

Moving Beyond Stark Options: Old Order Mennonite and Amish Approaches to Mental Health

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The Confinements of Lucy Hochstetler

In January 1948, acting on a tip from a non-Amish neighbor, Elkhart County, Indiana, sheriff and deputy sheriff raided the home of Samuel Hochstetler, a 75 year-old Old Order Amish bishop. The sheriffs brought not only a warrant, but also a newspaper reporter and a photographer, all eager to document the alleged fact that Hochstetler had taken to confining his 41 year-old daughter, Lucy, who suffered some undefined mental illness, to her bedroom by chaining her to her bed when he had to leave the house.¹

Early the next morning, Samuel Hochstetler appeared in court without counsel. Court transcripts suggest that the bishop was confused by the judges' questions, but he tried to explain that Lucy was chained because she was sometimes dangerous to herself and she was stronger than Samuel's 19 year-old granddaughter, who was helping care for Lucy since the death of Mattie Hochstetler (Samuel's wife and Lucy's mother) three months earlier. The bishop had resorted to chains after Lucy had chewed through rope restraints.

Samuel Hochstetler pled guilty and the judge reprimanded him as uneducated and ignorant of modern science, and then sentenced him to six months in prison – the maximum term allowed. The judge ordered Lucy examined by physicians, who found her “insane” but healthy, showing no signs of physical abuse. The court immediately sent her to a state mental institution well removed from her home community, where she remained for the next twenty four years. News reports of Lucy’s confinement and Samuel’s sentence appeared in papers across the United States and in Europe and South America.

The Hochstetler case was complex, with layers of legal, symbolic, and cultural meaning that the synopsis here only begins to introduce. Yet even in this brief form, the story of Lucy and Samuel Hochstetler illustrates some of the challenges that Old Order Mennonite and Amish [hereafter referred to Old Order groups] patients, families, and professionals have faced – and not always successfully negotiated – around mental health care. It illustrates the sometimes yawning gap between Old Order sensibilities and liberal therapeutic assumptions – assumptions that sometimes frankly took the form of diagnosing one’s illness simply as *being* old order. The Hochstetler story is well known in Old Order circles, recounted at times, I believe, as a tale of warning because it embodies Old Order fears – fears of outside intervention, of loved one being taken out of the community (literally or figuratively), of media scrutiny, of being outmaneuvered by legal and professional authorities, and so on – fears that have often limited Old Order willingness to access mental health care.

Looking back from the early twenty-first century, Lucy’s voice and wishes are difficult to locate, given the surviving sources, but some evidence suggests that if there were only two options – confinement at home or at a state hospital – she may have preferred her bed and chains to a distant institution where no one spoke her German dialect or appreciated her cultural preferences for food or other matters.

Indeed, it has been the insistence by a growing number of Old Order people and some mental health professionals that there should be more than just the two stark options that the judge perceived. During the past quarter century the quest for alternatives has driven a lively discussion in Old Order Mennonite and Amish circles² about pharmacological and talk therapies, and spawned a handful of institutional experiments. Such experiments seek to bridge the gap between the Old Order and professional worlds from both sides.

This essay does not focus on particular mental health diagnoses or therapy success with Old Order patients – although there is a small body of reliable literature on the subject.³ Nor does it look at the ways some Old Orders have cooperated with psychiatric research projects and clinical trials, such as the study of genetic underpinnings of bipolar

disorder by the National Institute of Mental Health in the United States. Instead, the focus here is on a close reading of publications written by or directed to Old Order groups, as well as some observation and interaction with staff at several of the centers that focus on the treatment of Old Orders.

Old Order Understandings of Mental Health

Exploring the history of Old Orders and mental health requires some modest background in Amish and Old Order Mennonite values and worldviews that often stand in contrast to conventional science, broadly understood, and, more specifically, what historians of twentieth-century medicine see as the rise of professionalism and the “medicalization of everyday life.”⁴ Amish and Old Order Mennonite formal education, which ends with eighth grade and discourages critical thinking and creative expression, diverges dramatically from modern schooling that normalizes a scientific worldview and sense of self as an autonomous individual.

1. *Basic Old Order understandings of health and medicine.* While the modern patient trusts the professionally trained stranger to provide care that the professional learned through formal education, Old Order people, as products of a high context culture, believe that knowing the practitioner as a person is as important as that person’s professional credentials. As well, tradition-minded Old Orders typically view medicine and healing as closely tied to process of taste and touch common to ordinary life itself, and thus favor remedies handed down from the past and that typically involve naturally available tonics or chiropractic manipulation, rather than seeking treatment through medications that have no analogue in everyday life.⁵

Most Old Orders combine these sorts of traditionalist sensibilities with some modern notions of the human body as a complex organism that may be aided by the insights of scientific medicine. Many who strike this balance between the rational and the traditional, though, would still be slow to see *mental* health as a medical issue, viewing psychology as a questionable exercise in abstracting thoughts and feelings from soul and spirit, and skeptical of treating the mind as a biological organ rather than the seat of the human spirit. Nonetheless, as noted below, a growing number of Old Orders accept some aspect of scientific medical analysis of mental health, viewing, for example, depression or anxiety as physical ailments treatable, at least in part, with drugs.

2. *Skepticism toward verbal therapy and discomfort with articulation.* Despite growing openness to pharmacological therapy, there has

often been implicit or explicit resistance to talk therapy. Old Order culture is biased against subjective, personal reflection. Although Old Order people are bilingual, the Pennsylvania German dialect is their first language and they may be less comfortable discussing highly personal feelings and experiences in English. As well, there is clear religious encouragement to submit to one's station in life, uneasiness with cross-gender counseling, and concern that counselors not ignore spiritual matters.⁶ Moreover, many families and church leaders are wary of mental health professionals who have presented messages that seem to lead patients out of the Old Order community – both so-called Christian counselors who encourage evangelical conversion, and individualistically-oriented secular professionals who have at times suggested that leaving a confining religious community is the path to health.

In addition, members from the most tradition minded Old Order affiliations believe that confession and discipline before the church is the only “therapy” one needs. They may also regard the idea of addressing problems in a context of wider family systems as meddling on the part of outsiders who have no business questioning spouse, sibling, or parent-child relationships.

3. *Practical and financial barriers.* Finally, lack of knowledge of resources or the refusal of Old Orders to participate in commercial or public insurance programs also has an impact on their ability to access mental health care, in some cases. Related barriers included fears that professional and legal authorities would remove children from the home (whether the patient was a child or a parent), separate families, and engulf the household in a bureaucratic social services maze that Old Orders believed – perhaps with good reason – they would not be able to negotiate successfully.

If these distinctive features often limited Old Order engagement with mental health care, they could also, in certain combinations and contexts, shape distinctive approaches and programs. What follows is a history of Old Order-specific mental health care, first programs based in professional centers linked to mainline Mennonite-founded institutions, and then those coming from an array of Old Order-initiated centers.

Mennonite Mental Health Institutions and Old Order Patients

Although Mennonite-related mental health centers had served some Old Order patients throughout their history, the development of programs specifically-tailored to Old Order culture is quite recent.⁷ Programming designed to leverage Old Order culture, rather than

view it as a barrier, began in northern Indiana at Oaklawn hospital and emerged from the work of Lee Hochstetler who joined Oaklawn as director of pastoral services in 1989. Levi (Lee) R. Hochstetler was born to Old Order Amish parents in the Nappanee, Indiana, settlement in 1938, and was a relative of Lucy Hochstetler, whose story introduced this essay. Neither Lee nor his wife, Betty Mullet Hochstetler, who was also raised Amish, joined the Amish church, though they remained on good terms with their families. Education and career paths took them to Illinois, where Lee served as a pastor (at times co-pastor with Betty) in two General Conference Mennonite congregations and eventually to earned a Doctor of Ministry degree in counseling and family therapy from Chicago Theological Seminary.⁸

Given Hochstetler's fluency in Pennsylvania German dialect and his sympathetic understanding of Amish culture – something not always found among those who were reared in but rejected Old Order ways – Hochstetler found that he was able to make connections with the occasional Amish patients who came to Oaklawn, and that other Oaklawn staff came to him with questions as they dealt with Amish clients.

Group therapy sessions were often difficult for Old Order patients to negotiate, and Hochstetler noted, for example, a situation in which a 60-year-old Amish woman was part of a group that included boisterous male addicts and (from an Amish perspective) immodestly-dressed young women. He was not surprised when the therapist reported that the Amish woman refused to participate and desperately wanted to leave Oaklawn. When such patients were discharged, their descriptions of hospitalization confirmed the views of fellow church members skeptical of professional care. During the few times when there was a critical mass of Old Order patients, Hochstetler ran an Amish-only chaplaincy group and did some group and individual therapy with Amish patients under the supervision of a psychologist sympathetic to the idea of Amish-specific work.⁹

In early 1999 several northern Indiana Amish leaders, visiting an Old Order patient at Oaklawn, asked Hochstetler to write a column on mental health issues for publication in the weekly Amish correspondence newspaper, *The Budget*.¹⁰ Hochstetler's column bore no title other than "Goshen, IN" and was signed ambiguously "Dr. L. Hochstetler, P.O. Box 809, Goshen, Indiana, 46527."¹¹ Hochstetler published twenty one *Budget* columns from September 1999 through August 2000. Each column focused on a particular topic, including depression, conversion disorder, seasonal affective disorder, borderline personality disorder, post-traumatic stress, obsessive compulsive disorder, marijuana use, grief, anger, side effects of medication, and so on. A few columns were more basically didactic, explaining, for example, that "mental illness is a disease like any other illness, which is no one's fault. Like cancer

or heart disease we do not know why some people get it and others do not. ... Mental illness is not caused by personal weakness any more than diabetes or other illnesses [are].”¹²

Each column presented its issue in remarkably basic language, offered an illustration or two, and suggested treatment – often urging families and church leaders to seek professional medical and psychological help, while acknowledging the skepticism and fear that many Old Orders harbored about the possible outcomes of such encounters.¹³ Sometimes Hochstetler used biblical and religious language, although his columns were not overtly religious. For example, when describing a dysfunctional family in which a husband berated his depressed wife, Hochstetler introduced the idea of transference by saying that “the critical person is transferring his or her feelings about themselves onto another. Sort of like what Jesus said [in Matthew 7:3-5] about the speck we notice in the eye of another is a small portion of the log in our own eyes.”¹⁴

Hochstetler immediately began to receive letters from *Budget* readers with questions and pleas for help from family members and church leaders, and from individuals who wondered if they were suffering one of the illnesses he had described in his column. “I started getting letters six days a week, eight to ten letters a day,” he recalled.¹⁵ Some inquiries recounted painful and difficult situations in great detail. Others asked naïve but pointed questions, such as “I was wondering why you just write about the sickness and don’t put down what to do for it?”¹⁶ Hochstetler answered each letter individually, until it proved to be too enormous a task. Nonetheless, the volume of mail suggested that Old Order households would respond to a trusted voice – in this case, trust marked by Hochstetler’s surname, his writing in *The Budget*, and his taking pains to affirm Old Order life and clearly state that he believed it was possible to be both mentally healthy and Old Order. Some letters also asked if Hochstetler could recommend a mental health center where Old Order patients could receive clinical treatment separate from non-Old Orders, suggesting that if such a culturally segregated program were available some of the traditional hesitation to engage professional care might be allayed.

Hochstetler talked with Oaklawn’s executive staff and convened an ad hoc group of Amish ministers and lay members to ask what kind of care setting they would find acceptable. The group formed itself into an advisory group of sixteen – the eight men and their spouses, all from northern Indiana. One of the men had worked as a conscientious objector in a mental hospital during World War II under the auspices of Mennonite Central Committee (MCC), while others were interested in the idea because they had grown frustrated with the nature of care that family members had received at both public and private centers.¹⁷

In 2002 the advisory group opened Rest Haven, an Amish-constructed and leased facility on the Oaklawn campus.¹⁸ The center housed up to sixteen patients at a time, eight men and eight women. Group therapy took place in the morning and individual therapy in the afternoons, all in the Rest Haven building. Professional staff from Oaklawn walked to the Rest Haven facility. The Amish board set the center's cultural boundaries. The building had electricity, but there were no televisions, radios, computers, or telephones in patient rooms or common spaces. (The lobby had a computer for the center's receptionist.) Some therapy sessions were gender-specific. Volunteer house parents from Amish settlements across the country came to Rest Haven for two-three months at a time, overseeing maintenance, laundry and the kitchen. They also led residents in morning and evening devotions, and the patients assisted the house parents with meal preparation. Nightly hymn singing was part of the routine, and family members enjoy expanded visiting privileges.¹⁹

Initially Lee and Betty Hochstetler processed all the admissions and conducted most of the group sessions, although they were assisted in program development and church relations by a retired Beachy Amish plumber, Sam Bontrager, whom Oaklawn hired. Bontrager had formerly represented Beachy Amish interests on Oaklawn's board.²⁰ (The Beachy Amish are a plain-dressing Anabaptist group that supports verbal evangelism, drives cars, and otherwise makes more use of consumer technology than do Old Orders.) When the Hochstetlers retired, a Pennsylvania German-speaking therapist from Ohio joined Oaklawn's staff with responsibility for Rest Haven.

Since its opening, Rest Haven has consistently been full. Most Rest Haven patients are discharged with a care plan connected to a trusted doctor or community mental health center that remains in contact with Rest Haven and Oaklawn staff. In 2005, the Amish advisory group opened another center, Pleasant Haven, on private property very near the Oaklawn campus.²¹ Pleasant Haven is a fourteen-bed extended-care center and something of a halfway house for men discharged from Rest Haven but unable to return home. In 2007, a similar facility for women opened in Middlebury, Indiana, under the name Horizons of Hope. Pleasant Haven and Horizons of Hope have few overhead costs and are more affordable for Amish clients without insurance. Amish house parents help staff the two facilities, and Old Order churches in the region take turns holding Sunday church services on site.

Shortly after Rest Haven opened, another Mennonite-initiated mental health center, Philhaven Hospital at Mount Gretna, Pennsylvania, began conversation about opening a similar facility on its campus, and did so in 2005. Green Pasture Rest Home mirrored Rest Haven, from its Old Order advisory board right down to the floor plan

of the building. One difference was that Green Pasture conducted only gender-segregated therapy sessions, while many of Rest Haven's group sessions combined women and men. Green Pasture made use of Philhaven professional staff, but also employed an Old Order Amish community liaison who also managed a wood shop at Green Pasture to provide afternoon work options for male patients.²²

In its first five years, Green Pasture served almost 1000 patients, from twenty-seven states and provinces. More than half were from Pennsylvania, and the next largest portions were from Ohio and New York. Of all Green Pasture admissions during this time, 59 percent were Old Order Amish, and many of the rest were horse and buggy Old Order Mennonites. The balance are plain-dressing, car-driving Mennonites.²³

Rest Haven and Green Pasture quickly garnered Old Order respect and the endorsement of many local church leaders. For example, although hospitals have acted as the admitting channel for dozens of Green Pasture patients, more than three quarters of admissions came directly from Old Order communities, referred and accompanied by family member, ministers, and bishops who, in the past, might have advised against outside therapy.²⁴ Patients came from a wide range of Old Order affiliations, including some from the most tradition-minded Swartzentruber and Swiss Amish groups, and from Reidenbach and Stauffer (Pike) Mennonite groups. Not surprisingly the majority hail from more numerous Old Order or New Order affiliations. Beachy Amish, as well, as Weaverland Mennonite Conference members and other more acculturated groups are also at home with the centers' assumptions and outlooks.

The programs certainly face challenges and critics, including suspicion on the part of the most culturally conservative Old Orders that the centers practice an ecumenism that lumps traditionalists with somewhat more progressive, yet plain, groups. It is likely that fewer patients coming from the most tradition-minded communities arrive with the full backing of their church, although they typically come with the support of someone from their family or congregation.²⁵

Another challenge is the persistence of stigma around mental illness, even among those more disposed to understand it in medical terms and open to psychological therapies. Professional staff at both facilities note that families in Pennsylvania occasionally prefer admission to Rest Haven (and vice versa, with Midwestern families choosing Green Pasture) because they hope to deal with their relative's illness away from the (Old Order) public eye. The discomfort on the part of even these supportive households suggests the power of stigma to discourage families in churches that are less supportive or comfortable with such treatment.

Old Order-initiated Mental Health Centers

Alongside, and in some ways predating, the development of culturally-specific centers that combined professional staff with Old Order sponsorship, a different approach to mental health concerns emerged as a grass-roots Old Order undertaking. This approach was especially apparent in settlements regarded as relatively progressive, such as those in Lancaster (Pennsylvania), Holmes County (Ohio), and Elkhart County (Indiana). The roots of this lay-led movement date to the 1980s and were encouraged by several sources, many of which had also primed readers of *The Budget* to respond warmly to Lee Hochstetler's columns. State and provincial child and family services departments, increasingly intervened in situations where mental illness endangered children. Recalling the ordeal of Lucy Hochstetler, some Old Orders were concerned that their churches needed to respond proactively to such situations.²⁶ At the same time, a group of rather assertive evangelical Christian counselors, notably in Pennsylvania and Ontario, began marketing their services directly to Old Order communities, often to the frustration of Old Order leaders who interpreted such overtures as unfriendly competition.²⁷ Third, some Old Order readers were influenced by the writings of a conservative Mennonite counselor named John Coblenz, who booklets, written in easy-to-understand language and with a good dose of religious language (though without the appeal to leave the Amish, as often accompanied the message of evangelical counselors) introduced ideas such as family systems theory and grief process. Popular Coblenz books included *Beauty for Ashes: Biblical Help for the Sexually Abused* and *Getting Along with People God's Way: A Biblical Study of Interpersonal Relationships*.²⁸ Finally, in the mid-1980s a handful of Old Order Mennonites and Amish who participated in a new structure for MCC East Coast found themselves involved in discussions of deviant behavior, mental health care, and the church's response.²⁹

These impulses surfaced in editorials and anonymously-penned articles in Amish periodicals coming from Pathway Publishers, located in Aylmer, Ontario, and in circle letters and informally produced booklets. One line of debate centered on the value or danger in the appeal of "worldly" writers, such as Bill Gothard and James Dobson, whose books were being read in some Old Order homes.³⁰ Other Pathway articles made cautious statements in favor of professional pharmacological and talk therapies.³¹ Given Old Order polity and conservatives' distrust of centralized organization, these interests percolated in many places and coalesced only in unplanned and ad hoc fashion.³² Often an entrepreneurial lay leader, with ministerial support in the background, convened a discussion of what to do about mental

health concerns or how a community might answer (or preempt) social workers or law enforcement who intervened in difficult situations.

Among the most active of these discussion circles was one that took the name People Helpers, a name soon adopted more widely and today representing a loose network of Old Order people who seek to raise awareness of emotional and mental health within their churches. The initial People Helpers meeting was held on September 9, 1995, at the home of Shipshewana, Indiana, deacon Chris J. Miller. Indicative of their educative agenda, the group took minutes and distributed them by mail to anyone who was interested. Those minutes reported:

that the purpose of this meeting was to introduce to our churches with what we believe are the duties and responsibilities of our people to understand and help emotional unbalanced people in our churches. Too often our people are being sent out to the world or to other churches for counseling with often less than desirable results. We believe that with some self education, by sharing experiences and knowledge, it could qualify our own people to help others to find peace with themselves.³³

Supporters hit on the name People Helpers because “we often react [negatively] to the term counselor because of the abuse we have seen or heard [i.e., counselors encouraging people to leave the Old Order church].... In reality, Christian counseling is simply taking time to listen to troubled people and directing them back to the greatest Counselor ever, Jesus Christ.” The People Helpers movement encouraged Old Order church members to listen sympathetically to individuals struggling with emotional loss and stress, as well as to provide very basic training in recognizing situations that call for professional intervention. In the words of the People Helpers minutes, an Old Order counselor must “have a compassionate love for people, be a good listener, [and] be a perceptive person who can also discern what is not being said.”³⁴

Soon, groups using the name People Helpers were gathering annually or biennially in the larger and relatively more progressive settlements in Indiana, Ohio, and Pennsylvania. But the gatherings are not limited to those places. In recent years, for example, a People Helpers joint meeting for Michigan and Ontario drew 800 attendees.³⁵ Attendance is evenly balanced between men and women, though the speakers are only men. In 1997 in Holmes County, Ohio, a related group known as Family Helpers began hosting an annual Marriage Meeting, which draws several hundred participants concerned about marital conflict and abuse. In typical Amish style, People Helpers meetings are low-budget gatherings convened in a warehouse or other place of

business, and out-of-town guests lodge in homes amid an atmosphere of extended family reunion.³⁶

But for those involved, the gatherings are also serious business. The format combines inspiration talks with lay-education. Often one presentation will be from a psychiatrist, psychologist, or professional counselor who is sympathetic to the People Helpers movement.³⁷ Most of the speakers, however, are Old Orders and very often are ordained men. They offer what they deem to be practical advice on topics such as child discipline or recognizing depression, along with unambiguous encouragement to seek professional care and pharmacological therapy when doctors recommend it. In any given gathering, topics include basic information, such as “Defining mental illness” as well as topics such as the procedure for telephoning for help when someone expresses suicidal thoughts and the necessity of taking such a person to the hospital against their will.³⁸

An eagerly anticipated portion of every gathering is the session known as “Question Box,” in which ministers address written questions that members of the audience have anonymously submitted, such as “What would you recommend if someone has a problem with depression and talks to you about it, but doesn’t want you to tell anyone?” or “How much of a concern is it if you know of someone who started using sleeping pills every night?” or “Would you please explain the difference between regular blues and ... major depression.”³⁹ The questions and the responses appear in the minutes in nearly verbatim form, and are a major reason that the meetings’ minutes are printed and circulated as primers on mental health. The responses are nonprofessional, but often mix in terminology or jargon that has become common in People Helpers circles, such as *denial*, *repression*, *rationalization*, and *emotional insulation*. Statistics, without attribution, also appear: “It was noted that approx. 20-40% females and 10-25% males are exposed to unwanted sexual experiences as children. Although we don’t believe these figures may hold true for our setting, we are aware that there is more sexual child abuse amongst us than we would like to believe. It was also mentioned that verbal abuse is probably the most prevalent amongst our people.”⁴⁰

Women use the question box to press their concerns directly to ministerial leaders in a setting that forces male leaders to reply publicly. For example, in response to the question box submission “I need help. I am very discouraged. When we go away, like to church, instead of helping with the little ones, my husband will scold me for not being ready. Often times by the time I get in the buggy I’d rather cry than go anywhere. Please help me,” the ministers responded: “The husband you describe here is not giving himself for you as Christ gave himself for the church. Your husband might be doing what he saw his

father do unaware of how much this hurts you. He is thinking of himself more than he is thinking of you and he is not being a Godly leader. ...the husband needs to help with the children and a Godly husband will.”⁴¹ Responses to such questions consistently reveal a ministerial desire to preserve patriarchy, while also trying to blunt its harder edges.⁴²

Responses to the Question Box model a People Helpers sensibility – a sensibility that encourages openness to medical intervention, resistance to equating mental illness with sin, gentler child discipline, sharp criticism of smoking and drinking, and compassionate consideration of difficult life situations.

The People Helpers movement exists in the boundary between traditional skepticism of professional care and turning such care over to centers such as Rest Haven. To be sure, People Helpers offer more than just a one-armed embrace of the Rest Haven and Green Pasture model. Often People Helpers are champions of such facilities, but they seek a wider Old Order discussion in a more explicitly religious register. On the one hand, the movement advocates for pharmacological therapy: “Our brains work by using chemicals, like a battery,” is a common People Helper theme. “How do we know this? When you take antihistamines for hay fever you become drowsy because it is the same chemical used by the brain that regulates alertness.”⁴³ Yet, the minutes also reveal an Old Order theological emphasis on human choices and responsibility, freedom of the will, and an expectation that confession purges the past and forgiveness drains bitterness.⁴⁴ “Only God can change the heart,” speakers remind listeners, even as other speakers wrestle with distinctions between “guilty condition” and “guilty feelings,” or posit that too much stress on confession leads to an “over-active conscience.”⁴⁵

Discussion of sexual abuse illustrates one of the tensions within the People Helpers program. On the one hand, there is a clear sense that pedophilia is an addiction that cannot be stopped through a simple act of the will. “Going through the *bann* [traditional church discipline] will not get rid of the problem,” People Helpers insists; additional intervention is necessary. Yet the minutes’ next line suggests that one cause of such behavior is the low necklines and short dresses worn by women, and that more modest dress on the part of victims may prevent abuse.⁴⁶

Despite their openness to pharmacological therapy, many supporters of the People Helpers movement remain ambivalent about talk therapy with outsiders. Explained one Old Order Mennonite man active in People Helpers circles, “It is in some ways easier to find a psychiatrist we are comfortable with because psychiatrists are treating you with medicine. But we have to be more careful with psychologists because psychologists are trying to change behavior.” Thus, he believed that [Old Orders] “need to think carefully about

what behaviors the psychologists are going to advocate. With all the Freudian stuff they learn, it's probably hard for them to have faith."⁴⁷ For Old Orders who embrace the value of talk therapy, as this man does, the bias is toward therapy led by a fellow church member, often a minister, and that has a distinctly Christian cast.⁴⁸

The logical extension of such assumptions has been the opening of residential Old Order therapy centers, a phenomenon impossible to imagine prior to the mushrooming of interest and financial support engendered by the People Helpers network. In 1997 the People Helpers movement in Michigan opened a residential home for men, known as Harmony Haven Home, near the town of Evart. According to its purpose statement, Harmony Haven "is a Christ-centered rehabilitation program especially designed to assist male members of the Amish community who suffer from mental illness, immoral and compulsive obsessions, uncontrolled emotional conflicts, and unresolved spiritual and marital problems. The program may last up to nine months." Further, "It is our goal to provide a safe place where men can go to receive help to heal from mental and emotional wounds and to teach them to become active spiritual pillars in the church of God as they strive to live according to the will of God."⁴⁹ Harmony Haven's staff and loyal supporters come from the pool of relatively progressive-minded Old Orders that comprise the People Helpers network, but the facility has had patients from highly traditional affiliations.

Up to six men live at Harmony Haven and participate in a rather rigid and rule-oriented daily schedule that involves group classes, individual sessions with Amish ministers and lay counselors, a devotional schedule, and afternoons building furniture in a workshop or helping the volunteer house parents with maintenance or grounds work.⁵⁰ Harmony Haven counselors monitor residents' daily medications and arrange for a non-Amish driver to take residents to Grand Rapids, Michigan, for appointments with a psychiatrist. The program charges participants nothing, relying on donations from the People Helpers network – who stay informed of Harmony Haven's activities and needs through a newsletter – as well as modest income from the sale of the shop's furniture. Reports in Harmony Haven's newsletter are upbeat, with stories of individuals who have been helped and testimonies from house parents and counselors. But the center is not without critics, Amish and non-Amish.⁵¹ Some worry that Harmony Haven takes on cases of serious psychosis that are beyond the ability of Old Order counselors, whose training is clearly limited yet who provide the therapeutic services that psychologists would in other settings. Nor has it always been easy to find a psychiatrist willing to work with patients living in such an irregular (from a modern clinical point of view) setting.

Despite such reservations, other Old Order-initiated, residential therapy programs have opened in imitation of Harmony Haven: Hofnungsheim, in Dundee, Ohio, in 1999, and Whispering Hope, in Newville, Pennsylvania, in 2002, among others. One of the newest is Conestoga Retreat, near New Holland, Pennsylvania. Conestoga Retreat focuses on Old Order marriage therapy, and has a base of support in three Old Order Mennonite groups and the Amish.⁵² Up to six couples at a time move to Conestoga Retreat for three-to-six months at a time. Some leave their children in the care of relatives in their home community, while others bring their children along, and Conestoga Retreat provides childcare in Old Order homes.

Conestoga Retreat participants gather each morning for a group Bible study led by a bishop, minister, or deacon from one of the four supporting Old Order groups.⁵³ Next there is individual couple or one-on-one sessions with an Old Order counselor, discussing issues specific to the couple's situation or using one of the John Coblenz workbooks on topics such as anger or forgiveness. "It's interesting to see new people come in," said an Old Order Mennonite man deeply involved in Conestoga Retreat's origins and operation.

They think they know what their problem is and what they need help with. But they don't. The ones who get help are the ones who come to see that it is much bigger than they think – it's not just that if she stops doing this one thing or if he stops saying this one thing then everything will be fine. It's much bigger than that. And it really depends on how long it takes for them to realize and admit that their problems are bigger than they think. Once they make that breakthrough, then they can be helped, and then the counseling doesn't take so long. But some really resist, and they are here longer.⁵⁴

Conclusion

By the early twenty-first century, Old Order church directories, which often list the occupations of household heads, identified a small but noticeable number as *therapist* – a dramatic departure from the days when almost every listed occupation was *farmer*.⁵⁵ The public inclusion of therapy in an Old Order settlement directory is symbolic of developments in recent decades, as mental health concerns gained legitimacy in many Old Order circles. The People Helpers movement had largely been responsible for this shift, and for introducing some mental health concepts and treatments into Old Order circles (though

clearly in nonprofessional ways and with theological and gender assumptions that clinicians might not share).

These shifts within Old Order circles have been matched by new interest in culturally-specific treatment on the part of a small but growing number of mental health professionals. Old Order fears represented by the story of Lucy Hochstetler had been allayed by efforts that sympathetically take into account Old Order values and concerns and that, as much as possible, work with, rather than against, Old Order culture. Although such programs were pioneered by Mennonite mental health centers at Rest Haven and Green Pasture, they have been employed to great success in a handful of related social services, as well. Chief among these is the Amish Youth Vision Project, which in 2003 began to provide drug and alcohol education classes specifically for Old Order youth arrested for underage possession in northern Indiana. Similarly, Ryan's Place, a child and adolescent grief center located in Goshen, Indiana, has also won Old Order confidence and up to half of the center's participants have been Old Order.⁵⁶

Much remains to be done to bring mental health services to Old Order communities in ways that are inviting and non-threatening. But the developments of the past quarter century, in historical perspective, are remarkable.⁵⁷

Notes

- ¹ Primary sources are collected in the Samuel D. Hochstetler Collection, Hist. Mss. 1-66, Mennonite Church USA Archives – Goshen, Goshen, Ind. One account and interpretation is Mami Hiraiké Okawara, "The Samuel D. Hochstetler Case (1948)," *Japanese Journal of American Studies* 8 (1997), 119-41, though it may be noted that surviving members of the Hochstetler family strongly disagree with aspects of Okawara's interpretation. A thoughtful exploration of the issues of authority and power in the story of Lucy Hochstetler is Julia Spicher Kasdorf, "The Gothic Tale of Lucy Hochstetler and the Temptation of Literary Authority," 143-63, in *The Body and Book: Writing from a Mennonite Life, Essays and Poems* (University Park, PA: Pennsylvania State University Press, 2009).
- ² For an introduction to Old Order society, see Donald B. Kraybill and Carl Bowman, *On the Backroad to Heaven: Old Order Hutterites, Mennonites, Amish, and Brethren* (Baltimore: The Johns Hopkins University Press, 2001). North America's Old Order Amish and Mennonite population (adult members and children) in 2010 numbered approximately 275,000, located in twenty-eight states and the provinces of Ontario and Manitoba. This article discusses only these old orders of so-called "Swiss Mennonite" origin, rather than Low German Mennonites of Russian background or Hutterites – groups that are occasionally included under the Old Order rubric.
- ³ E.g., James A. Cates and Linda L. Graham, "Psychological Assessment of the Old Order Amish: Unraveling the Enigma," *Professional Psychology: Research and Practice* 33:2 (April 2002), 155-61; James A. Cates, "Facing Away: Mental Health Treatment with the Old Order Amish," *American Journal of Psychotherapy* 59:4 (2005), 371-83. A poignant first-person account of the effects of untreated mental

- illness in an Amish home is Saloma Miller Furlong, *Why I Left the Amish: A Memoir* (East Lansing: Michigan State University Press, 2011).
- ⁴ E.g., Rima D. Apple, "Constructing Mothers: Scientific Motherhood in the Nineteenth and Twentieth Centuries," *Social History of Medicine* 8:2 (1995), 161-78; Gerald N. Grob, *From Asylum to Community: Mental Health Policy in Modern America* (Princeton: Princeton University Press, 1991); Nancy Tomes, "Germ Theory, Public Health Education, and the Moralization of Behavior in the Antituberculosis Crusade," 271-89, in *Morality and Health*, ed. by Allan M. Brandt and Paul Rozin (New York: Routledge, 1997); Ronald Numbers, "Physicians, Community, and the Qualified Ascent of the American Medical Profession," 57-67, in *The Professions in American History*, ed. by Nathan O. Hatch (Notre Dame: University of Notre Dame Press, 1985).
 - ⁵ For extended discussion, see A. Frances Z. Wenger, "The Phenomenon of Care in a High Context Culture: The Old Order Amish," Ph.D. diss., Wayne State University, 1988.
 - ⁶ Donald B. Kraybill, Steven M. Nolt, and David L. Weaver-Zercher, *The Amish Way: Patient Faith in a Perilous World* (San Francisco: Jossey-Bass, 2010), 31-58.
 - ⁷ On Mennonite-initiated mental health care centers, see Vernon H. Neufeld, ed., *If We Can Love: The Mennonite Mental Health Story* (Newton, KS: Faith and Life Press, 1983); Steven J. Taylor, *Acts of Conscience: World War II, Mental Institutions, and Religious Objectors* (Syracuse: Syracuse University Press, 2009); and individual institutional histories, such as Louise Stoltzfus, *As Long as Grass Grows and Water Flows: The Story of Philhaven* (Mount Gretna, PA: Philhaven, 2002).
 - ⁸ Interview with Lee Hochstetler, Sept. 27, 2006, Goshen, IN.
 - ⁹ For much of the twentieth century psychology worked from universalist assumptions that therapy can transcend particular ethnic and religious traditions; see a Mennonite rejoinder to such assumptions in Alvin Dueck and Kevin Reimer, *A Peaceable Psychology: Christian Therapy in a World of Many Cultures* (Grand Rapids: Brazos Press, 2009).
 - ¹⁰ On the role of *The Budget*, see Steven M. Nolt, "Inscribing Community: *The Budget* and *Die Botschaft* in Amish Life," 181-98, in *The Amish and the Media*, ed. Diane Zimmerman Umble and David Weaver-Zercher (Baltimore: The Johns Hopkins University Press, 2008).
 - ¹¹ But see the somewhat fuller explanation he provided in *The Budget*, Nov. 17, 1999, 22.
 - ¹² *The Budget*, Mar. 22, 2000, 14.
 - ¹³ E.g., *The Budget*, Mar. 22, 2000, 14; Apr. 12, 2000, 23.
 - ¹⁴ *The Budget*, Dec. 29, 1999, 14.
 - ¹⁵ Interview with Hochstetler.
 - ¹⁶ *The Budget*, May 17, 2000, 18.
 - ¹⁷ Interview with Hochstetler; "New Mental Health Clinic Tailored to Amish Values," *Goshen News*, 14 February 2002; "Amish Place of Rest: Psychiatric Center in Goshen Honors Advocate for Amish," *Mennonite Weekly Review*, July 20, 2009, 1-2.
 - ¹⁸ *Die Blatt*, Mar. 29, 2001, 12; Sept. 27, 2001, 12; Feb. 14, 2002, 1.
 - ¹⁹ Interviews with F.B., Sept. 5 and 15, 2006, Goshen, IN.
 - ²⁰ "Amish Place of Rest: Psychiatric Center in Goshen Honors Advocate for Amish," *Mennonite Weekly Review*, July 20, 2009, 1-2.
 - ²¹ *The Budget*, Nov. 17, 2004, 3; July 13, 2005, 18; *Die Blatt*, Dec. 30, 2004, 1; Apr. 21, 2005, 1; "Group Home for Amish Approved," *Elkhart Truth*, Oct. 19, 2004, 1.
 - ²² "Coming Out of the Shadows: New Center will Help Plain People Deal with Mental Illness," *Intelligencer Journal*, Apr. 21, 2005, B-1; "Amish Facility Planned at Philhaven: Churches Creating Home for Mentally Ill," *Lancaster New Era*, Apr. 8 2005, A-1; *The Minutes of the 11th People Helpers Meeting of Lancaster County, 2004*, 20; interview with Charles Bauman, June 7, 2010, Mount Gretna, PA; and

- “Green Pasture Outpatient Clinic” [brochure detailing outpatient programing]; See also the complete collection of Green Pastures Rest Home quarterly newsletters, which include new developments, devotional essays by staff, and first-person testimonies from patients and families.
- ²³ “Green Pastures Report, August 8, 2005-May 31, 2010. Admission Data.” Most Canadian patients at Green Pastures are from Ontario, but a handful has come from Alberta, Saskatchewan, and Manitoba.
- ²⁴ “Green Pastures Report, August 8, 2005-May 31, 2010. Admission Data.”
- ²⁵ In some cases members of the most tradition-minded old order affiliations, such as the Swartzenruber Amish and the Reichenbach Mennonites, with mental illness receive treatment only if their behavior becomes so violent or problematic that it provokes police intervention. Such individuals might later be admitted to Rest Haven or Green Pasture by hospital staff, and at least one such individual later ended up at Harmony Haven Home (see below).
- ²⁶ E.g., after an Old Order minister from the Aylmer, Ontario, settlement ended up in provincial court in 2000 on charges of child abuse, another minister and deacon from the Aylmer community wrote “A Fence or an Ambulance,” a 20-page booklet on preventing sexual abuse and the need to seek professional help in addressing addictive behaviors.
- ²⁷ Particularly Gavin H. Michaels of P.E.E.R Family Counseling, Tillsonburg, ON, and Upward Call Christian Counseling, New Holland, PA. There are also mixed feeling in old order communities regarding Freedom Hills, Walhonding, Ohio, and Eagle Wings Discipleship Ministries, Port Elgin, Ontario.
- ²⁸ John Coblentz, *Beauty for Ashes: Biblical Help for the Sexually Abused* (Harrisonburg, Va.: Christian Light Publications, 1999); *Getting Along with People God’s Way: A Biblical Study of Interpersonal Relationships* (Harrisonburg, VA: Christian Light Publications, 2008). Coblentz is a member of the Midwest Mennonite Fellowship, a traditional group both theologically and culturally.
- ²⁹ Telephone interview with Lynn Roth, former director of MCC East Coast, Aug. 31, 2009.
- ³⁰ John Paul Raber, *A Collective Look at the Modern Counseling Movement* (S.I., 2004).
- ³¹ E.g., “Staff Notes,” *Family Life*, June 1996, 6-7.
- ³² A related grass-roots movement is a grief-support network known as the Sudden Death Reunion, in which old order households who have experienced sudden or traumatic loss gather to share their experiences; see Kraybill, Nolt, and Weaver-Zercher, *The Amish Way*, 175-76.
- ³³ “The First & Introductory People’s Helpers Meeting,” 1.
- ³⁴ Ibid. For another discussion of the merits of counseling, including “Some ABCs of Biblical Counseling,” see *The Minutes of the 9th People Helpers Meeting of Lancaster County*, 4-7.
- ³⁵ Interview with R. L., Aug. 9, 2001, Ewart, MI.
- ³⁶ See, e.g. *Marriage Meeting, October 20 & 27, 2007*, 50-page booklet of minutes, distributed by a four-member Family Helpers Committee, Dundee, Ohio. The 2007 gathering met in the warehouse of an Amish-owned business, Country Floors. The meetings operate under different names in different communities; see announcement for “2nd Family Unity Meeting” to be held at LaVern Bontrager’s Community Building, *Die Blatt*, Feb. 14, 2002, 1.
- ³⁷ See printed minute booklets from People’s Helpers [spelling is inconsistent: People’s Helper, People Helpers, and even People’s Helper’s] meetings, author files.
- ³⁸ “Minutes of the Sixth People Helper’s Meeting of Lancaster County,” in *People Helpers Meetings, May 1998 to July 2000*, (S.I., n.d.), 38.
- ³⁹ “Minutes of the 7th People Helper’s Meeting of Lancaster County, [2000],” in *People Helpers Meetings, May 1998 to July 2000*, 53; *The Minutes of the 9th People*

- Helpers Meeting of Lancaster County* [2002], 15; *The Minutes of the 8th People Helpers Meeting of Lancaster County, 2001*, 10.
- ⁴⁰ “The First & Introductory People’s Helpers Meeting,” 3.
- ⁴¹ *Marriage Meeting, October 20 & 27, 2007*, 37.
- ⁴² Reflections on the complex nature of patriarchy in Amish society include Marc A. Olshan and Kimberly D. Schmidt, “Amish Women and the Feminist Conundrum,” in *The Amish Struggle with Modernity* (Hanover, NH: University Press of New England, 1994), 215-29; and Charles E. Hurst and David L. McConnell, *An Amish Paradox: Diversity and Change in the World’s Largest Amish Community* (Baltimore: Johns Hopkins University Press, 2010), 121-30. See also anonymous accounts from Old Order women published as *The Doorway to Hope: For the Hurting, Struggling and Discouraged* (Fort Wayne, Ind.: The Sewing Circle, [2009]).
- ⁴³ “Minutes of the Sixth People Helper’s Meeting of Lancaster County,” in *People Helpers Meetings, May 1998 to July 2000*, 37. For another statement on the importance of medication in the treatment of mental illness, see *The Minutes of the 14th People Helpers Meeting, 2007: Still Waters*, 18.
- ⁴⁴ One lengthy statement outlining the philosophy and theology of the People Helpers movement is “Helping Hurting People,” *Hoffnung Heim Newsletter*, 5:2 (May 2004), 1-4. On public confession in church and behavior change, see “Church Structure,” *Hoffnung Heim Newsletter*, 5:2 (May 2004), 1-3. On human agency, see Amos Yoder, “Our Choices in Life,” in *People Helpers Meetings, May 1998 to July 2000*, 50-53.
- ⁴⁵ “Minutes of the Fifth People Helper’s Meeting of Lancaster County,” in *People Helpers Meetings, May 1998 to July 2000*, 30.
- ⁴⁶ *The Minutes of the 9th People Helpers Meeting of Lancaster County*, 13. *Minutes of the 5th People’s Helpers Meeting* [northern Indiana, November 1996], 7: “This is not a simple matter of confronting, confessing, and forgetting ... [and] when the abuser refuses to cooperate, we must not stand in the way of the law.”
- ⁴⁷ Interview with A.N.H., Ephrata, Pa., Nov. 19, 2009.
- ⁴⁸ For various comments on “outside counselors, see, e.g., “Minutes of the First People Helper’s Meeting of Lancaster County,” in *People Helpers Meetings, May 1998 to July 2000*, 1; *Marriage Meeting, October 20 & 27, 2007*, 37; and Harmony Haven Home People Helpers Meeting Minutes, May 23, 2003, [15], which recommends John Coblenz books over “self-centered” self-help books by worldly counselors.
- ⁴⁹ “Harmony Haven Home” and “Visitor’s Guidelines: Harmony Haven Home” [brochures]; interview with R.L., Aug. 9, 2001; Harmony Haven Home newsletters, author’s files.
- ⁵⁰ “Houseparent Duties,” author files.
- ⁵¹ An Amish critique is Eli Miller, Jr., *The Diary*, Feb. 1999, 31.
- ⁵² Old Order Amish (Lancaster, Lebanon, and Franklin counties settlements), Groffdale (Wenger) Old Order Mennonite Conference; Weaverland (Horning) Old Order Mennonite Conference; and Stauffer (Pike) Old Order Mennonites. Three smaller Stauffer splinter groups do not officially participate because of their lack of communion with other Stauffer groups.
- ⁵³ Although mainstream Old Order groups do not encourage personal or group Bible study in the vein of most evangelical Christians—and the overt proselytism of evangelical Christian counselors who often sought to “convert” Old Orders through Bible study has been one of the major Old Order criticisms of so-called Christian counselors—a Bible study under the direction of an ordained Old Order leader, even if a leader in another Old Order group, seems acceptable in a setting such as Conestoga Retreat, where no one is encouraged to leave their church or switch affiliations to another group. Anecdotal accounts suggest that Bible Study in these settings is clergy-directed, and that women participants do not often voice individual or dissenting interpretations.

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- ⁵⁴ Interview with A.N.H., Ephrata, PA, Nov. 19, 2009.
- ⁵⁵ See, e.g., *Indiana Amish Directory: Elkhart, LaGrange, and Noble Counties, 2007* (Middlebury, Ind.: Jerry E. Miller, 2007), 12, which indicates that eight household heads list their primary occupation as therapist.
- ⁵⁶ Chris R. Weber, James A. Cates, and Shirley Carey, "A Drug and Alcohol Intervention with Old Order Amish Youth: Dancing on the Devil's Playground," *Journal of Groups in Addiction & Recovery* 5:2 (Spring 2010), 97-112; Interview with Ryan's Place Director Aileac Deegan, Feb. 20, 2007, Goshen, IN.
- ⁵⁷ The author gratefully acknowledges a Goshen College Miner Center faculty research grant, which helped facilitate this research.