

EDITORIAL

From words to actions: Changing how we relate to addiction

Del dicho al hecho: Cambiando la función con la que nos relacionamos con la adicción

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The way in which addiction has been conceptualized has historically been dominated by biomedical and essentialist models that reinforce the idea of an unalterable identity linked to substance use. We talk of *being* addicted. This term, widely used both in professional contexts and in everyday language, can have a significant impact on a person's perception of themselves and their ability to make changes in their lives. Within this framework, the term *addict* becomes a defining label that affects how the problem and possible available solutions and relapses are perceived. By relating addictive behaviour to an illness, people may feel relief or liberation in finding an explanation and possible treatment for their situation (Pascual & Pascual, 2017). However, if the person relates to this notion by emphasizing the lack of control over their behaviour (e.g., "I am sick, therefore, I have no responsibility for my recovery"), this could lead to experiential avoidance or psychological inflexibility (Hayes et al., 1996; Luciano et al., 2016), reinforcing passivity and impeding engagement

in change processes. We simply exchange one cage for a bigger one. We may combat the stigma, but the underlying problem remains.

This article aims to analyze how therapeutic and personal language can be a tool for change in the field of addictions. In particular, we will describe and explain the process by which the behaviour of people with problematic or addictive substance use is influenced by the verbal relationship they establish with their life, their situation, and their substance use problem. We will also describe some guidelines for modifying this relationship as a strategy to complement other necessary psychological, medical, or social interventions.

First of all, in contrast to other animals, humans are uniquely capable of arbitrarily applied relational responding (AARR) (Hayes et al., 2001). A clear example of AARR is reading, a skill acquired in the early stages of human childhood development and one which is fundamental to language development. Indeed, AARR may even underlie language, rather than the other way around. This complex

and widespread behaviour is well known and currently enjoys broad scientific support (Barnes et al., 2005) and extensively demonstrated efficacy in both the general clinical setting (A-Tjak et al., 2015; Gloster et al., 2020; Powers et al., 2009) and the specific setting of addictions (Batten & Hayes, 2005; González-Menéndez et al., 2022; Twohig et al., 2013).

The relational ability of humans was discovered and described by Sidman in 1971. The process involves equivalence classes and is based on the training of conditional discriminations by matching to the sample, establishing arbitrary relationships (not based on physical properties) between stimuli (e.g., $A1 \rightarrow B1$, $B1 \rightarrow C1$). Such training leads to the emergence of derived relationships without direct teaching: reflexivity ($A1 = A1$), symmetry (if $A1 \rightarrow B1$, then $B1 \rightarrow A1$), and transitivity (if $A1 \rightarrow B1$ and $B1 \rightarrow C1$, then $A1 \rightarrow C1$). When these three properties are met, the stimuli form an equivalence class. They are equivalent.

Prolific research over the years has driven the exponential development in this type of experiment. Nevertheless, the equivalence class paradigm has found it difficult to explain other types of relationships beyond the contextual control of equivalence or coordination. What happens, for example, when relationships between events are established in arbitrary terms such as *greater than*, *less than*, *belongs to*, *is unlike*, etc.? Dymond and Barnes (1995) demonstrated that Sidman's approach is insufficient in explaining other types of relationships between stimuli.

In 2001, Hayes et al. systematized Relational Frame Theory (RFT), a theoretical alternative not only to equivalence classes but also to Skinner's 1957 theory regarding verbal behaviour. Their approach is based on two ideas. The first is to understand language from a purely functional perspective (Skinner, 1957). The second is to present a theoretical framework that could explain how humans relate events through language.

The relationships people create with regard to events in their lives can engender suffering. In the tradition of behaviour analysis, the world beneath the skin, covert behaviour (only accessible to the person experiencing it) continues to be behaviour under the same laws of learning (Skinner, 1953). On the other hand, by including the analysis of private events (sensations, thoughts, memories, feelings) as symbolic relationships, the development of behavioural science has opened a new avenue for clinical intervention. A person experiencing a traffic accident on the day they changed routes might begin to avoid making decisions perceived as novel or life-changing, thereby restricting their range of actions and limiting their decision-making to mitigating the suffering that may be caused by what is perceived as new. These types of psychological events require an analysis beyond the primary event—the accident, the car, the street—which can account for

the symbolic relationships the person creates between the events in their life that impact their suffering and, therefore, the decisions they make about their life.

That said, when we respond to one event in terms of another in a specific way, that is, under a contextual cue, the resulting relational response also has a contextual orientation. We might choose the biggest fruit in the basket, the sweetest one, the one belonging to a specific variety, or the one Grandpa would never eat. When the relationship between events is determined by a contextual cue, we speak of relational frames, a specific type of AARR.

Relational frames have three characteristics: mutual binding, combinatorial binding, and role transformation. Relational frames are not processes. They are actions, outcomes. The process, rather, is controlled by the learning history in interaction with the present moment (Hayes et al., 2001). Thus, if stimulus A is related to stimulus B, then B is related to A (mutual binding). If, in turn, B is related to C, then, in addition to the previous relationship, an additional one is established: A is related to C, and C is related to A (combinatorial binding). If Jaime is Jorge's son, Jorge is Jaime's father. If Valentín is Jorge's father, Valentín is Jaime's grandfather, and Jaime is Valentín's grandson. The final characteristic is role transformation. The psychological properties of a stimulus within a relational network can alter the function of other stimuli in the network, as new derived relationships are established between them. Imagine that someone tells us that one of the three people mentioned above is a doctor. The current information does not allow us to deduce who. However, try again after reading the following: Valentín helped Jaime to continue the family handicraft business, a tradition Jorge did not want to follow.

Given the many relationships or relational frames (equivalence, opposition, hierarchical, temporal, spatial, conditional, causal, and deictic), how can relational frame theory inform clinical interventions for people with problematic substance use? One of the most relevant frames in clinical practice is perspective-taking, which is based on deictic relationships. Deictic frames allow people to situate themselves in space (here vs. there), time (now vs. then), and in relation to others (I vs. you). What happens when deictic frames come into contact with other symbolic networks?

The psychological properties of one relational network can transform the psychological functions of other relational networks. In our case, when the *self* and the *addiction* are coordinated (in a relationship of equivalence), the psychological functions related to the person are transformed. "*If addiction is a disease and I am an addict, I am sick.*" The way that relationships are related generates what is known as coherence. These relationships promote actions that reinforce the coherence of the network itself, even if this does not imply greater effectiveness (Villate

et al., 2020). Thus, the person with problematic use may respond to their own behaviour as something beyond their control and ability to change; they may respond to relapses as a confirmation of what they are assumed to be: *an addict, a sick person*; or they may feel liberated by having an explanation for their problem. The part for the whole.

Contextual therapies emphasize the role language plays in the construction of the self and its impact on clinical intervention. Changing the relationship between a person's identity and the label "addict" can make a crucial difference in treatment. A therapeutic approach of this nature can establish a clinical differentiation which makes it possible to have more flexible relationships between relational networks and to modify their rigidity.

From this perspective, the "self" is constructed through multiple symbolic relationships (Barnes et al., 2005), where the "self-as-content" (how a person describes themselves) is distinguished from the "self-as-context" (a broader perspective from which these contents can be observed). This distinction responds solely to a clinical need. It allows the person to respond hierarchically to their experience of problematic use, positioning it as a part of themselves rather than something defining or essential: from *being addicted* to *being a person with problematic consumption*. The focus thus changes from the part for the whole to the whole in its parts.

Instead of "*I am an addict*," the formulation "*I am a person with a problematic drinking pattern*" should be encouraged. This reframing could alter the hierarchical relationships between the person (self-as-context) and their actions (self-as-content), allowing the problem to be perceived as something modifiable rather than unchangeable. This in turn can help the person connect with other areas of their life that are also part of it, thereby establishing a horizon of change beyond problematic use.

Changing the reinforcing value of certain rules and/or behaviours is known as an *augmenting* strategy (Harte et al., 2021). That is, the goal of changing the hierarchy is to make it easier for the person to come into contact with their values (Hayes & Strosahl, 2021): what kind of person they want to be, how they want to take care of their relationships, what they want to spend their time on, etc., and, additionally, to come into contact with the direct and alternative consequences of not using, the direct experiences of recovering their cognitive, sensory, bodily, and other faculties. These types of frameworks aim to make decision-making more flexible and can support other typical strategies in contextual therapies such as creative hopelessness.

An illustrative case is that of Segismundo, a 35-year-old man with a history of problematic cannabis use. Segismundo began using cannabis with his friends while at university. "A university friend told me that a couple of puffs of a joint would help me cope with the stress of

exams better and also helped to sleep better." During these conversations, Segismundo and his friend discussed the stress they saw in people and the consequences of leading such a life. ("Living stressfully and without moments of relaxation ... can give you a heart attack"). Segismundo concluded that "Living stressfully can be dangerous" and that "having moments of relaxation can be beneficial for many things." Little by little, Segismundo began using cannabis to sleep better, to reduce the stress in his life, or even to increase his appetite. He concluded that cannabis use brought him well-being, an idea that reinforced his perception of stress and its consequences. His mother separated from his father because he was a workaholic. He only had eyes for his company and his work, and sidelined his family. They separated.

After establishing this network, Segismundo began to interact with an opposing network, avoiding situations that caused him stress, such as attending class and paying attention, exercising, or traveling. Additionally, he decided to interact with other users, since people with stress "don't understand his lifestyle." He heard about clubs designed for users, frequented by people with the same life vision as him. In this setting, Segismundo maintained conversations that reinforce his self-concept: "We are different; we know how to appreciate what is truly important in life."

After a couple of years in which his life revolves around drug use, he recalls a conversation with his cousin Alex, who was a very important person to him: "I always wanted to be like him," "He's a genius," "I really admire my cousin," "He always knew how to help me." In his family, he says, Alex had always been the reference point; the other cousins were always in his shadow. "We weren't as good as he was."

That day, Alex's words somehow left a mark on Segismundo. "Segis, you look ill," "Have you thought about asking for help?" "You look sick," "During college, I used to smoke too, but it ended up affecting me, and I decided to quit".

After this conversation, Segismundo felt deeply disappointed in himself, as his cousin had been able to quit, while he seemed ill. Segismundo began to think that he would never be as good as his cousin Alex. And anyway, it was all too late now as he was ill, and it was impossible for him to conceive of a life without using, and even more unlikely, to return to a life filled with stress.

Here, the main network "substance use for relieving or avoiding life's stress" is underpinned by another "I can't get out of this situation because I'm sick." The substance is also used now in order to avoid the sensations derived from a life of use. The symbolic networks that are built are bottom-up (Gil et al., 2014) and ultimately shape one's perception of oneself: "*I'm addicted*."

According to Törneke et al. (2016), this type of inflexible behaviour is problematic because private events (thoughts, sensations, memories, etc.) are coordinated with

one's identity. Behaviours and their consequences reinforce coherence, which contextualizes short-term decision-making. This establishes a generalized relational operant whose main function is experiential avoidance.

To promote therapeutic change where the person can consider their experiences in a more flexible manner, the same authors propose a combination of strategies to create a new relational context. First, users need to relate to their own history of inflexible patterns. Second, they must be able to frame their experience from the self-as-context, in which the experience of using and its consequences are a part (self-as-content) and not the whole. Finally, users must be offered help to clarify and amplify their motivations and propose long-term decision-making based on what is truly important to them, thus leading to a meaningful life.

This intervention aims to make the relationship between the label "addict" and Segismundo's overall identity more flexible. As new formulations such as "I have had problematic patterns of use, but I am more than just that" are developed, flexibility is introduced into his self-concept. By changing the way Segismundo relates to his current history of use, his expectations about recovery and relapse also change.

The approach combining contextual therapies and MRT offers a powerful alternative for intervening in the treatment of addictions, particularly in the way people relate their identity to substance use. The distinction between "self-as-context" and "self-as-content" (also called the deictic self by other authors) allows for a more flexible view of the problem that reduces inhibiting rigidity and promotes greater adaptation to new ways of life. Understanding that identity is not determined by a history of substance use but may be redefined through language and experience opens up a broader and more effective therapeutic horizon.

Substance use can lead to the person losing a large part of their life, reducing it and making what is important in day-to-day decisions with long-term implications less relevant. Intervention in this type of problem should not, in our opinion, focus solely on the substance itself but rather on finding a path to recovery in which consumption is increasingly reduced, of course, but also one in which parts of the person that had previously been forgotten are amplified.

The techniques and strategies inherent in contextual therapies, and especially ACT, should be informed by direct applications of RMT so that the relationships between symbolic networks are more effective when it comes to transforming functions. It is essential that the intervention is adapted to the individual's history and avoids preconceived applications that are unrelated to their life.

Those wishing to dig deeper into the details of these strategies can consult various publications on the subject, such as Törneke (2021), without forgetting, however, that the relevance of this type of intervention is to help

clients discriminate their own behaviour and generate a meaningful alternative from that basis.

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