Studies of Indiana youth found that when the youth were kept from contact with the outside world, they were less likely to defect from the Amish (Stevick, 2014). Statistics show that the most conservative Amish communities retain the highest percentage of Amish youth, while the more progressive and modern Amish communities have a higher percentage of Amish youth leaving the community (Stevick, 2014).

## Research Method

The literature review on the Amish people began with a broad inquiry into research that involved the Amish in general. The literature was then narrowed down to research that specifically mentioned aspects of their beliefs, lifestyle, and a connection to mental health. The literature search returned many instances of scientific and genetic research but far less information concerning their culture and the influence on mental health. An overview of the literature and methodology used follows.

### Quantitative Studies

Donnermeyer and Luthy (2013), Donnermeyer and Cooksey (2010), and Donnermeyer and Anderson (2015) all used quantitative descriptive research to examine growth in Amish settlements since 1990. They reported 297 settlements in 1999. By 2000, that number grew to 411.  In 2015, the number of settlements grew again to 500 (Donnermeyer & Anderson). Donnermeyer (2015) estimates that the doubling time for Amish population growth is 20.5 years. While the studies are informative with regard to

population growth and location, it does not reference any of the influences responsible for this sustained growth over the decades.

Cates and Weber (2012) conducted a quantitative study of Amish and non-Amish youth attending public school in the Elkhart-LaGrange settlement in Indiana. The study surveyed attitudes of the youth concerning substance use such as alcohol and tobacco. Surveys were used consisting of multiple choice, forced choice positive/negative, and Likert scale formats. There were several limitations to using a quantitative method for this study. The first involved the limit of generalization. Cates and Weber state that the results of this study cannot be generalized to the Elkhart-LaGrange settlement, due to the participants being exclusively from the public-school system. Another limitation was found in the survey questions. The questions did not include wording that gained insight into the many influences upon Amish youth concerning substance use. A qualitative study using interview questions may have given the additional insight into understanding the perception of substance abuse by Amish youth.

Anderson and Kenda (2015) used a quantitative correlational research approach to examine what factors were strongest when the Amish considered moving to a new area or creating a new settlement. The factors considered included agriculture, populations, and proximity to other Amish settlements (Anderson & Kenda, 2015). When critiquing research, the literature review should be examined to look for, among other things, whether the literature is of recent origin (Coughlan, Cronin, & Ryan, 2007). In this study, most the research cited is from the 1990s, some dating as far back as 1942. The other

factor is that by only analyzing data, without ever speaking to the Amish, important answers may be missed to the research questions, due to answering them only from an analysis of available research.

While discussing the inter-relationship of the factors examined, Anderson and Kenda (2015) avoid looking at the life influences behind the factors. Instead, they focus on the economical practicality of the areas the Amish consider for settlement. A deeper understanding of how the Amish reached their decision on settlement location may produce additional description and insight. This type of rich description and insight occurs when using qualitative research.

Miller et al. (2007) used various health scale surveys to calculate health status and risk in Amish women. Miller et al. (2007) surveyed 288 Amish women between the ages of 18 and 45, compared with 2,002 general population women living in Central Pennsylvania. Miller et al. (2007) alluded to the sparse research in this area with their research being one of the first studies ever done with Amish women.

The Amish women, when compared with the general population, had less stress, and experienced fewer symptoms of depression (Miller, et al., 2007). The Amish women recorded higher total scores in mental health, along with lower levels of intimate partner violence and higher levels of social support. What is common in the Amish research used for the literature review in this paper is that there is little or no discussion of how the Amish lifestyle influences the well-being found in the research. One limitation of the research of Miller et al. (2007) included cultural barriers that may have prevented

understanding of some of the survey questions, resulting in less reliable results. An advantage of qualitative research is in the face-to-face interaction when interviewing, allowing a fuller understanding of the questions being asked.

Representative data from 43 nations compiled by Diener and Diener (1996), in a quantitative meta-analysis, showed 86% of the population with a positive level of well-being. Biswath-Diener, Vitterso, and Diener (2005) extended this original research to include people living materially simple lives. The groups included in the research included Kenyan Maasai, the Greenlandic Inughuit, and the United States Amish (Biswath-Diener, Vitterso, & Diener, 2005). Eighty-four percent of these three groups participating in the research scored above neutral for happiness and life-satisfaction (Biswath-Diener, Vitterso, & Diener, 2005). This research mirrors other research on well-being in that it reports the statistical data without explaining the influences, in this case, found in these three groups of people. The outcome of a meta-analysis is partly dependent on the individual studies included. These two studies do not give insight into the individual measures used to arrive at their conclusions. Qualitative research as follow-up to the study done by Biswath-Diener, Vitterso, and Diener (2005) would provide insight into the three populations and perhaps provide information on lifestyle that influences happiness and life-satisfaction. My study on the Amish will do just that.

Platte, Zelten, and Stunkard (2000) conducted correlational research to examine body image in the Amish, particularly looking at how young women viewed their body image. Platte, Zelten, and Stunkard (2000) expected that young Amish women would

have similar concerns with body image when compared with non-Amish young women. Body weight dissatisfaction in Western industrial society is most prevalent among young women. Results from the research found that young Amish women do not have the same pressure to look slim and attractive as non-Amish young women (Platte, Zelten, & Stunkard, 2000). As with the other literature reviewed for this study the discussion section did not include the influence of Amish society on the findings. Amish people do not watch television, one of the main conveyors of social expectations about body image. Another example of the influence of Amish society on this study may have been that young Amish women wear clothing hand made for them, or even by them. They are not trying to fit into off-the-rack sizing and then feeling pressured to compare themselves to each other. The authors stated that no clear reason was available for why the young Amish women had escaped the pressure of western society about body image. Valuable information may have been missed by using the quantitative method. Even though the Amish were given the survey in their home, there were no questions relating to understanding why they answered the way that they did.

Raheja et al. (2013) examined seasonal affective disorder (SAD) among the Amish living in Lancaster County, Pennsylvania using a quasi-experimental research design. Given that the Amish tend to have lower rates of depression, the question looked at the SAD rate among the Amish when compared to non-Amish in the same area. Raheja et al. (2013) found that the prevalence of SAD was lower among the Amish. The study briefly mentions that further study is advised looking at the resilience of the Amish that

resulted in the lower SAD rate (Raheja et al., 2013). This is another example of quantitative research that reports factual data without reporting how the Amish lifestyle results in the resilience present in their culture as would be done with qualitative research. Qualitative research would likely consider that the traditional Amish lifestyle involves far more time spent outside than non-Amish lifestyles. Even in the wintertime more exposure to natural light could reduce the symptoms of SAD.

Armer and Radina (2006) examined the use of alternative medicine in Berlin, Ohio, among the Amish and non-Amish. Using a quantitative approach with content analysis and three different scales, Armer and Radina (2006) reported on the frequency with which mainstream healthcare and alternative medicine occurred. While briefly referring to Amish beliefs concerning healthcare, the main body of the study contained statistical data. There was no clear explanation tying the data to an understanding of the influence of Amish beliefs on their healthcare choices. Armer and Radina (2006) used open-ended interview questions, along with scientific scales. This helped with understanding the responses on the scales. Armer and Radina (2006) stated a limitation of using standardized scales with culturally diverse rural groups was that the scales do not capture the same responses as the interview questions.

Schlabach (2007) examined the published material available referencing the Mennonites and the Amish using content analysis as his approach. The results of his study covered the years 1986-2005. During this 19-year period, there were just four primary source books on the Amish published. Professional historians published only two

articles on the Amish (Schlabach, 2007). This is further evidence of the need for research that accurately reflects the experience of Amish life for a non-Amish audience.

**Qualitative Research**

Quantitative research takes data and analyzes it in a rigid and often very structured format (Corbin & Strauss, 2008). Thus, the inner experience of people has no voice and the formation of meaning is not explained (Corbin & Strauss, 2008). Often a goal of research is that there will be some value from the research to share with a nonacademic audience. Qualitative researchers tend to become absorbed in the words and actions of the people they are studying (Corbin & Strauss, 2008). The gap in the literature on the Amish discussed previously may be because there has not been enough attempt to explain the meaning and understand the Amish people. Qualitative research does that very thing.

The lack of deeper understanding found in many studies on the Amish reflects the gap that qualitative research can fill. Ediger (2005), for example, gives a narrative account of Amish education. Ediger (2005) finds that when compared with other non-Amish cultures in America, the Amish have a low level of societal problems such as crime, unwed mothers, drug abuse, alcoholism, and stealing. While stating many factual details of the Amish, Ediger (2005) does not discuss the influence of Amish beliefs that might explain the low level of problems experienced in Amish society (Ediger, 2005).

Research conducted by Weyer et al. (2003) and Fisher (2002) focused on understanding the Amish community. The phenomenological study done by Fisher had a

purpose to provide nurses engaged in Amish healthcare a deeper understanding of their culture and attitude toward non-Amish healthcare. Fisher states the need for a deeper understanding of the underlying meaning of Amish culture as she feels there are lessons for the non-Amish. Weyer et al. (2003), in their case study, found several characteristics of Amish life to be valuable lessons that would benefit non-Amish people. Weyer et al. (2003) interviewed an elderly Amish woman dying in her home, surrounded by family, friends, and in her own community. Weyer (2003) contrasts this with someone dying in a stark hospital bed, surrounded by workers he or she does not know and machines monitoring his or her every move. Weyer (2003) feels there are lessons in living available to us from the Amish. My study on the Amish will provide additional insight into a culture that may benefit society through understanding their lifestyle.

Gill et al. (2016) recognized a gap in the literature regarding a lack of direct comparison of major mood disorders between Anabaptist and non-Anabaptist adults. Their research found little difference in the prevalence of major mood disorders between the two groups. Even while attempting to fill a gap in the literature, they created an additional need for further study. In this study, the participants from the Amish were all taken exclusively from a psychiatric hospital (Gill, et al., 2016). This limitation may have resulted in oversampling the Amish cases. A better design that would provide increased understanding would include comparing Anabaptist and non-Anabaptist adults who were not in a hospital setting.

Jolly (2014) examined the influence of non-Amish midwives on the Amish community. Using an ethnographic qualitative study, through participant observation Jolly finds that when a non-Amish midwife is careful to support the values of the Amish community she is accepted and trusted. While the Amish have been the focus of a large body of research, Jolly (2014) finds that much of the research lacks insight into the private lives of Amish family and social life. Jolly (2014) suggests that her research is unique in that she tries to accomplish a deeper consideration of the influences important to the Amish. There exists a need for further research into the private side of the Amish to understand how they survive and thrive in a secular society. One of the goals of qualitative research is to understand how people view and manage their day-to-day activities (Studying families: qualitative methods, 2006). I intend for the examination of Amish lifestyle to provide understanding of a culture that can help non-Amish society in their day-to-day activities.

Dana (2007) conducted an ethnographic qualitative study to examine the dynamic of increasing Amish population in Lancaster County, Pennsylvania along with the shrinking availability of land. Dana (2007) found the Amish continue to hold to their traditional values, have virtually no unemployment, but are still increasingly participating in outside employment. While providing an interesting research study Dana (2007) does not discuss how the Amish can do this successfully. Due to the ethnographic nature of the study, Dana (2007) was effective in sharing detail about the Amish and how they feel about the employment aspect of their life. Dana (2007) missed an opportunity to ask

questions that would give insight into what qualities of their life have allowed them to adapt to having to work outside of their community. One of the questions asked in my study of the Amish may give insight into how the Amish view their future and the changing nature of their communities.

The subject of forgiveness has been linked to the Amish through the shooting and killing at the Nickel Mines school in Lancaster County, Pennsylvania. The local milk truck driver committed suicide after shooting ten girls inside the schoolhouse. Forgiveness occurred the same day as the shootings when local Amish leaders visited the widow of the shooter. Mihut (2014) examined the topic of forgiveness in his narrative research that included the Nickel Mines incident. Mihut (2014) references the belief system of the Amish but does not give a rich description that allows us to glimpse the internal significance of Amish thought in this situation.

As evidenced by the literature discussed in this study, there is research available on the Amish population. What stands out in the literature search for this study is the lack of phenomenological studies that are oriented toward the topic of mental health among the Amish.

<div align="center">**Summary**</div>

In the literature search for this study it became clear that there is more quantitative research on the Amish than qualitative. Research about the Amish is readily available that contains statistical data without any discussion of the influences that led to the data. Carefully done qualitative research can serve as an excellent foundation for subsequent

quantitative research. Research that could lead to social change through an examination of Amish life is not readily available. The year of publication was not a priority when doing the literature search for this study. The research methodology used in this study is examined and discussed in Chapter 3.

Chapter 3: Research Method

**Introduction**

Research on the Amish people and their culture is not as abundant as that of other cultural groups. The data available shares a common theme of wellness and mental health that is significantly lower in the occurrence of depression and anxiety than the general population in the United States. I have addressed the gap in the literature between quantitative studies that provide statistical data and instead through qualitative research examined the protective elements of the Midwestern Amish lifestyle and the lens through which they view life.

This chapter includes a discussion of the research design and the rationale behind it. Each of the five most popular qualitative methods are discussed, ending with an in-depth explanation of phenomenology and the reason it is being used in this research design. This is followed by the research question and the role of the researcher.

In the methodology section, participant selection is explained, along with the data collection and data analysis discussion. Issues of trustworthiness include internal and external validity, dependability, confirmability, and ethical procedures. The content of Chapter 3 ends with the summary.

**Research Design and Rationale**

In Chapter 2, examples of data and statistical information on the Amish people were given from a quantitative view. The quantitative literature lacked a connection on the human level with the Amish, instead giving statistical information without insight

into how being Amish contributed to the results of the research. Qualitative research takes a serious view of the human connection, of the words and actions of the people (Corbin & Strauss, 2008). Qualitative research can ask questions directed to the inner experience of the participants. The answers acquired then allow the researcher to find and understand the meaning formed through a given culture (Corbin & Strauss, 2008).

One of the differences between quantitative and qualitative methods is the balance between breadth and depth (Patton, 2002). Quantitative methods use instruments that use standardized questions resulting in responses that are limited to predetermined categories. This gives the quantitative results less depth than with the qualitative method. Qualitative methodology allows questioning of selected issues in great depth and contributes to breadth and depth of results (Patton, 2002).

As mentioned in Chapter 2, there is literature on the Amish that consistently refers to a low level of mental health problems among them. The qualitative research method is used to understand the meaning of a phenomenon. While there is breadth of literature focused on the Amish, the literature lacks the depth to understand the substance of what it means to be Amish. Qualitative research provides the depth, while quantitative research often covers the breadth of data available (Gough & Deatrick, 2015).

Many times, through the lens of positive psychology, outliers are studied. Outliers can be groups of people who are in the minority of a certain category; however, the "average" experience is the focus of most research (Levitt, 2015). Qualitative research brings to light those voices, the voices of groups such as the Amish, who seem to defy the

average when it involves mental health statistics. Qualitative research can provide the depth needed to access the life experiences and perspectives of the often-overlooked groups (Levitt, 2015).

**Choice of method**

There are different forms of qualitative research. Research designs reviewed include narrative research, grounded theory, ethnography, case studies, consensual qualitative research (CQR), and phenomenology. Each of these offer value to qualitative research, with phenomenology offering the best fit for this study.

Narrative research usually involves one or two participants. Their stories are collected, and the meaning of the experiences explored (Creswell, 2007). Through the analysis of the narrative, themes arise from the stories (Creswell, 2007). Narrative research does not allow enough participants to provide the depth of understanding of the lived Amish experience desired in this study. Narrative research would retell the entire life story of one or a few Amish, not contribute to the understanding of the lived experience of being Amish as told by a cross section of Amish people. Often in narrative research, the story is restructured to fit the structures of narrative storytelling, restricting the information and insight gained.

While narrative research uses a small sample size, grounded theory uses a larger number of participants (Creswell, 2007). Strauss and Corbin (2008) defined grounded theory as a methodology used to build theory from data. There are challenges with grounded theory such as knowing when the categories set up to develop specific theory

are saturated or enough detail is present for the theory (Creswell, 2007). The goal of this study was not to create theory, but to understand lived experience, in this case the Amish lived experience, which is best accomplished with phenomenology.

Ethnography is one of the earliest traditions of qualitative inquiry and is the principal method of anthropology (Patton, 2002). Ethnography uses intensive fieldwork using mainly participant observation (Patton, 2002). The researcher is immersed in the culture of the group under study. The researcher using ethnography should have a good foundation in cultural anthropology to conduct this type of research (Creswell, 2007). Ethnography involves a lengthy amount of time in the field collecting data, along with a narrative approach to writing that may limit the audience interested in the topic (Creswell, 2007). Ethnography is used to describe a culture and its subcultures and interactions, while the goal of this study was to describe the elements of an experience, that of being Amish.

Case study uses multiple sources of data such as observations, audiovisual material, documents, and interviews (Creswell, 2007). A case study may take months of fieldwork examining a community or neighborhood (Patton, 2002). A case study is appropriate when the researcher has identified a case with discernable boundaries (Creswell, 2007). One of the requirements of a case study is for the researcher to have a specific system or case to study. The goal of this study was to discover the nature of a life lived as Amish. A case study approach is not possible in this study as there was not a

specific system or case known beforehand. Phenomenology was better suited for the goal of this study.

Consensual qualitative research (CQR) began in the early 1990s, with the goal of improving on the best features of existing qualitative methods (Hill et al., 2005). CQR uses open-ended questions, semi structured data collection techniques, a team of judges for data analysis, consensus of the judgements, and an auditor to check the work of the judges (Hill et al., 2005). An important advantage of using CQR is that decision quality has been shown to improve with the use of consensus (Michaelsen, Watson, & Black, 1998). While there is advantage to having a team involved in data analysis, it is not practical in a dissertation setting, and CQR was thus eliminated as a viable method for this study. However, it should be noted that the three members of the dissertation committee reviewing and guiding this study do constitute a team supporting and supervising decision quality.

**Phenomenology**

Phenomenology is designed to make sense of lived experience for an individual as well as the shared meaning within a group of people (Patton, 2002). Phenomenology captures the meaning of lived experience. This meaning, defined by Manen (1990), is the "inner essential nature of a thing, the true being of a thing" (p. 129). One of the goals of this study was positive social change. I believe that by examining the elements of meaning that make up the Amish life, discoveries can be made that are transferrable to non-Amish life. Phenomenology takes lived experience and transforms it through written

expression of its substance and meaning (Manen, 1990). The textual expression should provide meaning from the lived experience (Manen).

The researcher using phenomenology questions a lived experience to pull from it the meaning or a certain way of being in the world (Manen, 1990). Data collection occurs principally through interviews with participants who share a specific experience (Kruth, 2014). Phenomenology contains a structured and detailed process to analyze data. Meaningful statements lead to identification of textual and structural descriptions (Kruth, 2014). Using an inductive process, major areas of the experiences arise. This process becomes the building blocks to arrive at the significance of the experience (Kruth, 2014). The goal of a phenomenological study is to give description that details an experience in language and presentation understood by the reader.

Edmund Husserl pioneered new elements of philosophy and science resulting in a philosophic system containing subjective openness (Moustakas, 1994). Husserl experienced ridicule and criticism for his radical approach. Husserl remained resolute and instead of retreating, he expanded his ideas resulting in concepts such as epoché (Moustakas, 1994).

Moustakas (1994) identified three core processes that make up the methodology of transcendental phenomenology: epoché, transcendental-phenomenological reduction, and imaginative variation. Husserl believed that "knowledge based on intuition and essence precedes empirical knowledge" (Moustakas, 1994). Husserl used the Greek word epoché, meaning to avoid or refrain from, in this case, presupposition (Moustakas, 1994).

Researchers should avoid prejudgment and bias. When using Husserl's epoché, reality or

doubts are not set aside, but instead doubts scientific knowledge that is found through an

external explanation rather than coming from internal consideration (Moustakas, 1994).

Epoché, is rarely absolutely attained (Moustakas, 1994). Through the focus on

internal consideration and examination, epoché does significantly lower the power of

ones' biases and conclusions leading to the actual meaning of things revealed

(Moustakas, 1994).

The next process is Transcendental-phenomenological reduction. The researcher

considers each experience one by one, often more than once. Focus is placed on the

experiences that relate to the theme or topic of the research question. Everything else is

set aside and the experiences related to the research question emerge.  This process is

known as bracketing (Moustakas, 1994). During this process, the researcher returns to the

self (Moustakas, 1994). The researcher uses self-awareness, self-reflection, and self-

knowledge to encounter things that exist in the world (Moustakas, 1994).  This process

creates textural descriptions that are used in the next step of the process known as

imaginative variation.

During the imaginative variation process, also known as structural description, the

researcher describes how the context or setting shaped how the participants experienced

the phenomenon (Creswell, 2007). The researcher examines the phenomenon from

multiple perspectives, with the goal of answering the question, "how did the experience

of the phenomenon come to be what it is?" (Moustakas, 1994). The phenomenon begins to emerge through the integrating of structures (Moustakas, 1994).

The focus of writing moves from facts and textural description to the meaning found in the experiences of the participants. Reflection of the many possibilities allows the researcher to arrive at body, detail, and descriptive fullness (Moustakas, 1994). While the meaning of an experience is never completely exhausted, the processes of epoché, Transcendental-phenomenological reduction, and Imaginative variation allow the researcher to describe the meaning of an experience for a given time and place (Moustakas, 1994).

**Research Question**

The following research questions guided this study of the Amish:

RQ1: How are mental illness and mental wellbeing conceptualized in the Amish community?

RQ2: How and from what source do the Amish seek help for mental health issues, especially depression and anxiety?

RQ3: What elements of an Amish lifestyle protect them from depression and anxiety?

**Role of the Researcher**

One of the goals of this study was to examine whether understanding what it means to be Amish can influence the way the non-Amish live and view their world for the better. A researcher may choose to do research with the dream of making a difference

in society through sharing the insights and meaning from his or her study (Corbin & Strauss, 2008).

In quantitative research, a carefully constructed instrument measures the topic of interest, through test items, surveys, or other measurement tools, according to standardized prescribed procedures (Patton, 2002). In a qualitative study, the researcher is the instrument. The researcher is both the data collector and the data interpreter (Patton). A stance of neutrality must be taken by the researcher regarding the phenomenon being studied (Patton, 2002).

Objectivity in science is impossible to attain in practice and neglects the human purpose of research (Patton, 2002). The term subjectivity carries a negative connotation and can undermine the researcher's credibility (Patton, 2002). In qualitative research, terms such as authenticity and trustworthiness describe the process (Patton, 2002). Qualitative inquiry, using the researcher as the instrument of data collection, can carry the risk of individual bias, selective perception, and theoretical predispositions. When data interpretation occurs, the social structure of the researcher may influence the outcome (Creswell, 2007). I am male, Caucasian and middle class. Through researching my family, I have found that several generations ago they were Amish. My interest was further piqued through a visit with an Amish family in Pennsylvania.

As the researcher and instrument of data collection, I carried some predispositions and biases from my non-Amish life. The bias of my spiritual life, for example, could have predispose me to view the Amish through the lens of my Christian experience instead of

realizing that the Amish may not view their faith in the same way. My limited contact with the Amish thus far was positive, giving me the predisposition that the Amish as a people are warm, welcoming, and optimistic. To help recognize not yet considered bias, I made notes of comments where I was surprised at the answer. Surprise implies I was expecting another answer. I later reflected on my bias so that I could set it aside before further interviews were complete.

Issues of trustworthiness addressed later in this chapter shed light on validity, but a researcher can use reflexivity to address the concern. Reflexivity acknowledges personal experience, principles, and preconceptions brought to the study (Creswell, 2007). Self-awareness of the researcher increases by keeping a journal concerning reactions and thoughts that the researcher becomes aware of during data collection and analysis (Corbin & Strauss, 2008). The role of the researcher includes having an affinity for the topic, a sensitivity for the participants, and a genuine interest in the research (Corbin & Strauss, 2008).

The researcher must examine personal experience and biases when approaching the topic. My experience with the Amish began three decades ago and was limited in scope. As I was preparing to lead a family reunion in Pennsylvania, I found paperwork from a great Aunt indicating an Amish heritage. I stopped in Lancaster, Pennsylvania and discovered Amish related to my family tree. This began an interest in the Amish that has always piqued my curiosity.

As a licensed counselor, I often dealt with many issues of mental health. Through my research, I encountered references to the Amish indicating consistently lower rates of mental health problems when compared with non-Amish. In my desire to understand the Amish and the meaning of their life experiences, I was not out to prove a theory or a point, but rather to understand, in their own words, what it means to be Amish and how this might influence their mental health. As I examined myself for personal bias and expectations, I found curiosity and interest, and the expectation that the data unfolded in a way that reflects positively on the Amish way of life.

In my role as the researcher I guarded against my predispositions and expectations that I have of the Amish. My contact with the Amish has always been positive, and my visit with an Amish family contributed to a predisposition that the majority of Amish are hospitable, gentle natured, and family oriented. By using the modified Van Kaam method to examine my data, I understood the answers from the Amish participants in an unbiased way. I also used member checking to ensure the accuracy of my data analysis.

While conducting the interviews, I disclosed to the participants that I have Amish ancestry to establish trust and an atmosphere in which the participants would be at ease while answering questions. I gave attention to my style of dress and to the language that I chose when asking questions. I endeavored to make clear to the participants that I believed there were valuable lessons for non-Amish that can be learned from the Amish. Through the questions I asked and how they were worded, I attempted to avoid the impression that they were somehow specimens to be studied.  I do not speak

Pennsylvania Dutch and there is the possibility that interviewing in English could cause some misunderstanding of the terms used as well as conveying that the Amish are somehow "beneath" my level. It was important to ask questions that were understood by the Amish, not using words that might embarrass due to a lack of familiarity with scholarly research terms.

In conducting this study, I filled the following roles: recruiting participants, interviewing participants, transcribing and analyzing the data, interpreting and reporting the results. Unlike with quantitative studies, qualitative researchers engage with their participants while fulfilling their roles during data collection and analysis (Creswell, 2007).

## Methodology

### Participant Selection

When selecting participants, a qualitative researcher desires people who can respond to questions with thorough and rich descriptions of the phenomenon under study (Vagle, 2014). I contacted, in person, Amish families residing in Shipshewana, Indiana and the surrounding areas. Shipshewana is a small town near Goshen, Indiana.  Indiana was chosen as it has the third highest population of Amish people in the United States (Nolt, 2014). Through the Amish program director at Pleasant Haven, in Goshen, Indiana, I will have a contact with a Bishop in the Goshen area. I had originally intended to carry out the study in Berlin, Ohio, the second largest population of Amish people in the United States (Nolt, 2014). However, due to a large study already underway there

when I began the study, my contact in Berlin recommended that I move the research to the Goshen and Shipshewana area instead.

Purposeful sampling strategy in qualitative research is done by selecting the individuals and the site for research to purposefully achieve illumination of the research problem and the phenomenon in the study (Creswell, 2007). Maximum variation sampling strategy was used to give a cross-section of male and female, older and younger, from which to choose. A maximum variation sample cannot be guaranteed when depending on volunteers, but I made every effort to achieve as varied a sample as possible. Convenience sampling strategy was used by going to Goshen, Indiana to easily access and collect data (Creswell, 2007).

I interviewed 14 participants. According to Creswell (2007), having between 5 and 25 participants met the need for a variety of experiences, and established data saturation. Data saturation occurs when no new data is emerging from the interview process (Corbin & Strauss, 2008). I was in the Shipshewana area for a period of several weeks, during which I visited participants in their homes for a semi-structured interview. I interviewed until data saturation occurred. They were also informed that as data analysis proceeded the textural-structural descriptions would be mailed to participants along with a self-addressed stamped envelope for them to return the forms with corrections or comments.

Preserving anonymity was challenging in the Amish community. While I visited participants at their homes, away from other Amish people, there was still a likelihood

that in such a close-knit rural community there was the possibility that my presence and

movements were noticed and discussed among the residents. I took steps to preserve

anonymity, for example, parking my car in an unobtrusive location.

**Data Collection**

Unstructured or semi-structured interviews are the most commonly used sources

of data for a phenomenological study (Vagle, 2014). This study employed a semi-

structured interview format. This provided data directly from Amish participants who

discussed in an open-ended question format what they felt were the most important

influences on their culture and lifestyle. Frequently in phenomenological research, some

of the interview questions change with each participant. The goal in questioning

participants is to discover as much about the phenomenon as possible, rather than asking

the same questions in the same way (Vagle, 2014).

The interview served a specific purpose to explore and gather material leading to

analysis that gave a deeper understanding of the phenomenon of the Amish and their

lived experiences. It is important to realize the fundamental research question guided the

overall interview process (Manen, 1990). Appendix A contains a list of interview

questions matched to the research questions in this study.  I recorded the interviews to

help in capturing detail that may have been missed during the interview.

Although the semi-structured interview process produces dense data, I used

follow-up questions as necessary to explore responses in depth. I held interviews in the

participants' homes. This contributed to confidentiality, as no one outside of the family

knew exactly who I was interviewing. Every effort was made to interview each participant alone, in private, with no one within hearing distance. Interviews were recorded using an app on my iPhone. After interviews were completed, we discussed the process for the review of the textural-structural description and the return of comments.

**Data Analysis**

The findings of a qualitative study flow from transforming the data during qualitative analysis (Patton, 2002). The challenge of qualitative analysis is to take large amounts of raw data, in this case interview material, and examine it sentence by sentence. To communicate what the data reveals the researcher will need to identify significant patterns and sift the trivial from the important (Patton, 2002).

At the end of each interview I used reflexive journaling to further capture themes from the moment while they were the most accurate. I recorded thoughts and impressions from each interview and then examined all journaling results. When examining journaling results, I looked for any thoughts, feelings, or impressions that may have led to a bias in my study (Chenail, 2011).

Another way I ensured protection from bias in analysis was using interpersonal-process recall (IPR). Using the IPR approach, I listened to each interview one final time after the transcription was complete. Whenever there was a new thought, impression, or question I stopped the recording and took notes on the new observations. In this way, I better understood the cognitive and affective perspective of the participants (Chenail, 2011).

It was my decision to avoid using a computer software program in the analysis of data. Vagle (2014) suggests that a mechanistic representation may emerge from the data, rather than the rich, deep understanding that comes from the manual analysis of the data. I carefully documented each step as I performed the analysis so that a clear "paper trail" was maintained, and that paper trail is available to my committee.

As soon as data collection ended and the transcription of data was completed, the data analysis began while everything was fresh in the mind of the researcher. I performed the data transcription. Descriptions rich in detail and meaning happen when a researcher immerses him or herself in the data (Patton, 2002). Moustakas' (1994, p.120-122) modified Van Kaam method of analysis of phenomenological data was used. Using first the written transcription, and then the recording for additional insight, the following steps were taken:

1. I listed every phrase or sentence relevant to the lived experience and began preliminary grouping.

2. Reduction and Elimination: if the information contained a moment of experience that was necessary to understanding its essence, or if it was possible to label it then I included it. I eliminated any other extraneous information. What remained was known as the invariant constituents of the experience.

3. I clustered and thematized the invariant constituents by creating a thematic label for each invariant constituent. These were the core themes of the experience.

4. I validated the invariant constituents and themes by examining them against the complete transcription of each participant. If not explicitly expressed or compatible with the transcript, they were deleted.

5. Using the relevant validated invariant constituents and themes, I constructed an individualized textural description for each participant. A textural description is a description of what the participants experienced (Moustakas, 1994).

6. For each participant I constructed an individual structural description of the experience using the individual textural description and imaginative variation. A structural description uses the statements and themes of the participants to describe the context or setting in which the phenomenon was experienced (Moustakas, 1994).

7. I shared each individual's textural description with them. This member checking feedback contributed to the accuracy of that part of the analysis. Using U.S. mail, I sent each participant a copy of their textural-structural description and a self-addressed-stamped-envelope for them to enclose the feedback.

8. I incorporated the invariant constituents and themes while constructing a textural-structural description of the meanings and essences of the experience for each participant.

From these steps, a composite description of the meaning and substance of the lived Amish experience was constructed.

I also compared the results of my data analysis with literature and artifacts. Artifacts may include internal documents, notes, recordings of events, and information shared directly from individuals working with the Amish population. During the data interpretation phase a special effort was made to review documents originating from the Amish, such as articles in The Budget (the Amish newspaper), and books and pamphlets such as *20 most asked questions about the Amish and Mennonites, Rules of a Godly Life, and Rays of Hope Newsletter* (Good M. & Good P., 1995, Rules of a Godly Life, 2000, and Miller, 2015).

I met with Chris Miller, from the Pleasant Haven counseling center in Goshen, Indiana. He offered information on the Amish and mental health that added to my artifact analysis. His daily interaction with Plain Amish, and the knowledge he had of Amish mental illness and available resources, added to the trustworthiness, confirmability, and validity of this study.

The results of the data analysis will be shared in Chapter 4.

**Issues of Trustworthiness**

Validity refers to the accuracy in the findings of qualitative research. Validity also refers to the authenticity of the study, reliability, credibility, confirmability, and dependability of the study (Creswell, 2007). Qualitative researchers desire a deep and meaningful understanding of their research from immersing themselves in the experiences of the participants (Creswell, 2007). Until hearing from the participants and the readers of their study, a researcher can only hope he or she met the goals of their

research (Creswell, 2007). Several techniques were used to ensure the validity and trustworthiness of this study.

Clarifying researcher bias is important in leading to the understanding by the reader of the researcher's position in relationship to the participants and any biases that could affect the study (Creswell, 2007). I used a self-reflective journal during the study that helped combat bias. By clarifying my relationship to the Amish and avoiding predisposition as to results, I met this criterion for this study.

Member checking is a critical technique for establishing credibility and confirmability of a qualitative study. The data, along with its interpretation and conclusions were reviewed with the participants. By mailing each participant their textural and structural descriptions, the participants were able to give feedback on the accuracy and credibility of the information.

Given the goal stated earlier of positive social change, it is important that the findings of this study were transferrable to other settings. When detailed description, understandable to the reader, results in this transferability, the goal is met (Creswell, 2007).

Patton (2002) suggests that a final review of the research by an expert or experts enhances credibility and validity. Walden University meets this criterion for validity through its dissertation panel. Through this critical review, I answered their comments and questions prior to approval and publication of the research.

**Ethical Considerations**

The ethical treatment of participants is an important part of any research project. Walden University's IRB approved this study and assigned it the number 09-19-17-0175588. Clear agreements are formed with participants using an informed consent document. Participants are informed as to the nature, purpose, and requirements of the research project (Moustakas, 1994).

Confidentiality was maintained through use of pseudonyms. During the transcription process, I assigned pseudonyms to each participant. Access to the personal information gained through interviewing was restricted to the University-approved chair and myself. All materials involved in the research were stored on my computer and will be password protected. Written transcriptions contained pseudonyms therefore preserving participants' confidentiality. There was no one else who uses the computer or has access to it. I have back-up copies of data, transcriptions, signed consent forms, and any other writing locked in a fireproof safe in my office and they will be there for the required five years. The key to the safe will be stored in my safe deposit box at my credit union, accessible only to me, or my wife in the event of my death.

**Summary**

This chapter contained an outline of the methodology for the study of the *Potentially protective elements of the Midwestern Amish lifestyle.* I explained and justified the use of qualitative research and phenomenology. I explored the role of the researcher and data collection procedures. A detailed account of data analysis procedures was

provided. Methods of providing validity and trustworthiness were explained. Ethical

considerations were discussed and methods of storing and handling sensitive data were

provided. The results are presented in Chapter 4.

Chapter 4: Results

**Introduction**

The purpose of this phenomenological study was to explore potentially protective elements of the midwestern Amish lifestyle. Through the words of Amish participants, the intention was to understand components of their lives that contribute to better mental health outcomes than the non-Amish population. Using the conceptual framework of social constructionism and the theoretical framework of positive psychology, three research questions were answered. These are:

RQ1: How are mental illness and mental wellbeing conceptualized in the Amish community?

RQ2: How and from what source do the Amish seek help for mental health issues, especially depression and anxiety?

RQ3: What elements of an Amish lifestyle protect them from depression and anxiety?

The knowledge gained from this study may help psychological science improve the ability for non-Amish to flourish in some of the same ways as the Amish. The results of the study are presented in this chapter. The following areas were covered: setting, demographics, data collection and analysis, evidence of trustworthiness, and the resulting emerging themes.

**Setting**

The data collection method was through face-to-face interviews with 14 Amish participants from Goshen, Indiana, and the surrounding area. The interviews took place either in their homes or their place of employment. Participants voluntarily chose where to be interviewed, along with participating voluntarily in the study.

I went into the interview process not knowing exactly how the Amish participants would respond to my approach as an "Englisher." There were very few times when a participant hesitated while searching for a word in English to clarify what they were saying. Everyone who participated, along with the family members that I met, were welcoming and gracious. I suspect that this is partially due to the fact that the Amish in the Shipshewana area regularly interact with their English coworkers, neighbors, and customers.

I used informed consent to disclose the voluntary nature of the study, how they were chosen for the study, and the limits confidentiality. The informed consent document also stated that although they were recommended by either Chris Miller or another participant, they were under no obligation to participate. I explained the informed consent document at the beginning of the interview and signed the document, along with the participant. I made the participants aware at the beginning of the interview that it would be recorded.

## Participant Demographics

The inclusion criteria for study participants were that volunteers must be Old Order Amish and be 18 years of age or older. Information for all 14 participants is listed in Table 1. To protect the identity and privacy of the individuals, pseudonyms are used for their real names. The ages of the participants ranged from 36 to 75 years old. There were five women and nine men. All participants were native to the Goshen, Indiana area.

Participants included two Amish Bishops, a single unmarried woman, a divorced Amish woman, and a gentleman who joined the Amish church at the age of 25, who was not born Amish. All participants attended school through the eighth grade, and two of them had taken classes having to do with working with mental health patients.

*Table 2*

*Participant Demographics*

| Participant | Age | Gender | Occupation |
|---|---|---|---|
| Mr. L | 72 | M | Bishop, Farmer |
| Mr. P | 65 | M | Retired Farmer |
| Mr. D | 62 | M | Farmer |
| Mr. C | 65 | M | Farmer |
| Mr. J | 45 | M | Supervisor |
| Mrs. B | 40 | F | Secretary |
| Mr. G | 74 | M | Construction worker |
| Mrs. G | 75 | F | Housewife |

| Mr. H | 72 | M | Farmer |
|-------|-----|---|--------|
| Mrs. H | 75 | F | Housewife |
| Miss L | 36 | F | Secretary |
| Mrs. C | 40 | F | Teacher |
| Mr. Y | 65 | M | Bishop |
| Mr. MM | 68 | M | Retired Farmer |

**Data Collection**

I used face-to-face interviews with 14 participants in the Goshen, Indiana and surrounding area. I originally chose Berlin, Ohio as the area for participant selection and interviewing. After meeting with my contact person in Berlin, he suggested that due to other research being conducted in the area that I go to Goshen, Indiana. Data collection with the Amish was challenging, as arranging interviews involved leaving a message on their phone, and then waiting for their message back. The Amish often establish a wired telephone in a small shed centrally located between two or three homes. They go there to retrieve messages or to place necessary calls. Some interviews had to be rescheduled due to snow and inclement weather.

I conducted interviews between February and April 2018. I conducted two interviews at the participant's place of employment, and 12 interviews at the participant's home. I recorded the interviews using a voice recorder application on my Iphone. I informed the participants before the interview that it would be recorded and there were no

objections. Once the consent form was explained and signed, the interview was started. The interviews lasted between 16 minutes and 1 hour and 10 minutes.

The variation in time was due to the length of answers, and the follow-up questions generated. The average interview lasted about 35 minutes. I found that the younger Amish participants talked less, and left fewer opportunities for me to ask follow-up questions. The older participants showed a desire to be understood and often wandered more off topic.

I did reflexive journaling the same day as the interviews to capture my impressions and observations before, during, and after the interview process. When not in use, I placed the reflexive journal and signed forms in a locked safe in my home. The voice recorder on my phone requires a password known only to me, along with the phone requiring a password upon sign-in known only to me.

I obtained the artifacts referenced in Chapter 3 from Menno-Hof Mennonite-Amish Visitor Center in Shipshewana, Indiana. These included newsletters, magazines, suggested websites, booklets, and books. I was also given newsletters and booklets from two of the Amish participants. I also made a return trip to Shipshewana to review my results with Chris Miller, the Amish liaison from Pleasant Haven.

**Data Analysis**

Data analysis began with reflexive journaling. I journaled thoughts and impressions from each interview on the day they were completed. As stated in Chapter 3, I used the Van Kaam method of analysis of phenomenological data. Using an Excel

spreadsheet, I first listed every phrase relevant to the interview question. If the phrase contributed to understanding the essence of an experience, or could be labeled, I saved it in a column labeled "invariant constituents."

I created one or two-word labels from the invariant constituents and placed them in a column labeled "core themes." I then reviewed the transcripts again, with the core themes in mind. I also listened to each interview a final time, a process known as interpersonal-process recall. This allowed me to delete any core themes that were not compatible with the transcript.

The core themes included family, community support, faith, gossip, outlook on the future—both positive and negative, parenting, humility, seeking treatment for mental health, contentment, role of the bishop, self-care, and mental wellness. From these core themes I developed the themes and subthemes and shared them in the results section of this chapter. A minimum of two participants needed to express the same idea for it to become a theme or subtheme. I developed a conceptual hierarchy articulating core themes to express the main ideas arising from the interviews as a whole. The subthemes were ideas that seemed to be contributing or supporting the larger conceptual unit.

Once the core themes were established, I created a textural/structural description for each participant. These were then mailed to each participant, along with a self-addressed and stamped envelope. I included a hand-written note thanking them again for participating and asking that they read their description and respond with any insight or correction that they may have found. As I received each response, I compared it to the

textural/structural description and added or corrected anything that was needed based on the feedback from the participant. As data analysis was occurring, I decided to eliminate the use of NVivo, a computer assisted data management program, due to the effectiveness of the other data analysis processes already in place.

**Evidence of Trustworthiness**

To ensure the data met the criteria for trustworthiness, I used several strategies during data collection and data analysis. The validity of this study is evidenced by its credibility, authenticity, and dependability. I used reflexive journaling not only to guard against and to be aware of researcher bias, but to obtain a rich, authentic description from the researcher immediately following each interview. Reflexive journaling allowed me to capture themes from the moment and provide additional detail while still fully focused on the interview.

Dependability and credibility were also achieved by using audio recording. I listened to the recordings multiple times to ensure immersion and full understanding of the data. I used member checking to ensure that the data analysis was considered credible and trustworthy by the participants that provided the data.

By reviewing the results with Mr. Miller from Pleasant Haven I found that he found no concern with my results and conclusions. Mr. Miller was very complimentary of how the interview results were handled and communicated.

Credibility and dependability are enhanced through the expertise of the Walden dissertation chairperson. The chairperson is a qualitative expert who provided guidance

and consultation throughout the entire process of data collection and analysis. Submitting this study to the dissertation committee for review and comment throughout the process greatly enhances the validity and credibility of the study.

Credibility was also enhanced through triangulation. I used triangulation with three steps. First I used an audio recording of each participant interview. Secondly, I transcribed each interview, and gave the textural/structural description to the participant for his or her comment. Finally, I compared the results to existing artifacts and literature.

Richness of the data increases internal validity and credibility. This was accomplished through reflexive journaling to capture my impressions immediately after each interview. IPR (interpersonal process recall) was also used by listening to each interview a final time after the transcription process to ensure every impression and detail was captured.

Transferability of this study is limited due to the number of Amish sects in the United States. I chose the Old Order Amish to enhance transferability as they are the largest Amish sect. Using strategies such as reflexive journaling, face-to-face interviews, follow-up questions, along with the mailing of their textural/structural descriptions for feedback, all contribute to transferability. Documenting each step-in detail allows for transferability in future research.

Examining other Amish literature and artifacts also resulted in the transferability of this study. While I obtained the participants in this study from the Shipshewana, Indiana area, the results are transferable to other areas of the United States where Old

Order Amish reside. This is seen in the writings of Kraybill (2010), Stevick (2014), Nolt (2014), and Hurst (2013), among others. The themes of this study, as shared in the results section, are found in literature spanning Old Order Amish settlements throughout the United States.

Dependability is obtained when results can be repeated, and similar findings are discovered. Data saturation occurs when no new data is emerging from the interview process. Data saturation occurred with the 14 participants in this study, lending dependability to the results.

I achieved dependability using several strategies. Interpersonal Process Recall (IPR) was used to glean every thought and detail from the transcription process. By listening to the interview again after the transcription process was concluded ensured accuracy and immersion in the data. Reflexive journaling, to capture my thoughts and impressions of each interview was done to increase the dependability of the study. An audit trail of each step of the process was kept to further contribute to dependability. An audit trail ensures that another researcher could duplicate this study in another setting.

Confirmability occurs by examining the actual data collected and how well it supports the research findings. Triangulation, explained previously, is an important component in confirmability. When the results of this study were compared and validated by artifacts and other literature, confirmability was obtained.

**Results**

I had, as the goal of this study, to examine the potentially protective elements of the mid-western Amish lifestyle. I obtained the information using face-to-face interviews based on three research questions:

RQ1: How are mental illness and mental wellbeing conceptualized in the Amish community?

RQ2: How and from what source do the Amish seek help for mental health issues, especially depression and anxiety?

RQ3: What elements of an Amish lifestyle protect them from depression and anxiety?

From these three questions, interview questions were developed and assigned to each research question (see appendix B). From the answers to these questions, along with additional feedback from the participants, themes and subthemes emerged. The theme and sub-theme from each research question will be discussed in detail, with selected examples of quotes drawn from the interviews. The themes and subthemes are described in connection to the research questions.

Table 3

*Themes and Subthemes*

| Themes | Subthemes |
|---|---|
| 1. Providing care | • Openness to learning and treatments<br>• Misunderstanding, secrecy, and gossip |
| 2. Mental wellness | • Mental wellness discussed<br>• Mental Wellness not discussed |
| 3. Amish experience with mental illness | |
| 4. Professional treatment | • Knowledge of community help<br>• Changes from 20-30 years ago<br>• Help sought<br>• Supportive of treatment |
| 5. Self-care | • Talking with others<br>• Closeness of Church and community |
| 6. Faith | • Faith and Church involvement<br>• Personal faith |
| 7. Family | • Stability<br>• Parenting<br>• Siblings<br>• Closeness |
| 8. Lifestyle characteristics | • Work ethic<br>• Community<br>• Contentment<br>• Role models<br>• Role of the Bishop<br>• Friendship |

| 9. The future of the Amish | • Concern for the future |
| | • Optimism |

**RQ 1: Conceptualization of mental illness and wellbeing**

The first research question focused on the conceptualization of mental illness and mental wellbeing in the Amish community. From the answers to this question emerged the themes providing care, etc.

**Theme 1: Providing care.** The theme of providing care illustrates the mental health treatment available in the Amish community. This is a significant change from 10-20 years ago and is fully supported by Bishops and other ministers in the area. Although there is a deliberate effort to educate the Amish about the help that is available, there are still members of the community who are uncomfortable discussing mental health. There are others in the community who feel they would be stigmatized if they admitted to needing help. The interview responses indicated an openness to allowing treatment and education for mental health issues, while still recognizing that there still exists some misunderstandings and gossip in their community. From this theme emerged two subthemes: openness to learning and treatments; and misunderstanding and gossip.

***Openness to learning and treatments.*** Of the fourteen participants (Mr. L, Mr. P, Mr. D, Mr. C, Mr. J, Mrs. B, Mr. G, Mrs. G, Mr. H, Mrs. H, Miss L, Mrs. C, Mr. Y, and Mr. MM), their answers all indicate an openness to learning and treatments that were not in existence 10-20 years ago. For example, Mr. L addressed openness by saying, "I'd say it's [mental health issues] a lot more open than 20-30 years ago." Mr. L attributes his acceptance of mental health as a real issue that needs to be addressed because of

experiencing a family member suffering from depression. Mr. L also serves on an advisory board at Oaklawn Hospital that oversees three Amish mental health facilities that are supervised by the hospital. These facilities also educate their Amish community in what services are available through distribution of pamphlets and allowing different church districts to hold meetings in their facility on Sundays.

Mr. H pointed out that there are around 200 church districts in the area and every Sunday one of them goes to one of the Amish mental health treatment centers and holds Sunday service. Mr. H says, "this educates the community [by seeing the treatment centers on Sunday] so we're gaining [in understanding of mental health] I think. I'd say we're gaining." However, some of the participants also mentioned the other sub-theme of misunderstanding, secrecy, and gossip.

***Misunderstanding, secrecy, and gossip.*** Five of the participants (Mr. J, Mr. G, Mrs. H, Mrs. B, and Mrs. C) alluded to misunderstandings, secrecy, or gossip in the community. While mentioning that there was help available in their community, these participants also made it clear that there still existed an uncomfortable stigma around mental health issues. For example, Mr. J mentioned the problem of secrecy and gossip. He says, "with any community of people there is gossip [about people with mental health issues]." Mr. G states that while "people look at it differently that they did 20 years ago, there's still a stigma attached to it."

**Theme 2: Mental wellness.** The theme of mental wellness was reflected in nine of the responses (Mr. J, Mr. D, Mrs. G, Mr. H, Mr. G, Mrs. H, Mr. P, Mrs. B, and Mr.

MM). This theme referred to the amount of discussion in the community involving mental wellness. Mental wellness was explained to the participants as any discussion that was held among friends, family, sermons at church, or educational materials provided that referred to ideas for promoting positive mental health. Two subthemes emerged from this data, mental wellness discussed, and mental wellness not discussed.

*Mental wellness discussed.* Four of the responses (Mr. J, Mr. D, Mrs. B, and Mr. MM) indicated that there is discussion of mental wellness. For example, Mr. J feels that there are many more discussions in the community about positive ways to be happy than in the past. Mr. J serves on a committee at his church that encourages community members with mental health questions to come to them and ask for help. They are trying to get the message out to their congregations that, in his words, "don't try to bury it…you can't do it alone."

Mr. D states "since Pleasant Haven, Rest Haven, and Horizons of Hope started up there's a lot more awareness of the help that's available." Pleasant Haven, Rest Haven, and Horizons of Hope are the three counseling centers available to the Amish through Oaklawn Hospital. He also says that "people understand that there is help available and they appreciate it."

*Mental wellness not discussed.* Five responses (Mrs. G, Mr. H, Mr. G, Mrs. H and Mr. P) indicated there was little discussion of mental wellness, indicating that this topic is not as widespread or advanced in the community as the discussion of mental illness. For example, Mr. P works at one of the Amish mental health clinics as an Amish

liaison. He feels that mental wellness is not addressed directly, even in a clinical setting. He says, "there's still a lot that isn't understood about mental wellness." Mr. G states "open talk [about wellness] no, I guess that's still part of the stigma attached to mental illness…you don't hear much about it [mental wellness]."

**Theme 3: Amish experience with mental illness.** Several of the participants in this study (Mr. Y, Mr. C, Miss L, Mrs. H, Mr. MM, Mr. H, Mr. D, Mrs. B, Mr. J, and Mr. L) have experienced mental illness or know someone who has. Amish experiences with mental illness include a recent suicide in the community, relatives who have experienced depression, and the experience of depression or anxiety themselves. Amish who have experienced or know someone who has experienced mental illness have helped to spread the word among the Amish community that there is help available. The contact with those suffering from mental illness has also changed attitudes and behavior toward those members of the community.

For example, Mr. MM has a daughter who received treatment for depression several years ago and as he says, "she received a lot of help there [the Amish mental health clinic] and has been well ever since." He felt that this experience changed his perception of mental illness and motivated him to advocate for treatment. Mrs. C experienced a divorce with her husband who is bi-polar. He received treatment and medication from the Amish clinic for several years but was inconsistent in his therapy and in taking his medication. He finally stopped all his medication, left the Amish faith, and divorced his wife. Mrs. C experienced depression and anxiety during this difficult

time. She was given anti-depressant medication. She reported to me that "I have times when I am sad, but I think that's normal to feel sad at times." Mrs. C is successfully raising three children and is a schoolteacher.

**RQ 2: Self-care and treatment for depression and anxiety.**

The second research question asked where the Amish sought help and treatment for mental health issues. This question produced two themes. The first theme was professional treatment, and the second theme was self-care.

**Theme 4: Professional treatment.** Seeking professional treatment for mental health conditions is an option that many Amish are using. There were 4 subthemes including knowledge of community help, changes from 20-30 years ago, help sought, and supportive of treatment.

***Knowledge of community help.*** All 14 participants that I interviewed (Mr. L, Mr. P, Mr. D, Mr. C, Mr. J, Mrs. B, Mr. G, Mrs. G, Mr. H, Mrs. H, Miss L, Mrs. C, Mr. Y, and Mr. MM) mentioned their knowledge of help that they knew was available in their community. For example, Mr. C says that "if someone has a [mental health] problem, they need to go to a professional psychiatrist, to find out what their problem is and see if they can help them, get them on medication." Mr. P reports "its [mental health treatment] much more accepted now than before. We have these places for them to go, so, it's ok to go and deal with it."

***Changes from 20-30 years ago.*** All the participants (Mr. L, Mr. P, Mr. D, Mr. C, Mr. J, Mrs. B, Mr. G, Mrs. G, Mr. H, Mrs. H, Miss L, Mrs. C, Mr. Y, and Mr. MM)

agreed that seeking professional mental health treatment would not have been encouraged 20-30 years ago. For example, Mrs. B referenced this subtheme when she said "there's still a lot of people who are scared of this [seeking mental health treatment] but they are glad there is a place. I hear often, 'I'm so glad that there's a place like this [treatment center] for people'." Mr. L stated, "I'd say it's [mental health treatment] a lot more open than 20-30 years ago."

*Help sought.* Nine out of the fourteen participants (Mr. L, Mr. P, Mrs. C, Mr. D, Mr. H, Mr. MM, Mrs. H, Mr. C, and Mr. Y) had used some type of mental health treatment from the three Oaklawn centers. Treatment was either for themselves or for a family member. Treatment involved individual counseling for anxiety, depression, or other mental health disorders, group counseling, and in-home follow-up.  For example, Mrs. C, who is now divorced from her husband, experienced him going through treatment for over 2 years. He was doing well, but then "he quit his medication, he quit everything." Mrs. C reported that while he was in treatment, he did quite well.  Leaving treatment resulted in their divorce. Mr. MM reported "we have a daughter who needed help, she was depressed, and she went through Rest Haven, and that changed our perspective totally." Even though Mr. MM was skeptical about his daughter receiving treatment, he allowed her to do so, and learned how valuable it was.

*Supportive of treatment.* The other 5 participants (Miss L, Mr. G, Mrs. G, Mrs. B, and Mr. J) were familiar with available resources and were supportive of the idea of mental health treatment. For example, Mr. J stated, "obviously mental illness is viewed

with compassion, with a desire to help is any way we can. To alleviate any suffering or to help improve [the situation]." Mrs. B works as a receptionist at one of Oaklawn's treatment centers. She often hears, "I'm so glad that there's a place like this for [our] people."

**Theme 5: Self-Care.** When participants were questioned about the topic of wellbeing in their communities, few were familiar with resources available or the topic of wellbeing specifically discussed in church, schools, or homes. Other questions to the participants elicited several coping mechanisms used by the Amish when feeling depressed or anxious. Under the theme of self-care, two subthemes emerged. These were talking with others, and activity.

*Talking with others.* Five participants (Mr. MM, Miss L, Mrs. H, Mr. H, and Mrs. G) discussed talking with someone else helped them when feeling depressed or anxious. Mr. MM says that for him, "it helps to talk things through, to try to get through it." Mrs. G feels she is typical of many of the Amish women, as she says, "when I feel down, it always helps to talk with my friends."

*Closeness of church and community.* All fourteen participants (Mr. L, Mr. P, Mr. D, Mr. C, Mr. J, Mrs. B, Mr. G, Mrs. G, Mr. H, Mrs. H, Miss L, Mrs. C, Mr. Y, and Mr. MM) at some point in their interviews referred to the closeness of their church and community. This closeness and the bonds created between friends plays an important part in being able to talk to someone in their community when anxious or depressed. Due to

the Amish normally staying in their communities from birth until death, close bonds are created in childhood with friendships that can last a lifetime.

For example, Mr. J states that fellowship is one of the best things about being Amish. He says "the fact that through the fellowship of first and foremost the church, and the community, that you're not in it alone. You're not traveling through life alone. You have family, church, friends that support you, that share life's joys with you, and also share the trials and tribulations."

Mrs. H also discussed one of the best things about being Amish for her is "family, I think we've got more closeness because we cannot just jump into our vehicles and go just anywhere. If we buy places, we like our kids to buy places close to us, so we can drive back and forth, and we want to be together." Many Amish children, when leaving home and marrying, often stay within a few miles of their childhood home. This closeness maintains stability in their family and relationships.

*Activity.* All fourteen participants (Mr. L, Mr. P, Mr. D, Mr. C, Mr. J, Mrs. B, Mr. G, Mrs. G, Mr. H, Mrs. H, Miss L, Mrs. C, Mr. Y, and Mr. MM) referred to doing an activity when depressed or anxious. Two of the responses (Mr. G and Miss L) revolved around getting outside and being active.

Mr. G, an upbeat and positive gentleman, still has days where he may feel stressed. He reports that "if I have something to do, like firewood to cut here on my property, something like that where it's a relaxing deal, where there's no time

frame…even mowing the lawn in the summer, you can get out there and relax your

brain." Miss L likes to be outside "working, gardening and stuff, and flowers."

**RQ 3: Protective elements of the Amish lifestyle.**

The third research question focused on the various aspects of Amish life and how

they might be factors in protecting the Amish from anxiety and depression. This section

contains several themes including faith, family, lifestyle characteristics, and the future of

the Amish.

**Theme 6: Faith.** One of the themes found throughout all the participants and

many of their answers is that of faith. There emerged two subthemes, that of their faith

and church involvement, and their personal faith. Many participants wanted to be clear

that it wasn't being "Amish" that gave them their faith, or their baptism into the Amish

church at age 18, but it was their deliberate choice to have a personal relationship with

Jesus.

***Faith and church involvement.*** Nine of the participants (Mrs. G, Mr. J, Mr. H,

Mr. D, Mr. L, Mr. Y, Mr. C, Mr. MM, and Mrs. C) when talking about what they liked

best about their Amish lifestyle, listed their faith and church involvement. Their faith and

church involvement were not something separate in their life that they only turned to on

Sunday. Their faith and church involvement are a natural part of their everyday life. It

influences their friendships, their values, their decisions, and gives them a connection to

community. Mrs. G, for example, said "your church people, you feel comfortable." Mrs.

G listed church as one of the reasons that she believes the Amish have less depression and anxiety than non-Amish populations. Mr. H stated, "We go to church, I love church".

*Personal faith.* Seven of the participants (Mr. L, Mr. J, Mr. D, Mr. P, Mr. D, Mrs. P) referenced their personal faith during the interview. As stated earlier, the Amish make a clear distinction between obligatory church involvement and their personal relationship with Jesus, meaning that they have made a conscious decision to accept Christ into their heart and life. This, to them, is a deliberate and separate act from being baptized into the Amish church and is a conscious decision.

For example, Mr. L, a Bishop, explained it like this, "Amish, that's my way of life…it's not my [religion] we believe in Jesus Christ and that's our religion, but Amish, it's a way of life." He also referred to being a leader in the community and again referenced his relationship with Jesus. He said, "I've got the responsibility of church leadership, and I realize that in order to be a good husband or good leader, I need a good connection, relationship with the Lord, that's important."

When asked what advice he would give to a non-Amish person, Mr. J replied, "number one, draw nigh to God…He will never forsake you if you call upon him, regardless of who you are or what your current state is."

**Theme 7: Family.** Family is an important element of Amish life. The participants (Mr. L, Mr. P, Mr. D, Mr. C, Mr. J, Mrs. B, Mr. G, Mrs. G, Mr. H, Mrs. H, Miss L, Mrs. C, Mr. Y, and Mr. MM) were asked what they liked best about being raised in an Amish family, and what they liked least. Every participant (Mr. L, Mr. P, Mr. D, Mr. C, Mr. J,

Mrs. B, Mr. G, Mrs. G, Mr. H, Mrs. H, Miss L, Mrs. C, Mr. Y, and Mr. MM) went into detail about their own family and its importance to them. From this theme emerged three subthemes: stability, parenting, and siblings.

**Stability.** Stability was important to the participants (Mr. L, Mr. P, Mr. D, Mr. C, Mr. J, Mrs. B, Mr. G, Mrs. G, Mr. H, Mrs. H, Miss L, Mrs. C, Mr. Y, and Mr. MM) even growing up as children. Two of the participants (Mrs. C and Mr. MM) appreciated knowing that their mother would always be there [as the women rarely work outside of the home] when they needed her. Mrs. C commented that when she was upset as a child, "there was always someone to talk to". Mr. MM says, "there was enough guidance and structure, and love where I grew up."

**Parenting.** During the interview, when the question turned to family life, there was a consistency again in all the participant's (Mr. L, Mr. P, Mr. D, Mr. C, Mr. J, Mrs. B, Mr. G, Mrs. G, Mr. H, Mrs. H, Miss L, Mrs. C, Mr. Y, and Mr. MM) answers about family and specifically parenting. None of the participants had experienced parents who divorced, or even had loud arguments. The answers were similar as to occupations. All the mothers of the participants were stay-at-home-moms. All the fathers were either farmers, construction workers, or laborers in the local recreational vehicle plants.

Mr. L, for example stated that "that's one thing I really appreciate about my family, I don't think mom and dad always agreed, but I never heard an argument." Even in the household of Mrs. H, with her sister and brother having mental health issues, she gives credit to her parents for doing their best. She says, "my parents really worked hard

to take care of [my brother and sister], he did everything he could for Mary, often pushing her wheelchair. But they didn't have answers to her illness at that time."

*Siblings.* All the participants (Mr. L, Mr. P, Mr. D, Mr. C, Mr. J, Mrs. B, Mr. G, Mrs. G, Mr. H, Mrs. H, Miss L, Mrs. C, Mr. Y, and Mr. MM) reported having siblings as one of the things they liked best about being raised in an Amish family. The number of siblings ranged from 5 to 15. A significant consistency in their responses was that siblings were not just brothers or sisters, but playmates and friends. A significant difference between the Amish and non-Amish is that Amish siblings often remain close in proximity and relationship for their entire lives.

Mrs. C gave the impression during the interview when asked about what was best about having 7 siblings that she didn't know where to start. She says, "probably doing things together, playing, and working." Mr. MM reports having 8 siblings "and a lot of work and a lot of fun".

*Closeness.* Another consistent feature of the sibling discussion with the Amish participants (Mr. L, Mr. P, Mr. D, Mr. C, Mr. J, Mrs. B, Mr. G, Mrs. G, Mr. H, Mrs. H, Miss L, Mrs. C, Mr. Y, and Mr. MM) was the closeness of family and that very few family members move from the community. Mr. L, for example, has 12 siblings, and even though Mr. L is 72 years-old, all his siblings still live within 12 miles of each other. Mr. H reports that he had 10 siblings but that "we always had fun. And we still do. We get together we talk about our old days and we still laugh about stuff."

**Theme 3: Lifestyle characteristics.** Several characteristics emerged from the data collected during interviews that all contribute to protective elements of the Amish life. The subthemes discovered are work ethic, working together, community, contentment, role models, role of the bishop, and friendship.

*Work ethic.* The Amish are admired in their community for their work ethic. Recreational vehicle manufacturing moved into the Shipshewana area because it was recognized that the Amish were punctual, worked hard, and did excellent work. Mr. D shared about his children, "I think for the most part our children have good work ethics. And they are honest." Mr. P is an example of a consistent trait of the Amish men. Even the participants who were in their late 70's never really retired. Mr. P worked at a factory for 25 years, followed by 12 years of construction with his sons, and then has spent the last 7 years as an administrator at one of the Amish mental health clinics.

*Working together.* Seven of the participants (Mrs. C, Mr. MM, Mrs. G, Mrs. H, Mr. L, Mr. C, and Mr. Y) listed working together growing up as one of the best memories of being raised Amish. Mrs. N, for example, says "we lived on a farm, we all had our chores and we all worked together."  Mr. MM expressed his desire to always be his best at his place of employment.  He says, "my goal is to be a very good administrator and leader, be a caring individual that our staff can trust and at the same time try to be available for their lives as well." It was hard for some of the participants to discuss their leadership positions at work as they are taught from a young age to be humble and not put themselves above anyone else. When referencing their leadership positions, it was

always from the standpoint that they wanted to be the best example possible and care for those under their care.

*Community.* Community is important to the Amish, and by the fact that they do not drive vehicles, the Amish are encouraged to stay in their local area, creating lifelong relationships within the community. Five of the participants (Mr. J, Mr. G, Mr. H, Mr. L, and Mr. D) discussed community during their interviews. Mr. H loves the community he lives in.  He says, "We're close. We know a lot of these [people in the community]. Wherever we go we know people."

Mr. L, a Bishop, discussed community when he said he believes that there is less depression and anxiety among the Amish than non-Amish. He felt it was significant that "when someone comes to us with a problem, we encourage them to talk to someone about it in our community." He feels that overall the community is accepting of mental health problems and willing to be supportive to those in need.

*Contentment.* Two of the participants (Mr. Y and Mrs. G) discussed contentment as one of the most important things they like about being Amish.  Mr. Y, a Bishop, went to a large city in another state to visit friends with his wife. As he says, "they were interesting people- but anyhow, they lived right beside an 8-lane highway." He went on to describe how busy the highway and the household they stayed at was. He summed it up this way upon his return home, "we got home, and it was in the springtime, and we were driving on 250 to my folks [in their horse and buggy], everything was quiet, the evening after we got home, and all we could hear was the clip clop of the horses

hooves…and I said they could give me the whole city of Atlanta but if I had to live there I wouldn't trade it for this."

Mrs. G stated, when asked if she felt like there was anything she had missed out on, "it's like I was telling my grandchildren [who are not Amish], they ask me, 'why don't you have a television and why don't you have a radio?'. And I tell them, you know what? I've lived without a television or radio for 60 years and I have never missed it." When asked about the future of the Amish, she shared, "it's like, you know, more fast paced [current Amish life] they [the younger people] get into more things, like a style or whatever, that won't bring them happiness actually, they need to slow down and enjoy life."

*Role models.* One of the interview questions asked the Amish participants to name someone they admired in their community and why. All the participants (Mr. L, Mr. P, Mr. D, Mr. C, Mr. J, Mrs. B, Mr. G, Mrs. G, Mr. H, Mrs. H, Miss L, Mrs. C, Mr. Y, and Mr. MM) had trouble in naming just one person. The Amish avoid pride and focusing on themselves. It was clear from the responses to this question that their own lives had been impacted by many different people in their circle of family and friends. Their reasons for admiring this person were almost always because of the qualities this person displayed. Mr. J stated about his friend, "not only is he a great friend, be he dares to stand up for what is right and true and encourages me not to faint by the way." Mrs. C talked about her admiration for her parents, "because of what they taught me and their example."

***Role of the bishop.*** Three of the participants (Mr. MM, Mr. H, and Mr. J) talked of their Bishop. In the past, there has been a stereotype of the strict, unapproachable Bishop that hands down the judgement in the community. This has changed significantly in the past 20 years or so, according to Mr. J. Mr. MM, talked of his Bishop, stating "he tries to live right and give us a good example." Mr. H also talked of his Bishop. He said, "to me, he's an honest person, and he really wants to help people."

***Friendship.*** Three of the participants (Mr. G, Mr. P, and Mrs. B) discussed friendship and the importance to their life. Mr. G talks of friendship with his neighbors. He said, "I think he was everybody's friend. I don't think he has any enemies." Mr. P said that his dad taught him "to think for myself, I think I learned that from my dad, that you don't have to think like everybody else, God made you just the way you are."

**Theme 4: The future of the Amish.** All of the participants' (Mr. L, Mr. P, Mr. D, Mr. C, Mr. J, Mrs. B, Mr. G, Mrs. G, Mr. H, Mrs. H, Miss L, Mrs. C, Mr. Y, and Mr. MM) answers when asked about the future of the Amish developed into two themes. Both themes were often addressed by each participant. The subthemes on the future are: concern for the future, and optimism. Just as the Amish felt that there was significant openness to mental health treatment, but that there was also a stigma present, so it is with their future. Many participants mentioned optimism and concern in the same answer.

***Concern for the future.*** All of the participants, (Mr. L, Mr. P, Mr. D, Mr. C, Mr. J, Mrs. B, Mr. G, Mrs. G, Mr. H, Mrs. H, Miss L, Mrs. C, Mr. Y, and Mr. MM) voiced concern when looking ahead at their future as an Amish people and Amish lifestyle. Mr.

G says that as a parent of adult children now that he can see how he used to say, "the young people just don't care anymore, but that's been going on for 200 years [and they do care]." Mr. MM doesn't worry about the Amish staying with their current beliefs and lifestyle, but he says, "we need to be diligent to keep the values that we've inherited." Mr. MM commented that when he and his wife are at a restaurant, they notice how much non-Amish use their cell phones. He recounted a time when a family of four next to them went through their entire meal and he's not sure they spoke to each other at all. He says, "a huge percent of non-Amish people are addicted to technology, I'm so glad [we are not] but it is getting worse [Amish young people using cell phones]."

*Optimism.* There is an optimism among six of the participants (Mr. H, Mr. D, Mrs. G, Mrs. C, Mrs. B, and Mr. L) despite their concern for the future. All six of the participants referenced their faith when looking to the future. For example, Mr. H says, "if I just stop and look around [at non-Amish culture] I think we've got it made. The Amish have got it made." Mr. D feels that "if we keep God in the middle of our families and our churches, we have a strong future." The Amish are not given to bragging or talking in a way that may sound prideful. Even though I could sense an overall optimism with all of the participants about their future, they were not sure how to describe it without sounding like they were bragging. I think this humility that is present within the Amish community made it hard for them to share some of their answers openly and genuinely.

**Additional Findings**

Mr. P, a minister in the Amish church, is concerned about gossip and the tendency of some Amish to be judgmental. He says, "we have such a small world view, we're so judgmental about other people." He spoke of the banishment that may happen when someone leaves the community. He says, "when someone leaves our community it's open season, but in spite of all of that, I like my people." Mr. P often contributes articles to a local newsletter and often writes of the need to avoid judgement and gossip.

The Amish have been known over the years for using natural remedies to avoid going to a doctor for help. Mr. L, an Amish Bishop, reported that when his wife was experiencing anxiety they used "some natural things to help her feel better" and said that before long "she was fine." Mr. L was the only participant who reported using a natural approach to treating anxiety or depression.

## Summary

Through my first research question, I discovered how the Amish conceptualized mental illness and mental wellbeing. The results showed consistently that the Amish have embraced outside assistance for mental illness in a way that was not present 20 or 30 years ago in their communities. Many participants included in their remarks that years ago there would have been no one to go to, and even more, it would have been discouraged from even being discussed among family.

My second research question looked at how and where the Amish sought help for mental health issues such as depression and anxiety. As in responses to questions

referencing the first research question, it was obvious that, at least in these communities, there has been an effort to educate the Amish to seek help for treatment.

For almost 200 years the Amish did little to address mental illness or mental wellbeing. As such, the concept of talking about how one feels, even among family, is still new to many of the Amish. It has helped that the Bishops and ministers in the Amish church encourage their congregants to approach them for help. Many times, when the Amish person talks with their family, they find the support they were seeking, without using a clinic setting. At other times, they are encouraged to go to Oaklawn to be evaluated for either outpatient counseling, or inpatient treatment.

Through my third research question, I explored elements of the Amish lifestyle that may protect the Amish from depression and anxiety. Here I discovered many answers were consistent among all participants. As outlined in this chapter many referenced their faith, their family, their work, their love for being Amish, and their upbringing.

In Chapter 5 I will provide the overall view of this study and its findings. Chapter 5 starts with an introduction, followed by an interpretation of the findings. The limitations of the study will be discussed, along with recommendations and implications. I will present the essence of this study in the conclusion.

Chapter 5: Summary, Recommendations, and Implications

**Introduction**

In this chapter, I interpret the findings of this study, provide implications of the research, and then suggest recommendations based on the research into the potentially protective elements of the Midwestern Amish lifestyle. In Chapter 2, I presented research on the Amish highlighting their lifestyle and mental health. During the literature search, I discovered that a gap existed in the literature. The gap is a lack of information about the Amish lifestyle that explains why they continue to grow in population, how they can continue to keep their conservative lifestyle intact, and why it is believed that they have a positive outlook on life that contributes to their mental health. I discuss in this study several elements of the Amish lifestyle that will contribute to filling that gap.

I interviewed 14 participants in the Shipshewana, Indiana area. Using a phenomenological approach, I designed the interview questions to discover the lived experience of the individual, as well as the shared meaning in the Amish community. I used purposeful sampling strategy, and achieved a maximum variation sample, as can be seen in Appendix C, participant demographics.

During data analysis, nine themes emerged. From analyzing the nine themes, 21 subthemes emerged. I discuss the research questions below, along with their associated themes.

The first research question focused on the conceptualization of mental illness and mental wellbeing in the Amish community. The interview responses for the first research

question resulted in three themes: providing care, mental wellness and education, and Amish experience with mental illness. The second research question and the associated interview questions yielded two themes: professional treatment and self-care. The third research question and the associated interview questions produced four themes: faith, family, lifestyle characteristics, and the future of the Amish. Appendix A contains the interview questions and the associated research questions.

The rest of this chapter contains an interpretation of the findings. The interpretation is organized by research question and its associated themes and subthemes. Following the interpretation of the findings, I discuss the limitations of the study, and give future research recommendations, explore social change implications, and then provide the conclusion.

## Interpretation of the Findings

Data analysis leading to interpretation of the findings included manual data transcription which led to immersion in the data, reflexive journaling, interpersonal-process recall, and using the modified Van Kaam method of analysis of phenomenological data. I used triangulation along with artifacts from the Shipshewana area, including a discussion of the findings of this study with Chris Miller, the Amish liaison at Pleasant Haven in Goshen, Indiana.

This analysis resulted in nine themes and twenty-one subthemes, as stated above. The themes included: (a) providing care, (b) mental wellness and education, (c) Amish

experience with mental illness, (d) professional treatment, (e) self-care, (f) faith, (g) family, (h) lifestyle characteristics, and (i) the future of the Amish.

As stated in Chapter 2, I interpreted the findings using the conceptual framework of social constructionism and the theoretical framework of positive psychology. I achieved one of the goals of social constructionism as stated by Creswell (2007) by using the participants' view of their world to describe their lived experience. In Chapter 2 I also referred to Raskin (2002) who stated that ones' personhood is constructed through the social practices people are engaged in, and the relationship they have with those around them.

The Amish engage in specific social practices such as regular church attendance, rumspringa, singings, frolics, and courtship. As seen through answers shared during interviews, the Amish value relationships, both with God and their families.

Positive psychology, when compared with traditional psychology, explores more of the positive aspects of what makes life worth living (Schrank, Brownell, Tylee, & Slade, 2014). Some of the interview questions focused purposefully on wellbeing, characteristics of individuals, and happiness; all important aspects of the positive psychology framework (Hefferon & Boniwell, 2011).

**RQ 1: Conceptualization of mental illness and wellbeing**

As stated in Chapter 4, the answers to the interview questions for the first research question resulted in three themes: providing care, mental wellness and education, and

Amish experience with mental illness. Presented below are the interpretation of findings for these themes and their associated subthemes.

**Theme 1: Providing care.** The answers to interview questions concerning the mental health care provided in the Amish community yielded two subthemes that exemplify an ongoing struggle with the past and the future for the Amish. While the participants indicated an openness to learning and treatment that did not exist in the community in years past, some also indicated that there is still misunderstanding, secrecy, and gossip.

*Openness to learning and treatments.* Almost 10 years ago, research found that mainstream healthcare use was increasing among the Amish community (Reiter et al., 2009). I found that in the almost 10 years since that research, the trend continues to be true. All the participants expressed the openness that exists in the community about using mainstream healthcare, specifically mental health treatment.

Nolt (2011) noted that many of the most conservative Amish communities feel that the teachings of the church are compromised if one discusses private matters of the family with an outside professional. The participants I interviewed included two Amish bishops in the Shipshewana, Indiana, community. Both bishops were very supportive of their church members seeking mental health treatment when needed.  One of the bishops serves his community through a mental health board that serves as a bridge between the community and Oaklawn hospital.

While there has been great progress in the Amish community's support and use of mental health care, this is because they are using specific facilities designed for their needs. It seems far less likely that there would be the same success if they were forced to use standard types of community mental health services.

Native Americans have had success with similar mental health support for their communities. Werrbach, Withers, and Neptune (2009) describe their research into mental health support available to the Passamaquodi Tribe in Princeton, Maine. Similar to the Amish liaison used with Amish mental health clinics, the local hospital in Princeton, Maine uses members of the Passamaquodi Tribe to serve as community liaisons between the available mental health services and their tribe. This has resulted in increased use of mental health treatment among the Passamaquodi Tribe.

***Misunderstanding, secrecy, and gossip.*** Mrs. B highlighted a common issue in the Amish community with obtaining mental health treatment. She shared that there are still those in the community that view mental health problems as a spiritual disconnect rather than an actual medical issue. Several of the participants, while discussing how much they valued their community, admitted that with the closeness comes gossip. Mr. J felt that because of the closeness of the people in the community, that there is too much opportunity for gossiping about neighbors and church issues.

The provision of mental health care to members of the Amish community in Shipshewana, Indiana has made significant progress in the last 10--20 years. The presence of three mental health treatment centers, and most bishops encouraging their

church members to seek treatment, has changed the view of mental health treatment among the Amish.

Oaklawn Hospital, in Goshen, Indiana, has three treatment centers specifically designed for use by the Amish communities in the surrounding area. Pleasant Haven is an inpatient and outpatient facility for Amish men. Horizon of Hope is an inpatient and outpatient facility for Amish women. Resthaven is an outpatient facility where most of the Amish go first, unless they need the services of the hospital. At Resthaven, they meet with an Amish liaison. The Amish liaison is an Amish member of their community who talks with them and recommends to the therapist the type of treatment that individual is seeking.

The individual is then placed at either the men's or woman's facility on an inpatient or outpatient basis, depending on his or her need. Mr. Y, an Amish bishop in the area, often has members of his church approach him with mental health issues. He consults with other ministers in his church and they recommend to the individual a course of action. This may vary from talking with one of the ministers to seeking treatment at Resthaven.

A strong factor advancing the acceptance of mental health treatment is word-of-mouth. Due to the close-knit community, word travels quickly when something works. Many of the participants knew a friend or family member who was successfully treated for mental health issues. This raises the confidence level among the Amish and encourages others to seek help when needed.

**Theme 2: Mental wellness and education.** Because this study used the theoretical framework of positive psychology, it was important to ask the participants about their concept of mental wellness. While all 14 participants acknowledged that discussion of mental illness has progressed in the last 20 years, only nine participants alluded to mental wellness and education in their responses. Two subthemes emerged from the nine responses: mental wellness discussed, and mental wellness not discussed.

*Mental wellness discussed.* From the responses I received from the two Amish bishops, it is likely that the discussion of mental wellness varies greatly from church district to church district. The bishops that are actively involved with helping their church members with mental health treatment are much more likely to talk of things that contribute to positive mental health in their sermons. One of the bishops said that he believes that living according to scripture, staying close with family, and valuing the Amish traditions is bound to contribute positively to mental health.

Overall, my question about mental wellness was met with either confusion about what was meant by the question or given an answer that misunderstood the question. Some of the participants would mention living a good life or attending church. One of the participants who knew about Rest Haven mentioned there are pamphlets available at his church about mental health.

*Mental wellness not discussed.* From the participants' responses it appeared that there is a need in the Amish community for knowledge and education about mental wellness. I did not sense any resistance to the topic, rather a curiosity as to what I meant

by the question. Five respondents indicated that they were unaware of any discussion in the community of mental wellness.

There are at least two issues to be considered to answer why mental wellness is not discussed more openly. The first issue is that mental health, in general, has only been addressed openly in the last 10--20 years among the Amish. In non-Amish society, mental illness has been emphasized for many more years than the relatively new concept of mental wellness. It makes sense then, that the concept of mental wellness lags the concept of mental illness.

The second consideration is the Amish concept of humility. Dana (2007) pointed out the importance of humility and simplicity among the Amish community. It is likely that putting too much emphasis on an individual's happiness and wellness could be considered a source of pride. Pride is avoided by the Amish, and instead, the Amish focus on family and what is best for the community (Dana, 2007). An emphasis on individual wellness is not consistent with the fact that they are not an individualistic culture but a collectivist culture. The entire cultural emphasis is on the social group, not the individual.

**Theme 3: Amish experience with mental illness.** As previously discussed, involvement with mental health treatment is a new phenomenon among the Amish community. For many years the Amish resisted mental health treatment and were concerned that "English" therapists might be agnostic or atheistic and pull the Amish away from their beliefs (Cates, 2005). The bishop was looked to when there was a problem, and especially mental health problems were kept quiet and private.

One of the main reasons that mental health treatment is increasingly embraced by Amish communities is the result of someone knowing a friend or family member who has gone through mental health treatment. One of the bishops interviewed recalled that for many years he was among those encouraging families to deal with mental health issues themselves, or to use alternative approaches to mental health treatment. He mentioned during his interview that his wife had some anxiety for a while, but they were able to take care of it naturally.

Reiter et al. (2009) found that alternative medicine, in some form, is used by the Amish 98% of the time. While recognizing that alternative medicine is still often used, the bishop changed his mind about outside mental health treatment when his daughter became depressed. After successfully going through a program at Oaklawn Hospital, he saw first hand the benefit of mental health treatment. The bishop now encourages those who come to him to seek treatment if it is necessary.

**RQ 2: Self-care and treatment for depression and anxiety.**

**Theme 1: Professional treatment.** As has already been mentioned, the Amish are increasingly turning to mainstream sources for mental health treatment. During data analysis there were four subthemes identified related to the theme of professional treatment: knowledge of community help, changes from 20-30 years ago, help sought, and supportive of treatment.

As stated in chapter 2, the Amish are self-insured. Even when working outside the home, they do not participate in employer-offered health insurance plans. For the Amish,

this would be symbolic of being "yoked to the world" (Donnermeyer & Friedrich, 2006). Donnermeyer & Friedrich (2006) found that economics was part of the decision-making process for seeking outside mental health treatment. In my interviews there were no participants who mentioned the cost as a deterrent to seeking outside help.

The professional treatment offered to the Amish in the Shipshewana, Indiana area is tailored to their beliefs and needs. An example of the empathy and compassion provided is found in the writing of a receptionist at Pleasant Haven, a treatment center for men in Goshen, Indiana. Miller (2017) writes that when working with the Amish residents it takes a "heart that is open and compassionate." The entire community is involved in sharing their time, food, prayers, evenings of singing, and providing church services for the residents (Miller, 2017).

***Knowledge of community help.*** A current literature search found no studies regarding the Amish and knowledge of community help. However, Nolt (2011) predicted that because of mental health treatment centers such as Rest Haven in Goshen, Indiana, the Amish would be using outside mental health treatment more often in the future. The answers to interview questions in this study indicate that there is wide-spread knowledge of the availability of mental health treatment.

As mentioned in chapter 4, one of the mental health treatment centers hosts a different church district every Sunday. This allows members of that congregation to see firsthand that there is treatment available to them in their community.

***Changes from 20--30 years ago.*** As mentioned in chapter 4, the mental health landscape of the Amish has changed significantly from 20--30 years ago. Donnermeyer & Friedrich (2006) referred to the expanded availability of mental health treatment that did not exist "even one generation ago." The bishops in the Amish community wield the most power concerning engagement with the outside world (Graham & Cates, 2006). In the past, bishops were consulted and often discouraged use of outside mental health treatment.

I interviewed two Amish bishops among the participants. One of the bishops readily admitted his distrust of "English" mental health treatment 20--30 years ago. Both bishops are now involved in mental health treatment for their community and often refer church members to Oaklawn Hospital for mental health care.

***Help sought.*** There are no studies available that have addressed the percentage of Amish who seek mental health treatment. There are some general observations that can be made. First, the participants in this study are familiar with the help that is available in their community, led by bishops who are fully supportive of their congregants seeking treatment.

Second, there is nothing in the religious teaching of the Amish that specifically teaches against using doctors or outside medical treatment (Good & Good, 1995). Third, as mental health treatment is made available to the Amish in a way that complements and recognizes Amish beliefs and practices, it will continue to be used and accepted.

***Supportive of treatment.*** I have communicated several places in this study that the Amish are increasingly supportive of seeking mental health treatment. One of the most significant artifacts supporting this statement is found in a newsletter, Rays of Hope (Raber, 2017) from an Amish treatment center. When an Amish resident is discharged from the Amish treatment program, they are given their own support committee. The support committee is made up of three married couples. One couple is chosen by the resident. One couple is chosen by their local minister or bishop, and one couple is chosen by the two previous couples who worked with a previous resident.

The support the resident receives is significant. The three couples serve as a listening ear for the resident, they are there whenever a different perspective is needed, and when family or friends are asking questions they serve as an intermediary. This amount of support helps to ensure the success of the resident's treatment and makes it unlikely they will return to the clinic again (Raber, 2017).

Over the years there have been many couples who have served on support committees throughout the Shipshewana, Ohio area. This has also served to communicate to the surrounding community that there is help available for mental health issues. A significant factor in the Amish people trusting mental health treatment is the word-of-mouth from those who have been involved in some way with professional treatment.

**Theme 2: Self-care.** There were two subthemes identified through the interviews. These are talking with others and closeness of church and community. The theme of self-

care emerged from a question about wellbeing and what the Amish participant did when feeling depressed or anxious.

*Talking with others.* The Amish people follow closely a small booklet that traces its origins to the 1600s (Kraybill, Nolt, & Weaver-Zercher, 2010). The booklet is called the *Rules of a Godly Life*. In one section of the book it advises that the Amish person, when in need of good advice, seeks a person to talk to. It further advises this be a friend and not someone in authority. This advice was clearly followed as many of the participants reported talking with a friend as one of their main ways to relieve depression or anxiety.

*Closeness of church and community.* Scott (2014) found that 81% of all studies on religious belief and wellness show that religion benefits health. Religion leads to optimism, morale, greater happiness, and wellbeing in life (Scott, 2014). Rankin, Paisley, Mulla, and Tomeny (2018) found that depressive symptoms were the highest when the emotional support needed by a person was not met by the emotional support available to them. Some of the participants found that attending a Sunday church service reduced the depression or anxiety they had been feeling throughout the week. Being part of the church community gave them the emotional support they needed to overcome the feelings of depression and anxiety.

**RQ 3: Protective elements of the Amish lifestyle.**

I found through the answers to interviews for the third research question discovery of many protective elements of the Amish lifestyle. Seligman (2013) uses the

acronym PERMA to define positive meaning in one's life. P stands for positive emotion, E for engagement, R for relationships, M for meaning, and A for accomplishment. The more effort one puts into these five characteristics, the higher the level of wellbeing (Seligman, 2013).

When I looked at the participant's responses to questions as stated in chapter 4, all five of these characteristics are present in the Amish lifestyle. The following themes and subthemes further illustrated this phenomenon.

**Theme 1: Faith.** Two types of religious orientation have been identified through research (Jones, Furnham, & Deile, 2010). Extrinsic religious orientation (ERO) provides social interaction, a means of self-justification, and comfort in sorrow. Intrinsic religious orientation (IRO) reflects the personal and internal aspects of faith. Someone living in this orientation would be arranging their life around their religious beliefs (Jones, Furnham, & Deile, 2010). The following subthemes illustrate both ERO and IRO. One of the bishops interviewed referred to the changing emphasis in preaching and teaching.

Mr. Y stated that there is "a lot more preaching on a personal relationship with Jesus Christ," showing the shift within the Amish from ERO to IRO. Mr. D also referred to a well-known book in non-Amish circles, titled *Battlefield of the Mind* (Meyer, 1995), that his church is passing out the church members to strengthen their mental health. This is another indication of moving from the formality of ERO to the practical, daily living of IRO.

***Faith and church involvement.*** At some point during the interview each participant referred to the importance of their church involvement. Mr. H at one point during the interview referred to how much he loved church and that it was one of the reasons he appreciated being Amish. Mr. J felt that the bond of church friends helped go through situations that were not always positive. He too also stated that church was one of the most significant areas of his life.

For Mrs. C her church involvement was due to feeling that the Amish people probably had lower rates of divorce, homicides, depression, and suicide. She stated that she figured that alone was worth joining the Amish church. Since then, she has gone through divorce and her faith has turned into more of a personal faith, instead of just a general protection in her life.

Mr. P is an Amish liaison for Oaklawn hospital. He has seen the ERO side of church involvement. He feels, at times, that the Amish are made to feel their faith isn't strong enough if they struggle with mental illness, or don't live perfectly according the Bible.

***Personal faith.*** The personal faith of an individual is the IRO phenomenon that takes faith in God from a set of rules and formalities to a faith that all of one's life is centered around. Mr. L was careful to explain a difference between being Amish and believing in Jesus Christ. He stated that being Amish was their way of life, one they were born into. Believing in Jesus Christ was not automatic because of being Amish, but one

had to cultivate their own personal relationship with Christ. Being Amish was not synonymous with having that personal relationship.

Mr. D felt that it was important to state that the Amish would always be a strong people if God was the center of their families and churches. He also said it was important to say that he wasn't criticizing any other denominations, only stating what he believed about the importance of their church and God being the center. Mr. D stated "when somebody asks me about my faith, I always tell them that my clothes and my way of life is not my salvation. It's the blood of Jesus."

Jauncey and Strodl (2018) found in carrying out a review on research of religiosity and spirituality that in 61% of the studies religiosity was associated with improved mental health. In 75% of the studies, religiosity and spirituality was positively associated with well-being. An indication of the importance of IRO is found in a study by Boneli, Dew, Koenig, Rosmarin, & Vasegh (2012). They found that even if an individual had strong spiritual beliefs his or her mental health was poorer than those who also had a defined religious affiliation.

**Theme 2: Family.** During interviews, I found family directly mentioned in response to a question asking what the Amish participant liked and disliked about being raised in an Amish family. I was struck by the difference in answers. When I would ask what they liked about being raised in an Amish family, they would, without hesitation, give me reasons and often recall a time they really enjoyed. When I would ask what they disliked about being raised in an Amish family, there was no instant answer from any of

the participants. Only two of the participants answered the question and they both referred in a joking manner to the number of chores they had to do. This was an area where the data surprised me as the researcher. I had not expected to find universal satisfaction with being raised in an Amish family.

From this theme and its data, there were four subthemes including stability, parenting, siblings, and closeness. Lambert et al. (2014) found that all four of these subthemes predicted wellbeing and happiness.

*Stability.* The stability of the Amish family is well documented. Research and books on the Amish always make mention that divorce is not allowed in the Amish community except in extreme circumstances. Mrs. C was married to a man with a bipolar depression disorder. He dropped out of treatment and became physically abusive. Mrs. C obtained permission and support from the bishop and her church and was able to obtain a divorce. This was an exception to the other 13 participants, as they were raised in a stable family and most of them were currently married with children.

I think that the influence of the church and the way children are raised contribute to the stability of the family. The Amish church makes clear that divorce is not an option. When an Amish couple marries, they know they are marrying for life. They are instructed by the bishop that if they have difficulties that they learn to work them out or obtain support to work things out. Children are raised in a community where divorce is seldom seen or discussed, furthering the likelihood of stability in the family unit.

***Parenting.*** Mr. D spoke with thankfulness for the love his parents showed to him and his 8 siblings. He mentioned the rumspringa period when adolescents who are 16 years of age can explore outside the Amish boundaries. They can do this until they turn 18, at which point they must decide between joining the Amish church or leaving the church. Mr. D and his siblings, all on their own, chose to attend the singings that were offered and never participated in activities outside the Amish community. Mr. D reports that all his children chose the same path and have never felt that they missed out on anything.

Mr. P talked of his dad as one of the people he most admired. He mentioned that his father was loving and strong. Mr. P wants to be the kind of father to his children that his father was to him. He said that is the goal of the Amish parents that he knows-that they provide a good example and keep their children "on the right path" and "close to God."

Of the 14 participants interviewed, there was only one child from one of the families who chose to leave the Amish faith before being baptized at the age of 18. This allowed the individual to freely participate with their family and siblings even though they made the decision to not be a part of the Amish church.

***Siblings.*** Mr. L reported that one of the best things about being raised in an Amish family was the fun he had with his siblings. He had 6 brothers and 6 sisters. He stated that there was always someone to talk to, always someone to play with. Mr. Y had 13 siblings. He said what he liked best about having that many siblings was the fun and

even the work they did together. He reported that he always felt that their home was the "safest place." Mrs. B also had 13 siblings. Her favorite thing about the size of her family was what she called "family time" when they would play games. She also reported that work could be fun because everyone worked together.

*Closeness.* The closeness of the family unit was mentioned by all the participants at some point during their interview. Mr. C talked about the closeness he experienced in his family. His dad would take the boys fishing, and his mother would spend time showing his sisters how to cook. He had 14 siblings and reported they would go ice skating, swimming, and play a lot of games together.

One of the impressions I came away with during the interview process was how close the connection remained among family, even as the children grew into adults and had their own families. When I asked Mr. L how many of his 12 siblings were still in the area, he thought for a moment, and then told me that they were all living within 6 miles of his home. This closeness and family bond are not seen as often in the non-Amish who often experience their children moving across the county to pursue a new job.

Lambert et al. (2014) conducted research with over 9000 adolescents looking at factors that influenced their level of happiness. They found that the strongest association of happiness was with a good family connection. A good family connection was the strongest influence on happiness, even when compared to other factors known to be related to wellbeing (Lambert et al., 2014).

**Theme 3: Lifestyle characteristics.** I discovered several subthemes of lifestyle characteristics during the interview process that all contributed to protective elements in the Amish lifestyle. Lifestyle characteristics of the Amish included work ethic, working together, community, contentment, role models, role of the bishop, and friendship.

*Work ethic.* The work ethic of the Amish is started at a young age as many of the Amish are raised on or near family farms. Even though there are fewer Amish farming now than 10--20 years ago, even grandchildren are able to learn valuable work skills on the farms still in their family. The work ethic is well known by non-Amish. The major recreational vehicle manufacturers have moved their operations to the Shipshewana, Indiana area. They have done this to take advantage of using Amish workers, as they find them hardworking, punctual, and skilled, according to Mr. G.

Miller (2015) feels that the Amish work ethic can be their "greatest strength or greatest weakness." In a newsletter, *Rays of Hope,* Miller (2015) discusses the dilemma of encouraging people with mental illness to work to get their mind off of their problems. He feels this may work short term, but that underlying emotional issues should be addressed for long-term mental health (Miller, 2015).

Another connection to the work ethic of the Amish is their religion. Intrinsic religious orientation (IRO) mentioned previously has a strong correlation with intrinsic motivation (Jones, Furnham, & Deile, 2010). This connection was also seen in a section of the Amish guidebook *Rules of a Godly Life* (2000). The Amish are encouraged to

"pray therefore to the Lord that He would bless your labors and only then seize hold of the task with a joyful spirit" (*Rules of a Godly Life* (2000).

Engagement is one of the five pillars of PERMA, the building block of wellbeing as outlined by Seligman (2013). Engagement includes finding one's flow, or the sweet spot of working, or relationships, or whatever one is engaged in. The engagement that the Amish illustrate in their daily work ethic contributes to positive wellbeing.

*Community.* Another characteristic shared by all participants is the importance of community. Community serves as a cornerstone of Amish life (Clark & Varoza, 2011). Growing up in an Amish community defines their identity, gives support, provides friendship, and joins them with others in worship (Clark & Varoza, 2011).

I found Mr. C concerned about the effect of factory jobs on community. He pointed to the early start times of 5 a.m. and that many times the father of the house is too tired to interact with his family or go to social events in the evening. The father also missed out on helping with the children in the mornings. Mr. H enjoyed being part of his community. He liked that wherever he goes "we know people, we know a lot of them. I'm glad I was born Amish." Miss L shared that she values the closeness of her community and how everyone looks out for each other. She also mentioned how many of her neighbors help each other whenever needed.

Jones, Heim, Hunter, & Ellaway (2014) found that social connections are a protective factor and contribute to wellbeing. Adults experiencing a strong sense of social cohesion were more likely to display positive mental health (Jones, Heim, Hunter, &

Ellaway (2014). Several of the participants commented on how safe they felt in their Amish community, and how much they valued their neighbors and connection with friends. Jones, Heim, Hunter, & Ellaway (2014) found that two of the major factors in their measurement of positive mental health and wellbeing was that one felt safe in their neighborhood and experienced a high degree of integration with others.

***Contentment.*** While not always explicitly stated using the word contentment, I was struck by the feeling at every home I was in, that the Amish are an extremely contented people. One example was found on a plaque that I noticed as I was leaving an interview with Mrs. G. This Amish family had the smallest of the homes I had been to and they were not as wealthy as others in their community. Their plaque, I think, summarized their feelings and those of many Amish: What if you woke up today with only the things that you thanked God for yesterday?"

Mrs. G specifically mentioned a peaceful environment as one of her favorite things about being Amish. Her grandchildren are now living as non-Amish due to her daughter not joining the Amish church. When they asked her if she missed having television or a computer, she responded, "I don't miss it because I don't have it!"

I was particularly struck during one interview when a grandfather clock began chiming the hour. I realized I had been there an hour and how quiet and peaceful it was. In every home I was in, there was a quiet contentment. If other family members were present, there was a feeling of gentleness and peacefulness in their communication.

***Role models.*** In one interview question, I asked Amish participants to name someone they admired and to tell me why they admired that person. It became apparent when I asked the question that many of them had difficulty narrowing down their answer to just one or two people.

A review of the literature available shows no studies investigating the correlation between having a positive role model and mental health. Jauncey & Stodl (2018) studied the relationship between love of others and wellbeing. They found love of others based on a spiritual focus toward the other person. Love of others incorporated altruism, kindness and compassion (Jauncey & Stodl, 2018). This concept is in close relationship to the dynamic between someone and their role model. The role model provides an example of altruism, along with kindness and compassion.

Mr. C, for example talked of his father as his role model. He was taught to be thankful for the way he was made by God, to seek to be his own person and to not follow the crowd. Mr. MM stated that his bishop was a role model because of his example of kindness to others, and selfless giving. Several of the participants listed their parents first. It was significant to me as a mental health therapist who often sees the result of questionable parenting to hear so many of the participants praise their parents for being strong role models in their life. They were referring to not only their childhood experiences, but also the fact that they are role models to them to this day.

***Role of the bishop.*** The bishop serves as the leader of the congregation in normally one district, assisted by two ministers and one or two deacons. He is the chief

authority for the Amish church in that district. A bishop serves his term for life, unless he

is ever removed for misbehavior. When a bishop is selected, it is because he is humble,

has a loving family, and has been successful in business or farming (Hostetler, 1993).

The influence of the bishop was seen in the answers to several interview questions.

Mr. J was a unique participant in that he was not born Amish. He decided to join

the Amish church in his mid-20s. This process involved him working very closely with

the bishop of his district. His bishop instructed and guided him for over a year, and then

baptized him into the Amish church. He immediately listed the bishop as a person that he

admired in response to my question. He said that while many felt the bishop was stern

and foreboding at times, he found him humble, and very caring albeit protective of his

congregation.

Mr. C, a deacon, talked of his respect and admiration for his retired bishop. He

said not only was he the bishop of his church, he worked with him for many years. He got

to see that "he was the real deal", that he was the same man during the week that he was

on Sunday. Mrs. C reported that as a teenager she had always heard how unapproachable

a bishop could be. In her experience, however, she found her bishop fun and was never

scared to talk with him or ask for advice.

The two bishops that I interviewed took their responsibilities seriously. In

addition to their position of bishop, they both work full time. I was struck by their

humbleness. Even though they wield much of the decision-making power in their large

districts, they look at their position as a position of serving others. By the time I

interviewed one of the bishops I had heard about him from several participants. When I mentioned he was quite well-known and very respected he said, "I realize in order to be a good leader, I need a good connection, my relationship with the Lord."

*Friendship.* Friendship was a common subject to many of the answers to interview questions. I was struck by the participant's descriptions of their siblings not being just siblings, but also their best friends. Their one-room schoolhouses also encouraged friendships with a wide age-range as they spent their days together at school.

Van Harmelen et al. (2017) found that friendships in adolescence and early adulthood predict the positive resilience one has when faced with life challenges. The skills needed to enhance resilience were obtained through multiple friendships during adolescence and early adulthood. This resilience was seen in the Amish. When asked what they do when they are feeling discouraged or depressed, many of the participants mentioned talking to a friend was a valuable intervention.

Mrs. C discussed growing up with 7 siblings and how that created close bonds within her family. She said there was always someone to talk to, a best friend, and that those bonds continue to this day in later adulthood. Mr. J talked about his friendship with a coworker being the reason he is now Amish. He worked at a recreational vehicle factory and befriended an Amish man. He spent time with his friend outside of work and realized the Amish lifestyle was what he desired. He joined the Amish church about one year later and his friendship remains strong.

**Theme 4: The future of the Amish.** The future of the Amish when discussed with the participants contained two significant subthemes. Almost all the participants reported concern about the future, but also talked of the future with optimism.

*Concern for the future.* Mrs. G is concerned about the "fast living" she sees among the youth. She sees them trying activities outside of the Amish faith that she feels might further distance them from their community. Mr. G hears occasionally in the community that todays' youth "just don't care" about Amish tradition and the future. However, he feels that the same has probably been said for each generation and that the Amish will "probably be ok."

In their answers about the future, Mr. C and Mr. H both mentioned that some of the Amish are "drifting." They both stated that it will be their belief in God and spiritual faith which "brings the young people around" and keeps their culture intact. One of the bishops I interviewed was concerned that the Amish were becoming complacent. He perceives that sometimes the Amish feel they are "a chosen people", that they have a special place in God's heart. He made it clear that he teaches his congregation that we are not a chosen people because we are Amish. We are a chosen people if we live for God.

*Optimism.* Almost all the participants expressed some degree of optimism about the future of the Amish. Most of the answers were spiritual in nature, meaning that their optimism was connected to the degree that they remained faithful to God. Mrs. C stated that she thought the Amish would be fine in the future "as long as they stay with God." Mrs. B felt that some Amish were too focused on rules and legalism. She has friends who

have a concerned view of the future because not everyone was strictly following all the "rules." Mrs. B feels that the important thing is not "what he or she is doing, but if they remain focused on God."

Mr. C feels that despite some "drifting" that the Amish culture and doctrines, "those we hold dear to us" will ensure a bright future. Mr. H, who also reported that he felt some of the Amish people in his community were "drifting" and also stated that despite that, there were "a lot of good people who are going to keep us going strong." One of the bishops told me that he had an "English" friend who had predicted over 20 years ago that the Amish would be gone by now. He laughed about it because he seemed to realize that not only are the Amish not gone but continue to grow in population each year.

## Limitations of the Study

The sample size of fourteen participants is the first limitation of this study. The phenomenological approach of this study uses a smaller sample size, resulting in less generalizability and transferability of the results. The results may not be representative of the overall Amish population. The Amish participants may have related differently to me as an outside who is not Amish.

This study was limited to adult Amish 18 years old or older, living in the Shipshewana, Indiana area. This study was limited to the Old Order Amish, the largest sect within the Amish population. Transferability may be possible within other Old Order Amish communities. Transferability also occurs within the theoretical lens of positive

psychology. As stated in chapter 1, positive psychology can explain actions that lead to well-being and positive individuals. Many of the characteristics of the Amish may be transferable to the non-Amish population.

As stated in chapter 1, I had a goal to have a maximum variation sample. While this was obtained to the extent that there was both male and female, older and younger, single and married, a pure maximum variation sample was not obtained. This was due to the participants selection being done by an Amish bishop who may have chosen those most likely to participate in a positive way. Also, the study did not include interviewing those who have chosen to leave the Amish lifestyle and who would have different views from those who have remained with it.

## Recommendations

Further research is indicated because of this study. As outlined in chapter 2, there is little research available on the Amish post-2010. As found in the studies referenced for this research, over 90% of the research available in a literature search is at least 10 years old. Another reason for further research lies in the type of research done. There is little research available on the Amish using a phenomenological approach and a theoretical lens of positive psychology. Most of the research found provided numbers but did not provide the meaning behind the numbers.

While this study succeeded in filling that gap of finding some of the protective elements of an Amish lifestyle that contribute to positive mental health, there is still opportunity for research to establish generalizability and transferability of these results.

The Amish community is in a constant state of change, along with yearly population growth. These facts indicate that further research is needed to examine the effect of fewer farming occupations being available and more factory jobs being taken.

As stated previously in this study, the Amish bishop is the definitive authority of his church district. His interpretation of the Ordnung may be different than the bishop of a neighboring district. Due to this factor, found in every Amish district throughout the United States, further research should be done in other church districts to increase our understanding of the Amish and wellbeing.

## Social Change Implications

I undertook this study with the goal of creating positive social change through the lens of the Amish culture. By using a qualitative approach to look at their life experiences I found many characteristics of the Amish that can be put into practice by a non-Amish population. My final research question addressed the issue of social change by addressing what the Amish themselves would say to a non-Amish person to help them in life.

Many of the Amish answered the question by referring to their religion, as it is the common theme around which their lives are centered. Mr. J stated that for him, number one, would be that the Englishers learn how to "draw nigh to God." He went on to say, "He will never leave you or forsake you, regardless of who you are, or what your current state is." Mrs. G answered the question by saying "if you live for God, you will go a long way." Many of the other participants also pointed to their relationship to God that could be emulated by non-Amish.

Other answers, along with the entire body of data from interviews, points to all five cornerstones of PERMA and the idea of what creates wellbeing. As psychologists and others who work in the mental health field work with people to increase their wellbeing and optimism the protective elements of the Amish lifestyle can be seen and used as an example to others.

The first concept of PERMA is positive emotion (Seligman, 2013). The Amish through their interviews consistently faced the subject or life challenge with positivity. Not one of the participants could be described as pessimistic, or afraid of the changes happening within their community. They have a steadfast faith that is their setpoint for positive mental health. Even when discussing concerns about a certain topic, they would end up with something positive about their concern.

Secondly, the "E" of PERMA is for the concept of engagement. This is related to the concept of flow. The Amish are essentially "all in" and dedicated to their traditions and lifestyle. If the non-Amish could approach everyday life, family, and work with the same attitude of engagement as the Amish, flourishing would be seen in our own lifestyles.

Third is the "R", which is the importance of relationships. As seen by their close family ties, their social interactions in the community and church, relationships can protect us from the harder times of life. This is an implication that is true for both the Amish and the non-Amish. Many of the participants answered the interview question by

saying that the non-Amish needed to value their families and take care of those who are most important to them.

Fourth, is "M", referring to meaning in life. If the non-Amish could learn that in some cases, simple is better, stress and anxiety may be reduced. The Amish have learned to gain meaning from their lives whether they are at home, working on the farm, or working in a factory. Some of the Amish have learned that the meaning in their life involves helping other Amish with their mental health issues. Positive psychology encourages one to look at what there is in life to be grateful for, to live a life of gratitude. The Amish do this daily and it has added positive meaning to the simplest parts of their lives.

Finally, "A" refers to accomplishment. The Amish did not directly address this in their answers as it would violate their tradition of humility. It is obvious when observing the Amish in their own homes that they have accomplished many things. They have successfully switched their economy from dependence on farming by adding factory jobs. They continue to successfully keep their children in the community as over 90% join the Amish church at the age of 18. Even in the mental health arena, they have successfully started and maintain clinics to serve the Amish in need of mental health care. It should also be noted that their accomplishments are discussed as community accomplishments, not individual accomplishments.

Looking at the entirety of the elements of an Amish lifestyle there are lessons to be learned that can be put into practice. Using these elements in the lives of non-Amish can spread wellbeing and increase happiness worldwide.

## Conclusion

In 2016, there were 44.7 million adults 18 years old or older suffering from mental illness in the United States (NIMH, 2016). The National Institute of Mental Health (NIMH) reported that 43.7% of these adults received mental health treatment (NIMH, 2016). Over ten years ago depression and anxiety were recognized as affecting millions of people in the United States (Lambert, 2006).

The Amish are known for their traditional dress and simple lifestyle. They are often misunderstood as being resistant to all change, and resistant to using resources outside of their community (Kraybill, Johnson-Weiner, & Nolt, 2013). This study, while limited in scope, has shown the significant advances made by the Amish in treating mental health in their communities. It has also outlined several characteristics that I believe are protective elements of the Midwestern Amish lifestyle for positive mental health.

The three clinics established in the Shipshewana, Indiana area have been effective in changing attitudes toward mental health among the Amish community. Similar clinics have been established in Berlin, Ohio, and Lancaster County, Pennsylvania based on the model used at Oaklawn Hospital in Goshen, Indiana. The Amish liaisons at the three clinics continue to reach out to their community to let their people know that help is

available. The bishops of the area are fully supportive and several serve on an advisory board to help their congregants get the help that they need. This can only strengthen the already robust mental health found while interviewing participants for this study.

Kraybill, Nolt, and Weaver-Zercher (2010) refer to a characteristic known as practices, referred to in chapter 1. These practices, or sustained activities, positively affect the body, soul, and mind. The practices are similar in nature to the positive psychology approach of wellbeing known as PERMA. This study has found several practices among the Amish that contribute to positive mental health, and, importantly, can be used in a non-Amish setting as well.

Literature has shown that there is a positive correlation between religious practices and positive mental health (Jauncey & Strodl, 2018). This is seen as a strong practice among the Amish that contributes to their mental health. This is also a practice that can be strengthened among the non-Amish population.

The Amish showed a strong dedication to family, often listing family as the second most important part of their life, next to their faith in God. The support of family has been shown to be a strong predictor of wellbeing. Relationships with friends and the social community in which they live were also extremely important to the Amish. Literature showed that people who have a strong social support network experience less depression and anxiety (Shelton, Wang, & Zhu, 2017).

There is recent research that may explain how non-Amish may benefit from applying some of the elements of an Amish lifestyle. Odgers (2015) has conducted

research into income inequality and the development of children on into adulthood. Odgers has found that successful development of children depends on resources that are provided to them through their family, as well as the area of the country they are born into (Odgers, 2015). Income inequality as been on the rise since the 1970s. One in five children, or 4.7 million in the United States are living below the federal poverty threshold (Odgers, 2015).

Mental and physical health disparity is significantly increased in areas with higher levels of income inequality (Odgers, 2015). Elgar et al., (2015) surveyed 500,000 adolescents from 34 North American and European countries. In countries with a higher level of income inequality (of which the United States was one), adolescents were more likely to be overweight, less physically active, less satisfied with their lives, and experiencing more negative psychological and physical symptoms (Elgar et al., 2015).

According to recent research the United States ranked at the bottom of 23 affluent nations in both income inequality and average well-being in youth and adolescents (Odgers, 2015). Other research has shown a variety of significant problems in adolescents such as school bullying, mental illness, obesity, and social cohesion in societies with unequal income (Elgar et al., 2015). I think it is significant that the Amish have protected their communities from this type of disparity. Several elements, such as providing for their own healthcare, helping their neighbors when they are unable to do for themselves, living in humility and teaching these values to their children from a young age, has contributed to their positive mental health.

Amish children are not focused on income inequality as they are taught to be thankful for what they have, and to be generous with others. They do not have the stress of wondering if there will be enough food to eat, or if their parents will be able to provide for them. This is a significant protection from mental illness and physical problems both during childhood and later in life.

As seen through the interviews with the Amish participants and data analysis, including reviewing artifacts and talking with Chris Miller, the Amish do experience stress. Their faith allows them to believe that God can be trusted and even when traumatic events occur, they are able to face them with positive strength. Sapolsky (2015) has done research concerning stress and the brain, along with the physical and mental effects of inequality.

The stress response, whether it be in the Amish or non-Amish person, is activated by purely psychological states of loss of control and social support (Sapolsky, 2015). Prolonged stress has been found to increase physical and mental illness. Stress in early childhood can have negative neurobiological consequences that reach all the way through adulthood (Sapolsky, 2015). Thanks to the findings on brain development and neuroplasticity, the consequences of early life stress can be halted or even reversed later in life (Sapolsky, 2015).

It is significant that the Amish lifestyle has elements within it that may protect its people from the effects of stress. The Amish do experience stress as seen through their changing employment landscape, occasional mental health issues, divorce, and (although

infrequent) suicide. When one examines Amish stress through the lens of the research
mentioned above, the Amish almost always have social support within their community
as opposed to feeling loss of control. One of my participants is an example of the ability
to exhibit neuroplasticity through negative life events. Although living through a severe
mental illness with her husband and a subsequent divorce, she was able to work through
this and still feel grateful for her Amish life. She was able to take negative life events and
model a positive response to her four children.  Further research should be considered in
the area of income equality, stress, and the protective elements of the Amish lifestyle as
they relate to mental health and the Amish.

Another area of research discovered during data analysis is gut microbiomes. Gut
microbiomes make up all of the microorganisms living within one's digestive tract and
gut. While over the past century there has been disagreement, mental health has primarily
been understood to be related to the head (Lucas, 2018). In recent research the
microbiome-gut-brain axis has highlighted the impact of gut microbiomes on mental
health (Lucas, 2018). Research is showing that the connection between the brain, gut, and
microbiome could play a part in health problems including anxiety and depression
(Lucas, 2018).

Stress and environmental influences from childhood can cause biological changes
and responses (Lucas, 2018). Gut bacteria vary according to environment and culture.
Wilson (2015) suggests that bulimia nervosa, an eating disorder, has a biological and
psychological aspect. This disorder includes anger, need, depression, comfort,

attachment, and distress which may indicate a collapse in the division between mood and gut (Wilson, 2015).

While proponents of holistic health may point to microbiome-gut-brain research the exact connection between gut to mood, and behavior and mental health needs continuing study for increased understanding (Wilson, 2015). Dietary considerations may have a strong impact on gut microbiomes which in turn may affect mental health. If this is true, then the healthy eating habits of the Amish population may also contribute to their overall positive mental health. Further research should be considered in this area.

Telomeres are at the end of each strand of DNA. They are similar to the caps at the end of shoelaces. Telomeres shorten as we age and eventually can no longer do their job of keeping our cells functioning properly (Shaley et al., 2013). Telomeres can also be shortened by poor diet, stress, lack of exercise, obesity, and smoking (Shaley et al., 2013). As telomeres shorten, depression, as well as other mental disorders, are more likely to occur. Trauma during childhood has also been linked to telomere shortening (Shaley et al., 2013).

The effects of stress outlined above could very well be explained by telomere shortening. Several studies have been done with adult participants that confirm the association between stress in childhood and shorter telomeres (Shalev et al., 2013). Healthy lifestyle factors have been suggested to promote telomere maintenance as well as lengthening which could be important especially during times of adversity (Shalev et al., 2013).

The Amish protect their children from outside influences and stressors. This is done by only allowing Amish-friendly schooling through the eighth grade. It is also accomplished through close-knit family ties and traditions. Children are raised in the Amish church surrounded by supportive family and community. They are shown from an early age the value of work, the value of a community that provides for their health and spiritual welfare, and as evidenced by the participant responses, they are shown their path to adulthood through the model and example set by their parents and extended family.

The additional research mentioned above that I found during data analysis confirms that many of the characteristics of the Amish lifestyle may contribute in a positive way to wellbeing, along with possibly providing protection from physical and psychological illness. As seen in the findings of this study, the Amish value God, family, relationships, forgiveness, work ethic and humility. These are significant protective elements of their lifestyle that contribute to positive mental health. I found them to be open, warm, and genuine. As further research is conducted among the Amish, there will continue to be lessons to be learned and spread throughout the non-Amish communities in the United States.

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Appendix A: Interview Questions and Corresponding Research Questions

| | |
|---|---|
| 1. How is mental illness viewed in your community? | (RQ1) How are mental illness and mental wellbeing conceptualized in the Amish community? |
| 2. How is mental wellness viewed in your community? | (RQ1) How are mental illness and mental wellbeing conceptualized in the Amish community? |
| 2. What are some of the best things about being Amish? | (RQ3) What elements of an Amish lifestyle protect them from depression and anxiety? |
| 3. What are some of the things you do not like about being Amish? | (RQ3) What elements of an Amish lifestyle protect them from depression and anxiety? |
| 4. Have you or someone you know been depressed or anxious either now or in the past? | (RQ1) How are mental illness and mental wellbeing conceptualized in the Amish community? |
| 5. What do you do when you feel sad, depressed, or anxious? | (RQ2) How and from what source do the Amish seek help for mental health issues, especially depression and anxiety? |
| 6. What are some things in your life that are very important to you? | (RQ3) What elements of an Amish lifestyle protect them from depression and anxiety? |
| 7. The Amish have a lower rate of depression, suicide, and anxiety than non-Amish. Why do you think that is so? | (RQ3) What elements of an Amish lifestyle protect them from depression and anxiety? |
| 8. Who is a person in your Amish community that you admire and why? | (RQ3) What elements of an Amish lifestyle protect them from depression and anxiety? |
| 9. What do you like best about being raised in an Amish family? | (RQ3) What elements of an Amish lifestyle protect them from depression and anxiety? |
| 10. What do you not like about being raised in an Amish family? | (RQ3) What elements of an Amish lifestyle protect them from depression and anxiety? |
| 11. Is there anything else you would like to tell me about the Amish? | (RQ3) What elements of an Amish lifestyle protect them from depression and anxiety? |
| 12. How do you feel about the future of your Amish community? | (RQ3) What elements of an Amish lifestyle protect them from depression and anxiety? |

Appendix B: Participant Demographics

*Participant Demographics*

| Participant | Age | Gender | Occupation |
| --- | --- | --- | --- |
| Mr. L | 72 | M | Bishop, Farmer |
| Mr. P | 65 | M | Retired Farmer |
| Mr. D | 62 | M | Farmer |
| Mr. C | 65 | M | Farmer |
| Mr. J | 45 | M | Supervisor |
| Mrs. B | 40 | F | Secretary |
| Mr. G | 74 | M | Construction worker |
| Mrs. G | 75 | F | Housewife |
| Mr. H | 72 | M | Farmer |
| Mrs. H | 75 | F | Housewife |
| Miss L | 36 | F | Secretary |
| Mrs. C | 40 | F | Teacher |
| Mr. Y | 65 | M | Bishop |
| Mr. MM | 68 | M | Retired Farmer |