Dichos & Diabetes: Literary Devices Used by Mexican-Origin Males to Share Their Perspectives on Type 2 Diabetes and Health

Antonio Miranda, MS, RD, LD[1]; Claudia Sánchez, PhD[2]; David O. Garcia, PhD, FACSM[3]; and Cynthia Warren, PhD[1]

[1]Department of Nutrition and Food Sciences, College of Health Sciences, Texas Woman's University, Denton, TX, USA

[2]Department of Teacher Education, College of Professional Education, Texas Woman's University, Denton, TX, USA

[3]Mel & Enid Zuckerman College of Public Health, Department of Health Promotion Sciences, University of Arizona, Tucson, AZ, USA

Corresponding Author

Antonio Miranda

Address: 6800 Hewitt St, North Richland Hills, TX, 76182

Telephone: (817)-808-6722

Fax Number: (940)-898-2634

Email: amiranda5@twu.edu

Word Count: 4,794 (20 pages of 20-30 page recommendation)

Tables: 2

ABSTRACT (200/200 word maximum)

The medical literature emphasizes the increasing role of cultural considerations for improved health education among Latinos. Research in Latino culture reveals the inherent function of figurative language devices, such as *dichos*, in individual expression and cultural norm transmission. Increased understanding of *dichos* may provide unique insight into the dynamic relationship between collective cultural knowledge and individual health perceptions. *Dichos* related to health and diabetes among Latinos, however, remain entirely unexplored.

The present study represents a secondary qualitative analysis of the perspectives on diabetes and health of Mexican-origin males that identified inadequate understanding of disease processes and cultural customs as barriers to health. Spanish language transcriptions from the original study were content analyzed by two Latino researchers fluent in English and Spanish to identify the use of *dichos* by the participants to convey their perspectives on health and diabetes.

The results reveal four major categorizations of *dichos*: religiosity, familism, formation, and individuality. Findings from this study provide insight on the utility of *dichos* for the identification of health-related perspectives. *Dichos* may also serve clinicians and health educators as culturally relevant vehicles of communication for encouraging and transformative health discussions. Future diabetes interventions should incorporate *dichos* to explore quantifiable outcomes of culturally tailored programs.

Keywords: *Dichos*; diabetes; Mexican-origin males; obesity; motivation

Introduction

Current health disparities convey an alarming trajectory for the Latino population in the United States (National Center for Health Statistics, 2016). More specifically, the Mexican male subcategory presents the highest estimated prevalences of diabetes, overweight, and obesity (Cheng et al., 2019). Influential determinants of diabetes among Latinos include socioeconomic status (Schneiderman et al., 2014), cultural customs, and poor understanding of health-related topics (Garcia, Valdez, & Hooker, 2017; Martinez et al, 2012). Recent efforts to reduce the health disparities of obesity and diabetes include culturally tailored programs that address linguistic and cultural barriers to care (McCurley, Gutierrez, & Gallo, 2016; Whittemore, 2007). The modest results from culturally tailored interventions thus far suggest the need for refined exploration of applicable sociocultural modalities of health education.

The application of *dichos* in the fields of counseling and education convey a complementary role in effective discussion and education with Latino patients (Altarriba & Santiago-Rivera, 1994; Aviera, 1996, Iterian & Diaz-Martinez, 2007; Zuñiga, 1991, 1992). However, research involving lexical categories of expression related to diabetes and health among the at-risk Latino population remains unexplored. Recent qualitative explorations reveal common ethnolinguistic expressions and *dichos* related to lifestyle and health behavior (Miranda, Garcia, Sanchez, & Warren, 2020). Further investigation of common expressions related to health may shed light on ways to improve patient-educator communication and normalize health-promoting behavior in the Latino community. The aim of this study was to identify popular Spanish-language sayings *(dichos)* that detail cultural guides of health behavior in interview transcripts obtained from conversations with Mexican-origin males who shared their perspectives and attitudes related to health and diabetes. Through an ethnolinguistic lens, this content analysis

identifies, categorizes, and describes these *dichos.* Further, this study provides an insight into the utility of *dichos* for both patients and health educators.

***Dichos*: Lexical Formulas of Popular Wisdom**

Conventional sayings function as tools for the transmission and conservation of behavioral ideals and traditional beliefs, as demonstrated by the phrase, "Early to bed and early to rise makes a man healthy, wealthy, and wise." *Dichos* (also called *refranes*) serve as short traditional guides of conduct that endorse moral and ethical values in the Spanish language (Delgado-Gaitán, 2004). They transmit cultural values and beliefs to younger generations by teaching lessons about life, offering advice, summarizing ideas, and expressing a specific perspective on a given situation (Chahin, Villarruel, & Viramontez, 1999). These metaphorical images of cultural values and beliefs are spontaneous, brief, and often developed with rhyme (Zúñiga, 1992).

Dichos are funds of knowledge of a people and part of the historically accumulated body of knowledge essential for household functioning and well-being among native speakers of Spanish (González, Andrade, Civil, & Moll, 2001). Rooted in oral tradition (Zúñiga, 1992), *dichos* are commonly used by Spanish-speaking people to express their values, attitudes, and perceptions (Espinoza-Herold, 2007). An examination of Norrick's (2014) definition of proverbs allows us to identify various similarities between *dichos* and proverbs: They are fairly stable and recognizable units, they form (or suggest) a complete utterance (unlike idioms), they express a widely-accepted truth, and they suggest particular evaluations or courses of action.

Dichos: Multidisciplinary Application

In the U.S., the use of *dichos* as vehicles of communication with native Spanish speakers was first documented by the published literature in the field of counseling psychology, where *dichos* have been used to enhance counseling approaches with Latino Spanish-speaking clients (Altarriba & Santiago-Rivera, 1994; Iterian & Diaz-Martinez, 2006; Zuñiga, 1991, 1992). In the field of education, culturally responsive teaching involves the integration of students' cultures and languages into instruction (Echavarria, Frey, & Fisher, 2015; Gay, 2010). A key component of the Latino oral culture and Spanish language discourse, *dichos* have been deemed in this field as culturally and linguistically appropriate tools for instruction and family involvement. Additionally, given their cultural and linguistic relevance among Latinos, and their potential to impact individuals' belief systems, *dichos* may influence the ways parents bring up a child, their style of communication, and their thoughts about formal education (Espinosa, 1995).

The literature suggests using *dichos* as tools for children's language development given their linguistic and cultural relevance, as well as their availability in Spanish-speaking families' daily discourse. As linguistic resources, *dichos* could enhance communication between the school and Spanish-speaking families and serve as slogans or mottos to encourage behaviors conducive to the participation of families in the education of their children (Sánchez, 2009; Sánchez, Grosso, Plata, & Leird, 2010). For example, when schools wish to invite families to talk about the importance of teachers and parents working together in children's education, one *dicho* to help persuade parents to become involved is "*Dos cabezas piensan mejor que una,"* which means "Two minds are better than one." Another helpful *dicho* would be *"En la unión está la fuerza,"* which means "In unity, there is strength." In this context, the use of both *dichos*

can help schools convey a critical message in a way that Latino families can relate both culturally and linguistically.

The potential of *dichos* as tools to promote student learning is understood beyond the context of schools. In fact, publishers increasingly acknowledge the cultural relevance of *dichos*. Authentic Spanish children's literature published in the last two decades integrates popular *dichos* in book titles and their narratives (for example, Galan, 2013, 2016; Longo, 2005; González, Ruiz & Cisneros, 2002).

Dichos in Healthcare

The effective integration of *dichos* for cultural tailoring in the fields of counseling psychology and education reveal the potential application of ethnolinguistics to additional fields. Given the combination of counseling and education involved in healthcare, health education represents a viable target for cultural linguistic consolidation. For example, the application of *dichos* within counseling has been shown to improve medically relevant factors such as patient defensiveness, rapport, participation, and motivation (Aviera, 1996). Given the efficacy of *dichos* in mental health studies, exploration of *dichos* related to health and disease may improve education and counseling strategies for health educators. *Dichos* and their potential impact on health understanding and motivation, however, remain entirely unexplored.

Currently, the literature depicts modest benefits in weight loss and glucose control with diabetes interventions that integrate cultural considerations into health education for Latinos (Caballero, 2018; McCurley, 2017; Whittemore, 2007). Only one study includes *dichos*, which were described as minor modifications in the intervention curriculum (Haltiwanger, 2012). In response to this dearth of research, this study explores the use of *dichos* by Mexican-origin men

in conversations related to health and diabetes. Findings should inform ethnolinguistic considerations for future clinical application.

The current exploration involves the content analysis of transcripts from a previous qualitative study among Mexican-origin males at risk for type two diabetes (Miranda et al, 2020). This secondary analysis of the previous study's interview transcriptions seeks to explore the use of *dichos* as vehicles of communication in health conversation. Thus, the research questions guiding the present study are

1) Do the previous study's interview transcriptions with Spanish-speaking adult males of Mexican origin contain popular *dichos*?
2) If so, in what ways do the identified *dichos* convey ideas related to diabetes, health, and nutrition?

The Previous Study

In the previous study, a phenomenological approach, guided by a semi-structured interview guide served to increase the understanding of perspectives related to diabetes, health, and educational strategies. The semi-structured interviews integrated questions related to four domains associated with diabetes perceptions, nutrition and health knowledge, determinants of health, and educational preferences. The research team opted for individual interviews to prevent social confounders and to respect preferences of individualized contact demonstrated in previous work with Latino men (Garcia et al, 2017).

The original study (Miranda et al., 2020) involved audio recorded, semi-structured interviews conducted with 15 native Spanish-speaking, Mexican-origin males obtained through snowball sampling. Upon initial screening, able participants were scheduled for in-home

interviews and questionnaire assessment. All participants met the inclusion criteria of at-risk for type 2 diabetes, defined as ≥40 years of age, BMI ≥25, and sedentary over the last three months (Center for Disease Control and Prevention, 2019). In addition to being at-risk for diabetes, blood pressure measurements of 12 of the participants indicated hypertensive status (SBP ≥130 mmHg or DBP ≥80 mmHg). Demographically, eleven of the men had an annual income between $30,000-59,999 and eight of the participants were not high school graduates. All interviews were conducted in Spanish by a Mexican-American male to foster openness and member checks served to improve study rigor and reliability.

The previous study revealed inadequate understanding of disease, socioeconomic status, and cultural customs as major barriers to health. More specifically, a complex matrix of *gusto* for food, *trabajo* prioritization, and underdeveloped health consciousness facilitate dietary excess. The findings suggest that Mexican-origin men exist within a network of determinants that impair the ability to develop, prioritize, or sustain health practices. Potential motivators of health behavior included values of personal responsibility, familial devotion, and fear of disease. In clinical practice, improved cultural understanding and specificity of recommendations represented the primary educational preference of Mexican-origin men. As such, the men supported the viability of cultural tailoring of healthcare for improved communication and adherence between patients and health educators.

The Present Study: Methods and Study Context

Instrumentation

An available *Tabla de dichos populares* (list of popular *dichos*) consisting of 340 Spanish language proverbs was used as a paremiological minimum (i.e., the most known or commonly

used proverbs in oral and written interactions in a language), (Mieder, 2004). The *Tabla* is used for Spanish language teacher training and contains popular Latin American *dichos* cited in over 30 compilations of *dichos* published by Mexican publishing houses from 1989 to 2014.

Sample

The sample was 15 interview transcriptions used by the previous study, which focused on Latino Spanish-speaking adult males' perceptions of diabetes, health, and nutrition. The interviews ranged from 38 to 76 minutes in length and the corresponding transcriptions ranged from 2,992 to 5,944 words.

Data Analysis

The sample was content analyzed to identify the presence of *dichos* from the *Tabla* in the interview transcriptions. Two Latino Spanish-speaking raters of Mexican descent met to discuss the analysis procedure and agreed to use the definition of *dicho* below adapted from Meider (2004) and Norrick (2014):

A *dicho* is a linguistic resource that

- Is a short, fairly stable, memorable and recognizable unit;
- Forms (or suggests) a complete sentence (unlike idioms);
- Expresses a widely accepted truth (in the form of folk wisdom, morals, traditional views);
- May suggest particular evaluations or courses of action.

To systematically identify the *dichos* from the *Tabla* in the interview transcriptions, the raters first independently highlighted on the *Tabla* all *nouns*, *adjectives*, *verbs* (except the verb

haber [to have] in any of its forms, and the verb *ser* [to be] in the third person singular and plural in any tense). When in doubt regarding the nature of a given word, the raters looked it up in the *Real Academia Española* online dictionary. When a term was repeated in a *dicho*, (for example, *Lo hecho, hecho está),* the second occurrence of the term within a given *dicho* (in this case, *hecho)* was not highlighted.

Next, the raters used the interview transcription file to run a word search for every highlighted word on the *Tabla* to determine whether the *dichos* from the *Tabla* were present in the interview transcriptions. On the *Tabla*, the raters marked the *dichos* listed with a Y (for yes), if the *dicho* was found in the interview transcription, and an N (for no) if the given *dicho* did not occur. When a *dicho* was found, the raters noted on the *Tabla* the transcription line number where the *dicho* was located, in addition to any close syntactic variations of the *dichos* from the *Tabla*.

Results

The secondary analysis of the data identified eleven verbatim *dichos* with an inter-reviewer agreement of 90%. Grouping of the *dichos* produced four distinct categorizations of religiosity, familism, formation, and individuality **(Table 1)**. *Dicho* categorizations outlined a cultural core of fundamental teachings and values of the participating Mexican-origin men.

Dichos of Religiosity

Dichos of religiosity included components of the divine, God, or religious scripture. The data revealed the use of four common *dichos* applied in everyday faith talk, discussions of life events, and personal values. Additionally, the religiosity *dicho* frequency conveyed cultural

teachings rooted in religious beliefs as evidenced by the highest occurrence of stated *dichos* and a frequency count of 99 for the word "God."

"God's will be done" and "When God wants." The first *dicho* of religiosity (*"Lo que Dios diga/Si Dios quiere"*) represents a group of similar translations meaning "God's will be done," "If God wants," or "As God wishes." Such *dichos* refer to the role or will of God in life events. Similarly, the second *dicho* (*Cuando Dios quiera."*) refers to the divine timing of a higher power and translates to "When God wants." The men profoundly described these *dichos* in the context of personal function and cultural belief systems.

First, the men described *dichos* of religiosity as components of the everyday Mexican lexicon rooted in a culture of religious beliefs. The habitual application of *dichos* of religiosity in everyday faith talk included: "for me, God is everything. One always says, 'as God wishes'..." or "we wake up and say, 'let God's will be done [today].'" Thus, religious beliefs influence daily language, evident in literary devices that entrust the life of individuals into the hands of a higher power.

Though this everyday faith talk of "as God wishes" may convey a fatalistic perspective toward health, the participants decisively rejected the concept of fatalism. Rather, the men identified the misuse of *dichos* of religiosity leading to the placement of God as a scapegoat to enable health negligence. The men described the commonality of fatalistic statements when confronted with disease and mortality: "[Men will say,] either way, I am going to die when God wants. I'm going to keep eating the same and if God wants to take me...so be it." The participants identified such sayings as deflectors of personal responsibility for health outcomes and misrepresentations of true belief systems. As described by one participant "God does not want you to die of cirrhosis. God does not want you to die of lung cancer because you were

smoking your whole life. God does not want that. We use these [fatalistic sayings] as an excuse." In actuality, beliefs on God's role in health and death among the participants included conceptualizations of a benevolent God, free will in behavior, and personal responsibility for health outcomes.

"Help yourself and I [God] will help you." Another *dicho* on religiosity ("*Ayúdate que yo [Dios] te ayudaré*.") depicts concurrent beliefs of divine intervention and personal volition. "Help yourself and I [God] will help you." The statement begins with the essential role of personal responsibility in outcomes ("help yourself"), a highly valued quality of the participants. Secondly, the *dicho* portrays a benevolent higher power with the capacity to help those willing to help themselves ("I [God] will help you). Thus, this *dicho* uniquely combines two core components of everyday life- the existence of divine beliefs amid a physical world requiring individual action. "[God] does not affect [health]. Because, above all else… though I am a believer and entrust everything to God… I have to take care of myself. God tells me- take care of yourself and help yourself and I will help you." Though not anchored in Christian scripture, this *dicho* seems to capture the totality of Mexican male belief systems through the incorporation of fatalistic rejection, divine benevolence, volition, and personal responsibility for health outcomes.

"Love thy neighbor as thyself." The final *dicho* of religiosity ("*Amarás a tu prójimo como a ti mismo*") references the book of Matthew [22:34-40] of Christian scripture. The utilization of this *dicho* by one participant revealed intricate beliefs related to health, morality, and social obligation. When discussing God and health the participant stated "[To love your neighbor] you should love yourself and loving yourself is taking care of yourself to [then] take care of others…" The participant extended the value of health beyond oneself, and defined health

as a moral obligation to better serve family and friends. Thus, these *dichos* of religiosity depict fundamental teachings and values of Mexican culture rooted in the Christian canon.

Dichos of Familism

Familism defines a social pattern wherein family prioritization ascends individual interest. *Dichos* of familism included familial-related values or practices and emerged when discussing behavioral priorities, motivation, and even dietary customs. The responses elucidated on the ideal of paternal responsibility and the necessary physical sacrifice for financial stability.

"Family comes first." References to familial prioritization were evidenced with the first *dicho* of ("*la familia es primero*.") Throughout the transcripts, the men referenced their value for "family comes first" in unison with financial struggles and maintenance of functional capacity. The three values of family, finances, and physical health consistently appeared as interrelated components. As one man stated "First comes family, then money, then health. If there is no money, there is no commodity, we can't nourish ourselves well, and we can't pay for a doctor..."

Therefore, this *dicho* outlines the core framework of the paternal value system involving family and finances over personal health. Given the familial ramifications of financial hardship, Mexican men continuously fight for financial stability, often at the expense of their own health. Men often maximize dedication to work and minimize the prioritization of health to meet immediate financial obligations. Conversely, to prioritize health may be perceived as a detrimental expense given the potential familial implications. Though the men openly recognized the potential consequences of health neglect, the participants described the balance of family, finances, and personal health as a "catch-22." Thus, schemas of behavior among low-income,

Mexican-origin, males may misassociate ideals of financial stability and health for functional capacity as mutually conflicting concepts.

"This is not a restaurant" The second *dicho* associated with familism ("*Aquí no es restaurante/Éste no es restaurante.*") translates literally to "this is not a restaurant." Indicative of dietary behavior, the *dicho* exclusively functions for families to teach individuals (often younger children) not to be particular or difficult in their eating habits. More specifically, this *dicho* typically serves as a response to children in Mexican households refusing or complaining about the foods provided to them. "This is not a restaurant, Mom used to say. This is not a restaurant and you're going to eat what is available [on your plate]."

Placed in the context of origins of poverty, one may see the advantageous role of this *dicho* for the discouragement of dietary peculiarities amid environments of food scarcity. The fundamental teachings of open or even overconsumption of food may, however, become disadvantageous with a rapid shift of food environment. When discussing the dietary transition from Mexico to the United States the participants shared the continuation of untrained food consciousness. As one participant stated, "In a way, not much has changed." The men suggest that developmental practices and cultural frameworks of consumption may predispose Mexican-origin males to dietary excess in adulthood.

Dichos of Formation

While the purpose of all *dichos* is to guide and form essential knowledge and values of everyday conduct, the term formation was used to label this category that encompasses *dichos* that convey fundamental knowledge of dietary behavior, work ethic, and mental fortitude.

"All excess is bad." The first formative *dicho* ("*Todo exceso es malo*") served participants in responding to the question: "What foods does a man need to avoid to stay healthy?" The participants utilized "all excess is bad" to summarize the general principle of moderation in dietary intake. Given the common utility of this *dicho* when discussing ideals of dietary behavior, the data convey a general understanding of nutrition by Mexican-origin males. The concept of moderation, however, often followed uncertainty of healthy versus unhealthy food options. The emergence of these literary tools under circumstances of confusion convey a potential reliance on internalized, traditional knowledge in the absence of medical understanding.

"What does not cost is not valued." The next *dicho* ("*Lo que no cuesta no se valora.*") reveals cost and sacrifice as the underlying conceptualizations of value networks. As previously mentioned, the selection to seek or neglect medical attention involves a hierarchy of prioritization. Given the value hierarchy of family, finances, and physical health, medical expenses may represent a deprivation of limited- familial and financial resources. As one participant stated, "There are many people that come from over there [Mexico] and leave their family over there. They don't want to spend money on their own health because they have people to sustain. For them, health comes last."

The prioritization of family over personal health, however, does not suggest an inability or lack of desire to participate in health programs. Rather, the decision to participate involves questions of finances, time, as well as perceived medical benefit. When discussing the cost of weight loss programs, one participant stated "what does not cost is not valued… just don't let it cost too much, right!" Therefore, this dicho reveals that Mexican-origin men understand the long-term value of investing effort toward health promoting behavior. However, the decision to

invest time and effort into health preservation must be in accordance with limited financial resources.

"Carry out the fight/Face the challenge," and "Put forth effort/Attempt with effort and enthusiasm." As one of the most cited *dichos* in the discussion of diabetes and health, ("hay que *hacerle la lucha"*) literally translates to "carry out the fight" or "face the challenge." Similarly, the *dicho* ("*hay que echarle ganas*") conveys to "put forth effort" or "attempt with effort and enthusiasm." These *dichos* discuss valued components of mentality including resilience and mental fortitude. The present analysis revealed the use of these *dichos* to discuss health psychology such as personal motivation, resilience amid disease, and the potential loss of fortitude at the hands of disease hopelessness.

Individually, the application of these *dichos* conveys the value of resolve when discussing the avoidance of disease through personal effort: "keep moving forward, put forth effort, keep going and [do] not let yourself fall." Thus, these *dichos* may serve as self-talk and mantras of motivation. The participants also placed these *dichos* in the context of providing motivation unto others: "there are many negative family members that tell you- you are screwed. Instead of giving you morale, they demoralize you more… Others say, '*échale ganas*', we will all put forth effort, and will help you." The men therefore acknowledged both a susceptibility to demoralizing comments and motivation through *dichos* of encouragement. Additionally, when asked how to motivate an unmotivated person, one participant stated "Sometimes... there is nothing that will motivate them. They lose the will to live. *Ya no le echan ganas* [They give up]." This morbid application exemplifies the potential loss of resolve at the hands of death or severe disease.

Lastly, when challenged to identify a common source of health motivation for Mexican-origin men, the participants echoed values of hope, effort, and resilience as strong cultivators of change. “Tell them to *echarle ganas*. That life is too beautiful to just let it go…Take care of yourself and change the way you eat. Sometimes it is late, but, as they say, it is never [too] late. *La lucha hay que hacerle* [one must face the challenge.]”

Dichos of Individuality

The last category of *dichos* involves the value of individuality. The men supported the notion that commonalities of experiences and thought produce viable patterns but warned against assumptions and generalizations based on ethnicity or nationality. Common experiences among individuals were defined as incapable of predicting motivation and behavior across all. Thus, the *dichos* of individuality emphasize the distinctiveness of all individuals and the limitations of generalizations.

“We should not paint everyone with the same broad brush.” The first *dicho* in this category, (“*No debemos pintar a todos con la misma brocha gorda*”) functioned as a differentiator between individual behavior compared to the collective cultural pattern. “We should not paint everyone with the same broad brush.” The participant expressed this *dicho* when asked about health practices among Mexican men in relation to alcohol consumption. Similar to other participants, the respondent identified a trend toward alcohol consumption within Mexican male culture but depicted the poor generalizability of such assumptions.

“Every mind is its own world.” The *dicho* (“*Cada cabeza es un mundo*”) further detailed the value of individuality by depicting the complexity of human behavior. The application of this *dicho* included responses to questions on harmful health practices, motivation, and the complexity of the mind. For example, one participant struggled to explain his own relation with

alcohol and utilized this *dicho* to escape the disconnect between health and self-harm. The man suggested an inability to consolidate health beliefs versus behavior and stated "in my case it [alcohol] is more harmful than healthy, but… every mind is its own world." Similarly, two other participants utilized this *dicho* to explain the difficulty in identifying a common motivator for Mexican men because all minds contain unique behavioral motivations.

Understanding the Potential Application of *Dichos* in Healthcare

The results from this study suggest the functionality of *dichos* to infuse linguistic and cultural relevance into clinicians and health educators' efforts geared towards perspective identification, education, and motivation of Mexican-origin patients. As shown in **Table 2,** *dichos* may serve clinicians by revealing underlying health perceptions that may otherwise go unnoticed. The understanding of health-related beliefs and perceptions may then facilitate the identification of patient barriers, as well as level of receptiveness. For example, misunderstanding of the *dicho* of religiosity "God's will be done" may lead clinicians to believe that their patient will be noncompliant due to their fatalistic tendencies. *Dichos* of religiosity, however, contain a multiplicity of functionality. Such *dichos* may serve the patient as everyday faith talk, or as a stress minimization mechanism when confronted with novel health threats such as during a medical session. Understanding such unique distinctions equips health educators with essential cultural knowledge for proper interpretation of their patients' phenomenological worldview. In this manner, *dichos* may promote participation and expedite the building of effective connections between patients and practitioners during medical consultation (Altarribba, 1994; Aviera 1996)

The capacity to facilitate educational understanding represents another medical function of *dichos*. As demonstrated in the field of counseling, *dichos* deliver concepts in familiar

language and promote the reframing of long-standing beliefs (Zuñiga, 1991, 1992). Furthermore, *dichos*, through their concise, crystallized, and collective cultural teachings, rapidly transmit recognizable meaning units conducive toward specific action. Thus, when engaging in health education, the insertion of *dichos* may stimulate the conceptualization of potentially complex medical information. For example, hardworking patients that prioritize family and finances over health often struggle with the concept of health prioritization. Rather than overwhelm the patient with an extended discourse on the consequences of health neglect, health educators may cultivate the idea of disease prevention through *dichos* such as *entre salud y dinero, salud quiero* ("between health and money, I want health") or *más vale prevenir que lamentar* ("better to prevent than to regret," equivalent to the English proverb "better safe than sorry"). As such, the integration of *dichos* into health education may serve to condense extensive teachings into succinct messages that deliver meaning and direction.

Clinicians may consider the use of *dichos* as mantras of motivation for health promotion. As described in this study, sayings such as *hay que hacerle la lucha* ("one must face the challenge") or *hay que echarle ganas* ("put forth effort with enthusiasm") convey compassion, encouragement, and hope for patients at all stages of disease. However, attainment of such psychological shifts, as described by the *dichos* of individuality, is complex. No one mind is the same, nor will one *dicho* result in paradigmatic changes of health behavior for all. Rather, health educators must utilize the aforementioned skills of active listening as well as cultural and linguistic awareness in communication to identify transformative motivators of behavior change.

Lastly, Zuñiga (1991) suggests that clinicians must be cautious in the utilization of *dichos*. Given the subtleties in meanings of *dichos*, improper application may lead to interpretations of uncompassionate care. The integration of *dichos* into clinical or educational

language should involve the consultation of a clinician with knowledge of the Latino culture and a command of the Spanish language.

Conclusion

The present study, to our knowledge, represents the first investigation of *dichos* used among Latinos to share perspectives on health and diabetes. The findings reveal that a cultural lexicon rooted in core values of family, faith, and individuality permeates the interviewees' perceptions of health. The utilization of these *dichos* and their associated values represents a viable option for improved perception identification, education, and motivation for health educators serving Latino patients. Furthermore, given their concise cultural meaning units, *dichos* may transcend medical pedagogy and transmit the normalization of health behavior among the Latino community. These data unveil necessary knowledge for the continued improvement of culturally tailored health programs for underrepresented Latino populations. Future studies should explore the integration of *dichos* into health programs for advancements in cultural tailoring and investigate the potential communicability of novel *dichos* in health-related contexts.

Acknowledgements

This study is indebted to the Texas Woman's University Small Grant Program and the welcoming respondents whose participation made this study possible. The primary investigator would like to thank the contributions of Dr. Claudia Sanchez for her passion and efforts for cross professional research for the advancement of Latino education in healthcare. Additionally, Dr. Cynthia Warren and Dr. David O. Garcia for their methodological guidance in the original study

and the detailed improvements of this secondary qualitative analysis. Lastly, Mr. Adrian L. Gazaway as copyeditor, for his dedication to meticulous revisions.

Disclosure Statement

No potential conflict of interest was reported by the author.

Table 1. Common *Dichos* Utilized by Mexican-Origin Males During Health Conversation	
***Dichos* of Religiosity**	
God's will be done	*Lo que Dios diga/Si Dios quiere*
When God wants	*Cuando Dios quiere*
Help yourself and I [God] will help you	*Ayúdate que yo te ayudaré*
Love thy neighbor as thyself	*Amarás a tu prójimo como a ti mismo*
***Dichos* of Familism**	
Family comes first	*La familia es primero*
This is not a restaurant	*Aquí no es restaurante/Éste no es restaurante*
***Dichos* of Formation**	
All excess is bad	*Todo exceso es malo*
What does not cost is not valued	*Lo que no cuesta no se valora*
Carry out the fight/Face the challenge	*Hay que hacerle la lucha*
Put forth effort/Attempt with effort and enthusiasm.	*Echarle ganas*
***Dichos* of Individuality**	

We should not paint everyone with the same broad brush.	*No debemos pintar a todos con la misma brocha gorda*
Every mind is its own world.	*Cada cabeza es un mundo*

Table 2. Functions of *Dichos* For Health Educators
Identification of Patient Beliefs and Potential Perspectives Toward Disease
God's will be done (*Si Dios quiere)* - God as a core belief - Everyday faith talk - Disease risk deflection/minimization - True fatalistic beliefs Family comes first (*La familia es primero*) - Familism atop the value system hierarchy - Potential source of health motivation
Conceptualization of Health Behavior
What does not cost is not valued (*Lo que no cuesta no se valora*) - Explanation of health behavior change as worthy effort All excess is bad (*Todo exceso es malo*) - General guideline for health behavior
***Dichos* Serving as Motivational Mantras**
Help yourself and I [God] will help you (*Ayúdate que yo [Dios] te ayudaré*) - Consolidation of divine beliefs and internal locus of control

Carry out the fight/Face the challenge (*Hay que hacerle la lucha*)
- Encouragement of commitment to disease prevention, management, or remission

Put forth effort/Attempt with effort and enthusiasm (*Echarle ganas*)
- Promotion of effort and enthusiasm toward health and disease management

References

Altarriba, J., & Santiago-Rivera, A. (1994). Current perspectives on using linguistic cultural factors in counseling the Hispanic client. *Professional Psychology: Research and Practice*, *25*(4), 388-397.

Arreguín-Anderson, M. G. & Ruiz-Escalante, J.A. (2017). Adivinanzas and *dichos*: Prospective educators teach science by incorporating culturally responsive tools. *Journal of Latinos and Education, 9*(3), 84-91.

Aviera A. (1996). "Dichos" therapy group: a therapeutic use of Spanish language proverbs with hospitalized Spanish-speaking psychiatric patients. Cultural diversity and mental health, 2(2), 73–87.

Caballero A. E. (2018). The "A to Z" of Managing Type 2 Diabetes in Culturally Diverse Populations. Frontiers in endocrinology, 9, 479. https://doi.org/10.3389/fendo.2018.00479

Chahin, J., Villarruel, F. A., & Viramontez, R. A. (1999). Dichos y refranes: An alternative approach to understanding the values and beliefs of Mexican families. In. H. P. McAdoo (Ed.), *Family ethnicity: Strength in diversity* (pp. 153-167). Thousand Oaks, CA: Sage Publications.

Center for Disease Control and Prevention. (2019). Diabetes: Who's At-Risk? [Internet]. Available from https://www.cdc.gov/diabetes/basics/risk-factors.html

Cheng, Y. J., Kanaya, A. M., Araneta, M., Saydah, S. H., Kahn, H. S., Gregg, E. W., Fujimoto, W. Y., & Imperatore, G. (2019). Prevalence of Diabetes by Race and Ethnicity in the United States, 2011-2016. JAMA, 322(24), 2389–2398. https://doi.org/10.1001/jama.2019.19365

Delgado-Gaitán, C. (2004). *Involving Latino families in schools: Raising student achievement through home-school partnerships*. Thousand Oaks, CA: Corwin Press.

Echavarria, J., Frey, N., & Fisher, D. (2015). What it takes for English learners to succeed. *Educational Leadership, 7*(6), 22-26.

Espinosa, L. M. (1995). *Hispanic parent involvement in early childhood programs.* Urbana, Ill.: ERIC Digest, ERIC Clearinghouse on Elementary and Early Childhood Education.

Espinoza-Herold, M. (2007). Stepping beyond *Sí se puede*: Dichos as a cultural resource in mother-daughter interaction in a Latino family. *Anthropology and Education Quarterly, 38*(3), 260-227.

Garcia, D. O., Valdez, L. A., & Hooker, S. P. (2017). Hispanic Male's Perspectives of Health Behaviors Related to Weight Management. American Journal of Men's Health, 1547–1559. https://doi.org/10.1177/1557988315619470

Gay, G. (2010). *Culturally responsive teaching. Theory, research, and practice.* New York: Teachers College Press.

Galan, A. (2013). *¡Qué cosas que dice mi abuela!* New York, NY: Scholastic en Español.

Galan, A. (2016). *¡Más cosas que dice mi abuela!: Dichos y refranes sobre animales.* New York, NY: Scholastic en Español.

Haltiwanger E. P. (2012). Effect of a group adherence intervention for Mexican-American older adults with type 2 diabetes. The American journal of occupational therapy : official publication of the American Occupational Therapy Association, 66(4), 447–454.

Iterian, A., & Diaz-Martinez, M. (2007). Considerations for culturally competent cognitive-behavioral therapy for depression with Hispanic patients. *Cognitive and Behavioral Practice, 14*, 84-97.

Longo, A. (2005). *Refranes*. New York, NY: Scholastic en Español.

Martinez, J., Powell, J., Agne, A., Scarinci, I., & Cherrington, A. (2012). A focus group study of Mexican immigrant men's perceptions of weight and lifestyle. Public health nursing (Boston, Mass.), 29(6), 490–498. https://doi.org/10.1111/j.1525-1446.2012.01026.x

McCurley, J. L., Gutierrez, A. P., & Gallo, L. C. (2017). Diabetes Prevention in U.S. Hispanic Adults: A Systematic Review of Culturally Tailored Interventions. American journal of preventive medicine, 52(4), 519–529. https://doi.org/10.1016/j.amepre.2016.10.028

Miranda, A., Garcia, D.O., Sanchez, C., Warren, C. (2020). Health and Type 2 Diabetes Perspectives of At-Risk, Mexican-Origin Males (HD-MxOM): A Qualitative Study [Manuscript submitted for publication]. Department of Nutrition and Food Science, Texas Woman's University.

National Center for Health Statistics (US). (2017). Health, United States, 2015: With Special Feature on Racial and Ethnic Health Disparities. National Center for Health Statistics (US).

Norrick, N. R. (2014). Subject area, terminology, proverb definitions, proverb features. In H. Hrisztova-Gotthardt and M. A. Varga (Eds.). *Introduction to paremiology. A comprehensive guide to proverb studies* (pp. 7-27). Warsaw, Poland: De Gruyter Open Ltd.

Sánchez, C., Plata, V., Grosso, L, & Leird, B. (2010). Encouraging Spanish-speaking families' involvement through *dichos*. *Journal of Latinos and Education, 9*(3), 239-248.

Sánchez, C. (2009). Learning about students' culture and language through family stories elicited by *dichos*. *Early Childhood Education Journal, 37*(2), 161-169.

Schneiderman, N., Llabre, M., Cowie, C. C., Barnhart, J., Carnethon, M., Gallo, L. C., Giachello, A. L., Heiss, G., Kaplan, R. C., LaVange, L. M., Teng, Y., Villa-Caballero, L., & Avilés-Santa, M. L. (2014). Prevalence of diabetes among Hispanics/Latinos from diverse backgrounds: the Hispanic Community Health Study/Study of Latinos (HCHS/SOL). Diabetes care, 37(8), 2233–2239. https://doi.org/10.2337/dc13-2939

Whittemore, R. (2007). Culturally Competent Interventions for Hispanic Adults With Type 2 Diabetes: A Systematic Review. Journal of Transcultural Nursing, 18(2), 157–166. https://doi.org/10.1177/1043659606298615

Zuñiga, M.E. (1991). 'Dichos' as metaphorical tools for resistant Latino clients. *Psychotherapy, 28*(3), 480-483.

Zuñiga, M.E. (1992). Using metaphors in therapy: Dichos and Latino clients. *Social Work, 37*(1), 55-60.