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## This Week's Citation Classic

Cautela J R. Covert sensitization. Psychol. Rep. 20:459-68, 1967.
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Covert sensitization is a technique designed to increase an avoidance response. When covert sensitization is employed, the client is asked to imagine a target behavior to be avoided and then imagine an aversive consequence such as vomiting or being disgraced. Applications of covert sensitization to maladaptive approach behaviors such as excessive alcohol intake, overeating, or stealing are described. [The Social Sciences Citation Index® (SSCI®) indicates that this paper has been cited in over 250 publications since 1967.]

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"When I attended Wolpe's first Behavioral Institute at the University of Virginia in 1965, I was impressed by the efficiency and wide applicability of the desensitization procedure. In this procedure, imagery is manipulated to reduce an avoidance response. It was Wolpe's contention that, not only could desensitization be applied to maladaptive avoidance behaviors due to anxiety, but that maladaptive approach behaviors, such as alcoholism, obesity, or sexual deviations, could be treated successfully by desensitization. His assumption was that these maladaptive approach behaviors were elicited by anxiety-producing stimuli. Therefore, if the client was desensitized to these anxiety components, then the maladaptive approach behavior would be eliminated.

"After I left the training institute, I began to employ desensitization in treating both maladaptive avoidance and approach behaviors. At one particular period in my clinical practice, I was treating a female for alcoholism and another female for obesity. After the behavioral analysis in both these cases, I

desensitized both clients for all the possible antecedent conditions that appeared to trigger the maladaptive approach behaviors. After concluding that my examination of relevant antecedent conditions was thorough, I began to speculate that perhaps I should focus on having the clients imagine appropriate consequences to reduce the frequency of the behaviors.

"In the literature at that time there was some evidence that employing aversive stimulation was successful in the elimination of some faulty approach behaviors, e.g., papers by Thorpe, Schmidt, and Castell¹ and Marks, Rachman, and Gelder.² Therefore, I reasoned, why not have individuals imagine they were receiving aversive consequences since Wolpe's desensitization procedure was successful by having the clients focus on imagining antecedent conditions?

"I decided to apply the imagining of aversive consequences to the two cases mentioned here. I chose vomiting as the aversive consequence, probably because the cases each concerned oral behavior. Fortunately, these clients began to improve after the ap-

plication of the new procedure.

"After the success of these two cases, I began to apply covert sensitization to quite a variety of maladaptive approach behaviors. The publication of the procedure resulted in many clinical case illustrations and experimental investigations, e.g., Barlow,

Leitenberg, and Agras.3

"My original conceptualization of the covert sensitization process was vague. It wasn't quite clear to me whether I was dealing with mere contiguity, since the target behavior overlapped the aversive scene - or was it due to operant features? With the success of covert sensitization, I concluded that since clients could imagine aversive consequences to reduce behaviors, they could imagine reinforcing consequences strengthen or increase behaviors. This led to the development of covert reinforcement. Establishing the covert reinforcement procedure made it obvious to me that I was dealing with a kind of covert operant conditioning. This, then, was the beginning of the de-velopment of the covert conditioning model."4,5

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