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An interbehavioral account of culture can guide the formulation of therapeutic demands: the case of eating disorders

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Research Article

Keywords: field logic, referential events, psychopathology, cultural psychology, interbehaviorism, eating disorder

Posted Date: November 13th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-11381719/v1

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Additional Declarations: No competing interests reported.

Abstract

Behavior analysts frequently discuss the importance of addressing culture in psychotherapy, identifying demands such as gender-based violence, discrimination-related distress, and eating disorders as culturally loaded. A persistent epistemological tension accompanies these discussions: how to distinguish the psychological and cultural levels of analysis without severing the relation between them. This paper argues that interbehaviorism offers a way of addressing that tension, not by choosing between the two levels but by specifying what each consists of within a single field-theoretic logic. The argument is developed through eating disorders, a demand whose onset and course are well documented as sociocultural and which carries one of the highest mortality rates among mental disorders. Two complementary routes are examined. The first, following Kantor's cultural psychology, locates culture within the psychological field by treating the foods, bodies, and evaluations to which clients respond as bearing institutional stimulus functions. The second treats the client–therapist interaction itself as a referential sociocultural event, in which both participants adjust to a shared referent through conventional forms of responding. Three implications for clinical practice follow: culture becomes identifiable within the session rather than inferred about it; the institutional functions operating for the therapist require analysis alongside the client's; and therapeutic change can be described as the establishment of conventional functions between them.

Introduction

In the field of behavior analysis, it is common to find discussions about the importance of addressing culture-related topics in psychotherapy. Issues such as gender violence, discrimination-related distress, or eating disorders are frequently identified as culturally loaded therapeutic demands (Neves & Cihon, 2023; Passos et al., 2023). However, an epistemological tension frequently arises concerning how to distinguish the levels of analysis involved in psychological and cultural events. This tension likely emerges from the traditional ways in which culture has been studied within the behavioral sciences. Currently, an influential subfield of behavior analysis dedicated to the study of sociocultural phenomena is culturo-behavior science.

Culturo-behavior science is defined by the integration of principles from metacontingency research and systems theory (Cihon et al., 2020). A metacontingency is characterized as interlocked behavioral contingencies (IBCs) that produce an aggregate product, and this unit (the culturant) is maintained by a cultural consequence. Within IBCs, the behavior of individual organisms produces discriminative and reinforcing stimuli for others, and the joint operant behavior that constitutes the IBC produces aggregate products that differ from what any single individual could produce alone (Glenn, 2004). Thus, the unit of analysis for cultural events is these interlocked behavioral contingencies and their aggregate products, termed culturant (Baia & Sampaio, 2019). This conceptual delineation has allowed researchers to develop empirical designs in which environmental variables can be manipulated to observe whether or not culturants emerge (e.g., Guimarães et al., 2019). However, this shift in unit of analysis also

introduces challenges regarding how such events might be observed in therapeutic settings, where the focus is necessarily on interventions at the behavioral level.

One way to address the issue between psychological and sociological levels of analysis has been to examine how cultural practices influence the organism's responses. For instance, some authors have conceptualized culture as the social contingencies that maintain cultural practices (Fernandes et al., 2017), whereas others have emphasized the symbolic relations expressed by clients and the culturally shaped semiotic repertoires from which these relations emerge (Abdala et al., 2023). Following this line of reasoning, linguistic behavior becomes the bridge between sociological and psychological domains (Burton & Kagan, 1994), enabling the development of a cultural psychology. If this assumption is correct, culturo-behavior science studies would benefit from paying greater attention to these verbal events and the roles they can play, as this offers a way to understand in detail how particular cultural dynamics function (Rodrigues & Sampaio, 2023).

Another approach to face the discussion about level of analysis and the role of language in cultural behavior emerges from interbehaviorism, a philosophy with significant implications for a behavioral cultural psychology (Kantor, 1982). Interbehaviorism is a philosophical system originally developed by J. R. Kantor (1888–1984), who aimed to construct a naturalistic framework for scientific activity in general and for psychology in particular (Fryling & Hayes, 2012). As a philosophy of science, interbehaviorism provides assumptions that ground scientific work in psychology without appealing to mentalistic constructs or to the idea that objective truths exist independently of human culture (Kantor, 1953; Kantor & Smith, 1975). In turn, interbehavioral psychology is a scientific system grounded in the philosophical assumptions of interbehaviorism. This system focuses on the whole organism's interactions with things and events according to a non-causal, field-theoretic logic. Its development seeks to maximize internal consistency among scientific concepts, coherence across experiments, and meaningful integration with other sciences, ultimately generating a comprehensive understanding of the interactions between the whole organism and its environment (Kantor, 1953, 1959; Hayes & Fryling, 2023).

More recently, interbehaviorism has gained renewed visibility in theories associated with psychotherapy —most notably Relational Frame Theory (RFT), the theoretical foundation of Acceptance and Commitment Therapy (ACT). RFT is a behavioral theory of language and cognition, and some authors have recently argued for a greater incorporation of an interbehavioral epistemology into RFT, proposing versions of the theory that are more explicitly guided by interbehaviorism (Harte & Barnes-Holmes, 2024; Barnes-Holmes et al., 2026). RFT has also been dedicated to the study of classes of behavior related to cultural phenomena, such as racial prejudice and gender (Farrell et al., 2023; Mizael & de Rose, 2017). Therefore, this recent use of interbehaviorism to address some theoretical and empirical issues in RFT suggests that a closer examination of this philosophy could be fruitful. Considering the above-mentioned, within an interbehavioral framework, culture can be delineated according to the levels of analysis under consideration. Culture may be viewed as a factor within the field of psychological events, maintaining a focus on the psychological level while specifying cultural interbehavior as the domain of interest (Kantor & Smith, 1975; Kantor, 1982). Alternatively, sociocultural events may be examined

through interbehavioral categories such as referential events (Fleming et al., 2025). In both approaches, focusing on psychological or sociocultural interrelations between organisms and environments helps clarify how to conceptualize culturally influenced clinical demands.

Among these, eating disorders offer a particularly clear case for this kind of analysis, given the extent to which their onset and course have been associated with sociocultural variables, and the severity of their impact in society, as they have one of the highest mortality rates among mental disorders (Arcelus et al., 2011). The present article therefore takes eating disorders as the case through which this interbehavioral framework is developed in detail, applying it to how psychotherapy can address complex cultural repertoires in clinical contexts. To accomplish this, we will first outline a broader psychotherapeutic conceptualization of eating disorders, alongside behavioral and contextual approaches, as a therapeutic demand characterized by multifactorial conditions, including cultural ones. We will follow by presenting the Kantorian approach to cultural interbehavior at the individual level as well as a more recent interbehavioral approach to sociocultural relations at the sociocultural level. They will be presented as frameworks for discussing cultural participation in therapeutic demands. Finally, we will propose how an integration of clinical behavior analysis and cultural systems analysis can be conceptualized through the lens of interbehaviorism. This represents an initial endeavor, as many further studies are needed for a comprehensive examination of this topic; nevertheless, this discussion aims to contribute to the broader conversation on how interbehaviorism can inform models and applications for culturally relevant issues.

Therapeutic Demands, the Case of Eating Disorders: the Contextualistic Account

Eating disorders constitute a diagnostic category encompassing clinical presentations characterized by persistent disturbances in eating behavior, accompanied by significant distress or preoccupation with food, weight, and body image (American Psychiatric Association [APA], 2022). From a behavioral standpoint, however, the eating problem is viewed not as the primary disorder but rather as a secondary adaptation to a more general set of psychological problems (Slade, 1982, p. 167), although these clinical groupings remain useful for describing recurring patterns of behavior and their distribution across populations. In this regard, estimates from the Global Burden of Disease study indicate that the burden of eating disorders has increased, with age-standardized incidence rising from 106.78 to 124.4 per 100,000 population between 1990 and 2021 and projected to continue increasing through 2035 (Liu et al., 2025). This burden is also disproportionately concentrated in Western countries, where lifetime prevalence has been reported to be up to 8.5 times higher than in Asian countries (Qian et al., 2022). Among children and young people, a recent systematic review and meta-analysis based on data from over 50,000 individuals across 12 countries, though with limited representation from South America and Africa, reported a global point prevalence of approximately 5.23%, meaning that roughly 1 in every 20 children and young people meets criteria for a clinically impairing eating disorder (Faria et al., 2026). Gender differences are also consistently marked at every level of analysis: in the general population, lifetime prevalence has been estimated at 2.58% for women versus 0.74% for men (Qian et al., 2022),

while among children and young people the gap is narrower but still present, at 5.25% for girls versus 3.97% for boys (Faria et al., 2026).

Taken together, the concentration of eating disorders in Western countries and their markedly higher prevalence among women suggest that these conditions cannot be fully understood without accounting for the sociocultural context in which eating itself takes place. Eating, which at a first glance may appear to be primarily a biological process aimed at satisfying physiological needs, no longer serves only a nutritional function: it also acts as a source of comfort and social interaction, occupying an important symbolic space in everyday life and becoming a cultural practice permeated by meanings that extend beyond its biological dimension (Canesqui & Garcia, 2005). In this context, symbolic practices surrounding food constitute identity markers for groups and peoples (Franzoni, 2016), closely associated with experiences of pleasure and social interaction (Neuman, 2024).

The problem arises, however, when this broader social and cultural context begins to interact with harmful eating practices, participating in the development of problematic eating-related behaviors (Pollan, 2008). This way of relating to food and to oneself is a source of suffering that impacts several domains of the individual's life, including nutritional deficiencies, cardiovascular and gastrointestinal complications, anxiety, depression, diminished self-esteem, and interpersonal relationships (e.g., social withdrawal, conflict with family members, difficulties in romantic or social relationships) (Aquino et al., 2023; APA, 2022).

In psychotherapy research, several models attempt to account for the etiology and course of eating disorders. Among these, multifactorial conditions are particularly common, proposing that eating disorders result from the interaction between sociocultural elements and the individual's relationship with food and perception of self (Souto & Ferro-Bucher, 2006). This multifactorial view operates at two interacting levels. On one hand, at the individual level, psychotherapists develop a formulation specific to each case, typically tracking antecedent and consequent events related to the person’s eating behavior and defining it in terms of functional hypotheses (e.g., Slade, 1982), experiential avoidance (Sandoz et al., 2011), among other accounts. On the other hand, contemporary psychotherapists also consider the broader cultural and verbal context associated with these individual formulations, such as beauty standards, gender stereotypes, or the influence of social media, with the overvaluation of thinness and the social pressure to attain an ideal body proposed as contributing factors in the development of eating disorders. However, integrating these two levels, individual and cultural, into the clinical formulation of a given case produces challenges. One possible way to address this integration is through functional contextualistic accounts of how symbolic behavior interacts with cultural contexts (Houmanfar et al., 2024).

For instance, the current beauty standard is disseminated by the verbal community through symbolic responses that express the existing stimulus relations within this specific group (Elias et al., 2023). One of the main ways social ideas are propagated is through social media, where an ideal of happiness is promoted and sold in connection with the "perfect body," an idealized lifestyle, and extremely restrictive

diets (Bispo, 2025). From an RFT perspective, it is through the interactions individuals have with the world that what is considered "permitted" or "forbidden" becomes established, and people learn to relate to food and to themselves ("self") through various relational frames (Hayes et al., 2001; Sandoz et al., 2011).

Furthermore, this verbal and symbolic behavior is not limited solely to physical appearance, but can also be associated with other attributes (Elias et al., 2023). Thus, thinness can be related to success, affection, and positive values in general, given that if the individual establishes this relation, they may learn that being fat, as opposed to being thin, is associated with opposite characteristics as well.

Considering that, the body image establishes functions to classify groups beyond physical attributes, also related to social status, race, gender, and sexual orientation, structuring power relations and hierarchizing classes as subjects of rights or not, given that this division by structures already stems from a verbal community embedded within a specific cultural context (Paim & Pereira, 2011). Thus, these symbolic relational networks contribute to the maintenance of suffering. In other words, the body becomes not only an organism but also a symbol imbued with social value; food, not merely a nutrient, but a moral marker. Therefore, behaviors such as avoiding meals, body checking, purging or restricting behaviors partly derive from symbolically learned functions, persisting even in the absence of direct contingencies.

However, if everyone lives within the same culture, why are some individuals affected differently? Even if we consider a certain pattern in the symbolic networks that define a culture, it is still essential to acknowledge their complexity. These cultural characteristics also shift according to other variables, such as the different ways men and women are positioned within society. Silva et al. (2022) found that women pay significantly more attention to body shape and report higher levels of social physique anxiety than men, identifying women as a particularly vulnerable group regarding body image concerns. This disparity can be understood in light of the pervasive cultural pressure toward an idealized, "perfect" aesthetic standard, transmitted and reinforced through media, family, and peer influences, which disproportionately targets women's physical appearance as a measure of worth (Thompson et al., 1999). This suggests that the symbolic environments associated with each gender diverge, creating distinct expectations and pressures (Jesus, 2024).

Considering these elements of self-image and societal organization, studies of symbolic relations may help clarify the cultural factors involved in eating disorders. Some studies have explored the idea of body image using the Implicit Relational Assessment Procedure (IRAP). This procedure consists of a computerized task used to investigate derived relational responding through stimuli presented on a screen, in which participants are required to respond as quickly as possible by indicating whether the relationship appearing on screen is true or false. For example, Hernández-López et al. (2021) investigated the real IRAP (“I am” and “I am not”) and the ideal IRAP (“I want to be” and “I don’t want to be”), in relation to contour drawings from the Contour Drawing Rating Scale (CDRS), specifically, three drawings representing underweight and three drawings representing overweight/obesity. The real IRAP

assessed participants' responses in relation to their current body shape, whereas the ideal IRAP assessed their responses in relation to the body shape they would ideally like to have. Another study (Juarascio et al., 2011) also explored the real and ideal IRAPs but related them to images of six "fat" and six "thin" women, derived from the Body Morph Assessment procedure. Other research (Expósito et al., 2015; Hernández-López et al., 2019) evaluated the thin-bias using words such as "Pleasant" and "Unpleasant" related to photographs of women. Thus, all these studies used the IRAP to investigate symbolic relations involved in body image and eating-related concerns, highlighting the relational patterns learned by the verbal community and how people relate to appearance. The pro-thin bias and bias against "non-standard" bodies indicate a culture that is formed under certain symbolic relations (thinness = pleasant; overweight = unpleasant). These relations are assumed to be socially maintained and transmitted through verbal practices and symbols. Such symbolic meanings can lead to behaviors of self-criticism, attempts to control the body, eating disorders, and social exclusion, all of which are learned symbolic responses that influence the individual's interaction with the world and with themselves.

These similarities in eating-related behaviors stem from very similar assumptions, comparable aesthetic standards, differentiated treatment of genders, and overarching symbolic networks, which together perpetuate patterns of behavior and meaning-making that contribute significantly to the development and maintenance of eating disorders within the community. However, the RFT-based account and sociocultural perspectives discussed so far, while useful for describing how these values and meanings are culturally constructed and transmitted, offer only a partial picture of how culture, language, and behavior interact concretely, particularly within therapeutic settings. Traditional functional contextualistic accounts still need to develop how to discuss cultural events in a way that allows for an integration with the data provided in research about symbolic behavior and therapy (see Abdala et al., 2023, for an initial delineation). A more comprehensive account of this interaction requires situating culture and language within the individual's own ongoing behavior.

Thus, it is now important to provide a more detailed delineation of what is meant by culture in this work, how culture relates to language, and how this relation can be discussed in therapeutic settings. To this end, Kantor's interbehavioral perspective on this topic will now be developed. This perspective may provide a more unified and comprehensive account of cultural events and their relation to therapeutic demands.

Kantor's Cultural Psychology and Linguistic Interbehavior

In his book *Cultural Psychology*, Kantor (1982) examines the processes through which cultural interbehavior in humans develops, either as an extension of broader psychological events or as part of humans culturally acquired behavioral repertoire. The term cultural interbehavior denotes psychological events in which stimulus–response functions become conventionalized within a group and are maintained under that group's auspices (Fleming et al., 2021; Houmanfar et al., 2001). From an interbehavioral standpoint, institutions (or institutional stimuli) are stimulus objects marked by arbitrary

and conventional properties—that is, properties that organisms come to understand through a shared history of culturalization within the same group's auspices—that are characteristic of a given group, whose boundaries are shaped by the ongoing behavioral interactions among its members. It is important to emphasize that the reactions coordinated with institutional stimuli are not determined by how individuals interact with stimulus objects on their own, but rather by how the group teaches them (deliberately or not) to interact with those stimulus objects; consequently, these reactions are shared among members of the group. Therefore, the distinction between cultural behavior and noncultural responses is primarily upon the basis of the stimulus function to which the response functions are performed. In cultural behavior, the stimulus function is called institutional.

Thus, institutional functions can be understood as the characteristic ways in which objects operate when contacted by members of a particular behavioral collective (Kantor, 1982). These culturo-psychological institutional properties are regarded as enduring phenomena insofar as their recurrence can be predicted. Once the development of these stimulational properties (formed through reciprocal interactions with the common responses of a given collective) are identified, and once their periodic functioning is observed, their operation can be predicted when individuals again encounter the objects that embody such institutional functions. In this sense, cultural behavior is conditioned by the institutional stimuli embedded within the cultural background in which individuals participate.

This background is a factor in complex behavior, also referred to as the “cultural milieux” (Kantor & Smith, 1975, p. 394). It consists of the ritualistic or ceremonial actions of individuals which, in their cumulative aggregate, form a behavioral milieu (the singular of milieux) for members of a given group. For example, in Brazil, it is common to greet people with “olá,” whereas in the United States it is customary to say “hello.” Organisms interact with these distinct milieux in each setting, and such interactions may serve as stimulating functions for particular response functions within specific psychological fields.According to Kantor (1926, 1977, 1982), the most pervasive form of cultural interbehavior is linguistic in nature. In contrast with traditional behavioral accounts true linguistic acts, from an interbehavioral perspective, are referential. That is, the primary function of the speaker’s (or, in Kantorian terminology, referor) response, in coordination with a stimulus object, is to refer that stimulus object to a listener or, in technical terms, a referee. In other words, the speaker adjusts to the stimulus object by referring it to another individual.

This referring may take different forms. For example, the speaker may point to the stimulus object, talk about it, write about it, or engage in other referential response forms. On the listener’s side, the speaker’s reaction—for instance, talking about the stimulus object—allows the listener to adjust to the same stimulus object to which the speaker is referring. Thus, the key component of a linguistic act is that both speaker and listener are responding with respect to the same stimulus object. Due to that reason, one of the main features of referential events is that they are bi-stimulational, that is, both speaker and listener are responding simultaneously to two stimuli, the adjustment and the auxiliary stimuli. The former is shared by both individuals, being the stimulus object the speaker is referring to for the listener. On the other hand, for the speaker, the auxiliary stimulus is the individual listening, while for this second

individual, the auxiliary stimulus is what the speaker is saying. Importantly, the stimulus object coordinated with these referential response functions to which both individuals adjust does not need to be physically present. The speaker may respond to it by means of a substitute stimulus present in the current situation, which bears the stimulating function of the absent stimulus object. For instance, a song often listened to during a summer vacation may function as a substitute stimulus for events that occurred during that vacation when a speaker later tells a close friend about the trip. In addition, the person acting as speaker may simultaneously act as listener when referring a stimulus object to themselves. Kantor distinguished this kind of expressive language from communicative language, in which the listener is another individual. Finally, Kantor (1926, 1977) warned against mistaking linguistic acts for other psychological events in which verbal reactions are often present, such as knowing or thinking reactions. Whereas the referential act consists of an indirect adjustment to a stimulus object by referring it to a listener, these other types of verbal reactions are considered direct adjustments, in the sense that the stimulus–response interaction changes the individual's relation to the stimulus object. Put more simply, in knowing or thinking reactions, the individual may discover a property of the object or learn how to interact with it in a way that conditions future reactions, as when using numerical calculation to solve a problem. In linguistic acts, by contrast, the speaker is referring the stimulus object to a listener without changing their own relation to it. This does not prevent the individual from engaging in thinking or knowing reactions during a referential act. For example, while telling the story about the trip, the speaker may also think about how they will manage the following month after having spent so much money during their vacation. However, these reactions should be understood as different.

Returning to the cultural component of linguistic acts, it should be clear that, on the speaker's side, the referential act with respect to the referred stimulus object, or referent, is to a great extent a conventional reaction shaped under the auspices of a given cultural group and shared by its members. In other words, when responding to the referent, the individual is not adjusting only to the physical properties of the stimulus object, nor only on the basis of their previous idiosyncratic contacts with it. Rather, the individual is responding through conventional forms of adjustment that have developed within a cultural group. Thus, when referring to a stimulus object, the speaker uses particular words in a particular language. Yet the conventional character of the reaction is not limited to the language used. It also involves what is said about the stimulus object—that is, the ways the individual adjusts to it through culturally shaped descriptions, evaluations, preferences, and classifications. Correspondingly, the stimulus object may be considered institutional insofar as its stimulating functions for the individual have been acquired through participation in the cultural group.

For example, when a speaker talks to a listener about a meal that has just been brought to the table in a restaurant, they are not only reacting to the smell, taste, or appearance of the food. They may also refer to it in a specific language and describe how they prefer to eat that kind of food during the summer, or how they like it because they consider it "healthy." These reactions involve culturally established ways of responding to food, seasons, health, and the body. In this sense, the meal functions not merely as a physical stimulus object, but as an institutional stimulus object whose functions are brought about through the conventional practices of the cultural group.

Cultural Interbehavior in the Therapeutic Setting

In therapeutic settings, most, if not all, of the behaviors occurring in the interaction between therapist and client may be understood as conventional or cultural acts. Moreover, many of these conventional reactions are referential. Because psychological therapy is eminently verbal, it involves a constant succession of referential acts between therapist and client, in which the roles of speaker/referor and listener/referee are exchanged. This conceptualization of linguistic interbehavior as both referential and conventional allows us to understand the therapeutic space as a setting in which therapist and client are talking about something, and in which their reactions to what is being talked about are shaped by the cultural practices of their group. In addition, by means of substitute stimuli, therapist and client can refer not only to stimulus objects and events present in the session, but also to events that have occurred outside that setting, particularly events in the client's life. Thus, through these referential acts, client and therapist can bring into the session conventional reactions that the client has emitted in their daily life.

Along with these referential or linguistic acts, other cultural reactions are also likely to occur during the session. For example, what the therapist says, their gestures and posture, a challenging question, or expressions of acknowledgment may be coordinated with feeling reactions on the part of the client, such as anxiety, shame, hope, or pleasantness reactions (see Kantor, 1924, pp. 373–378, for a classification of feeling reactions). Here, these feeling reactions are considered cultural because of their functional relation with institutional stimuli. For instance, a client may feel shame in response to a therapist's question about what they ate during the previous week. In this case, the therapist's question may function as a substitute stimulus for past eating episodes, as well as for culturally established evaluations of certain foods, bodies, and eating practices. The client's shame reaction, then, would be understood as a reaction coordinated with institutional stimulus functions established through the client's participation in a cultural group in which certain foods, eating patterns, or body types are evaluated negatively.

Other types of psychological events with a conventional character may also occur in the therapeutic setting. These may include meaning reactions, in which the individual adjusts to partially present properties of the stimulus object in ways that condition later action; problem-solving reactions, in which the person adjusts, by means of stimulus substitution, to absent properties or events related to the stimulus object in order to bring about a change in its status; and desiring reactions, in which adjustment to the stimulus object remains implicit because direct adjustment or manipulation is not possible in the present moment. Again, in all these cases, these reactions are considered conventional insofar as the relevant stimulus objects bear institutional functions.

Thus, what the food means for the client, thinking about how to change an eating pattern, or desiring a specific body, are all culturally influenced behaviors.

Despite emphasizing these cultural components, we also want to note that none of the behaviors mentioned above should be understood as exclusively conventional. Individuals respond to these

stimulus objects partly as members of a cultural group, but also in ways shaped by their idiosyncratic histories of contact with those sources of stimulation.

Nevertheless, what we have tried to stress here is that, when considering therapeutic demands and analyzing the therapeutic interaction itself, most behaviors will include a cultural component that should be identified and examined. From an interbehavioral perspective, this component may be analyzed as part of the functional organization of the psychological field, insofar as the stimulus objects to which clients and therapists respond often bear institutional functions. Thus, clients do not simply talk and interact with food, their body, or their interpersonal relations as a product of an idiosyncratic history; they do so as part of a process of culturalization within a group that shows how to behave in those areas.

Thus, the ineterbehavioral approach to therapy is valuable to address cultural interbehavior. However, it remains at the psychological/individual level, even though the therapeutic interaction inherently involves at least two people. Kantor's (1982) explanation of cultural interbehavior offered valuable insights into the conditions that support the emergence of cultural practices and into naturalistic ways of describing them, yet did not provide an account for investigating sociocultural events through an interbehavioral lens. It may therefore be appropriate to conceptualize the client-therapist interaction as a sociocultural event, in addition to considering it at the psychological level. This dual conceptualization offers one way of addressing, within clinical practice, the integration between individual and cultural levels raised earlier as a central challenge. With this in mind, we turn to examine what an interbehavioral account at the sociocultural level would entail.

An Interbehavioral Science of Sociocultural Relations

The approach developed by Fleming et al. (2025) extends Kantor’s approach to the sociocultural level, providing an outline of an interbehavioral science of sociocultural relations. More specifically, Fleming et al. (2025) offer an interbehavioral interpretation of sociocultural relations within culturo-behavior science (CuBS). As previously mentioned, Kantor (1982), whose main interest was in the psychology of individuals, did not provide a full account of sociocultural (or sociological) relations (cf. Houmanfar et al., 2010). In this sense, it is important to emphasize that the account proposed by Fleming et al. (2025) differs from Kantor’s (1982) original formulation, even though it aligns closely with his field-theoretic logic. Adopting the account of referential events developed by Kantor (1977) as a starting point, Fleming et al.’s (2025) approach extends that formulation by simultaneously accounting for the two or more individuals participating in the referential event. Thus, while Kantor’s proposal only analyzes the behavior of one of the members, either as the speaker for whom the other individual(s) function as an auxiliary stimulus, or as the listener for whom the auxiliary function is carried by the speaker’s behavior, the sociocultural referential event simultaneously encompasses both sides of the interaction. Following this logic, every reconfiguration of the event field in which the roles of speaker and listener are exchanged is analyzed considering all participants. Thus, this account follows the assumption that when one individual interacts with another, this second individual cannot simply be conceived as a stimulus object that forms part of the environment of the first, as it would be the case with other types of stimulus

objects such as non-biological objects or biological organisms belonging to other species. Quite the contrary, this second individual is also a member belonging to the same cultural group as the first, and their behavior changes in coordination with that of the first in relation to a shared history of enculturation in which both individuals adjust conventionally in a similar way to the same stimulus objects that have acquired institutional functions. In addition, it is also important to clarify that the exchange occurring between the participants of the sociocultural event is not understood following a causal logic in which the behavior of the speaker causes the behavior of the listener, that in turn acquires the role of the speaker and causes the subsequent behavior of the now-listener individual. Instead, the linearity of referring and being referred is taken as a reconfiguration of the factors participating in each sociocultural event. Thus, what is seen is that different configurations of factors compose different sociocultural episodes organized in space and time, but the causal power of the previous episode over the following, or of some factors over others within the same event, is not assumed. This follows one of the central assumptions within the interbehavioral epistemology: its adoption of a non-causal logic. From this perspective, causal relations are not assumed to be a feature of the natural world, but an epistemological device to build scientific systems. Being that the case, it is assumed that the causal logic imposes constraints on how natural events under study are conceptualized, as these causal links are based on the observer's perspective on when an event starts and ends, as well as assuming that certain factors or variables defined by the observer possess power over others. Contrary to that, the interbehavioral approach considers that any description of natural events in terms of participating factors is a construction, not the event itself. As such, postulating causal influences among these constructed factors moves the scientists away from the event and, in turn, from a naturalistic perspective (Hayes et al., 1997; Hayes & Fryling, 2014, 2018).

Returning to Fleming et al.'s (2025) interbehavioral account of sociocultural events, it is also true that these types of events have also been addressed following the contingency-based logic of traditional behavior analysis through the metacontingency model. This theory proposes the selection of the culturant that is partially formed by IBC's. However, the core contributions of IBCs, which is the theorization on how to categorize social events, can be explained in a non-causal interbehavioral way once we recognize that organisms can behave while also functioning simultaneously as stimulus objects for others (cf. Parrott, 1983). Although both IBCs and referential events involve the interrelated behavior of two or more individuals, they differ in the type of event taken as central to sociocultural analysis. In metacontingency accounts, the emphasis is placed on interlocked behavioral contingencies, aggregate products, and the cultural consequences that maintain culturants. In the interbehavioral approach outlined here, by contrast, the sociocultural character of the event is specified in terms of conventional referential relations among participants. That is, the relevant event is not defined primarily by the production of an aggregate product, but by the fact that two or more individuals interact with respect to a shared referent through conventional forms of adjustment. The central features shared by metacontingency-based approaches and the interbehavioral science of sociocultural relations presented here are that the behavior of individuals may function as stimuli for others and that the events of interest involve two or more people interacting. However, the interbehavioral account differs in treating

sociocultural relations as necessarily referential and conventional. This distinction is important because it shifts the analysis from a metacontingency approach in which the individuals participating in the IBC do not necessarily belong to the same cultural group or even need to belong to a linguistic species as long as each individual's behavior serves as a contingency for the others and an aggregate product is achieved. In contrast, in an interbehavioral science of sociocultural relations, the events are necessarily conventional in the sense that the behavior of the participating individuals is jointly coordinated with institutional stimulation established through shared linguistic practices. In other words, what matters is that the response functions of two or more individuals align with the stimulus functions of the same referent, and that that function is established conventionally. Thus, the sociocultural nature of the event lies in whether there is a referential interaction involving two or more people oriented toward a shared referent, not in whether their behavior produces a specific environmental change. Coherent classification of events is central to interbehavioral analysis, and has been stressed by some authors in related areas (e.g., Barnes-Holmes et al., 2026). We believe that this epistemology based in a field logic can encourage the development of new lines of research and technological applications such as psychotherapeutic interventions. According to Fleming et al. (2025), the referential events described in the previous section can also be conceptualized at the sociocultural level.

The Therapeutic Interaction as a Sociocultural Event

Following the presented approach, the client-therapist interaction can be conceptualized as a referential sociocultural event in which two or more (in the case of couples or group therapy) individuals interact. Unlike a purely psychological approach, in which the analysis focuses on the stimulus–response functions of a single individual (e.g., the client's reactions to the therapist's actions as stimulus objects/events) a sociocultural approach allows the referential exchange between therapist and client to be analyzed as an interrelated event. Thus, the client's referential action may function as an auxiliary stimulus for the therapist, allowing the therapist to adjust to the same stimulus object as the client. At the same time, the therapist's referential act, occurring in response to the client's, may function as an auxiliary stimulus for the latter. In this interaction, several exchanges may occur in which the action of one participant serves as an auxiliary stimulus for the other, while both remain adjusted to the same stimulus object or event—that is, while they continue talking about the same topic. This sequence may continue until one participant's referential act is directed toward a new stimulus object, thereby serving as an auxiliary stimulus for the other participant to adjust to that new stimulus object or event.

This understanding of the therapeutic interaction as a sociocultural event brings several relevant points. First, this approach captures the fact that the therapist, as another individual, is changed through their interactional history with the client in a way that differs from how a non-organismic environment changes following the client's actions. Thus, in these shared referential events between client and therapist, both participants learn and change throughout the therapeutic process. For example, when a client habitually refers to certain foods as "forbidden," the therapist may initially adopt this term to maintain contact with the client's own way of describing the situation, while progressively introducing alternative ways of referring to the same foods; as the client begins to adopt these alternative

descriptions, the therapist's own language shifts in turn. Analyzing this shared evolution may help clarify how both sides adjust to one another in relation to the therapeutic demand and the client's well-being.

Second, by including both participants in the sociocultural event, this approach makes it possible to consider not only the client's conventional reactions, but also those of the therapist. Accordingly, the demands the client brings to the session may also function as institutional stimuli for the therapist. The client may have conventional meaning or feeling reactions toward certain types of food, body image, or beauty standards, but the therapist, as a member of a cultural group, may also respond to these events through culturally shaped functions. For example, a therapist who shares a similar cultural factor toward thinness as the client, may respond to the client's presentation according to stimulus functions established through their own reactional biography with weight related events. By discouraging any behavior associated with weight loss regardless of its relevance to the client's case, or even by encouraging weight loss as a way of improving the client's self-esteem. This overlap between the therapist's own reactions and the client's presentation requires an explicit analysis of which institutional stimuli are guiding the therapist's responses in each case. In fact, an important factor in the therapeutic process may be how the therapist analyzes and adjusts to the institutional stimuli referred by the client, especially when cultural differences may exist between them, such as generational differences in which statements like "my body is my temple" function as a central organizing value for one generation, while carrying comparatively little institutional weight for another. Finally, if the therapeutic interaction is understood as a sociocultural event, one must consider that processes of culturalization may occur between client and therapist. In other words, through their ongoing interactions, both participants may establish a micro-culture in which certain referential reactions become conventional. These reactions are conventional in the sense that therapist and client, through their shared history, have coordinated particular reactions with particular stimulus objects, which may thereby acquire institutional functions within the context of their interaction. For example, over the course of therapy, therapist and client may begin to use the expression "the healthy body" to refer not to a body that meets dominant beauty standards, but to a body that allows the client to engage in valued activities, maintain physical stability, and relate to food with less suffering. Through repeated interactions in the session, this expression may acquire functions that differ from those established in the client's broader cultural history, where "healthy body" may have been coordinated with thinness, restriction, or social approval. In this sense, therapist and client may establish "local" conventional reactions in which, within their interaction, "the healthy body" comes to function as an institutional stimulus object established by their shared therapeutic history and goals.

Although the metacontingency model may also help conceptualize the therapeutic interaction as an event involving two or more individuals, in our view, it falls short in the ways previously mentioned. On the one hand, its focus on reinforcement logic, aggregate products, and the selecting environment diverts attention from how the interaction between client and therapist evolves independently of any outcome or aggregate product they may produce. On the other hand, metacontingency accounts omit the referential character of the client–therapist interaction. As a result, they do not fully consider that the most pervasive activity in which both participants are engaged consists of jointly adjusting to different

stimulus objects or events, whether present within the therapeutic session or substituted from outside it, in ways that may modify the client's reactions to them.

Final Considerations

Thus, this paper sought the goal of presenting how an interbehavioral account of culture and social events can serve as a theoretical foundation for discussing therapeutic demands. This delineation allowed for a non-causal, naturalistic approach to cultural behavior that details how culture and clinically relevant behavior interact in a coherent way, which was then used to discuss therapeutic demands traditionally regarded as complex, as in the case of eating disorders.

Behavioral patterns described as eating disorders bring a challenge to psychological investigation, because these responses cannot be analyzed dissociated of the cultural factor that integrates these interactions. The interbehavioral proposal developed in this paper showed how to organize and understand events like this both at the psychological and sociocultural level. Three implications for clinical practice follow based on this account. First, culture becomes something identifiable in the session rather than something abstract, which the clinician could just make inferences about: the analytic task is to specify the institutional functions that participate in the client's interbehavior, and which conventional reactions are coordinated with them. Second, because the sociocultural event includes both participants, the institutional functions operating for the therapist require explicit analysis as well. A therapist who shares the client's culturalization with respect to thinness, or who differs from the client, is not a neutral observer of the client's cultural history but a participant in a shared referential event. Finally, the notion of a socio-cultural interaction established between therapist and client provides a way of describing therapeutic change itself in cultural terms. Actualized social referential events can be observed as behavioral variations that occurred in participation with cultural factors. New conventional reactions are generated together for the client and therapist and therefore new response functions in relation with institutional stimuli.

We do not propose this account as a replacement for existing programs. Metacontingency-based research has produced experimental designs and a body of findings that were relevant to investigation of socio-cultural events, and the RFT literature, particularly the IRAP studies of thin-bias and of the discrepancy between actual and ideal body image, supplies precisely the kind of evidence that a cultural analysis of eating disorders requires. What the interbehavioral account adds is a different specification of the event under study, as sociocultural relations are treated as necessarily referential and conventional, which makes the shared linguistic history of the participants constitutive of the event rather than incidental to it.

Declarations

Author Contribution

Miguel Abdala: Conceptualization, Writing – original draft, Writing – review & editing, Supervision. Daniel Echevarría-Escalante: Conceptualization, Writing – original draft, Writing – review& editing. Juliana Telles Zanateli: Writing – original draft, Writing – editing. Gladis-Lee PereiraWriting – review & editing.

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