

COVERT CONDITIONING

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Primary Disciplinary Field(s): Clinical Psychology, Behavior Therapy, Cognitive-Behavioral Therapy (CBT)

1. Core Definition

Covert conditioning refers to a distinct set of therapeutic techniques within the realm of behavior therapy that relies fundamentally upon the employment of imagination and mental imagery to modify behavior. Formed by the American psychologist **Joseph R. Cautela** in the 1960s, this methodology operates on the critical premise that behavior occurring internally (covert behavior) and behavior expressed externally (overt behavior) are mutually correlated and interdependent. This means that a change in one domain directly impacts the other, and critically, both forms of behavior are subject to and regulated by the established laws of learning, including classical and operant conditioning principles.

The essence of covert conditioning lies in guiding the individual through highly realistic, imagined scenarios where they engage in a desired behavioral response in the face of previously problematic stimuli. Unlike traditional behavioral approaches that require direct exposure or overt practice, covert conditioning utilizes the power of visualization to simulate the experience. After successfully visualizing the adaptive response, the individual provides self-reinforcement, often in the form of cognitive praise or affirmation, for their mental participation. This cognitive engagement and subsequent self-praise are theorized to facilitate a genuine and measurable shift in the individual's actual, overt behavior when confronted with the corresponding real-life situation. Therefore, covert conditioning serves as a bridge, applying behavioral principles to processes traditionally considered exclusively cognitive.

2. Etymology and Historical Development

The term **covert conditioning** emerged from the functional analysis of behavior during the mid-20th century, specifically within the behaviorist tradition that sought objective methods for therapeutic change. Cautela sought to expand the reach of behavior therapy beyond observable responses. He recognized that while traditional behaviorism, particularly the work of B.F. Skinner, often minimized the role of internal events, clinical reality suggested that thoughts, feelings, and internal monologues significantly modulated human action. Cautela's breakthrough was hypothesizing that these internal, or "covert," events could themselves function as stimuli, responses, or consequences, thus making them amenable to the same conditioning laws governing overt behavior.

Historically, covert conditioning provided a crucial theoretical step toward what would later become

known as Cognitive-Behavioral Therapy (CBT). While CBT later integrated more sophisticated models of cognitive processing (like schemas and irrational beliefs), Cautela maintained a fundamentally behavioral framework, viewing covert events not merely as thoughts, but as functionally equivalent to behaviors--responses that happen to occur at a sub-vocal or sub-motor level. This theoretical maneuver allowed clinicians to address mental processes using the reliable, evidence-based tools of reinforcement and punishment without necessarily requiring physical action or real-world exposure, making it highly adaptable for complex psychological issues.

3. Key Concepts and Components

The theoretical foundation of covert conditioning rests on several critical assumptions and operational components necessary for its effectiveness. These components translate the principles of operant and classical conditioning into the imaginative domain, ensuring that mental practice translates into real-world change.

A central concept is the **Covert-Overt Correlational Principle**. This principle posits that because covert and overt behaviors share the same underlying biological and neurological structures, they are intrinsically linked. If an individual consistently visualizes a specific sequence of actions and consequences (covertly), the neural pathways associated with that sequence are strengthened, preparing the individual for the actual execution (overtly). This correlation is what enables imaginary practice to produce authentic behavioral shifts.

Visualization and Imagery Quality: The success of the technique hinges on the client's ability to generate vivid, detailed, and realistic mental imagery. The scenario must incorporate sensory details (sights, sounds, feelings) to maximize its functional equivalence to a real-life situation. This high degree of cognitive participation is essential for the simulated environment to accurately trigger the emotional and behavioral responses that need modification.

Self-Reinforcement and Consequence Management: Following the successful covert completion of the desired behavior, the client must immediately administer a cognitive consequence. In applications like **Covert Reinforcement**, this involves visualizing a highly pleasurable event or delivering self-praise (e.g., "I handled that perfectly," or visualizing a reward). In contrast, techniques like **Covert Sensitization** utilize imagined aversive consequences to suppress unwanted behaviors.

The Laws of Learning: The entire process is grounded in the premise that the fundamental laws governing learning--such as extinction, generalization, discrimination, reinforcement, and punishment--apply equally to covert processes. The imagined presentation of a stimulus (S), the internal response (R), and the subsequent cognitive consequence (C) form a functional SR-C chain that dictates future overt behavior.

4. Specific Techniques and Applications

Covert conditioning is not a single technique but a family of procedures, each adapted from traditional behavior modification methods but applied internally through imagination. These methods offer flexibility in treating a range of psychological disorders where direct real-world exposure might be impractical, unethical, or too anxiety-provoking for the initial stages of therapy.

One of the most widely used techniques is **Covert Sensitization**. This method is primarily used to treat addictive or self-defeating behaviors (e.g., substance abuse, overeating, or sexual deviance). The client is instructed to visualize the unwanted behavior (e.g., reaching for a cigarette) and immediately pair it with a highly aversive and disgusting imagined consequence (e.g., severe nausea or vomiting). Through repeated pairings, the stimulus (the cigarette) is conditioned to elicit a negative response, thereby reducing the probability of the overt behavior.

Conversely, **Covert Reinforcement** is utilized to increase the frequency of desirable behaviors. The client visualizes performing a difficult or desired behavior (e.g., speaking assertively in a meeting) and is immediately followed by the visualization of a highly motivating, positive image (a "covert reinforcer"). Other specific techniques include **Covert Extinction** (imagining the problematic stimulus without the expected reinforcement until the response diminishes) and **Covert Modeling** (visualizing a successful model performing the desired behavior). These varied approaches demonstrate the versatility of applying conditioning principles to the imaginative realm for clinical benefit.

5. Significance and Impact

The introduction of **covert conditioning** represented a significant landmark in the evolution of psychotherapy, bridging the gap between rigorous behavioral science and the undeniable complexity of human cognition. Its most profound impact was demonstrating that systematic, empirically derived principles could be effectively applied to internal, subjective experiences, thereby expanding the scope of behavior therapy substantially. Before Cautela's work, many clinicians struggled to apply purely overt conditioning techniques to internal states such as anxiety, obsessive rumination, or craving.

Furthermore, covert conditioning significantly contributed to the development of modern **Cognitive-Behavioral Therapy (CBT)** by legitimizing the study and manipulation of internal mental events. While early behaviorism viewed internal events skeptically, Cautela's framework provided a way to integrate visualization and self-talk into a structured treatment plan, allowing therapists to address phobias, anxiety disorders, and habit disorders with greater precision and efficiency. The approach also empowered clients by teaching them self-control through internal mechanisms, allowing them to practice therapeutic techniques anywhere, thus fostering greater autonomy in the change process.

6. Debates and Criticisms

Despite its clinical effectiveness and theoretical influence, covert conditioning has faced several methodological and theoretical criticisms, primarily stemming from its reliance on subjective, unobservable phenomena. The core debate centers on the objective verification of covert events.

Critics argue that because the central mechanisms--the quality of the visualization and the administration of the covert consequence--occur internally, they cannot be reliably observed, measured, or externally verified by the therapist. This raises questions about treatment fidelity and the consistency of application across different clients. A client might report visualizing the scenario perfectly while, in reality, their imagery is weak or inaccurate, leading to inconsistent therapeutic outcomes that are difficult to diagnose or correct based on behavioral principles alone.

Additionally, questions regarding the functional equivalence of covert and overt events persist. While Cautela asserted they follow the same laws, some researchers suggest that mental imagery, lacking the full sensory and physiological feedback loops of real-world interaction, may generate weaker or less durable conditioning effects than direct exposure therapies. Nevertheless, ongoing research has consistently supported the clinical utility of covert conditioning, often validating its inclusion as a highly useful preparatory or supplementary tool within comprehensive CBT protocols.

Further Reading

[Joseph R. Cautela \(Wikipedia\)](#)

[Behavior therapy \(Wikipedia\)](#)

[Cognitive Behavioral Therapy \(Wikipedia\)](#)