

***Commentary on A Life-Saving Therapy:  
The Theory-Building Case of "Cora"***

**The Case of "Cora": Clinical and Methodological Perspectives**

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**ABSTRACT**

In this commentary we explore the clinical aspects of Halvorsen, Benum, Haavind, and McLeod's (2016) compelling case study of "Cora." We were humbled by the courage and commitment of both the client and the therapist in the case. We begin by providing our perspective on how the therapist's flexibility regarding certain boundaries helped to build trust between him and the client; and on how this trust in turn allowed the client find the courage to bring the most painful aspects of her experience to therapy. We then comment on certain methodological aspects of the case study. We discuss ways in which the steps describing the choices authors made could have been made more explicit. We question the necessity to present the case in the format of Interpretative Phenomenological Analysis (IPA; Smith, Flowers, & Larkin, 2009). We also question whether "theory building case study" is the best description for this particular study. In addition, we comment briefly on some of the themes reported by the study and share our own interpretative process, pointing out both the significant overlap and also those points where our interpretation may differ from the authors, including the role of transference interpretations and immediacy in the success of the case. Finally, we provide our perspective on the discrepancy between the quantitative versus qualitative outcomes obtained in the case.

*Key words:* case study; theory-building case study; emotion-focused therapy; qualitative research; case study; clinical case study

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In their paper, Halvorsen, Benum, Haavind and McLeod (2016) present a case study of a long-term, integrative therapy. We feel privileged to have the opportunity to read this deeply moving case study, and are thankful to be invited to offer our comments. We commend Halvorsen et al. (2016) for the courage and tenacity to bring this case to the written domain of psychotherapy tradition. We see the case as having a valuable role in enriching our thinking about psychotherapy. We will discuss two aspects of the paper: first the clinical case itself, and second, aspects of the research methodology, including interpretation of some findings. We will

focus on this latter aspect of the Halvorsen's et al. work in more detail as we feel we can perhaps add more in this arena.

## CLINICAL ASPECTS OF THE CASE

We must admit that we were struck by the courage of the client and the therapist both to engage in this therapeutic endeavor and to be willing to engage with the research process. This case study provides an account of a profound relational commitment; a relational commitment which has a healing effect despite the natural difficulties posed by such a commitment. As the client Cora reports, this relational commitment was necessary in order for her to be able to engage in therapy. It appears to us that the willingness of the therapist to commit to the relationship and care for the client beyond the parameters and boundaries of the conventionally defined therapeutic relationship was appreciated by the client, and allowed her not to withdraw from therapy but instead remain in it and engage with it more fully.

As we read the case and reflected on the therapist's courage, we found ourselves wondering how we ourselves would have fared were we in his role. We were unsure whether we could show the courage he showed, given the weight of professional responsibilities regarding self-harm and suicide risk; and given conventional expectations regarding how these issues should be addressed within mainstream care. The therapist in this case went beyond standard protocols. He had the courage to contain his own anxieties, and to reach out to the client's pain.

The second author (D.K.) works with adolescents who have experienced significant developmental trauma within the context of important attachments and who now live in residential care. It is unfortunately the case that all too often, risk management protocols around self-harm and suicide (e.g., hospitalization; reporting procedures; increased staffing by strangers unknown to the adolescent) cut the young person off from the intensive emotional and interpersonal support he or she most needs at that point in time. The courage of the therapist in this instance is thus deeply heartening. It was a precondition that would frighten or deter many, and perhaps most, therapists; that the client made these demands, fully aware that they fundamentally challenged conventional expectations regarding the nature of the therapeutic contract, only added to the challenge.

The importance of the courage demonstrated by both the therapist and Cora is striking. Cora (p. 177) valued the fact that the therapist did not appear frightened by her self-harming behavior and suicide risk. She appreciated the therapist's commitment and, as a consequence, was gradually able to touch upon the most painful aspects of her experience, which hitherto had been difficult to acknowledge or share with anybody. It appears to us that this then allowed Cora to gradually develop a capacity to stay with painful feelings, perhaps without the same intensity of need for self-harming or suicidal behavior. Staying with these painful feelings, we assume, allowed Cora to access and articulate unmet needs (as emotion-focused researchers and therapists, we hypothesize that these needs are for love, safety, and validation). Within the session, the therapist was then attuned to, and responsive to, these unmet needs. We would hypothesize that Cora herself then perhaps started to attend to her own need as a consequence of internalizing some of the therapist's caring. It appears that Cora also acknowledged and expressed her anger at the injustice of injuries (p. 173) anger at mother) and that she attained a sense of autonomy, self-worth, ownership of oneself (p. 173) that was validated by the therapist.

We also admire the courage of the researchers to focus on this particular case and present it in the form of an empirical case study. It is a very significant undertaking to study a three-year therapy. We are also familiar with the additional effort required to do so as a research team, meeting and consulting over a prolonged period of time. We applaud both the effort and the result. We believe there should be more such accounts in the literature. This account goes against much of what is being written in the literature, where there is often a focus on short-term, symptom-focused work, and an implication that short-term, symptom focused work is the way psychotherapy should be practiced. By contrast, this case shows that therapy is not only about addressing problematic symptoms, but can also require a serious, anxiety-provoking, relational commitment. We will touch briefly at a later point on the question of differences between quantitative and qualitative outcomes. For now it suffices to note that there can be few results more profound than the saving of a life. On reading the case, we have no doubt that this indeed was a life-saving therapy. It is to be hoped that it was also a life-changing therapy.

## **THE RESEARCH ASPECTS OF THE CASE**

All in all Cora's case study is also highly commendable from the perspective of methodology. To thoroughly examine 121 therapy sessions, session evaluations (via the Helpful Aspects of Therapy form) and post-therapy interviews is an enormous task; and as stated, our appreciation of the researchers' courage is in part an appreciation of the courage it took to embark on such an undertaking. We believe that the richness of the case warranted this effort; but also that the methodology and writing is successful in capturing this richness. The authorial voice is easy to follow. The method is well-described and the results convey a perspective on the case that allows the reader to immerse him or herself in the case without being unduly disturbed by the researchers' voice. We believe that the case will be a significant contribution to the literature thanks to the main protagonists, the client Cora and the therapist; but also thanks to the researchers' innovative approach and smoothness of presentation. Here we will focus on some aspects of the methodology that resonated with us and stimulated our reflections.

### ***Explicitness in the Steps Taken***

Inevitably, given the extent of the available data, it is necessary for the research team to be selective about what data is analyzed. In that context, we would welcome more detail and more explicit descriptions of some of the decision-making steps taken when selecting data for analysis (e.g., p. 164, sessions of particular interest; p. 165, noting phenomena of interest; and p. 165, preliminary themes). The authors do state that they were drawn to particular themes based on their analysis of post-therapy interviews, and that they then chose sessions which reflected these themes. However, we would hypothesize that the processes of attention and selection were also based on the poignancy of what the researchers were reading or hearing; and that this poignancy may have informed the subsequent focus of research. To be more explicit about the underlying processes at this stage may suggest subjectivity rather than objectivity, but we believe that this would constitute an additional strength rather than a shortfall in this type of case study. All too often we are led, by a need to appear rigorously objective, to not fully share the heuristic thinking behind our decision-making. Where there is the opportunity (and we believe a journal such as *PCSP* offers such an opportunity), we would encourage even more explicit descriptions of the researchers' decision-making process.

### ***Interpretative Phenomenological Analysis (IPA)***

One of the critiques we would have for the research aspects of the study is its presentation in the form of Interpretative Phenomenological Analysis (IPA; Smith, Flowers, & Larkin, 2009), a method that is most typically used with data collected in the form of research interviews, as opposed to interactional data like therapy recordings. It is not clear to us why this format was selected by the authors, and their rationale for doing so would be welcomed. We would argue that IPA overlaps significantly with other descriptive-interpretative methods (cf. Elliott & Timulak, 2005) and that in this specific instance it does not necessarily facilitate a particularly meaningful or unique perspective. Indeed, we believe that if Halvorsen et al. (2016) were to use their own method, in which they would simply but comprehensively describe the steps they took, that they would come up with similar findings. We do not see how IPA in this instance facilitated a unique explication of the data. Indeed, if anything we felt that the IPA format constrained the results, requiring results to be presented in the format of superordinate and subordinate themes. Such a presentation can erroneously suggest symmetry in the findings, for example, that the different superordinate themes are of the same standing, that the different subordinate themes are of the same standing, and that the themes comprehensively describe the case.

The IPA structure is thus in our opinion hindering rather than helpful. The observations and interpretations offered by the researchers could have been presented in a different format, perhaps (a) more closely aligned with the structure of the therapy (e.g., early phase, middle phase, and ending of therapy), or (b) in keeping with a particular therapeutic theory. Indeed at times the authors departed from the IPA structure, e.g., simply reporting on "Termination" (p. 178). In such instances, the qualitative data is not fully integrated within the overall IPA framework.

Our own suggestion for this type of study would be to structure the analyses and findings on the basis of the studied phenomena (e.g., long-term therapy using therapy transcripts, post-session and post-therapy reflections, and quantitative evaluations of process and outcome aspects of the case); and/or on the basis of a particular theory that is being tested by the case. (As an example of the latter, see Stiles' research on Assimilation Theory, mentioned below.)

### ***Theory-Based Case Study***

Halvorsen et al. (2016) present the case of Cora as a "theory-building case study," a term and model introduced by William Stiles (e.g., 2007, 2009). While applauding many of the merits of the case of Cora, we question the extent to which this type of study conforms to Stiles' model. Stiles (2007, p. 125) proposes that in theory-building case studies, the researcher has to apply the case to a single theory rather than applying one or more theories to the case. In our opinion, Halvorsen et al. (2016) did just the opposite, applying multiple theories to the case. In other words, there simply does not appear to be a particular theory that the authors wanted to examine before they selected the case of Cora.

Stiles describes that in a theory-building case study the researcher's strategy is to use the single theory to compare "many theoretically-based statements with correspondingly many

observations” (2009, p. 11). He concludes that “because many statements are examined (describing different theory-relevant aspects or manifestations), [there can be an important] ... gain in confidence in the theory from a close match [between statements and observations]” (2009, p. 12).

The prototypical “theory-based case studies” are the Assimilation Theory case studies of Stiles and colleagues (e.g., Honos-Webb, Stiles, Greenberg, & Goldman, 1998; Honos-Webb, Surko, Stiles, & Greenberg, 1999), in which the researchers examined a complex theory (assimilation of problematic experiences) through observing many aspects of the theory in a particular case (or series of cases). In a parallel way, the first author (L.T.) was involved in several such case studies (e.g., Dillon, Timulak, & Greenberg, in press; McNally, Timulak, & Greenberg, 2015) in which we have tested a sequential theory of emotion transformation (see Pascual-Leone & Greenberg, 2007) in successful cases of emotion-focused therapy.

In light of the above examples, from our perspective, in the Cora case study Halvorsen et al. (2016) do not appear to be examining many aspects of a particular theory through many observations. Indeed, it was our sense that these authors did not “test” a particular theory but rather applied several perspectives (perhaps informed by their theoretical orientations). This is not in any way to criticize the study itself, which we have already argued is a courageous and important piece of work. Rather we are merely questioning the extent to which it can be usefully described as a theory-building case study. It may be that it better meets the description that Stiles calls “enriching research,” which he describes as using “multiple perspectives and alternative interpretations” that are “aimed at understanding a particular case rather than building theory” (2010, pp. 94-95).

### *Transference Interpretations and Immediacy*

In the discussion, the authors propose that the success of the case could be meaningfully understood as in part resulting from the use of transference interpretations and the use of immediacy. Perhaps given our own theoretical background (humanistic/emotion-focused) this part of the authors’ interpretation did not resonate with us that strongly.

As mentioned at the beginning of this commentary, we strongly concur with the Halvorsen et al.’s perspective that important building blocks in Cora’s therapy were (a) the relational commitment on the part of the therapist, including his capacity and willingness to go beyond traditional boundaries, and his ability to show genuine care and vulnerability to the client; and (b) the client’s courage and determination to self-heal (cf. Bohart & Tallman, 1999).

We would further propose that this interaction perhaps allowed for the building of a trust between Cora and therapist; and that this trust in turn allowed the client to take emotional risks. It allowed her to focus on her uttermost painful experiences, to explore and express these experiences, and to articulate the unmet needs these painful experiences pointed to. The accessing, recognizing, and expression of these unmet needs seems in turn have allowed the therapist to respond to these needs experientially within the session via the expression of compassion and validation. As mentioned in the beginning of this commentary, we would hypothesize that this experience in turn allowed for the client to tentatively build her own

capacity both for self-compassion and self-assertion and self-protection. No doubt what the authors attribute to transference interpretations and immediacy taps into the same phenomena as we are describing here, and our differences of interpretation can be understood in terms of different theoretical languages that emphasize different aspects of the same phenomena, e.g., we see interpretation as focusing on deepening an understanding that from our perspective is secondary to feeling cared for and feeling entitled to have one's needs met.

## **DISCREPANCY BETWEEN QUALITATIVE AND QUANTITATIVE RESULTS**

Finally, we would like to comment on Halvorsen et al.'s reflection on the discrepancy between the qualitative and quantitative outcomes. We understand that the authors were challenged by some audiences on the basis of this finding. We were not disturbed by this "discrepancy." Indeed, one of us (L.T.) was involved in a study that looked at this phenomenon (quantitative vs. qualitative results) from the opposite side. McElvaney and Timulak (2013) studied the qualitative experiences of therapy and its outcomes of clients who were deemed as having successful versus unsuccessful outcomes on the basis of a widely used pre to post measure (the Clinical Outcome in Routine Evaluation--Outcome Measure, or CORE-)M [Evans, Connell, Barkham, Margison, McGrath, Mellor-Clark, & Audin, 2002]). In that study there were minimal differences in the qualitative accounts of quantitatively successful vs. quantitatively unsuccessful cases. Obviously there are many factors that influence self-report on current symptoms (typically looked at on quantitative measures) or self-report on changes due to therapy (typically looked at in qualitative outcomes). From a quantitative perspective, self-report is structured around constructs considered by professionals as relevant to mental health. From a qualitative perspective self-report is generally broader and may involve the clients' unique understanding of personal "mental health" or well-being. Both types of self-report can of course also be influenced by many other factors—e.g., the context of data collection; the client's understanding of the items (in case of a quantitative measure) or the researcher's questions (in case of qualitative interview); and the fit between the measures and the type of therapy (e.g., symptom-focused versus person-focused therapies). One phenomenon we came across anecdotally was the client's reluctance to report improvement out of a felt sense that to do so would in some way be an invalidation of the suffering and emotional injuries experienced in the past. Similarly we had an experience of a client who reported the same score for her current fears (on an individualized quantitative measure of current problems) out of a belief that not reporting a high fear of losing those close to her would be a betrayal of her relationship with those loved ones. In other words, even though she no longer experienced the symptomatic distress previously associated with such concerns on a quantitative measure, she still felt obliged to report that she would be so distressed were she to lose them. We believe that attitudes like this have to be understood and respected.

One further observation regarding the discrepancy between quantitative and qualitative measures concerns the capacity of many quantitative measures to measure significant change at higher ends of the distress continuum. As mentioned already, one of us (D.K.) works clinically with adolescents living in residential care for whom routine quantitative measures fail to indicate significant gains even when such gains are evident in other ways, such as through the

stabilization of the placement and a reduction in suicidal ideation. In such instances, while a person may continue to remain highly distressed, thus failing to demonstrate reliable or significant change on a quantitative measure, the fact that there is an evident decline in suicidal ideation, self-harm, and other risky behaviors must be taken as evidence of significant therapeutic progress.

## CONCLUSION

We would like to thank all involved—the client Cora, the therapist, and Halvorsen and her fellow researchers—for enriching the world of psychotherapy by sharing this experience and by sharing their reflections on it. We hope that a study like this will inspire other researchers, so that we can tap further into the delicacy and mystery of the profound encounter that is the client-therapist relationship, especially in such cases as Cora's, where experience of such a relationship is indeed a life-saving.

## REFERENCES

- Bohart, A. C., & Tallman, K. (1999). *How clients make therapy work: The process of active self-healing*. Washington, DC: American Psychological Association.
- Dillon, A., Timulak, L., & Greenberg, L. S. (in press). Transforming core emotional pain in a course of emotion-focused therapy for depression: A case study. *Psychotherapy Research*.
- Evans, C., Connell, J., Barkham, M., Margison, F., McGrath, G., Mellor-Clark, J., & Audin, K. (2002). Towards a standardised brief outcome measure: psychometric properties and utility of the CORE—OM. *The British Journal of Psychiatry*, *180*, 51-60.
- Elliott, R. & Timulak, L. (2005). Descriptive and interpretive approaches to qualitative research. In J. Miles, P. Gilbert (Eds.), *A Handbook of research methods in clinical and health psychology*. Oxford: Oxford University Press.
- Halvorsen, M.S., Benum, K., Haavind, H., & McLeod, J. (2016). A life-saving therapy: The theory-building case of "Cora." *Pragmatic Case Studies in Psychotherapy*, *12*(3), Article 1, 158-193. Available: [pcsp.libraries.rutgers.edu](http://pcsp.libraries.rutgers.edu).
- Honos-Webb, L., Stiles, W., Greenberg, L., & Goldman, R. (1998). Assimilation analysis of process-experiential psychotherapy: A comparison of two cases. *Psychotherapy Research*, *8*, 264-286.
- Honos-Webb, L., Surko, M., Stiles, W. B., & Greenberg, L. S. (1999). Assimilation of voices in psychotherapy: The case of Jan. *Journal of Counseling Psychology*, *46*, 448.
- McElvaney, J., & Timulak, L. (2013). Clients' experience of therapy and its outcomes in 'good' and 'poor' outcome psychological therapy in a primary care setting: An exploratory study. *Counselling & Psychotherapy Research*, *13*, 246-253.  
<http://dx.doi.org/10.1080/14733145.2012.761258>
- McNally, S., Timulak, L., & Greenberg, L. S. (2014). Transforming emotion schemes in emotion focused therapy: a case study investigation. *Person-Centered & Experiential Psychotherapies*, *13*, 128-149. doi:10.1080/14779757.2013.871573

- Pascual-Leone, A., & Greenberg, L. S. (2007). Emotional processing in experiential therapy: Why" the only way out is through." *Journal of Consulting and Clinical Psychology*, 75, 875-887.
- Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage.
- Stiles, W. B. (2007). Theory-building case studies of counselling and psychotherapy. *Counselling and Psychotherapy Research*, 7(2), 122-127.
- Stiles, W. B. (2009). Logical operations in theory-building case studies. *Pragmatic Case Studies in Psychotherapy*, 5(3), Article 2, 9-22. Available: [pcsp.libraries.rutgers.edu](http://pcsp.libraries.rutgers.edu).
- Stiles, W. B. (2010). Theory-building case studies as practice-based evidence. In M. Barkham, G.E. Hardy, & J. Mellor-Clark (Eds.). *Developing and delivering practice-based evidence: A guide for the psychological therapies*, 91-108. Chichester, West Sussex, UK: Wiley-Blackwell.