

*SANA SANA COLITA DE RANA: MEXICAN FOLK HEALING BELIEFS AND
PRACTICES AMONG SECOND-GENERATION MEXICAN AMERICAN
MILLENNIALS*

A DISSERTATION

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DEDICATION

For my great grandmother Rosa Duran,

My grandmother Frances Matta,

And my beloved mother Mary Sanchez

Three generations of magical women who made miracles happen every day.

I am so proud to belong to you.

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To my parents, Mary and Tommy Sanchez, every good thing I do in this world is a reflection of your parenting, your sacrifices, and your love. Mama I miss you so much but I found you throughout the pages of this dissertation. I often found myself reduced to tears in public coffee shops while I was writing this dissertation because I remembered. I remembered all your *consejos*. I remembered you wetting my *mollera* when I was swimming as a kid. I remembered you warning me about *empacho*. I remembered eating the *Yerba Buena* that you and Tata grew in the front yard. Thank you for taking care of me and protecting me. I love you. *Eres mi Santa*.

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ABSTRACT

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SANA SANA COLITA DE RANA: MEXICAN FOLK HEALING BELIEFS AND PRACTICES AMONG SECOND-GENERATION MEXICAN AMERICAN MILLENNIALS

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Curanderismo, or traditional Mexican folk healing beliefs and practices have gained attention in academic scholarship over the past 60 years. However, there is no systematic study of the folk healing beliefs and practices of second-generation Mexican American millennials—a large and rapidly growing population in the United States. To fill this gap in the literature, this dissertation examines the folk healing beliefs and practices of second-generation Mexican American millennials utilizing a narrative research approach that incorporates *pláticas* as a method of narrative development. The data for this study come from in-depth interviews with fifteen second-generation Mexican American millennials.

The analysis of the data shows that second-generation Mexican American millennial participants have a good level of awareness of the most common folk healing beliefs and practices. Participants' folk healing beliefs and practices include symbolic, religious/spiritual, metaphysical and supernatural beliefs and practices. Participants adhere to folk healing practices and beliefs during pregnancy, childbirth, and childcare; during trips to Mexico; when they need an extra layer of protection; and when Western

medicine falls short. The participation in folk healing practices is influenced by parents, accessibility of folk healers and folk healing materials, Westernized views of healing, negative associations of folk healing, trust, cultural connection, and folk healing's appeal as a natural alternative. Overall, there appears to be a generational decline in participants' folk healing beliefs and practices and their accessibility to folk healing materials and healers.

This is the first systematic study of Mexican folk healing beliefs and practices among second-generation Mexican American millennials. The findings of this study make unique contributions to the literature on both *curanderismo* and the “contemporary” second generation in the United States, by providing information about their adaption to Western health world views, while simultaneously demonstrating how their healing beliefs and practices function as human and social capital. The findings also have significant practical implications for healthcare and health service utilization.

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CHAPTER I

INTRODUCTION

As a young child, I believed that any wound that I could acquire could be instantly healed with a simple chant: “*Sana sana colita de rana, si no sana hoy sanara manana.*” The English translation of this healing chant is: “heal, heal, little tail of a frog, if you don’t get well today you will get well tomorrow.” I would run to my mother for help and she would say this chant while simultaneously rubbing my wound. Miraculously all my pain would disappear and I would run off to play. I never questioned this healing ritual as I had full confidence in its healing abilities. I realize now that healing chants and practices such as these stem from a long history within the Hispanic community of healing oneself and one’s family with what one had access to, and what one had knowledge of. Like a lot of traditional Mexican folk healing beliefs and practices, the origin of this chant is unknown; however, it continues to be practiced today and its healing power is just as potent.

Although folklore may consist of ancient beliefs and practices of the past, it is constantly changing and given new life in modern times (Smith 2007); therefore, it is important to continue to explore the impacts of culture generationally. This dissertation explores the folk healing beliefs and practices of second-generation millennials. Exploring the folk healing beliefs and practices of second-generation Mexican American millennials

not only allows us a glimpse into their health worldview, but also provides us with insight into the significance of ethnicity and culture in the ever changing United States.

Hispanic millennials, the majority of whom are of Mexican decent, constitute a large community of 14.6 million in the United States (Pew Research Center 2016) and are projected to surpass Baby Boomers as the largest living adult generation by 2019 (Pew Research Center 2018b). Mexican folk healing beliefs and practices have been studied among Mexicans and Mexican Americans (Higginbotham and Trevino 1990; Tafur, Crowe, and Torres 2009; Zacharias 2006), the elderly (Applewhite 1995; Rogers 2010), university students (Faver and Cavasos 2009; Cuéllar, Arnold, and Gonzalez 1995), pregnant women (Barragan et al. 2011) and mothers (Rosenthal et al. 1969). However, there is little research on folk healing beliefs and practices among second-generation Mexican American millennials. Therefore, it is important to study folk healing beliefs and practices among second-generation Mexican American millennials because this will help to understand the acculturation and enculturation of this population, and the findings will have significant implications for health service utilization and healthcare in the United States.

THE RESEARCH PROBLEM

The purpose of this study is to examine the knowledge and usage of Mexican folk healing beliefs and practices among second-generation Mexican American millennials. Mexican folk healing beliefs and practices are broadly defined as any beliefs and practices pertinent to healing, which typically include beliefs and practices connected to

metaphysical aspects of healing such as use of herbs, massage, and concepts of hot and cold imbalances in the body that cause illness, as well as religious/spiritual beliefs and practices, and supernatural aspects of healing such as sorcery, *limpias* (cleansings), soul manipulation, *brujería* (witchcraft) as well as rituals and beliefs that encompass cause and effect relationships. For the purpose of this study, I use Comte's definition of the term metaphysical as a term that attributes the root cause of phenomena to a sort of grey area that lies between the supernatural and the natural (Acton 1951).

Traditionally, Mexican folk healing beliefs and practices are categorized under the umbrella term "*curanderismo*," which is a broad term that does not offer clear boundaries between different elements of Mexican folk healing beliefs and practices. *Curanderismo* is a term introduced by the Spanish during colonization to classify traditional Mexican healing practices, that is defined as "a system of knowledge, beliefs and practices which are intent on the prevention and treatment of illnesses or the management of causes of misbalance, which is perceived as pathological for the individual or the social group" (as cited in Zacharias 2006:382).

Curanderismo identifies health and illness as the "manifestation of an interactive process between three main dimensions of regulatory processes: the religious and/or spiritual dimension, the affective-emotional dimension, and the somatic processes of health and illness" (Zacharias 2006:387). *Curanderismo* is made up of both natural and supernatural elements. Culturally, healing is a multifaceted construct. Folk healing practices may include physical cures, as well as social/emotional remedies for everyday

unexpected encounters in life such as abuse, relationship problems, financial issues, and other social stressors (Hendrickson 2013; Mulcahy 2010; Rogers 2010). One may find prayer candles for student loan debt alongside an herbal remedy for stomachaches in a Mexican *botánica* where folk healing goods are sold.

There is much controversy in the Mexican community regarding which folk practices and beliefs are included in “*curanderismo*.” Although *Curanderismo* is made up of both natural and supernatural elements, not all who practice or believe in the folk healing practices of *curanderismo* utilize or even acknowledge all areas of this folk healing practice. The controversy is largely found in the reception or acknowledgment of supernatural beliefs and practices such as *brujería* and sorcery, which are sometimes perceived to be evil or sacrilegious practices due to the stigma placed on such practices during colonization, and by the Catholic Church. Some believe that because supernatural practices can be considered evil, they cannot be categorized as healing practices (Applewhite 1995; Krajewski-Jaime 1991).

Recently however, some millennial Latinx women have begun reclaiming and destigmatizing *brujería* as a healing practice (Yu 2018). The CW Television Network is even introducing a new series of the TV show “Charmed” about Hispanic *bruja* (witch) sisters that discover their own power, and Netflix just released a series called “Always a Witch” about a 17th century Afro-Latina witch who was burned at the stake that time travels to present day Cartagena for love. Therefore, while some people do not consider supernatural beliefs and practices to be part of *curanderismo*, others do. For inclusiveness, I include the

supernatural aspects of *curanderismo* in this study when exploring the Mexican folk healing beliefs and practices of second-generation Mexican American millennials. I believe this approach will provide a more comprehensive understanding of folk healing beliefs and practices of second-generation Mexican American millennials.

For the purpose of this study, “second generation” refers to the U.S.-born children of immigrants. I use The Pew Research Center’s (2018a) new classification of millennials to denote those who were born between the years of 1981 and 1996.

The immigrant’s experience in the United States is greatly affected by the timing of their arrival and their generation, due to the social and historical context of their specific generation (Portes 2003); therefore, it is worthwhile to look at generational cohort combined with immigration generation when studying acculturation and enculturation.

The millennial generation is unique due to the social, political, and historical context that they have grown up in. Millennials have grown up in an era of social media and advanced technology, and have different access to resources than their parents did. Millennials have also experienced different social and political issues than their parent’s generation. When combining generational cohort and immigration generation, we minimize the variables and can focus on how Mexican folk healing beliefs and practices are currently being utilized among this population. Additionally it is important to look at modernity’s influence on traditional healing beliefs and practices as millennials are living in a time characterized by great innovation in science and technology and therefore have

more access to knowledge and information about healthcare and healing practices than previous generations.

Mexican folk healing practices and beliefs are a cultural inheritance that provides coping mechanisms and allow for human agency in situations that one may have little control over, serving a purpose in the Mexican American community. Each generation has the opportunity to adopt or reject any parts of their cultural inheritance. This study will attempt to determine if millennials use their “cultural toolkit” (Swidler 1986), or "folk resources" as I like to call it, and if so, which cultural goods they choose to put in their “ethnic shopping cart” (Nagel 1994) and which ones they choose to leave on the shelf, and why?

The current study will look to answer four questions regarding the folk healing beliefs and practices of second-generation Mexican American millennials: 1. Which Mexican folk healing beliefs and practices are second-generation Mexican American millennials aware of? 2. Which folk healing beliefs or practices do second-generation Mexican American millennials practice or adhere to, and which ones do they abandon or modify? 3. When and in which situations do second-generation Mexican American millennials utilize Mexican folk healing beliefs or practices and why? 4. What factors influence second-generation Mexican American millennials’ decision to either abandon or adhere to traditional folk healing practices and beliefs and why?

RESEARCHER POSITIONALITY/REFLEXIVITY

Before continuing, I will clarify my position in the current study. I am the sole researcher leading this study and am biracial with African-American and Mexican American heritages. I was born in 1984, which classifies me as a millennial. I approach this research from both an emic and etic view of folk healing beliefs and practices. I grew up with traditional Mexican folk healing practices and beliefs that I never considered too much. Growing up I was warned against eating raw cookie or tortilla dough to prevent *empacho* (a folk illness caused by consuming undigested food) told to immediately wet the top of my head (*la mollera*) when swimming to prevent my body from becoming shocked or imbalanced due to the temperature change, directed not to show a baby their reflection in the mirror or allow them to sleep in a dark room without a night light before they were baptized, to prevent the Devil from getting them, and warned against eating lemons or pickles during menstruation as this would cause cramps. I have memories of my grandpa shooting *lechuzas* (white owls) on his ranch when I was a child because white owls signal death, and he was protecting his family. I remember my grandmother placing tiny saint figurines in the corners of the windows in the house to protect her family as well.

My family is from New Mexico, a place with strong roots in *curanderismo*, due to the traditional healing practices that were brought to this land upon arrival of the first Spanish colonist in 1598 that were blended with the practices of the Pueblo Indians that inhabited the area at that time (De Aragon 2012). My maternal great grandmother, Rosa Duran, was a *curandera* (Mexican folk healer). She was born in Mexico in 1911 but immigrated to the United States when she was a child, becoming a U.S. citizen in 1971.

She was well known in her community for her healing powers and would often be called upon to stop miscarriages by massage, or to cure *ojo* (evil eye) or *susto* (fright). She grew herbs in her yard that she used to treat illness and would make me dolls to play with out of her sacred plants and flowers when I would come to visit her as a child. Her daughter, Frances Matta, my maternal grandmother, was born in Colorado but grew up New Mexico. She is a second-generation Mexican American and although she learned the sacred healing practices from her mother, she was always terrified that her mother would be sued one day for practicing “medicine” without a license, so she only used the healing practices among her own family and within her own home. My mother Mary Sanchez, a third generation Mexican American, was born in Roswell, New Mexico in 1946 and grew herbs in the front yard, such as mint, and would use rose petals and other plants to cure rashes, stomachaches, or to soothe a colicky baby. My mother, however, was a devout Catholic and was devoted to her patron saint Our Lady of Guadalupe, whom she often called upon during dire circumstances or any healing needs. My mother died when I was 18 years old and although she did not leave me any material heirlooms, she did pass down to me her devotion of the saints, particularly her beloved patron saint *La Virgen de Guadalupe* whom I have adopted as my own. She also left me three pages of folk healing beliefs and practices that she typed on her typewriter with everything from how to cure a cold to how to ensure a good married sex life by sleeping on blue sheets on my honeymoon night! I know that three generations later these folk healing beliefs and practices were important enough to her that she ensured

their continuation by typing them up for preservation. Therefore, I maintain that one's cultural traditions are *resources* that are passed down generationally.

My insider status has allowed for a basic knowledge and cultural understanding of Mexican folk healing beliefs and practices. It also provides me with access to the target population of this study due to my social proximity, and the ability to establish trust with participants based on my age and cultural background. Despite these cultural similarities, I am nevertheless an outsider. My parents are not immigrants and I have never been directly affected by immigration. I do not have any living familial ties to Mexico. Although I have always been aware of Mexican folk healing practices and beliefs, I have never been directly exposed to any of the elements of *brujería* or sorcery. My father actually warned me against including any information about *brujería* in my dissertation, insisting that I “should not get involved in any of that” because it could “get into my head.”

I understand that although I am a millennial myself, and am familiar with some of the elements of Mexican folk healing beliefs and practices, I am an outsider and therefore am committed to capturing the intentions and interpretations of the participants as genuinely and accurately as possible. I also recognize that my own academic experiences inform how I conduct this study. Therefore, I was careful to refrain from using a Western scientific paradigm when interviewing participants. This includes refraining, when possible, from using Western value-laden terminology for different folk healing beliefs and practices, but instead using the actual traditional cultural terms when available. This also means that I refrained from adopting the role of “expert.” and take a backseat to the

research participants who are the experts on their own lived experiences. Although I am producing research within Western academia, I place my accountability first to the second generation that I am writing about in an attempt to reduce the commodification of traditional cultural knowledge (Bhattacharya 2009) and to protect the sacredness of the knowledge that is shared with me from trivialization and fabrication. Additionally, I am aware that writing about traditional and indigenous beliefs and practices from a Western world-view can cause problems of appropriation, because what is new to academia is not necessarily new to the population of study (Bhattacharya 2009); therefore, I have chosen the narrative approach to position the study in the participant's own voice, as a means of collaboration.

SIGNIFICANCE OF THE STUDY

This study will make significant contributions to research on Mexican folk healing beliefs and practices among Mexican Americans, the adaptation of the second generation in the United States, and to health service utilization and healthcare. First, this is the first systematic study of Mexican folk healing beliefs and practices among second-generation Mexican American millennials. Unlike existing studies that examine folk healing beliefs and practices among Mexicans or Mexican Americans, or the economic and cultural adaptation of second-generation Mexican Americans (Cruz-Manjarrez 2013; Hernández-León and Lakhani 2013; Morando 2013; Nichols 2012; Perlmann 2005; Portes and Rumbaut 2001; Sidury 2015; Waldinger and Feliciano 2004; Waldinger, Lim, and Cort 2007), the current study explores the folk healing beliefs and practices of second-

generation Mexican American millennials. This study is also unique as it considers ethnic group membership, immigration generation, *and* generational cohort in adaptation processes.

Second, this study will add to the literature on the “contemporary” second generation in the United States initiated by Alejandro Portes in the early 1990s. Previous research on the second generation has covered areas of economic, social, and cultural adaptation (Gans 1992; Perlman and Waldinger 1997; Portes 1996; Portes and Rumbaut 2001; Portes and Zhou 1993; Rumbaut 1997; Trotter 2004; Warner and Srole 1945), but has seldom addressed their healthcare beliefs and practices. This study will fill in the gap by specifically looking at folk healing beliefs and practices among Mexican American second-generation millennials.

Third, this study will shed light on the enculturation and acculturation processes of second-generation Mexican American millennials. Folklore connects each previous generation to the next generation, and is a method of cultural continuity. By analyzing second-generation Mexican Americans’ folk healing beliefs and practices, we can better understand the adaptation experiences of this population and may advance theorization on acculturation and enculturation.

Finally, this study will provide updated information on the influence of Mexican folk healing beliefs and practices on contemporary Mexican American culture. Results from this study can help healthcare providers develop and deliver culturally competent care that is relevant and current to the largest ethnic millennial group in the United States (Pew

Research 2016). Providing culturally competent care can prevent obstacles to treatment among the second generation such as patients failing to communicate with healthcare providers about the usage of folk healing practices, failure to establish trust and rapport between the patient and the practitioner, and misdiagnosis should the practitioner lack awareness of cultural illnesses.

ORGANIZATION OF THE DISSERTATION

The first chapter of this study provides a basic background of the study, its current relevance and application, as well as provides a rationale for the study and the population of study. Chapter 2 will analyze the existing literature in depth, describing the history and functionality of *curanderismo*, or Mexican folk healing beliefs and practices, assesses previous studies of folk healing beliefs and practices among Mexican American populations as well as provides information on the general healing beliefs and practices of the millennials. Chapter 3 will explain the research design and the research methodology that was used for this study in detail. Chapter 4 will present the data analysis and results. This study will conclude with Chapter 5, which highlights the key findings and discusses whether the findings confirm and/or challenge the results in the literature. Additionally Chapter 5 discusses the implications of the findings for health service utilization and healthcare, and provides recommendations for future studies.

CHAPTER II

LITERATURE REVIEW

Although Mexican folk healing beliefs and practices never really fit into neat categories, each belief or practice melts into the other due to its hybrid origins and long and complex history of colonization and reinvention. For pragmatic purposes, I have separated folk healing beliefs into three very broad and often overlapping categories: religious/spiritual, metaphysical, and supernatural. The following literature review provides a brief description of “common” or “popular” folk illnesses and beliefs that fall under these three categories and assesses previous studies of folk healing beliefs and practices among Mexican American populations. This chapter also provides a brief history of the origins of Mexican folk healing beliefs and practices for a better understanding of its multifaceted construction, and explores the literature on modernity’s effect on these traditional healing practices and beliefs.

HISTORY OF *CURANDERISMO*

Curanderismo is a term originating from the Spanish root word “*curar*,” which means “to heal,” coined by the Spanish upon colonization of Mexico and what is now the southwestern part of the United States (Avila and Parker 2000). *Curanderismo* was born out of colonization, and oppression, and the blending of healing practices and beliefs from three different continents: Europe, Africa, and North America for survival (Avila and Parker 2000). Spanish colonizers brought with them Christianity (Catholicism),

medieval witchcraft, and Greek humoral medicine (Avila and Parker 2000; Trotter, 2001). The African slaves that were brought over to the New World from West Africa brought with them their traditions of community healing, storytelling as a healing practice, and the concepts of the spirit and the soul (Avila and Parker 2000). These cultural practices were blended together with the indigenous healing practices of the tribes that occupied Mexico, and the result was a multidimensional healing system that we call *curanderismo*.

Curanderismo is therefore a hybrid healing tradition (Hendrickson 2013) that has variations from location to location and from family to family that has continued to blend over the centuries surviving Americanization, assimilation, and Western medicine (Avila and Parker 2000; Gonzales 2012; Muthyala 2000). Cavender et al. (2009) assert that despite displacement and migration, “traveling medicine” (medicines obtained from homeland) survived as a means of psychological and social support for Latinos living away from their homelands.

FUNCTIONALITY OF MEXICAN FOLK HEALING BELIEFS AND PRACTICES

Although healing can be performed by *curanderos* (folk healers), who are believed to have special healing gifts from God (Applewhite, 1995; Cavender and Alban 2009; Glover and Blankenship 2007; Hoogasian and Lijtmaer 2010; Mulcahy 2010; Mulcahy 2010; Trotter 2001), it can, and is often, performed by regular people. Mexican folk healing techniques and practices are generally passed down generationally (Hoogasian and Lijtmaer 2010; Mulcahy 2010; Tafur et al. 2009), and play a great role in

access to health services for lower-income Mexican and Mexican American individuals and families. Hispanics experience poorer health outcomes and greater healthcare disparities than non-Hispanic Whites (Schaefer 2015; Tafur et al. 2009). Healthcare disparities exist for Hispanics due to their weariness of the Western healthcare system in general, lack of medical insurance, and the lack of Hispanic and Spanish speaking healthcare providers and staff, and their tendency to utilize traditional folk healing methods (Schaefer 2015).

Traditional folk healing practices and beliefs are often appealing to Hispanics because *curanderos* that work in the border towns are able to provide medication that would otherwise require a prescription (Trotter 2001) and a doctor visit, which can be expensive. *Curanderos*, on the other hand do not always charge for their services but will accept material offerings instead (Mulcahy 2010; Romano 1965; Trotter and Chavira 2011; Torres and Sawyer 2005). Although Mexican folk healing practices are a means of healthcare for Hispanics who do not otherwise have access, even those who do have access to conventional Western healthcare report utilizing the services of a *curandero* for less serious illnesses (Applewhite 1995; Hoogasian and Lijtmaer 2010; Rogers 2010).

Research indicates that *curanderismo* is practiced among all educational, economic, and social backgrounds (Cavender and Alban 2009; Hendrickson 2013). Most currently, a trend coined “contemporary *curanderismo*” has emerged in which contemporary *curanderos* are amending their traditional practices in order to market

themselves to clientele from diverse ethnic and racial backgrounds who are interested in alternative, New Age metaphysical healing practices (Hendrickson 2013).

Folk healing practices and beliefs are also appealing to Hispanics because of the great emphasis placed on the relationship between the healer and the patient (Gonzales 2012). Many Hispanics distrust Western healthcare providers due to perceived impersonality, disrespect, communication barriers, cultural differences, and poor treatment outcomes (Applewhite 1995). Additionally Mexican folk healing practices are collective processes that involve the patient's family and community support systems (Trotter and Chavira 2011), whereas Western healing practices are often very individualized processes that may deter a Hispanic patient from seeing a doctor rather than a *curandero* (Hoogasian and Lijtmaer 2010; Krajewski-Jaime 1991; Muthyala 2000).

Curanderos often begin sessions with a *plática* (conversation) to establish trust and to familiarize themselves with the patient; this is considered a part of the healing process (Gonzales 2012). Castro and Ruiz (2009) found that when Western medical providers do not take their time to talk with their patients, patient satisfaction is affected. Furthermore, Western healthcare does not recognize supernatural elements of healing, therefore Hispanics may seek out a *curanderos* to address social and spiritual problems that are not otherwise addressed in conventional Western medicine (Trotter 2001). Mexican folk healing also provides convenient healing methods (Sanchez 2018). *Curanderos* do not require previously set appointments (Mulcahy 2010; Muthyala 2000),

Do not impose time limits on healing sessions (Mulcahy 2010), and make home visits (Muthyala 2000).

FOLK HEALING BELIEFS AND PRACTICES

Culturally, illness is multifaceted, but it is largely grounded in the belief that illness is produced by some kind of disruption in the balance of one's life (Gonzales 2012; Krajewski-Jaime 1991; Mulcahy 2010; Tafur et al. 2009; Zacharias 2006). The body can become unbalanced due to sudden changes in body temperature (Sanchez 2018), or from social stressors in one's life, as illness in the body often stems from one's social life "settling" into the body and soul (Mulcahy 2010). Folk illness is constructed from both natural and supernatural elements (Gonzales 2012; Krajewski-Jaime 1991). Natural elements such as "moonlight eclipses, cold, heat, air, wind, sun, and water" (Krajewski-Jaime 1991:161) are believed to cause illness. Natural illnesses are often treated with resources from the earth "such as plants, tree bark, herbs, oils, eggs and other animal parts, and with materials that are thought to have significant meanings such as amulets, incense and perfumes" (as cited in Sanchez 2018:152), as well as through "manipulation of the body by massage, prayer, the lighting of candles, spirit channeling, etc." (as cited in Sanchez 2018:152). The use of herbs are a common and significant part of Mexican folk healing practices (Sanchez 2018) as they are easily grown at home or available for purchase in the neighborhood *botánica*.

There are many Mexican folk beliefs or *consejos* (tips or advice) about how to avoid illness. An example of such folk beliefs includes the belief that if a woman is

exposed to an eclipse while pregnant, her baby will be born with a cleft lip; therefore, to protect her baby from such fate, she must wear a safety pin or a metal key (Barragan et al. 2011; Krajewski-Jaime 1991; Tafur et al. 2009). Another folk belief is that admiration of a child without touching them can cause *ojo* (evil eye) (Barragan et al. 2011). *Antojos* (cravings) is a folk illness that is believed to be caused by not indulging a pregnant woman with what she is craving which could result in her baby being born with the characteristics of the item that she craved, such as a strawberry spot (Barragan et al. 2011).

Supernatural folk healing practices and beliefs include spirit or soul cleansings called *limpias* or *barridas* (cleaning involving the sweeping of the body) (Faver and Cavazos, 2009; Gonzales, 2012), that are similar to New Age channeling practices (Trotter 2001). *Limpias* are often done with plants or can also be done with materials such as a “dog’s skull, sugar cane liquor, holy water, candles, cologne, chickens, a sweaty shirt, a dolls head, dove’s blood, eggs, and guinea pigs” (as cited in Sanchez 2018:153).

Some of the most common folk illnesses of the spirit or soul are *mal de ojo* (evil eye), *susto* (fright or soul loss), and *nervios* (emotional distress) (Sanchez 2018); however, many of these illnesses overlap and can be concurrent (Gonzales 2012). *Susto* occurs when a person is frightened to the extent that their soul leaves their body (Cavender and Alban 2009; Faver and Cavazos, 2009; Gonzales 2012; Krajewski-Jaime 1991; Mulcahy 2010; Tafur et al. 2009). Cures for *susto* include, a *limpias*, *barridas* (Cavender and Alban 2009; Gonzales 2012; Krajewski-Jaime 1991; Mulcahy 2010;

Trotter and Chavira 2011), prayers, tea, massage, medicinal baths, sweat baths (Gonzales 2012), ingesting hallucinating substances (Zacharias 2006), and summoning the frightened soul back (Trotter and Chavira, 2011). *Nervios* (nerves) is similar to *susto* and is often used interchangeably (Sanchez 2018). *Nervios* is caused by stress that derived from different social stressors (Faver and Cavazos, 2009). *Nervios* can be cured with tea made my different plants and flowers (Torres and Sawyer, 2005).

Mal de ojo (evil eye) or “*ojo*” for short, occurs do to envy or admiration and staring for an extended amount of time (Faver and Cavazos 2009; Krajewski-Jaime 1991; Tafur et al. 2009). *Mal ojo* may include signs such as “insomnia, aches and pain, uncontrollable crying of a baby or small child, fever, headache, and restlessness” (as cited in Sanchez 2018:154). *Mal ojo* may be prevented by touching the object or person of admiration (Faver and Cavazos 2009; Krajewski-Jaime 1991; Torres and Sawyer 2005). People may often ask to touch a cute baby so as to not give the baby *ojo*. *Mal ojo* can be cured by a *limpia* with an egg. An egg is rubbed over the body of the person who has *ojo*, and then broken and the yolk examined (Sanchez 2018). If the yolk has red in it, the *mal ojo* diagnosis is confirmed (Sanchez 2018). The yolk is then often poured into a bowl of water and placed under the patient’s bed to draw out the evil force (Krajewski-Jaime 1991).

Supernatural folk beliefs also include *brujería* (witchcraft). *Brujería* is a holistic practice that provides spiritual defenses, and supernatural healing. *Brujería* translates in English to witchcraft. *Brujería*, in colonial Mexico was often used for domestic and

marital conflicts, and consisted of love spells and “sexual bewitchment” (Behar 1987). Male/Female conflict and issues of polygamy and sexual crimes, were a focus of *brujería* during colonial times because of the culture of “loose sexuality” and illegitimate marriages in Mexico that Cortes created (despite the Catholic Churches disapproval), having taken in an Indian mistress in Mexico when he had a wife in Spain (Behar 1987). Additionally, women had very little agency living in a male dominated society and were left with very little resources for protecting themselves against domestic violence and infidelity. Consequently, women aimed their “magical aggression” at men and *brujería* was perceived to be a more effective method of keeping men in line than trying to depend on the protection of the law (Behar 1987). Women used their menstrual blood, bath water, and pubic hair to make culinary concoctions for men to consume to tame them, manipulate them into submission, keep them from cheating, or simply to attract them (Behar 1987).

Colonial Mexico is also characterized by “pacts with the Devil” (Behar 1987). Women and men entered into pacts with the Devil for different reasons, however the Devil in the 18th century Mexico was not considered a horrible creature, but rather a beacon of hope and solace (Behar 1987). The Devil offered the people of Mexico help when they had no other way to turn. Behar (1987:44) reports that the Devil “listened and responded to their problems more directly and quickly than God, and the Devil’s magic was more efficacious than the magic of the Church.” Pacts with the Devil and *brujería*, although condemned by the Catholic Church, flourished among Mexico’s lower class, as

the Church did not concentrate their evangelization efforts on the lower class as they saw them as “too low to treat seriously” (Behar 1987:35).

In modern day Latin America, *brujos* is a term that is used to characterize shamans, mediums, Santeria priests, and folk healers who “heal, cleanse, and exorcise people by means of herbal medicine, divination, spirit possession and magic works” (Romberg 2016:214). Problems, spiritual, social, or physical, are at times believed to be caused by *brujería*. *Brujería* is derived from unseen forces that are manipulated and directed at people, projecting curses of harm or illness (Cavender and Alban 2009; Glass-Coffin 2000). *Brujos* (witches) also act as a broker between their clients and spirits, or clients themselves, providing information regarding employment opportunities and educational and social welfare programs and opportunities (Romberg 2003). *Brujería* is performed using a foundation of religion and spiritualism integrating the notion of blessings (both material and spiritual) with magic (Romberg 2016). Romberg (2016) found that people who deny believing in *brujería* are still respectful or fearful of it. She notes that witchcraft is not diminishing in contemporary society but rather has become an expression of “resistance to, and control of, colonialism and post colonialism” (Romberg 2016:225).

Supernatural folk healing beliefs and practices also include spiritual or religious beliefs and practices about healing that integrate faith and belief systems in healing practices (Applewhite 1995:2). Folk healing beliefs and practices are influenced by Catholicism, which was introduced to Mexico during Spanish colonization; however,

religious or spiritual healing beliefs and practices often deviate from Christian doctrine and blend with other supernatural indigenous healing practices and beliefs influenced by the Aztecs (Glover and Blankenship 2007). Folk healing practices often include incorporating religious materials in healing such as pictures, jewelry, statues of saints, crosses, candles, and holy water (Sanchez 2018).

PREVIOUS STUDIES OF FOLK HEALING BELIEFS AND PRACTICES

Not much has been written about Mexican American enculturation and acculturation process in relation to folk practices and beliefs. White et al. (2017) assert that Mexican orientation is relatively high among Hispanics during early adolescence, but declines across adolescence and into early adulthood. However, when looking specifically at U.S.-born Mexican American adolescents, results indicate that although U.S.-born Mexican American adolescents have lower levels of Mexican orientation compared to Mexico-born adolescents, their level of Mexican orientation does not decline over time and into early adulthood.

Mexican folk healing beliefs in practices have been studied among various populations such as the elderly (Applewhite 1995; Rogers 2010), university students (Cuéllar et al. 1995; Faver and Cavazos 2009), pregnant women (Barragan et al. 2011), and mothers (Rosenthal et al. 1969), but not among second-generation Mexican millennials.

Applewhite (1995) found that the elderly Mexican Americans interviewed largely (85 percent) relied on modern medicine for serious health issues; however, they still

resorted to traditional folk healing practices when they did not feel modern health care was effective, or when treating less serious health issues. The elderly Mexican American participants interviewed expressed reservation about spiritualism and witchcraft, considering them malevolent beliefs and practices; however, most (76 percent) believed in the treatment of mild illness with traditional folk herbal remedies (Applewhite 1995). Elderly Mexican Americans were found to have knowledge of Mexican folk healing beliefs and practices in the areas of folk medicine (remedies, herbal treatments, bone and muscle manipulation, midwifery), folk religious practices (faith healing, spiritualism, praying, the use of religious icons), and folk magic (tarot card reading and witchcraft) (Applewhite 1995).

The elderly Mexican Americans interviewed by Applewhite (1995) reported learning about Mexican folk healing beliefs and practices during early childhood, adolescence, and early adulthood. Most (84 percent) reported receiving folk healing treatments from family members, neighbors, or local curanderos during their childhood and early adulthood. They also reported using folk healing practices on their children, including calling on folk healers to treat their children; however, very few (12 percent) reported participating in folk healing beliefs and practices that involved spiritual, or religious rituals (Applewhite 1995). Applewhite (1995) reported that elderly Mexican Americans became increasingly more skeptical about the efficacy of Mexican folk healing beliefs and practices as they grew older, as their religious beliefs became stronger and their faith in “God’s divine will” increased.

Another study sampled older (ages 50 and up) USA-dwelling Mexicans and Mexican Americans, and found that older people of Mexican origin returned to traditional healthcare practices and beliefs because they were part of tradition, they were knowledgeable about them and they were comfortable with using them (Rogers 2010). Participants were comfortable using plant-based remedies as they felt that such methods could be trusted because they were established practices that were “simple” and “pure” (Rogers 2010). Similar to Applewhite’s (1995) findings, Rogers (2010) found that older people of Mexican origin were more likely to use folk practices for healing less serious illnesses but resorted to modern medicine for more serious illnesses, because “traditional medicine is not a magical cure” (Rogers 2010:590). Elderly participants in this sample also asserted that their children significantly influenced their decisions to use conventional care instead of traditional practices because their children “grew up in a community where conventional methods were the norm and readily available” (Rogers 2010:592). This supports the importance of studying millennials.

Higginbotham and Trevino (1990) studied Mexican-American adults’ (ages 18 and up) utilization of *curanderos/as* (folk healers) between the years 1982-1984. They found that very few Mexican Americans in the United States utilized *curandero/as*. Only 4 percent of Mexican Americans sampled reported that they had utilized a *curandero/a* within the past 12 months (Higginbotham and Trevino 1990). Twenty-seven years later, Faver and Cavazos (2009) studied the usage of a *curanderos* among Mexican American graduate and undergraduate social work students at a university in the U.S.-Mexico

border region. The sample included college students whose ages ranged from 20 to 58, with an average student age of 31.3 (Faver and Cavasos 2009). Immigration generation could not be generalized either as 12.7 percent of the sample were born in Mexico (Faver and Cavasos 2009). Faver and Cavasos (2009) found that immigration generation scores (indicating acculturation) were not found to be consistently related to approval or disapproval of simultaneous treatment by both doctors and curanderos for *mal de ojo* (evil eye), *susto* (fright), or *nervios* (emotional distress). One possible explanation for this is that higher education may accelerate the process of acculturation and override any effects of generations or length of time in the United States (Faver and Cavasos 2009). They found that less than half (47.6 percent) of the Mexican American social work students sampled, had ever consulted a curandero or curandera (Faver and Cavasos 2009). This study found that the majority of the social work students sampled approved of simultaneous treatment by doctor and treatment for *mal de ojo*, *susto*, and *nervios*; however, more approved simultaneous treatment for *mal de ojo* (65.1 percent) and *susto* (61.9 percent) than for *nervios* (52.5 percent) (Faver and Cavasos 2009). This study found that church attendance of social work students was negatively associated with their likelihood of approving simultaneous treatment by doctor and curandera (Faver and Cavasos 2009).

A limitation of this study is that when asked if the students had ever visited a curandero, they did not indicate a time frame for when they visited a curandero. This is a limitation because it does not allow us to see if social work students are *currently*

utilizing this folk resource or if this is something they did in the past. The students could have visited a curandero as children, at the request of their parents, which would indicate their *parent's* relationship to folk healing beliefs and practices, rather than the *student's* relationship to folk practices.

Another study (Cuéllar et al. 1995) sampled university students from five different generations of Mexican Americans to determine the connection between acculturation and behavioral and cognitive measures. They found that generational status was negatively associated with folk beliefs (beliefs in hexes, witchcraft, evil spirits, folk illnesses, folk healing procedures, magic used for good and bad, Western medical policies regarding payment for services, etc.). The lower the level of generational status the higher the level of folk healing beliefs (Cuéllar et al. 1995). Similarly, folk beliefs were significantly negatively correlated with acculturation, the lower the level of acculturation the higher the level of folk beliefs (Cuéllar et al. 1995). Therefore, the greater exposure one has to another culture, the greater acculturation changes they experience, and as individuals acculturate behaviorally they also acculturate cognitively (Cuéllar et al. 1995).

A study by (Barragan et al. 2011) sampled both Mexican and Mexican American pregnant women aged 26-62, to explore how acculturation affects a woman's propensity to adhere to Mexican cultural childbearing folk healing beliefs and practices such as beliefs about what foods to eat, balances of hot and cold, and superstitions related to pregnancy such as the dangers of a moon eclipse during pregnancy. Barragan et al.

(2011) found that as acculturation increases, awareness of, and belief in, cultural practices decrease. Less acculturated women were more likely to adhere to cultural childbearing beliefs and practices, while most acculturated women, despite their awareness of Western health practices and skepticism of cultural health beliefs and practices, still appreciated the peace of mind cultural practices offered in the face of medical uncertainty (Barragan et al. 2011). They reported that they participated in such practices “just in case” (Barragan et al. 2011). Comparatively, a study by Rosenthal et al. (1969:12) found that Mexican American women felt that *magical* beliefs and practices associated with child care were more common in the older generation, and predicted that such cures would be used “less often, if at all, by the next generation of mothers.”

MODERNITY’S EFFECT ON SACRED AND MYSTIC PRACTICES AND BELIEFS OF THE PAST

Because this study will provided updated and contemporary information on acculturation and enculturation of the largest growing living generation, it is useful to explore how modernity has influenced sacred and supernatural beliefs of the past. Modernity has been characterized by education, rationality, and the consideration of all things “magic” as foolish or ignorant practices. Modernity is characterized by the separation of the sacred and the material (Stuckrad 2002).

Max Weber is known for his theory of disenchantment that characterizes the modern world as a world “robbed of Gods” (as cited in Stuckrad 2002:772). Weber asserted that the world had become disenchanted as it came to be ruled by rationalism

and science, as science replaced religion as the main method of meaning making (Graham 2007). The devaluing of mysticism therefore followed as the world leaned more towards science for making sense of the world around them.

Based on Weber's theory of the disenchantment of the world, it may seem obvious that given the strides in science and technology that have been made during the lifetime of the millennial generation, millennials may be leaning more toward rationalism than ever. However, as the world becomes increasingly more modern and technical, traditional practices are changing to fit the context of the next and future generations. Some may argue that postmodernity experienced a phenomenon of re-enchantment with the revival of mystic, spiritual, or supernatural practices in Western culture. The argument is that some become bored with modernity, considering it to be shallow and empty, and leaving one feeling powerless as control is turned over to institutions (Crockford 2010). The disenchantment of modernity created a desire for the search of meaning and significance in the world (Stuckrad 2002). Crockford (2010) reported that people began to crave the symbolism and meaning making that mystic practices provide, and began to reject the tenets of modernity. However, by rejecting modernity, the revival of mysticism and shamanism has become a symbol *of* modernity (Crockford 2010).

The modern world is looking back with nostalgia for the past, and indigenous people and their practices are often romanticized as a natural and harmonious alternative to the problems of civilization (Fotiou 2016). Modern society is looking to benefit from ancestral knowledge about traditional medicine (Reynaud-Maurupt, Cadet-Tairou and

Zoll 2009). People want to make meaningful their sickness and their suffering (Boeving 2010; Itzhak 2015) and modern mysticism provides one with a child-like wonder and joy that provides an avenue for hope in the midst of crises or suffering (Luhrmann 2012).

Secularization is another characteristic of the re-enchantment of the West (Itzhak 2015). Healing occurs through experiencing “God” or this divine “other,” in a secular, non-organized manner and developing a loving relationship with a divine presence that can be shaped individually, to have meaningful interactions with (Itzhak 2015). This aligns well with the literature that asserts that despite incorporating Christian beliefs, Mexican folk healing practices are often not looked at favorably by organized Christianity, including the Catholic Church (Cavender and Alban 2009; Faver and Cavazos 2009; Gonzales 2012; Koss-Chioino 2006). Therefore, Hispanics who have a high degree of involvement with their church (organized religion) may be discouraged from utilizing services related to folk medicine (Faver and Cavazos 2009). Involvement in church should not be confused with spirituality or religiosity, as the church refers to an organized institution.

We know that millennials are rejecting organized religion at higher rates than previous generations (Moody and Reed 2017; Reed 2016; Twenge et al. 2015). Millennials are accusing churches of being “judgmental, hypocritical, and homophobic; shallow, consumerist, and individualistic; exclusivist and intolerant; and both separated from culture and science and too invested in politics” (Moody and Reed 2017:35). They have become known as the “nones” due to their growing religious disaffiliation on

National surveys (Reed 2016; Twenge et al. 2015). Millennials are “moral intuitionists” that believe that morality is a given and therefore do not need the bible for guidance (Reed 2016:157). They are searching for characteristics in spiritual guidance that include “tolerance, inclusivity, and pluralism; authenticity and holism; an emphasis on relationships, networks, community, and participation; and the space to voice doubts about beliefs and big questions, as well as about the role and value of the church and other institutions” (Moody and Reed 2017:35). Research on Southern millennials reveals their deep dissatisfaction and disillusionment with existing churches (Moody and Reed 2017). Additionally, Twenge et al. (2015) found less religiosity among girls, those with low income, whites, and those living in the Northeast. Twenge et al. 2015 also found that millennials are less interested in the search for meaning than the previous generation (baby boomers) (Twenge et al. 2015). Drumheller (2005) reported that millennials might be turning to more traditional forms of spiritual fulfillment. She found that millennials are prone to being open minded and exploring and challenge their faith by exploring new ideas and different mediums.

SUMMARY

Despite the findings documented above, we still do not know anything about the folk healing beliefs and practices of second-generation Mexican American millennials. Studies about folk healing beliefs and practices among Mexican Americans are often open to large age ranges of adult participants, making it difficult to make conclusions about specific age cohorts. When studies do use specific age ranges such as elderly

Mexican Americans, the same implications cannot be made about an elderly participant group in 1995 as an elderly participant group in 2018. Each generation is exposed to unique social and political contexts that may influence their worldviews. The closest we have come to understanding the folk healing beliefs and practices of second-generation Mexican American millennials is studies using university students as participants. Although studies exist about the folk healing beliefs and practices of Mexican American university students, a population that may include a large number of young adults, the studies were conducted in 1995 and 2009; therefore, one cannot make assumptions about a specific birth cohort. Additionally the studies were open to Mexican American participants of different immigration generations so information specifically about the second generation's folk healing beliefs and practices is limited. The literature also states that elderly second-generation Mexican Americans' children are significantly influencing their decisions to use conventional care instead of traditional healing practices (Rogers 2010); however, this provides us with insight into the third generation, not the second generation. We do not know if second-generation Mexican American millennials are knowledgeable or even aware of folk healing beliefs and practices, much less if they utilize them. Updated literature will provide insight into the utilization and relevance of traditional Mexican folk healing beliefs and practices among a unique and large generation of adults.

CHAPTER III

DATA AND METHODS

The present chapter provides a detailed explanation of the data and methods for this research project. It includes a detailed account of the research paradigm, design, participant requirements, sampling method, data collection procedures, and data analysis methods that were chosen and implemented for exploring the folk healing beliefs and practices of second-generation Mexican American millennials. Additionally, this chapter is summarized by providing evidence of the trustworthiness of the methodology.

NATURE OF THE STUDY

A qualitative research design was strategically chosen for this study because the focus of this study is on the second generation's *experiences* with folk healing beliefs and practices, which require a research inquiry method that is able to capture subjective meanings and perceptions of illness and healing. I was interested in participant's interpretation and construction of their experiences with folk healing beliefs and practices rather than finding the "right" interpretation; therefore a qualitative research design was the best choice. A qualitative research design was used to allow participants to better communicate their unique perceptions and experiences regarding folk healing beliefs and practices in a more natural way without constraints.

The paradigm that orients this research is social constructionism. Social constructionism is a postmodern paradigm of inquiry that orients the researcher's

perspective on the nature of reality and the way they understand and explain the world around them (Gergen 1985), which ultimately guides the way they approach, conduct and produce research (McNamee 2010). Social constructionism is a research paradigm “that focuses on interpretation of subjective meaning and shared knowledge that is developed through interaction” (Savin and Major 2013:22). I take a social constructionist stance because social constructionists believe that knowledge is both socially and culturally constructed (Savin and Major 2013). This stance orients my focus on the folk healing beliefs and practices of second-generation Mexican American millennials.

Folk healing beliefs and practices as a research topic merges well with social constructionism because the social construction of health and illness is a popular theme in medical sociology. Our social interactions often shape the way we perceive illness and address healing (Brown 1995). In contrast to research paradigms such as positivism and post-positivism that focus on rationalism, verification of facts, and objectivism (Savin and Major 2013), social constructionism concerns itself with processes of collective social interaction and communication that generate expectations and standards, which result in patterns that construct and confirm worldviews (McNamee 2010). This research paradigm organizes the research in a way that allows us to explore the way ethnicity, culture, generation and epoch shape folk healing beliefs and practices.

Additionally, because qualitative research is “value bound” as the researcher is the primary data collection instrument and cannot be separated from the research (Bhattacharya 2009; Savin and Major 2013); social constructionism acknowledges the

relationship between the researcher and the research participant in producing the research. I believe that it is important to acknowledge that the researcher has influence on the findings in the process of constructing meanings from the data. By locating myself within social constructionism, I am acknowledging that as the researcher, my perspective has influence on the research that contributes to the level of reflexivity that I aim to achieve throughout the research process.

RESEARCH APPROACH

This study employs a narrative approach using *pláticas* as a form of narrative inquiry to explore social patterns. The central point of using a narrative approach “is that people’s lives are storied and researchers re-present them in storied ways, regardless of the particular medium” (Savin and Major 2013:227). A narrative approach is used as it allows for the focus of research to be on the meaning in participants’ stories and is consistent with the cultural storytelling approach embodied by *la plática* by which folk practices and beliefs are orally passed down from generation to generation.

Pláticas are defined as “an expressive cultural form shaped by listening, inquiry, storytelling, and story making that is akin to a nuanced multi-dimensional conversation (Guajardo and Guajardo 2013:160). The *plática* is a means of understanding one’s “otherness” and building trust (Korte 2012). *Pláticas* provide a culturally appropriate research method as an alternative to other forms of narrative inquiry because *pláticas* are a culturally appropriate way of exchanging knowledge in the Mexican community as sharing and connection are integral features of Mexican folk healing practices and beliefs

(Koss-Chioino 2006). The *plática* method merges well with the topic of this study because most folk healing rituals initiated by folk healers begin with *la plática* because *la plática* is considered *part* of the healing ritual (Gonzales 2012). *La plática* is considered part of the healing process because talking is “considered a reflection of the element of ‘air’ for as the words leave the person’s body the illness is carried in their breath out into the air” (Gonzales 2012:33).

Plática as a method of inquiry was introduced by Valle and Mendoza (1978) as a response to the cultural limitations of traditional research methods when working with Hispanic populations (Fierros and Delgado Bernal 2016). The *Plática* method includes culturally appropriate ways of information gathering through storytelling using cultural concepts such as *amistad* (friendship) and *confianza* (trust), warmth and reciprocity. The *Plática* method embodies a narrative research approach because it places emphasis on sharing ideas, experiences, stories, and reciprocity and views participants as being co-constructors of knowledge (Fierros and Delgado Bernal 2016:107). The *plática* research method also merges well with social constructionism as an epistemology because this method “recognizes knowledge as a socially constructed concept and prioritizes research participants’ everyday experiences while also taking account of researcher epistemology” (Fierros and Delgado Bernal 2016:108). Additionally, the *plática* method places emphasis on researcher reflexivity, allowing the researcher to locate themselves within the research (Fierros and Delgado Bernal 2016). This is also compatible with social constructionism.

The research approach for this study was proven appropriate for this study as the data gathered for this study organically emerged as stories. Many (10 out of 15) participants noted that they had “stories” to tell me about folk healing beliefs and practices, or that they learned about folk healing beliefs and practices through “stories” told to them from family members. They told me stories about their grandmothers, aunts, sisters, brothers, friends, and in this way shared with me the construction of their own knowledge and stance on folk healing beliefs and practices.

Finally, I chose a narrative approach using *pláticas* for this study as a decolonizing strategy. Utilizing *pláticas* for the purpose of narrative development allows for the reclamation of neglected voices and overlooked sources of everyday knowledge (Fierros and Delgado Bernal 2016), and allows me to prioritize participant agency and honor participant voices in conjunction with my own, a decolonizing strategy (Bhattacharya 2009) that I attempt to integrate throughout the methodology.

SAMPLING DESIGN AND PARTICIPANT SELECTION AND RECRUITMENT

The final sample for this study consists of fifteen second-generation Mexican American millennials who reside in the Dallas-Fort Worth (DFW) area. Fifteen participants were recruited in an attempt to provide a diverse sample and to reach data saturation. For the purpose of this study, second generation refers to the U.S.-born children of immigrants. To be eligible for this study, participants were required to have two Mexican-born parents who they grew up with in the home in an effort to minimize outside cultural influence from potential caregivers of another ethnicity or immigration

generation. For the purpose of this study, millennials are categorized as those born between the years 1981-1996. Participants were required to reside in the DFW area for interview accessibility and cultural proximity. The focus on the DFW area is consistent with national demographic data that report that DFW is home to the 6th largest Hispanic population in the United States, with 85.5 percent of the Hispanic population being of Mexican origin (Pew Research Center 2012). This study was open to all gender identities to provide a more comprehensive view of the phenomenon.

Participants were recruited through phone, text messages, emails, and social media messenger by a recruitment script. The recruitment script identified eligibility requirements, the research purpose and aim, as well as addressed confidentiality and participant ability to opt out without penalty. Once participants responded back to me with their desire to participate, I directly inquired about and confirmed their demographic requirements because although requirements were spelled out in the recruitment script, participants whom did not meet eligibility often responded back anyway.

During the recruitment process, three people who responded back expressing their interest in participating were deemed ineligible for reasons such as not being born in the United States, missing the birth year requirement by a year or only having one parent who was born in Mexico. Additionally, I sent one recruitment script via social media messenger but did not receive a response back; I did not inquire further to limit coercion. Additionally, two participants who initially responded to the recruitment message and agreed to participate did not respond back after attempts to schedule an interview.

The sample was identified and recruited through snowball sampling by way of my social networks. Snowball sampling is a non-probability sampling method by which the researcher samples qualifying participants that he or she can identify and has access to, and asks those participants to refer others to the study with qualifying attributes or demographics. Access to the data source is a crucial deciding factor in choosing a sampling strategy (Denscombe 2010), and snowball sampling was chosen because as a millennial with Mexican American heritage myself, it allowed me in-group access to peers with similar demographics due to structures of socialization such as school and neighborhood. Participants identified through my peer networks in turn were able to provide me with additional participant recommendations from their peer networks, who were also likely to be millennials with Mexican heritage. Using snowball sampling also helped me to diversify my sample and interview people who I did not know in addition to those I interviewed who I did know and had established prior relationships with. Moreover, the qualifying demographic requirements for this study were very specific with several dimensions for both the participant and their parents; therefore, snowball sampling assisted in identifying and obtaining additional participants that were outside of my social network.

Additionally, snowball sampling was a method of establishing trust between the participants and me, which was necessary for a study that asked Hispanic participants to reveal their country and their parent's country of origin. The most significant value of snowball sampling is its usefulness in establishing a degree of trust when recruiting

participants among populations who may not want to be found (Shaghaghi, Bhopal and Sheikh 2011). Snowball sampling is considered a sampling technique that may be appropriate for “hidden populations” such as migrants (Shaghaghi et al. 2011). Asking recruiting questions of nationality, specifically Mexican nationality in the context of Texas, a border state with strong sentiments toward immigration, may have deterred potential participants from participating in the research project if they did not know the researcher, or know someone who could personally vouch for the researcher. Although I did not ask questions of immigration legal status, as it was not important to my study, revealing that one’s parents were born in Mexico could potentially produce automatic reactions of concern or mistrust. Snowball sampling allowed me to sample people who I know and have established relationships of trust with. Once they participated in the interview process, they were able to refer others to me and essentially vouch for me as a trustworthy person as well.

Snowball sampling embodies the *plática* method strategy of “community link persons” where “link persons” are used to introduce and initiate a smooth transition between the participant and the interviewer (Valle and Mendoza 1978). The interviewer will introduce themselves to the participant by using the link person’s name as a mutual contact, a method of establishing trust. The *plática* method uses community link persons to provide “the interviewers with a degree of recognized sanction for conducting research” and to obtain “the interest and possible cooperation of the potential respondent” (Valle and Mendoza 1978:31). This sampling method was therefore chosen for its

appropriateness to the research method and to the sample population in regards to the nature of the demographic data collected. I do not believe I would have gained access or participation as expediently as I was able to had I utilized a probability sampling method.

DATA COLLECTION

The data for this study come from the interviews conducted of fifteen participants. Data collection began after approval was received by the International Review Board (IRB) through Texas Woman's University. I utilized Valle and Mendoza's (1978) *plática* method to gather data. The *plática* method includes three data gathering phases: (1) *La entrada* (2) The *amistad* interview and (3) *La despedida*. *La entrada* includes a discussion of how the participant was referred to the study as a way of linking the participant to the interviewer to establish trust and gain consent. The *amistad* interview begins with casual small talk before going into the formalities of the interview to allow a smoother transition into the *plática*, for setting the stage for a more intimate interview. The *amistad* interview phase is based on two cultural concepts of *amistad* (friendship) and *confianza* (trust). *La despedida* is the last phase of the interview process. During the *despedida*, the interviewer initiates disengagement from the participant by thanking the participant for his or her participation in the study. This portion of the interview approach may include exchange of gifts, food, or a tour of the home of the participant and additional small talk.

Data collection was conducted by face-to-face *amistad* interviews from fifteen, second-generation millennials in the DFW area within the timeframe of one month. I choose *la plática* as the data collection method for this study because it allowed me to

collect data from participants in a way that was culturally familiar to me. Growing up, I would often tag along with my mother as she visited the neighbors. I remember her telling me that she enjoyed visiting a certain neighbor in particular because she was “good” at *platicando*.” To *platicar* was therefore presented to me as skill that one could be good at. Additionally the *plática* method was used by Applewhite (1995) in his study of the folk healing beliefs and practices of elderly Mexican Americans, a study that like mine, looked at the folk healing beliefs and practices of a particular age cohort of Mexican Americans.

I choose to conduct interviews in person rather than to include virtual interviews to create an authentic feel of an informal traditional *plática*. For this reason, I also chose not to take notes during the interviews, as I wanted to be present during the interviews as I would be in any regular *pláticas*, and listen with my whole body without constraints of having to stop and write and take my eyes off the speaker. Avila and Parker (1999) assert that when engaging in a *plática* one should use all of their five senses including their intuition to focus on the story that is being told. The interviews were conducted in English but used Spanish terminology for folk concepts. Participants fluctuated between both Spanish and English during the interviews due to the Spanish terminology of the folk concepts as well as the participant’s general tendencies of bilingualism, which were naturally elevated due to the subject matter. A couple of the participants stopped during the interviews to ask me if it was OK for them to speak Spanish, or to use curse words. I

encouraged the participants to speak freely, in whatever manner they were comfortable with as I was interested in capturing the true voice of my sample.

Interview Sites

The interviews were scheduled and conducted at the convenience of the participants. As the researcher I made myself available to the participants regardless of my own schedule as I was keenly aware of the privilege it was to bear witness to the communal information they were about to share with me. I aimed to prioritize the participant's comfort during the research process as they were giving freely of their time, and their stories. Interviews were conducted in the location of the participant's choice, to give the participant agency over the space in which they chose to tell their stories in. I interviewed people in their homes, in my home, in coffee shops, in work offices after hours, outside on patios because the weather was nice, in living rooms, in bedrooms because it was the quietest room in the house, and in kitchens because that is where all the good storytelling is done. The only exception was made for participants whom I had never met before whom were recruited through referrals; I requested to meet in a public place of their choice instead of a residential location for both my and the participant's safety.

Interview Protocol

Because this study utilized snowball sampling, I personally knew and had previously established trusting relationships with some of the participants. I am aware that trust affects the way participants negotiate consent (Bhattacharya 2009); therefore, I

intentionally created protocol to minimize coercion by initially only contacting participants once and waiting for their response before reaching out again, refraining from discussing my research during personal interactions, and reminding them that they did not have to share with me anything that they did not want to during the interview.

Before an interview began, I would start with Valle and Mendoza's *la entrada* by engaging participants in "small talk" to create a sense of trust and ease (Korte 2012; Valle and Mendoza 1978). I would begin by thanking the participants for taking time out of their day to meet with me and then ask them questions such as how their day was going so far. If the participant was a referral from a mutual friend and previous participant, I would share how I knew the friend and ask them how they knew the friend in an effort to form some common ground.

The *entrada* would then transition to the *amistad* interview phase where Participants were provided with an IRB approved consent form that they read and signed before interviews were conducted. During the *amistad* interview, participants received a detailed explanation of the purpose of the study and my academic affiliation and were assured of confidentiality and the ability to opt out at any time during the interview process. During this time participants also came up with their code names to be used for the duration of the interview. No time restrictions were placed on the interviews as I aimed to recreate the feel of a traditional, informal *plática* and a *plática* is described as a "deep heart-to-heart talk that continues for as long as it needs" (Avila and Parker 1999:143).

After data was collected from the interviews, I would begin the data collection phase of *la despedida*. During the *despedida* phase, I would thank the participants for their participation in the study and once again engage in small talk with the participant. If the participant was someone I knew and had a previously established relationship with, I would often ask the participant about their family, or significant others, spending some time “catching up” with them. If I interviewed a participant in a multigenerational home, I was often offered food after the participant and I rejoined the family in the common areas of the house after finishing the interviews. At this time family members, often wanted to disclose to me their own folk healing stories. If the participant I interviewed was the result of a recommendation through snowball sampling, I would initiate the *despedida* by thanking them for their participation and then ask them their thoughts on my study topic as a whole. This would often lead to “off the record” small talk about their family and friends. Participants often told me that they were going to go home and ask their parents and friends about their folk healing beliefs and practices, or reported that they were going to go home and read up on *curanderismo*. Participants often expressed their thanks to me for initiating such a study and wished me luck on completing my dissertation.

Interview Design

A semi-structured interview approach was used for the purpose of this research as the study is centered on complex meanings and concepts that are difficult to standardize. This interview approach aligns with the *plática* method as “a *plática* involves a two-way

conversation” (Fierros and Delgado Bernal 2016:113) therefore the researcher’s “interests and themes may guide the *plática* but there is room for the contributor to discuss those topics that matter for them” (Fierros and Delgado Bernal 2016:113). Additionally, a semi-structured interview was deemed appropriate because I only planned on interviewing each participant one time (Savin and Major 2013) and wanted an interview approach that allowed me to address the topics related to my research questions, but that also allowed both the participant and I the freedom to discuss whatever came up in the *pláticas*. I also wanted the ability to ask additional questions should new concepts be introduced or participant responses warrant clarification.

The question set for the interview tool was developed based on the four research questions presented in the introduction, demographic and social history information, and common folk concepts identified in the existing literature. Interview questions were developed for the purpose of gaining insight into the folk practices and beliefs of the sample, the participant’s experiences with such practices and beliefs, and the meaning that they constructed from those experiences. All interviews were digitally recorded with a recording device I provided. Before the interview started, I explained that I would be digitally recording the interview and gained participant consent to be recorded. Upon completion of each interview, the audio recording of the interview was sent to a transcription company where it was transcribed and sent back to me within 24 hours of submission.

DATA ANALYSIS

The data analysis method for this study is thematic analysis. Thematic analysis is the process of identifying themes presented in the data by continually reviewing and analyzing the data (Savin and Major 2013). I chose this method of analysis because it allowed me to reveal meanings gathered from themes in the data. Because this is the first study on the folk healing beliefs and practices of second-generation Mexican American millennials, I thought it appropriate to look at themes that emerged from the data for a broader view of the patterns and connections across the data set to lay the groundwork for future areas of study on this topic.

Transcription Process

The transcription company only provides English language transcription and leaves any foreign language identified on the audio recording blank; therefore, upon receiving each transcribed interview I reviewed the manuscripts and the digital recordings as well as transcribed and translated the Spanish portions of the interview myself. Bilingual transcription requires “knowledge of subject-specific terminology, awareness of style and grammar, nuances and idiomatic expressions” (Halai 2007:351). I was proud and pleasantly surprised that my own Spanish was sufficient for the purpose of the transcription and translation of this study; however, I did refer from time to time to online Spanish dictionaries for assistance with the correct spelling of terms. Additionally some participants used Spanish slang words or used shortened versions of Spanish words. In these situations, I spelled the shortened words or slang phonetically to keep the text as

close to the participant's voice as possible. Transcribing and translating the Spanish portions of each interview allowed me to stay close to the data, which assisted with and increased my familiarity with the data. In addition to the Spanish transcription, I also went back and added notes of laughter, long pauses, and hand gestures that I felt were significant pieces of data that influence the research, to each of the transcripts. Although I documented as much as I could, I could not record what Bhattacharya (2009) referred to as "tacit data," unspoken data that is known by the researcher by way of his or her participation in data collection, which informs the way they analyze tangible data. Bhattacharya (2009:133) noted that words are "not always adequate to describe emotions, sensual information, dreams, and various forms of (conscious and unconscious) psychological negotiations during data collection analysis," which I found to be true as the audio recordings could have never picked up on the sparkle in a participant's eye; for example, as he joked with me about his participation in a certain folk healing practice.

Coding

Data from each individual interview was analyzed and coded immediately, or as soon as possible after I received the transcription and transcribed the Spanish portions of the interview so that the interview would still be fresh on my mind while coding, as I chose not to take notes during the interview. In qualitative research, a code is "a researcher-generated construct that symbolizes or 'translates' data" (Saldana 2016:3). I chose descriptive coding as my coding technique, labeling each code with a word or short phrase describing the topic of the characterization I was attempting to capture. Each

interview was analyzed individually. As significant concepts began to emerge, I identified and assigned a descriptive code and a color highlight for easy identification. I coded as I went, meaning each time I conducted a new interview I would code that interview with all of the other interviews I had done thus far; therefore, all of the interviews were analyzed and coded multiple times. Initially, the coding process was “loosely structured” (Bhattacharya 2009:136) as the first few interviews were utilized to explore the ways participants constructed their experiences and perspectives toward folk healing beliefs and practices; however, as the number of interviews increased characterization patterns in the data began to emerge.

I used two different coding organization techniques during first cycle coding to address two types of research questions I employed in my research tool: those regarding awareness of specific folk illness and practices, and those regarding experience with folk healing beliefs and practices. Using two different coding organization techniques during the first cycle helped me to organize the data in a way that was easily identifiable for me.

Initially, I chose “color coding” as my coding organizational strategy as it provided visual clarity making it easy for me to immediately identify and remember characterizations, codes, and subsequently themes throughout the data (Bianco, Gasparini and Schettini 2014). Color coding is particularly effective in qualitative data analysis as color assists the researcher in visually distinguishing objects in the data (Bianco et al. 2014). Additionally, because of the limited number of distinguishable colors available on

my computer software I used “cosmetic coding devices” such as bold and italicized fonts to further distinguish my codes (Saldana 2016:3).

Saldana (2016) suggests maintaining a code key as it provides opportunities to organize and reorganize codes categories for analysis. I used a separate document as my color coding key and highlighted the interviews while coding. The color coding key contains the color coded descriptive codes along with the pseudo name of each participant that produced each code in the coding key for easy reference. Additionally, underneath each code I included the code’s content description. Saldana (2016:27) recommends coding keys contain “a compilation of the codes, their content descriptions, and a brief data example for reference;” however, I substituted the participant’s pseudo name for the “brief data example.”

While executing the descriptive, color coding strategy, I realized that interview questions that asked about awareness needed to be organized differently from interview questions about experience because of the nature of my central research questions (Saldana 2016) that addressed both. In developing my interview tool, I presented lists of several common folk illness, concepts and practices identified in the literature and asked participants if they were aware of them. This often created dichotomized responses as one may be aware of a folk concept but have no experience with it, or simply not be aware of it at all. Although not always expanded upon, this data was imperative to answering my first research question: “Which Mexican folk healing beliefs and practices (metaphysical and supernatural) are second-generation Mexican American millennials aware of?”

Therefore after initial open coding was complete, I went back and identified the folk concepts that participants were aware of, assigning them a descriptive code and a number rather than a color, to separate codes that indicated awareness of a folk concept versus experience with a folk concept, both significant data related to my central research questions. I used a separate coding key for the codes organized by number, which included the descriptive code, the number assigned to it, and the pseudo name of each participant that produced each code in the coding key for easy reference. Once all interviews were coded and initial codes identified, I begin to combine codes into broader categories where appropriate to identify themes in the data. This act of synthesizing the codes into categories is a way of constructing meaning (Saldana 2016).

TRUSTWORTHINESS

For qualitative research to be accepted as quality and trustworthy research, qualitative researchers must be transparent about their methodology, insuring readers that the methodology has been conducted “in a precise, consistent, and exhaustive manner through recording, systematizing, and disclosing the methods of analysis with enough detail to enable the reader to determine whether the process is credible” (Nowell et al. 2017:1). I used Lincoln and Guba’s (1985) evaluation criteria to address the trustworthiness of this study. Lincoln and Guba’s (1985) evaluation criteria are appropriate for this study as they are often used with constructivist paradigms but draw from epistemological assumptions connected to social constructionism (Klenke 2016). Lincoln and Guba provided four criteria to address trustworthiness in qualitative

research: credibility, transferability, dependability, and confirmability (Savin and Major 2013).

Credibility

Credibility is a term used in place of internal validity in qualitative studies and is a key to ensuring that qualitative research actually measures what it sets out to measure (Shenton 2004). Credibility is defined as “the extent to which qualitative researchers can demonstrate that their data are accurate and appropriate” (Denscombe 2010:299). To address the criteria of credibility, I utilized well recognized research methods that were appropriate for the study based on the participant sample and the purpose of the study (Shenton 2004). I also was familiar with the culture of the group that I was studying due to my social location as a Hispanic millennial who grew up with many of the folk healing beliefs and practices that were addressed in this study, as well as my past research and publication on the subject of *curanderismo* or Mexican folk healing and beliefs that has spanned a timeframe of three years.

During the research process, I utilized debriefing sessions with my superiors to help develop my interview tool, ensuring I was not using leading or value laden terminology as well as debriefed with my research Chair during the data analysis process. I used “reflective commentary” (Shenton 2004) during the methods section as well as throughout the entire manuscript for transparency. In addition to the reflective commentary throughout the manuscript, this manuscript also includes a separate section

dedicated to reflectivity that includes a description of my background, qualifications, and experience with the subject.

Additionally I used participant honesty tactics, which are strategies where participants are provided with opportunities to refuse to participate, to ensure that only those who genuinely want to participate do (Shenton 2004). As noted in the participant recruitment section, I intentionally initially only reached out once to prospective participants and waited until they responded to my recruitment message before reaching out again. The ability to opt out of the research was presented textually both in the recruitment script and in the consent form, and was reiterated verbally, face to face, before the interview commenced. Shenton (2004) also suggests that another participant honesty tactic is for the researcher to encourage participants to be frank and to remind participants that there are no right or wrong answers. I address this in the data collection section where I relay that I encouraged participants to speak freely, in the language of their choice, including the usage of curse words. When I met up with participants during the *entrada* portion of the interview, participants often admitted to me that they might not know much, or be able to provide me with much information regarding folk healing beliefs and practices. I always told them that no answer was a bad answer because I was simply interested in learning about their knowledge and point of views on the subject. Although this took place before the recording started, it also came up during one interview where a participant asked me for my take on his interpretation of *brujería*. My

response to him is recorded in the transcript: “Well, I mean, it's whatever you think. There's different interpretations. I'm interested in what *you* think *brujería* is.”

Lastly, I used iterative questioning to avoid contradictions in the data (Shenton 2004). My interview tool included semi-structured questions inquiring about participant's awareness of certain folk concepts. The question would list three to four folk concepts at a time as demonstrated in Question 21: “Have you ever heard of conditions such as *nervios*, *envidia*, *sentimientos fuertes* or *falta de fe*?” Participants would often answer “no” eliminating all of the folk concepts at once. I would then tell participants that I was going to ask them about each folk concept individually “just to make sure.” Most often when rephrased and presented individually, participants would acknowledge awareness and demonstrate comprehension of folk concepts they had previously denied knowledge of. Additionally I would ask clarifying questions about concepts that participants previously denied knowledge of but showed knowledge of in other areas in the interview. I would ask the participant about the phenomenon they described and ask them for their definition of that phenomenon, confirming their knowledge of the previously denied concept.

Transferability

Transferability refers to the representativeness of the study and is defined by Denscombe (2010:301) as “an imaginative process in which the reader of the research uses information about the particular instance that has been studied to arrive at a judgment about how far it would apply to other comparable instances.” To meet criteria

of transferability, I used thick descriptions to place in context decisions related to participant recruitment and eligibility, interview sites, and sampling and data collection techniques. I also placed in context the significance of interviewing second-generation Mexican American millennials not only in Texas, a border state, but also in the DFW area with its large Hispanic population. Denscombe (2010) recommended that researchers should be transparent about the context of their research so other researchers may gauge the applicability of their findings to other settings. For example, findings from this study would most likely not apply to a comparable study conducted in a state such as Main due to Main's ethnic composition and location in relation to the Mexican border.

Dependability

Dependability is a term used in place of reliability in qualitative studies and is a criterion that attempts to demonstrate the dependability of the research instrument, which in qualitative studies is most often the researcher (Denscombe 2010). Shenton (2004) asserted that dependability is achieved if a study is reported in such detail that future researches are easily able to replicate the work. Achieving the criterion of dependability, therefore, requires "in-depth coverage" (Shenton 2004:71). To achieve dependability, I described what was planned and actually executed for the study, documenting my failed attempts of recruitment, coding decisions, and operational details of data gathering (Shenton 2004). Additionally, Valle and Mendoza (1978:33) asserted that because the researcher is the instrument in the *plática* method reliability is "seen as centered on the

interviewer's capability to meld the interview guide into the correct local idiom," which was achieved by using the *plática* method in this study.

Confirmability

Confirmability is a criterion of trustworthiness that concerns itself with objectivity and "the extent to which qualitative research can produce findings that are free from the influence of the researcher(s) who conducted the enquiry" (Denscombe 2010:301).

Because I take a social constructionist stance, I am very forthcoming about my participation in the co-construction of meaning in this data. Because I cannot claim complete objectivity of the research, I achieve confirmability by way of reflexivity (Denscombe 2010). Shenton (2004:72) asserted that the confirmability criterion can be achieved by admitting one's own predispositions and beliefs that guide the methodology, and engaging in "ongoing reflective commentary," all of which I accomplished in this study.

CHAPTER IV

FINDINGS

This chapter presents the results of the thematic analysis of the narratives derived from the semi-structured interviews of fifteen, second-generation Mexican American millennials in the DFW area for answering the following research questions:

1. Which Mexican folk healing beliefs and practices are second-generation Mexican American millennials aware of?
2. Which folk healing beliefs or practices do second-generation Mexican American millennials practice or adhere to, and which ones do they abandon or modify?
3. When and in which situations do second-generation Mexican American millennials utilize Mexican folk healing beliefs or practices and why?
4. What factors influence second-generation Mexican American millennials' decision to either abandon or adhere to traditional folk healing practices and beliefs and why?

This chapter includes the sample demographics and themes that were identified in the data using both inductive and deductive analysis methods. All participants chose a pseudo name at the time of the interview to protect their confidentiality. One participant's pseudo name had to be replaced with a new pseudo name after the interview was completed, as she chose a name that was the actual name of another participant that was interviewed after her. Once this issue was identified, I reached out to her to ask her to choose another pseudo name. Additionally, pseudo names were given to people named in

the participants stories. For instance, if a participant talked about her sister by name in the interview I asked the participant to give her sister a pseudo name as well to further protect both her and her sister's confidentiality. All participants will be referred to by their pseudo names for the duration of the study.

The findings of this study are presented in alignment with the four main research questions; therefore, this chapter is organized into four corresponding sections with themes and sub-themes presented as subsections, with two additional sections reporting the demographics of the participants and the summary of the findings.

DEMOGRAPHICS

The sample for this study consists of fifteen second-generation Mexican American millennials who currently reside in the DFW area. All participants were born in the United States. All of the participants had two Mexican-born parents who they grew up with in the home. Six of the participants identified as male, and nine of the participants identified as female. The participants were all born between the years 1981 and 1996, which classifies them all as millennials according to The Pew Research Center's (2018a) new classification of millennials. The youngest participant was born in 1993 and was 25 years old at the time of the study, and the oldest participant was born in 1982 and was 35 at the time of the study.

AWARENESS OF FOLK ILLNESSES, BELIEFS, AND PRACTICES

Common folk illnesses, and healing practices identified in the literature were incorporated into the question set of the interview tool and participants were asked a two-

fold question about their *awareness* of, and subsequently their *experiences* with, such folk illnesses and healing practices. If participants reported that they were aware of a folk illness or healing practice, they were then asked about their experience with it. Some participants were not aware of, or were aware of the folk illness or healing practice but had no experience with it, leading to a dichotomized answer of “yes” or “no.” Participant awareness apart from and regardless of experience was necessary for answering one of the four central research questions: Which Mexican folk healing beliefs and practices are second-generation Mexican American millennials aware of? Therefore, this data was coded, recorded, and presented separately from the emergent themes in the data.

Questions about *awareness* of certain folk illnesses and practices were deductive as they inquired about ten different pre-established folk healing illnesses and healing practices, producing highly structured responses. Shirish (2013) suggests that qualitative data with highly structured responses or closed-ended questions are usually applied as “a layer on top of the data” (Shirish 2013:31). Hence, I will offer a summary table as “of interest data” or supplemental data. The table also includes one additional folk illness *mal aire*, which emerged in the data inductively and was not a folk illness that I originally inquired about (see Table 1). Additionally participants were asked an open-ended question about their awareness of folk *consejos* to explore their awareness of folk healing beliefs. Asterisks were placed next to the pseudo names of participants who reported that they were aware of the “translation” or the “meaning” of the term. This may or may not indicate their awareness of the inquired folk healing *concept* as some of the folk healing

concepts utilize terminology that has literal translations that may or may not be separate from the folk healing concept of inquiry. An English example of this dualism would be the word “cold.” The word “cold” has two connotations, one associated with illness and one associated with temperature.

Table 1. Participant Awareness of Folk Illnesses and Folk Cures

Folk Healing Belief or Practice	Frequency	Participants
<i>Ojo</i>	15	Enrique, Isabel, Diego, Estella, Eva, Delia, Lorena, Brenda, Cindy, Arturo, Robert, Isidrio, Priscilla, Samantha, Max
<i>Susto</i>	13	Enrique, Isabel, Diego, Estella, Eva*, Delia, Lorena, Brenda, Cindy, Arturo, Isidrio, Priscilla, Samantha,
<i>Empacho</i>	10	Enrique, Isabel, Estella, Eva*, Delia, Brenda, Arturo, Priscilla, Samantha, Max
<i>Caída de Mollera</i>	11	Enrique, Isabel, Estella, Eva, Lorena, Brenda, Cindy, Arturo, Priscilla, Samantha, Max
<i>Brujería</i>	15	Enrique; Isabel, Diego, Estella, Eva, Delia, Lorena, Brenda, Cindy, Arturo, Robert, Isidrio, Priscilla, Samantha, Max
<i>Limpías or Barridas</i>	14	Enrique; Isabel, Diego, Estella, Eva, Delia, Lorena, Brenda, Cindy, Arturo, Robert, Priscilla, Samantha, Max
<i>Nervios</i>	11	Enrique, Isabel, Diego, Estella, Eva*, Delia, Lorena, Brenda, Arturo, Robert*, Isidrio
<i>Envidia</i>	12	Enrique; Isabel, Estella, Eva*, Lorena, Brenda, Arturo, Robert, Isidrio, Priscilla, Samantha, Max
<i>Sentimientos Fuertes</i>	2	Brenda, Robert*
<i>Falta de Fe</i>	5	Isabel, Diego, Eva, Lorena, Isidrio
<i>Mal Aire</i>	2	Isabel, Enrique

I began by asking participants if they were aware of, and subsequently had any experiences with, a few of the most common folk illnesses noted in the literature: *ojo*, *susto*, *empacho*, *caída de mollera*, *nervios*, *envidia*, *sentimientos fuertes* and *falta de fe*.

Most participants were aware of the common folk illnesses as they grew up hearing about them.

Isabel: Well, I've experienced them all. Just growing up, it was just kind of ... It's just something I've always known, so it wasn't like I ... I don't remember the first time I learned about them. I remember being young and babies crying uncontrollably, and my mom saying, “*Ay! Le dieron ojo* (Oh! They gave him *ojo!*),” and pulling out the egg and praying over the baby. Um... *susto*, I had *susto* when I was probably six or seven. I saw my cousin's grandpa in his casket at his funeral, and then when I came home, I was having really bad nightmares. So, they took me to this *curandera*, and she said, *que yo estaba mala de susto* (that I was sick with *susto*), so, she would pray over me. I don't really remember too much. I remember laying there, and she would pray over me, and I went three times until it was finally gone, but it was to get rid of the night terrors caused by *el susto*. And then *caída de mollera*, whenever you handle any baby, “*Aye cuidado* (Oh be careful)”, “Be careful”, because if you shake them too much, *se le va caer la mollera* (their *mollera* will fall), or if they cried too much and it wasn't *ojo*, maybe *se le cayo la mollera* (their *mollera* fell), when I still to this day don't understand what exactly *la mollera* is! (Laughs) You just knew that it was at the top of the head.

Interviewer: What about *empacho*? Did you ever have experience with *empacho*?

Isabel: Yes! Yes! My dad still always tells me that. He actually told me that the other day because I ate Hot Cheetos, and I don't remember what it was, some *papa* with *carne* (potatoes with meat) that I ate, and it was like 9:00, and he was like, “*Aye te vas a empachar!* (Oh you are going to *empachar*)” and to me, it's always just been stomach ache, and yeah, sure enough, I had a stomach ache in the middle of the night! (Laughs)

Ojo

For more accurate information, I inquired about each folk illness separately to explore millennials' knowledge of each individual illness. *Ojo* is a common folk illness that every single participant had some awareness of. Participants reported that *ojo* is a condition caused by admiration or envy that could cause illness or social problems if contracted.

Robert: It's when somebody looks at you, whether intentionally or not, and kind of gives you some type of curse I would say, or some type of bad vibe. That's what I understand. Sometimes it's intentional, sometimes it's just the type of

energy they give off and they don't even know it. But it has to be attached with jealousy or something, and sometimes they don't know. It's like, "Oh you have nice hair," and then the hair falls off, or something like that. That's my understanding of it.

Most participants reported knowledge of methods for curing *ojo* as well.

Max: She would...well, my mom is the one that would believe in it. She would rub an egg all over you from head to toe, and say a prayer with it. It was an egg and what is it? A *yerba* (herb)... what is it called? *Ruda* (Rue)!

Interviewer: So would she do this to you, or did you just watch her do it to other people?

Max: No, she would do it to everybody in the family.

Interviewer: Okay, so you included?

Max: Mm-hmm (affirmative).

Interviewer: And why would she do it? When would she do it? What is *ojo*?

Max: When we were little she would do it every time, let's say we would be ... any time, really that you weren't yourself, any time you were down, any time she felt that things weren't going well in your life.

Interviewer: Okay. And then she would just say, "Come here so I can cure you?"

Max: She does it every Tuesday-

Interviewer: Really?

Max: ... and every Friday.

Interviewer: So, no matter what, like even if you were having a good day, was she going to do it Tuesday and Friday regardless? Or only Tuesday and Friday if you were feeling off?

Max: Tuesday or Friday, any time that she felt that you were off.

Interviewer: Oh, okay. Do you know why only Tuesday and Friday?

Max: No, but something about a holy day or something like that. She never explained it.

Participants reported that the effectiveness of the cleansing could be determined by examining the egg that was used during the *limpia*.

Lorena: I'm not really sure exactly what it means, but I know that the egg, everything has a little meaning. The webs that come out, the spots on the eggs, and every cleansing, the egg would be just ... it would clear out even more. The first one was like, it was crazy. Actually, the first time I got the cleansing, it broke.

Interviewer: Oh my God!

Lorena: It popped on my sister's hand.

Interviewer: When she was doing the *barrida* on you? That's when it popped?

Lorena: Yes, as she was praying, it popped in her hand.

Participant's awareness of *ojo* also included different measures one could take to prevent the folk illness. Participants reported that one could wear a special bracelet to prevent *ojo*.

Interviewer: *Ojo*. What do you know about *Ojo*?

Enrique: That if somebody stares at your baby for the longest time ... *les va a dar ojo* (they will give you *ojo*), and they actually sell *ojos de venado* (deer eyes) for that kinda... like in a bracelet, that people believe in, and they put it on the baby's wrist, so their eyes don't swell up, or something like that, I guess ... as far as I know (laughs).

Most participants reported that *ojo* could be prevented by touching the person of your admiration so you would not give them *ojo*.

Eva: *Ojo* is kind of like the evil eye, or the jealous eye. You hear it a lot with, if somebody's jealous of something. I guess, the thing is, they have to touch it, so that they don't give it *ojo*. If not, it can get broken, or it can get ruined, or something. Right? They can get sick. I used to hear all the time with my kids when they were babies, if somebody admires something, but doesn't touch it, then they're like, touch it or you're going to give it *ojo*. That's kind of something we grew up knowing about.

Participants also had an awareness of what caused *ojo*, reporting that it was caused by admiration or jealousy.

Brenda: It's when someone is looking at you, and hasn't touched you, and they maybe pass you something.

Brenda: It would be something like my hair would ... I would have lice, or something, and they'd say, "Oh, it's because you have curly hair and people were jealous of it." Or like if I had a nice dress, and I got a stain on it, or something, or I tore it, it's because somebody was looking at me and gave me *ojo*, and that's why something bad happened to it.

Cindy shared a story about a time she contracted *ojo* in Mexico because a boy was staring at her during a party.

Cindy: One time in Mexico, (laughs) a long time ago I was with my dad and we were at a party and the next day I woke up but it was something with my eye and my cousin's house that we were at, she's my older cousin, was like ... Because some boy there liked me and he was staring at me the whole time, and I was like I don't know if you guys are joking or nah, (laugh) but yeah, just that one time.

Interviewer: So they told you you had *ojo*?

Cindy: Yeah. They said it was from that.

Susto

Susto was another common folk illness that most participants had some awareness of. Participants reported that *susto* was a condition caused by a scare of some kind that caused prolonged anxiety.

Diego: When let's say you have some traumatic event like you got in a really bad car wreck or you got attacked by a dog or anything and it's like you keep that fear in your head, and so it just kind of always is there and you can't shake it, and so they would take you to someone that would cure you because you have that traumatic experience in your head that you don't lose.

Samantha: If you're about to get into an accident and you slam your brakes and you get really, really scared to the point to where everything makes you jump, you're on edge all day long or for several days, then that's what *susto* would be.

Some participants demonstrated knowledge of different methods of curing *susto*, most very different from each other. A couple of participants reported that *susto* could be cured with a rock.

Samantha: Yes, yes, my nephew. And again, my mom's the one that cured him. And that is with a rock. And all I know it's like some *piedra de sangre* (bloodstone) I think that's what it's called. And it's the same thing, like the same process as with the *ojo* but it's done with a rock, and then they have to burn it after.

Lorena: *Susto* ... you know, it's something ... the only memory I have about *susto* is ... oh, yes, now that I'm thinking about it, I have ... I know that ... and there's a cleansing for it, too, and they use some kind of mineral. And it's really funny, because they use some kind of mineral, they do the cleansing with a prayer, and then they put this on a pan. And it's supposed to shape what scared you.

Interviewer: Oh, wow. But you don't know what kind of mineral it is?

Lorena: I don't remember. I cannot remember what it is, because if I recall correctly, my aunt would buy this at like, botanical shops. She would have a very hard time finding it. But it was shaped as a rock, but it would melt on a pan, and it would shape to what scared you.

Another participant reported that *susto* could be cured by covering the person who was suffering from it with a sheet while saying prayers over them and then spitting wine or alcohol on them.

Delia: Um...same thing. My grandma would ... People would come to her, and she would *curar de susto* (cure them of *susto*), and she would do this ritual. I don't remember exactly how it goes. She would say prayers. She would cover us with a sheet, and like spit, I think wine or some kind of alcohol like out. And then, it's supposed to like help cure you from some kind of a scary event that happened, like a car accident or whatever. People if they have a hard time ... like traumatic experience ... like a hard time sleeping...

Delia: I know something, I think it was a car accident with my uncle, and he came over, and she did that. And I remember, as kids, when we would see it, we kind of would laugh a little bit because when she would spit, we would all be like, "Ew!" but yeah.

Yet another participant reported that *susto* could be cured with salt.

Cindy: Um...like... Ana my little sister, was always scared, (laughs) terrified, of dogs when she was little and they would say it was because *estaba sustada* (literal translation: she was scared; contextual transition: she had *susto*) or something.

Interviewer: Oh really?

Cindy: And every time we went to Mexico as kids, she would never get off at my grandparent's house. We had to park so close to the door for her to get off or if not she would jump in my dad's arms, because there could be a dog two miles away and she was like, no. And then they would say it was because *estaba sustada* (literal translation: she was scared; contextual transition: she had *susto*). (Laughs)

Interviewer: Did they do anything to cure her?

Cindy: When she would get like in those panic modes, my uncle would be like "Dale sal! Dale sal! (Give her salt! Give her salt!)" (Laughs) and he would give her salt. (Laughs)

Interviewer: Oh really?

Cindy: Yeah, in those moments he would be like "Oh! Dale sal! (Oh! Give her salt!)" Always.

Another participant reported that *susto* could be cured by pulling on certain parts of the head and face.

Isidrio: The *susto* I'm familiar with is when a kid's running around being scared, and then having my mom pull my nose, pull my ear, and pull my hair, and that was to relieve the *susto*. That's the *susto* I'm familiar with. Yeah.

Empacho

Empacho was another common folk illness that most participants had some awareness of. They reported that *empacho* is an intestinal issue caused by bad digestion of certain foods.

Arturo: When you eat something, like let's say, for example something that's undercooked, like a tortilla or something that's undercooked. And that your stomach starts aching or whatever and then ... they call it *empacho*.

Eva: Yeah. Whenever we were little, my mom would bake a cake, and right away, she would always rinse the bowl and the spoon, right away, because of that. I remember my brother and I waiting for her to be done, and we would go and we would start licking the bowl because cake batter is good. I remember mom running in the kitchen like, "No, no, no, no. Then she was like, "*Las tripas!* (The intestines!)" and this and that. We're like, "What?" And they're like, "You're going to get sick." Oh, my gosh! I don't remember ever her doing any kind of ritual to cleanse that part, but I remember she would always get onto us like, "No, you don't eat that." That's funny. She would always make a big deal about us not eating raw cookie dough. She would buy the roll of the cookie dough, and we would go take pieces of it and stuff.

Participants also demonstrated knowledge of ways to cure *empacho*. Participants reported that curing *empacho* included massages, pulling of the skin until it "popped," and ingesting an herbal tea.

Samantha: I don't know the cause of it but I know the process to cure it. When... just is when they lay you on your back and they start pulling your skin until it pops. But I don't really know. My mom used to tell me it's whenever I would eat my gum that it would cause it, but I was so young that I don't even remember the symptoms, like what would I complain about to say, "Oh, you're *empachada*. Flip over." I don't know what-

Priscilla: Yes. Whenever you eat too much something. And that's as much as I know, and your stomach starts hurting and they tell you *que al la mejor que estas empachado* (that maybe you are *empachado*) and you go and you get rubbed down. They rub your stomach down, and it kind of helps get all that stuff off or

whatever's stuck on the lining of your stomach that they said is causing you to hurt. And then you feel better afterwards.

Brenda: Supposedly I had it all the time when I was little (laughs).

Interviewer: Why did you have it so much?

Brenda: Um... I guess because I would eat ... I don't know. I just remember I would ... My stomach would get really bloated, and my dad would say I had *empacho*. He would always do like... He'd warm something up, I don't remember what, to like cure it. But I don't remember exactly what he would do, but I remember I always was sick to my stomach, and he would... "*estas empachada* (you are *empachada*)".

Interviewer: Was it something that he put on your stomach that he warmed up? Or that you drank? Or you injected?

Brenda: I think it may have been both.

Brenda: I remember being in the kitchen, specifically, and him talking about it and telling me I had *empacho*, and I was just like, "Oh, I don't feel good."
(Laughs)

Caída de Mollera

Caída de mollera is a folk illness that most participants were aware of, and most had an idea of how it was caused and ways in which it could be cured. Participants reported that *caída de mollera* was a condition having to do with the soft spot of a baby's head.

Max: It happens whenever the babies have a soft spot on the top of their head and, from what I know, if somebody touched it, then the *mollera* would be *caída* (sunken). So at that point you would have to pop it back up, so they would flip the babies upside down and hang them and hit the bottom of their feet.

Estella: That's when the baby's...they're born with a soft spot in their head. And I think it's if like, you don't carry them a right way, that *se las pueda caída de mollera* (you can make their *mollera* fall).

One participant shared her personal experience with *caída de mollera* and her children:

Eva: The first time I ever experienced it, I was still going to school, I was in college, and I left to school. My mom would come to my house to take care of the triplets. They were babies, they were maybe two months old. I will never forget. I left to school, I came back to my son crying, and they had the baby, a tub full of water, and they had my son upside down, and she had him by his feet. She just had ... Not my mom, but my aunts, because they all showed up. They

had him upside down, and just his forehead, right before his eyes got in the water. They had him upside down in the water and they were pounding the bottom of his feet. I walked in and I go, "What are y'all doing?" She was like, "*Aye es que se callo la mollera!* (Oh it's because his *mollera* has fallen!)" and I'm like, "What?" And they're like, "yeah, yeah." They said because of the way that he was drinking his milk from the bottle, he was making a smacking noise. It's so funny because I never believed in that. I would just tell him, "No. It's just because they're not latched on right." They're like, "No, no." All of them, they were like, "No, it's because of this." Out of respect, I just said, okay. I'm like, they're not really hurting him. He's still alive now. He's 13. I remember them doing that, and until they felt that that soft spot or whatever, was back to normal, I guess, and he was eating normal. He did. It was funny, though, because then he latched on to his bottle afterwards, normal without making any noises and stuff. Then he was good.

Nervios

Nervios is a folk illness that many participants were aware of equating it to having anxiety, although some reported that they knew the definition of the term, but were not necessarily familiar with it as a folk illness.

Lorena: *Nervios*? Yes. I'm listening to my mom's voice right now: "*traes muchos nervios* (you have a lot of nerves)". Yes, this is something she will say when I'm feeling a little anxious. She always...it's always *nervios*. And being Hispanic, there's no such thing as depression or anything, it always goes back to something that has to do with this! (Laughs) Okay. So, my brother apparently has *nervios*. He doesn't drive, and he gets really bad anxiety, and they said that *esta malo de los nervios* (He is sick with *nervios*), and they've taken him to *curanderos* and stuff like to try to cure him of that. It hasn't worked because he's still not driving, but...

Robert: No. I know what it means, it's kind of like nervousness or something to do with nerves, but I wouldn't have a real clue what that means if it's not that.

Arturo: *Nervios*, basically they get real nervous about stuff. Anything. My mom, for example, she always says, "oh", *tengo nervios* (I have *nervios*) or whatever. You know, just scared. I mean, to me it's pretty much the same thing as being nervous.

Envidia

Envidia is another folk illness that many participants had some awareness of.

Participants reported that *envidia* was a condition contracted as a result of being envied, or as a result of envying others, or other's possessions.

Lorena: *Envidia?* Oh, my goodness! I know that's evil! (Laughs) Let's see, I'm trying to remember the last time my mom ever said that. I know that means it's something like, people are giving you negative energy. Sending you like negative vibes. Growing up, like in middle school, I was going through so much stuff, and I remember my mom would always tell me this, and that's the reason she would always take me to my *tia* (aunt) to get it cleansed.

Enrique: *Que te tienen envidia* (that they envy you). Yeah. When people are jealous of you, which kinda leads back to a whole lot other stuff, like *donde* (where) people go get *limpias* because people *te tienen envidia* (have envy of you), they're jealous of you and what you have, and so the people *van y se hacen una limpia* (go and they get a *limpia* done) to kinda get that bad vibe off of them.

Participants often linked *envidia* to *ojo*, reporting that *ojo* is the result of *envidia*

Eva: I think for me, that kind of falls under that somebody gave you *ojo*, because you know they were envious of something you had, or whatever.

Samantha: It's just that *envidia* can fall into place with the *ojo* too. Or when somebody says, "Oh, that girl has *la vista pesada* (a heavy look)" and it's because somebody's just looking at you in such a different way you can just feel like ... I'm sorry, sometimes you're around someone and you can just kind of feel the vibe (laughs).

Robert: Oh yeah, that's the whole kind of ... like the *ojo*, it relates to that. If somebody is kind of jealous, and then maybe without intending it to, they portray that negative energy and stuff happens.

Like *nervios*, many participants reported knowing the translation of *envidia* but were not necessarily aware of it as a folk illness.

Priscilla: Jealousy? Right. I don't know. Yeah.

Arturo: Yeah, again. Envy pretty much. Yeah.

Estella: *Envidia* is when someone's envious, yeah.

Estella: Think when I was just younger, in elementary school. There were just like, you know, it's more just like jealousy or she doesn't like you or something like that was *envidia*.

Sentimentos Fuertes

Most participants had never heard of the folk illness *sentimentos fuertes* outside of its literal translation. Only a couple of participants expanded upon their knowledge of it.

Brenda: Same thing, it's just when something like impacts someone and they're just kind of overtaken by the emotion.

Robert: No. The only stuff I'd kind of heard of, and I wouldn't even think it's culturally, it's more like if you have your heartbroken and stuff like that it really affects you. I've seen it firsthand. If it can relate to that, I've seen a lot of older people, or just like the instance that happened recently, Bush passed away soon after his wife passed away. I've had pets, so many pets that they will.....their partner passes away and they pass away quickly. So there's a lot of science to that.

Falta de Fe

Falta de fe was another folk illness that many participants were not aware of outside of its literal translation; however, a few did express familiarity with it.

Isidrio: I've heard of that in the sense that being Mexican, Mexican American, being Catholic is so embedded within the culture. So not really going to church, not being the best Catholic, I'm always getting advice from my dad and my mom that *me falta de fe* (I lack faith) I hear it in that regard, but I haven't gone anywhere to get it treated or anything.

Eva: I think *falta de fe*, which, lack of faith, I think with that, I kind of go back to my parents. My parents, when they got married, they were both really into church and everything like that, Then a couple years after my dad, specifically, not my mom, but my dad, he started drinking a lot, and he quickly became like an alcoholic, and he stopped going to church, he stopped being involved. I remember my mom praying and praying like every day, and telling me, "You need to pray for your dad. You need to pray for your dad," even as a child. I mean I was like four, five years old. Her telling me, you need to pray for your dad, you need to pray for your dad, and her saying that because he had that lack of faith, and he's in this sickness of alcohol, that was his sickness. I remember praying for him, and just my mom and I kneeling and just praying and praying every day. And then eventually, he decided, I'm not really sure what it was that

finally convinced him to stop drinking, but I was eight years old when he finally stopped drinking. He just quit completely. My mom believes that the prayer is what healed him from that. He's been sober and all that since then. You know it's been a long time.

One participant came to awareness of *sentimientos fuertes* during the interview, as she knew what the concept was but had never heard of the term for it before.

Lorena: *Falta de fe* as an illness, whoa. No, I've never heard it used as an illness, but I know I've heard people say this before, and now that I think about it, maybe that's how they meant it. Yes, and it's usually used when someone's trying so hard, but they're not actually accomplishing for what they're trying, and they're like, "*es que te falta fe* (it's because you lack faith.) And that's when they light the candle! (Laughs)

Lorena: ...I do. Oh, my goodness! Now it all makes sense in my head! What?! Yeah! (Laughs) Actually, I have, yeah, it's actually just like affirmations, really. Like you write them down, and you believe in it, and *falta de fe* is like, you just, you're just done, and you don't believe it's going to come true, you don't believe you're going to finish what you want. Whoa, it's making sense in my head now! (Laughs) Yes! I guess I do believe in it! (Laughs)

Aire

Aire was a folk illness that came up among several participants that I originally did not include in the interview tool. *Aire* is a folk illness that is short for *mal aire*, which translates into “bad air.” *Aire* is a very hard folk illness to explain, but it is thought to be caused by temperature imbalances “obtained by breathing in cold air, moving from a cold area to a warm area within short time frame, and working up a sweat and not allowing your body proper time to cool down obtained by breathing in cold air, moving from a cold area to a warm area within short time frame, and working up a sweat and not allowing your body proper time to cool down” (as cited in Sanchez 2018:155). *Aire* is also caused by “malevolent, destructive force or power that is transmitted through the air and wind” (Cavender and Alban 2009:6). *Aire* is thought to cause ailments such as

“cramps, facial twitching, diarrhea, headache, vomiting, paleness, fatigue, shaking and paralysis” (as cited in Sanchez 2018:156).

Interviewer: Okay. Are you aware of any Mexican folk beliefs or *consejos* or tips about avoiding illnesses or bad things from happening? If so, which ones?

Isabel: *Aire!* (Laughs)

Isabel: Anytime I go out! (Laughs) I walked outside earlier, and it was windy, and the first thing I do is close my jacket because *le va entra aire* (*aire* will enter) and this morning I woke up, and I slept with no socks, and before I touch the floor, I have to put socks on because I'm already prone to it (laughs), so I have to prevent *aire* or-

Interviewer: Why do you say you're prone?

Isabel: Huh?

Interviewer: Why do you-

Isabel: Because I always have it. I always feel like there's no way to explain it, and even as a nurse (laughs), I'm like, there's no way to explain *aire* or how it gets in you and affects you, because I've been diagnosed with tendonitis, but that's not really tendonitis. There's no real explanation to it, but I know if I walk around with my socks off and it's cold, I'm gonna hurt later.

After I inquired about participant's awareness with common folk illnesses noted in the literature, I inquired about their awareness of common folk healing *practices* also noted in the literature. I asked participants about their awareness of *brujería*, and *limpias* or *barridas*. I found that the terms *limpias* and *barridas* were used interchangeably; therefore, I coded them together. For better accuracy, I asked about participant's awareness of each folk healing practice separately. I began with *brujería*.

Brujería

Brujería is a folk healing practice that as I mentioned in the literature review, is complicated, controversial and has multiple interpretations. People have differing ideas of what *brujería* is; however, most participants were aware of it in some form or another.

Robert: Yes, it's witchcraft, basically.

Brenda: That it's kind of doing things against other people's will, having spirits, demons, entities, do it for you.

Estella: *Brujería*, I guess like, it's more known as in Mexico, but I've heard there's still some people around that do it. Like, even here. It's just, someone who has it out for you and does *brujería* on you.

Arturo: Well its stuff that they use to make spells or make harm on other people?

Samantha: I don't know much about it. There's nothing I could put together for you but I'm... I've always just heard of people that do *brujería* and it's mostly with ill intent. And it's because of envy, it' because ... To me *brujería* is all the ugliness. However, in some people's eyes a simple *barrida* because of *ojo* is also considered *brujería*.

One participant reported that *brujería* was tarot card reading or future telling practices.

Interviewer: Well, let's just say, do you know what *brujería* is, to start off with?

Isidrio: I think I do.

Interviewer: Okay, what do you think it is?

Isidrio: A lady that reads cards. Is that what it is?

Interviewer: Well, I mean, it's whatever you think. There's different interpretations. I'm interested in what you think *brujería* is.

Isidrio: A woman that reads cards and tries to read your future.

Participants also reported that they were aware of love spells that could be done to manipulate relationships in ones favor.

Diego: I've just heard random things. I've maybe read about it or have heard people tell stories of women that were crazy and wanted men to love them. I've heard where they do something to the pictures of them and then they put them in jars and then they put water in it and just kind of leave it there and it's supposed to put a spell on these men, things like that. It's always something like that or, like I said, putting some kind of bad luck on someone that they didn't like or on their family or something like that, but it's always things like that.

Isabel: Yeah. I mean, it's just something we grew up with, especially love spells. There was a way to keep your man or to manipulate things to happen in your favor...

One participant reported knowing about methods of “sexual bewitchment” as termed by Behar (1987), as her friend participated in such methods; however, she was embarrassed

to tell me about it assuming that this type of practice was not a part of the study stating that it was “gross” and she would never do it.

Delia: I mean, I know my friend did a one to get her boyfriend to ... It was gross (laughs) the way ... what it was. I don't think it's part of that... (Laughs)

Interviewer: Oh no! It's part of that! I know what you are talking about!

Delia: And she actually did that, but I would never do that, and I wouldn't think to do that, but that's the only other thing I've heard of.

Interviewer: Did she do that here in the United ... She went to somebody?

Delia: No, she did it herself.

Interviewer: And how did she know about that?

Delia: I don't know. I don't know who told her about it, but she's always like, "Yeah, if you like put your underwear or something underneath there... this, and you ..." ...I think you pee on it, or I don't know!

Interviewer: There's all kinds of things.

Delia: Yeah. The pheromones or whatever are supposed to ... and I don't know who told her. I'm sure she's just heard it from someone. I don't know. But yeah. I was like, "You're crazy!" (Laughs) I was like, "That's gross!" (Laughs)

Interviewer: But you would never do that?

Delia: No! (Laughs)

Interviewer: Have you ever tried to manipulate love situations by using any of these folk beliefs or practices?

Delia: No. I mean, I probably prayed, like, "Oh, please ..." you know, whatever, (laughs) but I never really did anything else other than that. (Laughs)

Limpias or Barridas

Limpias and *Barridas* were used interchangeably by the participants and most were aware of them in some form or another. Participants reported that *limpías* and *barridas* were cleansings that one could receive to cure certain folk illness or to get rid of “the bad.”

Lorena: I know that it clears your headaches. No, but I think a *limpia* is ... wow, let's see, how can I put this in words? I actually feel like it's something necessary, even if you feel like you're not going through bad ... like you're not experiencing anything bad, but I do feel like it's necessary for people. It's like cleaning your chakras, you know? And it's just like starting fresh, starting new.

Arturo: From what I understand it's people having real bad luck and stuff like that, they go to some *curandera* ... you know, brush them down with leaves and stuff like that, that's how you take away bad vibes, the water.

Enrique: Yeah, people go to ... people *lo que hacen limpias para que* (that do *limpias* so that they can)... you know, so that they have better, I guess, luck, better love life, to get all the evil spirits out, things like that. I've never got one done. I've seen it on TV or I've heard from it, I mean I've heard about it, from my relatives or family. In all honesty, I don't know if they've been one. I've just heard about it. But does it work? I don't know.

I then asked participants what folk *consejos* they were aware of to gauge their knowledge and awareness of folk healing beliefs. Most participants reported being aware of folk healing beliefs that included beliefs about birth defects, temperature change in the body causing illness, and illnesses caused by envy, admiration or “bad vibes.

Enrique: When they tell you not to eat dinner or take a shower because *te tuerce la boca* (your tongue will twist)...

Max: Don't go outside when your hair's wet.

Estella: You know, crosses on the door? So you don't, you know, the bad, keep the bad away.

Interviewer: Okay.

Estella: Like the front door.

Eva: ... Wearing a pin, a safety pin on your shirt, especially when there's a full moon, because if not, the baby could be born with a cleft palette or something like that.

Delia: The evil eye. So, I was always taught, or how at least my grandma explained to me, was if somebody ... like, "You're really cute," or which is kind of conflicting because it's like why would you give something really cute an evil eye? (Laughs) But apparently you put so much energy on the project onto the person that it causes them to have headaches, or I don't know how exactly it was cause them to be fussy, babies more particularly.

In summary participants are aware of the most common folk illnesses, healing practices and beliefs and have an understanding of the causes and the cures for such folk illnesses. Participants lack awareness of and knowledge of the folk illnesses *falta de fe* and *sentimientos fuertes*; however, those two folk illness are less talked about in the

literature. Participants also reported that *ojo* and *envida* are not mutually exclusive folk illness and asserted that they often happen simultaneously as one is the product of the other. *Limpias* and *barridas* were also found to be one in the same and used interchangeably. Participants were aware of a wide range of folk healing beliefs that they learned growing up as *consejos* to prevent illness or bad things from happening to them.

FOLK HEALING PRACTICES AND BELIEFS

Currently no empirical studies exist on the folk healing beliefs and practices of second- generation Mexican American millennials. To address this gap in the literature, this section reports the folk healing beliefs and practices of the participants as well as provides insight into which practices and beliefs they are adhering to, which ones they are abandoning and modifying, and why they are doing so.

Symbolic Beliefs and Practices

Participants reported incorporating symbolic practices and beliefs into their everyday lives and as a means of healing or preventing bad things from happening to them. Participants often mentioned the use of symbolic material items such as crystals, lava rocks, saint tokens, crosses, rosaries, altars, bracelets, statues, prayer books, candles, and holy water for healing and protection. Participants reported wearing or carrying symbolic materials on their person as well as carrying symbolic materials in their vehicles. Participants also reported having symbolic materials in their home.

Isabel: Well, I feel like the cross helps for protection, and when my daughter was little, the red string to keep away *ojo*.

Interviewer: Okay. Why do you think you wear those things?

Isabel: It's kind of like your own spiritual little shield to ward off evil or to keep you safe, and it's more like a comfort thing. I have a rosary in my car. Every time I get in the car, I grab my rosary, and I ask God to get me wherever I'm going safe. It's like my little shield.

Isabel: ...What else do I do? Well, at home we have a little cross above the door to keep out evil, and I think that's the major stuff.

Interviewer: Do you ever wear any religious amulets for protection, like little medallions?

Enrique: All the time. I actually have one right now and my oldest has one, and he has one (points to baby son) but he's not wearing it yet because he's too young and he'll rip it or break it. But yeah, we always do. Even in my car, there's always a picture of the Virgin Mary and stuff like that.

Participants reported using altars religious statues and holy water.

Brenda: Yes. I have an altar, and I have holy water, I have statues, rosemary, definitely.

Interviewer: Why do you use those?

Brenda: I think it's just a way of showing my faith and my dedication to them, maybe?

Interviewer: Okay. Do you ever wear any religious amulets for protection?

Brenda: I used to always have my ... um...what's that called? The little brown one that you keep on you?

Interviewer: Oh, I know what you're talking about....

Brenda: I used to always have it on me...

Interviewer: Scapular?

Brenda: Yes!

Interviewer: Yeah.

Brenda: *Escapulario* (Scapular)! Yeah!

Symbolic items are also used to help with social issues, as one participant reported that he used a candle to help his wife get her residency.

Interviewer: Okay. What about candles or alters?

Arturo: Like *veladoras* (candles) and stuff?

Interviewer: Mm-hmm (affirmative).

Arturo: Yes.

Interviewer: Okay. And what do you use those for?

Arturo: Most recently when my wife was getting her residency...in Juarez, we went over there...

Interviewer: Mm-hmm (affirmative).

Arturo: Just for a little more hope to pray and light the *vela* (candle) and see if it could help out a little bit.

Symbolic items used by participants were for the majority items with religious significance and were used for protection, warding off the bad and for assistance in praying.

Religious and Spiritual Practices and Beliefs

Elements of religion, specifically Catholicism are incorporated into many Mexican folk healing beliefs and practices. During the interview, I asked participants if they incorporated any spiritual or religious practices into their healing practices. Participants reported that they do incorporate religion or spirituality into their healing practices. About half of participants reported invoking saints or *Virgens* (Virgin Marys) to help them with specific problems.

Several participants reported having patron saints they called upon for help in certain situations.

Isabel: ... So, I feel like I have a lot of faith in the *Virgens* (Virgin Marys). I pray to them a lot. So, if I need anything, I feel like I need to fill that void, too.

Interviewer: Okay. Do you currently invoke the saints for help during hard times? I know you said you pray to the *Virgens* (Virgin Marys). Do you invoke any of the other saints?

Isabel: I do. The last one that I really, really relied on was ... Oh, my gosh. When I was testing for my boards exams, I prayed, oh, my gosh, and the saints and the name has left me right now.

Interviewer: Was it the Patron Saint of something?

Isabel: Of test taking, of test takers.

Interviewer: Of test takers?

Isabel: Yeah.

Interviewer: Okay.

Isabel: Then the Patron Saint of Nurses now. I will say a little prayer here and there, especially when I'm having really rough days.

Samantha: Oh, yes. Yeah, we pray and we're pretty big ... Sandra (participant's daughter), she's in a private school. So she's around the praying a lot and we do the whole saints thing. My favorite saint is Saint Francis of Assisi, so I love his

prayer. So we try to go around that. We both carry our little cards and I have mine in the car and she keeps one in her backpack. So yes.

Samantha: And then the Saint Francis, I go to him pretty much when I'm really frustrated. Because it's like, "Oh, like please, like you know where there is hatred let me sow love! Like please! (Laughs). I try to approach everything with love now as a grown adult. I have to keep that in mind.

Isidrio: With work, definitely, or with long travels. It's like the act of just wanting some help, whether that saint or spirit is contributing, but there's something about it that makes you at ease whenever you do ask for it. Yeah, definitely. I've asked.

Additionally some participants reported making promises, dedications, or pilgrimages to monuments or churches dedicated to specific saints or *Virgens* (Virgin Marys) to ask for help.

Interviewer: What about the *Virgen de Guadalupe* (Our Lady of Guadalupe)

Isidrio: Mm-hmm (affirmative).

Interviewer: Okay. Tell me about that.

Isidrio: Yeah, again, growing up Catholic, she's the center of our house. There's probably 12 pictures just within the house of her. I got her tatted on my chest! (Laughs)

Interviewer: Perfect!

Isidrio: No! No, (laughs) obviously, yeah, there's been a lot of asking. Having to go to *Mexico* for visits at *Plateros* (a sanctuary in Mexico). That's where the *Niño Dios* (Baby Jesus) is. Yeah, there's been a lot of asking and conversations, growing up, with her.

Interviewer: Do you currently invoke the saints for help during hard times?

Arturo: Yeah, yeah.

Interviewer: Okay. Which? Do you have any special saints or particular saints that you call on for help?

Arturo: Yes.

Interviewer: Okay, tell me which ones?

Arturo: *La Virgen de San Juan* (Our Lady of San Juan).

Interviewer: Okay. And why is that your saint, or why do you call on *la Virgen de San Juan* (Our Lady of San Juan)?

Arturo: 'Cause the basilica is in *San Juan del Valle* where my family is from and... I've always visited as a kid. And my parents did, my mom mostly, and I kinda grew into it.

Interviewer: Okay. So you'll call on her for help?

Arturo: Yeah, *mandas* (promises) or whatever...

Interviewer: Yeah.

Arturo: Promise to take her *una veladora* (a candle), roses or whatever, I guess.

The other half of participants reported that they do not invoke the saints but pray directly to God for healing or protection. There was an relatively even split between those who called upon saints for help and those who did not believe in invoking saints but praying to directly to God instead.

Interviewer: Okay. Do you currently invoke the saints for help during hard times?

Diego: No.

Interviewer: Why not?

Diego: Just because I think you always just pray and just pray to God, and you don't ... like me, specifically, we went to church as kids, but then after a certain point, we just stopped going, and I wouldn't say that I'm not religious....but.... you just pray. You're just praying to God. You don't know all the details about everything and all the specific saints and all that. My parents were like that. They were about all that stuff, but me, never. I guess it just never stuck to me.

Interviewer: Okay. Do you currently invoke the saints for help during hard times?

Brenda: I used to as a child, as a teenager, but not anymore.

Interviewer: Why do you not do it anymore?

Brenda: I think I just rely more on just prayer, rather like praying just directly, rather than a saint.

There seemed to be an implication that praying to saints is linked to specific doctrine found in Catholicism or the bible' therefore some participants who do not follow such traditions reported that this is why they do not pray to saints.

Estella: Not the saints, just more I just pray to God.

Interviewer: Okay. And why do you not use the saints?

Estella: Because ... God's a jealous God and he's the only one you're supposed to praise.

Eva: I'm not Catholic. I've never practiced that, to bring different saints in. Like I said, we only pray to God, Holy Spirit, that kind of thing. And so if anything, he's my only saint that I would bring into prayer.

Prayer for healing purposes was utilized among many participants. Participants reported that they use prayer because it helps comfort them and make them feel that they have additional (spiritual) help, or to address their spiritual needs or spiritual void, and to protect themselves.

Lorena: I pray, but I don't pray to a god, I pray more to the universe.

Eva: Yeah, I 100% believe that prayer... I think people take prayer really lightly. For me, there's so many ways to pray. A lot of times, people will ... I've done this, where you fast and pray. You know what I mean? I feel like you have to be in the right mindset. I feel like it's not just as easy as like closing your eyes and saying a quick prayer. I feel like you almost have to be meditated and like spiritually ready. What we believe, or my parents taught me, is like you also have to have like a clean heart and a clean conscience for God to hear your prayers, because how can you be praying for someone else when you, yourself, need it? I remember just praying with my mom, and before we even started praying for my dad. You know what I mean? Until, even now, like as an adult, I 100% believe that prayer is powerful, and that, right there, it can be a healing power for anybody to use. That's definitely something that my mom has taught me, and of course in the church and stuff, but really, like that more intimate, it's definitely from my mom.

Eva: Yeah. Definitely our beliefs in God, our beliefs in prayer, that definitely goes into our healing because I think a lot of people do unconsciously, because I think,, oh, I'm praying for you. You know what I mean? But like I said, people take it so lightly, as well, and it's like yes, thank you, please pray, but it's like, really pray.

Interviewer: Right.

Eva: You know what I mean? Don't just say, "Oh, Lord, please take care of Angela. Okay, amen." In my opinion, I'm like, God didn't hear that prayer! You better get down and pray right? (Laughs)

Delia: ...I don't know. Anytime there's a prayer involved, you kind of feel a little bit a sense of a calm.

Some participants reported participating in folk healing practices that incorporate prayers, because they feel that prayers are the true key to healing.

Samantha: Growing up, it was just normal in the household. If something was wrong with me, I didn't feel good, "Oh, you probably have *ojo*." It was more as a safety precaution. Just go ahead and lay down, better safe than sorry. What's the

worst rubbing an egg is gonna do? To me, it's not even just about the egg, it's the prayer itself. So, that would just be a comfort alone.

Samantha: I do, of course. And again, I link those into those are more of cures. So anything that ... To me, again, it's the prayer, it's the prayer that's healing you. And yeah, just that.

A couple of participants reported that they would only resort to prayer in serious situations.

Interviewer: Okay, do you pray for situations of like healing, or for...

Cindy: I think just in general. Not necessarily to ask for anything, but just to be thankful for stuff.

Interviewer: Okay. So if you were sick, would you pray to get better?

Cindy: I think I would pray to get through it.

Interviewer: Okay.

Cindy: If I was like majorly ill.

Diego: Um...I don't know... I mean... No, just because ... I don't know. If I need healing or anything, I don't think... I think it has to be something severe or something for me to go and try to use that to get better.

Prayer is still a big part of participant's lives and they still resort to prayer to help them with many issues, both social and medical.

Metaphysical Beliefs and Practices

Metaphysical beliefs and practices are beliefs and practices that attribute the root cause of phenomena to a sort of gray area that lies between the supernatural and the natural (Acton 1951). Metaphysical aspects of healing utilize folk healing beliefs and practices that include the usage of herbs, massage, and concepts of hot and cold imbalances in the body that cause illness. Many participants reported using herbal remedies when sick. *Te de manzanilla* (chamomile tea) was mentioned several times among participants as a folk healing remedy.

Isabel: Well, yeah. I mean, there's *yerbas* that we use, or different teas. Of course, *manzanilla* (chamomile) tea is the cure to everything, and when you have

phlegm, *te de oregano* (oregano tea), things like that. My mom makes this weird concoction with onion and garlic and all these healing herbs. She makes it every year. She made it yesterday, and we all took a spoonful to prevent *la tos y la gripa* (the cough and the flu). .

Arturo: No. I mean, just common stuff, for stomach ache, like *te de manzanilla* (chamomile tea) or stuff like that but...

Eva: I hated that they would give my kids *te de manzanilla* (chamomile tea), but then you hear about it. Oh, chamomile tea, it's so good for babies when their stomach's upset. Just a lot of stuff, or rubbing their belly. So many things that my aunts would try to show me, and a lot of that being that healing, that kind of healing., I was like "you know what?" Yeah as I'm older now, I'm like, yeah, this stuff is real. It really does help, however it does.

Interviewer: When you or your kids are sick, what do you usually do?

Eva: Right away, I give them *te de manzanilla* (chamomile tea).

Interviewer: Okay.

Participants also reported visiting *sobadores* to receive healing massages for body pains.

Eva: Last year, I dealt a lot with a lot of back pain. One day, I kind of threw my back out a little bit, and it was to the point where I couldn't even lift my leg up to even put my pants on. That's how bad it hurt in my back. Right away, my parents, they're all about *sobadores*. They're like, "I know this lady, *te soba y luego* (they massage you and then) and boom, you're done, you're better." I'm like, "Well, wasn't it the same thing as a chiropractor?" They're like, "No, no, it's not." I'll go, "Okay." I went, I showed up at this house, and little Mexican lady, she was like five feet, she was tiny. She was telling me, "*pasale pasale*" (come in, come in) she said to me, "What's wrong?" And I told her my lower back hurts, and I showed her how I could barely lift my leg. To even get out the car was a struggle. She was like, "Oh, okay, *si, si! Esta bien*" (yes, yes! It's all right!) And she's telling me, right there in her bedroom floor, lay down. She already had the mat and everything ready. Honestly, I don't know what to expect. I just thought she was going to massage me. No, she did cupping or something, I guess what they call cupping. I felt like my back was on fire. She just rubbed all kinds of creams and everything. I tell you, she was done in like 15 minutes, and I was expecting an hour massage (laughs), and when she was done, she tells me to get up, and she tells me to lean forward, and she just rubs my spine again, and I could move. I was moving my legs. I mean, she was like, "Lift your leg," and I lifted my leg up, and I was able to twist. I felt normal. I'm like, "Holy Cow! What'd you put back there?" So ever since then, if I have any back pain, I don't even go to massages places, I just go to her. She was from Mexico, and that's what she did when she was over there. She was like, "Some people don't believe that you can get healed by just being massaged," or whatever, she's like, "But you can do a lot of healing even just depending on what your issues are. You rub a

certain part of the body, and you can heal yourself through that." She's my go-to lady now! (Laughs)

Interviewer: What about the *sobador*? When was the last time that you went?

Enrique S: It's been a couple years, for like back pain, things that you could probably honestly, say what you go to a chiropractor for. Again, just knowing that people have gone to a certain guy and it's helped and it works, you try it. Not necessarily any reason in particular, I guess. Just trying it out. I guess you can say would be the main thing.

Isabel: I'm trying to think the last time I went to a *sobador*. Probably when I was a teenager and I bent my foot forward running. I went to a *sobadora*, and she was also a *curandera*, but *sabia sobar* (she knew how to massage), so I went, and I remember she stripped me down in her room and then massaged my whole leg, and it was different, because I've been to *sobadores* where they just ... I twisted my elbow, and he just rubbed my elbow, and the next day I was good, but she prayed over me, and she put oils, and I don't know what these oils were, but she prayed over me, and I went two times, and I was supposed to go one other time, and I didn't go, so I didn't fully heal, and that's why I have pain in my foot to this day (laughs), but she was more of a *curandera*, I think, than a *sobadora*.

Interviewer: So, when was the last time that you visited one?

Isabel: It's probably been like, gosh, 15 years that I have, but I still recommend them to people!

Samantha: It was before I had my little girl, so maybe about in 2010, 2011. And it was issues with the shoulder, and my mom would send me to the *sobador* so that he can fix me. It's just a massage. It was really a deep tissue massage.

Interviewer: Okay. So how old would you say you were around that time?

Samantha: I was about 26, maybe, 25, 26.

Lorena: This was ... oh, this was my leg. It was my knee. Yes, it was my knee, I was having problems with my knee. And I went to her about, I would say, three times. So, they do a massage, and then after that they do kind of like a heating therapy kind of thing on your knee. And what she's doing, is she's actually also praying for you. I really don't know, like I said, if it's just my mindset, or if it actually does cure me, but I strongly believe in it.

One participant reported he went to a *sobadero* to address his anxiousness rather than physical body pains.

Diego: Yeah, I've been to one before.

Interviewer: When was that?

Diego: Maybe the last time was maybe two years ago my dad took me to one.

Interviewer: For what?

Diego: The same thing I had told them that I'd been feeling anxious and things like that, and he told me that I could go to this man, then we visited him at his house. It was just at a regular house and you walk in and you just had the little bed, and he didn't take money. You could give him money, but he didn't take money. He didn't ask for anything specifically.

Diego: He had a little box and I think everybody just knew, hey, give him money when you go. We went, and he would just kind of massage different parts of my body and he said it was supposed to help.

Interviewer: That was to relieve some of the inside?

Diego: More like anxiety that I was having. I don't know. I was just having random anxiety about a lot of things.

Interviewer: Do you think it helped?

Diego: Yeah, it did. It did a little bit, but I don't think ... I'm not cured, you know?

Interviewer: Mm-hmm (affirmative).

Diego: But I think it, yeah, suppressed it a little bit.

Participants also expressed beliefs about folk illnesses caused by temperature change that cause imbalances in the body.

Enrique: No ... I guess one of the ones that I do kinda still use. My parents have always told us during this time, the winter time, *si estas en lo caliente* (if you are in the heat), like you're inside where it's warm, don't just walk out all of a sudden cause *te da un aire* (it will give you *aire*) in the *espalda* (your back) or something. Get like pains in your back, which that one kind of makes sense. You're in the warmth, warmth of your house, inside and all of a sudden walk out to the cold air, yeah.

Isabel: *Tapate* (cover yourself), like you cover yourself well after a shower so *no te da aire* (it won't give you *aire*) If you go outside and it's windy and it's cold, cover your neck and your chest. *Pa que no te doy aire* (so that you don't get *aire*) always wear socks because *te entra aire* (*aire* comes in) through your feet, and that's why you have pain in your feet and your joints (laughs).

Eva: That, there was little things to keep from getting sick, like going outside with wet hair. That was such a hard thing for me! I always believed in that. Well, then, the kid's dad, because I used to make a big deal about the kids walking outside with wet hair. And oh, my gosh! He still, to this day, fights me about it. He's like, "You get sick from germs, not cold hair!" I'm like, "I don't care. I walk out with wet hair, and I come back and my throat hurts. How do you explain that!?" That's still a thing. Or walking around with no shoes. Oh, my God. Things like that, my grandma, oh, my gosh, always, "*No andas descalzo!*" (Don't go around barefoot!) Still, I can still hear my grandma's voice yelling at us when we were little, because they had tile throughout the whole house. If they didn't have tile, it was cement. Originally was cement, and then eventually, after years, they

finally put tile down. You never saw carpet in houses in Mexico. Then, still, at my parent's house, it's still the same. There's that, I feel like there's so much more, I'm sure. I'm just trying to think of like my mom yelling at me about something (laughs)

Interviewer: Yeah. Do you still do that? Make sure your feet are covered?

Eva: Yes.

Interviewer: Do you still make sure you try to go out without your hair wet, as well?

Eva: Mm-hmm. Yeah, like this morning, I'm like, oh, no. I'm not going to have time to dry my hair. I was like, okay, I'm just going to wash my body, but I'm not going to wash my hair because I don't want it too wet and walking outside.

Most participants reported using herbal remedies to cure sickness. They also reported visiting *sobadores* when they had body pains. Participants still took care to prevent illness from rapid temperature change in the body by covering their heads when they went outside, not going outside with wet hair, covering their feet etc. Participants also followed these *consejos* with their own children.

Supernatural Beliefs and Practices

Supernatural beliefs and practices are categorized as practices and beliefs that include sorcery, future telling/reading, *limpias*, soul or spiritual manipulation, negative energy, and *brujería*. Participants reported receiving or conducting *limpias* or *barridas*, participating in getting their cards or future told, and being victims of *brujería*, negative energy or soul/spiritual manipulation and thus receiving cures to reverse such manipulations.

Belief in negative energy/spirits.

Several participants expressed belief in negative energy or spirits and their ability to do harm. Most supernatural folk healing practices were done in attempts to keep the

bad energy or spirits away. Participants reported that they believed in bad spirits because they believed in good spirits and the two did not exist without the other.

Eva: Obviously, for our family, we believe in God and everything. We believe in the Holy Spirit, so if you believe in the Holy Spirit, you have to believe that there's bad spirits, too.

Enrique: Yeah, cause, the one thing I believe in is, if there's good, there's always evil.

Estella: Because I do believe in like, negative energy and ... like, a *limpia* would probably just take away the negativity or the negative energy that's probably weighing you down.

Brenda: I think I had to cleanse everything bad that was being thrown our way.

Samantha: I do. I do believe in trying to keep the negative vibes away.

Ridding oneself of harmful spirits.

Participants also spoke of harmful spirits that attach to them and cause harm or illness.

Participants reported that they received *limpias* to try and eradicate the harmful spirits.

Isabel: Yes. When they cured me *de susto* (of *susto*), she also *me dieron una limpia* (gave me a *limpia*) where she cleaned me, and she just prayed over me, and I think the thing with that was that a spirit had attached to me, and that brought on the *susto*, the night terrors, and she cleaned me to rid me of that.

Diego told a story of being cured of *susto* by a *curandera* in Mexico. The *curandero* told him that the *susto* was the result of bad spirits that had attached to him. The *curandera* gave him a *limpia* to rid him of the negative spirits and they came out of his body in the form of nails.

Diego: I went into the little room, and it's like a small room with a bunch of ... it was like a small, little, dirty, kind of scary-looking room, and it had the bed on it and then there was like little vials and medicines and stuff on the shelves, and she told me, "Just lay down." She was a nice, little old woman. So I laid down face down, and then she got this big ... it was like a brown bottle. I don't know what was in it (laughs). It didn't have any label or anything, and so she got a needle

and she filled it up, and then she poked me. I wanna say it was multiple times. It was five or six times and it was always like really fast. She did it right after another and then I laid there for a little bit, and then I guess she cleaned up, and then after that, she walked into the other room and she told me to wait there for a second, and I guess she was like prepping things in the other room. Then, afterwards, she came back. She got me, and you walk back into this room where it's almost like ... In Mexico, they have like those blue ... it's like bright blue tile, and it looks crazy because the rest of the house is a whole different color. It's like bright blue tile, and the in the front of the room, it's a bunch of candles and there's pictures of saints. It's like a big, little shrine almost. She has me stand in front of the shrine, and then my dad's in there, too. She called my dad in there, and he's standing maybe a few feet behind me, and we're both standing facing that shrine, and so she tell us. She gets all her materials together and then she tells us to close our eyes and just close our eyes and not to open them for anything. She starts to, I guess, pray or say her stuff, and she has the leaves and I feel her brushing my body, and she's like brushing me and probably my dad. It goes on for maybe like ten to fifteen minutes. I guess she had like incense burning, too, because I could smell it and it's burning, and the whole time, I didn't want to open my eyes. I kind of wanted to see what was going on, but I was scared. I was like, "What if I open my eyes and it's just like the whole thing doesn't work if I open my eyes?" so I just kept my eyes closed. So that went on and then afterwards, she finally told me to open my eyes and... it was over. She was like, "Okay." She was like, "Everything's okay and you have to believe and know that you're gonna be okay and that there's bad things you know...the bad things have left your body," and things like that. Then, she was looking like pointing around the room, and then I looked down and I noticed there was a bunch of nails like long nails on the ground like all over the place, though like, behind us and they were under my shoe. I remember because when I walked in that room, I remember like the floor was just swept and it was a clean room. The tile was blue, so anything on the tile you could see sticking off of it, and those weren't there and I noticed that, so I kind of freaked out a little bit because I was like, "There was no way that she could've lightly placed all of those nails on the floor," especially how a few of them were under my shoe and it was kind of weird. I remember I turned around and I looked at my dad and my dad's not a person that's ever liked freaked out or really scared, and I could tell his eyes were really big and even he was like kind of surprised, and so after that, she started picking them up, and she was like, "These are the bad things. These are bad spirits or bad things that were in your body," and so I remember she picked them all up and she handed them (laughs) to me and she told me I could take them with me. I remember I took them. I don't remember what I did with them after. I think I left them in my dad's car and I just tried to forget it, but after that, we left and we just drove back home, and I remember I was ... I didn't know what to think.

Belief in brujería.

Most participants reported that they believe in *brujería* but reported that they do not practice it. *Brujería* is categorized separately from bad or negative spirits/energy because *brujería* generally refers to the *act* of conjuring and manipulating situations. *Brujería* is also categorized separately because of the lack of consensus of what *brujería* is, therefore I am only referencing *brujería* when participants specifically identified the practice or belief as *brujería*.

Isabel: I don't practice it, but I believe it.

Interviewer: Okay, and why do you believe it?

Isabel: I feel like there's another realm that is very real. *Brujería* and all that is very real. We don't live it, so it's not an everyday thing to us, but I feel like you can make things happen, and I've just ... Not that I've experienced it, but I've seen it play out, even with family members. Situations have happened where you're just like, "Whoa. How," or like men that are like in these horrible relationships, and you're like, "Why, why," and then you find out she's doing *brujería* and you're like, "Oh, makes sense."

Interviewer: Have you ever participated in it?

Robert: Oh no. No, no, no.

Interviewer: Okay. Why not?

Robert: Because I don't mess with it. Like the Ouija board, that's the first thing that pops up. I just wouldn't mess with it. I would even go I really don't believe it, but I don't know enough. I know I'm more of a science type of guy, but since we really don't understand it and we can't say it's not true, we don't know in what angle something pops up. It might be mental, it might be whatever, but it might be real, and you don't know where it's coming from. So I just stay away from that, no.

Samantha: ... I do believe in all the bad *brujería* stuff, yes. That's something that I wouldn't play with. That's something my mom is not okay with. She knows I try to keep it away, keep it at bay, but not to do the ugly stuff. But I think that when people start telling you things out of the blue they are to not be taken lightly.

Interviewer: Yeah.

Samantha: I think they know what they're talking about, especially if they don't know you. And I know a couple of people who can tell you things without you even asking, and it can be the right words. I think that's pretty cool.

Reversing brujería.

Several participants reported participating in folk healing practices that reversed *brujería*. One participant reported that she was having problems with her sister and a friend gave her a cure to reverse the problem she was having.

Samantha: Yeah, I have a good friend of mine, he's one of those people. Like he once told me ... We were having a lot of problems with my sister. And he didn't know. I met him as a co-worker, and he just randomly one day just said, "I know you're having a lot of problems." And he said, "Just forgive her. It's the drugs." He said, "She's not being herself because she's with drugs," and all and I tried to play it off initially. I was like, "What are you talking about?" And he was like, "You know what I'm talking about." He was like, "Your sister." And he was like, "She's not a bad person," he said, "It's just the drugs messing with her mind." And I said, "Oh, okay." And he told me, he's like, "I'm gonna bring you something and I want you to keep it in your house." So I went with it. I was like, okay, I trusted him, I know him, and it was just an aloe vera plant with a red string on it. And he just said, "It's fixed just for you. Put this in your home." And I did and I kept it in my home and then about two months later it died. And he said, "Okay, it did its job. That's all."

Another participant recalled two different incidents when she believed *brujería* was done on her family and how she and her family tried to reverse the *mal*.

Brenda: Once somebody had thrown like fresh dirt in our yard, and it was black. I remember my dad being very, very paranoid that somebody had thrown ... uh it was dirt from the cemetery from somebody being freshly buried. I remember he used a shovel to throw it back into the street, and then he threw the shovel away.
Interviewer: Oh, really?

Brenda: Yeah, and he sprayed ... or he didn't spray, but he poured holy water all around the house, because he felt like somebody had done that maliciously.

Interviewer: Interesting. What did you think about it?

Brenda: I was really scared, because I could see the concern in him. He was really bothered by it, really paranoid about it. I remember thinking at that time, it was *brujería*, someone did something against us.

Brenda: Another time I was 13 and we had a kitten, and somebody knocked on the door. It was in the evening, it was like a Friday or Saturday. We open the door, and the kitten was on the porch, and its head had been cut off, and it had been completely gutted.

Interviewer: Oh, my gosh!

Brenda: And they left him on the porch.

Interviewer: Oh, my gosh!

Brenda: We never figured out who it was, there was no blood, nothing. It was a clean cut. My mom and I were both really ... My mom was like, "Don't touch it, don't do anything." She grabbed a stick, did something, threw it out.

Interviewer: Why do you think people were doing that? Was there anything that you thought of at that time, or as an adult you think back and say, "Maybe this is what was going on, somebody wanted to do this to us?"

Brenda: I didn't understand why anybody would. I couldn't think of anybody that would do that. I still ... I think it still something that I wonder about often, who did that? Why did they do that? What was the intention behind it? I don't know if my parents had any idea who they thought it could be. But I remember my dad was very worried about it, and you know just the holy water all over the place, he would bring holy water home every Sunday (laughs) after mass, he would have holy water with him.

Visiting tarot card readers or psychic mediums.

Almost half of participants had visited a psychic or a tarot card reader as an adult.

Participants went to psychics and tarot card readers for guidance. Most participants reported that they went with friends to visit the psychic or a tarot card reader and never went back again. Participants mostly reported that what the psychic or card reader told them was true to their lives or their situations and the premonitions that they were told came true; therefore, they believed that some people did have the gift or foreseeing the future.

Isabel: ...and then I went to a tarot card reader, and it was very real, very real. Everything that he said was exactly what was happening, and he even kind of gave me a little glimpse to what was to come, and I felt like he hit the nail on the head. So, I believe that.

Samantha: I've only been to one. And it started out as fun and games. I wanted to see what they would say. A good mutual friend of ours is actually the one that recommended the individual so I went, and I was just blown away with what was put in front of me. And so that was really neat. I said I'd go back, but I haven't. It's scary at the same time.

Interviewer: Yeah. So what the tarot card reader told you, did it come true or ... Was there stuff about the future or stuff about the past?

Samantha: It was what I was presently going through and what options would best benefit me in the future.

Interviewer: Oh wow. So do you ... You do believe in tarot card readers.

Samantha: Oh, that's so tricky. Because see, like I went because it was just for fun, but I believe everything I was told, so my belief in that went up a little bit more.

Interviewer: Okay.

Samantha: So yes, I guess I can say I'm a believer for now.

Interviewer: Okay. Would you go back again?

Samantha: I would.

Interviewer: Okay. What would make you go back, like what would be going on in your life that you would say, "I want to go back."?

Samantha: I think if I'm ever at a crossroad I'd go just to see if it could tip me to the left or to the right, and see what way would be best for me, because that's what I did this last time. I went, I didn't say what I was going through, what any situation was. They would look at me and tell me to think of questions in my head as they were pulling cards, and then they would kind of guide me. And it took me through the route that I knew was best for me. So they just kind of like ... it made me feel secure in what I was thinking. So no, nothing was really predicted, but it was very helpful. So if I were ever there again where I was just, I need to make a decision, I would probably go just to see if it would sway me this way or that way.

Only one participant who had visited a psychic medium or tarot card reader reported she did not believe in them because the reading was not accurate.

Eva: (Laughs) It was the same friend. It was probably around that same time. Yeah, I want to say it was around ... No, we were in high school. She told me, "Hey, this lady is going to read our cards." It was her grandma, and her aunts, and her mom that were real, real big believers in that, which is weird, because now that I think about it, like her grandma and her mom, they were all born here in the United States. For me, it was rare that, like man, y'all been four generations already here as American, and they had that stronger belief in tarot card readings and things like that. Anyway, I went because I was curious. I was like, okay. I went, and she did read my cards. I mean it's been probably 15 years, and none of that stuff has ever been even relevant or even true. Even when she was telling me what was supposedly going current in my life, in my head, I'm like, nope, none of that makes any sense (laughs). I don't really believe in it.

Several participants reported believing in supernatural beliefs about negative and bad spirits, believing that they were real and could cause you illness or harm. However, participants were very cautious about adhering to folk beliefs and practices that had to do with the supernatural. For example, almost everybody reported that they believed in

brujería but reported that they didn't mess with it. The participants that visited tarot card readers reported that although they believed in it they have not been back.

SITUATIONAL ADHERENCE TO FOLK HEALING BELIEFS AND PRACTICES

I wanted to explore when and in which situations second-generation Mexican American millennials utilize folk healing practice and beliefs to shed light on their unique healing needs and tendencies. The common themes that emerged from the data suggest that folk healing beliefs and practices are used among participants during pregnancy, childbirth and care for babies; when needing an extra layer of protection; when needing help that is not available from Western healing resources; and during trips to Mexico to visit family.

Pregnancy, Childbirth, and Care for Babies

Participants often mentioned using or learning about folk healing beliefs and practices during their pregnancies, childbirth, and care for their children. Several participants reported utilizing these folk healing beliefs and practices with children, even when they did not use them on themselves.

Consejos about pregnancy.

Participants' folk healing beliefs and practices in regards to pregnancy, birth, and babies often started with *consejos* told to them by family member or friends about precautions one should take to prevent birth defects, or complications during pregnancy or childbirth. Several participants reported being told not to sweep during pregnancy, or

to put safety pins on their shirts during pregnancy to prevent their babies being born with a cleft palate or a deformity.

Isabel: There are some that I grew up hearing, like don't sweep when you're pregnant, but I don't remember why. I just didn't sweep when I was pregnant because that's what I was told.

Diego: I've heard just random things like you're not supposed to sweep when you're pregnant because the umbilical cord could be wrapped around the baby, and I'm trying to think. That's the main one that comes off the top of my head.

Cindy: And then when I was pregnant my first time, there was a full moon and my friend, who was also Mexican and uh her family practices I guess more. She told me, it was a full moon, so to tie a red string around my stomach.

Interviewer: Oh really?

Cindy: And I had never heard that. And then, my other friend told me to put a safety pin on my shirt.

Cindy: I don't know, I just thought like oh my god, what if ... (laughs). Because my friend, I was like well, why do you do that? And she was like um, she said that, I don't remember if it was the safety pin or the string, but they're like that sometimes the baby will be born with an extra, like say finger or something like another earlobe or something.

Eva: Yeah. There's little things like wearing a safety pin. I'm telling you I think I really learned a lot of them when I was pregnant, and then when I had the babies. Wearing a pin, a safety pin on your shirt, especially when there's a full moon, because if not, the baby could be born with a cleft palate or something like that. There's that, which, my mom's like, just keep it on your shirt always. She would check, too, to make sure I had it. Even if there was no full moon coming anytime soon (laughs).

Childbirth.

Several participants reported hearing about and following folk healing beliefs and practices when they gave birth to their children. I asked participants if they had ever used a *partera*. Although only one participant reported she had used one, several participants reported that although they had not used one in their previous childbirths they would be open to using one with future births.

Eva: I didn't use one, personally, when I was pregnant, mainly because I was having three, and it was very like high-risk already. My mom tells me stories all the time, because that's what they used in Mexico. My grandmother actually passed away from an infection after she gave birth, that's how she died. They're just like midwives, and absolutely. If I ever were to have another kid, and it was just one, then I would probably totally go that route, just more natural. I feel like they give you more of an intimate birth.

Estella: I think if I were to have a baby now I would go through a midwife.

Interviewer: Oh, really?

Estella: Yeah.

Interviewer: Okay.

Estella: I would like to do like, the whole water birth.

Interviewer: Okay.

Estella: And I heard that's what they do.

Interviewer: Yep. Why would you do something different this time?

Estella: I think just more for the experience? And just because it's, I guess it's different, and not common.

The one participant that did use a *partera* reported that she turned to a *partera* after she visited a Western doctor and did not feel attended to.

Cindy: Malachi had a midwife. I had a midwife with Malachi.

Interviewer: Oh, okay. And why did you use one?

Cindy: Because I had gone to two doctors already and I felt more like they were like... in and out, like we just need to get you in and out. Like we don't necessarily care what... you know.

Interviewer: Yeah.

Cindy: But I feel with my midwife when I met her, cause I met with two midwives and the first one I didn't really feel like a click, I guess. And then with the second one that I stuck with, right away she just in depth would ask me questions or, she really wanted to know what I wanted the experience of birth to be like. So, yeah, I went with her.

Participants also reported learning about and participating in folk healing beliefs and practices after giving birth, especially in regards to recovery and caring for their bodies immediately after childbirth.

Eva: Especially little things like after giving birth. You're not supposed to go out for 40 days, you're supposed to stay indoors. You always want to wear a jacket, never have your back open until all your bones and everything come back together. They made such a big deal with me when I left the hospital, and my

kids stayed in the hospital for three weeks. I was back and forth, back and forth, and I was driving, and they made such a huge deal that I'm not resting. I'm like, how can I rest when my kids are in the hospital? They're like, no. I was driving myself around, and oh, man. They made a huge, huge deal. I told them, well, my situation is different. If my kids came home with me, then I would be lying in bed for 40 days.

Priscilla: The no walking, of course without your socks after a shower, you make yourself sick. After you have a baby, you don't shower for the first seven days or something. You don't wash your whole body. Maybe you can do your head, but you don't expose your whole body to be in that cold, or even walking out of the house with your hair uncovered.

Childrearing.

Participants reported that they utilized folk healing beliefs and practices with their children, more often than using them for themselves. Participants seemed to take great measures to keep their children safe and healthy reporting that they had their children wear protective bracelets to protect them from *ojo*, gave their children herbal remedies, and had their children cured for different folk healing beliefs and practices such as *caída de mollera* and *susto*. Many participants reported that they first learned about or experienced folk healing beliefs and practices with their children.

Eva: I'm telling you I think I really learned a lot of them when I was pregnant, and then when I had the babies.

Eva: I don't think I've ever had it. I think my experience has been, like I said, with my children, because I have triplets, and it was something that people instantly would, "Oh my gosh! How cute!" My son, Matthew, specifically, he was born with blue eyes and really light, almost blonde hair. He was the first one that people would come to. I noticed that if people would make comments to him, or about him and stuff, and they didn't touch him or anything, he would cry so much that day. My aunts would say, "*aye tiene ojo! Tiene ojo!* (Oh he has *ojo!* He has *ojo!*)", "He's such a cute baby. You got to make sure everybody touches him, or you need to keep him covered so that nobody sees him." I guess that's how I really got to experience it.

Eva: Specifically, if we were out, especially because you don't want strangers just touching your baby. Right?

Interviewer: Yeah.

Eva: I would always keep a little cover over their car seats. All three of them.

Participants reported that they adhered to religious or spiritual healing beliefs and practices with their children. Enrique reported that he took his children with him when he made *mandas* (promises) to *La Virgen* (The Virgin Mary) in Mexico, Samantha reported that she adorned her daughter's room with *Virgen de Guadalupe* (Our Lady of Guadalupe) to protect her as well as had an altar in her daughter's room.

Samantha: ...but I have a lot of *Virgen de Guadalupe* in my little girl's room because I feel like that's the one who's gonna protect her and oversee her. It's like the main guardian angel. But we don't pray to her.

Samantha: ...She has her little altar, like a little altar in her room where she keeps all her little stuff there too.

Other participants reported that they put protective medallions or bracelets on their children to protect them from *ojo*, as well as teach their children how to prevent giving *ojo* to others.

Priscilla: In the babies cases we would just put those little red bracelets on them, to deter any bad vibes or anything like that from them. And so, we would always get the babies some when they were little.

Isabel: ...When Gemma was little, my daughter, I'd put a little red string on her bracelet to prevent *ojo*.

Isabel: And I teach my daughter that stuff, too, like, "Go touch that baby. Go touch that baby," because I didn't want her mom being up all night crying with it, but I don't know.

Participants seemed to be willing to do whatever it took to make their children well, or became more cautious of folk illnesses when they had their own children.

Priscilla: I think when it comes to my kids, because I just want to find whatever it is to make them feel better. So I'm willing to try the things that my mother-in-law said would work.

Interviewer: ...Are there any situations that you find yourself practicing these folk healing practices or beliefs more? Like are there any situations or times in your life where, that you see that you fall back on these?

Cindy: I think more when it comes to your kids...

Arturo: Yeah, some. I mean yeah, when my kids are sick, I pray. I'm not a very religious person. I don't pray a whole lot but something with the kids, yeah.

Participants reported that they took their children to be healed from folk illnesses or were open to taking their children to folk healers to be cured as well.

Samantha: So like if Samantha, if my little girl is not feeling well, then she can get a *barrida*. So if she got to the point to where she was really scared, something startled her ... Let's just say a dog tried to attack her and she kept having nightmares or something, then I would take her to my mom to do the one for the *susto*.

Eva reported that she went to a *sobadero* for her body aches and pains and reported that she was planning to take her children as well.

Eva: She told me come every 15 days or whatever. I did that for a while, and I felt better. I asked her, "Can I bring my kids?" She's like, "Yeah. I can massage kids, too." I haven't yet brought them, but definitely planning, because they play sports and stuff, so I was definitely planning on taking them there.

Folk healing belief and practices appear to be a big part of pregnancy, childbirth and child rearing among parenting participants as participants take extra precaution to keep their children healthy and safe.

Protection

Folk healing beliefs and practices that were reported by participants were often done as a means of proactive protection against bad entities or energy. Participants often spoke of measures they took to protect their homes from "the bad." Participants often utilized folk healing beliefs and practices as a proactive means of protecting or cleansing their homes from bad entities. Participants protected their homes with various items and

rituals from common house cleaning items, holy water, mirrors, incense, sage, to chants and prayers.

Samantha: What I do believe in is doing a cleanse for the house.

Samantha: But then there's other simple things like mopping with Fabuloso and vinegar, which in their opinion and their thoughts it cleanses the bad, the negativity.

Samantha: One of my main ones is keeping a mirror on the door, because that's supposed to reflect out the bad. Like if somebody's come in and has like a lot of bad vibes it's supposed to reflect them right back out. So you walk in my house through the front door and there's the big mirror. Like as soon as you look in, you can see a big mirror. So you see the reflection of yourself.

Interviewer: Oh, okay.

Samantha: So I do that. And then, um...you also turn on the *sandalo* (sandalwood) incenses, which you can also get those at the *yerberia* (herb store).

Samantha: ...So we light those up and you have to just carry it around doing the Our Father around the house, just to clean it out, get all the bad vibes, again, out of the house. I guess what you're supposed to do is when you do a prayer you kind of ask for what you want, like keep the bad out. And then so I do that. I have a box of those and I'll do those maybe once every ... I guess once in a blue moon when I remember, maybe once every six months or so. Then there's the Fabuloso and the vinegar. I think that's about all that I do...

Arturo: Well when we were kids I remember my mom, like when she'd clean the house, she would throw holy water in the corners. So, I did it before. I don't do it all the time but...

Interviewer: Oh really?

Arturo: Yeah.

Interviewer: You've done it as an adult?

Arturo: As an adult, yeah.

Interviewer: What was the situation that you decided you needed to do that?

Arturo: The place we moved into. I think that it was the last time we moved. The last time we moved into that place we did it once but...

Brenda: Yes. I believe in putting holy water on things, saying a prayer over things, when there's a storm ... I don't tell anybody about this (laughs), but I do bless the whole house. I bless all perimeters of it, I you know have a chant that I do, so definitely, yeah.

Interviewer: Okay. Why do you think you do these things?

Brenda: I think... well my dad in particular, when it would storm, he would use two knives and cut while doing a cross, and it was to cut the storm.

Interviewer: Oh, how cool.

Brenda: So I kind of do my own version of that, sometimes I use the knives. Mostly I just do my hands to protect or shield us, shield my home.

Participants also took measures to protect themselves and their children from “the bad.” As noted in the previous section, participants reported taking measures to ensure their children were protected from *ojo* or other folk illnesses. Participants also spoke often of protecting themselves from “the bad” by wearing or carrying symbolic materials or by praying or blessing themselves when they felt they needed an extra layer of protection.

Max: I don't, but I keep a prayer book in my wallet.

Interviewer: And why do you keep the prayer book in your wallet?

Max: Keep me away from danger.

Brenda: Yeah. I mean I definitely think even maybe when I go to work, it's like you do the sign of the cross before you step into a building. Or you know doing something like ... Gosh, I can't even think.

Interviewer: So why do you make the sign of the cross when you step in a building?

Brenda: (Laughs) ...just because I'm trying to protect myself from the bad vibes.

Brenda: Yeah, that would be one thing. Maybe not going to the cemetery too often, because you bring stuff back with you.

Interviewer: Oh, really?

Brenda: Yeah, that would be another one. When I'd go to the cemetery, I always am a little bit paranoid at what I'm bringing back with me. That's one other one, um...I can't even think right now.

Protection appears to be the underlying goal of most folk healing beliefs and practices, as participants seek protection for themselves and their children from both illness and negative social situations.

When Western Medicine Falls Short

Participants reported engaging in traditional folk healing beliefs and practices when Western medicine or diagnosis did not meet their needs or align with their situations. As stated in Chapter 1, illness and thus healing are a multifaceted construct in

Mexican culture. Illness is not confined to the body but is also a social condition.

Participants reported that they utilized folk healing practices and beliefs when things were going wrong or bad (but not necessarily physically), and they needed help that could not be provided in a conventional Western medical setting.

Samantha and Max both provide examples of situations that they sought out folk healing practices for instead of conventional healing practices.

Samantha: Yes, I think it's whenever I start feeling very negative, because I start feeling like, "This isn't me." Usually I try to feel more positive about things, but then I go through a little phase where I just feel like everything's coming out wrong. I put much effort in it and it doesn't go as planned. I start feeling really depressed and down. And then I'm just like, "Okay, maybe, just maybe, something is going on." So then like I have to do a *limpia*. You know what I mean? Or around the house, and I start doing whatever I know how to do. And I'm very open with my mom, so I'll tell her, "Mom, I'm not feeling good. Something is wrong." And so at that point I think that my "faith" in that aspect comes up higher. But I think it's the same with everything, it's like God, like when do we go to him the most? When we're in need.

Max: Just from experience. I mean, you grew up with something and it's like, something bad's going on, so you get a *barrida*, and it just makes you feel better.

A couple of participants attributed bad streaks of luck in their lives to contracting folk illnesses such as *ojo*, concluding that things that were going wrong in their lives were happening because they had somehow contracted *ojo* or were the victims of *envidia* or sorcery.

Brenda: Just a lot of bad things were happening and it seemed like no matter what I did, I couldn't get out of it. It just felt like somebody had maybe done something and caused me to have something bad continue to happen, no matter what I did.

Brenda: The only thing I could think, when we were going through a really hard time, and I just kind of kept feeling like something ... Someone had perhaps done something to us, because it felt like we were just in a rut for a long time, and no matter what we did, it just didn't seem like it was getting better. I did kind of consider doing like a *limpias* on my husband, on myself, but I didn't know how to

do it, so I didn't do it. I think I may have done more of ... without the actual egg, or without some type of object, but more just with my words. I think I did it to kind of help make our situation a little bit better, I think it did work.

Lorena: Okay, actually, it's really interesting. It was pretty recent. I got hurt, then I was in two car accidents. And I had surgery, all like really fast, and so my mom was like, "um... *tienes ojo*", and so, sure enough, I went through about five cleansings...

Participants seek out folk healing cures for issues that do not exist in Western medical worldviews. Participants also seek out folk healing when the cure provided by Western medicine is not comprehensive or does not meet all of their needs. One participant reported having surgery in a Western hospital but was not healing well so she went to her sister who is a *curandera* for healing.

Lorena: Yes. I had surgery, and it's been ... the pain has been increasing so much. Instead of getting better, it's getting worse. So I went to her, and I'm like, "please help me!"

Similarly, another participant reported that one cannot go to a conventional doctor for *susto* because the doctor would give a culturally inappropriate diagnosis.

Cindy: Because obviously if you go the doctor they're going to be like "oh you're just scared" (laughs) "maybe you have a phobia" (laughs). But you know in our culture it's like "oh you should probably go try and see this person."

Participants also reported seeking out *Senoras* or tarot card readers when they were brokenhearted or when they needed guidance in their romantic relationships.

Isabel: Okay. I had just got out of a really long relationship, and super brokenhearted about it, and I don't remember ... I went with a friend who wanted to go because she was gonna get married, and she was unsure of it, so I went with her and another friend, and they both got read, and I went to translate. That's the reason I went, but then being there, I was like, "You know what? I'm already here. I'm gonna ask some questions." So, I decided to stay, but I never thought ... I just feel like I believe in it, but I don't think you should necessarily rely on it, because then you live your life waiting for whatever it is that they tell you happens, but I was just there, so I was like, "Why not?" It was very real.

Samantha: ...They described individuals to the T. They described feelings inside of me that were just spot on. It was so weird. And it was pretty neat. It was really neat, but I can give you some specifics like they ... The individual said to me that I was stuck in a long relationship where I kept feeling like I was going in circles. And he said, "The individual that you're with has a like very darker soul," he said, "and anything that you do *el te para la luz* (he turns off your light)" is what he said because he was talking in Spanish. He was like, "You know you have a sense of light around you but this individual doesn't let you be who you want to be. Everything that you try to do, he puts a hand on you and it's just like it's not gonna happen, it's not gonna happen." And that's exactly what I dealt with for so long. And so when I went it was, do I sign the finalized divorce papers or do I give us another shot... not that I was ... I wouldn't try for love, it was trying for a kid, so it was trying to just go and get my thoughts.

Participants also reported that they went to *sobadores* instead of chiropractors because *sobadores* prayed over them while massaging them and addressed the specific need the participant went to them for.

Interviewer: Okay. Is there a reason why you chose a *sobador* over ... because you said it's like chiropractors ... over a chiropractor? Is there a reason that you chose that one, the *sobador*?

Max: I just felt that ... he was going to attack that problem, like that injury, instead of going to a chiropractor and them doing all the other things that they do.

Interviewer: Okay, so you felt like he was more focused on what you came for, and a chiropractor, like...

Max: If you went to a chiropractor, they'd be like, "Well, let's check your back." And let's do all ... And I wanted ... I went there, I want this done, and I want you to do it.

Max: But the way that they do it is different. So they, let's say like my knee is hurting one day and I go to the *sobadero* and he massages it, but he also prays while he's doing it.

Another participant reported that she would choose a *sobadero* over a chiropractor because it is time efficient and cost efficient.

Interviewer: Yeah. You said that you'll keep going to her if you have these problems. What influences your decision to continue to go to her versus going to a chiropractor?

Eva: My personal experience, because I had been going to a chiropractor.

Interviewer: Oh, okay.

Eva: And I'd went to one like the week prior, and I was there or 30 minutes, and I felt the same afterwards. He just kept telling me, "You need to come every

week." Well, he wanted me to come every few days. I'm like, oh, my gosh. And it's so expensive, and the insurance didn't cover most of it, little things like that. When I told my mom, I cannot go every two, three days if it's going to cost me \$150 every time. She's like, "I don't know why you're wasting your money. You need to come over here. I'm going to send you an address, and you just go." I think it was \$30 or something like that for those 15 minutes.

Eva: I remember telling my mom, \$30, and I'm thinking an hour, but when she finished in 15 minutes, but the fact that I was able to bend and lift my leg ... She told me come every 15 days or whatever. I did that for a while, and I felt better.

Participants utilize folk healing practices because folk healing practices have solutions for illnesses or problems that are not part of the Western medical worldview. They also utilize folk healers because they provide benefits that are not offered in conventional Western medical settings such as better prices, prayer, and attentive service.

Visits to Mexico

Visits to Mexico is a major theme that emerged in the data as participants often reported being in Mexico visiting family when they first learned about or were exposed to folk healing practices and beliefs. Almost all participants recounted a story about a time when they were in Mexico and were exposed to folk healing practices and beliefs.

Diego's story about his *limpia* and the nails occurred in Mexico, Cindy's story of getting *ojo* at a party and her sister being cured of *susto* happened in Mexico, Enrique, Arturo and Isidrio reported traveling to Mexico to make *mandas* (promises) to La Virgen (The Virgin Mary) in exchange for her help and so on. Some participants reported that their parents would even take them to Mexico to be healed by Mexican folk healers.

Eva recalls learning *consejos* when she would go visit her grandmother in Mexico every year.

Interviewer: Yeah. Okay. How did you first learn about these *consejos* or tips?

Eva: I first learned about them, definitely through my grandma.

Interviewer: Okay.

Eva: I know my parents have said a little bit of stuff, but I feel like I remember it the most through her, like visiting every year. Then that definitely brought them back home through my parents, and them telling me the same thing.

Isabel recounts visiting Mexico and being cured by her *tia* (aunt) with the *yervas* she bought from a *yerberero*.

Interview: Have you ever visited a *patera* or a *yerberero*?

Isabel: *Patera*, no, but *yerberos*, they would be in Mexico. We would go and get *yervas*. I remember one time I had really bad phlegm, and my *Tia* sent me to the *yerberero*, and he gave me that, and I remember it was *oregano*, for sure, maybe something else in it, but she made me this tea, and then I just started projectile vomiting, and I was-

Interviewer: Oh, wow.

Isabel: I was better!

Isabel also reported that it was in Mexico that she learned about *brujería* because her parents did not like to talk about it at home.

Isabel: Through my parents as well. Well, more through my *tias* (aunts), because my parents never really talked about that stuff, but I know when I was in Mexico, that's when I started to learn about it more.

Arturo reported that his father took him to Mexico to be healed.

Interviewer: Okay. Are there any other stories or situations that you didn't tell me about that you think would contribute to my research?

Arturo: The *sobadora*, my aunt, my great aunt.

Interviewer: Oh, your ...

Arturo: My great aunt. My dad's aunt so yeah, it's my great aunt. And she was supposedly real good. I mean, people would go. I mean I was, I sprained my ankle here and we went to Mexico, she took me to take it away (laughs).

Interviewer: Oh really?

Arturo: Yeah. It helped.

Interviewer: So you all went to Mexico for her to do that?

Arturo: Yeah. Or maybe it was my dad's excuse to go down there.

It appears that when participants are in Mexico they are likely to be exposed to folk healing practices and are thus likely to engage in them due to proximity.

FACTORS THAT ENCOURAGE OR DISCOURAGE ADHERENCE TO FOLK HEALING BELIEFS AND PRACTICES

Several themes emerged regarding factors that influence participants to either adhere to or abandon folk healing beliefs and practices. The most common factor participants reported that influenced their decision to continue traditional folk healing practices and beliefs is parental and familial influence. Participants are also more inclined to believe in folk healing practices or *consejos* if they had seen the practices work for themselves. For a few participants, preservation of their culture is a driving force for adhering to folk healing practices and beliefs. Some participated in folk healing practices because they were less intrusive and more natural methods of healing than Western healing practices. Finally, participants use folk healing beliefs and practices despite their skepticism “just in case.” The emerging themes include negative associations of folk healing beliefs and practices, generational decline in knowledge of folk healing beliefs and practices, and the Westernization of health, illness, and healing.

Family Influence

Every single participant interviewed reported that they learned about folk healing practices and beliefs from their parents. Parents were the primary distributors of communal knowledge although participants also reported learning about or experiencing folk healing beliefs and practices with extended family member such as uncles and aunts, and grandparents. Some participants also reported learning about or experiencing folk healing practices with friends as well. Participants reported that folk healing beliefs and

practices have always been a part of their lives growing up and have thus been normalized.

Interviewer: Okay. When did you first learn about those? Like the touching the baby or not going out with your hair wet?

Max: When I was little. Ever since I can remember, really.

Robert: My mom. She just talked about that and stuff like that, and just friends. Just overhearing it. I wouldn't say in direct conversation, it's just like, "Oh, okay." It's something that you just know about.

Robert: I can't recall, but I would say it just feels a long, long time ago. I think as a kid I knew about those things. By the time I was a teenager, I was aware of those things. By that time I was maybe curious, and maybe talked to my mom about it, or maybe saw a part of a novella and just asked, "What's that that's going on?"

Isabel: I just feel like it's very ... This is our *curanderismo*, *brujería*, praying to the saints, all that. It's just something we've grown up with, and it's kind of like all you know. So, when you try to explain it to people, it's really hard because ... I mean, I don't always know why I pray when somebody's sick, but it's almost automatic. You hear that somebody's sick, and it's like, "Oh, I've gotta say a prayer for them tonight," and then you think about it, and it's like, "Oh. I mean, to help them heal, to help them get better, so God will lay their hands on them and help the situation," but it's almost a natural instinct, and when somebody's like, "*Aye me dio aire* (Oh I contracted *aire*)," the first thing you think ...

Isabel: But like I said, it's just something that we've always grown through. I mean, I had a cough the other day, and I'm like, "Mom, have you made your stuff, because winter's coming, and I can already feel my *tos* (cough) coming," and it helps, so I don't know. I just feel like that's all we've known, and it's what we do, so you're gonna continue to do it...

Interviewer: Okay. Do you believe in it?

Diego: (Long pause) I think I do. I think I do because you grow up. You hear it so much that it's normal. It's almost like normal, but not normal. You know what I mean? It's just something you hear, so I think so.

Generational decline in folk knowledge.

One of the subthemes that emerged under the "family influence" theme was generational decline of knowledge. Participants repeatedly talked about their healing experiences being coordinated by the older generations in their families, their parents and

grandparents, or their aunts and uncles. Participants reported that they sought out folk healers at the request of their parents; their parents were the ones that made herbal remedies for them when they were sick and they took their children to the older generation to be cured as well.

The majority of participants who engage in folk healing practices have done so at the request of their parents or family members. When participants told me stories of visiting folk healers, they relayed that they visited the folk healers at the instruction of their parents or their parents took them to be healed. The only folk healers that participants reported visiting without their parents were tarot card readers, which may point to parent disapproval of certain types of folk healing (discussed later in this chapter).

Diego: ...Oh, I went because of the wrecks and the *susto*, so like my dad said, "You know, I should just go" because I had already had those... where he said that ... Just my nerves. I had really bad nerves, and so he had told me about that and then he told me. He and my uncle was like, "Just go. Just go with me," and so we went.

When asked if they would go to a folk healer on their own, participants often told me "no" or expressed reservation about going on their own.

Interviewer: Did you go only because your mom told you or is this something you feel like you would go on your own, like if it would happen again, if you would have pain in your shoulder would you go on your own?

Samantha: No, it was because my mom told me to go.

Interviewer: Okay, cool. What about a *yerbero*, which is like a herbalist. Have you ever been to one?

Lorena: I personally never have, but my dad does go.

Interviewer: Okay. Do you know, if you needed to find some herbs, would you know where to go?

Lorena: Yes, I would ask my dad.

Interviewer: You would ask your dad? So you wouldn't just go on your own?

Lorena: No, I would ask my dad (laughs).

An example of this was seen when participants talked about their experience with *yerberos* or *yerberias* (herb shops). Participants reported that their parents often made them herbal teas or remedies that they purchased from *yerberos*; however, participants reported that they depended on their parents to make the herbal remedy and to purchase the *yerbas* from the *yerberos* for them.

Interviewer: This *yerbero*, does your mom only go, and then you get the *yerbas* from her, or do you go, too, on your own to get them?

Eva: I've never gone on my own. I always take her with me.

Eva: ...I've never just gone by myself. Sometimes I make a comment to my mom like, "Oh, do you think that he might have a tea for this?" She's like, "Yeah, sure. *Vamos! Vamos el Sabado* (Let's go! Let's go Saturday)" We'll go early Saturday morning and he's already there, and we'll just grab whatever we need, and that's it.

Interviewer: Why do you think that you have never gone by yourself?

Eva: I think it's just maybe the lack of confidence of like really knowing what I'm looking for. I don't know. Yeah, I think that's what it is. I think also, it's almost comforting to have my mom there still with me, just to have that moment with her, for her to still show me and to teach me things that she grew up with.

Interviewer: Okay. Why do you think you've never been to a *yerbero* before?

Diego: I don't think it's for any reason specific. I think it's just because any time we needed something kind of herbal remedy, my mom would make something that would help. You know what I mean?

Interviewer: Yeah.

Diego: It wasn't somebody that you needed to go to, because you would just buy the items and then kind of just do it yourself, and so that's why I don't think I would ever visit one because, you know.

Interviewer: Okay. Do you ever purchase the herbs yourself for your mom to make or does your mom purchase them?

Diego: No, she just gets it all together.

Interviewer: Okay. Do you have any knowledge of it? Do you just depend on your mom to make something for you or do you have knowledge of like I need to put these herbs together to cure this or that?

Diego: No, no. I pretty much just go through her and she handles all that stuff.

A couple of participants insinuated that they didn't have the same community connections that their parents have to folk healers or folk healing providers.

Robert: No, not that I know of. I know my mom, especially for my little sister and stuff like that, they bought medicine from Mexico. I don't know if it's from the medical counter, or half, yeah, but I would take it. If they tell me it works, I don't mind it.

Interviewer: Okay, but you don't get it yourself, your mom gets it?

Robert: No. Yeah, yeah, I wouldn't even know where to go, or the connections with that. Yeah.

Interviewer: How did you find out about her?

Eva: My parents!

Interviewer: Your parents told you where to go?

Eva: Yeah. They're keeping all the secrets from me! (Laughs) My dad, he will go to *sobador* and do any of that before he goes to an actual doctor. I guess within their friends, they still know people and stuff (laughs).

A few participants reported going to *yerberos* or *yerberias* (herb shops) on their own; however, their purchases were not made entirely independently as their parents told them what to buy.

Samantha: So when I have to go the *yerberia* (herb shop), it's just to pick up whatever my mom sends me to get, because she's the one who gives me direction.

One participant reported that he went to the *yerberia* with his family but would be willing to go alone. When I asked him where he would go to get herbs he mentioned that he might go to the *pulga* (flea market).

Interviewer: Did you go alone, or did you go with your mom?

Isidrio: I went with my brother, my dad, and my mom.

Interviewer: Okay. Would you ever go on your own?

Isidrio: Yeah, absolutely.

Interviewer: Okay. I know you mentioned in Mexico. Here in the United States, do you know where you would go to get certain herbs?

Isidrio: *La Pulga*, maybe.

Participants also reported not knowing how to cure certain folk illness on their own, relying on their parents to cure them. Some participants reported that they knew bits and pieces of their parent's healing processes but did not know all of the components of the cures. Participants also reported that it was their parents, grandparents, or aunts who would cure their children for them as well.

Interviewer: Okay. So what about your daughter? Has she ever had *ojo*?

Samantha: Yes.

Interviewer: And did you cure her for it?

Samantha: My mom did.

Interviewer: Okay. So do you ... How come your mom did it instead of you?

Samantha: I don't know how to do it. I don't know the prayers. I don't know anything. I feel like it's one of those things that you just kind of have to know. You can't just get an egg and rub it all over her body. So there comes a lot of prayers and it's an order of prayers. So I don't know them and so I wouldn't even try.

Samantha: And I think it'd be interesting to learn, but I've never done it.

Samantha: Because I hear my mom, whenever she starts telling people. You know, my sister has a business til this day, so sometimes she'll tell her, "Like okay, we need to go grab the coconut and then I'll go over and I'll do it." And I've asked my mom, like "What do you do?" Because a coconut, you think what are you gonna do with the coconut? And so I'll ask. My mom is not afraid to answer when I ask her, like, "What do you do?" And she'll tell me, "You want me to write the prayers down for you?" And so at one point I said, "Yes." And then I can't get the hang of the Spanish prayers, and so I never learned.

Interviewer: Okay. Do you currently use any of these folk remedies?

Priscilla: No.

Interviewer: Okay, why not?

Priscilla: Because, I don't know how to do it. I feel like it's something that you have. Like, my mother-in-law grew up around all that stuff, so I feel like it's embedded in her almost, and it's not in me... you know?

It was very apparent that participants depended on their parents, grandparents, and family members from older generations for their folk healing needs. They may be aware of some of the folk healing practices because of their parents, but their knowledge is still limited.

Some participants reported that they felt like their generation was straying from these

cultural healing traditions due to acculturation, one participant comparing it to losing her Spanish speaking abilities.

Delia: ...Since I've grown older, we don't really do that a whole lot, but I remember as I was younger, and my grandma was mostly that presence that did that. She passed away, so yeah. So, we haven't really done that recently, but yeah.

Interviewer: Do you think that your family stopped doing it as much after she passed away? Or did it stop way before that?

Delia: No, before. Yeah. It stopped before. I think as we maybe got into our 20s or 30s, as we became more adult, we just kind of ... same thing for even speaking Spanish, like we stopped speaking as much Spanish, and not that I'm proud of that, but it just kind of seemed like it was pulling away from certain things, you know?

Eva: I think, definitely, as we've got older, and living in America, being born here, I think, I can definitely see how we're slowly just kind of going away from that, we're almost losing it. Then, with my kids, I can't say that I've shown them what you know *ojo* is. I told them the story once, about Matthew, coming home and having him upside down. They just laugh about it. They're like, "What?" I was like, "Yeah, it's true." They're like, "But why? Why does this do that?" I'm like, "I don't know why it does that, but if it does, it's what you do."

Interviewer: Okay. So do you believe in *ojo*?

Samantha: I think the older and more Americanized I've become, like I've kinda let go of it. But I do believe it works when it comes to babies.

Family influence appears to be the driving force for the continuation of folk healing beliefs and practices among the participant interviewed, as they depend heavily on the older generations of their family to educate them and guide them in areas of folk healing.

Accessibility

Accessibility was a theme that emerged in the data contributing to the possibility of participants participating in folk healing beliefs and practices or not. About half of the participants reported that they would not know where to find folk healers or reported lack of accessibility to folk healers or folk healing materials.

Interviewer: Okay, cool. And you said you do not visit *curanderos*?

Max: No.

Interviewer: Okay, why not?

Max: I don't know any around in the area.

Interviewer: Okay. What would affect your decision to say, "Okay, I'm gonna try this"? Would it be your first go-to, or when or what situation do you think you would decide?

Diego: To go again?

Interviewer: Yeah.

Diego: Maybe if it was like easily accessible. Maybe if someone like close to me or around me told me, "Hey, I know this person." Maybe if it was near me or not too far, then I would probably go...

Interviewer: Okay, have you ever gone to *yerbero* or have you ever gone to buy herbs on your own?

Cindy: I have never gone by myself, no.

Interviewer: Would you know where to go?

Cindy: Truly, no.

Interviewer: No.

Cindy: No, probably not.

Interviewer: Okay. What about a *partera* midwife?

Brenda: Never been pregnant, I've had no need for it.

Interviewer: Okay. What about a *yerbero*?

Brenda: Same thing. I don't even know where I would find one if I needed one.

Two participants reported that they would have to use the help of the internet to locate a folk healer or folk healing materials.

Interviewer: Okay. Would you know, or how would you go about finding one? A midwife?

Estella: Probably Google (laughs).

Interviewer: Google?

Estella: Yeah. Yeah (laughs), 'cause I don't know where I would find one.

Delia: If anything, I would just look online myself and find something. And I feel like there's so many things available on the internet now that if there is something that might help that you can't get somewhere else, then you can just kind of do it your own, you know?

The other half of participants reported that they had access to folk healers or folk healing materials, or they knew where to go to find them. Participants reported the folk healers could be found in the Hispanic parts of town.

Interviewer: Would you go to a *yerbero* now?

Isabel: Yes (laughs)

Interviewer: Okay. Do you feel like you have access, you would know where to find one?

Isabel: Yes.

Interviewer: Okay. Where would you find one?

Isabel: There's one on the north side that I know of (laughs). There's a *sobador*. There's two *sobadoras* that we know of. One is near the house, and then one over here on the north side, too. They're just ... My family has gone to them for years, so we just know.

Interviewer: So do you think that if you needed something, whether it was a *sobador* or you needed a *curandero* or you needed some certain *yerbas* or something, do you think that you would know where to go?

Arturo: Oh yeah.

Interviewer: Yeah. Okay.

Arturo: Yeah, Northside (laughs). I'm pretty sure the Southside too... I don't do much in Southside, but I grew up on the Northside, so yeah, I know there's ... *yerberias* there and ...

Interviewer: Yeah. Okay. So it wouldn't be hard to find?

Arturo: No, it wouldn't be hard to find at all.

Participants also reported that herbs could be found in the Mexican grocery stores; therefore, one did not need to visit a *yerbero* if they had access to a Mexican grocery store.

Interviewer: Okay. And where would you get the *manzanilla* (chamomile) from if, right now, you wanted to make it?

Arturo: Mexican grocery store, like Fiesta or Superior, or one of them stores, they have *manzanilla* (chamomile).

Interviewer: Now as an adult, do you know where to get that herb?

Brenda: Yes!

Interviewer: Would you think that if you got sick to your stomach, that you would be likely to get that herb?

Brenda: I have!

Interviewer: Oh, you have.

Brenda: But it hasn't been recently. I guess I haven't thought about it, but I have. I have bought it a few years back where I wasn't feeling good.

Interviewer: About how many years ago would you say?

Brenda: Maybe two or three, probably.

Interviewer: Okay. Where did you get it from?

Brenda: Fiesta grocery store.

Accessibility was a divided issue among participants, half of the participants reporting that lack of accessibility to folk healers or folk healing materials was an issue that prevented them from participating in folk healing practices; however, some participants reported varying access, having access to some healers or materials while not having access to others.

Natural Alternatives

A few participants reported that they used folk healing beliefs and practices because they offered natural alternatives to medication. They spoke of Western healing practices leaning too much toward pills and medication as treatment, and folk healing provided a natural and safe alternative.

Interviewer: Okay. So, you said that you're a nurse, so how does being a nurse and being trained in Western medical practices, scientific medicine, how does that influence your decisions to still practice these folks beliefs, or does it at all?

Isabel: I don't think it does because I'm very aware of natural healing. I mean, I would like to study that more because I feel like we pop a pill for everything. So, if I can fix some of this stuff naturally, then why not?

Interviewer: Okay.

Isabel: Like the *reumas* (rheumatism), which is pains and arthritis pain, I'm not on medicine. Tendonitis, I'm not on medicine for it, but I'll do things like soak my feet, and my mom will put oil, tea tree oil or ... I don't know. She put something, I don't even know what it was, in my water one day, and I soaked my feet in that to decrease inflammation opposed to taking medicine. So, I feel like the natural way doesn't hurt you less. There's no chemicals, and it works for me, so I would rather do that.

Eva reported that she tried to give her children natural remedies before turning to medication.

Interviewer: When you or your kids are sick, what do you usually do?

Eva: Right away, I give them *te de manzanilla* (chamomile tea).

Interviewer: Okay.

Eva: I still give them tea, I heat up some tea. Before I start just, take this medicine, take this medicine.

Eva: We usually kind of try to go for more natural medicine before we just start taking all the cough syrup, and steroids, and antibiotics, and stuff. That's kind of how we deal with it now.

Interviewer: Oh, that's really cool. What about a *yerberero*, which is an herbalist?

Cindy: I think I would do that. Because it's more natural, and like my mom's all about drinking these natural teas. And I think they do help.

It became apparent that folk healing practices that included the use of *yervas* were considered harmless and acceptable healing practices.

Isidrio: It's a bit more harmless, and I think tea's good for almost any ... I use tea in replacing coffee, so I can ... that's why I use it. So going to a *yerberero* that offers some form of remedy that's close to tea, I'll put some trust in it.

Although only a few participants reported that using natural remedies was a priority to them, and was a deciding factor in their turning to folk healing beliefs and practices, most participants reported using herbs in their healing methods, and did not report having a problem with or speak negatively of using herbs or plants as healing methods.

Westernization of Illness and Healing

A major theme that emerged in the data as a factor in influencing participants' decisions to adhere to or abandon folk healing beliefs and practices is the Westernization of concepts of health illness and healing. Participants often searched for alternative scientific Western medical explanations of cures for folk illnesses, wanted proof that folk

healing practices work, attributed their education to their questioning of folk healing beliefs and practices, were suspicious of folk healing beliefs and practices reporting that they were not believable, talked about using contemporary healing practices, and reported utilizing doctors rather than folk healers.

Skepticism.

Participants often spoke skeptically of particular folk healing beliefs and practices regarding them as “weird” or farfetched superstitious folk tales. Participants rarely spoke of religious/spiritual or herbal remedies as farfetched but did report that some of the other metaphysical and supernatural beliefs and practices were not factual. A few participants joked around or scoffed at particular practices such as *brujería*, popping or pulling on someone’s back to cure *empacho*, and certain *consejos* about illnesses caused by temperature change. Arturo candidly expressed this sentiment of disbelief when asked about his belief in *brujería*:

Arturo: No. I mean, I have family members in Mexico that believe in it quite a bit, but I mean I don't.

Interviewer: Okay so do you believe in it?

Arturo: I don't.

Interviewer: You don't believe in it. Okay. Tell me why.

Arturo: Because I think it's ... (laughs) try not to use ...

Interviewer: No, you can speak freely. Speak however you wanna talk, yeah.

Arturo: Really?

Arturo: I think its bullshit! I think it's not real. I mean it's just, I don't believe it.

Similarly, Arturo made several jokes about folk healing beliefs and practices during the interview, conveying his skepticism about their validity and utility.

Interviewer: Okay, so when was the last time you had *susto*?

Isidrio: Yesterday.

Interviewer: Really?

Isidrio: No! (Laughs)

Interviewer: No?

Isidrio: No, of course not (Laughs). No, it was ... I must have been, like ... I don't know, 12 or 11.

Interviewer: Okay. So currently, as an adult, do you believe in *susto*?

Isidrio: No.

Interviewer: Why not?

Isidrio: I think it's superstitious. Yeah, it's not real.

Some participants reported that some of the *consejos* about avoiding illness are also “weird”.

Enrique: Yeah, there's a lot of them out there. They're just so weird. When they tell you not to eat dinner or take a shower because *te tuerce la boca* (your tongue will twist) I'm like that doesn't make any sense to me. I don't know, there's a lot of things out there that I've heard, and again, it's never been proven. It probably just so happened to happen to that person at that point in time and from here on out, they took as, that's gonna happen if you do this.

Some participants reported that they had stopped believing in some of the folk healing beliefs and practices that they adhered to as children (primarily at the hands of their parents) as they have come into adulthood.

Interviewer: What about any of the other ones? Do you still believe in *empacho* or get cured for *empacho*?

Max: No.

Interviewer: No, okay. Why not? Why don't you do that anymore?

Max: It just seems, it just seems weird to pull on someone's back and ...

Interviewer: Yeah.

Max: Especially an adult.

Max: (Long pause) growing up.... I think I've become so cynical that, like the *brujería* part seems a little far-fetched.

Interviewer: Do you believe in it now as an adult?

Samantha: No.

Interviewer: Okay, why not?

Samantha: Because that's not even an issue I've ever had with my little girl. I feel like that was just another little tale as, "You don't swallow the watermelon seeds or a tree's gonna grow in your stomach." I just feel like it just got lumped with those. We've never had issues with it. I don't remember having issues with it as a grownup and with my little girl. To me that was just something people made up.

Education.

Participants often attributed their skepticism of folk healing beliefs and practices to their education. Participants reported that they learned alternatives to folk healing beliefs and practices through their education they received in school or college.

Isabel: I remember my mom telling me a story about ... I don't know if it was her cousin or somebody in Mexico, *salio* (went out) without a towel. Her hair was wet. *Le dio aire* (it gave her *aire*) because her face drooped, and now that I am a nurse, I'm like, "No, I think she had a stroke! (Laughs) That's why her face drooped, because she had a stroke!" So now, as an adult, and especially I'm in the medical field, I do try to dissect those things, try to understand why that happened, and then over time, she got better, and I'm like, "Well, yeah. I mean, maybe she had a small hemorrhage, and that relieved, so her droop relieved itself, too," but just little stuff like that that ... I mean, I would've thought, too, "Oh, *le dio aire* (it gave her *aire*)" but now that I am more educated in that, I'm like, "Well, wait a minute. Did anybody check this?"

Enrique also expressed that education plays a part in why he doesn't believe in certain folk healing beliefs and practices, stating that reading books also contributes to his tendency to not believe in all of the folk healing practices.

Enrique: No, I don't think so. I mean, we can get real detailed about stuff, and there's probably a lot of other stuff also. But again, it goes back to everybody's faith and everybody's beliefs are different and even though I believe in all that stuff, I'm also the guy who likes to, I guess in a way, debunk stuff and kinda be like, prove it to me. I want to see where this came from. Because I read books and I read books, and again, I grew up.... in Mexico with my grandparents and my family and everything, but as you get older, you put 2 and 2 together with certain things and you're like, yeah that doesn't make sense, or ok yeah, I can see that. Again, everybody is different.

Interviewer: You say that you read books, do you think that education has something to do with the reason why you're like a little-

Enrique: I do. I feel like once you read it in books or you read about it, that could have a major influence the way people start to think, which is a major thing because in Mexico, a lot of people don't read books, and they don't have the education, which can change a lot of things. And in a way that's a reason that they also stay very ... how do you say it? They stay into their a lot. Which is, it could be good, it could be bad, in my opinion. If they read too much, that's why they turn out ... in a bad way. (Laughs)

Similarly, Eva explains that she was initially only tolerating her mother's and her aunt's attempts at healing her child of *caída de mollera* out of respect for her elders, as she did not believe in that healing method because at the time she was in college studying medicine.

Interviewer: I know you said that you didn't believe that but you did it out of respect, but then afterwards, he was latching on good and drinking his bottle like normal. Let me first ask you, what impacts you not believing in that? Why do you think you do not believe in that?

Eva: Because for me, I think at that point, already, when I started college and just learning ... I originally started school wanting to go in the medical field. For me, western medicine is what's going to be right, in my eyes. All of these folk tales and stuff that my parents or my aunts would kind of push on me, I always try to find the western cure for it. You know what I mean? This is why this happens, or this is what happens when you eat raw cookie dough.

Eva: Then, when you see it with your eyes, "oh, it does feel better now". So, could it be true? Then you start to...one, like I mentioned, out of respect, just because I definitely grew up you respect your elders, you respect your aunts and all that, even though sometimes they might sound crazy, you respect it.

Delia reported that her family pulled away from folk healing beliefs and practices as they became formally educated in areas of medicine and science.

Interviewer: Why do you think that your family kind of pulled away, as you said?
Delia: It's just because I think being more scientific, learning more in school, or going to college, and just kind of knowing more about microbes, and bacteria infections, and, "Oh, it's not ... It's probably colic," or, "It's an ear infection," and it's not somebody's looking at your baby. (Laughs) So, just kind of becoming a little bit more aware of science, I think.

Seeking scientific explanations.

Although participants expressed belief in some folk healing beliefs and practices and disbelief in others, a couple of participants reported that they required a scientific explanation to adhere to folk healing beliefs and practices.

Interviewer: Okay. Do you believe in it? Currently, as an adult, do you believe in *ojo*?

Arturo: Honestly, no.

Interviewer: No? Why not?

Arturo: Because ... I just ... I don't think that's ... if it doesn't have a scientific explanation for it, I really don't believe it.

Participants often attempted to give folk illnesses a scientific equivalent, or replaced folk terminology with Western terminology. For example, the folk healing practice of receiving a *limpia* was replaced with the more Westernized concept of detoxing.

Interviewer: Okay. What about *limpias*? Do you know anything about a *limpia*?

Estella: Yes. I guess when they are gonna clean your body kinda? I would say it's more like a detox, but it's more of a, I guess a healing detox? I've never seen it actually done, but I have gone with my mom when she went in Mexico in this little town and she went inside the house and got a *limpia*.

Similarly, the folk illness *empacho* was described as being nothing more than constipation that only required being treated with over the counter medications or increasing one's fluid intake.

Interviewer: Have you ever been *empachada*?

Estella: Well I mean I would think it's more like constipation so yeah (laughs), I think everybody has!

Interviewer: Is there, like, have you ever tried to cure yourself of that? Or had anybody cure you specifically for *empacho*?

Estella: No, well, I think what they say is *manzanilla* (chamomile).

Interviewer: Mm-hmm (affirmative). Have you ever tried that?

Estella: No I haven't. But I've heard like, with little babies when they have *empacho*, to put *manzanilla* (chamomile) in the bottle and give it to them.

Interviewer: Okay. So how come you don't use the *manzanilla* (chamomile) to cure yourself from *empacho*?

Estella: I don't know. Just, just (laughs) I don't know.

Interviewer: Oh, you just don't. Well how do you usually, if you have a stomach ache or you can't use the restroom, what do you do?

Estella: What did I do to treat constipation? Probably just drink plenty of fluids.

Interviewer: Yeah?

Estella: Yeah.

Participants also provided alternative scientific and Western medical explanations for why certain folk cures were successful in curing certain ailments, believing in certain folk

healing beliefs and practices that could have scientific explanations behind them. This is demonstrated by Delia as she attempts to explain *empacho* and the *consejo* about not going outside with your hair wet.

Delia: I always thought it was like constipation because I know ... I guess when I was young, I had issues with that, and to this day, I cannot drink oil ... or not drink, put oil on my salads because I remember getting a spoonful of oil, and just the taste just grosses me out. And I guess because I was always sick when that happened, or I just wasn't feeling well. And so, to this day, like I won't ... If there's bread and oil and vinegar, I won't eat-

Interviewer: So, they give you the oil to cure the *empacho*?

Delia: Yeah. I think it was castor oil or something.

Interviewer: Yeah, probably.

Delia: Which is like a laxative, so, I mean, it worked, (laughs) but I just didn't like the taste, (laughs) but yeah. And then, she would just rub, and then say a prayer or something. I don't remember any of the words to the prayers, but yeah. And, I mean, I would get better with that, but I think it was just the castor oil's a laxative. So... (Laughs)

Interviewer: Yeah.

Interviewer: So, that goes to my next question. Do you believe in *empacho*? And the cures for *empacho*?

Delia: I believe in constipation! (Laughs) and that there are remedies for that, but if it's like a spiritual thing? I don't think so (laughs).

Interviewer: Okay.

Interviewer: What about the not going out with your hair wet? Do you still do that?

Delia: Yes. And it's so funny because when we were in nursing school, they were like, "That's such an old wives' tale, and it's not true, you know? You get sick from bacteria, and you get sick from other things," but I don't know.

Delia: I kind of have a theory about that because you have your body at a certain temperature that normally fights off all kinds of bacteria. If you lower it or change it in any way, such as exposing like yourself to ... like then you're going to throw things off, so maybe that bacteria that's ... You'll be a little bit more susceptible, and maybe that's where people get sick because I know they say it's not true, but it happens! So, it's like, "Why? How?" you know? If it's not true, why does it happen? (Laughs) So, that's kind of my theory on it. So-

Similarly, Robert attempted to explain folk beliefs and *consejos* about illness caused by temperature change as having a scientific base, as well attempts to rationalize a folk cure his father uses on him to relive headaches.

Robert: Yeah, the hair wet, yeah, that, I've heard of that before. It seems, the way they describe it, it seems scientific. If your hair's wet and it's cold, it's going to ... I don't know. It's going to get colder, and you're going to get sick. That seems like common sense to me, I never questioned it or where-

Interviewer: Okay, so do you follow that belief?

Robert: I know of it and I try to stay away from it, but I don't fully follow it because I shower and then go to work and stuff like that, so I don't really mind it. But what to do with that, if this has anything to do ... My father does a ... I don't know what it's called, but they pull your hair from little sections and your head cracks, it's supposed to relieve your pressure. That has helped me.

Interviewer: Oh wow.

Robert: Uh-huh (affirmative). From what I understand is when you're tense, when you're stressed, sometimes you do get headaches in different sections. I really feel it's like when you're tense, you tense up your head, like you're using your muscular nerves in your head. When you pull the hair, it kind of just cracks the nerve, and then it relaxes it.

A few participants reported that “the power of the mind” might be a reason some people are healed by utilizing folk healing practices, hinting that they may convince themselves that they are being healed.

Interviewer: Do you believe in it? Do you believe that *limpias* will cure certain things?

Robert: I think it could be. I will lean towards that because it seems that if you believe of it, kind of like the ... I can't think of the word right now, but if you think you're getting better, it does come out. So I believe more of the power of the mind, so that has a lot to do with it.

Lorena: ...I really don't know, like I said, if it's just my mindset, or if it actually does cure me, but I strongly believe in it.

Isabel: I feel like they worked all my life. If you're sick, that's *te haces un te de manzanilla* (you make a chamomile tea), and that helps relax you. Sometimes I think maybe it's more of a mental thing, but it's just a comforting thing that my mom would do for me, so I do it now.

Conventional methods of healing.

Participants reported utilizing conventional methods of healing such as going to doctor and hospitals and taking over the counter medications instead of turning to folk healing methods. Some participants reported that they would rather use a doctor than a

folk healer for certain situations. Childbirth for instance came up several times as a situation where participants utilized doctors rather than *parteras*, even if they reported that they would be open to use a *partera* in the future. Estella explains, “I think my generation is probably more going to your OBGYN and letting them deliver the baby.”

A couple of participants reported that they used doctors during childbirth because they had risky deliveries. For example, Eva reported that she would willing to use a *partera* for future pregnancies if she were delivering one baby at a time, but used a doctor with her past pregnancy because she was having a “high risk” delivery as she was having triplets.

Interviewer: Yeah. Okay. What about a *partera*, which is like a midwife? Have you ever used one?

Eva: I didn't use one, personally, when I was pregnant, mainly because I was having three, and it was very like high-risk already. My mom tells me stories all the time, because that's what they used in Mexico. My grandmother actually passed away from an infection after she gave birth, that's how she died. They're just like midwives, and absolutely. If I ever were to have another kid, and it was just one, then I would probably totally go that route, just more natural. I feel like they give you more of an intimate birth.

Similarly, Samantha reported that she felt more comfortable using a doctor during childbirth as she had a C-section delivery and would not take that risk while at home without medication.

Samantha: Um...just the comfort in the hospital. I wouldn't try to do it at home. I wasn't even strong enough for a regular childbirth! (Laughs) I went through C-section. I'm definitely not doing it at home by myself with no meds! (Laughs)

Another participant insinuated that using *partera* was not necessary as there is access to conventional care providers and reports that she would be scared to deliver with a *partera*.

Delia: No, I don't really know any of them, and I mean, you have so much access here to so many places. I mean, I know some of my friends are studying midwifery, and they're doing good, but most of my family, we kind of feel like we would kind of feel scared (laughs). We want to be in a hospital environment kind of a thing, in case something happens, you know? That's the only thing about that.

One participant reported that she preferred a doctor and a conventional medical setting to a folk healer such as a *sobador* because she wanted to go somewhere “professional.”

Interviewer: Why not? Let's say you hurt your ankle again now at this age, would you go to one?

Priscilla: No, because I would probably want to just go to the doctor. To my daughter's pediatrician, and then she would probably refer me to a physical therapy place (laughs) and then I would probably just go there instead.

Interviewer: Why do you think you would go to the pediatrician or physical therapy place instead of the *sobadero*?

Priscilla: I don't know. I guess because I just want to go somewhere professional? I don't what the right word is or if that's even nice to say, (laughs) but yeah, I just want to go to a doctor (laughs).

Additionally, a couple of participants report using over the counter medications rather than using folk healing remedies.

Max: I feel that if you're sick you take medicine.

Interviewer: Okay.

Max: I mean, I pray for other people not to get sick. I don't pray for myself to heal, if that makes sense.

Interviewer: Okay, so if you were sick, you would take ... when you say medicine, you mean-

Max: Like over-the-counter-

Interviewer: Okay. If you were to get sick, do you pray for healing or anything like that?

Isidrio: No.

Interviewer: No?

Isidrio: No, to the gods of DayQuil and NyQuil! (Laughs)

Seeking out doctors instead of folk healers, taking medicine before turning to a folk healing cure speaks to participants making the choice to utilize conventional methods of healing rather than folk healing remedies. It seems that although participants

are open to using folk healers, and folk healing methods there is some reservation and fear in trusting folk healers and folk healing practices with more serious medical issues as conventional doctors and medical strategies are considered to have more credibility or prestige.

Negative Associations

Most participants reported negative associations of folk healing beliefs and practices in some form or another. It appears that participants may choose to refrain from adhering to certain folk healing beliefs and practices due to the negative associations attached to them. Folk healing beliefs and practices such as *brujería* often carry negative connotations believed to be evil or sacrilegious due to influences from the Church. Participants also reported being scared to “mess with” some of the supernatural practices as they feared adverse consequences for doing so.

Negative folk healing beliefs and practices.

Most participants reported that *brujería* is a negative folk healing practice that is done with bad intention. All but one participant had an understanding of *brujería* as being negative. Participants reported that although they believed in it they would not practice it. Participants seem to draw a line between other forms of folk healing practices and beliefs and *brujería*. Participants often distinguish between *brujería* and other folk healing practices by intentions, reporting *brujería* is done with an intention to cause harm while other practices are done with good intentions toward others.

Interviewer: Okay. When you went to that *curandero* or that *curandera* and that experience happened with the nails, what do you consider that to be? What was that? What category would you place that in?

Diego: Like as far as what?

Interviewer: Do you think you consider that that was *limpia*? Do you think that was *brujería*? What do you think that was?

Diego: I think that was like, yeah, like a *limpia*, but I think she was trying to help. I don't think she was trying to do anything to harm me. I didn't feel any kind of bad intentions from the woman from the place where I was. I was kind of scared. I was scared, but I think that's more being scared because I didn't understand what was going on. You know what I mean?

Interviewer: Yeah, uh-huh (affirmative).

Diego: I don't think would've understood what happened, and even when I tell that story, people are like ... they probably think that I'm not telling the truth, you know?

Interviewer: Yeah.

Diego: But I think at the end of the day, she had good intentions, so I think she was trying to cleanse me, do a *limpeza* (cleansing). Yeah, I don't think it was bad. I don't think she was trying to harm me.

Participants often reported that their parents warned them about engaging in *brujería*, and it was not a folk healing practice that was talked about positively in their homes.

Samantha: ... I do believe in all the bad *brujería* stuff, yes. That's something that I wouldn't play with. That's something my mom is not okay with. She knows I try to keep it away, keep it at bay, but not to do the ugly stuff.

When asked about *brujería*, Isabel reported that although her mother believed in *brujería* she did not talk about it often. She reported that learned about *brujería* through her *tias* (aunts) because her mother considered it to be black magic.

Interviewer: Okay. So, your parents didn't, but your *tias* (aunts) did believe in it?

Isabel: My mom did. My mom did. She just doesn't like to talk about it because she's like, "That's black magic. You don't play with that stuff."

Stigma.

Participants spoke of the stigma attached to those who practiced *brujería* or other supernatural folk healing beliefs and practices that included working with spirits or

manipulation. A couple of participants shared stories with me about aunts who were shunned from the family or deemed “witches” because they either engaged in *brujería* or engaged in practices that were considered witch-like.

Interviewer: Okay. Very cool. So what about a *curandero*? Have you ever visited a *curandero*?

Eva: Technically, no, I haven't. My experience with that is my aunt, my dad's sister, she went to Cuba just to learn more about it. When I made a comment earlier about she's kind of over the top about it, because she just ... From the last time we heard from her, which was a couple years ago, she started getting into like...witchcraft... dark magic stuff. At that point, my mom, she's like, "I don't want y'all to talk to her anymore, because it's one thing to learn the healing and everything, but now she's going into this dark magic stuff, and I don't want y'all ..." She's like, "We believe in God, and this and that, and I don't want y'all to get in the middle of that." Again, that's my mom, and I respect.... I love my aunt, but my aunt just kind of disconnected the whole family from her. But yeah, that was my only experience really, at the beginning, when she was interested in learning about that. This was after my grandma passed away. My grandma died of cancer and towards the end, before she passed away, my aunt really thought she could try to heal her. Then when she passed, she really just kind of focused so much on trying to learn how to heal, how to heal-

Interviewer: Oh, interesting.

Eva: Then, years went by, and little by little, we just heard less and less of her. Then she just started messing with the wrong kind of spirits, I guess? My parents said, at that point, felt very uncomfortable, and didn't want us around her. We haven't communicated with her in probably three or four years now.

Similarly, Delia shares about one of her aunts whom everybody considers a witch. The aunt is not shunned from the family but is talked about by the family and used to scare the children in the family into behaving.

Interviewer: And what about *brujería*, just in general, the term *brujería*? How did you come to know what that was?

Delia: As a child, probably. I mean, I probably either saw movies, or they used to say one of my aunts was a witch in Mexico (laughs).

Interviewer: Oh, really?

Delia: They said that ... Oh, it's so bad ... that she wouldn't look at herself in the mirror, and she kind of did look like a witch (laughs). I mean, it was not true, but-

Interviewer: Why did they say she was a witch? Why did they think that?

Delia: I think they ... So, there was all these stories. I don't know if they were just telling us to scare us, but they would say that ... I don't know if you've heard of *lechuzas* (a witch that takes the form of an owl)?

Interviewer: Uh-huh (affirmative)

Delia: Okay. So then, at night, there was always owls around her house in Mexico, and that she wouldn't like herself to see herself in the mirror. She hated photos. There was only maybe one or two photos of her. And she passed away recently. She was old school too though, so she probably just didn't like technology, but (laughs)...

Interviewer: Yeah. But she's a witch?

Delia: I think because she was kind of mean, and she was kind of stern with people. And so, they probably just said, "She's a witch." And that was within our family. I mean, I can't imagine what other people said. So, yeah. And then, she just kind of had like a very negative presence about her. I gave her the benefit of the doubt, but I was little and so of course I believed a lot of these stories, so I was always scared of her (laughs). So, like, okay.

Interviewer: Did they warn y'all against going around her? Or was it just said in a very matter-of-fact tone that she's just a witch.

Delia: Yeah. Very matter-of-fact. Maybe if we misbehaved or something, it was like, "I'm gonna tell your *tia* (aunt)," you know? And so, it was kind of like that, but we still had breakfast with her! (Laughs) And sat right next to her! So, it wasn't like, "You can't be near her." So, it was very matter-of-fact, (laughs) but that was really kind of my experience with that as a kid.

Religious stigma.

A few participants reported that religion played a role in their reluctance to adhere to supernatural folk healing beliefs and practices reporting that they believed in God or were Christian when asked why they did not engage in particular practices such as tarot card reading and *brujería*. This sub theme was demonstrated when Eva stated that her mother did not allow her to have any contact with her aunt who did *brujería*. Eva expanded on the religious stigma found in the undertones of that conversation with her mother, stating: "She's like, 'We believe in God, and this and that, and I don't want y'all to get in the middle of that.'" Eva also reported that her mother requested that she steer

clear of *limpias* and folk healing practices that have to do with the spirit and the soul due to religious reasons.

Interviewer: Okay. Are you aware of any Mexican folk healing practices that involve *brujería*, sorcery or manipulation of the soul or spirit such as *limpias* or *barridas*? What do you know about them?

Eva: Yes. *Limpias*, I've heard of that one. Again, I guess with my mom, she tried to kind of separate that and other kind of healings. In her eyes, she felt, when it comes to the spirit and the soul, you need to stick to the side of believing that God can heal you, rather than a *brujería* doing whatever she needs to do to heal you.

This sub theme was further demonstrated when I asked participants about going to psychic mediums or tarot card readers.

Estella: I just don't think, I don't ... I don't really think, I'm you know, I'm a believer of God. And I don't think that's, how can I say it. Like, I don't think He would approve of that.

Interviewer: Have you ever visited *espiritualistas*, which are psychic mediums, or *Señoras*, which are tarot card readers?

Priscilla: No.

Interviewer: Okay. And why not?

Priscilla: Same thing, because that's just stuff that you don't want to mess with. Due to religion and stuff like that.

Delia expressed some confusion about categorizing the folk healing practices that her grandmother conducted as *brujería* or not because she also used religious elements in those healing practices. The confusion appears to be in whether or not people who practice *brujería* can be Christian, or how religion can be interwoven with *brujería*.

Delia: Um...I mean, I could see how they could see that, but I think since it's paired with a religious kind of a thing to it, I wouldn't really say *brujería* from that because I don't know. For *brujería*, I think it's like an acknowledgment of ... Well, I don't know. I don't think they're Christian ... well I don't know. I mean, I guess they could be, but it depends I guess on what the definition of a *bruja* (witch) is.

Fear of adverse consequences.

Participants often reported that they were fearful of engaging in some supernatural folk healing beliefs and practices because they were scared of adverse consequences. On the other hand, they reported that they adhered to those folk healing practices and beliefs that they deemed harmless or safe because they feared the adverse consequences of *not* following them.

Participants often spoke of believing in both good and evil and reported that the two do not exist without the other. Participants reported refraining from utilizing some supernatural practices such as visiting *curanderos*, tarot card readers, or psychic mediums for fear that they might “open the wrong door” and invite in the bad rather than the good.

Estella: I don't think it's ... I don't know. I just, I think when you do things like that you're opening doors to other things and I wouldn't wanna open those doors.

Interviewer: Okay.

Estella: 'Cause you're not only opening doors to good, but you're also opening doors to bad.

Interviewer: Okay. I'm going to go through each one, just to make sure. Have you ever visited a curandero?

Brenda: No.

Interviewer: Why not?

Brenda: Um...I think I'm slightly scared.

Interviewer: Okay.

Brenda: I'm scared that although they might do something to cure my ailment, they might also bring on another one.

Interviewer: Okay. What makes you think that? What contributes to that fear?

Brenda: I feel like if you're going the supernatural route to like cure something, you're probably also bringing on something bad.

Interviewer: Okay.

Brenda: Like you can't get all good without something bad coming back.

Interviewer: Okay.

Brenda: It's kind of like a Karma thing.

On the other hand, despite skepticism, fear, and stigma, some participants reported that they were still willing to give some folk healing practices and beliefs a try because they feared the adverse consequences of *not* following them. They reported that as long as the practices were not capable of harm they would be willing to try them “just in case.” Participants reported that they still followed certain *consejos* that they learned as children because they do not want to risk anything bad happening to them.

Enrique: ...It's not a big thing, but I guess it's a thing you've been told since you were little so you also don't wanna ... test it (laughs) because you don't know it might happen. I don't follow too many of them, honestly. I just hear them out. (Laughs)

Priscilla: ...That I do (laughs). Maybe not the whole shower thing for the seven days, but I cover my hair if I go out. I think it is mostly to give my mom peace of mind you know? More than myself. But then also, just in case there is some truth to it I at least did it! (Laughs)

Similarly, Cindy reported that she followed *consejos* during her pregnancy because she did not want to take a chance on her baby being born with any deformities.

Cindy: And I didn't, I'd never heard of that, but I was like okay (laughs). And I was just like okay, well even if it doesn't necessarily prevent that, at least I'm, you know, trying to prevent it, I don't know.

Enrique also reported that he would consider getting a *limpia* for *envidia* because it was worth a try and would not physically hurt him.

Enrique: Again, where there's good, there's evil. There's always, I guess you can say, someone that envies something about you. Now do I feel that going to get a *limpia* would take care of it? No. But is it worth a try, and people believe in it? Yeah, I mean, I would probably try that at some point and just be like, it's worth it, it ain't gonna hurt anything, why not? Why not try it? If it's not going to hurt me, physically or whatever, then hey, I'm all for it, let's try it.

Samantha also reported that getting a *limpia* for *ojo* with an egg was a “safety precaution” that is harmless.

Samantha: Growing up, it was just normal in the household. If something was wrong with me, I didn't feel good, "Oh, you probably have *ojo*." It was more as a safety precaution. Just go ahead and lay down, better safe than sorry. What's the worst rubbing an egg is gonna do?

Participants reported that supernatural folk healing beliefs and practices still carry negative associations and stigma. Participants seem to believe in supernatural folk healing beliefs and practices but they are not taken lightly and are approached with caution. *Brujería* is one supernatural folk healing practice that most participants have a negative view of and thus steer away from. Perceptions of supernatural folk healing beliefs and practices are largely determined by their parents and their religious beliefs. Additionally participants reported being fearful of the consequences of both participating and not participating in folk healing beliefs and practices. They were fearful of opening up doors that may lead to harm but were also fearful of not participating in practices that had the potential to prevent bad things from happening to them or their children. Participants appear to make decisions about whether or not particular folk healing beliefs and practices have the potential to cause harm or not.

Trust

Trust plays a factor in participant's willingness to engage in folk healing practices or not. Participants reported that they might consider going to a folk healer for healing if the folk healer was somebody they trusted. They also reported that they continued to adhere to folk healing beliefs and practices that they had personal experience with or had personally seen successfully work on others.

Participants reported that trust played a factor in their decision to visit a folk healer or not because they had to be sure that the folk healer did not conduct unsolicited services on them that may be done with ill intent. Participants reported visiting folk healers that came highly recommended from their parents or family members, some reporting that their family members *are* their folk healers.

Diego visited a folk healer in Mexico with his father and uncle, but reports that he would be willing to visit another one here in the United States if someone provided him with a good recommendation.

Diego: ...Maybe if someone like close to me or around me told me, "Hey, I know this person." Maybe if it was near me or not too far, then I would probably go and especially if someone gives you a positive review of them, you know?

Brenda reported that she has considered getting a *limpia* but has not because she is scared to visit a folk healer that she does not know, expressing concern that they might do harm in addition to curing her.

Interviewer: As an adult, would you ever consider getting a *limpia*?

Brenda: I have!

Interviewer: Oh, you have?

Brenda: No, I have considered it.

Interviewer: Oh, you have considered it.

Brenda: I've considered it, but I haven't found anybody that I trust enough to do it.

Interviewer: Oh, wow. What would you need out of a person?

Brenda: It would have to be a friend or a close family member to do it. I wouldn't let just anybody do it.

Interviewer: Why not?

Brenda: I would be scared that they're secretly doing something (laughs) in bad will.

Lorena reported that her family folk healer was her sister; however, one time she visited another folk healer and did not feel a connection with the folk healer so she went back to her sister for her healing needs.

Interviewer: Yeah. Okay, cool. What about a *sobador*? Have you ever been to one?
Lorena: Again, my sister.
Interviewer: Okay.
Lorena: She's the healer of our family.
Interviewer: Okay.
Lorena: Everybody says she got it from my aunt. So, actually, we all go to her, including my parents.
Interviewer: Oh, how cool.
Lorena: We all go to her. I've only been to one lady before, but the energy just wasn't there.
Interviewer: Okay.
Lorena: Mm-hmm (affirmative).
Interviewer: You felt like, was it negative? Or you just didn't feel like a strong -
Lorena: Yeah, I just didn't feel a strong connection.
Interviewer: Connection. Okay. And with your sister, you do feel a strong connection.
Lorena: Yes. Yes.

The decisions to adhere to folk healing practices and beliefs are steeped in trust.

Participants approach folk healing with caution and feel better about participating in such healing practices if they know the folk healer or the folk healer comes highly recommended.

Personal experiences as proof.

When I asked participants why they believed in and continued to practice certain folk healing practices and beliefs it became evident that participants believed in the folk healing beliefs and practices that they had personally seen work, either with themselves or people in their family. As previously mentioned the skeptics wanted proof that that there was truth to folk healing methods. Robert explains, "I'm kind of a believer that if I

don't see I don't really believe it.” Almost every participant interviewer reported that once they saw these healing methods work with their own eyes their beliefs in the folk illness or folk healing method would be cemented and consequently they were more willing to engage in the folk healing practices themselves.

Eva: I hated that they would give my kids *te de manzanilla*, but then you hear about it. Oh, chamomile tea, it's so good for babies when their stomach's upset. Just a lot of stuff, or rubbing their belly. So many things that my aunts would try to show me, and a lot of that being that healing, that kind of healing., I was like “you know what?” Yeah as I'm older now, I'm like, yeah, this stuff is real. It really does help, however it does. That's kind of why I didn't believe. I was kind of hesitant, but then seeing it firsthand that it does cure, I mean, how can you not believe it after you see it firsthand?

Interviewer: Okay. So do you currently believe in *ojo*?

Priscilla: Yes.

Interviewer: Okay. Why do you believe in it?

Priscilla: Just because I've seen it. I've seen the effects of it I guess like afterwards. Like, with my kids being fussy and me not knowing what's wrong with them, feeling a little warm-ish but not hot enough to consider a fever. And then Jesus would take the girls to his mom and you know he would bring them back and they would be fine. They would be happy kids again. All that would be gone, you know?

Cindy explains that she believes in *susto* because she watched her sister be cured from her fear of dogs by receiving a *limpia*.

Interviewer: As an adult now do you believe currently in *susto*?

Cindy: Yeah.

Interviewer: And tell me why?

Cindy: Because Ana owns a dog now! (Laughs) She was cured! (Laughs) I would say yeah, I mean...

Participants appear to try and make sense of folk healing practices and beliefs, and when they cannot make sense of their utility with science, they rely of personal experience. Seeing is believing and that appears to be good enough for most participants.

Cultural Connection

Cultural connection was a major theme that emerged in that data that influences participants' decisions to adhere to folk healing beliefs and practices. Participants reported that engaging in folk healing beliefs and practices was comforting to them and provided them with a sense of cultural connection and cultural continuity. A few participants mentioned that they hoped to keep the traditions going and wanted to pass them on to their children.

Interviewer: Okay. What do you think influences you to continue doing these things to avoid getting sick?

Eva: I think, definitely wanted to preserve my culture. It's hard enough already teaching my children or speaking to them in Spanish, and they're not as fluent as I was when I was their age. That, for me, already, aw, man. They're even in Spanish class at school just to get that extra Spanish in. I just don't want it to go away. I don't want it, three generations later, and they don't even know what *ojo* is, or they don't know that you can drink a *te de manzanilla* or a *te de*, whatever instead of just going to CVS and getting whatever medicine, and stuff like that.

Lorena explains that culture is the reason she still invokes the help of *La Virgen de Guadalupe* during hard times even though she is not religious.

Interviewer: Do you currently invoke the saints for help during hard times?

Lorena: I would probably say, just the Virgin Mary.

Interviewer: Okay. And why do you call on the Virgin Mary?

Lorena: Cultural beliefs. It reminds me of my mother, my grandma, you know? I grew up with her being like the savior, so she's kind of part of who I am, and how I grew up, even though I'm not religious.

Lorena further demonstrates how culture is a factor in her decision to follow folk healing beliefs, reporting that she would be willing to use a *partera* during childbirth because she believes that cultural practices are always best.

Interviewer: Okay. If you were ever to have children, would that be a consideration for you?

Lorena: I think so, yes.

Interviewer: Okay. Why would you consider it?

Lorena: Why? I don't know, I think I would try to reach the best for myself and my child. And it's cultural, anything cultural is best, I think.

Participants also report that they engage in folk healing beliefs and practices because it gives them comfort. Eva explains that she would ask people who admired her baby to touch him because it gave her some comfort that she was doing what she could do to protect him from *ojo*.

Eva: But it was hard. If somebody did approach me, and I would jokingly say, "Oh, touch his little foot." Sometimes, especially if they were American, Caucasian, or whatever, they would kind of look at me weird, like, what? I would just kind of throw it off as like, "Oh, it was an old folks tale." They're like, oh, okay. They would do it, but it would kind of soothe me like, okay. All right. He's going to be okay tonight.

Similarly, Isabel reported that it gives her comfort to know that she can call on the saints when she needs extra help.

Interviewer: Okay, and why do you invoke the saints during hard times?

Isabel: I feel like, like I said, like that I need that spiritual help and uplifting, and that brings me comfort, to know that I can pray to somebody for a little bit of help when I need it.

Participants seem to find comfort in their culture. These cultural healing practices are what they grew up on, and their memories of healing are linked to their mothers, fathers, grandmothers, *tios*, and *tias* (aunts), which bring them comfort and encourages them to give them a try as adults. Eva expressed this sentiment at the end of her interview when she stated: "Definitely brought back memories you know that I guess I had already almost forgotten about, to think. Really pretty memories so...."

SUMMARY OF THE FINDINGS

The findings presented in this chapter provide answers to the four main research questions of this study. Participants were found to have a good level of awareness of the most common folk healing beliefs and practices, and most participants had experience with folk healing beliefs and practices. Participant's folk healing beliefs and practices included symbolic, religious/spiritual, metaphysical and supernatural beliefs and practices. Participants were found to believe in negative energy/spirits that were capable of causing harm or illness. Although participants were found to believe in supernatural beliefs and practices such as *brujería* and tarot card reading, they approach such practices with extreme caution, for instance they will not partake in *brujería* but they will take steps to reverse it if they feel someone has done it to them. They also take care to protect themselves and their families and homes from negative energy/spirits.

Participants were found to most often adhere to folk healing beliefs and practices during pregnancy, childbirth, and when parenting. They also report adhering to folk healing beliefs and practices when they felt them or their children needed an extra layer of protection, when they feel that Western conventional medicine falls short and when they take trips to Mexico.

Participants were found to be heavily influenced by their families to participate in folk healing beliefs and practices, and there appears to be a generational decline in participant's knowledge, and accessibility to folk healing beliefs and practices. Participants were also found to be drawn to folk healing practices because they offer

natural alternatives to conventional medicine. On the other hand, participants were found to abandon certain folk healing beliefs and practices because of their Westernized views of medicine. Participants were often skeptical of certain folk healing beliefs and practices, utilizing conventional healing methods, seeking scientific explanations for healing phenomena and attributing their skepticism to their formal education.

Additionally participants were found to refrain from engaging in folk healing beliefs and practices that had negative associations and stigma (mostly deemed so by their parents and the Church). Participants also made decisions about participating in folk healing practices and adhering to folk healing beliefs out of fear of adverse consequences. Trust was found to play a major factor in participant's decisions to adhere to folk healing practices or not, participants only trusting folk healers that they knew, or whom came highly recommended, and engaging in folk healing beliefs and practices that they had firsthand experience with or had seen work with their own eyes. Finally, participants reported that their culture and their desire for cultural continuity kept them committed to utilizing folk healing beliefs and practices

CHAPTER V

DISCUSSION AND CONCLUSION

The purpose of this study is to examine the knowledge and usage of Mexican folk healing beliefs and practices among second-generation Mexican American millennials. This chapter summarizes and discusses the major findings of this study that address the four research questions (see Chapter 1) about 1.) awareness of folk illnesses, beliefs and healing practices; 2.) folk healing practices and beliefs; 3.) situations that encourage the use of folk healing beliefs and practices and why; and 4.) factors influencing the relinquishment or retention of traditional folk healing practices and beliefs. For each of these issues, the chapter highlights the key findings and discusses whether the findings confirm and/or challenge the results in the literature. Additionally, this chapter discusses the implications of the findings for health service utilization and healthcare, specifically in areas of nursing, maternity, and pediatrics, providing suggestions on how the findings may inform practices. Finally, this chapter concludes with suggestions for future research.

AWARENESS OF FOLK HEALING CONCEPTS

Participants were found to have a good level of awareness of the most common folk illnesses (*ojo, susto, empacho, caída de mollera, nervios, and envidia*). The only two folk illnesses that participants were not commonly aware of were *falta de fe* and *sentimientos fuertes*. *Falta de fe* and *sentimientos fuertes* are folk illnesses that Zacharias

(2006) included in his list of the most important mental health diagnoses by *curanderos*; however, *sentimientos fuertes* and *falta de fe* were not listed in any other literature that I came across on the subject of *curanderismo*; therefore, it may not be a meaningful finding that participants were not commonly aware of these two folk illnesses.

Additionally, I did not inquire about *mal aire* in my interview tool although *mal aire* is a common folk illness that is often mentioned in the literature (Cavender and Alban 2009; Cavender et al. 2011; Krajewski-Jaime 1991; Torres and Sawyer 2005). Two participants mentioned *mal aire* during our interviews without prompt. This leads me to believe that *mal aire* may have also been a common folk illness that participants would have reported being aware of if prompted. Participants also stated that a couple of terms for folk illnesses were used interchangeably. They explained that *ojo* and *envidia* are not mutually exclusive folk illnesses and asserted that they often happen simultaneously as one is the product of the other.

I also inquired about three common folk healing practices: *limpias*, *barridas*, and *brujería*. *Limpias* and *Barridas* were used interchangeably by the participants and most were aware of them in some form or another. Participants may have used the two terms interchangeably because in Mexico, the *barrida* is referred to as a *limpia* (Weller et al. 2002). Additionally participants shared that they were aware of *consejos* about avoiding illness or harm from occurring although most required clarification or examples to recall these *consejos*; however, once clarified or provided with examples, participants were able to provide their own examples of *consejos* that they were aware of.

Although participants had a basic awareness of folk illnesses, cures and beliefs including simple explanations for causes and cures, they often did not demonstrate comprehensive understanding of corresponding details such as why certain illnesses occurred in the manner that they did, or why certain cures worked, simply reporting that they “just worked” or the healing practice was “just what they were told.” An example of this finding would be awareness of the folk illness *susto*. Almost every participant reported being aware of *susto*, but not one participant described *susto* as being caused by the soul fleeing the body during a frightening or traumatic event. Participants simply described *susto* as the result of being startled, leaving out the narrative of the *soul* entirely. In fact, the soul, which is such an integral part of folk healing, was only mentioned during the interviews by one out of fifteen participants. The literature largely ties *susto* to the flight of the soul from the body (Cavender and Alban 2009; Faver and Cavazos 2009; Gonzales 2012; Krajewski-Jaime 1991; Mulcahy 2010; Tafur et al. 2009). However, a study by Weller et al. (2002) regarding the definition of *susto* between mestizo and indigenous groups found that contemporary mestizo groups did not link *susto* to the soul but rather to being frightened by things of the physical world such as other humans or animals. They found that the contemporary definition of *susto* seems to incorporate more Christian rather than Indigenous views of the soul (Weller et al. 2002). Participants’ lack of mentioning the soul may therefore be evidence of altering, as well as the decline in cultural knowledge of folk healing beliefs and practices among second-generation Mexican American millennials. Eva provides an additional example of

participants' awareness of, but underdeveloped understanding of, folk illnesses and healing practices when she tries to explain *empacho* to her own children:

I told them the story once, about Matthew, coming home and having him upside down. They just laugh about it. They're like, "What?" I was like, "Yeah, it's true." They're like, "But why? Why does this do that?" I'm like, "I don't know why it does that, but if it does, it's what you do."

To gauge participants' awareness of folk healing beliefs, I asked them what folk *consejos* they were aware of. Participants largely reported being aware of folk healing beliefs that centered on birth defects, temperature change in the body causing illness, and illnesses caused by envy, admiration or "bad vibes." Participants almost exclusively stated that they became aware of these folk beliefs from their parents or grandparents. When asked to recall these *consejos* they would often claim that they could hear the voices of their mothers or grandmothers in their head, warning them to protect themselves from the folk illnesses documented above. This leads me to the conclusion that participants have a basic awareness and understanding, although underdeveloped, of common folk illnesses, beliefs, and healing practices.

FOLK HEALING BELIEFS AND PRACTICES

Most participants had experience with folk healing beliefs and practices. Participants' folk healing beliefs and practices included religious/spiritual, metaphysical and supernatural beliefs and practices. However, it must be noted that practices and beliefs often exist separately from each other, as participants may believe in a folk healing concept that they do not actually practice, as was seen with *brujería*.

Propensity towards Metaphysical Beliefs and Practices

Participants discussed using metaphysical beliefs and practices such as beliefs and practices concerning the maintenance of temperature balance within the body, muscle manipulation through massage, and the use of healing herbs. The use of herbs was popular even amongst those who were skeptics of other folk healing beliefs and practices as they reported that herbs were “harmless” or could be trusted. This finding supports Rogers’ (2010) finding that older Mexican and Mexican Americans reported being comfortable using plant-based remedies because they felt that herbal remedies can be trusted since they are “simple” and “pure” (Rogers 2010). This finding is also similar to Applewhite’s (1995) finding that 76 percent of the Mexican American senior citizens he interviewed reported using herbal remedies, while only 12 percent of them reported utilizing *curanderos*. Faver and Cavazos’ (2009) study also found that among the Mexican American women they interviewed 71 percent of them reported using *manzanilla* (chamomile) and 80 percent of them reported using *Yerba Buena* (mint) for teas. This is similar to my findings that participants often use herbal teas for healing, specifically *te de manzanilla* (chamomile tea).

The use of plants for healing purposes is not a concept that strays too far from Western healing practices either. In fact, plant ownership or “plant parenthood” is a growing trend among millennials in the United States (Davies 2018); according to the L.A. Times (Boone 2018), plant sales have increased since 2016. This may be due to the growing American interest in alternative and natural medicine as seen in the growing

popularity of essential oils, juicing, and fascination with herb gardens in the United States. Similarly, Whelan and Dvorkin (2006) pointed to the growing use of herbal supplements in the United States, asserting that herb usage is not affected by relocation or advanced education. Faver and Cavasos (2009) assert that folk healing beliefs and practices that do not interfere with standard Western health practices are likely to withstand acculturation. This may be a reason why participants of this study report adhering to metaphysical beliefs and practices that do not deter too much from Western health worldviews. Similarly, participants report that *sobadores* are comparable to chiropractors, except that they incorporate prayer; therefore, muscle and bone manipulation as seen in a *sobar* may not seem too far off from a common Western health value either.

Propensity towards Religious/Spiritual Beliefs and Practices

Participants also held folk healing beliefs that had religious or spiritual components to them. Many participants shared that prayer brought them comfort. They also reported utilizing symbolic religious/spiritual materials for the purpose of protection and comfort. Participants carried these materials with them on their person, put them in their cars, and had them in their homes. Participants stated that these materials also brought comfort to them. Participants did not mention using symbolic materials in their physical healing practices but leaned on them to deal with social and emotional problems, or to protect them from problems believed to be caused by negative energy. Religious or spiritual beliefs and practices appear to be a coping mechanism and extra support

resource that participants tap into when they need extra help to address social or emotional challenges.

Additionally, Martinez (2017:416) asserted that “place making” is a strategy that immigrants may use to ascribe “symbolic ownership” to places that they frequent or inhabit, constructing “sacred spaces in noncongregational places such as homes and gardens” (2017:417). Participants’ usage of religious symbolic materials may be a “place making” strategy that participants employ to establish and maintain their ethnic culture in the United States despite being born here. Isidro demonstrated an example of place making when he said that he does not use the rosary that he has hanging in his apartment, but he has it up because it makes him feel “more at home.” Martinez (2017:416) explained that “place identity needs to be constantly cultivated, place practices saved, and place ownership reiterated,” which provides an explanation for the continuity of place making among the second generation.

Some participants mentioned calling upon saints for help, while others reported that they only depended on God. This was mostly due to lack of knowledge about saints, or beliefs about the appropriateness of the veneration of saints, a uniquely Catholic tradition. I did not collect demographic information regarding participants’ religious affiliations; however, I speculate that the utilization of saints in folk healing beliefs and practices is linked to the participants’ position to Catholicism. Historically Mexican Folk healing has incorporated elements of Catholicism in practices and beliefs (Faver and Cavazos 2009; Hendrickson 2013; Trotter 2001) due to the influence of the Spanish

whom introduced Catholicism to Mexico during colonization (Glover and Blankenship 2007). My speculation that the utilization of saints in folk healing beliefs and practices is linked to participant position to Catholicism is further demonstrated as participants whom reported believing in the intercession of saints also spoke of the intercession of *La Virgen de Guadalupe*, the beloved patron saint of Mexico. Additionally, participants who reported praying directly to God did not mention devotion to the *Virgen* (Our Lady of Guadalupe), whom is a cultural symbol in addition to a religious one. Furthermore, with the exception of one participant, all participants who denied invoking saints for help and reported exclusively asking God for help, also did not incorporate symbolic items into their healing beliefs and practices. These findings support my speculation that religious/spiritual folk healing beliefs and practices are linked with the participants' position to Catholicism, which traditionally incorporates symbolic materials such as statues and rosaries.

Calvillo and Bailey (2015) found that Latino Catholics and Latino Protestants connect differently to host countries. They found that Latino Catholic religiosity is more enculturating than Latino Protestant religiosity because Protestantism is rooted in breaking away from tradition and personal transformation; therefore, Protestant identity is a "moral identity" rather than an ethnic identity (Calvillo and Bailey 2015:63). Catholicism, on the other hand is rooted in tradition and symbolism and provides a symbolic connection between religion and ethnicity for Latinos (Calvillo and Bailey 2015). Catholicism's link with Latino identity is mostly due to the Church's embrace of

Latinos' enculturated religiosity in the form of ethnic symbols and traditions such as their devotion to *La Virgen de Guadalupe* (Our Lady of Guadalupe), and home shrines and altars, allow for a cultural connection to the home country (Calvillo and Bailey 2015). Calvillo and Bailey (2015) asserted that for Latino Catholics, their ethnic identity and their religious identity are one in the same, as one may even remain a "Cultural Catholic" even if he should stray away from religious practices. This concept was demonstrated in my findings by Lorena's devotion to *La Virgen* even though she stated that she is not religious. Isidrio also demonstrated this concept when he says "...being Mexican, Mexican American, being Catholic is so embedded within the culture." And Eva confirmed the Catholic devotion of the saints or the Virgin Mary when she states:

I'm not Catholic. I've never practiced that, to bring different saints in. Like I said, we only pray to God, Holy Spirit, that kind of thing. And so if anything, he's my only saint that I would bring into prayer.

This finding brings me to speculate that the division between participants who demonstrated folk healing practices and beliefs that incorporate religious dimensions, and those whom do not may be associated with their religious affiliation with Catholicism. However, because I did not collect demographic information on religion I cannot be sure. Additionally participants' use of symbolic religious materials may be a form of place making in the United States, and the usage of religious/spiritual beliefs and practices in general, appears to be a coping mechanism, and extra support resource that participants tap into when they are needing extra help.

Propensity towards Supernatural Beliefs and Practices

Although participants were found to believe in supernatural beliefs and practices such as *brujería*, negative energy/spirits, and tarot card reading, they approach such practices with extreme caution. They will not partake in *brujería* because they believe it is a malevolent practice but they will take steps to reverse it (mostly under the guidance of their parents) if they feel someone has done it to them. They will seek out a tarot card reader independently but have reservations about utilizing them more than once.

Interestingly not one participant that visited tarot card readers went with their parents, although when participants visited other folk healers they were almost exclusively accompanied by their parents, leading me to the conclusion that tarot card reading is still a monovalent or sacrilegious practice.

Most participants spoke of belief in negative energy/spirits that were capable of causing harm or illness. Participants took precautions to prevent this *mal* (bad) by carrying or wearing symbolic materials for protection, getting *limpias* or *barridas* and protecting their homes with holy water or other symbolic materials. Participants often reported learning about these protective measures from their parents or grandparents; however, participants often modified these practices, as they did not remember the full ritual such as the prayers or chants that went with the *limpias* or *barridas*, or they reported that they didn't partake in in the rituals often.

These finding demonstrate that *brujería* and other folk practices that incorporate sorcery or manipulation still carry stigma. Participants seem to be cautious of such

practices, taking care not to disregard them “just in case” but also refraining from participating in them (outside of purely protective or reversing practices) as well. Robert demonstrates this best when he explains why he does not “mess” with *brujería*:

Because I don't mess with it. Like the Ouija board, that's the first thing that pops up. I just wouldn't mess with it. I would even go I really don't believe it, but I don't know enough. I know I'm more of a science type of guy, but since we really don't understand it and we can't say it's not true, we don't know in what angle something pops up. It might be mental, it might be whatever, but it might be real, and you don't know where it's coming from. So I just stay away from that, no.

Participants seem to revere such practices out of fear, fear of the unknown, and fear of retribution, both divine and malevolent. I have to admit that even I felt uneasy during the data collection process as my father warned me not to collect data on *brujería* because he didn't want me to “get involved with that,” explaining that just reading about it could result in it “getting in my head.” I too did not want to “mess” with it for fear of the unknown. It is apparent that the effects of the Catholic Church's renouncement of supernatural beliefs and practices during colonial times can still be felt today among the millennials that I spoke with. This finding aligns with Romberg's (2016) study that asserted that negative stereotypes of *brujería* continue to exist today as a result of witchcraft's long history of persecution; however, people are still respectful or fearful of it (Romberg 2016). Participants seem to draw the line between other folk healing practices and *brujería*, and sorcery, a finding that is consistent with Applewhite's (1995) study of the folk healing beliefs and practices of elderly Mexican Americans. The elderly participants in Applewhite's (1995) study also expressed reservation about *brujería*, considering it a malevolent belief and practice that is separate from traditional folk

healing. He noted that when he asked participants about *brujería* he was met with “elicited lowered voices, loss of eye contact, or fading interest” (Applewhite 1995:250). The participants of this study produced similar but different reactions when discussing *brujería*. Participants often quickly and insistently denied their participation in such practices by repeating and emphasizing their noninvolvement, as exemplified by Diego’s response when asked if he participated in *brujería*: “No, no. Me, no.”

SITUATIONS THAT ENCOURAGE OR DISCOURAGE THE USE OF FOLK HEALING BELIEFS AND PRACTICES

The findings indicate that participants are more prone to utilize folk healing beliefs and practices during pregnancy, childbirth and when caring for babies; when needing an extra layer of protection; when needing help that cannot be received from Western healing resources, and when going on trips to Mexico to visit family.

Pregnancy, Childbirth and Child Rearing

A major finding is that folk healing beliefs and practices are a big part of pregnancy, childbirth and child rearing among parenting participants as participants reported taking extra precaution to keep their children healthy and safe. Participants often mentioned that they first learned about folk healing practices and beliefs when they were pregnant or when they had their children, mentioning certain folk beliefs about preventing birth defects, recovery after giving birth, and protecting babies against illness once they were born. Many participants reported utilizing folk healing beliefs and practices with their children, even when they did not use them on themselves.

Participants mentioned taking their children with them on religious pilgrimages to make *mandas* (promises) to the *Virgen* (Virgin Mary), adorning their children's rooms with altars and religious statues, placing protective medallions or bracelets on their children, and taking their children (to their parents) to be healed from folk illnesses. The overall theme is that participants seemed to be willing to do whatever it takes to make their children well and they find themselves doing things they do not usually do for the sake of protecting their children. Participants protect and heal their children the way their parents protected and healed them, although most times participants reported that they took their children to their parents to be cured, or their parents stepped in to cure their children for them.

These findings coincide with a study by Barragan et al. (2011) that looked at the childbearing folk healing beliefs and practices of Mexican and Mexican American pregnant women aged 26-62. They found that although less acculturated women were more likely than more acculturated women to engage in cultural childbearing beliefs and practices, most acculturated women, despite their awareness of Western health practices and skepticism of folk healing beliefs and practices, still appreciated the peace of mind cultural practices offered in the face of medical uncertainty (Barragan et al. 2011). They reported that they participated in folk healing practices and adhered to folk healing beliefs "just in case" (Barragan et al. 2011). These findings also correspond with Applewhite's (1995) study of elderly Mexican Americans' folk healing beliefs and practices. He found that the elderly participants he interviewed did not rely on folk

healing beliefs and practices to maintain their health but also sought out conventional healthcare despite using folk healing beliefs and practices as children and using folk healing beliefs and practices with their own children (Applewhite 1995). The findings of this study are similar to Applewhite's findings as despite growing up with folk healing beliefs and practices and utilizing them with their own children, the participants of this study still seek out Western medicine when they are sick themselves. Both my and Applewhite's (1995) findings lead me to the conclusion that folk healing practices and beliefs are heavily linked to caregiving between parent and child.

Lindahl (2005:178) coined the term "constellation of culture-specific beliefs," referring to the "special religious dimensions of motherhood, infancy, and healing." He asserted that in Hispanic culture "children, spirits, supernatural afflictions, and healing rituals converge" (Lindahl 2005:181) because folk Catholicism "continually reinforces the special religious dimensions of motherhood, infancy, and healing" (Lindahl 2005:178). He explained that the most popular pilgrimages among Hispanics in South Texas are to shrines of the Virgin Mary and the *Niño Dios* (Baby Jesus), a mother and a child. He reported that "parents look to their children to see and feel for them things that they can no longer see and feel themselves" (Lindahl 2005:179). The "constellation of culture-specific beliefs" may explain why the participants of this study and others are more likely to adhere to folk healing beliefs and practices that are linked to caregiving, participating in folk healing beliefs and practices when it concerns motherhood or their children, or when receiving care themselves from their own parents. Additionally, Hardie

and Seltzer (2016:324) asserted that “the shared experience of becoming a parent draws generations together;” therefore, participants may be more open to take their parents’ healing advice during this time in life.

Additional Layer of Protection

Another major theme that emerged in the data is that participants utilize folk healing beliefs and practices whenever they feel they need an additional layer of protection. Participants often reported taking proactive measures to protect themselves and their children from both physical illness and negative social situations. This was demonstrated by participants’ use of symbolic folk items for purposes of protection, their attempts to cleanse their homes with *limpizas*, and their attempts to protect themselves by making the sign of the cross when walking into buildings. Folk healing beliefs appear to provide participants with a feeling of agency in situations that they may feel that they otherwise have little control over. Barragan et al. (2011) and Zacharias (2006) also found that Mexican Americans participated in folk healing beliefs and practices to minimize or eliminate the possibility of harm by doing something within their control.

When Western Medicine Doesn’t Cut It

Participants were also found to engage in folk healing beliefs and practices when needing help that cannot be received from Western healing resources, such as when Western diagnoses do not capture their circumstances and conventional healing methods do not meet their needs. We know that illness, as well as healing, is a multifaceted construct in Mexican culture, and illness is not confined to the body but is also a social

condition. Participants described utilizing folk healing practices and beliefs when things were going wrong and they needed help that could not be provided in a conventional Western medical setting. Participants provided examples of visiting *Señoras* when they were in a crossroad in their love lives, or getting *limpias* when they were just feeling “off” or when they were experiencing a series of bad luck. Consider the concept of “feeling off”; should a person feel “off” he needs no further explanation, and a culturally appropriate cure may be provided. Should one be experiencing series of bad luck, he cannot turn to a doctor to solve this for him, but he may turn to a *curandera*, or a family member for a *limpia*. Samantha provided the example of participating in a folk practice to “cure” a strained relationship with her sister who was on drugs. This finding was similar to the finding in Andrews, Ybarra and Matthew’s (2013) study in which participants noted specific symptoms that they knew could not be treated by, or would not be taken seriously by conventional doctors. Participants of this study also mentioned that folk healing beliefs and practices offer some advantages over Western healthcare such as offering lower cost (sometimes only requiring a donation), working better and faster than conventional methods, and incorporating spiritual elements in the healing methods. This finding aligns with Roger’s (2010) finding that traditional methods are often safer, work faster, and are more effective than conventional methods.

Folk healing beliefs and practices thus provide the millennials of this study with an additional resource or strategy for getting their needs met and can thus be considered a valuable folk resource. This supports Portes and Zhou’s (1993) theory of segmented

assimilation that suggests that maintaining one's native culture and values may offer valuable forms of social capital to the second generation. Folk healing beliefs and practices are thus valuable resources that allow for human agency in situations that one may otherwise have little control over.

Trips to Mexico

Trips to Mexico were found to be a time when participants were likely to engage in folk healing practices. Participants spoke of learning about folk healing beliefs and practices and being cured by folk healers on trips back to Mexico. Participants reported learning about *brujería*, from family members in Mexico, because their parents didn't like to talk about it at home in the United States. This may represent reluctance, on the part of participants' parents to bring certain beliefs and practices that are more widely accepted in Mexico over to the United States. Participants even recounted that their parents took special trips to Mexico just to have them cured by Mexican folk healers. Maintaining one's connection to their parents' homeland, may therefore play a part in the continuation of folk healing beliefs and practices among the second-generation Mexican American millennials in my study. Because the participants of this study live in Texas, a border state, they may benefit from an increased ability to maintain ties to Mexico and thus Mexican folk healing beliefs and practices. Geographical proximity to Mexico has proven to be an avenue of cultural sustainability (Faver and Cavazos 2009; Muthyala 2000). Muthyala (2000) explains that *curanderismo* was sustained in the border regions during the Mexican Revolution because the Mexicans that came over to work in the

United States renewed their ties to *curanderismo* by re-crossing the border back into Mexico several times a week (Muthyala 2000). Faver and Cavazos (2009) found that proximity to Mexico increases the likelihood that Mexican Americans who live in borders states will maintain folk healing beliefs and practices, asserting that living near the border fosters both awareness and practice of folk healing beliefs and practices, as well as increases acculturation. The sustainability of folk healing beliefs and practices may therefore be affected generationally, when future generations run out of family to visit in Mexico, causing a loosening of their ties to Mexico and the Mexican culture.

FACTORS INFLUENCING THE RELINQUISHMENT OR RETENTION OF FOLK HEALING PRACTICES AND BELIEFS

Several themes emerged regarding factors that influence participants to either adhere to or abandon folk healing beliefs and practices. The findings of this study indicate that the second-generation Mexican American millennials that took part in this study are making conscious decisions about which folk healing beliefs and practices they adhere to. As demonstrated in earlier parts of this discussion section, participants often reported adhering to folk healing beliefs and practices “just in case,” for fear of adverse consequences for *not* participating in them. On the other hand, participants mentioned refraining from participating in other folk practices such as sorcery and witchcraft for the same reason: fear of adverse consequences. As discussed previously, this finding is the enduring result of stigma placed on such practices during colonization. Participants expressed caution with supernatural folk healing beliefs and practices such as visiting

tarot card readers, taking care to limit their visits; however, they reported participating in herbal-or plant based remedies freely, deeming herbal remedies less intrusive and more natural methods of healing than Western healing practices.

Access to Conventional Care

The issue of access to Western conventional healthcare does not appear to be a reason that participants utilize folk healers and folk healing methods as documented by several studies on Mexican-American healthcare (Faver and Cavasos 2009; Padilla and Villalobos 2007; Rogers 2010); in fact, the opposite was found. Participants reported that they lacked access to folk healers and folk healing materials that their parents had access to, but never mentioned lacking access to conventional medical providers. Financial barriers to conventional healthcare such as lack of health insurance was not mentioned among participants in this study at all; however, it was mentioned among other groups in the literature (Applewhite 1995; Faver and Cavasos 2009; Gomez-Beloz and Chavez 2001; Mulcahy 2010; Whelan and Dvorkin 2006; Zenk et al. 2001). The findings of this study suggest that access and health insurance may not be as big of a barrier to receiving conventional medical care for second-generation Mexican American millennials as it may have been for previous generations. This finding is comparable to the Pew Research Center's (2013) finding that second-generation Hispanic adults have better health insurance coverage than both first-generation Hispanic adults and Hispanics adults in general.

Additionally, Salas-Provance et al. (2002) asserted that living near an urban setting might decrease one's need for folk healing methods as they have access to medical information and resources. This finding may explain why lack of access to conventional medical resources did not come up in this study, as this study was conducted exclusively with participants who currently reside in the DFW area. On the other hand, participants who reported having access to folk healers or folk healing materials stated that they could be found in Hispanic neighborhoods or Hispanic grocery stores; therefore, access to both folk healing providers and conventional medical providers may depend on the cultural context of one's neighborhood or living vicinity.

Familismo

The most common theme that emerged in that data regarding factors that influence participants' decision to continue traditional folk healing beliefs and practices is parental and familial influence. When participants are sick or need healing, they turn to their parents and family members; this may be a Mexican cultural response, as the concept of familism is considered to be a prominent value in Mexican culture (Cuéllar et al. 1995; Krajewski-Jaime 1991; Padilla and Villalobos 2007) and strong familial ties promote intergenerational exchange (Hardie and Seltzer 2016). Participants may rely on their parents and elder family members for their healing needs as "the family generally is regarded as the survival net for its members, who internalize a strong sense of obligation and loyalty to one another and across generations" (DuongTran and Garcia 2009:8). Padilla and Villalobos (2007) reported that Mexican culture utilizes a collectivist

perspective, maintaining that health and illness are connected to an interdependence with family; therefore, it appears that the concepts of familism and collectivism are still alive and well with the second generation, as demonstrated by their parents' participation in their healing practices and in participants' willingness to adhere to folk healing beliefs and practices to keep their own children free from illness or harm. Additionally, participants seem to trust their parents' healing suggestions, or at the very least respect their parents' healing suggestions as demonstrated by Eva's willingness to allow her mother and aunts to cure her baby from *empacho* even though she was skeptical about the illness and the cure. She also mentioned avoiding other practices such as *brujería*, going as far as refraining from talking to her favorite aunt who is involved with *brujería*, at the request of her parents because she respects them. Similarly, Faver and Cavazos (2009) found that Mexican American college students who consulted *curanderos* did so because their families had positive views of *curanderismo*. Barragan et al. (2011) also found that Mexican American pregnant women followed folk *consejos* about pregnancy despite not believing in them at the instruction of their female family members.

It has been demonstrated throughout the data that when participants follow folk healing beliefs and practices it is almost always at the direction of their parents, even as adults. I made a point to ask clarifying questions about the age participants were when they participated in folk healing practices or adhered to folk healing beliefs because I wanted to be sure to capture the *current* folk healing beliefs and practices of the second generation, not the folk healing beliefs and practices of their parents, the first generation.

As children, participants did not have a choice in participating in folk healing practices or not; however, as adults they are able to gain agency over their healing methods. Outside of a couple of references to their experiences with folk healing beliefs and practices as children for the purpose of establishing a narrative about how they first became aware of folk healing beliefs and practices, I only included in this study participants' experiences with folk healing beliefs and practices as adults.

It is evident that even as adults, parents still have a huge influence on not only participants' healing processes, but also on participants' children's healing process. Participants often mentioned that it was their mothers, their mother in laws, or their aunts and grandmothers who healed their children for them, because they did not know how. Participants depend on their parents not only to heal them and their children, but also to recommend or take them to folk healers, and to buy the material needed to do the healing. For example, although participants often reported using and believing in the effectiveness of herbal remedies, most participants relied on their parents to buy and make herbal healing concoctions for them. Additionally, more than half of the participants who visited a *sobador* during their adult years reported being taken to the *sobadores* by their parents or at the direction of their parents.

Continued parental support and interference in millennials' healthcare may offer positive outcomes for second-generation Mexican American millennials because social support from the family has been shown to have positive health consequences among Mexican American immigrants (Padilla and Villalobos 2007). Padilla and Villalobos

(2007) found that social support is a major factor in predicting positive birth weight outcomes regardless of low socioeconomic status or poor prenatal care. Padilla and Villalobos (2007) also found that social support produces positive health outcomes for the elderly and persons with illnesses such as depression, brain injury, and heart disease by helping people cope with their illnesses, follow through with treatment, and obtain material resources. The family as a major influence in second-generation Mexican American millennials' likelihood of engaging in folk healing beliefs and practices may therefore also support Portes and Zhou's (1993) theory of segmented assimilation, which suggests that maintaining one's native culture and values may offer valuable forms of social capital to the second generation.

As discussed above, the family, specifically the older generation (parents, aunts, uncles, and grandparents) play a major role in the likelihood that participants will adhere to folk healing beliefs and practices; however, the data also indicates that there is a generational decline in the second generation's knowledge, and accessibility to folk healing beliefs and practices. Participants rely on their parents for their and their children's folk healing needs so much that they are most often not able to perform the healing practices independently. Participants declared that their parents have more knowledge of folk healing beliefs and practices than they do because as Diego explains, it never "stuck" to them. Participants stated that their parents have "connections" and "know people" within their peer group that can provide folk cures. With the exception of Lorena whose sister is the family's healer, it does not appear that the participants have

healing “connections” within their own peer group as most times the healers they frequented were identified and recommended by their parents. Similarly, Salas-Provance et al. (2002) studied the folk beliefs of four generations of one Hispanic family and found that access to mainstream culture by the youngest generation’s work and social activities decrease the level of importance they place on folk beliefs.

Participants of this study were found to be more likely to follow folk healing *consejos* and other preventative practices such as carrying symbolic items for protection or touching a child to prevent them from getting *ojo* than to perform their own *limpiezas* on their children or their home independently. Additionally, although participants are likely to drink herbal tea for their healing needs, their parents are more than likely the ones gathering or purchasing the herbs and making the tea for them. Samantha explained that she does not perform *limpias* on her daughter because she does not know the prayers. She explained that her mother offered to write them down for her so she could learn them, but she “couldn’t get the hang of the Spanish prayers” so she does not even try anymore. Priscilla stated that folk beliefs and practices were embedded in her mother-in-law because she grew up around them, but reported that they are not embedded in her. Comparatively, a study by Rosenthal et al. (1969:12) found that Mexican American women felt that magical beliefs and practices associated with child care were more common in the older generation, and predicted that such cures would be used “less often, if at all, by the next generation of mothers.” These findings make me question the sustainability of folk healing practices and beliefs. What will happen to second

generation millennials' folk healing beliefs and practices once the older generations die out?

Acculturation

These findings bring me to address the evidence of acculturation that emerged in the data. Although participants were drawn to folk healing practices such as use of healing herbs because they offer natural alternatives to conventional medicine, they were also found to abandon certain folk healing beliefs and practices because of their Westernized health worldviews.

Institutionalization of healing.

Participants were often skeptical of certain folk healing beliefs and practices, utilizing conventional healing methods, seeking scientific explanations for healing phenomena and attributing their skepticism to their formal education. I did not collect demographic information regarding participants' education levels; however, many of them reported that their education provided them with alternative (scientific) explanations for folk illnesses or cures, or that their utilization of folk healing beliefs and practices declined as they became more educated. This finding is similar to the result of Faver and Cavazos's (2009) study of utilization of *curanderos* among college students that higher education is likely to prevent college students from adhering to folk healing beliefs and practices, overriding any generational effects of immigration. Similarly, Salas-Provance et al. (2002) found that education decreased the importance of folk beliefs among the youngest generation of the four generations of one Hispanic family that he studied.

Education as an institution may be a detractor of the use of folk healing beliefs and practices. Isidrio reported that he would not consult a *sobador* because there is no “*sobador* university,” exhibiting the belief that healing legitimacy comes from educational institutions. This finding aligns with assertions by Andrews et al. (2013) that institutional settings reinforce legitimacy of Western conventional medicine; and Moon (2016:299) that whites “produce the next generation of ‘White-thinking’” by creating social control sanctions that are “deployed to discourage racial norm violation among Whites while simultaneously encouraging their dependence on White communities.” This finding conflicts with a finding by Maduro (1983) that Hispanics place more trust in people than in institutions. The participants of this study were very cautious about visiting folk healers, taking great care to ensure that the healer could be trusted, while on the other hand they appeared to automatically assign trust to conventional doctors. Similar to my findings, Rogers (2010) found that older Mexicans and Mexican Americans reported advantages of conventional medicine, considering them superior to folk healing beliefs and practices because they were grounded in science.

The participants in my study seemed to trust serious medical situations to conventional doctors over folk healers, as demonstrated with childbirth. Many participants mentioned they would be willing to try childbirth with a *partera*, even though they used conventional doctors with their children; however, when asked why they used conventional doctors with their previous childbirths several explained having difficult births or pregnancies that they felt were better served by conventional doctors.

This finding coincides with Roger's (2010) finding that older Mexicans and Mexican Americans assign superiority to conventional medicine when curing "serious" illnesses and feel that conventional medicine also provides more accurate diagnoses. Barragan et al. (2011) found that medical information that challenges folk healing beliefs and practices may be threatening to Mexican Americans; I found the opposite to be true. Participants often questioned folk healing beliefs and practices in a way that they did not question Western conventional healing practices. They often wanted "proof" that folk healing practices work and were often suspicious of folk healing beliefs and practices. They were more inclined to believe in folk healing practices or *consejos* if they had seen for themselves that they worked. These findings lead me to conclude that the second-generation Mexican American millennials that I interviewed are strongly influenced by the culture of the United States that institutionalizes and structuralizes healing.

Enculturation

The opposite of acculturation is enculturation, which is defined as the process that occurs when one adapts to their ethnic culture, maintaining a strong ethnic identity despite living in the host country (Knight et al. 2014). Although my findings indicate that the second-generation Mexican American millennials of this study tend to trust conventional medicine over folk healing beliefs and practices, they nevertheless still adhere to folk healing beliefs and practices.

Preservation of culture.

Participants reported that they hoped to preserve their culture; thus, the preservation of culture is a driving force for the continuation of folk healing practices and beliefs among the second-generation Mexican American millennials of this study. Participants reported that adhering to folk healing beliefs and practices is comforting to them and provides them with a connection to their ancestors and a method for cultural continuity. Eva explained that she visits the *yerberero* with her mother because not only does she lack confidence to shop for *yervas* herself, but also because it gives her comfort to spend time with her mother, doing something her mother grew up doing. This finding coincides with Rogers's (2010) finding that folk healing methods evoke a sense of familiarity. Correspondingly, this finding supports Lindahl's (2005) argument that rituals serve the purpose of bonding and enhancing familial relationships. Folk healing is a very communal practice; therefore, it is no surprise that the participants' stories were full of memories of their mothers, fathers, grandmothers, *tios* and *tias*, which they remember very fondly. These "pretty memories," as Eva puts it, may bring them comfort and encouragement to push back their acculturated rationalized scientific concepts of medicine and healing and embolden them to give the folk healing methods of their ancestors and of their childhood a try...just in case.

IMPLICATIONS FOR PRACTICES

Hispanic millennials, the majority of whom are of Mexican descent, are projected to surpass Baby Boomers as the largest living adult generation by 2019 (Pew Research

Center 2018b); therefore, it is imperative that conventional medical providers become educated on the healing practices and beliefs of this noteworthy generation. Although the relevancy of *curanderismo* has been studied among populations such as the elderly, university students, pregnant women and mothers, this is the first study to explore the folk healing beliefs and practices of second-generation Mexican American millennials.

The millennials of this study revealed unique experiences and motivations compared to other groups noted in the literature concerning the use of folk healing beliefs and practices. It is evident that folk healing beliefs and practices continue to be relevant to second-generation Mexican American millennials; however, their healing methods may look different from that of their parents' generation. It is therefore suggested that conventional medical providers become educated on folk healing beliefs and practices and what they may mean for the health and wellbeing of the millennial generation.

This study found that second-generation Mexican American millennials continue to utilize both Western conventional care methods and folk healing methods; however, they express more reservation about using folk healers and folk healing beliefs and practices than conventional care practices and providers. Second-generation Mexican American millennials would therefore benefit from conventional healthcare providers that both acknowledge and integrate folk healing beliefs and practices into their healthcare routine. Inclusive and culturally competent healthcare practices may encourage greater healthcare utilization among Mexican-Americans and help reduce Hispanic health disparities.

It would be beneficial for conventional medical providers to incorporate certain methods demonstrated by folk healers such as *la plática* in their patient care routines to develop rapport and establish trust with their patients in a culturally appropriate manner. Taking the time to visit with patients in this manner may prevent Mexican American patients from feeling rushed and not attended to. Participants of this study reported that they preferred folk healers for reasons such as their efficiency and expediency, essentially getting to the point of the problem without requiring multiple appointments that can be frustrating in a bureaucratic Western medical system. Conventional healthcare providers should therefore view discussions about folk healing beliefs and practices with their patients as opportunities to build relationships with their patients.

Conventional medical providers should know that second-generation Mexican American millennials find comfort in religious or spiritual items such as rosaries or holy water; therefore, they should allow and encourage them to incorporate them in their care plans as long as they do not disrupt their healing, and to provide a more holistic healing experience for them. This study also found that second-generation Mexican American millennials are incorporating herbs and plants in their healing methods. When collecting a health history of a patient, in addition to asking what medications the patients may be on, nurses should ask patients if they incorporate any herbal remedies into their healing routines to obtain a more accurate assessment of the patient. It is imperative that conventional healthcare providers know about their patient's usage of herbal remedies as

the usage of some folk remedies in conjunction with conventional medicine may produce negative side effects (Cavender et al. 2011; Gomez-Beloz and Chavez 2001).

One of the major findings of this study is that even in adulthood, the family, specifically the older generation, plays a huge role in second-generation Mexican American millennials' healing practices and beliefs. Conventional medical providers should therefore expect and affirm millennials' relationships with their parents and older relatives, respecting their desire to include them in their healthcare decision-making. Conventional medical providers should not look down on Mexican American millennials' tendencies to look to their parents and grandparents to assist them in their medical decisions as autonomy is a Western value (Maduro 1983) and culturally, for people of Mexican decent, healing is a communal process. Furthermore, familial support has proven health benefits and has shown to aid in removing barriers to health (Katiria Perez and Cruess 2014; Padilla and Villalobos 2007; Velasco-Mondragon et al. 2016); therefore, communal approaches to health should be viewed as a resource and a strength rather than a sign of incompetence. Health-focused community outreach initiatives should focus on the family rather than the individual, providing healthcare education and resources at schools, churches, or community centers where families attend together.

This study found that second-generation Mexican American millennials are likely to participate in folk healing practices and adhere to folk healing beliefs during pregnancy, childbirth and with their own children. Conventional medical providers in pediatrics and gynecology should therefore be particularly cognizant of folk healing

beliefs and practices that are related to pregnancy, childbirth and child care. In addition to birthing plans, conventional medical providers should discuss their patients' recovery plans, taking into consideration the folk healing beliefs and practices surrounding recovery after birth, paying particular attention to folk beliefs that one may have about maintaining temperature balance in the body after childbirth.

Participants reported engaging in folk healing beliefs and practices when they felt “off;” therefore, conventional healthcare providers should understand that beliefs about health and illness include social and emotional ailments in addition to physical ones. During the initial assessment conventional medical providers should ask participants not just about their physical ailments or symptoms, but about what is going on in their social lives, to gather more comprehensive data about what the participant may be currently struggling with. Conventional healthcare providers may start by asking participants to tell them about their current support systems, and then move on to asking them about their jobs, and their interests. This will help providers understand the state of the patient's current personal life, while at the same time developing trust and rapport with the patient. Too often conventional care providers ask their patients a range of questions to be checked off a digital checklist without once looking up from the computer screen. Conventional providers should adopt the *plática* method of communication to participate in the conversation with the patient by listening attentively to the patient's symptoms and social situation while at the same time reacting and responding to the patient's answers to their questions. Conventional medical providers should also be familiar with folk

illnesses as some may not translate accurately to conventional medical illnesses, which could result in misdiagnosis if the practitioner is not aware and knowledgeable of folk illnesses (Sanchez 2018). Additionally conventional medical providers should be familiar with folk illnesses because some are very similar to conventional medical illnesses and therefore may provide a starting place for further assessment (Sanchez 2018).

In conclusion, traditional Mexican folk healing beliefs and practices continue to be relevant and conventional medical providers should be aware of the most common folk illnesses, the treatments for them, and the multifaceted construction of health that takes into consideration the body, the soul, and the effects of social life on one's perception of health and illness. Conventional medical providers should also expect and affirm millennials' relationships with their parents and older relatives, respecting their desire to include them in their healthcare decision-making. Acknowledging culturally relevant health worldviews and integrating folk healing beliefs and practices into conventional medical settings will assist in addressing Hispanic health disparities by providing comprehensive culturally competent care to people of Mexican descent, which ultimately contributes to creating a healthier society.

CONCLUSION

Even among the most skeptical participants, not a single participant in this study did not participate in *any* folk healing practices or adhere to any folk healing beliefs. The second-generation Mexican American millennials of this study alternate between using both conventional healing practices and folk healing practices. They make conscious

decisions about the appropriateness of using one or the other, an illustration of their “twoness” or their “double consciousness” (Du Bois 1994) that they navigate the world with. Anzaldúa and Keating (2015) refer to this state of living between two worlds as the state of “*nepantla*,” a Nahuatl word. She reports that *nepantla* “is the place where at once we are detached (separated) and attached (connected) to each of our several cultures” (Anzaldúa and Keating 2015:56). The second-generation Mexican American millennials of this study appear to be living in a state of *nepantla* despite being born and raised in the United States. Their healing definitions and experiences are not uniform; they are complex and multidimensional, because they live in a multidimensional state, connected to their culture through their parents and their proximity to Mexico, but nevertheless influenced by their country of origin. Many studies of *curanderismo* or Mexican folk healing beliefs and practices have produced findings similar to mine, indicating that Mexican Americans utilize both conventional Western medicine and folk healing beliefs and practices simultaneously (Applewhite 1995; Barragan et al. 2011; Faver and Cavazos 2009; Gomez-Beloz and Chavez 2001; Higginbotham and Trevino 1990; Padilla and Villalobos 2007; Rogers 2010). The millennials in this study may be totally against *brujería* but will partake in a *limpia* to get rid of it. They may have studied nursing and have degrees in biomedicine but continue to follow *consejos* about going outside with their hair wet. They may report that *empacho* is an old wives tale but protects their children from *ojo* by buying them protective bracelets to wear. The findings of this study may at times seem contradictory; however, Anzaldúa and Keating (2015:15) asserted that

nepantla “is a place where we can accept contradiction and paradox.” Their culture is blended, consequently so are their health worldviews.

Previous research on the second generation has covered areas of economic, social, and cultural adaptation (Gans 1992; Perlmann and Waldinger 1997; Portes 1996; Portes and Rumbaut 2001; Portes and Zhou 1993; Rumbaut 1997; Trotter 2004; Warner and Srole 1945), but has seldom addressed the healthcare beliefs and practices of the second-generation. This study is unique because it adds to the literature on the “contemporary” second generation in the United States initiated by Alejandro Portes in the early 1990s by addressing how the healing practices and beliefs of the second generation contribute to their assimilation into the health culture of the United States. Portes and Zhou (1993) provided three possible outcomes of assimilation for second-generation immigrants in the United States: linear acculturation into the white middle class, downward mobility, and assimilation into the lower class, and economic upward mobility into middle-class America with lagged acculturation and deliberate preservation of the immigrant community’s cultures and institutions. They asserted that adopting the customs and behaviors of the host country does not always guarantee social and economic mobility. They explained that forgoing ones native culture and traditions does not guarantee upward social and economic mobility, but in fact may even prevent it. Portes and Zhou (1993) asserted that the second generation may have a better chance of upward mobility if they maintain their ethnic traditions, culture and social networks, which provide them with social capital.

The findings in this study support and add to Portes and Zhou's (1993) theory of segmented assimilation as the second generation of this study appears to benefit from folk healing beliefs and practices as it provides them with additional resources or methods to alleviate suffering and protect themselves and their children. Participants' folk healing beliefs and practices function as human and social capital providing them options for healing themselves and their children by way of familial ethnic networks, which are often less expensive and time-consuming than conventional medical resources. Additionally, folk healing beliefs and practices provide agency and hope during situations that they otherwise may feel they have little control over. Folk beliefs and practices provide an extra layer of support for the second generation of this study, especially because their folk healing beliefs and practices are so closely linked to their family, specifically their parents. Maintaining one's ethnic social networks is a key part of Portes and Zhou's (1993) strategy for upward mobility; however, my findings conclude that the second-generation millennials of my studying rely heavily on the ethnic social networks of their parents for their healing purposes, rather than their own. The second-generation millennials of my study do not appear to be maintaining cultural healing social networks outside of their family, but appear to be benefitting from their parents' cultural healing social networks. Gonzales (2012) asserted that migration re-infuses cultural practices into communities; however, participants do not appear to be networking within these communities, at least for their healing needs, which may result in a decline in health for subsequent generations according to the Hispanic health paradox, as folk healing offers

protective effects on one's health (Merit 2013). This study therefore provides an updated view of the ways in which social capital contributes to the adaptation of the second generation (as well as speculations about subsequent generations) in relation to their healing practices.

In addition to adding to the literature on the contemporary second generation, this study also adds to the literature on non-Western, traditional and cultural medicine in general. *Curanderismo* or Mexican folk healing beliefs and practices exist among other traditional healing practices that are practiced among ethnic groups in the United States such as Ayurveda (Indian folk medicine), Traditional Chinese Medicine (TCM), Kampo (traditional Japanese medicine), and Traditional Navajo Medicine (TNM). Studies indicate that traditional and indigenous healing methods have gained popularity among white, middle to upper middle class educated people in the United States (Apud 2015; Hendrickson 2013; Hill 2008; Itzhak 2015; Luhrmann 2012); however this study indicates that among second-generation Mexican American millennials traditional beliefs and practices are not romanticized but are instead declining. Complementary and Alternative Medicine (CAM), Neoshamanism and other New Age beliefs and practices toward healing are gaining popularity in the contemporary Western world through workshops, centers, and schools that teach Westerners traditional and indigenous healing practices (Apud 2015; Chidester 2008; Fotiou 2016; Itzhak 2015; Langdon 2016; Luhrmann 2012; Stuckrad 2002). Second-generation Mexican American millennials may benefit from workshops and courses that teach them their native folk healing beliefs and

practices such as the college course offered at The University of New Mexico called “Traditional Medicine without Borders: *Curanderismo* in the Southwest and Mexico.” This course brings in *curanderos* from the area to teach students about traditional healing.

This study also contributes a unique finding in relation to Hispanic health disparities. Previous studies have looked at lack of health insurance as a barrier to Western conventional care. Consequently, lack of access and insurance has been presented in the literature as a factor that influences one’s probability of adhering to folk healing methods and further perpetuating Hispanic health disparities (Schaefer 2015). Regardless of whether lack of health insurance has been found to influence the utilization of *curanderismo* or not, the narrative has always focused on folk healing practices as a means of healthcare for Hispanics who do not otherwise have access (Applewhite 1995; Hoogasian and Lijtmaer 2010; Rogers 2010). The findings of this study are unique in that they change the narrative of lack of access to Western conventional healthcare, to lack of access to folk healers and folk healing materials. The findings of this study suggest that lack of access to folk healers and folk healing materials may increase the utilization of conventional health providers among second-generation Mexican American millennials.

This study captures a picture of the current healing beliefs and practices of second-generation Mexican-American millennials in the DFW area. It is my conclusion that traditional Mexican folk healing beliefs and practices are on the decline for this population and will only continue to decline when the first generation dies out, when the trips back to Mexico stop, and when there are no longer any living familial ties to Mexico

for cultural rejuvenation of folk healing methods. It appears that the only element of *curanderismo* that is maintained independently by the second generation is *consejos* and other proactive measures of preventing illness or bad things from happening such as beliefs about maintaining temperature balance in the body, protecting children from *ojo*, and spiritual/religious practices such as praying or utilizing symbolic items for protection. Although participants freely engage in healing practices that incorporate the use of herbs and plants without guilt or reservation, they largely depend on their parents to buy the herbs and make the herbal concoctions for them. Therefore, although it is likely that the second-generation Mexican-Americans of this study will continue to use healing herbs and plants, they will probably not get them from *yerberos*, but purchase them from Mexican grocery stores or even places such as Whole Foods as suggested by Diana. It appears that the second-generation is capable of taking preventive measures and precautions to prevent folk illnesses, but is not able to heal themselves or others by using traditional methods independently, without the guidance of the older generations. This study attempted to explore the generational effects of second-generation Mexican American millennials folk healing beliefs and practices. It was proposed that the social and historical context of the millennial generation provided a rationale for studying the folk healing beliefs and practices of this noteworthy generational cohort. Millennials have grown up in an era of social media and advanced technology, and this study suggests that they have different access to resources than what their parents did. This study also aimed to explore modernity's influence on traditional healing beliefs and practices as

millennials have more access in a single touch to knowledge and information about healthcare and healing practices than previous generations due to resources such as the internet and social media. Surprisingly, only two participants in this study brought up the technology or the internet at all. They reported that they would use the internet to identify folk healers or folk healing materials if they needed them. No participants reported that they currently turned to healing resources of any kind (traditional or conventional) from the internet. Participants mostly reported that their contemporary healing practices included going to the doctor and consuming over-the-counter medication. It is therefore concluded that although the millennials of this study are leaning more toward rationalism in their healing methods, influenced by their education, the presence of technology does not appear to be a substantial factor in their healing making decisions.

Max Weber is known for his theory of disenchantment that characterizes the modern world as a world “robbed of Gods” (as cited in Stuckrad 2002:772). Weber asserted that the world has become “disenchanted” as the result of rationalism and science replacing religion and mysticism as the main method of meaning making (Graham 2007). However, the second-generation Mexican American millennials of this study do not appear to be either disenchanted *or* re-enchanted. They have not completely discarded their religious and supernatural ways of thinking, nor do they appear to romanticize folk healing beliefs and practices as they are normalized as a way of life. Once again, the second-generation millennials of this study take up their position of *nepantla* as they straddle the line between enchantment and disenchantment, engaging in

religious, spiritual, and supernatural practices without relinquishing their scientific and rationalized ways of thinking.

In conclusion, the findings of this study are unique because they provide an updated view of the adaptation process in the United States that considers ethnic group membership, immigration generation, *and* generational cohort in relation to perceptions of healing and illness. The findings of this study are important because they provide updated information on the health worldviews of the largest growing living generation, a generation that will undoubtedly have a huge impact on the healthcare industry as they are expected to outnumber baby boomers this year. This study contributes to the healthcare industry by highlighting second-generation Mexican American millennials' preferences in healthcare, provider communication characteristics, their perceptions of illness as both social and physical, and the communal strategies they take towards healing and healthcare decisions.

Previous studies have provided information regarding the health status of second-generation Mexican Americans but have not provided information specific to the healing practices and beliefs of the second-generation Mexican American millennial population. It is important to look at generational use, not only immigrant generation, but also age cohort because historically *curanderismo* has proven to evolve over time due to its blended cultural history (Avila and Parker 2000; Maduro, 1983). It is therefore expected that folk healing beliefs and practices will continue to evolve and change with each new generation and its corresponding cultural context. Second-generation Mexican American

millennials appear to be adapting to Western concepts of medicine and healing; however, although they are not completely abandoning folk healing beliefs and practices, they are not completely dependent upon them either. The folk healing beliefs and practices of second-generation Mexican American millennials reveal a changing narrative for the future of folk healing practices in the contemporary United States.

SUGGESTIONS FOR FUTURE RESEARCH

This is the first study that explores the folk healing beliefs and practices of second-generation Mexican American millennials; therefore, this study provides a foundation for future studies centered on the folk healing practices of this population. This study found that folk healing beliefs and practices are strongly linked to caregiving between parent and child as second-generation Mexican American millennials most often utilize folk healing beliefs and practices during pregnancy, childbirth, and care for their children. This area of folk healing may be studied further, looking deeper into “the constellation of culture-specific beliefs” to explore the relation of folk healing beliefs and practices to the “special religious dimensions of motherhood, infancy, and healing” (Lindahl 2005:178). Additionally researchers should explore how gender affects folk healing beliefs and practices surrounding pregnancy, childbirth and care for babies to see if men and women utilize folk healing beliefs and practices surrounding their children in the same manner.

This study did not collect demographic data regarding participants’ religious affiliation; however, it is speculated that the utilization of religious items in healing

practices, as well as calling upon saints for help and healing is affected by the participants' position to Catholicism. Future research may therefore also look into differences in folk healing beliefs and practices between Catholics and Protestants. Future studies may employ quantitative measures such as religiosity scales to determine if religious denomination and religiosity have any effects on the folk healing beliefs and practices of second-generation Mexican American millennials.

Additionally, this study did not collect demographic information regarding participants' educational attainment. Future research may explore educational effects on millennials' likelihood of participating in folk healing practices and adhering to folk healing beliefs. A few participants of this study reported that they studied biomedicine and currently worked as nurses. Future studies could also explore the folk healing beliefs and practices of Mexican American nurses or other conventional healthcare providers.

This study sought to explore the enculturation or acculturation of second-generation Mexican American millennials by examining their folk healing beliefs and practices; however, it is difficult to draw strong conclusions about their acculturation and enculturation without either comparing their folk healing beliefs and practices to their parents' or previous generation's folk healing beliefs and practices, or employing acculturation instruments to measure their acculturation levels. It is therefore suggested that using a mixed methods research design may provide more accurate conclusions about the acculturation and enculturation of second-generation Mexican American millennials in reference to their health practices.

Finally, Hispanics are known for their multigenerational family structures and households. Their households are more likely to include extended family than non-Hispanic whites (Katiria Perez and Cruess 2014; Lee and Aytac 1998; Pilkauskas 2012; Reyes 2018) and even when not living in multigenerational households they are likely to experience close-knit frequent social interactions with their family members (Katiria Perez and Cruess 2014; Mendez-Luck et al. 2016). During the data collection process for this study, I interviewed at homes of multigenerational families. After completing an interview and returning to the kitchen or family room, the participant's family often expressed the desire to share with me their folk healing stories as well. Future research could center on case studies of individual multigenerational family's folk healing beliefs and practices to provide a better understanding of the generational effects on folk healing beliefs and practices.

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APPENDIX. GLOSSARY.

Aire: See Mal Aire

Barridas: Ritual cleansing involving the sweeping of the body with symbolic materials

Botánica: Store that sells herbs and other folk healing items and materials.

Brujería: Witchcraft

Caída de Mollera: Fallen frontal lobe due to inefficient suckling, or a fall or collision.

Consejos: Tips or advice

Curanderismo: Mexican folk healing practice

Curandero: Folk healer

Curandera: See Curandera

Empachar: See Empacho

Empachara: See Empacho

Empacho: Blockage of the intestines from consuming certain foods.

Envidia: Illness caused by envy

Espiritualistas: Psychic Mediums

Falta de Fe: Illness caused by lack of faith

Limpia: Cleansing

Limpiezas: See Limpia

Mal: Bad, evil, malevolent energy

Mal Aire: 'Bad Air'. A folk illness thought to be caused by temperature imbalances or malevolent forces.

Nervios: Emotional Distress

Ojo: Evil eye

Partera: Midwife

Señoras: Tarot card readers

Sentimientos Fuertes: Folk illness characterized by strong feelings

Sobadas: See Sobar

Sobar: Massage

Sobador: Folk healer that specializes in massage

Sobadors: See Sobador

Sobadores: See Sobador

Susto: Folk illness caused by soul loss as the result of a frightening or traumatic event that scares the soul away from the body

Yerba: Herb

Yerberia: Herb shop

Yerbero: Herbalist