Chapter

The *Juramento*: Secondary and Tertiary Preventive Benefits of a Religious-Based Brief Alcohol Intervention in the Mexican Immigrant Community

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Abstract

Our chapter addresses the prevention benefits of the *juramento*, a grassroots religious-based brief intervention for harmful drinking practiced in Mexico and the Mexican immigrant community in the United States. With origins in Mexican folk Catholicism, it is a sacred pledge made to Our Lady of Guadalupe to abstain from alcohol for a specific time period; in most cases, at least six months. We draw on our data from a subsample of 15 Mexican workers who made *juramentos* and two priests who administered the *juramento* to the workers. The sample is from a larger qualitative study on the use of the *juramento* among Mexican immigrant and migrant workers in southeastern Pennsylvania. Our findings reveal that, in addition to serving as an intervention, the *juramento* results in secondary prevention—by identifying a harmful drinking before the onset of heavy drinking—and tertiary prevention—by slowing or abating the progression of heavy drinking.

Keywords: *juramentos*, alcohol interventions, prevention, Mexican immigrants, harmful drinking

1. Introduction

In Latinx communities across the country, there are several grassroots interventions for harmful drinking, among them, the *juramento*—a religious-based, brief intervention with origins in Mexican folk Catholicism. Basically, it is a ritualized pledge, or vow, made to *Nuestra Señora de Guadalupe*, or Our Lady of Guadalupe, to abstain from alcohol use for a specific time period. Vows are also made to overcome other addictions, such as drug abuse, smoking, and gambling. The *juramento* arose naturally around the religious beliefs of the common people in Mexico, or *el pueblo*, as they say in Spanish, and as such, is not a formal intervention. It is "intrinsically organic and rooted in culture, which makes it familiar to participants and informs their understanding of the disorder and recovery" [1]. With origins outside of biomedicine, the *juramento* does not fall within the scope

of public health research, and as a result, it does not receive much attention in the alcohol intervention and treatment fields.

Although the *juramento* is based on religious traditions and practices, its possible contributions to these fields should not be underestimated. The aim of our book chapter is two-fold: (1) to discuss how the *juramento* is a brief intervention for different types of drinking, and (2) to examine how it offers secondary and tertiary prevention. In public health, secondary prevention refers to medical and public health efforts to catch diseases in their earliest stages, perhaps even before the appearance of signs or symptoms. This can include screening and routine checkups, identification of risk factors, and measures to stop the progression of asymptomatic or early-stage conditions [2]. Tertiary prevention aims to slow or stop progression after a diagnosis [3]. Though the disease is established, tertiary prevention seeks to minimize its damage to the suffer and to avoid the most serious of possible outcomes. Drawing on our ongoing research on the *juramento*, we argue that, although it is not a public health intervention and is not delivered by a medical or health care provider, but by a priest, the *juramento* results in these prevention benefits.

2. Background

2.1 The *juramento*

The *juramento* originated in Mexico and is centuries old, although exactly when the practice began remains unknown [4, 5]. It may be as old as the Shrine of Our Lady of Guadalupe itself, which was first constructed in present-day Mexico City nearly five hundred years ago, after the saint appeared several times at that location. Since then, Mexicans have made pilgrimages to the site, especially on her feast day of December 12. There, they make prayers, called *mandas*, for divine intervention for a problem; *mandas* are often made for a personal health ailment or on behalf of a family member or loved one who is suffering one. The *juramento* is based on this tradition but is solely for problems with alcohol and other substance use. Despite its tradition and popularity among certain segments of Mexican society, such as the poor, the *juramento* is not officially recognized by the Catholic Church. It is viewed as folk Catholicism, in which outdated beliefs and practices remain popular among parishioners and are tolerated by the Catholic Church even though they do not fall within current church doctrine. Nonetheless, parish priests familiar with the *juramento* process make *juramentos* upon request.

The particulars of this ritualized pledge vary according to local traditions. In the United States, especially in our research site in Pennsylvania, the *juramento* is a private affair that only involves the *jurado*, the individual making the pledge, and the priest. Close friends and family members may be present to give moral support. In Mexico, according to Cuadrado and Lieberman [5], *juramentos* are also made in group settings at a church and to other saints, such as *El Sagrado Señor de Chalma* (Sacred Lord of Chalma). At the Chapel of the Juramentos located on the grounds of the Shrine of Our Lady of Guadalupe, *juramentos* are made in groups every day of the week over the course of the year. The chapel can hold up to 50 people, and it is common for family members and friends of the *jurados* to attend.

Despite evidence of *juramento* use among impoverished groups in Mexico, especially in rural communities and regions with strong religious traditions, as well as in Mexican immigrant communities in the United States, it is understudied in both countries. Garcia, Lambert, Fox, Heckert, and Pinchi [1], only found four articles on the *juramento* in their literature review. It does not include a recent publication by some members of the same team, Garcia, Heckert, Lambert, and

Pinchi [6]. From the four articles discussed, they found that the *juramento* is practiced in Catholic parishes with large Latino populations in Pennsylvania, Florida, Texas, New Mexico, Arizona, and California. One binational study in the review, by Cuadrado & Lieberman [5], conducted in both the United States and Mexico documents its use among poor people in Mexico for whom formal alcohol treatment is unavailable. Like Mexican immigrants in the United States, they cannot always access biomedical resources, and turn to their faith, particularly the *juramento*, for help with their drinking. The number of *jurados* in the studies are not identified and as a result missing is information on their demographic characteristics and socioeconomic status.

The existing literature does document the many benefits of the *juramento* as an intervention. Researchers generally agree that the process allows individuals to explore the causes behind their drinking, to engage in a period of abstinence that sets up the right frame of mind for recovery, and to reconnect with estranged family and the larger community. Moreover, the *juramento* provides the *jurado* with church and community support essential for sobriety and recovery. Missing from this discussion is how the *juramento* also provides the individual with secondary and tertiary prevention. As will be discussed, secondary and tertiary prevention, respectively, can slow or stop the progression of drinking behaviors into dependence and mitigate the most serious harms of established alcohol use disorders.

2.2 Alcohol and substance use disorder prevention

Prevention literature, especially in relation to alcohol and substance use disorders, can be a challenging body of scholarship to review. While it highlights the range of avenues through which harm reduction can be achieved, there is a lack of consistency in terms and definitions; what one article may describe as prevention may be characterized as treatment by another. Many studies raise the issue of prevention, but fail to explain exactly what is being prevented, or how the intervention can achieve such results. Furthermore, not all articles that discuss prevention classify their efforts into primary, secondary, or tertiary types. The following sections describe the types of efforts within alcohol and substance use research that are associated with a specific tier of prevention, in order to provide an overall sense of the work that occurs within each category.

2.2.1 Primary prevention

The goal of primary prevention is to eliminate these disorders before they start. To that end, some studies seek to prevent substance abuse through research into underlying causes: Ridenour and Stormshak [7] advance an "Ontogenic Prevention" approach, which tailors prevention efforts to individual needs and characteristics; Moulahoum et al. [8] explore immunologically-based treatments and detection to understand sources of addiction; Volkow and Li [9] discuss addiction as a chronic brain disease that is affected by genetic, developmental, and environmental factors, and that such an understanding should inform prevention. Another significant body of literature focuses on psychological and psychosocial interventions. For example, Peterson and Reid [10] support interventions that promote empowerment to abstain from substance use, and Brooks et al. [11] find that hopefulness is an important component of primary prevention efforts. These approaches are especially common in programs aimed for adolescents, which attempt to deter or delay their engagement in substance use by building social, communication, and coping skills [12–14]. Recent literature also explores new delivery methods for prevention strategies. Through their review of motivational interviewing techniques, which

have proven to be beneficial in therapeutic settings, Jiang, Wu, and Gao [15] suggest that this prevention could be expanded to other media such as telephone calls and web-based interactions. Similarly, Hopson, Wodarski and Tang [16] discuss the use of video and online prevention modalities to reach adolescents. Additionally, Mutamba et al. [17] find that using lay community health workers (in place of medical providers) can extend the reach of primary prevention programs.

2.2.2 Secondary prevention

According to the World Health Organization [3], secondary prevention for substance use disorders consists of interventions for individuals who are in early stages of substance use, so as to prevent them from developing problematic or harmful patterns. However, the literature on secondary prevention for SUDs demonstrates more varied goals. Nygaard [18] discusses the merits of screening and brief intervention (SBI) at length, and argues that this method should emphasize the motivational aspects of intervention, and should also include social contacts within the field of the intervention, particularly when individuals describe themselves as "social drinkers." As discussed by Trova et al. [19], secondary prevention included counseling and programming for high-risk groups, in order to help them develop alcohol refusal strategies and behavioral and social skills to resist alcohol use. Referrals to substance abuse treatment [20], as well as work with the close relatives of someone with a substance abuse problem [21], were also considered. For young drug users, effective secondary prevention interventions included behavioral therapy, family therapy, general drug treatment, and residential care, particularly when it included culturally sensitive counseling [22].

Secondary prevention can be particularly effective when expanded beyond behavioral health care providers. In their study of trauma patients, Fernandez Mondejar et al. [23] found that hospital emergency units could be important sources of secondary prevention, due to the frequency of serious accidents and injuries that occur to individuals when intoxicated. Another study advocates for secondary prevention in drug courts, as approximately one third of the clients were low risk offenders who did not demonstrate serious substance abuse and could benefit from early intervention [24].

2.2.3 Tertiary prevention

In the literature on tertiary prevention for alcohol and substance use disorders, a few major themes emerge. One is the goal of maximizing normal life functioning for chronic sufferers of dependence; these therapeutic efforts may promote motivation to abstain from alcohol use or support acquisition of new behaviors to modify problem patterns of alcohol consumption. Such efforts may be offered in tandem with mental health treatment or as part of a case management plan [18, 25, 26]. McAnally [27] argues that tertiary prevention must include motivation to avoid substance use as well as reductions of underlying sources of distress in the sufferer's environment; pharmacotherapies for drug dependence are also included here. A few studies also include, as tertiary prevention, attempts to avoid other types of illness that can occur as a result of or in the process of substance use, such as bloodborne viruses among intravenous drug users [28].

Another group of studies describe tertiary prevention as promotion and support for sobriety. Here, the focus is on prevention of an initial relapse, and then on the management of any relapses that do occur [29] - though some question whether complete sobriety, with no relapses, is a realistic goal [30]. There are many different tactics for reducing relapses, including overdose education [27], peer support and

therapeutic groups [31], recovery housing [32], cognitive behavioral approaches [33] and mindfulness-based interventions [34–36]. However, not all relapse prevention studies position themselves as tertiary prevention for substance abuse; many treat relapses as a separate health problem.

2.2.4 Prevention in specific cultures and communities

Present across all studies of prevention for alcohol and substance use disorders, whether they are primary, secondary, or tertiary, is a call to tailor interventions to specific populations and their cultural contexts. For example, Greenfield et al. [37] demonstrate that mindfulness-based relapse prevention varies in efficacy among different racial groups; for Whites, it is more effective in preventing heavy drinking relapse than drug use, but the opposite is true for racial and ethnic minorities. Walton, Blow, and Booth [38] found, among their study participants, that African Americans had greater coping skills and self-efficacy than other racial groups, but that their resource needs were greater; this necessitates different relapse prevention strategies. When dealing with diverse populations, intervention and marketing should be offered in multiple languages, and must also include steps to help marginalized communities feel safe from discrimination or criminalization, particularly for their citizenship status or illicit substance use [39]. Several studies address alcohol or substance abuse concerns within indigenous communities, and argue that they are best served by programs that incorporate cultural knowledge and values, and respond to therapeutics that emphasize connection to traditions ([40–42], among others). In summary, it is clear that successful prevention of alcohol and substance abuse requires careful attention to individual and community needs at every point of contact.

These considerations extend to research with Latinx communities, though less has been done to develop rigorous approaches to prevention. While several researchers investigate rates of and contributing factors to alcohol and substance use in Latinx and immigrant populations [43, 44], they do not offer explicit methods or interventions for prevention. Further, existing literature predominantly focuses on drinking and substance use patterns among Latinx adolescents ([45–47], for example). Unsurprisingly, the limited research on prevention also tends to address adolescents, with several that involve Latinx families as a unit [48, 49]. Indeed, those that deal explicitly with prevention in terms of the primary, secondary, and tertiary tiers all target adolescents [50–52]. There is little evidence with which to address these concerns among other Latinx populations, such as adults or migrant workers.

Moreover, though these studies discuss the importance of customizing formal prevention and treatment, none of them consider grassroots interventions. Grassroots interventions such as the *juramento* are culturally and linguistically specific from their inception and need no further adaptations. They are also familiar to the community and do not require any outreach campaigns. As such, they can bring much-needed therapeutic benefits to marginalized and underserved populations.

3. Methods

We draw on our findings from an ongoing qualitative study on the use of the *juramento* among Mexican workers living and working in southeastern Pennsylvania. Scheduled for three years, the study started in 2017, but was interrupted because of COVID-19. This region is home to the country's largest mushroom production site and has experienced Mexican immigration since the

mid-1970s. The subsample for this chapter consists of fifteen (15) Mexican immigrants or migrants, all males, who have made *juramentos*, and two priests at a new Catholic church in the region. The Mexican immigrants and migrants are part of a larger sample that includes individuals who have not made a *juramento* but are seeking help at a local Spanish language AA group. The *jurados* ranged in age from 25 to 55 years, with an average age of 34 years. Eight were married; five, single; and two, separated. All except one completed at least nine years of education. Most of the men in the sample are from small *ranchos* or towns in rural regions in the states of Guanajuato and southern states surrounding Mexico City. The Catholic Church has a strong presence spanning centuries in these regions; prominent religious practices in this area include the cargo system, or sponsoring of saint days, recognition of local saint days and Our Lady of Guadalupe on her feast day, and Passover events.

All the participants were selected using purposive sampling and were interviewed using semi-structured interviews. The two priests helped us recruit the fifteen *jurados*. The interviews with the priests centered around the *juramento* process, especially the counseling session; who makes *juramentos* and why; and the perceived benefits of the *juramento* for the individual and family. In keeping with their practice of confidentiality, the priests did not discuss specific *juramento* cases with us. The interviews with the *jurados* solicited basic demographic information, religious background and beliefs, drinking history, including problems associated with drinking, *juramento* history, reasons for making a *juramento* and the perceived benefits from making one, and information of other treatments pursued. Follow-up interviews were conducted if any of the interviews had missing or unclear information. The *jurados* were also administered the Duke Religious Index, or DUREL [53]. It is a five-item measure of religious involvement, developed for use in large cross-sectional and longitudinal observational studies and designed to assess three major dimensions of religiosity: organizational religious activity, non-organizational religious activity, and intrinsic religiosity (or subjective religiosity).

The men's drinking behaviors prior to making their most recent juramento were self-reported, and as such, were not solicited or measured using a diagnostic nosology, such as the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Self-reports have been found to be valid in assessing drinking practices [54, 55]. Based on their self-reports, we categorized their drinking according to one of the following drinking types: binge drinking, heavy drinking, problem drinking, alcohol dependence, and alcohol abuse, as defined by National Institute of Alcohol Abuse and Alcoholism (NIAAA). These are the five drinking types that increase one's risks for harmful consequences, including an alcohol use disorder, or AUD, such as alcohol dependence. In categorizing the men's drinking, we used one or more of the following criteria, as found in the definitions of the five drinking types: frequency of drinking, the amount of alcohol consumed, the intent behind the drinking, and the harm caused by the drinking. According to NIAAA, binge drinking is the consumption of alcohol with the intent to become inebriated. For the men, it was defined as at least five alcoholic drinks in two hours [56]. Heavy drinking is when an individual binge drinks five or more days in the last month [56]. Problem drinking may include binge drinking and heavy drinking and results in accidents, injuries, and other issues resulting from drinking alcohol [57]. Alcohol dependence, or alcoholism, is when an individual loses his or her control over alcohol intake [58]. It is characterized by intense alcohol cravings, high tolerance, and withdrawal symptoms when a person quits using alcohol. Alcohol abuse occurs when a person is not physically dependent upon alcohol, but drinking is resulting in serious health issues and problems at home or work [58]. Alcohol dependence and alcohol abuse are considered alcohol use disorders because they result in chronic

relapsing brain disease characterized by compulsive drinking, loss of control over alcohol intake, and a negative emotional state when not using alcohol.

NVivo software was used to code text and to store, sort, and retrieve relevant text generated from questions in the priest and *jurado* semi-structured interviews. The data was coded by two members of the team, at first independently from each other, and later together for consistency. Inductive coding was used to identify themes, especially emerging themes. When coding, we assigned labels to words and phrases that represent important (and recurring) text in each response. A thematic analysis of the coded text was then performed, as is standard in qualitative research. Themes around drinking were developed around the quantity of alcohol consumed, especially prior to making a *juramento*, frequency, and drinking problems that emerged as a consequence. The drinking was then identified and categorized as binge drinking, heavy drinking, problem drinking, alcohol dependence, and alcohol abuse using standard definitions of each type of drinking. The core elements of the *juramento* were also identified and analyzed, as were ad hoc themes related to making a *juramento*, such as religious beliefs and family and community religious practices as shared by the *jurados*, the nature of religious catharsis of the pledge, and examples of the challenges and moral fortitude needed in keeping the promise of abstinence. Recurrent themes were identified in each category as they emerged through repeated review of the textual data. Descriptive reports were prepared around the different themes and subthemes that were used to prepare manuscripts for publication.

4. Findings

Although records are not kept, the priests report that anywhere from 30 to over 50 *juramentos* are made in any given month at our research site. Despite this high number, the *juramento* is not part of the church's structure because, as discussed earlier, it is not recognized by Catholic Church doctrine. Instead, the *juramento* falls under pastoral care—the visiting, counseling, and helping parishioners who are experiencing a difficult hardship. The church where the *juramentos* are made is part of the first national parish for Hispanics of the region's archdiocese. Prior to its construction a decade ago, the Latinx community attended services at local church parishes, and the *juramentos* were made at a nearby Catholic mission for this community, which housed the offices of the priests who looked after the spiritual welfare of the Latinx population and offered social services. This national parish was established to accommodate the rapidly growing Latinx population in the region, which consists primarily of Mexican immigrants and their U.S.-born children, many of whom are now adults with their own children. Puerto Ricans and Guatemalans comprise other significant Latinx groups in the area. The parish serves an estimated 12,000 Latinx parishioners from several local communities.

4.1 The *juramento* process

The *juramento*, as administered at our site, is a highly ritualized brief intervention around a counseling session and the pledge to Our Lady of Guadalupe to abstain from alcohol use. It is a private affair and only includes the priest and the *jurado*, and occasionally a family member who is present to provide support. Unlike a formal brief intervention, such as SAMSHA's Screening, Brief Intervention and Referral to Treatment, or SBIRT [59], it does not include a screening instrument to assess the drinking problem nor a referral to formal treatment [6]. Four general steps are involved in making a *juramento*. It starts with a counseling session with

a priest at his office or in private at the church. The purpose of this session is to discuss the individual's drinking and the problems that it creates for him and his family. The severity of drinking is identified through an informal discussion about his behaviors and any resulting problems. Additionally, they discuss the seriousness of making a pledge to Our Lady of Guadalupe, and the importance of seeking additional help. The second step involves determining an abstinence period, usually no more than one year, and preparing an *estampita*, or prayer card. On one side of the card is the image of Our Lady of Guadalupe, and on the other, a *juramento* prayer, which is written as a pledge with the name of the *jurado*, the abstinence period, and the signature of both the *jurado* and the priest. The prayer card is a symbolic contract to enter and keep a sacred pledge. The third step is the reciting of the *juramento* prayer, together with the priest, preferably in front of the image of Our Lady of Guadalupe. The fourth and last step is the *bendición*, the priest's blessing of the *jurado*. There is no follow-up after the intervention. During the abstinence period, the pledge is fortified with prayers to the saint and with regular attendance at mass. The *juramento* is renewable once it is completed and may be repeated as many times as deemed necessary.

The men made *juramentos* not only in southeastern Pennsylvania, but also in Mexico. While living in Mexico, one man traveled to Mexico City to make two *juramentos* at the Chapel of the Juramentos at the Shrine of Our Lady of Guadalupe. Regardless of where they were made, nearly all the *juramentos* were made to this saint. Only two of those made in Mexico were made to a different religious figure—one to El Señior de las Maravillas and the other to El Señor de Chalma. On average, the men each made two *juramentos*, but individually this number ranged from one to five per person. The abstinence periods were from forty days to five years; however, the majority were for a year. Most of the men remained abstinent after completing their *juramento*, some for years, and did not make another until they saw it necessary, either to fend off the temptation to drink or to stop drinking after having resumed. Nearly all completed their *juramentos* - only two *juramentos*, both made in Mexico, were not fulfilled by the *jurados*. In these two cases, the men sought absolution from the priest who performed the *juramento* and made another.

4.2 Drinking behaviors and prevention

The drinking behaviors of the fifteen men in our sample, prior to making a *juramento*, ranged from occasional binge drinking to heavy drinking. In all, three of the men were classified as occasional binge drinkers and three as binge drinkers, eight as heavy drinkers, and one as an alcohol abuser. None suffered from alcohol dependence. We also did not find any problem drinkers, as defined in the literature.

We divided the binge drinkers into two general types—occasional binge drinkers and binge drinkers. Occasional binge drinkers did not binge drink every week. They were social drinkers who engaged in casual drinking with friends and relatives on a weekly basis, usually on the weekends, and who only engaged in binge drinking once or twice a month without doing so again for weeks and months. Unlike the binge drinkers, their intent in drinking was not to get inebriated but to relax and enjoy the moment socially. However, during certain times of the year, such as Christmas or visits to the homeland, occasional binge drinkers would depart from their established drinking pattern and would binge drink in two or more weeks consecutively. Binge drinkers binged every weekend, with a few exceptions. The drinking would start on a Friday night, after work, and continued through Saturday night. The rest of the week they may have a beer or two after work.

4.2.1 Occasional binge drinkers and secondary prevention

The three occasional binge drinkers only made one *juramento*, either for six months or a year. The men fulfilled their *juramentos* and afterwards remained abstinent. Although their binge drinking was infrequent in comparison to the other binge drinkers, occasional binge drinkers sought a *juramento* because they were concerned about their drinking getting out of hand and resulting in problems over time. There was no evidence that they were harming themselves or others with their drinking, but according to them, the potential to do so was there. Notably, the men did not want their drinking to interfere with work and the sending of remittances back home. These monies cover basic needs for their families, such as shelter, food, and medicine. The money transfers are also used to build a house or start a small business, such as a small general store in the neighborhood or a food eatery, and to invest in the education of their children.

Miguel (pseudonym), an immigrant worker in his thirties from the state of Mexico, is one of the occasional binge drinkers. He is married with four children, all of whom live with him locally. Miguel has 10 siblings: half live in Mexico, and half in the United States. Miguel left Mexico in his late twenties because he could not find gainful employment there. Although he lives in Pennsylvania with his immediate family, Miguel continues to send remittances to his parents on a regular basis.

Miguel only made one *juramento* and is currently fulfilling it. It was made in Pennsylvania. He made the *juramento* for a few reasons, not just one. One of them was his concern about his increased drinking over time. Although he did not drink every week, as do some of his co-workers, he felt that his drinking was getting out of hand. Every time he drank socially, his drinking was no longer limited to a beer or two, as it was when he first started drinking. Miguel had two other major concerns: one was his temptation to drink when he was around others who were indulging, and the other was his general health. He was a diabetic, and he knew that alcohol was not good for him.

Prior to making a *juramento*, Miguel tried several times to stop drinking on his own, but after two or three months, he would return to drinking. After making the *juramento*, this was no longer the case. He now is two months shy of completing it. Miguel credits Our Lady of Guadalupe for his abstinence. In his words,

> *I have always believed in the Virgen of Guadalupe, since I was a child. I have faith in others, other saints, but since I can remember, my mother always had her virgincitas, as is customary. You can say that she is my preferred saint. I always entrust myself to the Virgen of Guadalupe.*

Our Lady of Guadalupe provided him with the necessary strength to abstain. She was present during temptation, as he shared. He used his *juramento* prayer card for strength and to ward off peer pressure to drink. As he puts it,

> *Sometimes, I would have to tell them that I am jurado [under the pledge to Our Lady of Guadalupe] ... If they did not believe me, I would show them my card. I always carry the virgincita with me.*

For Miguel and the two other occasional binge drinkers, it is possible that their *juramentos* contributed to prevention, although more research on the causality between making a *juramento* and prevention is needed. We discuss the need for additional research on this subject later in chapter. The men were already exhibiting early symptoms of harmful drinking, but not signs of heavy drinking or worse. No screening instrument is used in the *juramento* process to determine whether

their drinking is harmful or not; the two priests in our sample hold the *juramento* counseling sessions and employ a variation of motivational interviewing to get the men to reflect on their drinking and to consider making changes. The men reach their own conclusions about their drinking and choose what type of help they desire. Risk factors for more serious alcohol use were also identified in the session and discussed. The resulting *juramento* gives them strength to remain abstinent for months, if not years, which is a major goal in achieving sobriety and recovery. The abstinence period may serve to stop the progression of the men's drinking from occasional binge drinking to heavy drinking. During their hiatus from drinking, the men learn that there is another way of living. Instead of drinking or spending time fighting the urge to drink, they focus on themselves and their families, return to their religious convictions, and reaffirm their place in the larger community.

4.2.2 Heavy drinkers, alcohol abusers, and tertiary prevention

The heavy drinkers in our sample made more than one *juramento*, and not always consecutively. Some made a *juramento* immediately after completing one, while others would remain abstinent for months or years before making another. *Juramentos* were made as needed. The heavy drinkers, including the one individual who was abusing alcohol, exhibited evidence of tertiary prevention benefits of the *juramento*—mainly slowing the progression of harmful drinking. The drinking of these men was beyond the level of the occasional binge drinkers, and they were no longer showing early signs of harmful drinking. They were already exhibiting a serious drinking problem, and as such they were outside of the realm of secondary prevention benefits.

Juan Manuel (pseudonym), a migrant in his fifties from the State of Hidalgo, near Mexico City, is one of the heavy drinkers in our sample. He is separated from his wife and has five adult children who live in the same community. Like the other *jurados* in our sample, Juan Manuel is from a rural region with a depressed economy, and like many men there, he migrates to the United States to work. He migrates as needed and periodically spends months and years away from Mexico.

Juan Manuel started drinking at a young age. By the age of 18, he was already binge drinking, and by his twenties, he was drinking heavily when he could afford to buy alcohol. Juan Manuel made his first *juramento* in his thirties, after seeking help with Alcoholics Anonymous in his hometown for five months. He wanted to stop drinking because he was having problems at home. The *juramento* was made at the Chapel of Juramentos at the Shrine of Our Lady of Guadalupe, during a pilgrimage on her feast day. He remembers the counseling session with the priest there, especially the questioning about his commitment to fulfilling the pledge. The second *juramento* was also made there after another pilgrimage, four months after he had completed the first. The abstinence period was for five years. This length of abstinence is unusual, but the priest at the chapel allowed him to make a *juramento* for this time period because Juan Manuel had successfully completed his first one. He chose to make a 5-year *juramento* because he was planning to migrate to the United States for work, and he did not want his drinking to interfere with his stay abroad. Juan Manuel completed the *juramento* while in the United States and did not drink again for another year. However, he resumed drinking again when he returned home and discovered that his wife had been cheating on him while he was away. Six months later, he made his third and last *juramento* in his hometown; it was for one year. Since his last *juramento* he has not consumed alcohol and has no desire to do so.

Luis (pseudonym), also a migrant worker in his fifties, and from a state adjacent to Juan Manuel's home state, is the only one in our sample whose drinking was

determined to qualify as alcohol abuse. He is married with four children, all of whom live in Mexico. Luis is an experienced migrant worker who has spent many years working elsewhere in Mexico and the United States. Luis provides for his family by sending remittances on a regular basis.

Luis' drinking trajectory was like Juan Manuel's. He, too, started drinking at a young age and was drinking heavily in his 20s before making his first *juramento*. In all, he has made five: three in Mexico and two in Pennsylvania. Luis made his first *juramento* in his twenties, as Juan Manuel did. The pledge was for a year and a half and was made because his drinking was disrupting his home life. Luis would miss work and lose his employment, and consequently, his family was left in dire straits. He made four other *juramentos*—the second for one year, the third for five years, and the fourth for a year, as was his fifth and last. Like Juan Manuel, Luis made the five-year *juramento* because he was planning to migrate to the United States, and he did not want his alcohol consumption to interfere with work and with his ability to save enough money to construct a house for his family in Mexico. He completed this lengthy *juramento* in the United States, and a year later made another after he started drinking again. At the time of the interview for the study, he had just made his fifth *juramento*.

For Juan Manuel and the other heavy drinkers, including Luis, who were already engaged in harmful drinking and at risk for alcohol dependence, the *juramento* may have played a role in preventing it from occurring. It may have kept them from causing further harm to themselves and their families. In Luis's case, he made several *juramentos* to maintain sobriety over time. These men underwent the same counseling session with the priest as did Miguel and the other occasional binge drinkers. The session did not target them as heavy drinkers in danger of suffering from alcohol dependence, but it did focus on the particulars of their drinking. The priests are not familiar with the different types of harmful drinking, as defined by the NIAAA, and so do not apply such classifications. Like all the counseling sessions, the motivational interviewing centered around getting the men to think of the many perils of their drinking and to consider taking action to change their lives. Moreover, as in the case of Miguel and the other occasional binge drinkers, the abstinence made possible by the *juramento* may have kept the men's drinking from progressing during the *juramento,* and in some cases, for months or years of the post-*juramento* period. It provided them with the necessary time to reflect and work on their drinking.

5. Discussion

Our study suggests that the *juramento* may only be beneficial to those who are religious and turn to their beliefs when troubled. The DUREL scores of all the men were high across the three major dimensions of religiosity: organizational religious activity, non-organizational religious activity, and intrinsic religiosity (or subjective religiosity). The DUREL has an overall score range from 5 to 27, and men's score ranged from 26 to 27. All are devout to their faith, and in particular, to Our Lady of Guadalupe. They practice a religion, Catholicism, that teaches that one is never alone in life and that the saints are always present to help. Crucially, sinners are not excluded from this divine assistance, which means that they can always turn to the saints, even if they feel ashamed or embarrassed to seek help from other people. They were taught this at an early age as children and are reminded of it daily in their communities in Mexico and the United States.

The men's religiosity is of no surprise when their religious backgrounds are considered. All were raised in a religious household where Catholicism was an integral part of daily life. Their childhood homes had altars devoted to Our Lady of

Guadalupe and other saints. The altars, as they explained, were sacred spaces for reflection, prayer, and paying homage to saints. Their families regularly attended church and observed the different feast days of the saints and other religious events. As children and adolescents, the *jurados* attended catechism and learned about Catholic doctrine, and completed the Sacraments of Initiation, such as baptism, confirmation, and the Eucharist. The Sacrament of Penance, or confession, was also commonplace. Some were not always devoted to their faith during their adolescence or later in life, especially when drinking, but they never strayed far from their religious beliefs.

Although the *juramento* is not a formal public health intervention, it goes beyond just facilitating abstinence. It may also result in secondary and tertiary prevention, stopping the progression of the men's drinking. In our sample, the *juramento* may have kept occasional binge drinkers from becoming heavy drinkers and heavy drinkers from becoming alcohol dependent. None of the men were in this drinking category before making their *juramento*. Consequently, we did not get an opportunity to see if the *juramento* also served as an intervention with prevention benefits for those suffering from alcohol dependence, i.e., whether it kept men with alcohol dependence from continuing to drink. However, research shows that abstinence is unlikely to be successful for individuals who already meet the criteria for dependence without some type of formal treatment. This kind of drinker may need more attention than what the *juramento* can provide for achieving abstinence and preventing a return to drinking.

To grasp how the *juramento* intrinsically works and how it could result in secondary and tertiary prevention, you must understand the sacred pledge and dyadic relationship entered with Our Lady of Guadalupe. It starts early in the juramento process, during the making of the vow to Our Lady of Guadalupe. As a 34-year-old immigrant makes clear, she is at the center of the *juramento*:

> *"You keep the pledge because you made it to the virgin, and for Mexicans and Catholics the virgin is like your mother. And not keeping a promise to the virgin is like not keeping a promise to your mother. You value and respect your mother". ... "this is the power of the juramento, when you are truly committed to changing and have strength in your faith ...".*

This saint is the symbolic mother of all Mexicans, including those living abroad. Mothers are revered in Mexican culture and society. In fact, the two most important celebrations in the country are December 12, the feast day of Our Lady of Guadalupe, and May 10th, Mother's Day. The importance of Our Lady of Guadalupe in Mexican life is obvious to the faithful and is not reserved for only the *juramento*. It is believed that she intercedes on their behalf and are close enough to God to prompt an intercession with a difficult problem, including granting a miracle when needed.

The vow made to Our Lady of Guadalupe reconnects the *jurados* to their faith and results in a powerful, religious-based catharsis. It sets the right frame of mind for recovery. The *juramento* creates a sense of hope in both the *jurado* and his family that the drinking will stop, as will the problems that come with it. The men shared that it releases them from shame of drinking and the harm committed to others, and in turn, gives them hope for turning their lives around and gaining lost respect in their families and communities. Further, this spiritual awakening allows them to reconcile with their church, religion, and ultimately God, which they were estranged from because of their drinking. Feeling unworthy of God's grace, they had distanced themselves from their religious beliefs. Now, the men have a renewed sense of worthiness in the eyes of God.

The juramento also gives the *jurados* the necessary fortitude to keep their vows and abstain from alcohol use. The men are no longer alone in dealing with their drinking problem. Instead, the *jurado* now has divine support, and with it, the necessary fortitude to abstain from alcohol use and to work on his drinking problem. From this, he draws the strength to change his life and to atone for the harms committed to self and others. Once a juramento is made, there is an additional moral obligation to subordinate one's drinking indulgences to one's commitments to the saint and God. According to the men, not keeping a vow is a sin. A broken vow is an affront to Our Lady of Guadalupe and God. In light of this, the *jurado* tries his best to persevere in his abstinence because he fears committing an ultimate offense in his religion.

Some benefits are more tangible. Once a *juramento* is made, the *jurado's* reputation is at stake, as is his trustworthiness within his family, community, and church. He knows that he must keep the vow, or risk social as well as divine consequences. The *estampita*, or prayer card, contributes to his resolve: for example, during moments of weakness, reciting the *juramento* prayer on the card helps the men resist temptation. Prayer reminds the men that our Lady of Guadalupe is looking after them, and that they are not alone. It gives them strength. The *estampita* also helps to control peer pressure to drink. When friends offer them a drink, the men reply that they are not drinking because they have made a *juramento* and show their prayer card. In these situations, the *estampita* serves as a credential, a form of proof. It proves that the men are telling the truth and obligates others to respect the *jurado*'s promise.

There is a general debate in the substance abuse field regarding whether sobriety alone results in the life changes needed to stop drinking overtime or whether it needs to be combined with treatment to achieve recovery. Sobriety is often defined as the continued state of being sober, i.e., not drinking, while according to SAMHSA [60], recovery is "a process of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their full potential." Some argue that without additional treatment and/or participation in 12-step meetings, such as those in Alcohol Anonymous, you will not be able to start the journey of recovery or develop a healthy mind, sound body, and supportive relationships. Treatment involves identifying and working on the causes of your harmful drinking. You need to know yourself, understand your true persona, and recognize behaviors that may have contributed to your drinking. Knowing who you are and understanding why you drank may also help you to discover personal strengths that can help in your recovery. Not addressing this will just make you a "dry drunk," an expression used in AA to refer to an individual who is not drinking but is not addressing behaviors and the problems of the past that contributed to harmful drinking.

Our study did not address recovery *per se*, but the findings indicate that the men are making changes in their lives, and they are doing this without treatment. This is distinctly significant to a population that has little or no access to formal health resources. None of the men in our study sought treatment or attended AA meetings after making the *juramento*, as the priest suggested during the *juramento*'s counseling session. While this may be the result of multiple contributing factors, one clear reason is that no alcohol treatment programs exist that are affordable, within a reasonable driving distance, and culturally and linguistically appropriate for Mexican and other Latinx immigrants. Formal treatment is simply not available to this population, in this region.

Nonetheless, there is evidence that, with the divine intervention of Our Lady of Guadalupe, the men are not only staying sober, they are also working on their recovery. The power of religion cannot be underestimated: research has found

that the lack of a spiritual or religious connection contributes to the escalation of substance misuse [61]. These men demonstrate some of the four indicators of recovery that accompanied the above definition: 1) addressing problems as they happen, without using, and without getting stressed out; 2) having at least one person he can be completely honest with; 3) having personal boundaries; and 4) taking time to restore physical and emotional states when not tired [60]. Their recovery is not based on a personal catharsis reached in treatment, but on a religious catharsis. This special relationship with Our Lady of Guadalupe enhances the men's coping, confers hope for the future, and provides a heightened sense of control, security, and stability. When asked about how the *juramento* has changed their lives, the men are quick to respond that it has improved their social ties and outlook on life; they no longer feel alone in their quest to live alcohol-free. The *jurados* severed unhealthy relationships, especially with those who continue to drink, and reconnected with family. These renewed bonds, in addition to newly established friendships with others in the community, become important sources of support. Healthier thinking and a new way of living prevails. For example, they try not to be consumed by problems that arise at home or at work, especially those that they cannot do anything about. Prayer helps. Some of the men returned to the church and are learning how to trust again and become part of a larger community. Reconnecting to their religion, through the *juramento*, makes a difference.

6. Limitations

Despite its contributions, our chapter has limitations. The primary objective of our qualitative study was to examine the *juramento* as practiced in a single region to understand how it is used to curtail harmful drinking in the Latinx community. We generated data that allowed us to characterize the *juramento*, how it is made, who makes it, why, and how it works. Prevention was not one of the larger aims, but our data also allowed us to address its potential prevention benefits. More research is needed on this subject if we are to understand the *juramento's* contributions to prevention. In particular, we need to focus on some of the findings presented in the chapter. And as such, more attention needs to be paid to how the *juramento* prevents the men's drinking from progressing, by looking closer at the duration of the *juramentos*, the number of *juramentos* made and the reasons for making more than one, and the time period between the *juramentos*. Specifically, attention should be paid to the abstinence periods between *juramentos*, and how abstinence was achieved, including how the different components of the *juramento* contributed to abstinence. We also need to consider if the *juramento* alone is responsible for bringing about this change or if other social factors also contribute, such as the need to meet family responsibilities in the United States and Mexico. Additionally, our sample only included men who had just made a *juramento* or were abstinent after completing one. It did not include individuals who did not complete their juramento or were drinking again after completing one. These individuals must also be included in the research. Prevention benefits, such as stronger marital and family relations and gainful employment, should also be considered. These inquiries will require going beyond an ethnographic and cross-sectional study such as ours and launching a longitudinal study. Cross-sectional studies do not provide definite information about cause-and-effect relationships because such studies focus on a single moment in time; they do not consider what happens before or after that moment.

7. Conclusions

For decades now, public health has called for the development of cultural and linguistically appropriate prevention and treatment programs for alcohol and substance use. It realizes that there is a need for these programs in the country's increasingly diverse population, especially in regions with concentrations of immigrants, migrants, and refugees. For the most part, this same campaign has overlooked grassroots interventions for these health problems. The *juramento* is one of several grassroots interventions for alcohol and substance use in Latinx communities, which include *anexos*, or 24-hour AA groups, *grupos de cuarto y quinto pasos*, or fourth and fifth step AA groups, and *curanderismo*, or traditional medicine [1]. Like the *juramento*, they are organic, arising from within the community, and they consider cultural traditions and beliefs and language as it is practiced daily. Latinx immigrants have introduced these grassroots interventions to the United States not necessarily because they are trying to recreate as much as possible of their homeland culture in new lands, but because there is a need for them in their U.S. communities. Because of their immigrant status in a country whose federal and state governments are increasing limiting services to all immigrants, they have limited government-sponsored health care and nearly no access to formal alcohol and substance use treatments [1, 62]. For Latinx immigrants, grassroots interventions such as the *juramento* are the only source of help for harmful drinking. Attention to such grassroots practices in public health can support the ways that they already provide care to marginalized populations and help connect the interventions with those who need them.

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