Abstract

There is now common agreement that the facilitation of effective emotional processing is vital in promoting therapeutic change. The emotion-focused (EFT) model of effective emotional processing, which emphasizes utilization of adaptive and transformation of maladaptive primary emotional experience is presented, and the similarities and differences to the emotional processing models in the cognitive-behavioral tradition are discussed. The concept of Client Emotional Productivity, which is based on the EFT model of change, is introduced. Client Emotional Productivity proposes emotional activation, emotion type and manner of processing as central dimensions of effective client emotional processing. It provides practitioners with a map for discriminating productive and non-productive client emotional expressions and guides them in facilitating productive emotional processing in their clients.

Over the past two decades there has been growing interest in emotion and its role in psychotherapy. This emerging recognition of the importance of emotion has a significant influence on psychotherapy theory, research and practice. Today almost all schools of therapy acknowledge that the activation of emotion, its symbolization in awareness, and its expression are important in therapeutic change (Foshà, 2000; Greenberg, 2002a; Greenberg, Rice, & Elliott 1993; Samoilov & Goldfried, 2000). There is a fast-growing body of research on emotion processes in psychotherapy (Greenberg & Pascual-Leone, 2006; Whelton, 2004) reflecting both the wish and the need to more fully understand the role of emotion in the therapeutic process of change.

Emotional Processing

An important concept for guiding research and practice with regard to emotion is the construct of emotional processing. It serves as a theoretical framework that organizes the notions of different therapeutic schools as to how people process their emotion, and what kind of processing should be facilitated in therapy in what way to promote emotional change. In the following
section we will give a brief overview over the different emotional processing theories that have
been proposed to date. The main focus will be on reviewing views on emotional processing
from the cognitive-behavioral perspectives and emotion-focused perspectives, since the con-
struct of emotional processing was most heavily researched in these traditions. Similarities and
differences between these views will be highlighted.

**Concepts of emotional processing in the cognitive-behavioral tradition**

Rachman (1980) was first to introduce the concept of emotional processing in the context of
anxiety disorders. He used the term emotional processing to refer to the way in which people
process stressful life events. Rachman (1980, p. 51) defined emotional processing as a “pro-
cess whereby emotional disturbances are absorbed and decline to the extent that other expe-
riences and behaviors can proceed without disruption”. The persistence or return of intrusive
signs of emotional activity as evident in symptoms such as nightmares, hypervigilance or pho-
bias are considered to be clear indicators that aversive events have not been absorbed satisfac-
torily. In addition to explaining the occurrence of emotional dysfunction, emotional process-
ing was also proposed as a common mechanism mediating the effectiveness of various ther-
apeutic interventions involving exposure to affect eliciting stimuli. According to Rachman effec-
tive emotional processing in therapy thus refers to the reduction of negative emotional
responses to disturbing stimuli as a result of exposure therapy.

Foà and Kozak (1986) elaborated on Rachman’s original theory and defined emotional pro-
cessing as the modification of memory structures underlying dysfunctional emotion. They pro-
posed two necessary conditions for successful emotional processing to occur in the context of
the treatment of pathologic fear: a) the fear structure must be activated, as indicated by phys-
iological responses and verbal self-reports: and b) new information incompatible with the ele-
ments of the fear structure must be incorporated, to replace dysfunctional elements with real-
istic ones. Successful emotional processing is then indicated by habituation of anxiety in
response to distressing stimuli within and across sessions. This emotional processing theory
was later expanded to the conceptualization and treatment of posttraumatic stress disorder
(Rachman, 2001; Rauch & Foà, 2006).

Teasdale (1999) also expanded the concept of emotional processing and applied it to the pre-
vention of relapse and recurrence in depression. According to Teasdale effective emotional pro-
cessing should reduce the ability of internal affective events and thoughts (such as sad mood
or negative self evaluations) to reactivate depressogenic processing cycles at times of poten-
tial relapse. He defined such processing as processing that leads to change in affect-related
implicational schematic models supporting processing configurations that produced dysfunc-
tional emotion. He suggested that such beneficial processing is best facilitated in a particular
mode of mind in which sensations, thoughts, and feelings are directly and intimately experi-
enced in awareness. The goal of therapy would then be to teach clients intentional control skills to deliberatively switch into a mode of mind Teasdale (1999) refers to as “mindful experiencing/being”.

Baker (2001) adopted Rachman’s original definition and proposed a conceptual model specifying the underlying mechanisms involved in successful emotional processing. According to Baker (2001) for an individual to fully absorb distressing emotional reactions to negative events, he or she has to be aware of his or her emotional reaction, experience it as a psychological whole, a “Gestalt”, label it, and link it to its preceding causes. Baker, Thomas, Thomas, & Owens,(2007) developed an emotional processing scale based on this model attempting to identity difficulties in processing emotions, and relating these difficulties to different psychological and psychosomatic disorders.

The main focus of emotional processing models in the cognitive-behavioral tradition is thus on the reduction of negative or symptomatic emotional reactions to distressing events (Goldfried, 2003). The recipe for facilitating effective emotional processing is emotional activation through some form of exposure to the triggering cues, in combination with the incorporation of corrective information (FoA & Kozak, 1986, Rachman, 2001), or the cultivation of a mode of mindfulness (Segal, Williams, & Teasdale, 2002; Teasdale, 1993, 1999) to reduce the ability of distressing stimuli to elicit negative emotional responses.

**The emotion-focused model of emotional processing**

The emotion-focused model of productive emotional processing has to be seen in the context of the experiential/humanistic tradition in which emotions generally are regarded in a more positive light. Rather than being seen as simply disruptive, emotions are viewed as a primary meaning system providing important adaptive information for human survival and well being (Greenberg & Safran, 1987; Greenberg & Van Balen, 1998). In addition, emotion is considered as a core organizing process and as fundamental to the construction of the self (Greenberg & Pascual-Leone, 2001). Within the EFT framework emotional processing is not limited to the reduction of negative emotional responses to distressing events or the absorption of emotional disturbances, it rather refers to how people deal most effectively with their emotions in therapy, including both problematic and healthy or beneficial emotional responses. Greenberg and colleagues (Greenberg, 2002; Greenberg & Safran, 1987; 1984; 1981), suggested that optimal emotional processing involves becoming aware of emotional experiences, being moved and informed by them and creating new, more adaptive emotional responses by transforming old responses that have become maladaptive. They emphasize both the importance of making sense of adaptive and maladaptive emotional experience and creating new meaning by integrating cognition and affect, and the importance of accessing alternate adaptive emotions. They suggested that therapy often involves facilitating change in
emotion schematic structures underlying maladaptive emotional experiences. Similar to the cognitive-behavioral perspective, the emotion-focused model thus sees approaching emotion by attending to emotional experience and allowing and tolerating being in live contact with it as a necessary condition for effective emotional processing (Foa & Kozak, 1986; Greenberg, 2002; Greenberg & Safran, 1987, 1980, 1981; Safran & Greenberg, 1982a & b; Rachman, 1980). From an emotion-focused point of view, however, once brought to awareness, the emotional experience also has to be explored, symbolized, reflected upon and made sense of. For optimal emotional processing to occur, the client has to orient cognitively towards an emotion and create meaning from it; by so doing integrating affect and cognition. In addition, Greenberg and colleagues (Greenberg, 2002; Greenberg & Paivio, 1997; Greenberg & Safran, 1987) proposed, that it is important not to treat all emotional experience as the same, but to differentiate between primary and secondary emotion on the one hand, and adaptive and maladaptive emotion on the other hand (see Herrmann & Greenberg, this volume).

Primary emotions are defined as a person’s core, first, immediate gut response to a situation, such as sadness about loss or fear at threat. Secondary emotions in contrast, are responses to preceding emotional reactions, often obscuring or interrupting these more primary emotional reactions (e.g., depressed hopelessness covering shame at not being good enough, rage covering shame at loss of self-esteem, or anger covering fear). They can also be secondary to more cognitive processes (e.g., anxiety in response to catastrophic thinking). Most secondary emotions are symptomatic feelings, such as phobic fear, feelings of depletion and hopelessness in depression, or fear in the context of obsessive-compulsive disorders. While secondary emotions are generally maladaptive, primary emotions can be either adaptive or maladaptive. Primary adaptive emotions serve a person’s goals, needs and concerns in the world and prepare the individual for adaptive action. Examples are fear at threat, preparing the individual to escape or avoid a dangerous situation; or anger at a violation, preparing the individual to reassert his/her boundaries. Primary maladaptive emotions on the other hand are more a reflection of past unresolved issues and are based on traumatic learning. Consequently they don’t prepare the individual for adaptive action in the world. Examples are fear in response to human intimacy that stems from experiences of abuse in one’s childhood; or feelings of shame of being worthless, when one suffers an attack.

It is of central importance to note, that from an EFT perspective only the activation of primary emotion is therapeutic. Primary adaptive emotions need to be accessed in order to extract the adaptive information they contain and to use them in problem solving. Primary maladaptive emotions need to be activated and accessed to make them amenable to transformation by bringing them into contact with more adaptive emotional responses (Fredrickson, Mancuso, Branigan, & Tugade, 2000; Greenberg, 2002). Secondary emotional experiences including symptomatic emotions, in contrast, are best bypassed or explored to get to their underlying primary generators. Contrary to CBT models of emotional processing, symptomatic emotional
experiences are not the target of intervention, they are merely explored in order to gain access to their primary generators. In this view, productive emotional processing allows for the extraction of the useful information inherent in adaptive emotion (emotion utilization), and flexibility in the process of transforming maladaptive emotion by co-activating more adaptive emotion, in order to undo the effects of maladaptive emotion and generate more adaptive emotional responses (emotion transformation). The emotion-focused model of effective emotional processing thus proposes the utilization of adaptive and the transformation of maladaptive primary emotional experience. The latter is done not by absorption or decrease, but by transformation both by undoing one emotion with another opposing emotion and by the creation of new meaning.

The distinction between different types of emotional experiences and the focus on both primary adaptive and primary maladaptive emotions as well as the principles of reflecting on emotion to create new meaning and changing emotion with emotion appear to be the key differences between the emotion-focused theory of emotional processing and the emotional processing models coming from the cognitive-behavioral perspective described above. While the emphasis of the models in the cognitive-behavioral tradition is more on the reduction of symptomatic feelings through processes such as exposure and habituation, the EFT model advocates for working with primary emotion, and emphasizes utilization and transformation as two central change processes. Considering the fundamental difference in focus it might be fruitful to start thinking of the different emotional processing theories as complementing each other, rather than competing or contradicting. The issue of what type of emotion benefits from what type of intervention and change process, however, is still in need of empirical investigation.

Client Emotional Productivity
In order for emotional processing to be a valuable concept for psychotherapy research and practice it is important to operationalize and measure it in some form. Extensive research has been done on the concept of depth of experiencing employing the Experiencing Scale (Klein, Mathieu-Coughlan, & Kiesler, 1986). The Experiencing Scale measures the quality of client’s emotional processing along a continuum of seven stages. It assesses the degree to which clients explore and integrate their inner experience to resolve a self-relevant problem. Depth of experiencing has been shown to predict outcome across treatment modalities (Castonguay, Goldfried, Wiser, Rau, & Hayes, 1996; Hendricks, 2002; Silberschatz, Fretter, & Curtis, 1986) and served as an operational definition of emotional processing in several research projects within the EFT framework (Goldman, Greenberg, & Pos, 2005; Pos, Greenberg, Korman, & Goldman, 2003; Watson & Bedard, 2006). Although depth of experiencing proved to be very useful in operationalizing aspects of the EFT model of productive emotional processing some important elements such as the distinction between different types of emotion are not
captured by it. In order to more accurately depict the EFT emotional processing model Greenberg et al. (Greenberg, Auszra, & Herrmann, 2007, Auszra, Greenberg, & Herrmann, 2004) developed the Client Emotional Productivity Scale.

Client emotional productivity refers to productive emotional processing and attempts to capture the essence of the EFT emotional processing theory. It is defined in the context of the psychotherapeutic process and refers to whether the therapeutic process is moving toward therapeutic process goals or therapeutic change. Emotional Productivity intends to provide researchers and practitioners with an internal map as to how to distinguish between client emotional expressions that promote achieving therapeutic process goals or change and emotional expressions that are hindering or even detrimental to the change process. Particularly in the context of maladaptive emotion an important distinction has to be made between emotion processes that are a sign of distress and those that are a sign of the working through of that distress (Kennedy-Moore & Watson, 1999). On a very basic level the therapist needs an answer to the question whether the client’s emotional expression is therapeutically productive and whether the therapist wants to facilitate more of this emotion process or not. In the case where therapist and client come to the view that a client’s current emotion process is not productive or even harmful, therapist needs to know what dimension of the emotional process needs to be worked on, so as to help the client achieve his or her aims in therapy.

Based on research and theory Client Emotional Productivity was defined as a client experiencing a primary emotion in such a way that a) he or she can extract the useful information inherent in an adaptive emotion in the service of problem resolution, or b) shows the potential to be able to transform a maladaptive emotion into a more adaptive emotional experience (Greenberg, Auszra, Hermann, 2007). In other words, a client should process a primary emotion in such a manner that either the utilization or transformation of the emotion is possible, depending on whether the emotion is adaptive or maladaptive. Emotional Productivity has three main dimensions: 1) emotional activation, 2) emotion type and 3) manner of processing. For a client’s emotional expression to be considered therapeutically productive certain criteria on all three dimensions have to be met. In the following paragraph we will give a brief overview over the specific components of client emotional productivity.

**Emotional activation**

All major emotional processing theories assign a crucial role to implicit cognitive-affective meaning structures in human function and dysfunction (Baker, 2001; Foa & Kozak, 1986; Greenberg & Safran, 1987,1981; Rachman, 2001; Teasdale, 1999). Accordingly, in most therapeutic approaches that focus on working with emotion, these automatic structures which function implicitly are the primary targets of intervention and change. Since these schematic structures, in which emotion and cognition are highly integrated, are not directly available to aware-
ness and reason, they need to be accessed indirectly by activating the emotional experience they produce. So in therapy in order to restructure maladaptive schematic structures or to utilize the adaptive information stored in adaptive ones, clients have to experience the emotion generated by these underlying structures. In line with this, in their recent review of process and outcome research on emotion, Greenberg and Pascual-Leone (2006) came to the conclusion that emotional arousal, even though not sufficient on its own, is a necessary condition for emotional processing. Thus, for productive emotional processing to occur, emotional experience needs to be activated and viscerally experienced by the client. For example, in order to change a client’s maladaptive sense of being bad and undeserving of love or positive attention, the maladaptive emotion schemes producing this response have to be activated. So the client has to actually feel undeserving and worthless in the session in order for the therapist to be able to help him or her to work towards transforming this maladaptive emotional response into a more adaptive emotional response, by creating new meaning and co-activating more adaptive emotional responses; thereby changing the maladaptive emotion schematic processing. In other words, the client has to arrive at the worthless place by having a full bodily felt sense of feeling unworthy before he or she is able to leave it (Greenberg, 2002). Accordingly, when working with emotion therapists need to assess whether a client is just talking about an emotion or intellectualizing, or whether he or she is really experiencing what he or she is talking about in the present. Emotion schematic activation can imply that a client expresses affect outwardly, b) vocally, c) facially, or d) posturally or it could involve that the client e) is engaged in an inner search, focusing on symbolizing his or her subjective felt flow of experience as referent rather than on events and abstractions. The client’s focus is thus on the subjective account, and the “story” is about personal associations and feelings rather than about events and actions. This goes along with a focused voice (Rice & Kerr, 1986) or eyes cast inwards or other signs that show that the client’s attention is directed towards tracking inner experience. In case there are no visible signs of emotional activation therapists have to work actively towards evoking visceral emotional experiences in their clients (for more on how to facilitate emotional activation see Greenberg, 2002 and Greenberg & Watson, 2006). Even though an essential element of client emotional productivity, emotional activation alone, however, is not sufficient for productive emotional processing and therapeutic change. The activated emotion has to be relevant to a client’s therapeutic process goals and it needs to be processed in a particular manner, allowing the client to orient towards the emotion as information and to create new meaning (Greenberg & Pascual-Leone, 2006; Kennedy-Moore & Watson, 1999; Whelton, 2004).

**Emotion Type**

As we have said, primary emotions are an individual’s most immediate emotional gut response to a situation, reflecting primary goals needs and concerns. Secondary emotional responses on the other hand are reactions to prior internal processes such as other emotions or thoughts. They are not associated with primary needs, but are an attempt to regulate underlying prima-
ry feelings, that are experienced as too threatening, too painful or overwhelming. Since the main goal in an emotion-focused treatment is to help clients become aware of, accept and make sense of their emotional experience to act and self-organize in a way that helps them getting their primary needs met, it is only the activation of primary emotion that can be therapeutically productive. Primary emotions are activated to facilitate either their utilization, when they are adaptive, or their transformation, when they are maladaptive; access to these is thus crucial to change. Secondary emotions are best bypassed and explored to get to their more primary sources; access to these is thus not a sign of productive therapeutic process. As an illustration, helping a client to get in touch with his or her profound feeling of sadness at the death of a loved one, to grieve the loss and to reach out for comfort is highly productive. In contrast, heightening a client’s anger at his wife’s distancing behavior, while he actually feels hurt and rejected, is not therapeutic. Given that different types of emotion require different types of intervention, therapists should be able to discriminate and help clients discriminate between primary and secondary as well as adaptive and maladaptive emotion. (For more on emotion assessment see Greenberg, 2002; Greenberg & Pivo, 1997, and Herrmann & Greenberg, this volume). Knowledge about different types of emotion and the various forms of non-primary emotional experiences can help therapists facilitate primary emotion processes in their clients, and thus promote productive emotional processing.

Manner of processing

Even though getting in touch with primary emotion is essential in facilitating emotional change, effective emotional processing involves more than simply activating primary emotional experience. Primary adaptive emotions need to be explored and reflected upon in awareness to extract their adaptive information and to organize adaptive action. The activation, exploration and symbolization of grief for a loved one, for instance, might thus help the client acknowledge and accept what he or she has lost and enable the client to enter into the process of letting go of the unattainable need to have the person back and motivate him or her to reach out for support. Primary maladaptive emotions on the other hand need to be accessed in order to be undone or transformed. This occurs in a process in which maladaptive emotional responses are brought into contact with alternative more adaptive emotional responses, thereby creating new responses, new meaning and ultimately more adaptive self organizations. An example would be a client who in therapy first accesses, tolerates and symbolizes core primary maladaptive shame at not being good enough, and with the help of the therapist then accesses a primary adaptive sense of pride and worth and adaptive anger at being unfairly criticized by his harsh internal critic and asserts himself against this voice. To be productive utilization and transformation both require a particular manner of processing, which we refer to as being contactfully aware of the emotion (Greenberg et al., 2007). Contactful awareness is defined by seven criteria, all of which have to be more present than not for a client’s emotional experience to qualify as productive: 1) attending, 2) symbolization, 3) congruence, 4) acceptance, 5) regu-
lation, 6) agency, and 7) differentiation. These criteria of what characterizes productive emotional process not only help practitioners to differentiate between therapeutically productive and non-productive emotion processes, but also guide them towards effective intervention by drawing their attention to those dimensions of clients’ emotional processing that need to be worked on. In the remaining paragraph we will briefly describe the seven elements of a facilitative manner of emotional processing.

Attending:
On the most basic level the client has to be aware of the activated primary emotion and attend to it. This involves paying attention to the primary emotional reaction and allowing and tolerating being in live contact with it. Clients often are unaware of their emotional responses and might non-verbally express an emotion without being aware that they are doing so. One client, while talking to his abusive mother in an empty chair dialogue, was clenching his fist, but when asked by his therapist what he felt at the moment, responded that he felt nothing. Although the client visibly expressed some form of anger, he was not aware of what he was feeling. In instances like these therapists can help clients increase awareness of their emotion by focusing attention to their non-verbal activities (e.g., “Are you aware of what you are doing with your hands?”). In addition, therapists can help clients become aware of and identify the ways in which they avoid or interrupt their feelings. Attention can be guided both to non-verbal expression and to bodily experience and internal physical sensations.

Symbolization
Once a physical or emotional reaction is felt in awareness it has to be symbolized in words to be able to fully comprehend its meaning. Labeling and describing emotional responses enables clients to utilize the informational value inherent in primary emotion. It also promotes reflection on the emotional experience to create new meaning which in turn helps people develop new narratives to explain their experience. In judging whether clients’ emotional expressions are productive it is important to note that clients do not have to be able to label their emotional experience exactly, they simply have to be engaged in a process of trying to symbolize what they are experiencing. The following is an example of a productive symbolizing process:
Client: I don’t really know how I feel about this issue. All I know is that I am not happy about what happened.
Therapist: Something like “it just wasn’t right?”
Client: Yeah, it wasn’t fair. I guess that is what it is. It just feels unfair. He shouldn’t have treated me that way.

In EFT therapist are empathically attuned to their clients, trying to help them enter the highly subjective domain of their unformulated personal experience. They serve as surrogate information processors, and are constantly engaged in helping their clients to put words to what
they feel (Greenberg & Watson, 2006, see Watson this volume). It is important to note that in the dialectical constructivist view expressed by EFT meaning is created in the process of symbolizing the emotion and that the emotional experience constrains how it can be symbolized but does not fully determine it. Thus, how the emotion is symbolized influences what it becomes (Greenberg & Pascual-Leone, 2001).

Congruence

Sometimes there is a discrepancy between a client’s verbally symbolized emotional experience and the nonverbal emotional expression. A client might smile brightly while talking about feeling miserable and hopeless, or appear fully crushed and speak in a meek voice when expressing anger. Such incongruence can be an indicator that the client is not fully allowing the emotion, e.g., for fear of being overwhelmed by it, or being judged and negatively evaluated by the therapist. When clients are blocking the full experience and expression of their emotion they prevent themselves from feeling clearly what is significant to them and to clearly receive the message from the emotion and be organized by it (Greenberg & Watson, 2006). In addition, since emotional expression in therapy is a highly interpersonal process, clients do not get the full benefit of important therapeutic relational processes that are at work here; the most important of which is the validation and acceptance of previously restricted or unexpressed feelings by an empathic other. Accordingly when noticing incongruities between verbal and non-verbal behavior in their clients, therapists help their clients not by confronting them but by helping them become aware of these incongruities, for example by empathically directing their attention to their non-verbal behavior or primary experience.

Regulation

Another key aspect of productive emotional processing is emotion regulation. The activated emotional experience has to be sufficiently regulated so that it is not overwhelming. This involves that the level of emotional arousal is such that the client is still able to develop and maintain a working distance from the emotion (Gendlin, 1996) and to cognitively orient towards it as information, thus allowing for an integration of cognition and affect. An important distinction has to be made between the intensity of emotional arousal and depth of emotional processing. It is depth of emotional processing and not sheer intensity of emotional activation that is the primary focus in EFT. The regulation of otherwise overwhelming and disintegrating emotional arousal is crucial in facilitating the necessary depth of emotional processing. Even though completely unrestricted arousal might be a highly therapeutic experience at times, at other times, however, it can be a disruptive negative experience in which the client feels like he or she is falling apart. For instance, when a client re-experiences a traumatic situation in therapy, and is flooded by the emotional intensity, has difficulties maintaining or loses contact with the therapist, and/or cannot respond to the therapist’s interventions, the emotional experience becomes potentially re-traumatizing and non-productive The same is true for a client experi-
encing intense rage in therapy, with the therapist getting the sense that the client is unable to control his or her arousal or the expression of the anger. So when evoking clients’ bodily experience of primary emotions, therapists have to be aware of signs indicating that a client is overwhelmed by the intensity of the emotion. If that is the case, therapists have to work towards helping clients regulate their under-regulated distressing emotion. This involves immediately gaining some distance from overwhelming negative feelings such as trauma-related fears, paying attention to breathing, and developing self-soothing abilities to alleviate and ease core shame and anxiety during the course of therapy.

Acceptance

Another important aspect of a productive emotional processing is acceptance of emotional experience; in particular acceptance of unpleasant and painful emotional experience. Acceptance refers to the stance a client takes towards his or her emotional responses. In order for clients to really experience their painful feelings and personal meanings they need to listen to their own experience in an open and receptive manner. This involves that clients a) accept that they are feeling the way they are feeling without negatively evaluating themselves for it or trying to get rid of the emotion and b) that they accept the emotional experience as information and recognize it as an opportunity to gather information about something that is important to their well being as opposed to negatively evaluating the emotion or trying to suppress it. In other words they have to develop an exploratory attitude and manner towards their emotional experience. Therapists have to pay attention to signals that might point to lack of acceptance of emotional experiences. Lack of acceptance could be indicated by clear signs of discomfort when confronted with feelings (e.g., client moves around nervously in the chair or squeezes back tears) or negative evaluation of the feeling (e.g. I hate it when I get so weepy). One male client for instance, a fifty five year old plumber, when confronted with feelings of shame and fragility after losing his job, said: “That is not the way I want to be. It was always me other people came to for help. I just don’t want to be such a wimp.” Therapists can help clients gain more acceptance of their emotion by providing a safe, empathic and validating relationship. In addition it might also be useful to empathically explore the underlying cognition and to identify the negative "voices associated with the non-acceptance of certain feelings (e.g., "Feeling like this is a sign of weakness and you cannot be weak").

Agency

Productive emotional processing also involves that the client is an active agent, rather than a passive victim of the emotion. This involves that a client takes responsibility for his or her emotional experience and acknowledges it as his or her own personal construction of self and reality. That means that a client should not regard other people and their actions as responsible for the way he or she is feeling (e.g., "My husband always makes me feel so sad"), but him- or herself based on his or her personal goals needs and concerns in a particular situation. Another
A way of putting it is a client should have the emotion as opposed to the emotion having the client. This also entails that the client assumes an active role in the emotional change process, seeing him or herself as the primary agent in changing the way he or she is feeling and not see the therapist as one who will take away their negative feelings, or that the solution lies in shifting circumstances or other people altering their behavior. For example an emotionally abused wife needs to access anger at the maltreatment in therapy to gain a sense of entitlement (e.g., “I don’t deserve to be treated like that. I have a right to be treated with respect”) helping her to shift into a more assertive and resilient self-organization, as opposed to hoping that her depletedness will go away once the husband becomes more considerate. A client has to show some willingness and motivation to actively work with the emotion, particularly in the context of the experiencing of maladaptive emotion. This involves exploring the emotion, using it as information, or actively expressing it. Lack of willingness to actively work with an emotion is sometimes indicated by the client focusing on external factors (e.g., “Once I’ve found someone who really cares for me, I will feel better”) resigning themselves to the emotion (e.g., “I am worthless, that is a fact”) or treating the emotion as a symptom, he or she wants to get rid of (e.g. symptom talk: “No matter what I do, when I get up in the morning everything is grey. I just want it to stop. I am just so tired of it.”). In EFT therapist try to facilitate agency in their clients by having the client speak from an ‘I’ position, “I feel angry” rather than “It makes me angry”, to take responsibility for the emotion “I am sad” or “I do feel hurt or ashamed”, relating the emotion to the self and exploring the reasons or meanings in the emotion “I feel this shame because I have such difficulty being wrong” and finally connecting the emotion with what they want or need. Client active involvement (BERGIN & GARFIELD, 1994) and agency (BOHART, 2000) have been identified to be important factors in the change process and are increasingly gaining attention across therapeutic orientations (WILLIAMS & LEVITT, 2007).

Differentiation
Finally, for emotion utilization and transformation to occur, a client’s primary emotional expression has to become differentiated over time, and the client should not be stuck in the same emotion. This means that a client’s level of emotional awareness need to be in the process of increasing, as indicated either by the client verbally differentiating an initial emotional reaction into more complex feelings or meanings or into a sequence of other feelings or meanings (Lane & Schwarz, 1987) or that new feelings or aspects of the feeling emerges. In other words, the client goes beyond basic symbolizations of distressing feelings such as “feeling bad” or “not well” or “afraid”. A client might say for example, “When that happened I felt bad … as if something important was taken away from me. But not just bad, it also made me angry, because it felt not right.” It is important to note, however, that differentiation does not only refer to the cognitive, verbally symbolized side of the meaning making process. Differentiation could also entail that an emotion is more fully allowed, more freely expressed or that it’s expression changes. For example, when faced with his physically and emotionally abusive father in the
other chair during empty chair work, a client first froze in fear. Then he started to cry, fully allowing the painful experience and allowing the therapist to see him in his pain. In this instance, the emotional process was moving forward and fluid, without the client explicitly verbally differentiating his experience. Thus, in assessing whether a client’s emotional expression is therapeutically productive a therapist has to look for some signs of “movement”, either verbal or non-verbal, indicating that a client’s meaning making process is not stuck or blocked. Therapists promote differentiation in their clients by adopting a curious attitude and a highly exploratory style both verbally and non-verbally. They might conjecture “Sounds like you not only felt angry but also hurt”, or by asking exploratory question “What does that feel like inside” or direction “Stay with that feeling and follow where it goes”.

It is important to note, that when measuring these concepts, we pay attention to potential indicators that the above criteria are not present more so than looking for signs that they are present, This is particularly true for complex concepts such as acceptance or agency. Thus passivity or taking the stance of a victim may be apparent as signs that the agency criterion is not met.

**Research on client emotional productivity**

So far two empirical studies have been conducted relating client emotional productivity to therapy outcome and classic process variables such as client expressed emotional arousal and the working alliance. In an intensive analysis of four good and four poor outcome cases Greenberg and colleagues (Greenberg, Auszra, Herrmann, 2007) explored the relationship among client emotional productivity, client expressed emotional arousal, and outcome in experiential therapy of depression. While they found no differences between good and poor outcome clients with regard to degree of expressed emotional arousal, they found that good outcome clients significantly expressed more productive emotions in general as well as significantly more productive highly aroused emotion than did poor outcome clients. These findings indicate that it is the productivity of expressed emotion in general, as well as the productivity of more highly aroused emotion, rather than the frequency of highly aroused emotion that is crucial in facilitating therapeutic change. Auszra and colleagues (Auszra, Greenberg, & Herrmann, 2007) replicated this study on a larger sample, investigating the importance of client emotional productivity, client expressed emotional arousal, the working alliance and outcome in a sample of 74 clients who also received experiential treatment for depression. A preliminary analysis of results indicates that working phase emotional productivity predicted reduction of reported symptoms over and above beginning phase emotional productivity, working phase expressed emotional arousal and the working alliance. These results suggest that productive emotional processing goes beyond the mere activation and expression of emotional experience, and that it rather seems to be the ability to process activated primary emotional experience in a specific manner that is associated with psychotherapy success.
Conclusion
Researchers and theorists from different therapeutic orientations agree that the facilitation of effective emotional processing is vital in promoting therapeutic change. According to the EFT model of change optimal emotional processing involves the utilization of primary adaptive and the transformation of primary maladaptive emotional experience. Client emotional productivity, which is based on the EFT theory of emotional processing, seems to be a useful concept in helping practitioners differentiate between productive and non-productive client emotional expression as well as in guiding them as to how to facilitate effective emotional processing in their clients. Preliminary results of process-outcome research on this new emotion process variable support the role of emotional productivity in successful psychotherapy process.

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