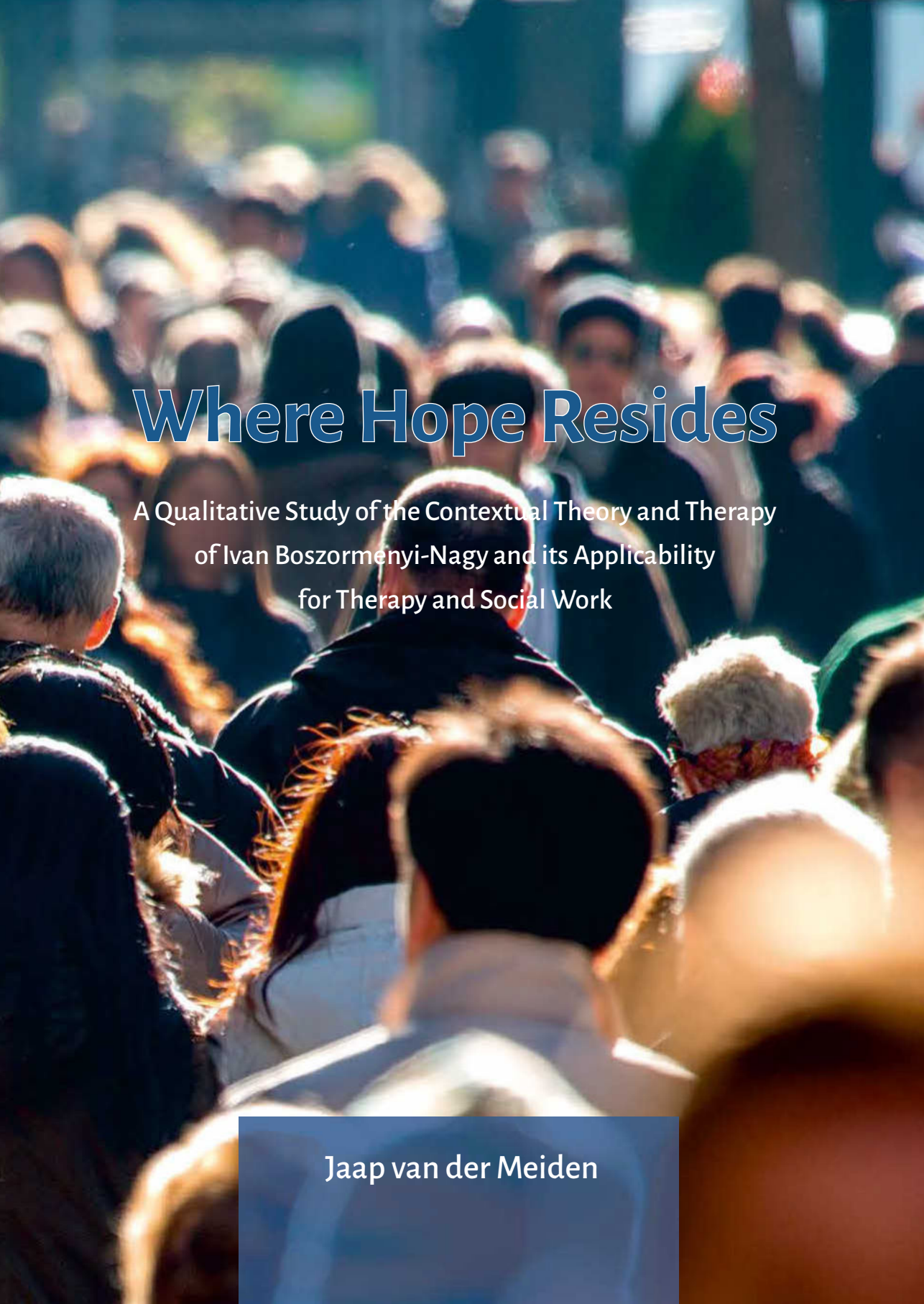

Where Hope Resides

A Qualitative Study of the Contextual Theory and Therapy of Ivan Boszormenyi-Nagy and its Applicability for Therapy and Social Work

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Where Hope Resides

A Qualitative Study of the Contextual Theory and Therapy of
Ivan Boszormenyi-Nagy and its Applicability for Therapy and Social Work

Een plaats van hoop

Een kwalitatief onderzoek naar de contextuele theorie en therapie van
Ivan Boszormenyi-Nagy en de toepasbaarheid voor therapie en sociaal werk
(met een samenvatting in het Nederlands)

Proefschrift

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We have felt that it is more important to explore the motivational layer in which hope resides for repairing the hurt human justice.

Ivan Boszormenyi-Nagy

Contents

Introduction

Introduction to the Thesis

When people get into trouble and cannot find a way out alone or with the help of friends and relatives, they seek help from a professional, for example, a social worker or a psychotherapist. These professionals are trained in approaches to help people solve their problems or learn how to address them. Over the years and particularly in psychotherapy, different insights have emerged about the best approach to helping people, and from there, many different approaches and psychotherapy models have been developed. They differ in, for instance, their premises, starting points, techniques and working methods. One of the most striking differences in the field of psychotherapeutic approaches is that between individual therapy and relationship and family therapy. The latter assumes that people are best helped from within their relationship with others because of the premise that the well-being of a person cannot be separated from the quality of his or her coexistence with others. Family therapists state that thinking exclusively in intrapsychic notions ignores the indispensable relational and contextual component of human existence and well-being. Although family therapists share this premise, many different family therapy approaches have emerged.

Contextual therapy, founded by Ivan Boszormenyi-Nagy and his associates (henceforth: Nagy), is one of those family therapy modalities. This approach is distinguished by its paradigm of relational ethics; based on the axiom of human interdependence, it postulates mutual rights and obligations, meaning that everyone has the right to care but is also responsible for giving care. This responsibility is postulated not so much as an imposed task but as an ethical, innate sense of care and justice. Furthermore, a fair balance of giving and receiving care renders justice to those involved and constitutes a deeper foundation for family and other close relationships. Therefore, eliciting or disclosing this innate sense is the central focus of contextual therapy.

However, conducting contextual therapy from the perspective of relational ethics and educating and training contextual therapists to apply relational ethics in, for instance, social work and therapy have taught me that contextual themes and particularly the paradigm of relational ethics are not easily understood. In addition, although there are many publications on the contextual premises and theory, elaboration into methods and strategies is scarce, which hampers the application

of the paradigm of relational ethics in specific interventions or the development of helpful guidelines. Furthermore, there is a growing need for more insight into the efficacy of this approach. All of these factors motivated me to perform this research, which aims at reconstructing and disclosing contextual theory including its paradigm of relational ethics, and at analyzing how this theory is applied in practice. This study is the first in which recordings of in-therapy sessions of the founder himself and current contextual therapists are systematically analyzed. As such, it adds relevant research to the specific practice of contextual therapy. This thesis then elaborates the findings of this study into guidelines and interventions, by which it aims to enrich the training of (upcoming) contextual therapists and strengthen contextual therapy as such. Furthermore, the development of specific contextual interventions can be a step toward further research on the efficacy of the contextual approach.

Structure of the Thesis

This thesis starts with an introduction to the contextual approach in Chapter One, including the development of contextual therapy, a biography of the founder and critiques on, and the relevance of the contextual approach with respect of the current debates in the field of mental health. This thesis closes with a positioning.

Chapter Two, entitled Research, elaborates on the reason for this research and presents the research questions, divided into a main question and four subsidiary questions. I also briefly explain the research design, which is more extensively described in the relevant chapters.

Chapter Three follows with a reconstruction of contextual theory. I structure this theory from four perspectives: the axiom, the anthropology, the pathology and the methodology. I then assign the key concepts of contextual theory to the perspectives to which they belong. From there, a scheme of contextual theory is created, which is then explained in the remainder of this chapter.

Chapter Four contains the article 'Applying the Paradigm of Relational Ethics into Contextual Therapy. Analyzing the Practice of Ivan Boszormenyi-Nagy', describing a Study on the practice of Nagy. For this research, I analyzed ten therapy-sessions, which were all consultations sessions with Nagy.

Chapter Five presents the research on fourteen therapy sessions conducted by a total of twelve current contextual therapists. This article is entitled 'How Is Contextual Therapy Applied Today? An analysis of the Practice of Current Contextual Therapists'. It describes research on the practice of current contextual therapists. In this and the preceding article, the findings are substantiated from contextual theory according to Nagy, Chapter 3.

Chapter Six contains the article 'Strengthening Connectedness in Close Relationships: A Model for Applying Contextual Therapy', in which the findings from the entire study are used to develop a model for contextual therapy.

Chapter Seven contains the article 'Relational Ethics as Enrichment of Social Justice: Applying Elements of Contextual Therapy to Social Work'. It applies the findings of the research on the practices of the contextual therapists to social work'.

Chapter Eight summarizes the overall findings, and Chapter Nine contains a discussion and a personal reflection on this thesis.

1

Contextual Approach

Rise of Family Therapy

Only in the second half of the last century did some psychotherapists begin focusing on the importance of relationships and start experimenting with involving family members in therapy. Until then, psychotherapy was primarily focused on individual patients (Goldenberg & Goldenberg, 2008; Lange, 2006; Lebow, 2014; Minuchin, 1973; Savenije, van Lawick, & Reijmers, 2014; Watzlawick, Beavin, & Jackson, 1970). Family members were hardly involved in the process, and although relational problems were observed, family members were treated separately. However, the results of this individual approach were limited; when returning to their families, patients appeared to relapse, or other family members tended to develop similar problems. This limitation motivated these pioneers to invite family members to the therapy sessions, which became the first step in the direction of current family therapy. The pioneers of this new approach presumed that mental health and stability were not so much individual matters as interwoven with the family. Therefore, the focus of therapy shifted from the individual patient to the family and from the focus on the intrapsychic to the interpsychic.

In addition, two other developments contributed to the emergence of family therapy: the cybernetics of Norbert Wiener and Ludwig von Bertalanffy's system theory (Colijn, Snijders, Thunnissen, Bögels, & Trijsburg, 2013; Rober, 2009; Savenije et al., 2014). These theories substantiated the observed interdependence of and coherence between the various members within a family. This insight also influenced the hitherto common in individual psychotherapy linear causal thinking model (Boszormenyi-Nagy, 1987a, pp. 136, 142), which presupposes a direct or linear relationship between cause and effect. By shifting the attention of the individual patient to the complexity of interactions within a family, however, causal thinking gradually shifted to a more circular thinking model, comprising the mutual influence between family members or members of a system (Becvar & Becvar, 2000; Colijn et al., 2013; Goldenberg & Goldenberg, 2008; Jackson, 1965; Savenije et al., 2014; Vandereycken & Deth, 2003). 'Since psychological "events" seldom occur only once, but rather persist and overlap with maddening complexity, this circular model is often more appropriate than one which artificially abstracts such events from the intricate time sequence in which they occur' (Jackson, 1965, p. 2).

The American Association for Marital and Family Therapy mentions twenty-five of the most important pioneers of family therapy (AAMFT, 2008), honoring them for the foundation of this new approach in psychotherapy. These founders also stood at the base of the various schools and modalities within family therapy, distinguished by premises, theories, methods and techniques (Becvar & Becvar, 2000, p. 14; Compernolle, 1991). One of these founders was Ivan Boszormenyi-Nagy, the founder of contextual therapy, also known as the contextual approach (Boszormenyi-Nagy & Krasner, 1980).

Biography of Ivan Boszormenyi-Nagy

Nagy was born in Hungary in 1920, in a family that had been producing magistrates, lawyers and judges for five generations (Ducommun-Nagy, 2017, p. 10). Nagy was also expected to study law, but he opted for medicine and psychiatry. At a young age, Nagy was struck by how people with serious psychological disorders were being expelled from society at that time. In his view, this situation was unjust (Boszormenyi-Nagy, 1987a, 1996, Ducommun-Nagy, 2002, 2017; van Heusden & van den Eerenbeemt, 1983; Sollee, 1992). The focus on justice remained a common thread in his search for the best working therapy. According to Nagy, this focus had to do not so much with loyalty to his ancestors as with his father's personality. 'My father was the kind of person who always wanted to hear the other side. People were gossiping about somebody and he would say, Well, but what is on the other side?' (Sollee, 1992, 05:20).

Because of the political situation in Hungary shortly after the Second World War, Nagy fled to Austria in 1948 and emigrated to America in 1950. He initially continued his research into biological causes of mental illnesses, but when he determined that this research did not allow him to proceed any further, he concentrated on psychotherapy (Boszormenyi-Nagy, 1987a, p. 4). Nevertheless, he always remained convinced that the cause of mental illnesses comes from a combination of both biological and environmental factors (van Rhijn & Meulink-Korf, 2002, p. 45). His later-developed model of four (later five) dimensions can be traced back to this conviction.

His interest in relationship-oriented psychotherapy had already arisen during his study in Budapest, where he was inspired by his teacher and later friend Kalman Gyarfas. He was also influenced by many other scholars and theories, such as the

object relation theory of Fairbairn, the systemic approach of Bateson (Meulink-Korf & Noorlander, 2012, p. 59 ff.), and the philosophy of Martin Buber. In his search for 'the specific helping moment' in psychotherapy (Boszormenyi-Nagy, 1987a, p. xiv), he was convinced that 'the emerging psychology of relationships must integrate elements of various existing and future theoretical frameworks - for example, depth psychology of individuals, transactional and communicational theories, and existential-phenomenological theories' (Boszormenyi-Nagy, 1987a, p. 58).

In 1957, Nagy became the founding director of the Department of Family Psychiatry at Eastern Pennsylvania Psychiatric Institute (EPPI) in Philadelphia (Boszormenyi-Nagy, 1987a, p. xiv). There, together with his extensive staff of various disciplines, he started to invite family members to the therapy sessions. This expansion of treatment 'led to improved effectiveness' (Boszormenyi-Nagy, 1987a, p. xvi) to the extent that over time, he stopped the individual sessions and devoted himself entirely to the development of his 'intensive family psychotherapy' (Pirooz Scholevar & Schwoeri, 2003, p. 129).

Although Nagy was convinced that the newly developed understanding of transactional patterns and dynamics, as introduced by the system theory, was a valuable step in the search for an effective therapeutic approach, he was not, however, convinced that it could expose the essence of close relationships. Therefore, he continued searching for the deeper motives of human beings by observing the interactions between the patient and his or her family members (Boszormenyi-Nagy & Krasner, 1986, p. xi). This search brought him to the discovery of essential elements of family relationships, elaborated in his intergenerational therapy, later called contextual therapy. Much later, in 1977, Nagy became one of the founders of the first organization in the field of family therapy in the United States, the American Family Therapy Association (Boszormenyi-Nagy, 1995). He also participated in the Group for Advancement of Psychiatry, a think tank of prominent psychiatrists who continue to elaborate on modern psychiatry practice (GAP, 2014).

Nagy died in 2007 because of Parkinson's disease and was buried in Hungary, next to the tomb of his parents.

Contextual Approach

Contextual theory and therapy is developed from an integration of clinical observations, theoretical concepts, assumptions, and reflections by Nagy and his associates (Boszormenyi-Nagy, 1987a; Boszormenyi-Nagy & Framo, 1987; Sollee, 1992). According to contextual theory, successful relationships depend on interhuman justice (Boszormenyi-Nagy & Spark, 1984, p. 148) and become visible in the balance of reciprocal care, trust and reliability; 'Without ignoring the importance of affection, or overlooking the ever present element of power, we hold that trustworthiness is the critical element in holding relationships together' (Ulrich, 1983, p. 189). This insight brought Nagy to the core of his approach - relational ethics. Relational ethics encompasses 'an ethical redefinition of the relational context' (Boszormenyi-Nagy, 1987a, p. 191), which guides the therapist toward the most important fibers of sustaining, close relationships - humans' 'innate tendency to care about other people' (Boszormenyi-Nagy & Krasner, 1986, p. 78).

However, imbalanced reciprocal care can lead to injustice, which can hinder the relationship and damage the involved. Contextual theory describes how such injustice can arise, and contextual therapy then focuses on strengthening or restoring a fair balance. Recovery from injustice and damage is, according to contextual theory, particularly important from the point of view of prevention and ensuring care for the next generation. This focus on relational ethics is the cornerstone of contextual therapy (Boszormenyi-Nagy, Grunebaum, & Ulrich, 1991, p. 204), which distinguishes it from other family approaches (Becvar & Becvar, 2000; H. Goldenberg & Goldenberg, 2008; Lebow, 2014; Savenije et al., 2014; Vandereycken & Deth, 2003).

The overall acceptance of contextual therapy was positive (Wilburn-McCoy, 1993, p. 99), and it is widely honored for its influence on the development of family therapy. For instance, Goldenthal, a psychologist, contextual family therapist, and author writes, 'Contextual therapy has become a model of human experience, family life, and therapy whose goals are widely admired, whose assumptions are widely endorsed, and whose concepts are widely borrowed' (1996a, p. xiii). Additionally, other authors confirm the significance of the contextual therapy (Delsing, van Aken, Oud, de Bruyn, & Scholte, 2005; Fowers & Wenger, 1997; Grames, Miller, Robinson, & Higgins, 2008; Lange, 2006; Pirooz Scholevar & Linda D. Schwoeri, 2003; Stierlin, 1987; van Rhijn & Meulink-Korf, 1997; Wagner & Reiss, 1995; Watson, 2007; Webster, 2018). In this

respect, this approach is well known among therapists and other professionals in the field of social sciences, and it is mentioned in many overviews of family therapy (Becvar & Becvar, 2000; I. Goldenberg & Goldenberg, 2005; Hendrickx, Boeckhorst, Compernolle, & van der Pas, 1991; Lange, 2006; Lebow, 2014; Pirooz Scholevar & Schwoeri, 2003; Savenije, van Lawick, & Reijmers, 2010; Vandereycken & Deth, 2003; Watson, 2007; Yarhouse & Sells, 2008).

Contextual therapy is usually classified as belonging to the group of system therapies, encompassing approaches with a focus on family and other relationships. Indeed, contextual therapy is in many ways comparable to system therapy. Initially, however, contextual therapy distinguished itself from system therapy in two ways. First, with its focus on integration, Nagy wanted to prevent a shift from the individual to the relationship from leading to a new form of simplification and reductionism (Boszormenyi-Nagy, 1987a, p. 295). He was searching for the best working therapy (van Rhijn & Meulink-Korf, 1997, p. 78). Therefore, he wanted to integrate all of the insights and working methods that could contribute to this search. It led him to the development of a model for integration - the model of four dimensions (see Chapter 3). 'In sum, the four dimensions of the relational context indicate that contextual therapy integrates rather than opposes the *spectrum of valid therapeutic approaches* and methods' (Boszormenyi-Nagy & Krasner, 1986, p. 47). At that time, he distinguished himself with this integrative view, but currently, integration of modalities is becoming increasingly commonplace in the world of family therapy (Becvar & Becvar, 2000; Colijn et al., 2013; H. Goldenberg & Goldenberg, 2008; Lange, 2006; Lebow, 2014; Savenije et al., 2014). Accordingly, the remaining and to my opinion most essential element in which contextual therapy distinguishes itself from system therapy is its focus on relational ethics.

Scientific Context

Nagy was both a thinker and practitioner who developed his theory and therapy in an inductive manner of observing, reflecting, re-examining, adjusting, and testing, and contextual theory and therapy grew (Boszormenyi-Nagy, 1962, 1987a; Boszormenyi-Nagy & Krasner, 1994; Compton, 1998; Dillen, 2004; Ducommun-Nagy, 2002, 2008; Roberto, 1992). Nagy considered the effectiveness of therapy of great importance and states that 'the approach has been guided by, and constantly tested through its clinical

effectiveness' (Boszormenyi-Nagy & Krasner, 1986, pp. 33–34). His aim was to discover 'what works in therapy' (Boszormenyi-Nagy, 1995). This aim prompted him and his contemporaries to intensively observe, reflect and analyze and thus develop contextual therapy as 'reflective practitioners' in which reflection *in* action is accompanied by reflection *on* action (Hutschemaekers, 2010a, 2010b; Hutschemaekers & Tiemens, 2008; Schön, 1987, 2013) - an empirical-cyclic or iterative process of reflecting, testing and improving. At that time, this inductive process with its internal dialog between the therapist as practitioner and the therapist as theoretician was the usual way family therapy developed. Systematic research in the sense of comparative research, research with control groups or clinical investigations by third parties was scarcely apparent at that time (Orlinsky, 2010; Savenije et al., 2010).

Starting in the 1960s, a fierce discussion occurred in the US about evidence and effectiveness. Confidence in the professional researcher who developed and tested his own methods changed into a critical approach, asking for hard evidence. Systematic research on the effectiveness of individual psychotherapy increasingly developed, and the publication of the first meta-analyses (Smith & Glass, 1977; Smith, Glass, & Miller, 1980) generated interest from therapists in implementing the findings of this research. Given that family therapy emerged in the mid-twentieth century, research into the efficacy of family therapy developed later and appeared to be not undisputed. Norcross, Beutler and Levant state, for instance, that 'defining evidence, deciding what qualifies as evidence, and applying what is privileged as evidence are complicated matters with deep philosophical and huge practical consequences' (2006, p. 7). Allen (2012, p. 1) notes that it is not easy to agree on the desired outcome of the therapy. He wonders what type of outcome we seek - symptom relief, personality change, improved relationship, being better able to work and love, personal growth and fulfillment? In addition, Clarkin (2012, p. 44) notes that in effectiveness studies of psychotherapy, it is often not clear whether the measured changes are the result of the specific intervention or of those factors that play a role in every therapy process. Others state that psychotherapy, and in particular family therapy, proves difficult to test because of the degree of complexity (Norcross et al., 2006; Stinckens, 2010; Wampold, 2001). Everything relates to everything. Therefore, there is a danger that the rich field of modalities and methods will be reduced to exclusively the measurable interventions, particularly when therapists are forced to only use such evidence-based methods. According to Hargrave and Anderson, this reduction does not do justice to the aforementioned complexity of family therapy and narrows the

treatment of therapists to the execution of 'technical actions' (1992, p. 44). In fact, this development toward specific intervention programs contrasts with the development of family therapy practice toward integration and eclecticism (Sexton & Datchi, 2014, p. 420), which suggests that the gap between family therapy practice and research has not thus far been bridged.

This gap is most likely related to the differences between the clinical and scientific communities, their different language and the distrust of the therapists concerning the research-based programs, which they often consider to be cookie-cutter interventions. The therapists are also concerned that evidence-based work is at the expense of the creativity and dynamics of family therapy (Sexton & Datchi, 2014, p. 416). In my experience, this point certainly also applies to contextual therapists. Conversely, family therapists do want their methods and interventions to work and relationships and families to benefit from therapy. One manner in which the therapist can bridge this gap is to actively engage in research, for instance, as a 'scientist-practitioner new style' or, according to Johnson, a 'practitioner-scientist, who can contribute to this evolving field by systematic observation and by reminding researchers of the need for clinical relevance' (Johnson, 2003, p. 365). In fact, Nagy was such a scientist-practitioner. He combined acting in his professional practice with an attitude of a curious, applied scientist. At the same time, he used responsible methods of research to systematically question this practice (Hutschemaekers, 2010b, 2010a). However, to bridge the gap between science and practice, more responsible methods of research are available. In this respect, the development toward this scientist-practitioner is promising and has, among other things, manifested in the introduction of monitoring tools for psychotherapy, such as the QIT online (Stinckens, Smits, Rober, & Claes, 2012) and Feedback Informed Therapy (Prescott, Maeschaclk, & Miller, 2017; Reese, Slone, & Miserocchi, 2013; Reese, Toland, Slone, & Norsworthy, 2010). Another important aspect for the scientist-practitioner is that analyses and outcomes are structurally monitored and evaluated with peers.

The above remarks on scientific research do not alter the fact that much research has been done, which has led to a considerable amount of evidence for the effectiveness of family therapy (Sexton & Datchi, 2014, p. 415; Sparks & Duncan, 2010, p. 358). In addition, both qualitative and quantitative research into the contextual therapy has been performed and continues, although on a modest scale. For example, research on the contextual concept of parentification (Hooper, Doehler, Jankowski, & Tomek, 2012;

Jankowski, Hooper, Sandage, & Hannah, 2013; Stein, Rotheram-Borus, & Lester, 2007; Van Parys & Rober, 2013), intergenerational transfer (Aboud-Halabi & Shamai, 2016; Delsing & Oud, 2003; Ganong, Coleman, & Rothrauff, 2009; Kretchmar & Jacobvitz, 2002; Lawson & Brossart, 2001), and loyalty (Betchen, 2001; Delsing, van Aken, et al., 2005; Earley, Cushway, & Cassidy, 2007; Hajtó, 2009; Heiden Rootes, 2013; Leibig & Green, 1999; Stauffer, 2011) have so far been subjects of research. Some studies also apply or test the contextual therapy for certain target-groups (Belous, 2015; D'Oosterlinck, Keppens, Spriet, & Broekaert, 2011; Dutta, 2014; Gangamma, Bartle-Haring, Holowacz, Hartwell, & Glebova, 2015; Gold, 2008; Lim & Nakamoto, 2008; Midori Hanna et al., 2003; Soyez, Tatrai, Broekaert, & Bracke, 2004; Sude & Eubanks Gambrel, 2017; Wilson, Glebova, Davis, & Seshadri, 2017), or even investigate the contextual therapy as such (Gangamma, Bartle-Haring, & Glebova, 2012; Grames et al., 2008; van Hekken, 1990; Horowitz, 2009). Although meta-analyses of studies are an important means of bridging the gap between science and practice, unfortunately, no meta-analyses with general conclusions from the collected studies on contextual therapy are thus far available.

Dissemination

To date, contextual therapy continues to be taught and applied, not only in the US but also in many other countries around the world. The Netherlands was the first country outside the US in which this approach was introduced. In 1967, Nagy was invited to the Netherlands by one of the first Dutch family therapists, Ammy van Heusden (Boszormenyi-Nagy & Spark, 1984; Clemens Schröner, van Heusden, Fransen, & Blankenstein, 1967; Le Goff, 2001). Thereafter, Nagy visited the Netherlands regularly for master classes. These visits most likely contributed to the relative popularity that contextual therapy now enjoys in the Netherlands and Flanders. However, there are also contextual professionals in many other countries throughout the world, for example in France, Germany, Hungary, Romania, Israel, Spain, Australia, Norway, Turkey, and in South America and South Africa. During the International Conference on Contextual Therapy 2018, held in the Netherlands, contextual therapists from twelve countries were present.

With his concept of relational ethics, Nagy introduced an approach that many professionals in the field of family therapy showed interest in. Some even called it

a new paradigm (Stierlin, 1975, p. 90) that influenced family therapy and, to some extent, still does. Others have immersed themselves in the contextual approach because of recognized themes and principles (Michielsen, 2014, p. 42), which may evoke identification and recognition. I also suppose that the emphasis of this approach on the importance of family relationships attracts people, particularly those who are interested in human reciprocal bounding and the conscientious and moral aspects of relationships, especially when 'living in a society in which relationships seem to be less and less stable and also seem to give less support' (Dillen, 2004, p. 11). Another factor might be that this body of thought contains values such as justice and responsibility (Boszormenyi-Nagy & Krasner, 1994, p. 380), which have been developed in contextual theory as, for example, the right of the vulnerable to receive care, the pursuit of a fair balance between giving and receiving, bearing responsibility for the next generation, and the right to justice if someone has experienced injustice. The various abovementioned characteristics contribute more or less to an image of contextual theory and therapy as an approach that values common sense and humanity, which has a certain attractiveness.

Several concepts, insights and applications of contextual theory and therapy have also been applied and integrated into other modalities and approaches, whether or not referred to as derived from contextual therapy (Andolfi, 2017; Bouwkamp & Bouwkamp, 2010; Cappaert, 2014; Cornelis, van Oenen, & Bernardt, 2014; Goedhart & Choy, 2011; Hargrave & Pfitzer, 2011; Higgins, 2013; Lange, 2006; Litt, 2007; Francine Shapiro, Kaslow, & Maxfield, 2007; Van Parys & Rober, 2013). One of the most widespread contextual concepts that has been integrated in the broad field of family therapy is parentification. In one of his first books on family therapy, Nagy introduces the term parentification (Boszormenyi-Nagy & Framo, 1965, p. 73). It encompasses a reversal of positions between the parent and the child that, if it occurs temporarily, is a normal part of family life. However, if it is more a rule than an exception, it causes damage for the child (Boszormenyi-Nagy & Spark, 1984, p. 22). He further elaborates this point in his book Invisible Loyalties (Boszormenyi-Nagy & Spark, 1984, pp. 151–167), a publication that was primarily known for the introduction of the concept of loyalty, which is closely related to parentification. Currently, both parentification and loyalty, including their relevance for strategies and techniques, are well-known concepts in psychotherapy and related fields. Furthermore, many approaches have integrated the methodical principle of multidirected partiality, which even appears to have become a matter of course in therapy.

Further Applications

The paradigm of relational ethics and the applications of contextual theory attracts family therapists and professionals from several other fields. For instance, in the Netherlands, the contextual approach has been applied for welfare work (Heylen & Janssens, 2001; Heyndrickx, Barbier, Driesen, van Ongevalle, & Vansevenant, 2005; Heyndrickx, Barbier, van Ongevalle, & Vansevenant, 2011), elderly care (Sprong-Brouwer, 2014), mentally handicapped care (Egberts, 2007), domestic violence (Goedhart & Choy, 2011), foster care (Bakhuizen, 1998), organization science (Groeneboer & van den Berge, 2011), education (Kummeling, Grimberg, & Hendriksen, 2009; van Mulligen, Gieles, & Nieuwenbroek, 2001; Nieuwenbroek, Gieles, & van Mulligen, 2003), counseling (Heyndrickx, 2016; Riemslagh, 2012), home care (van Oorschot, Roelofs, & Bender, 2012), informal care (Beneken genaamd Kolmer, 2007; Beneken genaamd Kolmer, Tellings, Gelissen, Garretsen, & Bongers, 2008), palliative care (Beneken genaamd Kolmer & Martens, 2012) and pastoral care (van Rhijn & Meulink-Korf, 1997; Thans, 2007).

In this study, I give special attention to the application of the contextual approach in social work - firstly, because both contextual therapy and social work place justice and social relationships at the heart of their approach, and it is therefore interesting to learn how social work can be enriched by insights and elements from contextual theory and therapy. Secondly, the two disciplines share their focus on the family and their concern for intergenerational processes concerning the transmission of, for instance, poverty, deprivation, unemployment and even injustice. Finally, being originally a social worker myself, I felt that the contextual approach could be of significance for this profession.

Conversely, the contextual approach, as a member of the family therapy tribe, is in some manner also indebted to social work. Long before the emergence of family therapy and contextual therapy, social work already focused on families and social relationships, in particular in the US. Thus, social workers are the unheralded pioneers of the field of family therapy (Broderick & Schrader, 1991; Goldenberg & Goldenberg, 2008; McGeorge, Carlson, & Wetchler, 2015; Wood, 1996), and both professions currently share their focus on families. Some of the first family therapists, such as Virginia Satir and Nathan Ackerman, were even social workers (Broderick & Schrader, 1991; Herman, 2001; Kamphuis, 1977; Verheij & van Loon, 1989; Wood & Geismar, 1989),

and Constable even speaks of the interdisciplinary theoretical work from social work, psychology and psychiatry that became the backbone of family therapy and social work practice with families (2016). Currently, social work, although it has a far longer history of working with families than does family therapy, gratefully incorporates developments and research in the field of family therapy. Thus, family therapy and, as part of that, contextual therapy are important sources for strengthening social work in its work with families and their contexts.

Critics

Nevertheless, despite the above point, contextual therapy has never become a major, trend-setting movement. To my knowledge, only Dillen has presented a systematic overview of the pros and cons of the contextual approach (Dillen, 2004), but other authors have also pointed out some critical elements (Fowers & Wenger, 1997; Nolan-Shmarkovskaya, 2013; Wilburn-McCoy, 1993); Michielsen has described some misunderstandings and pitfalls that threaten contextual therapists (Michielsen, 2014). Below, I construct an overview of those criticisms.

Theoretical Complexity

Contextual theory is criticized as being a theory that is too complex and inaccessible (Wilburn-McCoy, 1993); depending on the perspective from which this theory is approached, other elements are illuminated, which all appear to be equally important for constructing an image of the relational ethical reality (van der Meiden, 2014, pp. 21–22; van Rhijn & Meulink-Korf, 1997, p. 80). Studying contextual theory can, therefore, evoke the experience of being entangled in a maze of difficult-to-define concepts. Some authors criticize the contextual theory as being too highly intellectual in nature (Kaslow, 1987). This criticism is even enforced by its dialectical approach, which entails that reality can always have different perspectives. The fact that Nagy did not present his theory in a more transparent and structured way has made it more difficult for interested therapists to master this theory sufficiently, with the risk of interpreting it as a moralizing prescriptive therapy model ('I will tell you how it works, and then, you know how to do it') and, therefore, an unattractive therapy model (Michielsen, 2014, p. 46).

Alienating Jargon

Additionally, the unusual contextual jargon is criticized and possibly also hampers the accessibility of contextual theory and therapy (Hargrave & Pfitzer, 2003, p. ix). Concepts such as revolving slates, exoneration, transgenerational maneuvers, legacies and delegates open a discourse that relates to a financial and legal linguistic field (Fowers & Wenger, 1997, p. 192). In particular, expressions such as 'give and take', 'merit and guilt', and 'entitlement and obligation' seem to belong more in a 'do-ut-des-approach' than in a search for reciprocity and humanity. Fowers and Wenger criticize Nagy's language not only as being foreign, but also as being typical Western and liberal language (Fowers & Wenger, 1997, p. 163). Although Nagy tried to find a new language that would better reflect the ethical perspective on relationships, where the usual psychological jargon could lead to psychological reductionism, his professional language appears alienating and difficult to understand. Additionally, the fact that he kept seeking further sharpening of his theory and concepts, sometimes leading to different words for the same concepts, does not facilitate the transparency of this theory (Stierlin, 1975, p. 92).

Missing Guidelines

Contextual therapy is also criticized because of its limited guidelines and techniques for application in therapy (Wilburn-McCoy, 1993, p. 101). Nagy consciously abstained from developing guidelines and concrete interventions for applying contextual therapy, because he wanted therapists to have 'free access to intuition' (Boszormenyi-Nagy & Krasner, 1986, p. 45). He 'eschewed prescriptions and techniques that require therapeutic impositions of any kind', securing therapists' room for spontaneous options, actions and decisions (Boszormenyi-Nagy & Krasner, 1986, p. 277). Through this choice, Nagy has made it more difficult for therapists to apply contextual theory (van Rosmalen & Schuitemaker, 2011).

Lack of Evidence

There is a lack of research into the efficacy of this approach, and as such the lack of evidence is undoubtedly one of the most frequently heard criticisms. Despite the above remarks on conducting research into family therapy, it is abundantly clear that, at a time when the proven efficacy of therapies is still an important requirement, contextual therapy falls short due to the lack of such research. A survey among therapists of various modalities showed that many of them, although sympathetic towards contextual therapy, do not use this approach since it's efficacy has not been

demonstrated and the insurance companies, therefore, do not cover these treatments (van Rosmalen & Schuitemaker, 2011).

Alleged Stereotyping

Another criticism concerns the normativity of contextual theory and therapy. The axiom of contextual theory is based on the interdependence of human beings and the innate sense of care and justice, elaborated in relational ethics. Although Nagy repeatedly stated that this type of ethics 'is not to be confused with the "should" or "oughts" of idealism and moralism' and that 'contextual ethical priorities are based in universal human reality, not in value priorities of particular groups or cultures' (Boszormenyi-Nagy & Krasner, 1986, p. 13), it has led to much criticism, if only because the use of the word ethics in the world of psychotherapy is often associated with objectionable moralism. In that same vein, contextual theory and therapy are criticized for paying too little attention to the societal context; for supporting gender-stereotypes; for the primacy of the nuclear, patriarchal family; and for underestimating loyalty as a power factor (van Keulen, 1995, p. 9). Van der Pas criticized Nagy for his 'parent blaming attitude' (2009, p. 6), as well as for supporting the more powerful to the detriment of the less powerful. In that context, Nagy's theory is also judged to be unfriendly and oppressive to women (Hare-Mustin, 1978; Kosian, 1994; Plantier, 1994).

Isolation

Finally, the contextual approach has been in isolation for too long. According to Minuchin, Nagy's contemporary and well-known co-founder of family therapy, such isolation may be useful at the start of the development of a new approach but should not last too long. In the documentary 'Founders of Family Therapy', Minuchin looks back on the period in which the different family therapy approaches developed, saying: 'This was a period of course of tremendous ego-involvement, as in any beginning. You need to create the illusion that what you do is unique, and probably better. So, we criticize (the others); they don't understand, they don't see, and so on, and that's useful. That is useful, it is incorrect when one gets stuck historically on that, but it's useful in the beginning. One needs to have a sense of certainty and a certain single-mindedness and blindness that says, "let's continue exploring that area" and each one of the corners that started family therapy had that intensity of involvement' (Kuehl, 2009, 22:19-23:32). Thus, according to Minuchin, a certain isolation in the beginning is useful, but one should not become stuck on it. Nagy, however, continued to distinguish his approach from system therapy, while system therapy became the

collective name for the various modalities in family therapy. He also defined relational ethics as the most important dimension in family therapy, explicitly depicted as the all-embracing dimension (Boszormenyi-Nagy, 1987a, p. 329), pictured in Chapter 3. This has probably increased the isolation of contextual therapy. Although every renowned family therapy modality ranks in the system therapy family, all with their own theory and paradigm, contextual therapists - at least in the Netherlands - have long persisted in distinguishing themselves from system therapist and opposed the classification of contextual therapy as part of system therapy.

Relevance

When analyzing and reconstructing contextual theory and therapy, it is not only necessary to take the criticisms into account, but also necessary to position this modality in the wider discourse of mental health and psychotherapy. Freud is often seen as the founder of psychotherapy, and from there, this field has evolved into many modalities and schools. This multitude of psychotherapy forms can be classified into four traditions: the psychodynamic, the cognitive-behavioral therapeutic, the client-oriented-experiential and the systemic traditions (Colijn et al., 2013, p. 16). Today we can even speak of a large patchwork of psychotherapeutic schools and modalities, and due to the integration of modalities and new discoveries, by no means can all modalities be precisely classified into one of these four. Right now, the number of different approaches to psychotherapy probably counts over more than 400, and its diversity is accompanied by 'personality conflicts and other signs of struggle for superiority' (Corsini & Wedding, 2005, p. 12). Developments are still ongoing.

One of the most important contemporary debates in this area is whether psychotherapy should continue to focus on further specialization, or on a more general view of mental health.

Specialization

The specialization of psychotherapy, in particular, has led to the aforementioned increase in psychotherapy modalities, in which the area on which the various modalities focus is becoming increasingly smaller and more focused on specific pathology. This aligns with the psycho-technological paradigm, which is comparable to the medical model, wherein the expert is particularly focused on applying the best

effective technique to the well-diagnosed condition (Colijn et al., 2013, p. 17). Those who support this approach to psychotherapy are also concerned with refinement and, consequently, often also with the extension of the description of disorders and with research into the effectiveness of their treatment. Currently, this research mainly consists of evidence based practice research, derived from the term evidence based medicine as coined in the early 1990s (Sehon & Stanley, 2003). Evidence based practice was developed in response to the difficult-to-bridge gap between scientific research and practice because it not only focusses on the efficacy and effectiveness of therapeutic interventions but also leads to lists of concrete, effective model programs (Littell, 2010, p. 169). Since evidence based practice has increasingly become a condition for the admission of a certain method or intervention, as well as for reimbursement by insurance companies, the measurability of therapy become an important factor in the development of psychotherapy interventions. As such, this focus on measurability has led to the emergence of the protocolization and standardization of methods, as well as the introduction of research instruments such as randomized controlled trials. Nevertheless, there is also a debate on the appropriate research for the different forms of psychotherapy, in which the current primacy of evidence based practice is not undisputed.

Generalization

However, there is also another ongoing development, a development from 'healing' to 'counseling' and from the one-sided attention to wide spun therapies and long-term treatments to more attention to the importance of well-being (Bohlmeijer, Lamers, & Schreurs, 2016, p. 209). This development is intended to be an answer to the increasing specialization of therapies, with the risk of categorizing psychological variations in DSM diagnoses, and stringent protocols for treatment, which can lead to the increasing dependence of the client on experts and their treatment methods (Delespaul, Milo, Schalken, Boevink, & Os, 2016, p. 8). This development distinguishes itself from the psycho-technological paradigm by not focusing exclusively on the (healing of) disorders, but exclusively aligning with the care needs of the client. As such, it promotes a shift to a more generic focus on health, which in this context, is defined as 'the ability to adapt and manage certain changing psychological, physical and social challenges' (Huber et al., 2011). For this emerging 'paradigm of generalization', healing is no longer the exclusive goal of psychotherapy, instead, the goals are to evoke clients' ability to adapt to changing circumstances and take control of their own situation (Delespaul et al., 2016, p. 66).

Consequently, this shift also affects the role of the psychotherapist, who is no longer the expert but rather a kind of professional friend or fellow traveler, who invests in the relationship with the client. This therapist relies more on knowledge and insight into health-related issues and focuses more on supporting the clients' well-being, strength, self-direction, and meaning, stimulating their use of resources from the context, instead of primarily relying on specialists' treatment models, methods and techniques. As such, this paradigm should be anchored in a sound theory of people, relationships, well-being, the distortions that can occur, and how to deal with them. This theory focusses on movement in the direction of guidance and support, where, first, the relationship between client and therapist counts. Therefore, this theory should also substantiate the changing role of the professional because the therapist and the therapeutic alliance are particularly important in this process, which is currently recognized by psychotherapists from completely different therapeutic modalities (Hafkenscheid, 2014, p. 16). Such a theory for a generic approach fits with the finding that all specialized psychotherapy modalities have been proven equally effective, which, since 1936, has often been summarized as the dodo bird verdict: 'everybody has won and all should have prizes' (Rosenzweig, 1936). Later research on the so-called common factors repeatedly confirmed the efficacy and therefore the importance of those factors, factors that occur in every type of therapy and in whatever modality (Duncan, Miller, Wampold, & Hubble, 2010, p. 422; Lambert, 2013; Sprenkle, Davis, & Lebow, 2009). In particular, the role of the therapist and the therapeutic alliance, with elements such as allegiance and acceptance (Sparks & Duncan, 2010, p. 373), are important findings for such a generalized approach theory. Examples of such a theory are the theories on empowerment (van Regenmortel, 2011; Zimmerman, 2000), resilience (Walsh, 2008) and attentiveness (Baart, 2004).

Positioning

Contextual theory and therapy will have to take their place in the field of psychotherapy and the abovementioned debates. As such, Nagy's publications are all focused on describing a contextual therapeutic modality, thereby distinguishing itself from other modalities. Although contextual therapy is often referred to as a multimethodical therapy, these other methods and techniques should, according to Nagy, serve under the umbrella of the contextual paradigm of relational ethics, which also substantiates its theory about relational pathology and its vision on recovery. In

that respect, contextual therapy is in line with the specialization side. On the other hand, contextual therapy focuses not so much on pathology, but rather aims to elicit the strengths and possibilities of the family members and their context, which are all related to its paradigm. Furthermore, contextual theory is often referred to as the contextual approach, which is successfully applied to various other types of work. All the above characteristics align more with a generalized approach.

In the current mental health discourse concerning specialization or generalization, contextual therapy is not easy to position, partly because of its specific in-between position and partly because of its inaccessible theory and lack of guidelines or a model for application. Before defining its position in this field and the abovementioned debate, some homework needs to be done on the contextual approach. Questions concerning relevance and effectiveness need to wait. I choose to first research the complex and inaccessible contextual theory. Perhaps this inaccessibility is because it is intrinsically inimitable or inconsistent, which would be important to determine. However, if this is not the case, then it must be possible to reconstruct contextual theory into a more ordered framework and transparent theory. Then, I tend to conduct research on the application of contextual theory in therapy practice, both according to Nagy and according to current practices. After that, at the end of this thesis and when the research on contextual theory and practice has been given more clarity, I will return to the discussion above discussion.

In summary, the aim of my research is twofold. First, I want to explore the theoretical elements and see if contextual theory can be reconstructed into a coherent and comprehensible theory, on the one hand as support for contextual therapists and on the other hand to enable an honest discussion about relevance. Second, I aim to research its application as meant by the founder and as carried out in current practice, and to explore how theory and practice are connected, what the specific contextual therapy elements are and if a model for application can be constructed.

2

Research

Reason

Contextual therapy offers contextual therapists a paradigm of relational ethics, the core of contextual theory and therapy. Nagy considers relational ethics 'the crucial fiber' (Boszormenyi-Nagy, 1987b, p. 41), 'the cornerstone' (Boszormenyi-Nagy et al., 1991, p. 204) or an overarching umbrella (Boszormenyi-Nagy, 1987a, pp. 121, 191; Boszormenyi-Nagy & Krasner, 1986, p. 61) of contextual theory and therapy. The publications of Nagy therefore largely consist of a description of that paradigm and the theory based on it. In that respect, contextual therapy can be called a paradigmatic approach, a therapy in which the paradigm forms the frame of reference from which the therapist applies different techniques (Hutschemaekers, 1996, p. 23). As such, it is of great importance that the therapist has access to 'a strong and comprehensive theory' (Hutschemaekers, 1996, p. 24) and that he or she is well versed in this paradigm-based theory and common body of knowledge.

Referring to what has been said in 'Relevance', the question must be asked as to whether the contextual theory meets the criterion of being 'strong and complete'. The multitude of concepts as well as the unusual and alienating terminology, together with the lack of an enlightening order, impede a good understanding of the essence of this theory: relational ethics. In addition, according to Nagy, there are no characteristic contextual techniques, methods or strategies, except the ability to let family members tell their side (Boszormenyi-Nagy & Krasner, 1986, p. 169). In fact, he 'eschews prescriptions and techniques that require therapeutic impositions of any kind. Instead it hews to methods that *elicit spontaneous options, actions and decision-making*' (Boszormenyi-Nagy & Krasner, 1986, p. 277), which is consistent with Hutschemaekers' definition of a paradigmatic approach to therapy: 'After all, a good theory does not restrict, but rather expands. The stronger and more extensive the paradigm, the greater the number of possible treatment alternatives and the broader the target group that can be helped with the therapy' (Hutschemaekers, 1996, p. 24). Hutschemaekers adds that it is by no means necessary to follow the teacher too strictly or to direct the process based on only one objective and method. The better the knowledge of the theory or paradigm, the better the therapist is capable of acting.

Applied to contextual theory and therapy, I agree with Nagy and Hutschemaekers that contextual therapists must be well versed in contextual theory and that they need freedom to work according to the contextual paradigm (Boszormenyi-Nagy & Krasner,

1986, p. xii). Nevertheless, I believe that (upcoming) contextual therapists would gain from a certain guide or method to prepare for the therapy process, to use during the therapy process and to reflect on the therapy process thereafter. The lack of such a guiding framework and specific interventions impedes the training of therapists and the ongoing professionalization of both the therapist and contextual therapy as such. In particular, upcoming contextual therapists find it difficult to apply the contextual paradigm properly, partly because of the complex contextual theory. Additionally, for experienced contextual therapists, a guiding framework and specific interventions are useful to deepen and test their own practice, and it can help to contribute to the further deepening and development of contextual theory and therapy in general. In summary, a reconstruction of the contextual theory and the development of specific guidelines and interventions for therapy may increase the applicability of contextual therapy. Conversely, such a specific elaboration of interventions and working methods is also an important prerequisite for investigating the efficacy of contextual therapy, which is currently of great importance.

Questions

The aforementioned considerations and assumptions challenged me to a doctoral study and to write a thesis. This challenge led to an empirical, qualitative study to answer the key question of this research:

> *What are the core elements of the contextual theory of Ivan Boszormenyi-Nagy, how is it applied in practice and how can these findings enrich both therapy and social work?*

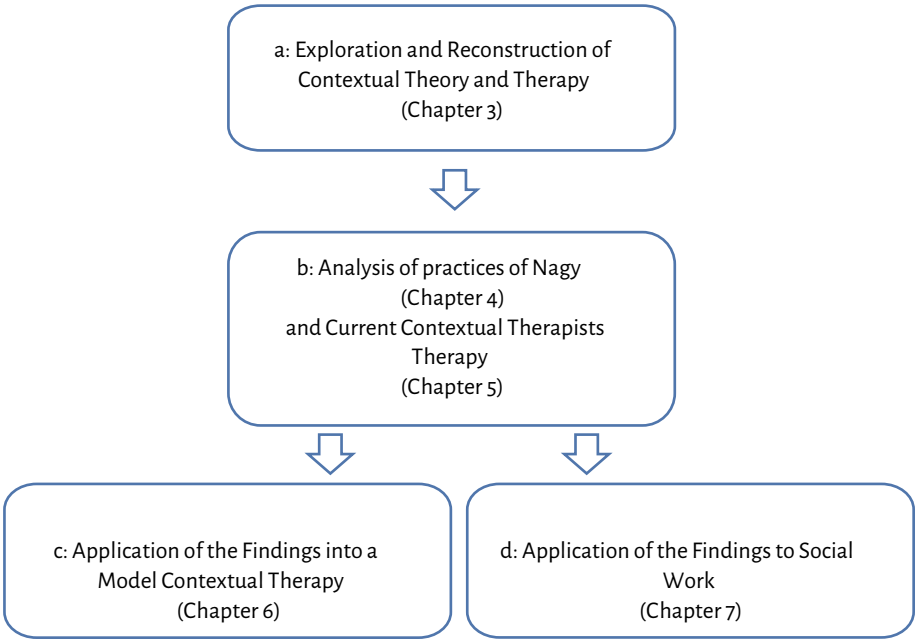
This question is elaborated into four subsidiary questions:

> a) *What is the foundational theory under contextual therapy?*
> b) *How are the core elements of contextual theory applied in the practice of Nagy and in the practices of current contextual therapists?*
> c) *How can findings from the research on the practice of Nagy and current contextual therapists be used for the development of a model contextual therapy?*
> d) *How can the findings from the research on the practice of Nagy enrich social work?*

This qualitative research starts with an exploration and reconstruction of contextual theory (sub question a). It continues with an exploration of contextual therapy practice and an analysis of the findings into specific contextual interventions (sub question b). These findings, consisting of specific contextual interventions, are used for the development of a model for contextual therapy (sub question c) and integration of the defined contextual interventions in social work (sub question d).

The research on sub questions b, c and d are published in four articles, each describing the relevant research design and the applied research methods in detail. Chapter 4 contains the article 'Applying the Paradigm of Relational Ethics into Contextual Therapy. Analyzing the Practice of Ivan Boszormenyi-Nagy'. Chapter 5 presents the analysis of current contextual therapists, named 'How Is Contextual Therapy Applied Today? An analysis of the Practice of Current Contextual Therapists'. Chapter 6 presents the model on contextual therapy and is titled 'Strengthening Connectedness in Close Relationships: A Model for Applying Contextual Therapy'. The article on the integration of contextual therapy elements in social work is included in Chapter 7, titled 'Relational Ethics as Enrichment of Social Justice: Applying Elements of Contextual Therapy to Social Work'.

Summarized in a schedule:



Researcher

As an experienced contextual therapist and trainer, I am familiar with contextual theory. I have participated in many discussions on this theory with peers, the founder himself and one of his co-authors. These experiences were helpful in reviewing and reconstructing the foundational contextual theory. Furthermore, being familiar with therapy sessions and processes helped me to recognize relevant fragments in the data concerning the practices of contextual therapists and to apply the findings to a model for contextual therapy. Combined with my experience as a senior social worker, this familiarity motivated and helped me to apply the findings to social work.

I am aware of my bias and subjectivity as a researcher, knowing that it is not possible to reach objectivity in such a study. Conversely, the research design and its process of data collection, coding and categorization 'serve as a genuinely explicit control over the researcher's biases' (Strauss, 1987, p. 11). For example, five of the video recordings from the practice of current contextual therapists, part of the analysis as presented in Chapter 5, are also analyzed by, and discussed with a senior contextual therapist colleague, and the analyses and observations are critically followed and discussed by the supervisors who themselves are not familiar with contextual therapy. At the end of the analysis process, the codes, the categories and the relationship with contextual theory were also discussed with two of the participating therapists. Furthermore, the iterative analysis process progressing from inductive to deductive and consisting of multiple repetitions led to ongoing considerations and adjustments. Finally, by adding some of the transcripts to the relevant articles, the reader can follow the interpretations, argumentations and analyses. The relevant articles in Chapters 4 to 7 describe in detail how my subjectivity is monitored by several outside perspectives to help me correct my interpretations and present more-trustworthy outcomes (Lingiardi & Colli, 2015a, p. 421). In addition, each article has been thoroughly reviewed by the peers of the journal in question.

Design

Because sub questions b, c and d are elaborated in Chapters 4 to 7 (see the schedule above), in the section below, I will describe the research into sub question a in more detail. Thereafter, I present the overall research design, followed by a summary description of the studies on the other side questions.

Reconstructing the Theory

The research into contextual theory according Nagy has been performed with the aim of clarifying and reconstructing this theory, extracting the most crucial and elementary concepts, and developing a more concise, transparent and accessible manner to present contextual theory.

This reconstruction started with a thorough exploration of the literature of Nagy and publications of other authors to the extent that it was helpful for a better understanding of contextual theory as developed by Nagy. Thus, I tried to stay true to the theory as developed by the founder, aiming at investigating this theory for its consistency and its relevance or usability.

In 1965, together with James Framo, Nagy edited one of the first books on family therapy in which he expressed the basic patterns of his thinking (Boszormenyi-Nagy, 1965). However, he introduced and explained his contextual theory and therapy in his three subsequent books, beginning with *Invisible Loyalties*, published in 1978 and coauthored by Geraldine Spark (Boszormenyi-Nagy & Spark, 1984), followed by *Between Give and Take*, published in 1986 and coauthored by Barbara Krasner (Boszormenyi-Nagy & Krasner, 1986), and *Foundations of Contextual Therapy*, a collection of papers by Nagy, published in 1987 (Boszormenyi-Nagy, 1987a). These three books contain the complete description of contextual theory and therapy. In addition, I have used Nagy's articles listed under 'References' to clarify and provide relevant explanations.

Furthermore, I used the debriefings that were included with some of the recordings of Nagy's consultation sessions, which occasionally clarified the theory as given in his publications. In addition, the recording of the interview that William Doherty conducted with Nagy in 1992 was of similar importance (Doherty & Sollee, 1992).

I have also used publications by coauthors and associates from Nagy, because contextual theory and therapy was developed in collaboration with Nagy's co-authors Grunebaum, Krasner and Ulrich. I also studied publications of other associates of Nagy, people with whom he closely has collaborated and who can be expected to be able to explain his theory in more detail (Bakhuizen, 1998, 2000; Ducommun-Nagy, 2002, 2008, 2010, 2017; Meulink-Korf & Noorlander, 2012; Meulink-Korf & Rhijn, 2002, 2016; Stierlin, 1987, 1975; van Heusden & Eerenbeemt, 1983, 1987; van Rhijn &

Meulink-Korf, 1997). Nagy's theory has also been explained by various other, often contemporary authors (Goldenthal, 1993a, 1996a, 2005; Hargrave, 1994; Hargrave & Anderson, 1992; Hargrave & Hanna, 1997; Hargrave & Pfitzer, 2003; Heyndrickx, 2016; Heyndrickx et al., 2011; Michielsen, Mulligen, & Hermkens, 1998; Nuyts & Sels, 2017; Stauffer, 2011; Thans, 2009). All these publications were helpful for not only providing further explanation of the theory but also for preventing extensive personal bias in explaining and interpreting this theory.

During this exploration of contextual therapy, I searched for an ordering principle that would be both simple and enlightening. After an inductive process of reading and rereading and, eventually, by an intuitive, creative leap or Eureka act, which Koestler defined as one of the irrational factors in scientific thought (1964, p. 169), I came up with a schematic overview of the core elements of contextual theory and therapy from the perspective of the contextual axiom, the contextual anthropology, the contextual pathology and the contextual methodology, which are further elaborated in Chapter 3. After rethinking several times about whether the model was sufficiently distinctive and not overlapping or incomplete, these four perspectives appeared to be useful in classifying the core elements, as also defined in Chapter 3.

To start, I searched for the axiom of contextual theory, the starting point to which all elements of contextual theory can be traced back. I have summarized that starting point as the interdependence of human beings. I then tried to extract how, according to Nagy, that axiom becomes visible in the relationships of human beings and leads to the definition of the central concepts of contextual anthropology. As such, it describes the core of relational ethics. Contextual theory, however, also describes where at the level of relational ethics injustice can occur, the so-called contextual pathology. Although Nagy has described many different concepts and elements of contextual pathology, I have searched for the most important fundamental disturbances, the so-called core concepts of contextual pathology. Finally, I defined the essence of the contextual methodology by summarizing the coherent methodological principles according to Nagy.

This exploration was not only relevant for a reconstruction of contextual theory but also necessary for the subsequent research aimed at recognizing and extracting contextual theory in the practices studied. The findings of this research were used for the development of specific, practice-based contextual interventions and guidelines.

In return, the studies into the practices of Nagy also contributed to the further reconstruction of contextual theory and the development of the final schematic overview of core elements. In this respect, the reconstruction of contextual theory, as presented in Chapter 3, occurred through an iterative process of exploring the literature and analyzing how contextual theory could be extracted from practice.

Analyzing Contextual Practices

This research has two goals. The study and reconstruction of contextual theory is explained above. Below is an explanation of the study on the practice of contextual therapy.

This second part of the research occurred by analyzing video and audio recordings of therapy sessions conducted by Nagy and current contextual therapists. I have chosen to collect data via video and audio recordings because they are nonparticipant observational instruments (Gelo & Manzo, 2015, p. 257). As such, they allow examining the most authentic representation of reality, including information about nonverbal communications (Lingiardi & Colli, 2015b, p. 321); it is the 'least structured way of collecting languaged data' (Mörtl & Gelo, 2015, p. 389). Other methods such as verbatim notes made by the therapist or the presence of the researcher during the therapy session can influence the therapy process more and disrupt the authenticity of the session.

The data used for the analysis of Nagy's practice, presented in Chapter 4, was collected mainly from consultation sessions. The relevant article 'Applying the Paradigm of Relational Ethics into Contextual Therapy. Analyzing the Practice of Ivan Boszormenyi-Nagy' explains what this means for the investigation and describes its findings.

The data used for the analysis of the practices of current contextual therapists, presented in Chapter 5, come from twelve contextual therapists with the most extensive contextual therapy training and at least five years of experience in conducting contextual therapy. They were asked to send in recordings of a contextual therapy session with one or more clients, which they considered to be good examples of contextual therapy, providing insight into how relational ethics is translated in practice. I also asked them to add from which part of the therapy process this session was taken. It turned out that the fourteen recordings encompassed a satisfying spread of sessions throughout the therapy process.

The following criteria have been set with regard to the selection of clients: seeking help because of relationship problems between parent(s) and child(ren), including issues between parent(s) and adult child(ren) and other issues of which the therapists assume that the parent-child relationship is relevant to the problem; Dutch-speaking and sufficiently grounded in Dutch society; and not suffering from serious psychiatric problems or with an intellectual disability. The research is further explained in the relevant article 'How Is Contextual Therapy Applied Today? An Analysis of the Practice of Current Contextual Therapists', found in Chapter 5, which also describes the findings.

The research methods used are respectively the constant comparison method (Boeije, 2005; Charmaz, 2006; Evers, 2015; Glaser & Strauss, 1967) and thematic analysis (Alhojailan, 2012; Braun & Clarke, 2006; Guest, MacQueen, & Namey, 2012). Both encompass an iterative analysis-process, progressing from inductive waves to deductive waves. Starting the research with an inductive wave offered openness to all interventions, even those that at first glance did not seem to relate to the principles of the contextual approach. This provided an opportunity to detect unexpected but possibly important fragments. To the extent that this indeed led to interventions that were considered contextual, these interventions have been included in one of the clusters. Interventions that were not considered contextual and, as such, were not included in one of the clusters, did not play a further role in this study since this study solely focused on contextual interventions.

This first inductive wave was followed by several more deductive waves. During these deductive waves, interventions were analyzed from the perspective of contextual theory and therapy, leading to the coding of relevant fragments and to, eventually, the clustering and defining of contextual interventions. Throughout these different waves the critical comments of the reviewers provided an external view of the analysis, increasing the transparency and accessibility of the findings.

Processing of Research Findings

Subsequently, the findings of the complete study were used to design a model of contextual therapy intended to provide (future) contextual therapists with an initial impetus for a guideline. Using a design-oriented study (van Aken & Andriessen, 2011; Verschuren & Hartog, 2005) consisting of an iterative process of reviewing literature and contextual practices, developing, evaluating and adjusting, the final

model emerged as a framework with three phases, each divided into several process elements, including interventions derived from the research on the practice of Nagy and the practices of current contextual therapists. During the International Contextual Therapy Conference 2018 a draft version of this article and the included model was discussed with an international group of senior contextual therapists and researchers. The final article on this part of the research is presented in Chapter 6 and is titled 'Strengthening Connectedness in Close Relationships: A Model for Applying Contextual Therapy'.

Furthermore, I applied the findings to the practice of social work, with which contextual therapy shares its focus on justice, social relationships, the family, and intergenerational transmission, aiming at adding to the toolbox of the social worker. I enclosed those interventions from Chapter 4 and 5, which I believe are fitting to and enriching for social work practice, and I verified this with a group of social work teachers and trainers. It may be clear that these interventions stem from therapy practice, which differs from social work practice. On the other hand, social work frequently uses the insights and interventions of family therapy, which makes social work and family therapy are pre-eminently overlapping. In particular, strategies and interventions at the micro level, e.g., those that are helpful in restoring and enhancing the strength of family relationships, can also be an important element for social justice on a macro level.

This study is published in an article that can be found in Chapter 7, titled 'Relational Ethics as Enrichment of Social Justice: Applying Elements of Contextual Therapy to Social Work'.

Finally, this dissertation contains two schemes. In Chapter 3, the scheme entitled 'Core Elements of the Contextual Theory and Therapy' has been developed for the reconstruction of contextual theory and is intended to summarize the complete contextual theory and therapy based on a subdivision of its core elements from four perspectives. The scheme in Chapter 7, entitled 'Schematic overview of the core concepts of the contextual theory', has been developed for the relevant article, which includes an overview, a summary description of contextual theory. Since it was not the intention to explain the complete contextual theory in this article, the scheme in Chapter 3 was too extensive. However, these schemes do not essentially differ.

3

Reconstructing Contextual Theory

Introduction

Contextual theory assumes that we need each other to grow into accountable, responsible people and that we are all born with an innate sense of care and justice. In contextual theory, this assumption is elaborated as relational ethics. Nagy introduced this paradigm as the core of his theory and the guiding principle of his therapy, but he also stressed that a responsible therapeutic plan integrates 'a wide range of therapeutic techniques' (Boszormenyi-Nagy, 1987a, p. 191). Therefore, this chapter starts with the description of how Nagy elaborated this integration by the introduction of what is called the model of the four dimensions, later expanded to a model of five dimensions. It notes the importance of the diverse aspects of the relational reality and highlights where other effective methods and techniques can be integrated.

Furthermore, because of the kaleidoscopic complexity of contextual theory, I present the theory from four different perspectives: the contextual axiom; the contextual anthropology, the elaboration of the axiom into human relationships; the contextual pathology, encompassing the etiology and nosology, including blockades, obstacles and disturbances of the relational reality; and the contextual methodology, central principles and guidelines to strengthen or restore human relationships and human wellbeing. Furthermore, to improve the accessibility of contextual theory, I confine myself to the key concepts of this theory. Each of these key concepts represents an indispensable concept or element of contextual theory, without resorting to the characteristic multiplicity of other related contextual concepts. This relationship creates a framework of contextual theory, elaborated in a schematic overview by means of which unnamed parts of the theory can be placed. The overview is presented prior to the description of contextual theory.

Model of the Five Dimensions

In 1965, Nagy wrote, 'The key to the understanding of "family pathology" and of specialized family therapeutic techniques is in the integration of individual and family system dynamics' (1965, p. 88). He did not want to exchange the focus on the individual for a focus on the family or a system (Boszormenyi-Nagy & Krasner, 1986; Boszormenyi-Nagy & Spark, 1984; Dillen, 2004; Lange, 2006). He believed that such an exchange would not overcome the so much criticized reductionism, because it

would only be a shift to another paradigm (Boszormenyi-Nagy & Markham, 1987, p. 241). According to Nagy, the most effective therapy could never be based on any type of reductionism. To enable the integration of individual and family therapy, he developed a 'fundamental ordering of relational realities' encompassing 'an initial effort toward developing an economic integration or, at least, juxtaposition of the needs, characteristics, life interests, and relational configurations of all of the members of a given family' (Boszormenyi-Nagy & Krasner, 1986, p. 44). This ordering became known as the model of the four dimensions of relational reality, later extended with a fifth dimension.

Dimension of the Facts

This first dimension involves specific and biological facts that affect a person's life. This dimension can include gender, physical health, intelligence, the place in the children's sequence, events such as divorce, death, unemployment or serious illness of, e.g., parents or the person himself and living conditions, the society or culture in which a person grows up. All of these facts can influence the relational reality and as such the relational ethical context of a person.

Dimension of the Psychology

This dimension involves 'the psychological integration of one human being's experience and motivations' (Boszormenyi-Nagy & Krasner, 1986, p. 49). It includes, for example, the pursuit of recognition and the desire for love, power and pleasure. This dimension also includes developmental defects and opportunities and personality traits and psychopathology that people can be confronted with.

Dimension of the Transactions

This dimension refers to 'the field of the patterns of observable behavior and communication between people' (van Heusden, 1983, p. 140). It is the main focus of classical family therapy or system therapy. According to Nagy, these approaches present a useful concept for understanding and describing phenomena such as scapegoat mechanisms, coalitions, and triads and define interventions and techniques for application in family therapy (Boszormenyi-Nagy & Krasner, 1986, p. 55).

Dimension of Relational Ethics

Relational Ethics is the cornerstone of the contextual approach (Boszormenyi-Nagy et al., 1991, p. 204). It indicates an ethically based commitment among people

that consists of reciprocal rights and obligations, the right to receive care[1] and the obligation to provide care according to the nature of the relationship (Boszormenyi-Nagy & Krasner, 1987a, pp. 274, 303), and gained merit (Krasner & Joyce, 1995, p. xxi). Nagy states that, particularly in family relationships, a fair balance between giving and receiving[2] is of paramount importance because of the indissoluble loyalty ties in these relationships. This fair balance is a prerequisite for viable and lasting relationships. It offers partners mutual trustworthiness and children a healthy context to develop their sense of independence and responsibility, which is needed for their role in taking care of the next generation when it is their turn. The borders of relational ethics are formed by justice. Once outside these borders, injustice arises, for example in the form of false claims or unanswered rights, causing the balance between giving and receiving to be disrupted. The consequences of this disruption can turn into a revolving slate; unfulfilled care transforms into unjust claims and, as such, passes on to future generations (Boszormenyi-Nagy & Spark, 1984, p. 67). Further on, this dimension of relational ethics will be elucidated.

Ontic Dimension of Relationships

At the 14th Annual Conference of the Hungarian Family Therapy Association in 2000, Nagy introduced this fifth dimension. He never published about it himself, but his widow, Catherine Ducommun-Nagy (Ducommun-Nagy, 2002, 2008, 2010) explained this ontic dimension, thereby also referring to what Nagy wrote about the ontic function of the Other as the essential counterpart of the Self (Ducommun-Nagy, 2008, p. 190).

Initially, this ontic dependence between closely related people was counted as part of the fourth dimension, but according to Ducommun-Nagy, Nagy apparently had decided to name it as a separate dimension. Thus, it only changed the model; it did not change contextual theory and therapy as such, considering that in 1965, he had already written, 'Ontic relatedness is based on a fundamental dependence on the tie with the Other. (…) The ontic element in a relationship makes the Other an essential

1 In contextual theory and therapy, giving or receiving care refers to both the material sense, such as eating and drinking, and the immaterial sense, such as recognition, appreciation, and nurturing. In essence, contextual theory assumes that this giving and receiving is of significance for the ethical balance of obligations and rights (Boszormenyi-Nagy, 1965, p. 37), encompassing loyalty and transgenerational solidarity, whereby justice functions as its regulating force.

2 Initially, Nagy spoke of the balance of 'give and take'. Later, 'take' changed into 'receive' because 'take' more emphasizes caring for yourself, whereas 'receive' better fits with 'give' (Bakhuizen, 2000, p. 8; Dillen, 2004, p. 65; van der Meiden, 2014b; van Rhijn & Meulink-Korf, 1997, p. 56).

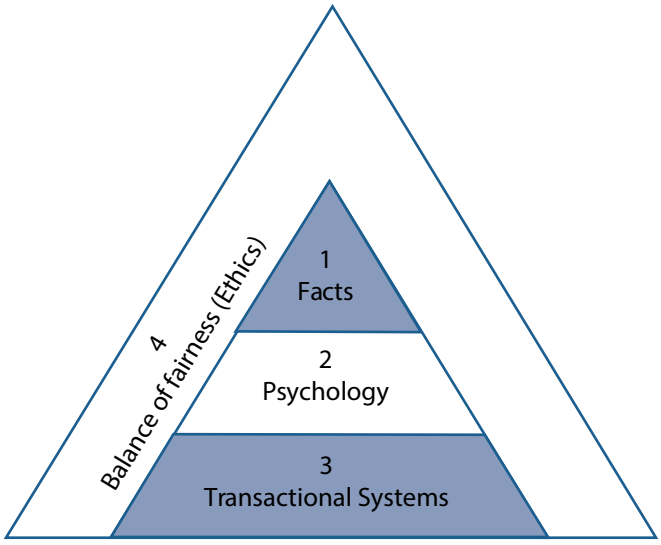
counterpart of one's Selfhood, irrespective of any particular interaction. In this type of relationship, the functional or instrumental role performance of the Other lessens in significance, and in the event of loss, the relationship cannot be re-established with equal or even better substitutes' (Boszormenyi-Nagy, 1965, p. 37). Thus, this ontic dimension elaborates on a part of relational ethics (Nolan-Shmarkovskaya, 2013).

However, dimensions 1 to 4 are the so-called 'seeds of an accountable therapeutic design' (Boszormenyi-Nagy & Krasner, 1986, p. 44) in which this fifth dimension, as the axiom of the contextual approach, is more the foundation of these four. As such, it appears to be of a different order. Nevertheless, although I did not mention this fifth dimension in the summaries of contextual theory and therapy as included in Chapters 4 and 5, during this research, I became increasingly convinced of how decisive the axiom of contextual theory is. That is why I now in this chapter and in Chapter 6 explicitly mention the fifth dimension. I believe that distinguishing and thus highlighting this fundamental and all-determining axiom of contextual theory can improve the understandability of the contextual paradigm because this axiom is the essence of relational ethics and as such, the source of hope for restoring relationships. However, I will often refer to the four dimensions because this fifth dimension was introduced after the death of Nagy, and most publications on contextual therapy only name the four dimensions.

A Hierarchy of Dimensions?

Gangamma, Bartle-Haring and Glebova describe the model of the four dimensions as follows: 'Founded on the principles of psychiatry, philosophy, psychoanalysis, and systems theories, it integrates the individual and systemic approaches in therapy with an ultimate aim of healing individuals' pain and fostering change within the family system. As an integrative model, it allows for incorporation of concepts and techniques from most psychosocial therapeutic models, as long as they are consistent with the overarching concern of balance or fairness in relationships' (2012, p. 825).

This subdivision provides an integration of 'the spectrum of valid therapeutic approaches and methods' (Boszormenyi-Nagy & Krasner, 1986, p. 47) under the umbrella of dimension four (Boszormenyi-Nagy, 1987a, p. 191). In his publications, however, Nagy primarily focuses on the significance of relational ethics. There have since been several other authors who have immersed themselves in how to effect this integration (den Hollander, 2009; Howard, 1987; Lyness, 2003; Mathews, 1984; Meulink-Korf & van Rhijn, 2002; van Rhijn & Meulink-Korf, 1997; Schmidt, 1998).



The four dimensions (clusters) of Relational Reality (Boszormenyi-Nagy, 1987a, p. 329)

Schematic Overview by Core Elements

As described above, Nagy considers it important that contextual therapists are aware that relational reality has multiple dimensions. However, with his contextual theory, he focuses on dimensions 4 and 5, the dimensions of relational ethics. The schematic overview below summarizes the core elements of this theory on relational ethics as described in this Chapter and thus serves as a guide for understanding contextual theory and a frame of reference for all otherwise unmentioned concepts from this theory.

Axiom

The contextual theory is 'rooted in the ontology of the fundamental nature of all living creatures' (Boszormenyi-Nagy & Krasner, 1986, p. 420), which involves their interdependency. This interdependency encompasses that the one person cannot exist without the other, which means, according contextual theory, that every human being has an ethical right to receive care and an ethical obligation to give care (Boszormenyi-Nagy, 1987a, pp. 111, 139, 196; Boszormenyi-Nagy & Krasner, 1987a,

p. 274). Contextual theory assumes that this ethical, dialectic interweaving of rights and obligations constitutes the deeper motives and structures of close relationships. It also postulates the innate tendency to justice, encompassing care and responsibility (Adkins, 2010, p. 23; Boszormenyi-Nagy & Krasner, 1986, p. 78).

Core Elements of Contextual Theory and Therapy	
Axiom	Interdependence of Human Beings
Contextual Anthropology	*Interconnectedness:* • Loyalty • Responsibility • Intergenerational Context *Justice* • Balance of Give and Receive • Entitlement
Contextual Pathology	*Pathogenic loyalty* • Enforced Loyalty • Invisible or Indirect Loyalty • Split Loyalty *Injustice* • Destructive Entitlement
Contextual Methodology	*The Context as a Resource* *Multidirected Partiality* *Dialogue* *Exoneration*

Contextual Anthropology

The axiom above is elaborated as the contextual anthropology of human beings and their interpersonal relationships. Hereafter, this postulate is summarized in the two interwoven pillars of relational ethics: human beings' interconnectedness, and justice as a regulating principle of relationships.

Interconnectedness

Nagy distinguishes functional relatedness, described as 'instrumental performances among interacting partners', from ontic relatedness, 'based on a fundamental

dependence on the tie with the Other' (Boszormenyi-Nagy, 1965, p. 37). This ontic interdependence and this mutual 'accountability' are, according to contextual theory, an indispensable resource for healthy individual development and stable, lasting relationships. Thus, it is an important and relevant element in every relationship (van der Meiden, 2016), a point hereafter further elaborated in intergenerational connectedness and loyalty.

In contextual theory, the 'I' does not so much assimilate in the relationship with the 'Other' as is formed in this relationship; as Buber defines it, 'Ich werde am Du' (1988). Van Rhijn and Meulink-Korf formulate it as follows: 'the heteronomy of the relationship precedes the autonomy of the person' (1997, p. 143). This point can be found in many of Nagy's works. We thus touch upon the ultimate goal of contextual therapy - 'by connectedness increasing real freedom and autonomy' (van den Eerenbeemt & Oele, 1987, p. 1).

According to contextual theory, autonomy encompasses the capacity for relational responsibility; 'Paradoxically, the individual's goal of *autonomy* is inextricably linked to his capacity for relational accountability. In fact, responsibility for the consequences of one 's actions on his relational partners may be the true test of autonomy' (Boszormenyi-Nagy & Krasner, 1986, p. 62). Gaining autonomy consists of a process of self-validation and self-delineation; by being significant for the other, one's own value can be recognized and one's own space can be defined. The development of autonomy therefore always occurs in relation to the other and along the lines of being entitled, indebted and obligated. 'It should be the capacity for rebalancing between vertical and horizontal commitments, rather than abandonment of the former' (Boszormenyi-Nagy & Spark, 1984, pp. 32, 106).

Hereafter, Nagy's concept of interconnectedness is elaborated based on three core elements: loyalty, responsibility and intergenerational connectedness.

- *Loyalty*
  The contextual concept of loyalty is an operationalization of Nagy's intersubjective thinking as outlined above and is one of the most important deeper structures of human connectedness (Boszormenyi-Nagy & Spark, 1984, pp. xix, 39). It is based on 'indebtedness'.

Loyalty is defined as preferential commitment to those who are entitled to a priority of bonding (Boszormenyi-Nagy & Krasner, 1986, pp. 15, 418). The concept of loyalty is generally known as a psychological concept. In contextual theory, however, loyalty is an ethical concept based on the ethical right of those who are entitled to loyalty because of their merit. It is therefore not a preference based on a feeling; however, it can coincide with a feeling and is even inseparable from it (Boszormenyi-Nagy & Spark, 1984, p. 160). Furthermore, according to van Hekken and Leibig and Green, loyalty is not static but evolves from childlike loyalty to adult loyalty. This development is part of a child's individuation. Childlike loyalty often coincides with obedience. In the course of life, children develop the ability to make ethical choices and in how they want to be loyal to their parents (van Hekken, 1990; Leibig & Green, 1999).

Contextual theory distinguishes loyalty in existential relationships from loyalty based on merit earned in the course of a relationship, respectively referred to as vertical and horizontal loyalty (Boszormenyi-Nagy & Spark, 1984; Michielsen, Steenackers, & van Mulligen, 1998). An important difference between earned loyalty and existential loyalty relates to the indissolubility of existential relationships, implying that the ethical appeal of loyalty does not end. It is therefore the most important form of loyalty, 'based on spontaneous caring and concern and the fundamental primary obligation of repaying with gratitude those who gave us our lives (Boszormenyi-Nagy, 1987a, p. 127).

According to Nagy, loyalty is an important interpersonal dynamic and provides an explanatory model for close, lasting relationships that cannot be understood without the intergenerational context. Loyalty plays an important role in the balance between the right to receive care and the indebtedness to those who have given care. Children owe loyalty to their parents, which makes them vulnerable to the exploitation of loyalty. That is why parents, in their turn, are responsible to take care in a just manner.

- *Accountability and Responsibility*

  Contextual theory also stresses the ethical appeal of responsibility for the consequences of relating (Boszormenyi-Nagy & Krasner, 1986, pp. 11, 62). As with loyalty, Nagy postulates responsibility as an intrinsic ethical reality. Personal accountability for relational consequences is, according to Nagy, based not on

value priorities of particular groups or cultures but on a universal reality. 'The reality, for example, that the future is more vulnerable to consequences than the past is a universally valid fact rather than a value' (Boszormenyi-Nagy & Krasner, 1986, pp. 10, 13; Boszormenyi-Nagy & Spark, 1984, p. 11). Contextual theory thus emphasizes accountability for the consequences of the actions or nonactions of people, particularly for the vulnerable and for the next generation(s). Nagy considers accountability and responsibility essential for successful human relationships, which is reflected in the fact that he initially named the fourth dimension the dimension of responsibility.

Assuming one's responsibility is one of the most effective moves in restoring and strengthening a relationship. It is a form of offering due care that flows from 'the resolve to accept active and personal responsibility for the consequences of relational reality' (Boszormenyi-Nagy & Krasner, 1986, p. 13). It benefits both the Self and the Other (Boszormenyi-Nagy & Krasner, 1986, p. 20).

- *Intergenerational Connectedness*

  According to contextual theory, the intergenerational part of the ethical connectedness between human beings must not be overlooked. Everyone also owes the previous generation because of their gained merit, and everyone is also obligated to give to the next generation. That is why Nagy states that intersubjective connectedness is triadic; in every dyadic relationship, there is an imaginary third party who must be considered (Boszormenyi-Nagy & Krasner, 1986, pp. 92, 191). This third party, so to speak, appeals to relational fairness, referring to obligations toward the foregoing and next generations. For instance, in the relationship between parents and their child, characterized by Krasner and Joyce as 'the elemental triad' (Krasner & Joyce, 1995, p. 40,41), the parents are obliged to provide care to their child, representing the next generation. 'Due to its asymmetrical vulnerability to consequences, posterity commands an unconditional, inherent entitlement to consideration' (Boszormenyi-Nagy, 1987a, p. 303). However, the parents are also indebted to their own history because of the received care. With this indebtedness in mind, Nagy defines 'context' as 'the dynamic and ethical interconnectedness - past, present and future - that exists among people whose very being has significance for each other' (Boszormenyi-Nagy & Krasner, 1986, p. 8). This imaginary third

aligns with the transgenerational tribunal, 'an extension of the dyadic parent-child ledger', ultimately focused on the 'priority of consideration of the welfare of posterity, and multilateral fairness in the relationship of contemporaries' (Boszormenyi-Nagy, 1987a, pp. 308–309). Meulink-Korf and van Rhijn named it 'the unsuspected third' (Meulink-Korf & van Rhijn, 2002, 2016).

Justice

Nagy places interdependency in the domain of relational ethics. In contextual theory, ethics should not be interpreted as a moral judgment or a cultural, normative code (Boszormenyi-Nagy, 1987a, pp. 275, 309; Boszormenyi-Nagy & Ulrich, 1981, p. 160) but must be understood as justice (van Heusden & van den Eerenbeemt, 1983, 1987). According to Nagy, it is the dynamic foundation of viable, sustainable relationships (Boszormenyi-Nagy & Krasner, 1986, p. 417). He assumes that when partners do justice to each other, trustworthiness arises, which is a crucial requirement for viable, close and lasting relationships (Boszormenyi-Nagy & Krasner, 1986, p. 74; Boszormenyi-Nagy & Spark, 1984, p. 148; Ulrich, 1983). 'Justice, as the structure of collective normative expectations, forms the context of relationships' (Boszormenyi-Nagy & Spark, 1984, p. 111). In other words, justice is the regulating principle for close, lasting connectedness, which arises when people carefully weigh the interests of themselves and the other(s), whereby the consequences of their decisions for future generations are also considered (Boszormenyi-Nagy, 1987a, p. 315).

According to contextual theory, the question about what is just or unjust can only be answered by the members involved and only from within the relationship and its specific context. Justice is in fact a 'dialectical criterion derived from the simultaneous consideration of the balance between two (or more) relating persons' subjective, self-serving rights and entitlements' (Boszormenyi-Nagy, 1987a, pp. 306–307).

The above refers to the dialectical principle of contextual theory (Boszormenyi-Nagy, 1995, p. 34) because merit and debt and right and guilt are dialectically linked. There might be debt, and at the same time merit, or there might be right, and at the same time obligation (Stierlin, 1975). There might, for instance, be the right to individuation of interconnectedness, whereas according to contextual theory, complying with interconnectedness at the same time enhances freedom for individuation. Moreover, separation is only possible if justice is done to loyalty due (Boszormenyi-Nagy & Spark, 1984, pp. 32, 97). Thus, in contextual theory, dialectics can be interpreted

as the simultaneity of occasionally paradoxical ethical rights and obligations. It is recognizable in many concepts and elements of contextual theory.

- *Balance of Give and Receive*
  Ultimately, the balance of give and receive determines the quality of the relationship in which balance refers to fairness in a relationship. However, this balance is not static but rather dynamic in which giving and receiving constantly alternate. Simultaneously, giving and receiving cannot be separated. The giver receives merit, and the receiver gives recognition. Therefore, giving is also receiving and the other way around. Here again, we touch on the dialectical starting point of contextual theory.

  A fair balance of giving and receiving is an important source for viable, close and trustworthy relationships (Boszormenyi-Nagy & Krasner, 1986, p. 28; Boszormenyi-Nagy & Spark, 1984, p. 148; van der Pas, 1998; Ulrich, 1983) and raises the question of when is this balance fair, with nothing to do with rigorous book-keeping. Rather, it is more like the eb and flow of reciprocal caring over time, 'whereby each partner may come to feel that however much he or she has invested in the relationship, the other has more or less kept pace' (Ulrich, 1983, p. 189). At least, the above is true in horizontal, symmetrical relationships. In vertical, asymmetrical relationships, this balance is never achieved because in the end, children cannot give to their parents what parents have given their children. 'Asymmetry lies in the unevenness of the justifiability of the parties' respective expectations of each other. In asymmetrical and mostly intergenerational relationships, it is as if the arms of the scale of justice have become unequal' (Boszormenyi-Nagy & Krasner, 1986, p. 85). That might appear unfair, but on further consideration, parents themselves have built up a surplus in their own childhood that can be used for the next generation. Thus, giving and receiving through generations can be compared with roof tile construction; each roof tile lies partly over the previous one. Giving and receiving has an overlapping succession throughout the generations (van der Meiden, 2018, p. 19; Meulink-Korf & van Rhijn, 2002, p. 103).

  The relationship between vertical and horizontal relationships can be represented as the uprights and the rungs of a ladder, respectively (van Heusden & van den Eerenbeemt, 1983, p. 32). This metaphor shows how

vertical relationships relate to horizontal relationships; the quality of the vertical relationships (uprights) is of great importance for the quality of the horizontal relationships (rungs). It makes clear how important the parent-child relationship is for the stability, the growing up, and ultimately the relationships of the child with others. Therefore, children need the responsible and trustworthy care of their parents, as the rungs of a ladder must be supported by the uprights.

- *Entitlement*
  In contrast to being ethically indebted and obligated, there is also ethical right or entitlement (Boszormenyi-Nagy & Krasner, 1986, p. 416). Contextual theory distinguishes two levels of entitlement. First, Nagy notes that it is very common among people 'to expect fair returns for one's contributions and to receive fair returns for benefits from the others' (Boszormenyi-Nagy & Spark, 1984, p. 102). In contextual theory, this right to a fair return is called merit or constructive entitlement (Boszormenyi-Nagy, 1990, p. 20).

  The other level relates to a natural right (Dillen, 2004, p. 64) or natural law (van Heusden & van den Eerenbeemt, 1983, p. 55). 'A person's life and existence per se carry uniqueness, singular value, dueness, and entitlement. I am, therefore I deserve' (Krasner & Joyce, 1995, p. 38). For example, the newborn child is inherently entitled to care, not so much because of what it has earned - although the laughter of a newborn is according to many parents priceless - as because of its dependence and relative helplessness (Boszormenyi-Nagy & Krasner, 1986, pp. 15, 86).

Contextual Pathology

By introducing a whole new dimension in psychotherapy, Nagy felt he needed to formulate 'a multi-person systemic counterpart to what psychopathology is in individual terms' (Boszormenyi-Nagy & Spark, 1984, p. 100). For Nagy, pathology was largely a violation of justice in interpersonal relationships. I therefore consider contextual pathology a relational, ethical conceptual framework for disruptions in the functioning and coexistence of people. It is based on contextual anthropology, with interconnectedness and justice as its core elements, expressed in the dynamic of

the balance of give and receive as described above. 'The long-term balance of give and take within the family and between the generations is considered the most important determinant of symptomatic behavior and disturbed relationships and, conversely, of mental health and creativity' (Grunebaum, 1987, p. 648). Below, contextual pathology is summarized based on loyalty and justice.

Pathogenic Loyalty

Being loyal is, according contextual theory, one of the most important ethical obligations and indispensable for good and sound development of the individual and its relationships. Loyalty ultimately leads to autonomy and the freedom to live life. This development is inevitably accompanied by loyalty conflicts - questions concerning who is most entitled to receive loyalty. Such conflicts accompany the individuation process of a dependent child into an adult human being who can shape his or her responsibility from the awareness of interdependence with others. Loyalty, however, degenerates into pathogenic loyalty if the child's freedom of being loyal is jeopardized - for instance, when loyalty is enforced or is forbidden and becomes invisible.

- *Enforced Loyalty*

  In the asymmetrical parent-child relationship, the young child is dependent upon the parents' care and ethically obliged to be loyal, which makes children vulnerable to exploitation (Boszormenyi-Nagy & Spark, 1984, p. 217). Exploitation often occurs unconsciously and mostly from shortage or damage suffered in the relationship with their own parents. Unintentionally, parents can make their child accountable or addressable for their own suffered injustices in another, earlier relationship. In contextual theory, this behavior is called the revolving slate (Boszormenyi-Nagy & Spark, 1984, p. 65). Moreover, inappropriate and irresponsible obligations imposed on the child without considering the interests and possibilities of the child, so-called parental delegation, can lead to such enforced loyalty (Boszormenyi-Nagy & Krasner, 1986, p. 126). They can also lead to parentification, a concept introduced by Nagy in 1965, noting a situation in which parents impose greater responsibility on the child than fits its abilities and age (Boszormenyi-Nagy, 1985, p. 73; Boszormenyi-Nagy & Krasner, 1986, p. 419). Parentification can be appropriate in a process of learning responsibility, but it degenerates into destructive or pathological parentification when the asymmetric nature of the obligations in

the parent-child relationship is ignored (Boszormenyi-Nagy & Krasner, 1986, pp. 124–125). In other words, contextual therapy states that when parents do not limit the parentification to the capacities of the child, and particularly when they do not give credit to the child for the benefit of his or her parentified conduct, damage occurs.

- *Invisible or Indirect Loyalty*

  Although loyalty, according to contextual theory, is an ethical obligation, and human beings are intrinsically motivated to comply with it, some people seemingly have given up being loyal to their parents. For example, experiences of abuse or exploitation can even lead to indifference, aversion or breaking the relationship with parents (Boszormenyi-Nagy & Krasner, 1986, p. 417). Although denying these loyalty bonds can appear to give peace and freedom, contextual theory describes that 'when loyalty to one's family of origin is ambivalent, denied, or not acknowledged, loyalty is invisible and becomes a force limiting personal choices and making likely the repetition of past injustices in succeeding generations' (Knudson-Martin, 1992, p. 245). Such denial can lead to unmanageable conflicts (Boszormenyi-Nagy & Krasner, 1986, p. 128), substitutive victimization of another relationship, or self-destructive patterns such as addiction and psychosomatic illness (Boszormenyi-Nagy & Krasner, 1986, p. 77; Cotroneo & Krasner, 1977, p. 74). For example, as an unconscious attempt to balance her relationship with her parents, a woman can present reproaches to her parents as shortcomings of her husband instead. In addition, the situations of enforced loyalty and destructive parentification as described above, and other forms of revolving slates, might be based on this invisible or indirect loyalty. Thus, 'indirect loyalty conflicts may be channeled through invisible loyalty to parents whom an offspring resents or disdains but nevertheless protects (Boszormenyi-Nagy & Krasner, 1986, p. 193). In particular, contextual theory refers to the 'collusive postponement of mourning' as a source of invisible loyalty (Boszormenyi-Nagy & Krasner, 1986, p. 36), which is an 'unconscious conspiracy to prevent each other's maturation' (Boszormenyi-Nagy, 1987a, p. 45; Friedman et al., 1965, p. 311). 'Here, all family members are expected to become accomplices with each other in the task of avoiding the painful sense of loss that occurs to all through the trauma set in motion by the event of separation through growth' (Boszormenyi-Nagy & Krasner, 1986, p. 36). This agreement can continue for years after the family members are physically separated from each other.

- *Split Loyalty*
  One of the most painful and devastating forms of pathogenic loyalty is split loyalty (Boszormenyi-Nagy & Spark, 1984, p. 132). In this situation, a child is confronted with parents who mistrust each other, leading to the situation wherein the loyalty of the child to the one parent is always at the expense of his loyalty to the other. This situation places a heavy burden on the shoulders of the child, who grows up in an unreliable world because it is unable to express his loyalty to both parents without disappointing one of them. This conundrum hampers the child in gaining ethical freedom and earning constructive entitlement (see below), which threatens to block its growth toward autonomy. Nagy speaks in such situations of 'an unresolvable, heavy expectation' that can eventually lead to suicide (Boszormenyi-Nagy, 1987a, p. 167).

Injustice

When loyalty is the core of connectedness between people, justice forms, as said, the borders within which this connectedness can develop into a close, long-term relationship. The core of these relationships is formed by a fair balance of give and receive. An imbalance of or crossing these borders leads to injustice, particularly for the young child. Contextual theory describes what the consequences are for the child and his future relationships.

- *Destructive Entitlement*
  People earn constructive entitlement by offering due care (Boszormenyi-Nagy & Krasner, 1986, p. 13). This process leads, among other things, to self-validation, responsibility, the freedom for individuation, and fair reciprocity in relationships. It also motivates new attempts to earn entitlement (Boszormenyi-Nagy & Krasner, 1986, p. 111). As such, destructive entitlement is an important resource. However, missed care and suffered injustices - for example, growing up with parents who do not acknowledge the child's loyalty - lead to an ominous moral surplus, in contextual theory called destructive entitlement (Boszormenyi-Nagy, 1987a, p. 305). 'The young child whose inherent entitlement to parental consideration remains unmet eventually becomes destructively overentitled - paradoxically, a condition he has earned through his one-sided giving' (Boszormenyi-Nagy & Krasner, 1986, p. 95). Despite such a destructive over-entitlement and the ethical right of revenge,

the person at hand is not entitled to extract this right from those who were not responsible for the suffered injustices. Nevertheless, the risk is close. In this respect, contextual theory distinguishes distributive injustice, distributed by fate and thus without responsible persons to be identified, from retributive injustice, in which the responsible persons are known and can be addressed as such.

Taking revenge on innocent third parties is called relying on destructive entitlement (Boszormenyi-Nagy et al., 1991, p. 212; Boszormenyi-Nagy & Krasner, 1986, p. 66). It is an important, underlying, mostly invisible and unconscious motivation of behavior by which both the person himself and the victim suffer loss and harm. This relying on destructive entitlement occurs in both vertical and horizontal relationships. Contextual theory, however, highlights in particular the damage this behavior causes in vertical relationships because of its consequences for repeating patterns of injustice throughout the generations (Boszormenyi-Nagy & Spark, 1984, pp. 66–67). This behavior is called the revolving slate, 'a relational consequence in which a person's substitutive revenge against one person eventually creates a new victim' (Boszormenyi-Nagy & Krasner, 1986, p. 420).

Contextual Methodology

Contextual methodology focuses on strengthening or restoring connectedness by stimulating, unlocking, or, if necessary, clearing the way for the innate sense of care and responsibility (Adkins, 2010, p. 23; Boszormenyi-Nagy & Krasner, 1986, p. 78). This innate sense is elaborated in the core principles loyalty and justice. It highlights the dialectical connection between the individual and the relationship - reciprocity, expressed in the metaphor of the balance of give and receive in an intergenerational context. Disturbances of this balance lead to destructive entitlement, which is passed on through generations as a revolving slate. Nagy lists a number of impressive consequences or symptoms of pathogenic loyalty or destructive entitlement (Boszormenyi-Nagy & Krasner, 1986, pp. 194–195). He appears to assume that all relational and individual-psychological problems, including some forms of psychopathology, stem from disruptions in relational ethics. He states that 'an ethical-existential dimension is the crucial fiber of relationships and of therapy, that the

ethical-existential dimension is anchored in the transgenerational chain of living and thus transcends both individual psychology and systems of relational feedback, and that the knowledge and monitoring of lasting relational consequences is the greatest therapeutic resource' (Boszormenyi-Nagy, 1987b, p. 41). In short, contextual therapy focuses on growth or recovery in the field of relational ethics, with the ultimate aim of 'repairing and enriching the prospects for the future' (Boszormenyi-Nagy & Markham, 1987, p. 246).

The most important contextual methodologies are described below. Although all contextual methodologies focus on restoring relationships, individual psychopathology is not denied. Considered part of the context and the worries of the family, it is approached from a relational ethical perspective (van Rhijn & Meulink-Korf, 1997, p. 117).

Chapters 4 to 7 describe how the contextual methodology has been concretized in interventions and methods. Because the contextual approach is known as an integrative approach, its interventions and methods focus on both the individual and the relationship. The model of the five dimensions, therefore, also supports the integration of methods and techniques from dimensions other than exclusively the dimension of relational ethics. Below I describe the main methodological principles as described by Nagy. Chapter 4 and 5 describe the analyzed working methods of contextual therapy.

Context as a Resource

Contextual therapy derives its name from its focus on context, defined by Nagy as 'the organic thread of giving and receiving that weaves the fabric of human reliance and interdependence' (Boszormenyi-Nagy & Krasner, 1986, p. 414). It encompasses a person's current, past, and future relationships, and as such the ledgers of fairness in which a person is involved. Context therefore relates to past, current and future relationships and is characterized by a reciprocal dynamic of ethical debt and merit, obligation and right.

Because the ethical dynamic is considered the most important dynamic for close, lasting relationships, a contextual therapist is 'ethically engaged in an invisible contract with all persons who can possibly be affected by the outcome of that therapy' (Boszormenyi-Nagy & Markham, 1987, p. 246). This definition, of course,

does not mean that all should be invited to the consulting room but rather that their interests are considered, particularly the aforementioned, unexpected third or future generations. Therefore, contextual therapists are not tied to a certain fixed client system but instead invite clients and relevant others in different combinations, depending upon what is important for the process.

Contextual therapists consider the context to be the finding place for the most important resources, particularly within the family (Boszormenyi-Nagy, Grunebaum, & Ulrich, 2000, p. 32). Resources are reliable relationships with a history of fair giving and receiving, offering an opportunity for gaining constructive entitlement through giving. 'The key resource in contextual therapy lies in the finding of unutilized options for mutual benefits, for receiving through giving' (Boszormenyi-Nagy, 1996, p. 379). As such, contextual therapy focuses not so much on pathology as on earning entitlement by giving appropriate care. 'Receiving through giving is an important potential resource of all close relationships' (Boszormenyi-Nagy et al., 1991, p. 204).

Therefore, contextual therapy aims at repairing and strengthening relationships from within the dimension of relational ethics. Contextual therapists particularly focus on restoring reciprocity and the dialog between family members. That approach aligns with Nagy, who said, 'the intensity of contextual therapy is less linked to the relationship between therapist and client and more to every individual's capacity to work through the ongoing relational context of his or her just or unjust human order' (Boszormenyi-Nagy & Krasner, 1986, p. 25). Contextual therapists will therefore always turn attention toward the relationship between the family members (Meulink-Korf & van Rhijn, 2002, p. 46). Moreover, repairing or strengthening relationships is established by not so much therapist-centered techniques as empathy, acknowledgement, or psychotherapeutic transference, but more by coaching the family (Onderwaater, 2009, pp. 84–85) toward a fair, reliable relationship in which autonomy, self-validation and self-delineation are possible. 'The therapeutic task is to guide family members toward self-rewarding avenues of autonomy and trust building. It is this self-reinforcing process rather than therapeutic acknowledgment *per se* that ultimately functions as a healing source' (Boszormenyi-Nagy & Krasner, 1986, pp. 113–114).

Multidirected Partiality

The most important methodological principle in contextual therapy is multidirected partiality (Boszormenyi-Nagy, 1966, p. 421, 1987a, pp. 55, 74). It is 'the methodological cornerstone for eliciting intermember dialog in a family' (Boszormenyi-Nagy & Krasner, 1986, p. 139) and the 'strategic rationale' for contextual therapy (Boszormenyi-Nagy, 1987a, p. 259). It is an attitude, concerning 'the therapist's determination to discover the humanity of every participant - even the family's "monster member"' (Boszormenyi-Nagy & Krasner, 1986, p. 418) and is elaborated in working methods.

If reciprocity and reliability within a family are disturbed, the dialog is also disrupted. Contextual therapists will then initially encourage each family member to share, perhaps for the first time, his or her experiences of injustice, merits and claims. The therapist will empathize with the client and acknowledge what actually deserves acknowledgement or, if that is not appropriate because of serious misconduct, at least credit the client's own victimization in his or her childhood (Boszormenyi-Nagy & Krasner, 1986, p. 419). In doing so, the therapist sequentially sides with every family member separately, helping them to delineate themselves (Boszormenyi-Nagy, 1965, p. 56). Thus, multidirected partiality is concomitantly an implicit appeal to every family member to be open to the truth of the other family members.

The above brings to mind the idea of separate speaking and listening by Andersen (1991). This talking in turns results in requiring the nonspeaking family members to listen more than talk themselves. Seikkula and Arnkil emphasize that this approach is meant to foster inner dialog rather than commenting on one another's utterances (2006, p. 17). This point highlights a type of tension between 'monological and dialogical functions' (Rober, 2005). In this context, Nagy states that dialog combines an individual and a relational goal (Boszormenyi-Nagy, 1996, p. 377). Obviously, Nagy initially emphasizes this individual goal, helping family members articulate their side, their manner of giving, their attempts to be helpful, and their experiences of unfairness, which is necessary to claim one's own side and is a prerequisite for direct address, 'a willingness to know one' s own truth and to risk it in the service of building fairness and trust' (Krasner & Joyce, 1995, p. 217). Furthermore, Andersen emphasizes the importance of expressing one's self through speaking: '(…) when one expresses one's self, one is in the process of realizing one's identity' (Andersen, 1992, p. 89). Nagy states that the individual part of the dialog is dialectically connected to the relational part, showing fair consideration of the other side and consequently

leading to its entitlement. 'Dialog involves address and response, self-delineation and due consideration. When either side of the dialectic is missing, dialog cannot exist' (Stauffer, 2011, p. 85).

Genuine Dialog

Multidirected partiality is thus a methodology that aims at 'eliciting a mutually responsible exploration of the merit of people's claims in the midst of colliding vested interests' (Boszormenyi-Nagy & Krasner, 1986, p. 177), and as such, it aims at evoking a genuine dialog, already elaborated in the paragraphs above. It is important to distinguish the everyday use of the word dialog from the meaning given by contextual theory and therapy. In contextual theory and therapy, dialog goes beyond a conversation between two or more persons, an exchange of ideas and opinions, or a discussion between representatives of parties that is aimed at resolution (https://www.merriam-webster.com). In contextual theory and therapy, a genuine dialog is 'a means of growth and maturation in the social sense', encompassing 'a capacity for *responding* and being open to the other's responses. (…) It is a means of developing and maintaining selfhood through meeting the other as well as having one's own needs met' (Boszormenyi-Nagy, 1987a, p. 72). A genuine dialog forms the path along which family members can come to exonerate each other (Boszormenyi-Nagy & Krasner, 1986, p. 303).

Exoneration

The focus on the context and multidirected partiality forms the basis of the contextual methodology, and sequential siding can serve as a sort of a structure of the therapy process, which might already be sufficient to lead the family into a new or even a first experience of a genuine dialog. Sometimes, however, family members who rely heavily on destructive entitlement and jeopardize fairness and trust within the family hamper this dialog. Particularly when a genuine dialog is not thus far or no longer possible, the contextual therapist can start helping the destructive entitled person to find means to exonerate its victimizer(s) (Boszormenyi-Nagy et al., 1991, pp. 226–227). Contextual theory defines exoneration as 'the process of lifting the load of culpability off the shoulders of a given person whom heretofore we may have blamed. (…) It replaces a framework of blame with mature appreciation of a given person's (or situation's) past options, efforts and limits' (Boszormenyi-Nagy & Krasner, 1986, p. 416). It is primarily applied to adult children who accuse their parent(s) because according to contextual theory, ongoing accusations do not lead to recovery. 'No

constructive resolution can be expected from intensified inculpation of the other party. That would perpetuate exploitation. What breaks the chain is exculpation of the self through exculpation of the other' (Boszormenyi-Nagy & Spark, 1984, p. 35). With this chain, Nagy refers to the chain of destructive entitlement, the revolving slate. Here, the dialectic of contextual theory is visible, exculpation of the self through exculpation of the other. Because the child is ethically obliged to the parents, it is also ethically obliged to exonerate its parents. In addition, by doing so, it resolves its own debt. Both the adult child and the parents, but particularly the next generation, benefit from this exoneration.

The process of exoneration proceeds along the path of an adult reassessment by which the adult child reconsiders the interpretation it formed of the history of its victimization, based on further investigation of the circumstances - in other words, a reconsideration of the ethical balances in the original relational context (van Heusden & van den Eerenbeemt, 1983, p. 77). Nagy realized how difficult it can be and that occasionally a moratorium is needed, a delay during which the injured person must receive unilateral recognition before he can continue in the exoneration process (Boszormenyi-Nagy & Krasner, 1986, p. 114). As such, a moratorium combines therapeutic insistence on the responsibility of the client and providing space and time to grow into taking action from his or her accountability (Boszormenyi-Nagy & Krasner, 1986, p. 418). This period can also be used to process injustice and gather courage to take the step in the direction of the other.

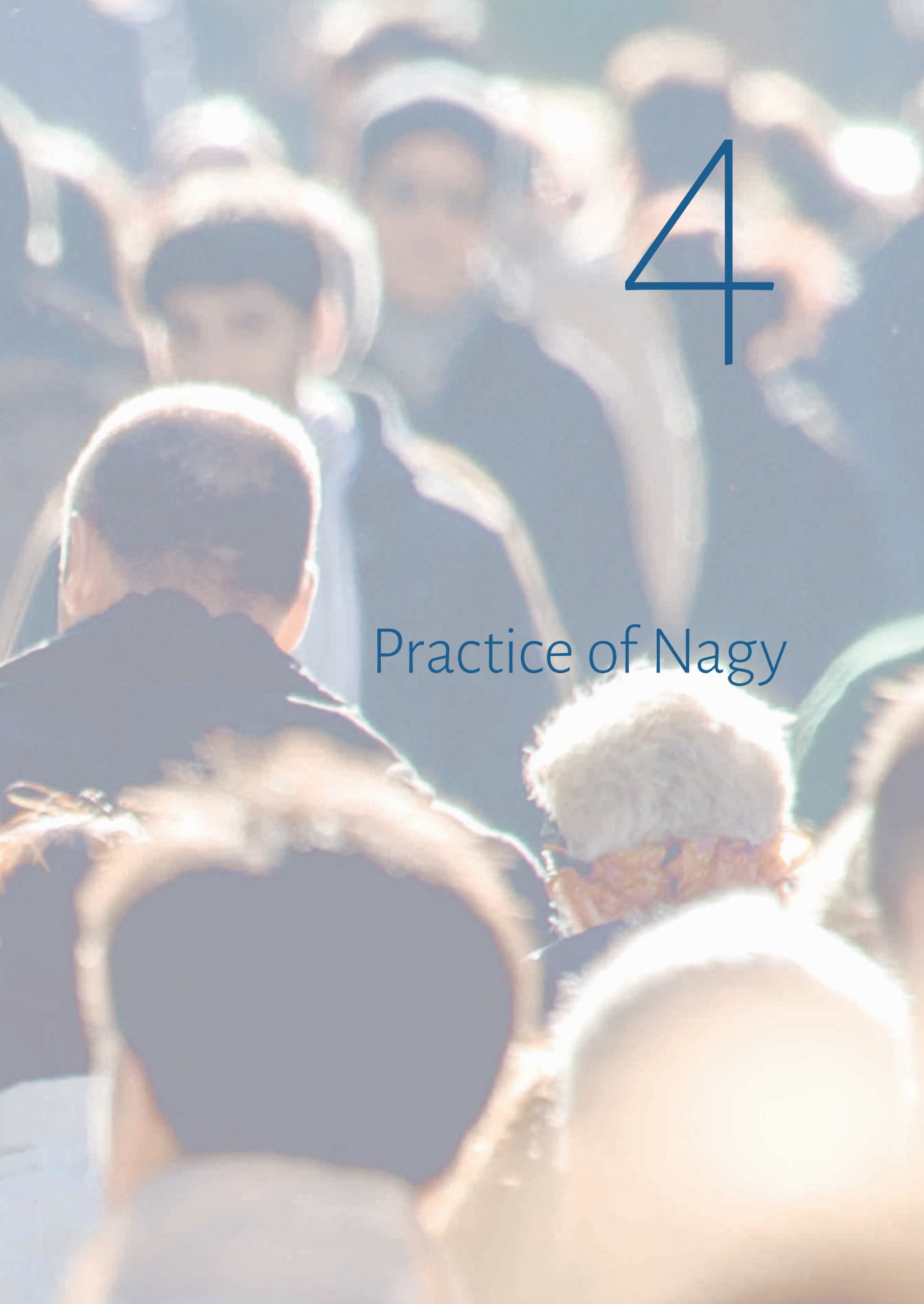
Final Remarks

Contextual theory is based on a positive, optimistic starting point concerning human beings' innate tendency to care. It also states that those good intentions can be jeopardized by injustice, with the consequence of people being in turn unjust to others, which can continue through generations. This sequence is the so-called revolving slate, about which contextual theory states that we must be aware not to lean on such destructive entitlement. Contextual theory, however, does not address the question of whether there is also a bad innate sense, for instance, an innate sense of egoism or selfishness. This lack is striking because in many religious and philosophical directions, a combination of good versus evil or a variation on it is assumed. In contextual theory, evil appears to exist merely as a disruption or perverter of good. As such, the positive

orientation of contextual therapy is a justified and logical consequence because the good can always reappear if the evil, the destructive, the injustice is lifted or conquered. Moreover, that result occurs by eliciting or strengthening the good. That is why contextual theory also emphasizes the importance of taking responsibility. Every person is accountable for doing good, even when evil has struck hard.

Nagy based this postulate on an alternation of assumptions, theoretical concepts, clinical observations, and his own beliefs and reflections (Boszormenyi-Nagy, 1987a; Sollee, 1992). Today, this innate tendency to care is given some support in recent life sciences. Various studies point to evidence for possible biological origins of fairness and reciprocal care (de Waal, 2009, 2013; Wohlleben, 2015, 2016), indicating that taking care of the weak and vulnerable could be a general element in living beings. This aspect is also presumed by Damasio in his neurobiological research (Damasio, 2012). Human morality, therefore, may be not so much separated from as part of the nature of living creatures, which would support Nagy's conviction that relational ethics does not come from a moralistic point of view, 'connected with adjudicating, value preferences, and idealism' (Boszormenyi-Nagy & Markham, 1987, p. 243). Recent research indicates that relational ethics is possibly connected with or even belongs to life as such.

This indication might be a confirmation of the core of contextual therapy; by eliciting the innate tendency to care for the other person, giving and receiving between people comes back into motion. That is the starting point for mutual care and responsibility and for entering a dialog. Every contextual methodical intervention is deeply focused on the restoration of this innate desire for connectedness, and the struggle of every human being is to resist or overcome other tendencies and distractions, whether with the help of a therapist, social worker, or any other.



4

Practice of Nagy

This chapter contains the article written in connection with my research into how Nagy applies contextual theory in his own practice. It is part of an elaboration according to subsidiary research question b. This article is published in the Journal for Marital and Family Therapy (volume 44, issue 3), is titled 'Applying the Paradigm of Relational Ethics into Contextual Therapy. Analyzing the Practice of Ivan Boszormenyi-Nagy' and is issued by the American Association for Marriage and Family Therapy (van der Meiden, Noordegraaf, & van Ewijk, 2018a).

Abstract

Ivan Boszormenyi Nagy introduced with his contextual therapy a challenging theory into the world of family therapy. It is rooted in a relational ethical perspective on human relations and shifts the focus of therapy from pathology to evoking reciprocal care and a genuine dialogue, based on the conviction that inter-human relations are resources for individual growth and health. This article presents a research project on the practice of the founder himself, to describe how the principles of the contextual theory and therapy can be integrated into concrete therapeutic interventions. Using the Constant Comparison Method, the authors found six clusters of interventions representing methodical elements through which Ivan Boszormenyi-Nagy applies the paradigm of his approach.

Introduction

Within couple and family therapy, a variety of models and methods exist, basically distinguished by different assumptions and theories. This pillarization emerged as an extension of the development of family therapy during the second half of the past century, 'the golden age of the great model developers' (Sprenkle & Blow, 2004, p. 3). Contextual therapy, founded by Ivan Boszormenyi-Nagy and his associates (henceforth: Nagy), was one of these developing models and subsequently one of the pillars of the field. It stood out for connectedness and reciprocal care, offering an alternative for the unilateral emphasis on individualized problems and pathology. By analyzing human and especially family relationships, Nagy revealed an insight into a relational ethical dimension including the core elements of close, lasting relationships. Consistent with this, he focused his therapeutic approach not so much on individual pathology but instead on always present relational resources, trying to evoke the 'innate tendency to care about other people' (Boszormenyi-Nagy & Krasner, 1986, p. 78). He was also convinced that effective therapy should consist of an integrative approach in which therapists should not only integrate the systemic model with the individual-based view, but also incorporate aspects of other effective methods and techniques. This brought him to a fundamental ordering of all relational realities, known as the four dimensions: the facts, the individual psychology, transactional patterns and as its strategic guideline the dimension of relational ethics, the paradigm or focus of contextual therapy (Boszormenyi-Nagy, 1987a; Boszormenyi-Nagy & Krasner, 1986).

During the past few decades, an integrative approach arises within most of the therapeutic modalities (Castonguay, Reid, Halperin, & Goldfried, 2003; Colijn et al., 2013; Lange, 2006; Lebow, 2014). It turns out that combining elements from a variety of methods as well as the role of common therapy factors are of great importance for the efficacy of therapy (Cooper, 2008; Sprenkle et al., 2009). Nevertheless, therapists still benefit from their own model or paradigm because it offers a theoretical framework or guideline by which they are able to define the desired outcome and the route towards that outcome (Hutschemaekers, 1996; Lebow, 2014; Schottenbauer, Glass, & Arnkoff, 2005; Sprenkle & Blow, 2004). The central paradigm in contextual therapy is relational ethics (Boszormenyi-Nagy & Krasner, 1986; Boszormenyi-Nagy & Ulrich, 1981), thoroughly and extensively described in the publications of Nagy. By extension, Nagy formulated several

concepts and methodological principles, but with a limited indication of how they should be applied in therapy. He probably realized this, when he wrote: 'in order to become a therapeutic guideline, the ethics of relational responsibility has to be translated into intervention methods' (Boszormenyi-Nagy, 1987a, p. 296). Since then, several family therapists and researchers published articles about such applications, and Goldenthal (Goldenthal, 1993a, 1996a) as well as Hargrave and Pfitzer (Hargrave & Pfitzer, 2003) developed a basic application for a complete contextual therapy process. They translated the rather complex contextual theory into an understandable and accessible model. But up to now there has never been a methodical analysis of the in-session implementation of the principles of the contextual theory by the founder himself. This study does, by encompassing a qualitative analysis of recordings of the concrete practice of Nagy. The analysis of these recordings clarifies the theory from the perspective of Nagy's practice. The authors realize that these recordings came from the last century, but since contextual therapy is still practiced, such an analysis offers possibilities for further development of contextual therapy into a contemporary working-method. It provides insights to also adapt this approach into contemporary conditions, in which testing its efficacy is becoming increasingly important.

The authors analyzed ten therapy sessions conducted by Nagy, providing an answer to the following research question: In what way does Nagy apply the principles of his contextual theory to therapy-interventions? After a brief introduction on contextual therapy and an explanation of the research method used, this article will proceed with the findings and concludes with a summary of the most important findings, suggestions for further research and limitations of the study.

Contextual therapy

Contextual therapy is founded on assumptions, theoretical concepts and beliefs coming from an alternation of clinical observations and theoretical reflections by Nagy (Boszormenyi-Nagy, 1987a; Sollee, 1992). To make this foundational framework more transparent, the authors make a distinction between the contextual anthropology, the contextual pathology and the contextual methodology. Under 'Findings' some of the described contextual elements will be discussed more extensively.

Contextual Anthropology

Nagy discovered during his family-therapy sessions a 'persisting ontic dependence between closely relating people' (Boszormenyi-Nagy, 1987a, p. xvi). This interdependence and the need for reciprocity in relationships leads, according to Nagy, to an ethical obligation to give and a right to receive. Nagy postulates that these inter-human obligations and rights are founded on an innate sense of justice and constitute a deeper foundation of family and other close relationships (Boszormenyi-Nagy & Krasner, 1986). This became the paradigm of his theory, referred to as relational ethics, and becomes visible in, what initially was called the balance of give-and-take, considered to be the gauge for measuring the quality of relationships. However, over the years the word 'take' was changed to 'receive'. 'Take' describes an action, and as such, it is interpreted as 'take care of yourself'. The core of contextual thinking, however, has evolved into an emphasis on 'giving', which consequently led to the use of the more appropriate word 'receive' instead of the overly action-oriented word 'take' (Bakhuizen, 2000; Dillen, 2004; van Rhijn & Meulink-Korf, 1997). Therefore, the balance of give-and-take is now often referred to as the balance of give-and-receive. Additionally, interdependency is in the contextual theory referred to as loyalty: an ethical appeal, 'a preferential bonding or attachment to those who have made a significant investment in one's existence' (Knudson-Martin, 1992, p. 245).

Contextual Pathology

By introducing relational ethics as 'common denominator for individual, familial and societal dynamics' (Boszormenyi-Nagy & Spark, 1984, p. 54), Nagy formulated 'a multi-person systemic counterpart to what psychopathology is in individual terms' (Boszormenyi-Nagy & Spark, 1984, p. 100). According to Nagy, relational or 'family pathology' (Boszormenyi-Nagy, 1965, p. 88) is a violation of justice in interpersonal relations. This violation corrupts, among others, the relational balance and, therefore, impedes healthy individual growth. For instance, the misuse of loyalty may lead to such a violation. The most important concept of pathogenic loyalty is called split loyalty: being forced to 'sacrifice loyalty and trust to either parent because it is made impossible out of loyalty expectations to the other' (Boszormenyi-Nagy, Carney, & Fedoroff, 1988, 1:48:19-1:48:29). Next to this split-loyalty, the contextual theory also speaks of invisible loyalty. 'When loyalty to one's family of origin is ambivalent, denied, or not acknowledged, loyalty is invisible and becomes a force limiting personal choices and making likely the repetition of past injustices in succeeding generations'

(Knudson-Martin, 1992, p. 245). All forms of pathogenic loyalty jeopardize the possibility of meeting ethical obligations, and consequently inhibit the process of gaining autonomy and freedom to live life. This loyalty also forms the basis of parentification, a term coined by Nagy in 1965 (Boszormenyi-Nagy, 1965). It became a widespread concept in the world of family therapy. Nagy defines it as 'an adult's maneuver to turn a child (or adult) into a functional 'elder', i.e., someone who takes more than age-appropriate responsibility for a relationship' (Boszormenyi-Nagy & Krasner, 1986, p. 419). In general, parentification is a destructive way of treating the child. According the contextual theory, violation of justice tends to be transferred as a revolving slate, repeating past injustices, referred to as acting on destructive entitlement (Boszormenyi-Nagy et al., 1991).

Contextual Methodology

Nagy's view on family pathology is helpful in analyzing a disturbed development or troubled relationships from a relational ethical point of view. The contextual methodology however, is not focused on pathology but on eliciting resources: options for mutually beneficial actions (Boszormenyi-Nagy, 1991). This means restoring a genuine dialogue between the family members, enhancing self-delineation of the individual, mutual recognition of rights and obligations, resulting in fairness and trustworthiness, which is the most valuable resource of close relationships. 'Contextual therapy promotes growth through responsible interconnection, and understands mental health as the ability to create a fair balance between one's own needs and the needs of the other' (Horowitz, 2009, pp. 213–214). This method, in contextual therapy called 'multidirected partiality', requires the therapist to be successively partial to the present clients, the absent but involved clients, as well as future generations. In case of experiences of severe injustice, the therapist can stimulate a process of exoneration: inducing adult reassessment from the unjust person and situation, emerging towards lifting the weight of culpability on the grounds of reasonableness and fairness. This process can be induced by a transgenerational maneuver, which Nagy classifies as one of the major methodological principles and therapeutically one of the most forceful interventions (P2:274). It implies showing partiality towards the parent's own victimization in childhood and highlighting a parallel with his or her own behavior towards the child.

Research method

The Data

All data used in this research come from recordings of presentations in which Nagy demonstrates and explains contextual therapy by consultation sessions: A family that is already involved in a therapy process with a contextual therapist is invited for a therapy session with Nagy as a consultant. These sessions, mostly visited by therapy-students or professional therapists, are suited for this study aimed at identifying interventions that reveal elements of the contextual theory, because they are explicitly organized to show how contextual therapy should be performed according to the founder. An important advantage is that some of these recordings come with a voice over or a debriefing in which Nagy explains some of his interventions, his motives or underlying theoretical assumptions. In this article, 'interventions' encompasses all verbal utterances of the therapist such as questions, remarks, directives, et cetera.

The Researcher

The data are primarily analyzed by the first author, a practicing senior contextual therapist and experienced trainer, well-rehearsed in the contextual theory and therapy. It is an advantage for the researcher to understand what takes place in a therapy session, and his contextual focus uncovers his bias in analyzing the data. Instead of trying to reach objectivity, which is rather impossible, the researcher 'provides a way of viewing' (Charmaz, 2006, p. 139), and 'creates an explication, organization, and presentation of the data rather than discovering order within the data' (Charmaz, 1990, p. 1169).

The findings of five analyzed sessions were discussed with a senior contextual therapist colleague to reflect on the way of viewing of the interpretist. It was not intended to find out if this colleague would come to the same conclusions, since the used Constant Comparison Method, unlike quantitative methods, was not developed to achieve such agreement between different researchers, but 'it is designed to allow, with discipline, for some of the vagueness and flexibility that aid the creative generation of theory' (Glaser & Strauss, 1967, p. 103). In addition, all analyses and observations are critically followed and discussed by the second and third author, specifically to enhance a methodological objectivity 'consisting of a reflecting, intelligent, positive application of the subjectivity of the researcher'

(Maso & Smaling, 1998, p. 67). Finally, by adding the transcripts in this article, the reader her- or himself can also follow the interpretations, arguments and analysis.

The Analysis

This qualitative research started with transcribing the sessions. Besides talk, utterances and silences, laughing and weeping were transcribed using Jefferson's transcription conventions (Jefferson, 2004). Subsequently, both the videotapes and the transcripts are loaded into Atlas.ti, a program that belongs to the genre of the computer-aided qualitative data analysis software (Friese, 2012).

Subsequently, the data are analyzed using the Constant Comparison Method, coming from the grounded theory (Boeije, 2005; Charmaz, 2006; Evers, 2015; Glaser & Strauss, 1967). This leads to the following analysis-process, progressing from inductive to deductive:

- Once the data were prepared, the research started with a first inductive analysis on the interventions of Nagy. Codes emerged openly, without using 'sensitizing concepts' (Baarda, de Goede, & Teunissen, 2009, p. 95; Miles, Huberman, & Saldaña, 2014, p. 81) or any other deliberately planned focus. This openness towards interventions that at first glance did not seem to relate to the principles of the contextual approach, gave an opportunity to detect unexpected but important fragments.

- After this first wave, a second and third wave of a more deductive analysis were executed, using the already formulated codes and the contextual framework as reference. During these different waves, codes are continuously renamed, merged, removed and new codes are formulated while the comparison process continued.

- In the next step, equivalent codes are combined into clusters and are named, representing the essence of the associated coded fragments. According to the focus of this research, only the codes which could be assigned to specific contextual elements, were combined in clusters.

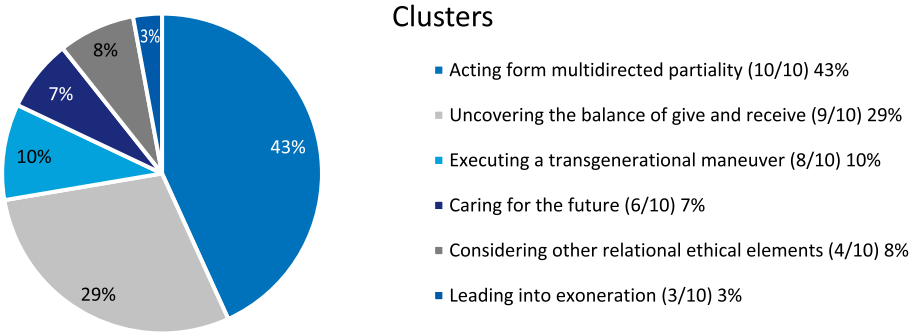
- After this clustering, another wave was executed. Some codes were renamed ore merged and some minor adjustments were made on the clustering.

Finally, this analyzing process resulted in six clusters representing an equal number of methodical elements as conducted by Nagy.

Findings

The authors argued that contextual therapy is, among other characteristics, a paradigmatic approach. One of the main findings is that this paradigm permeates the therapy process and reveals itself particularly in specific and identifiable interventions.

The six clusters found in this research on specific contextual elements and hereafter described are as follows: Acting from multidirected partiality; Uncovering the balance of give-and-receive; Executing a transgenerational maneuver; Leading into exoneration; Caring for the future; and Considering other relational ethical elements. The figure below shows in how many of the ten sessions an intervention from a specific cluster is observed (see the numbers between brackets) and how many percent of the total number of analyzed interventions belong to the different clusters.



The clusters will be presented below in accordance with the number of sessions in which the interventions of the various clusters are observed, which should not per se be interpreted as an order of importance. According to the authors, some interventions of a certain clusters are apparently in every session of importance, such as multidirected partiality, while others depend on the subject or phase of the process. Each cluster will be explained from the contextual theory and illustrated by some characteristic fragments, provided with a reflection by the authors.

Acting from Multidirected Partiality

The publications of Nagy present multidirected partiality as contextual therapy's 'chief therapeutic attitude and method' (Boszormenyi-Nagy & Krasner, 1986, p. 418). It consists of a number of various aspects of which some are observed as interventions in the researched sessions (Boszormenyi-Nagy & Krasner, 1986). The findings provide evidence for the importance of multidirected partiality because 43% of the coded fragments can be appointed to an aspect of this methodological principle, and it is observed in all sessions. It is therefore not only a separate, stand-alone intervention or method but a basic pattern for several actions of the therapist.

Turn Distribution

The most characteristic aspect is the stringent turn-distribution by which Nagy leads the discussion and structures the sessions:

> ***Fragment 1:***
> *Nagy: Uhm, (2) so uhm (1.0) does eh (1.0) Barbara have any, any comment on on my question and then I will ask in the end I will ask Pascal what any impression he had but first I ask Barbara. (P1:328)*

> ***Fragment 2:***
> *Nagy: But eh, I want to turn to your mother now, because you haven't spoken, I haven't asked you. (P9:279)*

Though one of the main goals of contextual therapy is to 'elicit intermember dialogue in a family' (Boszormenyi-Nagy & Krasner, 1986, p. 139), in these sessions Nagy emphasizes an important pre-requisite for this dialogue. He organizes a structure in which every family member gets an opportunity to articulate his or her side. The therapist is sequential (multidirected) partial to each family member, empathically siding and encouraging them to define their claim of subjective fairness and to develop the courage to assert their respective sides of entitlement (Boszormenyi-Nagy & Krasner, 1987a). The result is that first of all the clients experience trustworthiness because of the therapist's alliance with each individual client (Boszormenyi-Nagy, 1987a; Boszormenyi-Nagy & Spark, 1984; Goldenthal, 2005). Furthermore, each family member, perhaps even for the first time, is confronted with the side of the others, which may lead to sympathy or acknowledgement. This is what Stauffer means when she writes: 'dialogue involves address and response, self-delineation and due consideration' (Stauffer, 2011, p. 85).

Empathy and Crediting

Sometimes, however, family members need to be helped in giving this due consideration. Though the main goal of multidirected partiality is to evoke a dialogue in which the family members can credit each other, sometimes the therapist is a sort of a role model for them. In a limited way, Nagy shows empathy and gives recognition or credit.

Fragment 3:

Nagy: That can be hard. (P10:118)

Fragment 4:

Nagy: You pretty much had to struggle on your own. (P6:408)

Fragment 5:

Nagy: Yeah I remember your father apparently used to say that eh you shouldn't' have been born or something

Mother: He hated me and my brother. But me most because I was () (5) And then he wouldn't even accept my kids, that they'd be his grandchild, but he wouldn't accept that. So now I would never forgive him (10).

Nagy: But do you have any idea what, no, I can see that, it's (1,5) in my experience with people I work with, that is very difficult to live with that. It's my parent, my mother or father, who didn't want me to to be, who didn't want me to be born, that's very difficult to live with, I know that (.) from people (.) who tell me. But eh, I still wonder, how that person thinks, but but it's more important for me to learn more about how you are feeling, because you, you really suffered from this, and then I really want to understand it. (P9:192–194)

Partiality to Non-Present Family Members

Another important role for the therapist according to multidirected partiality is to also be partial to those who are obviously involved and dynamically significant, but not present (Boszormenyi-Nagy & Krasner, 1986, 1987a). In one of the debriefings Nagy explains: 'So I make the ones who are present sort of give me the side of the absent member' (P9:131). In fragment 6, Kaley is the absent member and in fragment 7 Melvin's father is.

Fragment 6:

Nagy: What could Kaley say about these things. Do you think she would have something to say about, or or would she have a whole different kind of . . . (P8:124)

Fragment 7:

Nagy: A one, one information we we didn't hear about, ehm, what about eh Melvin's father, is he completely out of the picture or is he . . . (P10:374)

Evoking a Dialogue

Essentially, multidirected partiality is aimed at evoking a genuine dialogue among the family members. In the researched sessions, Nagy mostly focuses on the turn-distribution part, but occasionally he tries to evoke a dialogue between the clients. This can be seen in the following fragment, where Nagy reacts on mother who told something about her discussion with her daughter Arianne in response to the former session:

Fragment 8:

Nagy: Uhm does this lead to further conversations or discussions between- talked between you and Arianne, you think that (0,5) now there is a different basis for talking which each other. (P2:49)

In fragment 9, Nagy introduces the subject of pregnancy of the granddaughter, again trying to elicit a dialogue between mother and grandmother.

Fragment 9:

Nagy: this subject has never been discussed between you and your mother
Mother: well, it has been talked about
Nagy: Well, do you think there could be a positive way to talk about that here? (P4:53)

Uncovering the Balance of Give-and-Receive

Giving and receiving appears to be one of the most recurrent subjects, for in nearly every session, Nagy directs the subject of the discussion towards the question of how family members take care of each other. For instance, in fragment 10, where Nagy addresses the husband, following an exchange between Nagy and the wife about a difficult period in her life:

Fragment 10:

Nagy: But did you have any feelings to give some kind of, to be with her in this thing or was she more or less kind of alone with that… (P6:122)

And in the next fragment, after a story of grandfather in which he discusses how his grandson often misbehaves, Nagy responds:

Fragment 11:

Nagy: Let me ask grandfather now, ehm, do you see eh Melvin being helpful to you like, you know, caring about how you feel, or… (P10:148)

The focus on the balance of give-and-receive, 'the dynamic foundation of viable, continuing, close relationships' (Boszormenyi-Nagy & Krasner, 1986, p. 417), reveals the contextual agenda. The fragments above are examples of how Nagy investigates this balance.

In raising the issue of giving and receiving between the family members, he also implicitly addresses the question of justice and injustice. In fragments in which Nagy focuses on giving and receiving, the postulate that family members are owed due consideration becomes visible, which includes that receiving care is a right. Consequently, refraining care in such situations is injustice. He claims that families eventually are searching for fairness as he says: 'But you open your ears in the first session, you already hear them, the more they suffer, the more so, they talk about fairness and justice in some manner of their own language' (Sollee, 1992, 41:00-41:12). Nagy starts his sessions with issues according to the balance of give-and-receive because it gives a rapid entry into the, according to his theory, most crucial element for healthy relationships.

The fragments 10 and 11 are also good examples of how Nagy is looking for, and eliciting resources in the family. 'Because I see families as helping each other or potentially helping each other and I would like to see the resources in families, how peoples' relationship can be a resource.' (P8:223)

Executing a Transgenerational Maneuver

Nagy asks family members to find a parallel between their lives and situation and the lives or situations of other, closely related people, particularly from the

foregoing or next generation. He poses these types of questions to all of families involved in this study, so it seems to be an important intervention.

Fragment 12:

Mother: (3.0) Yes, I am not able to give an example right now, but I don't think I'm uhm giving her the independence as it should be. I think that I keep her at a distance and that- for instance certain things happen in life and you should manage on your own, deal with it on your own. So uhm (2.0) how should I say this (1.0) I try not to go along with her emotionally uhm. (1.0) I find it hard to explain uhm and I think that's something different (1.0) from raising a child in independence but by creating a distance (1.0), do it your way, just manage it on your own. (2.0) I'm aware that's not a good way to to deal with her.

Nagy: Alright, how, how does uh her situation, Sabine's situation, differ from yours growing up the same (1.0) same age uhm (2.0) what comes to your mind, what is similar or what is different. (P5:37)

Fragment 13:

Nagy: yeah, does that help you to know about her childhood, does it make it easier to help her to be more open

Mother: uhm, of course it helps and then I can understand certain things that happened, but there are also things that grab me personally and then I don't have that understanding anymore, that's something I can't…

Nagy: uhm, do you think, do you, did you have a more difficult childhood than it was for your mother to grow up? (P4:100)

In one of the debriefings, Nagy calls this highlighting of a parallel between the different generations a transgenerational maneuver (Boszormenyi-Nagy, 1991). This is related to the contextual concept of the revolving slate, which emphasizes that parents are inclined to transform their own lack of care into unjust claims towards their children (Boszormenyi-Nagy & Spark, 1984). Nagy explains that in situations where the client seems to have no remorse for his or her unjust actions as a parent, most likely this is because of such a destructive entitlement coming from unjust actions from his or her own childhood. Instead of attacking the client for this injurious behavior towards the child, the most effective intervention is to show partiality towards his or her own past childhood victimization. By trying to find a parallel, the therapist creates an opportunity to do so. The shift in focus

from the bad behavior of the parent towards partiality to his or her own early suffering usually opens up the perspective of identifying with the exploited child (Boszormenyi-Nagy, 1987a; Boszormenyi-Nagy & Krasner, 1986).

Caring for the Future

Nagy uses the transgenerational maneuver and the process of exoneration to discuss and strengthen the reciprocal responsibilities of children and parents. But he also emphasizes responsible care for the future, including the youngest and even the unborn generations.

> ***Fragment 14:***
> *Nagy: But I think the most important is if we can do something about the future, if if we can make it better. And this connects to me with mothers' statement, which was very clear yesterday that, that how to make sure that the parents understand how to make it better for the next generation, what they have learned about their growing up. I feel that was a very key statement that you made. So, the past is important, because we learn from it about the future, I guess. (P7:40)*

> ***Fragment 15:***
> *Nagy: And I'm very much interested in the benefit of the younger generation. I feel we are in a way working for the younger ones, because they live longer, they have a longer span of live expectation, and their personality is still shapeable. The older ones are more formed already as they are. (P8:17)*

Nagy openly introduces a subject that is, according to his view on human relationships, an important subject to discuss. He makes a clear statement about his priority concerning the care for the future and particularly the next generation. He substantiates this from the universal fact that 'the future is more vulnerable to consequences than the past' (Boszormenyi-Nagy & Krasner, 1986, p. 13). Therefore, young and unborn children are entitled to fair consideration of their interests (Boszormenyi-Nagy, 1987a; Grunebaum, 1990b). He states that a contextual therapist should therefore, as part of his or her multipartiality, become a voice for those who have no voice, to speak up for the most vulnerable individuals in situations where their interests are overlooked.

Taking care of the next generation is in fact, according to the contextual theory, part of the balance of give and receive. Additionally, giving to future generations benefits both the giver and the receiver. Nevertheless, giving as a parent to the next generation will never, -relational ethically spoken-, fully balance itself. For in intergenerational relationships grounded in existential connectedness, children cannot provide a return on the existential, live-giving investment of the parents. Relational ethics implies an inner sense of responsibility to, in their turn, take care of the next generation (Boszormenyi-Nagy & Krasner, 1986). Thus, giving and receiving is connected between the generations in an overlapping way (Meulink-Korf & van Rhijn, 2002). Every generation has, based on the care received from the previous generation, a responsibility for the next generation. Taking care for posterity is an important leverage for inducing responsibility and care towards children. Next to partiality to the following generations, this is why he introduces care for the future as an important therapeutic element. 'Helping parents actualize their responsible mandate for posterity is ultimately the greatest source of leverage for everyone's therapeutic progress' (Boszormenyi-Nagy & Krasner, 1986, p. 264).

Considering other Relational Ethical Elements

The contextual theory consists of a framework with a number of relational ethical notions that are, according to this theory, of significant importance for the stability and durability of relationships, including loyalty, trust, and responsibility. These notions are also reflected in the contextual pathology, consisting of split loyalty, mistrust and destructive parentification.

Although Nagy never explicitly speaks of which elements he wants to focus on in the present case, researchers or therapists who are well versed in contextual theory can recognize these elements in the questions or remarks Nagy makes. Depending on the case and presumably according to his hypothesis, certain relational ethical elements receive attention. For instance, the following fragments illustrate how he gives attention to loyalty:

> ***Fragment 16:***
> *Nagy: How, uhm how important it is for you now uh not to displease your fathers will? (P1:214)*

Fragment 17:

Client: well that is something I didn't want to do at all, to go against my father's will. (2) Uh and every time we met each other I (.) I didn't tell him anything about it or I didn't tell him I met my mother. And that happened all (1) eh up till this year.
Nagy: Uhm ja is it true, that is true of so many children of divorced parents, that uhm that somehow many times you were in the middle, that if you move this way then you – in, in your mind, in your mind - that if you move this way than you will hurt the other one. If you move this way than you hurt this one and it was difficult to choose? (2.0) it's a question, is it true. (P1:254)

In these fragments, Nagy speaks with a daughter about her divorced parents and particularly about her disturbed relationship with her father. Nagy is interested in the strength of loyalty in this adult daughter to find out if her loyalty possibly impedes her process of individuation (Boszormenyi-Nagy & Spark, 1984). It can also interfere with her loyalty towards her mother, which is recognizable in fragment 17. This is an example of the predicament of split loyalty.

In the next fragment, Nagy examines a situation between the parents and their son, obviously from the perspective of parentification. He also gives some information or education on this subject.

Fragment 18:

Nagy: But eh, how about the other, there's another thought in my mind, that I just couldn't figure out how both of you as parents think about what Dylan was saying about eh his sort of directing the storm on himself or something like that, and and eh thereby sort of relieving the two of you from the tension or something like that. I was very much impressed by that idea, I have seen that happen in families, but I'm in no position to judge it.
Mother: I think he just tries to stop it, and he does things to pull the pressure on him, to stop us from arguing. I don't think he really blames himself for the argument, I think he just tries to get us to stop fighting, by him taking on the problem, the argument.
Nagy: I I don't know, I mean it's it happens than, many children blame themselves for for the parents' difficulties, sometimes, you know, there's some sense to it, sometimes it is very remote through, you know, their own behavior. What do you think Dylan, do you think you blame yourself for, for your parent's troubles. (…)

Dylan: No, I do remember, it was when I was arguing with my Dad. And he was cursing at me than my mam start arguing on him about cursing at me, then I blame myself right there, cause it was my fault.
Nagy: mhm
Dylan: cause she starts taking up for me, so it was my fault why they were arguing (P9:92–108)

The contextual theory distinguishes parentification and destructive parentification. A child can benefit from parentification because it is a concept that is receptive to learning something about responsible role taking (Boszormenyi-Nagy & Krasner, 1986). But if the child is (intentionally or not) exploited by the parents, lacking the safety of protection and without proper recognition for its giving, the contextual theory alludes to destructive entitlement.

Leading into Exoneration

In all families involved, Nagy asks family members what would be helpful to settle things with his or her own parents or to what extent he or she already has been able to do so. He refers to a problematic history of the questioned person with his or her parents, as previously discussed in the ongoing or in an earlier session. For instance, in the following fragments:

Fragment 19:
Nagy: Would that in a way be helpful to the children, I'm asking Krysta, to the children to know more (.) about father's (1,5) eh (.) past or or growing up
Krysta: It might, 'cause you know I just know all the good, the good things (P7:267)

Fragment 20:
Nagy: Have you been able to sort of settle things between you and your parents, I know your father is still eh, somewhere, you don't even know where he is
Mother: I don't forgive him. I won't forgive and I won't forgive my stepfather, I hate both of them. (P9:186)

In these fragments, it becomes clear how Nagy openly and directly raises the mostly difficult subject of the complex relationship with the parents. This leads to a sequence in the session in which Nagy obviously tries to evoke an adult reassessment. This can be heard in the following fragment, the sequence of fragment 19, in which he explicitly requests attention for the history of the father.

Fragment 21:
Nagy: But you know that he was a young boy when he lost his father
Krysta: mhm
Nagy: mhm. In a kind of dramatic way. Ehm would that perhaps, I don't know, explain some of him, if if you knew more about his past or his childhood, the difficulties also. . . (P7:271–273)

Helping children and parents to settle things between them is an important goal of contextual therapy because it can rebalance the reciprocal giving and receiving by which both the child and the parent gain self-delineation and self-validation and consequently more autonomy. The transgenerational maneuver is a tool to help a parent gain insight into his or her unjust behavior towards the child. In these fragments, we see how Nagy tries to encourage the children to re-asses their view of the parent by trying to gain more insight into the background of the parent (Boszormenyi-Nagy & Krasner, 1986). This is an important step in the process of exoneration, '(. . .) a process of crediting and mourning, leading to the capacity to see a person, especially a parent, as having some human worth, even if misguided, deficient or destructive in some of their behavior' (Grunebaum, 1990b, pp. 1:15:36-1:15:49). In summary, exoneration can be defined as 'making an exemption from liability on the grounds of reasonableness and fairness' (van Rhijn & Meulink-Korf, 1997, p. 131).

On the one hand, the contextual theory speaks of a 'persisting ontic dependence between closely relating people' (Boszormenyi-Nagy, 1987a, p. xvi) that brings them together with the ongoing reciprocity of giving and receiving. On the other hand, within intergenerational relationships, injustice is transferred by a revolving slate. Therefore, a method of rebalancing is of significant importance. Exoneration may be considered as a major methodology in contextual therapy because it contributes to such a rebalancing.

Discussion

This qualitative analysis of the practice of Nagy provides an answer to the following research question: In what way does Nagy apply the principles of his contextual theory in therapy-interventions? After analyzing ten therapy sessions conducted by Nagy, a recurring working method became visible, in which six clusters of

interventions emerged, all representing methodical elements of the contextual theory and therapy. Nearly half of the interventions stem from the methodological principle of multidirected partiality and appear throughout the sessions as a chief therapeutic attitude and method. As for the discussed topics, Nagy preferably focusses on how family members care for one another, which gives a rapid entry into the realm of relational ethics. If necessary, he reflects on certain specific relational ethical issues and tries to uncover resources in the family in answer to their presented problems, putting into practice his conviction that 'the familial context holds greater therapeutic leverage and is the decisive factor in designing ethically relevant intervention strategies' (Boszormenyi-Nagy, 1987a, p. 259). He also appoints the importance of responsible caring for the future as a resource. If indicated, Nagy addresses relational stagnation by a transgenerational maneuver or other interventions towards a process of exoneration, once and again evoking care for the future as the most important goal and resource.

While focusing on the interaction between the clients, Nagy simultaneously starts an inner dialogue, as he explains in his colleges that the first author attended as well as in the debriefings of some of the sessions. In this inner dialogue, he continuously refers to his relational ethical concepts to analyze the relationship, to (re)formulate his hypothesis and to devise a new intervention. This inner dialogue with, and reflecting attitude towards his contextual theory, concepts, and methodology is a characteristic element in the practice of Nagy. It is not only deducible in the way he sort of permeates his interventions with relational ethical concepts, but it is also visible in the sometimes long silences he drops before intervening.

The six methodical elements, their coherence and to some extent the order in which they appear may be useful for the development of a contemporary guideline for contextual therapy. According to the experience of the authors, (novice) contextual therapists find it difficult to translate the contextual elements into therapeutic interventions and without using the contextual jargon. The way in which Nagy demonstrates both the translation into interventions and the use of normal day to day language is instructive. Nevertheless, practicing contextual therapy requires more than such guidelines. Designing interventions that are permeated with relational ethics and appropriate for the process at hand appear to require profound knowledge of, and insight into the contextual theory, extensive training and clinical experience. Nagy acknowledges this when he said 'It is sometimes

difficult to convey the therapeutic agenda of contextual work. Its scope and goals are rooted in the complex considerations of its four dimensions of reality and extend well beyond the limits of symptom corrections and techniques' (Boszormenyi-Nagy & Krasner, 1986, p. 235).

The used recordings of the practice of Nagy are all from the last decades of the previous century. The authors realize that family therapy, including contextual therapy, has undergone a development since. But the aim of this study was not so much to describe a contemporary application, but to gain a clearer view of the application according to the founder of the contextual therapy. Further research into therapy sessions of current contextual therapists could provide insight into how they nowadays conduct contextual therapy and how they integrate contextual therapy in, or combine it with other modalities, methods and techniques, since integration is increasingly commonplace. Such a research can also provide more insight into the current structuring and phasing of a contextual therapy process. The findings can contribute to strengthening the contextual theory and enrich the development and reinforcement of a contemporary contextual method and thus provide a basis for further research on its effectiveness. In this connection, the models of Goldenthal (Goldenthal, 1993a, 1996a) and Hargrave and Pfitzer (Hargrave & Pfitzer, 2003) as well as their relation towards the findings of this research can also be involved.

Consultation-settings hinder the opportunity to build a relationship prior to the session, as in normal therapy-processes is the case. Therefore, this study provides only limited insight into the role of an already existing therapist-client relationship or therapeutic alliance, which is a limitation of this research. Though the authors have the impression that a confidential atmosphere was reached between Nagy and the clients, it must be taken into account that at times Nagy may have intervened otherwise because of a presumed insufficient trustworthy relationship.

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5

Practices of Current Contextual Therapists

This chapter contains the article written in connection with my research into how current contextual therapists apply contextual theory in their practices. It is also part of an elaboration according to subsidiary research question b. This article is published in the Contemporary Family Therapy Journal, is titled 'How Is Contextual Therapy Applied Today? An analysis of the Practice of Current Contextual Therapists' and is issued by Springer Science + Business Media, LLC, part of Springer Nature (van der Meiden, Noordegraaf, & van Ewijk, 2018b).

Abstract

Contextual therapy focusses on restoring and enhancing relationships, based on its paradigm of relational ethics, presuming a human tendency for reciprocal care. It is precisely in a time of stressed relationships that this focus on strengthening humanity is of great importance. This article presents the first study on the application of this paradigm into concrete interventions of twelve current contextual therapists, answering the question: How do contextual therapists apply the contextual theory and therapy into concrete interventions? Using the Thematic Analysis, fourteen therapy sessions were analyzed, revealing a typical working-method and eight characteristic categories of interventions. The findings of this qualitative research reveal a consistent working-method and several recognizable contextual elements. These may contribute to further integrating the paradigm of relational ethics in family therapy and developing a contemporary contextual guideline for therapy. It also provides a conditional step for investigating the efficacy of contextual therapy, for evidence-based research, and for further development of the methodology of contextual therapy.

Introduction

In a time of increasing complexity and stressed, sometimes overburdened social relations, the contextual theory of Ivan Boszormenyi-Nagy and his associates (henceforth Nagy) with its specific view on the deeper structuring forces of meaningful relationships (Boszormenyi-Nagy & Spark, 1984, p. xxi), seems to be more relevant than ever. It offers a unique paradigm for relational and family therapy. This normative approach is consistent with a growing interest in the reassessment of mutual care and solidarity, in response to 'an increasing dominance of a narrow pragmatic attitude, an increasing moral indifference towards the other ones, resignation and decline of respect' (Meulink-Korf & Noorlander, 2012, p. 160). Contextual therapy assumes that within family relationships, important resources are available and originate from an innate tendency to care about other people (Boszormenyi-Nagy & Krasner, 1986, p. 78). This so-called relational ethical dimension, with a focus on mutual respect and fairness, is, according to the contextual theory, the common denominator for all personal, familial and social dynamics. A quantitative study on relational ethics in couples already confirmed the importance of fairness in relationships (Gangamma et al., 2012). Also others researched and tested (elements of) the contextual theory (Canevaro, 1990; Delsing, van Aken, Oud, Bruyn, & Scholte, 2005; Delsing, Oud, & de Bruyn, 2005; Earley, Cushway, & Cassidy, 2007; Grames, Miller, Robinson, & Higgins, 2008; van Hekken, 1990; Knudson-Martin, 1992; Kuperminc, Jurkovic, & Casey, 2009; Leibig & Green, 1999; Stein, 1992; Ziter, 1990). Furthermore, several authors elaborated on the rather complicated and conceptual contextual theory, contributing to its accessibility and transferability (Goldenthal, 1993, 1996b; Hargrave & Pfitzer, 2003; Krasner & Joyce, 1998; Michielsen, van Mulligen, & Hermkens, 1998; Onderwaater, 2015; van Rhijn & Meulink-Korf, 1997), where others researched the applicability of the contextual therapy to different target groups or problem areas (Gangamma et al., 2012, 2015; Grames et al., 2008; A. E. Schmidt, Green, & Prouty, 2016; Wilson et al., 2017).

However, there has been hardly any publication about empirical research on the practice or outcome of contextual therapy. In the opinion of the authors, however, more knowledge about the application of the contextual theory and therapy is essential for the training of (upcoming) therapists and the further development of this approach. Hence, this article presents the first qualitative research on best practices of twelve contextual therapists, and answers the following question: How do

current contextual therapists apply the contextual theory and therapy into concrete interventions? Identifying elements of the contextual theory and therapy in current therapy practices gives insight into its contemporary working method. In conjunction with an earlier research on the practice of Nagy (van der Meiden, Noordegraaf, et al., 2018a), this research may offer stepping stones for the development of a more verifiable working-method, which would be useful for the training of therapists. Such a working method is a prerequisite for investigating its efficacy and for conducting evidence-based research into contextual therapy.

This article continues with a concise description of the contextual theory and the research method used. Thereafter, the findings will be presented in categories, illustrated by example-fragments from the sessions and subsequently examined from the perspective of the contextual theory. This article ends with some concluding remarks and some recommendations for further research.

Contextual Therapy

Contextual therapy is founded on a theory that postulates that every individual 'has an innate sense of justice and a natural tendency to see justice served in interpersonal relationships' (Adkins, 2010, p. 23). According to Nagy, justice is the underlying structure of these collective normative expectations and forms the context of relationships (Boszormenyi-Nagy & Spark, 1984, p. 111). Focusing on this innate tendency to care unlocks mutual care balances in interpersonal relationships (Boszormenyi-Nagy & Krasner, 1986, p. 78). This balance influences the development of trustworthiness between closely related people, especially family members. Next to the dynamics of justice and trustworthiness, the best known dynamic of this theory concerning relational ethics is loyalty: 'a preferential attachment to relational partners who are entitled to a priority of "bonding"' (Boszormenyi-Nagy & Krasner, 1986, p. 418). These three dynamics, justice, trustworthiness and loyalty, are the core of the contextual theory and relational ethics (Boszormenyi-Nagy & Krasner, 1986, p. xii).

Another characteristic element of the contextual therapy is its 'framework for integrating concepts and techniques from diverse models of individual and family development, functioning, and therapy' (Goldenthal, 1996a). This integrative framework consists of four dimensions or determinants of relationships

(Boszormenyi-Nagy, 1997) that must be considered in therapy: The dimension of the facts, the psychology, the transactions, and the dimension of relational ethics, the cornerstone of contextual therapy (Boszormenyi-Nagy et al., 1991, p. 204).

Nagy describes how this balance between giving and receiving care can be disrupted and can jeopardize relationships. Such disturbances carry for instance the risk of behavioral, emotional and developmental problems in children. Consequently, Nagy states that this leads to a revolving slate towards the future (Boszormenyi-Nagy & Spark, 1984, p. 67) when 'unfaced and unresolved, unbalanced intergenerational unfairness functions as an intrusive, mystifying element in later relationships' (Boszormenyi-Nagy & Krasner, 1987a, p. 271). Therefore, contextual therapy is both an intergenerational and a preventive therapy; it is aware of how the impact of injustice in previous generations influences the next. Therefore, one of the main goals of contextual therapy is care for future generations.

Contextual therapists aim at 'stabilizing trust and positive initiatives between family members, especially as far as consequences for posterity are concerned' (Boszormenyi-Nagy, Carney, & Fedoroff, 1988, 1:44:12-1:44:24). Therefore, it focuses not so much on pathology but tries to elicit the always present but sometimes latent innate tendency to take care of the other. The basic strategy is 'rejunction', encompassing re-engagement of the family members through reinstate a fair balance of give and receive. This renews the capacity of reciprocal acknowledgement, and restores fairness and responsibility towards the more vulnerable family members and other close relationships (Boszormenyi-Nagy & Krasner, 1987a, pp. 260–262).

The chief method in contextual therapy is multidirected partiality. It encompasses sequential siding with every family member, providing the opportunity for each of them to be open about both the missed care, as well as how the person concerned has tried to give care. This, so called, direct address is 'the cornerstone of dialogic possibilities' (Krasner & Joyce, 1995, p. xxi). The structure of distributing turns, namely, requires the non-speaking family members to listen. This may evoke understanding and acknowledgement for the speaking family member, if need be initiated by the therapist. It is an opportunity to develop individual autonomy, since inducing the dialogue between the family members enhances the process of self-delineation and self-validation. Next to this methodic element of multidirected partiality, it is also reflected in the contextual therapist's attitude: accountability to those who are

potentially affected by the therapy, which is 'linked to the determination to discover the humanity of every participant, even the family's "monster member"' (Boszormenyi-Nagy & Krasner, 1986, p. 418).

Sometimes, family members are severely damaged by victimization in their own childhood. They gain special consideration from the contextual therapist, who may lead them into a process of exoneration: 'lifting the load of culpability of the shoulders of a given person whom heretofore has been blamed'. An important part of this process is an adult reassessment by which the grown-up child is helped to replace a framework of blame for understanding and appreciation for the parents and their situation back then (Boszormenyi-Nagy & Krasner, 1986, p. 416). This process is often accompanied by a transgenerational maneuver: working on the parents (bad) behavior towards the child, the therapist shifts the focus towards the suffering in the time the parent was a child himself. This parallel between the two generations may evoke insight and compassion with the suffering of the parent's own child (Boszormenyi-Nagy & Krasner, 1986, p. 321). 'Clinical improvement often coincides with the renewed capacity of parents to exonerate their own seemingly failing parents' (Boszormenyi-Nagy & Krasner, 1986, p. 416).

Method

This study provides an answer to the following research question: How do contextual therapists apply the contextual theory and therapy into concrete interventions? Interventions in this study are defined as all utterances of the therapist.

Participants

The data used come from Dutch contextual therapists. In 1967, the Netherlands was the first country outside the USA in which Nagy introduced his contextual therapy (Boszormenyi-Nagy & Krasner, 1986; Clemens Schröner, van Heusden, Fransen, & Blankenstein, 1967; Savenije, van Lawick, & Reijmers, 2010). It appeared to catch on well, and in the last decades even a growing interest in this approach is observable.

All Dutch therapists who met the therapy-criteria of the Dutch professional organization for Contextual Workers (VCW) received an invitation to participate in this research. This group of therapists has the most extensive training in contextual

therapy in the Netherlands, encompassing a four years training of psychotherapeutic theories and skills with a specialization in contextual therapy, combined with an extensive amount of supervision, learning therapy and experience. Thus, they may be expected to be the most capable of implementing the contextual theory in therapy. At the time that the invitations for participation in this research project were sent, this group consisted of 57 registered contextual therapists (Vereniging Contextueel Werkers, 2017). They were asked to participate by submitting one or more therapy sessions with Dutch clients without severe psychiatric problems or a mental handicap. Since this is an explorative study, no further limitations were given in order to make a cross section of contextual therapy practices.

Twelve therapists were willing to participate in this study, a response of more than 20%. This is a remarkable high percentage, considering the threshold for both offering behind-the-therapy-scenes impressions and obtaining permission from the clients involved. All twelve therapists, six male and six female, are between 45 and 65 years old, and have at least ten years of experience in conducting contextual therapy. Some therapists are also trained in a different modality, such as EFT, experiential interpersonal therapy, or system therapy.

All participating clients and therapists signed a consent form providing permission to use the recordings for this study. Since the participating therapists are part of a small group, this article does not provide any more specific information that can lead to recognition. In consideration of privacy, names stated in the recorded fragments were changed and city names are indicated by a capital letter.

Data

Ten of the twelve participating therapists recorded one session, and two of them recorded two sessions, a total of fourteen sessions: eleven video-recordings and three audio recordings. One of the sessions was a consultation session, recorded during a training day for upcoming contextual therapists. Two sessions were opening sessions with clients who were already familiar to the therapist because of a former therapy process. The other eleven sessions were taken out of an ongoing therapy process. Furthermore, eight of the sessions were conducted from the private practice of the therapist, and four of them come from an institution for ambulant family therapy.

Researchers

The data are first analyzed by the first author. Since the aim of this explorative study is to extract and analyze concrete interventions from the practices of current contextual therapist, it is an advantage that the researcher is a seasoned contextual therapist himself. The researcher is aware of his bias, knowing that reaching objectivity in such an exploring research is impossible. In an explorative qualitative research as this , 'the researcher is part of what he studies' (Charmaz, 2006, p. 178), which means that 'the subjectivity of the observer provides a *way* of viewing' (Charmaz, 2006, p. 139). The hereafter explained process of data collection, coding and categorizing 'serves as a genuinely explicit control over the researcher's biases' (Strauss, 1987, p. 11). To further monitor the researchers' subjectivity (Kumar, 2012, pp. 5–6; Maso & Smaling, 1998, p. 79), five of the twelve sessions were also analyzed by another senior contextual therapist. The findings of this colleague are discussed and helped to refine the analysis. The second and third author functioned as auditors, serving as 'an outside perspective to help the main researchers to correct their interpretations and present more trustworthy results' (Lingiardi & Colli, 2015a, p. 421). They critically followed the different phases of all observations and analysis. Their remarks were regularly discussed and aligned with the first author, which presented 'windows of opportunity' for the clarification of emergent ideas and opportunities to gain new insights about the data (Saldaña, 2009, p. 28). These actions helped improve a methodological objectivity 'consisting of a reflecting, intelligent, positive application of the subjectivity of the researcher' (Maso & Smaling, 1998, p. 67). At the end of the analysis process, the codes, the categories as well as the relation with the contextual theory were also discussed with two of the participating therapists, which led to some refinements and adjustments. Finally, by adding some of the transcripts to this article, the reader can follow the interpretations, argumentations and analysis.

Analysis

The data are analyzed by using the Thematic Analysis (Braun & Clarke, 2006; Guest et al., 2012). The authors consider this method appropriate for this research, because of its clear structure combining an inductive and deductive analysis of the data and with the aim to recognize and compare the data with a theoretical framework (Alhojailan, 2012), in this research the contextual theory.

Hereafter the different waves are described:

- This qualitative research started with a process of familiarizing with the data. The recorded sessions are transcribed, using Jefferson's transcription conventions (Jefferson, 2004). This permitted the transcription of the spoken language as well as all other utterances such as laughing, weeping and silences. The data are not translated, except for the fragments that are used in this article. Both the recordings and the transcripts were loaded into Atlas.ti, a computer program for qualitative data analysis supporting coding and categorizing of the codes (Friese, 2012).

- The next step was carefully re-reading the transcripts and observing the recordings, now with the aim of identifying potential meaningful utterances of the therapists (interventions), and allocating a possible meaning, as for instance is advocated in grounded theory (Glaser & Strauss, 1967; McMillan & McLeod, 2006, p. 281). During the first, inductive analysis 'patterns emerged progressively without using a code table or preformulated sensitizing concepts (Baarda, de Goede, & Teunissen, 2009; Braun & Clarke, 2006, p. 12; Miles, Huberman, & Saldaña, 2014, p. 81). In this way, all interventions were carefully examined and, where applicable, provided with a provisional code. Additionally, a second wave of open coding followed, after which codes were compared, merged, renamed, deleted and new codes were added. This resulted in a collection of unsorted codes.

- Subsequently, a third and fourth wave were performed, using the contextual framework as reference. During these theoretical waves, whereby the analysis was more driven by the researcher's theoretical and analytic interests (Braun & Clarke, 2006, p. 12), new codes were added, renamed, merged, and removed.

- The next step was to search for themes and structures in the defined codes, and accordingly assign equivalent codes to the categories defined therein. Each category was then provided with a name, reflecting the structure, characteristics and patterns of the assigned codes. Since the analysis was focused on therapeutic interventions that could be recognized as part

of, or related to the contextual theory and as such reveal elements of the contextual theory and therapy, the categories are named accordingly.

- Then, several new deductive waves were executed, comparing (parts of) the data with the currently developed code-list and categories, as well as with the contextual theory. This again led to a refinement of the codes, the assignment to categories, as well as re-naming the categories.

- Eventually, a last analysis of the data was executed to 'refine the specifics of each theme (…), and 'generating clear definitions for each theme' (Braun & Clarke, 2006). This wave verified the categories and the assigned interventions.

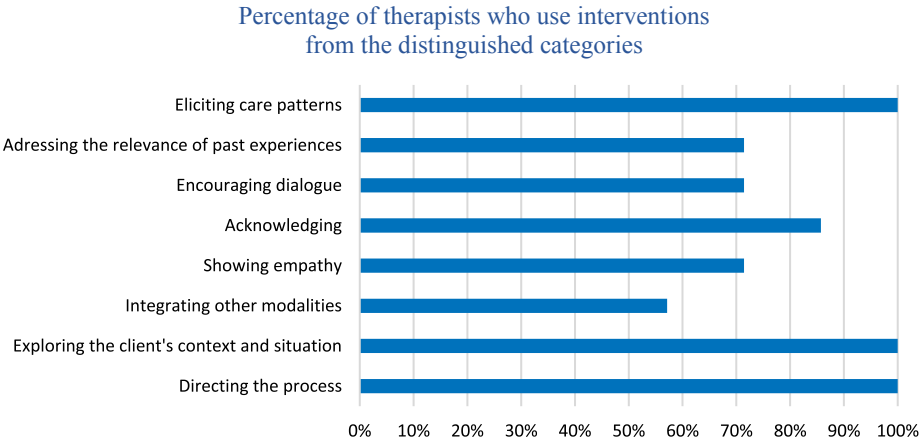
During the process, memos were designed to capture emerging insights and impressions (Baarda et al., 2013, p. 245; Friese, 2012, p. 141; Miles et al., 2014, p. 95). These memos where helpful in the analysis process and ultimately in formulating the findings.

Findings

As expected, in the interventions of the twelve well-trained and experienced contextual therapists, elements of the contextual theory and therapy are observed. The analysis resulted in 665 coded fragments (phrases of the therapists), and 124 codes, combined in eight categories of interventions. These eight categories present an equal number of characteristic elements, giving insight onto the way current contextual therapist apply contextual therapy in concrete interventions. The figure below shows how many of the respondents exhibited interventions in their session(s) from the distinguished categories. Three of the categories are used by all therapists: Eliciting care patterns, Exploring the client's situation and directing the process, where integrating other modalities is the category used by the smallest number of therapists, 57%.

Hereafter, the findings on this study are described per category, illustrated by examples of interventions and provided with a reflection from the perspective of the contextual theory. As such, not all of these categories are specific for contextual therapy. Obviously, there are similarities between the modalities in family therapy,

not in the least also because of the importance of the common factors (Sprenkle et al., 2009). This concerns the categories acknowledging, showing empathy and integrating other modalities. But every modality has its own way of embedding and shaping these interventions in the therapy process. In contextual therapy, these more or less non-specific interventions gain their value by permeating them with a focus on relational ethics, which makes them indispensable building blocks for a contextual therapy process. Hereafter is described how contextual therapists do so. The most characteristic interventions belong to the categories: eliciting care patterns, encouraging dialogue, addressing the relevance of past experiences, exploring the client's context and situation, and directing the process.



Eliciting Care Patterns

All participating therapists and 12% of the encoded fragments are focused on eliciting care patterns, which is an expression of the central postulate of the contextual theory regarding the inter-subjectivity of human beings. According to Nagy, relational ethics in particular are reflected in reciprocal care, in the contextual theory formulated as the balance of mutual giving and receiving (Boszormenyi-Nagy & Krasner, 1986; Ulrich, 1983). This balance is one of the most well-known elements of contextual therapy and reflects something of the reciprocity and trustworthiness of the relationship. According to the contextual theory, encouraging family members to actively start giving, and to open up for receiving the giving of the other, is the most helpful intervention (Grunebaum, 1987, 1990b; Krasner, 1986).

Fragment 1:

Therapist: yes, and and and now, now you are moving too fast. Because if I ask: what does it do to you (1) because you outline the situation for me and you start telling: yes, actually there was a moment of (1.5) how would you call that…
Client: that moment would, that's how it should go (.) between father and son
Therapist: yes, it was a father–son moment at that point
Therapist: yes (P13:437-440)

Fragment 2:

Therapist: you're a bit you think it's scary, like children can find something scary and also a bit anxious maybe and actually does not know (.) it looks like something new (2) and how am I gonna do that now (7) who would be a person to you, to help you with this
Client: I do not know anything, I just need the Lord to help, I know nothing at all, I am scared to death, I'm afraid, I find it hard (6) (P19:181-182)

The contextual therapists are convinced of the importance of this relational dynamic. Fragment 1 shows how the therapist reflects on an encounter between the client and his father after a lengthy period without any contact. The therapist helps the client, the adult son, to receive his father's attempt to repair the relationship. In doing so, the therapist induces the balance of giving and receiving (Boszormenyi-Nagy & Krasner, 1986, p. 111).

Fragment 2 stimulates the client to think about the possibility of asking and receiving care, which would be a major step in overcoming the anxiety of this client about being vulnerable. She would gain entitlement and shape the possibility of entering a dialogue. This fragment also highlights how the focus on giving and receiving simultaneously elicits relational resources: 'factual and fundamental means, options and opportunities in people and their relationships by which they can improve and help themselves and others' (Boszormenyi-Nagy & Krasner, 1986, p. 420). A resource means a relationship with options for mutual beneficial action, implying that reciprocal receiving and giving are valued and thus provide opportunities for earning entitlement by a process of self-validation that is linked to due consideration of significant others. However, the explicit search for resources as illustrated in fragment 2, is only scarcely observed.

Addressing the Relevance of Past Experiences

A recurring theme in eleven of the fourteen sessions and 7% of the encoded fragments is the relevance of past experiences for the here and now and for present relationships.

The contextual theory assumes that unjust and painful experiences, specifically during childhood, can become a revolving slate towards present and future generations and jeopardize the innate tendency to care for others (Boszormenyi-Nagy & Spark, 1984, p. 102). Especially within families and because of the invisible loyalty of the child towards the parents, it is, according to the contextual theory, the chief factor in family and marital dysfunction (Boszormenyi-Nagy et al., 1991, p. 212). Therefore, exploring such intergenerational patterns as repetitions of relational strategies learned in the family of origin is of great importance (Bernal, Rodríguez, & Diamond, 1990, p. 59). The following fragments show some examples of how the contextual therapists induce such an exploration.

Fragment 3:

Therapist: Rationally, I hear you telling that you know it all very well and are able to give words to it, but it seems something has touched you, something vulnerable, which is older than this event, do you recognize?
Client: Ehm (2) yes I think it is the same feeling of rejection, I also know ehm that I am doing quite a lot of effort to go to birthdays and now I have come up with something I need to get somewhat looser in it (P23:61-62)

Fragment 4:

Therapist: Yes yes (.) And eh (1.0) you said of, I start to get somewhat more troubled by it.
Client: yes
Therapist: Can you tell something about that?
Client: in respect to eh making choices for instance
Therapist: hmhm
Client: then ehm (.) For example, then my father has the one point of view and my mother has the other. And they are then (r) really against each other
Therapist: Yes
Therapist: As a child you may see that perhaps, but then you are not so much aware of it.

Client: no
Therapist: but now as a grown-up woman, you can look back on how it was then (P16:59-69)

Fragment 5:
Therapist: and if you look at the quarrel last two weeks, two weeks ago, eh, and it's still about taking place
Client: (nods)
Therapist: (…) You you could ask yourself if not the same things happen here
Client: yes
Therapist: that you fight for it and that perhaps that is where- that that is what is going on
Client: yes, yes there is a parallel (P12:475-480)

In fragment 3, the therapist suggests that the source of the vulnerability of the client may lie in past experiences. Such interventions are aimed at evoking a willingness to explore these earlier events. Fragment 4 is an example of a next step, namely, how the therapist leads the client into adult reassessment, a process in which, according to the contextual theory, the client is helped to replace a framework of blame towards the failing parents 'with mature appreciation of a given person's (or situation's) past options, efforts and limits' (Boszormenyi-Nagy & Krasner, 1986, p. 416). In fragment 5, the therapist is speaking with a client who talks about unfairness in his own childhood but appears to be blind to his unfairness towards his own children. Then, the therapist connects the client's experiences as a parent with the victimization of the client's own childhood (Boszormenyi-Nagy, 1987b), opening the parent's eyes. This is what Nagy calls a transgenerational maneuver: helping the parent as a parent, facing the parent as the child (debriefing P2). Nagy holds that this is specifically important in situations where severe destructive entitlement hinders the client's remorse about his or her own unjust behavior. However, looking at his or her unjust parenting through the eyes of the own victimization as a child evokes care.

Encouraging Dialogue

Eleven of the twelve participating therapists actively encouraged the client to interact with family members (11% of the encoded fragments). This is observed in the sessions with one client as well as in sessions with two clients. Nagy states that evoking a dialogue between the family members is one of the main goals of contextual therapy.

Fragment 6:
Therapist: (2) What was it like at home, formerly
Client: Actually, we never talked about those things (...)
Therapist: (2) Could you ask for it?
Client: (2) Yes I think I now dare to. (P14:395-400)

Fragment 7:
Client: I'm not going to raise my voice soon
Therapist: You hear - you say something but you actually should=
Client: =that is what I mean that as hard as Kirsten screams loudly
Therapist: [Yes, exactly]
Client: [Yes] only [with me does not register] that it is heavy (.) and if she screams, it will be much heavier on me
Therapist: yes
Client: Yes indeed even heavier, because for me that is yes that is more how I do, as I do it then it is just my thing of: well I do not agree
Therapist: Because how do you ensure that your- if you say that you don't like this, how do you ensure that it is sufficiently clear to her and that she will take you into account (P21:612-620)

The above fragments show some examples of how the contextual therapists put this into practice, especially by siding with the individual client and enhancing the client's openness about his or her own needs and desires, leading to self-delineation and a capacity for direct address: 'a willingness to know one's own truth and to risk it in the service of building fairness and trust' (Krasner & Joyce, 1995, p. 217). This is consistent with what Nagy calls the individual goal of the dialogue, resulting in gain through earned entitlement, but intertwined with the relational goal of consideration of the partner (Boszormenyi-Nagy, 1996).

In this respect, it is important that the therapist is sequentially partial to every present family member, to avoid giving the impression of alliances against others, which is an essential element of multidirected partiality. In the analyzed sessions, this element of multidirected partiality becomes visible as turn-distribution. The fragments above are examples of how the therapist gives the turn to another family member:

Fragment 8:
Therapist: (4) What about you? There have been some things said about you… (P14:308)

Fragment 9:
Therapist: [What what] is your version so to say… (P21:240)

The contextual therapists appear to focus mainly on reinforcing the self-delineation of the client as an important prerequisite for engaging in dialogue. They rarely encourage clients to actively start a dialogue *during* the session. This occurred only in one session, probably mainly because only four of the fourteen sessions were with more than one client present.

Acknowledging

All participating therapists give recognition to their clients (11% of the encoded fragments). Nagy describes acknowledgment or crediting as 'recognition of the merit that has accrued to a person from his or her offers of care and consideration, i.e., contributions that have earned the donor entitlement' (Boszormenyi-Nagy & Krasner, 1986, p. 413). In the contextual theory, entitlement means an ethical 'guarantee' of being cared for, earned through actions that merit trust (Boszormenyi-Nagy & Krasner, 1986; Gangamma et al., 2015).

Fragment 10:
Therapist: Yes, I think I think that you've helped your parents eh quite often
Client: yes
Therapist: to make it as as easy as possible for them hm?
Client: that's right (P16:89-92)

Fragment 11:
Client: (…) Yes then that really has eh eh given a really big blow. The fact that I was not well supported and too much work to do and I just literally became overworked, I think. Looking back (2). Yes, that really was a low point.
Therapist: yes (1) I can imagine that it (.) hit you, and that it made you somewhat depressed
Client: yes
Therapist: and you have fought yourself out (P14:217-218)

In fragment 10, the therapist gives credit to a fourteen-year-old boy for him giving care to his parents. Emphasizing the giving of this client is, according to the contextual therapy, important to enhance the client's self-reward and trust. Acknowledging or crediting by the therapist is a therapeutic goal 'to guide family members towards self-rewarding avenues of autonomy and trust building. It is this self-reinforcing process rather than therapeutic acknowledgment *per se* that ultimately functions as a healing source' (Boszormenyi-Nagy & Krasner, 1986, pp. 113–114).

In fragment 11, the therapist gives a husband, in the presence of his wife, acknowledgement for a painful experience. This highlights another didactic function. By acknowledging each person's rights and past injuries, the therapist hopes to induce a process of mutual acknowledging between the family members, which enhances accountability and contributes to a fair and trustworthy relationship. Acknowledgement is also part of multidirected partiality.

Showing Empathy

Ten of the twelve contextual therapists show empathy in their sessions (10% of the encoded fragments). In contextual therapy, it represents a way of taking care of the client and helping him or her to be open about sometimes long buried experiences and emotions. This way of empathic siding and showing the capacity to hear and sense the affective tone of the relational process is, according to Nagy, one of the first requirements of the trustability of the contextual therapist (Boszormenyi-Nagy & Krasner, 1986, p. 398). Hence, it is an aspect of multidirected partiality, and as such, it goes hand in hand with acknowledgment, as can be seen in fragment 12.

> ***Fragment 12:***
> *Therapist: You have a lot of fear in your life, right?*
> *Client: °Yes° (5)*
> *Therapist: Unsafe (P18:304-306)*

Eight of the therapists also explicitly give attention to the emotions of the client, as illustrated in the following examples where the clients tell something about how they struggled themselves through a difficult period:

Fragment 13:
Therapist: you're not afraid of- and what I (.) what I see in you, you get a little emotional too huh?
Client: [yes]
Therapist: Well, that's all right. (P17:992-994)

Fragment 14:
Therapists: I can see that it touches you, if give words to it
Client: Yes, it does indeed
Therapist: Can you try to give words to what touches you in this? (P23:63-65)

In contextual therapy, this way of helping the client to surface his possibly long covered emotions is an important intervention, but it is more of a method than a goal. Emotions should be interpreted as an 'indicator of relational configurations, actions and plans' (Boszormenyi-Nagy & Krasner, 1986, p. 397), which possibly provides an entry into deeper motivations of the client's behavior. In that respect, Nagy cautions that 'the therapist's own natural feelings and reactions towards particular family members should be reined in by his own efforts to be partial' (Boszormenyi-Nagy & Krasner, 1986, p. 302).

Acknowledgement and showing empathy are elements of the therapeutic alliance, and as such, belong to the common therapy factors (Cooper, 2010; Reiter, 2014, p. 14; Sprenkle & Blow, 2004). But within contextual therapy, they are considered to be significant parts of multidirected partiality, and as such, important methodological interventions towards reciprocity and dialogue. Showing empathy and giving credit should make it 'more bearable to be held accountable and to extend empathy and acknowledgment to others' (Grunebaum, 1987, p. 648). According to the contextual therapy, it enhances the self-generating process of trust building and supports each person's courage to risk reengagement in relationships (Grunebaum, 1987, p. 649).

Integrating Other Modalities

Some of the contextual therapists make use of interventions that reflect, next to contextual therapy, another specific psychological or transactional framework (5% of the encoded fragments). Nagy himself was convinced of the added value of integrating other methods into a contextual therapy process (Boszormenyi-Nagy,

1987a, pp. 58, 121, 191; Boszormenyi-Nagy & Spark, 1984, p. xxi). The most notable are the observed interventions that show an influence of experiential interpersonal therapy (Bouwkamp, 1999) and interventions apparently coming from Emotionally Focused Therapy (Suzan M. Johnson, 2004).

Fragment 15:

Client: Uhm (5.5) yes then it happened, then I'm in a kind of vacuum or something, as I feel it where I [just]
Therapist: [ok]
Client: nothing is possible.
Therapist: No, that is the question whether you can do nothing, (1.5) let's look at that. (1.5)
Client: (lowers the head and sighs)
T: What does that sigh mean?
Client: (2.5) °That it is not easy°
Therapist: Yeah, but I like you to simply say that aloud to me. (0.5) Because now I get a sort of a sigh and then you look away and then I think oh my, I said something wrong or something or uh (P18:354-361)

Fragment 16:

Therapist: Yes, but I can - what I'm actually asking for is, we have talked about how you can extend the 'thank you' to your employees, for example, or to your mother or friend. How did that work through.
Husband: Not yet
Therapist: No? Because?
Husband: Honestly, eh haven't thought about it yet and didn't take the time to eh to think about it
Wife: It did not linger
Husband: No. It is still not there yet
Therapist: it's still too far away, is not it?
Husband: Yes. And I do know that it there, but it does not come out yet.
Therapist: And how does that feel now, if you stop and reflect on it, what do you feel about it
Husband: Well, just like I said to her last night, I get such a weird feeling in my gut that - and I get that more and more often with actions that I do (P25:90-99)

Fragment 15 is an example of how the therapist constructively shares his personal reactions and experiences as feedback to the client. The experiential interpersonal therapy assumes that the client's problems also appear in the relationship with the therapist. Both self-disclosure and personal feedback characterize the experiential interpersonal therapist (Bouwkamp, 1999, p. 469). Fragment 16, session with a husband and wife, is an example of an intervention that would fit in an emotionally focused therapy process. This approach holds that emotions are the most important factor in intrapsychic and interpersonal change (Suzan M. Johnson, 2004, p. 51).

Nagy himself did not extensively describe or demonstrate how such an integration should take place, except that relational ethics should always be the core guideline of a contextual therapy process (Boszormenyi-Nagy, 1987a, pp. xiv, 121). This aligns with an assimilative integration: the incorporation of attitudes, perspectives, or techniques from an auxiliary therapy into a therapist's primary grounding approach, which, in contextual therapy, is the paradigm of relational ethics (Messer, 2001, p. 1,2).

Exploring the Client's Context and Situation

All contextual therapists devote a significant part of their interventions to exploring the context and situation of the client(s) (31% of the encoded fragments). These interventions are mostly aimed at inviting, stimulating, and evoking the clients to be more open or to give concrete examples of their narratives or experiences (see fragments 17, 18, 19 and 20, respectively). Other interventions consist of questions to obtain more information and to encourage or help clients unveil possible covered or hidden elements of their past or other relevant matters.

Fragment 17:
Therapist: Tell me. (P17:505)

Fragment 18:
Therapist: Yes, and what happens next? (P21:124)

Fragment 19:
Therapist: Because what strikes me is that you too, you go in the defense isn't it? You're going to tell him that it is not true what he says… (P25:316)

Fragment 20:

Therapist: Mhm. Do give me an example (P18:228)

According to Nagy, 'information-gathering in contextual therapy is tantamount to exploring past and current balances of fairness and unfairness' (Boszormenyi-Nagy & Krasner, 1986, p. 140), basically encompassing the relational ethical context. A portion of the interventions assigned to this category are not immediately recognizable as exploring relational ethical issues, since they have an introductory or exploratory nature. But another part of the interventions clearly is related to exploring relational ethical issues, as can be seen in the example below in which the therapist examines whether there is a danger of split loyalty:

Fragment 21:

Therapist: Well that you, yeah, that you have to choose so much that you feel that you it going through yourself a bit
Client: Well that was a bit with that mobile. Because my father was really like: he needs that new subscription because his old mobile does not work anymore.
Therapist: Yes
Client: and my mother was so: well we can have it repaired and then he can really continue with his old subscription
Therapist: yes
Client: and then it is very difficult because they were both really steadfast and (1) that's it!
Therapist: yes
Client: so (1) that was quite difficult
Therapist: yes, yes, yes. And do they also have tensions about that together?
Client: (1.0) ehm (.) I do not know exactly if there really is tension [between them]
Therapist: No, no
Client: Since I do not try to involve myself so much [because]
Therapist: [no]
Client: if it is a bit of a kind of (.) a small quarrel between each other.
Therapist: Yes Yes. Because do you notice that you sometimes- that your parents uh have uh hassle to you? (P16:226-241)

In summary, the interventions of this category appear to play a significant role in uncovering themes and issues that are important for a contextual therapy process.

Directing the Process

The participating therapists direct the process mainly with an attitude of approachability and amity towards the client (14% of the encoded fragments). Such an attitude aligns with the emphasis of contextual therapy on the therapist as a trustworthy, reliable person and a fellow human being (Boszormenyi-Nagy & Krasner, 1986, p. 395), as for example in fragment 22 by self-disclosure:

> ***Fragment 22:***
> *Therapist: [Yes, of course], that that's- I have that too, hey and uh, that I cannot handle it, the moment that when I (.) people are critical where I don't agree, uhm, if you say failure and criticism from others, I think: where is ehm ehm where is the root of that, that you always have the idea, another is is is, who is, that you let it come in so strongly, what the other says, thinks, and maybe thinks (…) (P12:351)*

This attitude contributes to a non-directive working-method, observed in most of the sessions of the contextual therapists. They follow the narratives of the clients and encourage them by questions or other interventions focused on the contextual paradigm of relational ethics. They wait for passages in the narrative that offer an entry into relational ethical issues. As soon as such a possible entry shows up, however, they show a more directive and sometimes persuading attitude. They also occasionally suggest or softly push the client in a rather directive way, freely interpret what the client says, or explicitly assert their opinion on these issues. These types of interventions seem to be designed to start or accelerate a certain process, or as Nagy explains: 'elicit therapeutic action' (Boszormenyi-Nagy & Krasner, 1986, p. 277). The following fragments are interventions that follows a story, told by the client, and where the therapists now highlight an element by which a possible entry into the realm of relational ethics can be found:

> ***Fragment 23:***
> *Therapist: it seems like the other is more important than yourself (P17:325)*

> ***Fragment 24:***
> *Therapist: (1) Because she (the mother of the client) will have done her best*
> *Client: Yes, I know of course, sure (P14:379-380).*

Fragment 25:

Therapist: Yes (1) And look what happens when walking outside. I think, yes, that is what you would like with your father. But you have no confidence in it yet, because you are just, just for the first time together, speaking with each other again. And I think that is hopeful (…) (P13:541)

The three above fragments illustrate such therapeutic actions towards self-delineation, adult reassessment and exoneration, respectively. According the contextual therapy, this is a way of 'planting seeds' through eliciting, catalyzing and influencing people and their motives (Boszormenyi-Nagy & Krasner, 1986, pp. 277–278).

Concluding Remarks

This study started with the question: How do contextual therapists apply the contextual theory and therapy into concrete interventions? The findings provide empirical evidence for eight categories of therapeutic interventions, characterizing the practice of current contextual therapists. Combined with the explanation and illustration of how these characteristics play a role in applying the contextual paradigm in therapy, this research contributes insights into how the core elements of contextual therapy are nowadays applied into therapy.

Though the authors do not argue that the findings may be generalized for all contextual therapists, and that a similar research with other participants and characteristics would deliver identical findings, this study does present a convincing picture of implemented contextual elements in the practice of the respondents. Throughout the analysis, also a certain working-method for conducting a therapy session became visible. With an attitude of approachability towards the client, the therapist waits for opportunities to emphasize relational ethical issues, taking a more directive and sometimes persuading attitude. In subsequent studies, a comparison of the working-method of current contextual therapists with Nagy's practice could contribute to further deepening and clarification of contextual therapy.

This research presents good practices of contextual therapy and provides insight into how contextual therapy nowadays is conducted. The observed working method, combined with the described categories may be useful for developing and refining training programs and guidelines for upcoming contextual therapists. It provides also

an opportunity for contextual therapists to use it as a mirror for their own practice, and to reflect on it in peer-to-peer coaching, in intervision or supervision. The findings of this research may be a starting point for composing a contextual taxonomy, as well as for the further development of a practice-based contemporary contextual approach or method. Ultimately, this research is a conditional step in investigating the efficacy of contextual therapy as well as the development of future efficacy studies.

As far as the authors know, this is the first study using the methodology of close observing and analyzing 'real world' data, encompassing recordings of therapy-sessions conducted by current contextual therapists. It provides practice-based insights into how therapeutic interventions are conducted and is thus helpful in refining and enhancing the application of the contextual theory in therapy and is recommendable for research on other models and modalities.

The aim of this study was not so much to gain insight into the sequential phases and steps of a complete therapy process, for which a research on one or more complete therapy processes would be necessary. Because this study aimed at recognizing the application of characteristic contextual interventions, the authors needed data from a number of single sessions of different therapists instead of researching only a small amount of complete therapy processes. This research was also not focused on determining which interventions are used most at which place in the process. Based on this research, no conclusions can be drawn about this, because the collection of the data has not been focused on a controlled dissemination of the recorded sessions on the therapy process.

The observations give rise to further investigation on the number of clients involved in therapy sessions conducted by contemporary contextual therapists, since only four of the fourteen sessions are with more than one client, where the other sessions in this research are with only one client. It may be related to obtaining permission from clients or other issues concerning the research setting. However, Jansen and van Waaij (Jansen & van Waaij, 2016) already found in their inventory among the caseloads of 57 contextual workers that nearly 60% of the cases were with only one client. Though contextual therapy does not prescribe who, and how many should attend the sessions, 'optimal resource potential means bringing together as many people as can really work with one another toward mutual benefit' (Boszormenyi-Nagy et al., 1991, p. 217). This is hardly reflected in the practice of the therapists, for which no conclusive

explanation could be found. Possibly, it is part of a conscious methodological choice of the current contextual therapists, which would be important to know, relating to further development of a contextual working method.

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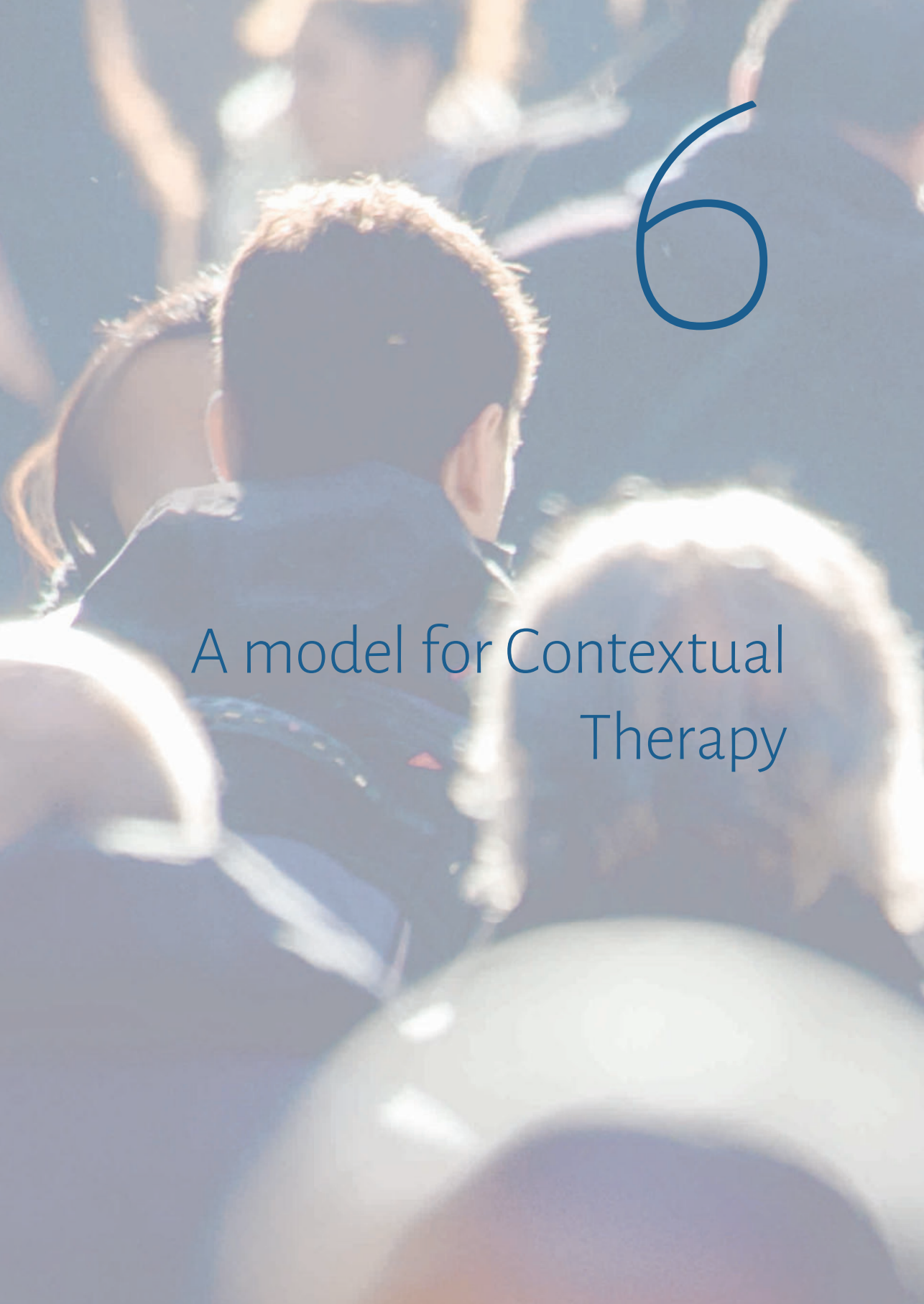
Compliance with Ethical Standards

The authors declare that they have no conflict of interest.



6

A model for Contextual Therapy

This chapter contains the article in which a model of contextual therapy is presented, which has been developed in response to the findings from the research described in Chapters 4 and 5. This chapter is the elaboration of the subsidiary research question c. This article is published in Family Process, is titled 'Strengthening Connectedness in Close Relationships: A Model for Applying Contextual Therapy' and is issued by Wiley (van der Meiden, Verduijn, Noordegraaf, & van Ewijk, 2019).

Abstract

This article presents a model for conducting contextual therapy with the aim of contributing to the further development of contextual therapy. Its founder, Ivan Boszormenyi-Nagy, introduced the core of this approach, relational ethics, as a new paradigm for family therapy, which has been received well. The authors presume that the training of (upcoming) contextual therapists and conducting contextual therapy itself can benefit from more concrete guidelines and a phased structure. It can also enhance the further development, research and accountability of this approach. Therefore, using a design-oriented method, the authors developed a model that helps to shape a contextual therapy process and the applicable contextual interventions. It is based on strengthening connectedness in close relationships, using relational ethics as its compass. The framework of the model consists of three phases: exploring connectedness in close relationships, modifying connectedness in close relationships and reinforcing connectedness in close relationships, whereby the goals of each of these phases are defined as process elements and expanded into guidelines for nineteen interventions. The ingredients for these interventions are derived from two recent studies on the practice of Nagy and on the practice of current contextual therapists. The model is explained and substantiated based on contextual theory and therapy. Final remarks are presented in the conclusion.

Introduction

Ivan Boszormenyi-Nagy (henceforth: Nagy), the founder of contextual therapy, left an interesting intellectual legacy (Boszormenyi-Nagy, 1987a; Boszormenyi-Nagy & Krasner, 1986; Boszormenyi-Nagy & Spark, 1984). The shift from individual psychotherapy to family-oriented therapy was still in full swing when he introduced relational ethics as the cornerstone of his approach, namely, contextual therapy (Boszormenyi-Nagy et al., 1991, p. 204). Initially, Nagy's ideas were well received. Stierlin, a colleague and good friend of Nagy's, called relational ethics a new paradigm (Stierlin, 1975); Watson (Watson, 2007, p. 289) and Nichols and Schwartz (Nichols & Schwarz, 2001, p. 50) stated that the contributions of contextual theory have influenced many family therapists, and Goldenthal noted that contextual therapy's goals are widely admired, its assumptions are widely endorsed, and its concepts are widely borrowed (Goldenthal, 1996a). Many overviews of family therapy refer to this approach, and further research is ongoing (Belous, 2015; Gangamma et al., 2012, 2015; Heiden Rootes, 2013; A. E. Schmidt et al., 2016; Van Parys & Rober, 2013).

The authors presume that the application of this approach or paradigm in therapy could be facilitated with concrete guidelines and a phased structure. Nagy himself stated that 'in order to become a therapeutic guideline, the ethics of relational responsibility have to be translated into intervention methods' (Boszormenyi-Nagy, 1987a, p. 296). Therefore, he described a number of methodologies, but without 'prescriptions and techniques that require therapeutic impositions of any kind'. He wanted therapists to have room to elicit spontaneous options, actions and decisions (Boszormenyi-Nagy & Krasner, 1986, p. 277). The authors understand and endorse this hesitation. Their experiences with conducting therapy and with training (beginning) contextual therapists, however, motivated them to develop a guiding framework that helps to shape a contextual therapy process by means of a phased structure, and the positioning of the most important and concretely described contextual interventions. It is the first model for contextual therapy that is largely based on the findings of an analysis of in-session implementation of principles of contextual therapy by Nagy (van der Meiden, Noordegraaf, & van Ewijk, 2018a) and current contextual therapists (van der Meiden, Noordegraaf, & van Ewijk, 2018b). It is, furthermore, substantiated from a thorough interpretation of contextual theory and therapy from Nagy. As such, it is a model for applying contextual therapy, shaped and enriched by recent research. It helps therapists to prepare for the therapy process, to use during the therapy

process and to reflect on the therapy process. However, it is not meant to prescribe or to be used as a protocol. Instead, it leaves room for spontaneous options, actions and decisions of the therapist. It is useful for the development of training programs for (beginning) therapists and for therapy practice itself. In addition, this model provides a scheme of elements that creates opportunities for further development, transparency and improving its efficacy.

Beginning with relational ethics as the core of contextual theory, this model organizes the therapy process into three phases and assigns interventions to each of them. The article continues with a brief description of contextual theory and therapy and then presents the method for developing a contextual therapy model and an explanation of the three phases of which the model is composed. The article closes with some final remarks.

Contextual Theory and Therapy

Contextual theory is based on the premise that human beings need each other for their existence (Boszormenyi-Nagy, 1987a, pp. xvi, 20; Boszormenyi-Nagy & Krasner, 1986, p. 64) and that they concomitantly have an innate tendency to give care and to do justice to each other (Adkins, 2010, p. 23; Boszormenyi-Nagy & Krasner, 1986, p. 78). Nagy elaborated this concept as relational ethics, that is, an ethically based commitment among people that consists of reciprocal rights and obligations, which is the right to receive care and the obligation to provide care according to the nature of the relationship and the acquired merit (Boszormenyi-Nagy, 1987a, pp. 274, 303; Boszormenyi-Nagy & Krasner, 1986, p. 78; Krasner & Joyce, 1995, p. xxi). These ethical notions of interconnectedness and justice are successively elaborated as loyalty and responsibility, and they become visible in reciprocal giving and receiving, which is, according to contextual theory, a prerequisite for close, viable, lasting and trustworthy relationships and for a healthy environment in which children can grow and develop into responsible representatives of the next generation. However, sometimes this balance of give and receive is disturbed, which may lead to destructive entitlement, which occurs when someone's inherent right or intrinsic entitlement for care is not answered and, as a result, escalates into overentitlement. This destructive right entails the risk of scapegoating an innocent third person to balance the account, a phenomenon called the revolving slate (Boszormenyi-Nagy & Spark, 1984, p. 66):

unfulfilled care transforms into unjust claims and, as such, passes on to future generations (Boszormenyi-Nagy & Spark, 1984). Destructive right does not affect only families but also social groups such as minorities, social classes, races and other population groups can suffer, sometimes for generations, from injustices such as oppression, abuse, discrimination, exploitation and marginalization, all leading to a revolving slate of destructive entitlement.

Contextual therapy is an integrative approach. Nagy developed a 'framework for the integration of a wide variety of therapeutic techniques' (Boszormenyi-Nagy, 1987a, p. 191) that initially encompassed four dimensions of the relational reality: objectifiable facts, individual psychology, transactional patterns, and relational ethics (Boszormenyi-Nagy & Krasner, 1986, pp. 43–67). This framework supports the integration of a large number of therapeutic techniques wherein relational ethics is considered a compass for therapy (Boszormenyi-Nagy & Krasner, 1986, pp. 43–66).

This compass points the way to restoring relations by evoking a genuine dialogue, relying on the 'persisting "ontic dependence" between closely relating people' as the always present and most important resource (Boszormenyi-Nagy, 1987a, p. xvi). According to Nagy, ontic means 'inherent in our psychic being' (Boszormenyi-Nagy & Spark, 1984, p. 154) and ontic dependence means that human being's 'self-meaning depends on a fitting other, regardless of whether he or she is, in effect, dependent on the other'. As such it is an indispensable component of relating (Boszormenyi-Nagy, 1987a, pp. 20, 82). This ontic dependence became later the fifth, ontic dimension comprising the premises of the contextual theory, as described above (Ducommun-Nagy, 2008, p. 189). A genuine dialogue paves the way to fairly align the occasional conflicting interests of each person. It provides an opportunity to restore a fair balance between giving and receiving, also ensuring that the consequences for the future are fully considered. The therapist's goal is to be a catalyst for the resources already potentially present when the family comes for help (Boszormenyi-Nagy et al., 1991, p. 219).

The most important methodological principle used to evoke this dialogue is multidirected partiality: 'sequential siding with (and eventually against) member after family member' (Boszormenyi-Nagy & Krasner, 1986, p. 418). As such, the contextual therapist is successively partial to each family member by empathically siding and encouraging each of them to assert their respective sides of entitlement

(Boszormenyi-Nagy, 1987a). The contextual therapist also tries to give attention to the interests of those who are obviously involved but not present, as well as to the interests of the next generation. In this way, every member is given the opportunity to share his or her side. Multidirected partiality leads to strengthening the therapists trustworthiness because of his or her alliance with each individual client (Boszormenyi-Nagy, 1987a; Boszormenyi-Nagy & Spark, 1984; Goldenthal, 2005). Furthermore, each family member, perhaps even for the first time, is confronted with the side of the others, which may lead to sympathy or acknowledgement.

When too much injustice obstructs a clear view of fairness, the therapist will elicit an adult reassessment and attempt to evoke the process of exonerating the past. This may lead to converting blame and reproach into freedom and responsibility (Krasner & Joyce, 1995).

The Development of the Model

The model presented in this article is based on strengthening connectedness in close relationships. It draws on the assumption that every human being has an innate sense of responsibility to care for the other and that both the giver and the receiver benefit from this reciprocal relationship (Boszormenyi-Nagy, 1987a, p. 292, 1995, p. 34). The model is developed, following the steps of a design-oriented research method as described by van Aken and Andriesen (2011, p. 47). Design-oriented research does not only focus on describing and explaining field problems. It is a practice-oriented method, aimed at finding answers to practical questions and offering opportunities to promote innovation in practice (Verschuren & Hartog, 2005). The different steps of this study are described below. To some extent, these steps are not completed sequentially but rather alternately as in an iterative process; certain steps are repeated several times in order to continuously acquire new information or insights, a characteristic working method of design-oriented research (van Aken & Andriessen, 2011). New findings and studies time and again lead to adjustments, as described in more detail below.

- The process began with a systematic review of the literature on contextual theory and therapy according to Nagy, with particular attention to the core elements and its concrete application in therapy.

- Based on this research and combined with their general and clinical knowledge of, and experience with therapeutic methodologies, the first and second author, both senior contextual therapists and trainers, developed a chronological framework for a three-phase therapy process. Phase 1 involves exploring the connectedness in close relationships; phase 2 includes modification of the connectedness in close relationships, and phase 3 reinforces the connectedness in close relationships. The goal of each phase was defined in consecutive focus areas or process elements (van der Meiden & Verduijn, 2015).

- Over a period of two years, this chronological framework was used in the training of master's degree students and upcoming therapists. Although this framework appeared to be helpful for designing and structuring a contextual therapy process, the evaluations showed that it provided insufficient direction for the therapists' concrete actions. A more detailed interpretation of the different phases with concrete contextual interventions was needed.

- To enrich this chronological framework with concrete interventions, two recent studies on the application of contextual therapy have been used: a systematic analysis of the practice of Nagy, and a systematic analysis of the practice of current contextual therapists. In these two studies, all therapeutic interventions from the 21 video-, and 3 audio-recordings of therapy sessions were carefully examined, analyzed, and coded. According the aim of these studies, only the coded fragments that were related to or derived from contextual theory were clustered. Subsequently, the clusters were named according the assigned codes. Ultimately, the analysis of Nagy's practice revealed six clusters of contextual interventions (van der Meiden et al., 2018a), and analysis of the practices of current contextual therapists revealed eight clusters of contextual interventions (van der Meiden et al., 2018b). Together, these clusters included the main methodical elements of contextual theory and therapy. It turned out that there was a large overlap between the six Nagy clusters and six of the eight clusters of the current contextual therapists, although they were arranged in a slightly different manner. Furthermore, the cluster 'Caring for the Future' from the research on Nagy's practice was not defined as a cluster in the research on

practice of current contextual therapists, and the cluster 'Integrating other Modalities' from the research on practice of current contextual therapists was not defined in the study on Nagy's practice. Nevertheless, the value of these clusters for the model is also discussed below.

- The next step consisted of assigning interventions from the different clusters to the three phases and the corresponding process elements. This step led to an iterative process in which interventions were selected and placed within the process elements, while at the same time and if applicable, process elements were modified, removed or added. Ultimately, nineteen interventions were formulated, with which the essence of each of the fourteen clusters has been given a place in the final model with three phases and nine process elements.

- The components of this model are described herein and are substantiated by both practice and contextual theory.

The phases, process elements and interventions are summarized in table 1, followed by some general remarks on the application of this model. Thereafter, each intervention is explained separately.

This model encompasses a clarifying scheme of essential steps in a process. It is a framework for working in a focused and well-considered way rather than a prescriptive method with prescribed steps. It is important to emphasize that the distinct phases, the process elements, and the assigned interventions assume an iterative process that repeats itself in a certain order that is intended to follow the trajectory of an upward spiral.

Each phase can be approached from the perspective of the five dimensions by applying interventions and techniques from different modalities and methods. This perspective touches upon the integrative character of contextual therapy, meaning that the toolbox of the contextual therapist contains much more than only contextual interventions (Boszormenyi-Nagy, 1987a, p. 191). The present model, however, is limited to the contextual interventions.

Table 1 A Model for Applying Contextual Therapy

Phase 1: Exploring connectedness in close relationships	Phase 2: Modifying connectedness in close relationships	Phase 3: Reinforcing connectedness in close relationships
Entering a therapeutic relationship • Creating a loyalty context • Addressing the clients • Focusing on the positive • Giving attention to absent members	Exploring breaches and resources • Performing a transgenerational maneuver • Inducing processing of suffered injustice • Disclosing resources	Raising awareness of the effect of recovery • Generalizing insights
Exploring the stories • Sequential siding with every family member • Stimulating acknowledgement	Working towards exoneration • Starting adult reassessment • Coaching exoneration	Identifying resources and threats • Addressing important resources • Assessing possible threats
Exploring relational ethical patterns • Revealing the balance of give and receive • Recognizing intergenerational patterns	Encouraging the restoration of dialogue • Working towards the first step	Closing • Evaluation of the therapy and therapy relation • Expressing confidence and hope

In accordance with the premise of contextual theory and therapy, the focus of this model is on strengthening or restoring past, current, and even future relationships. As such, it applies to a broad target group and to clients with different backgrounds. However, the model needs to be tailored to each client, family or target group. For instance, the complex theoretical concepts and associated professional language need to be translated into day-to-day language, the goals and the timing of the process needs to be attuned to the clients involved, and to their capabilities. The extent to which contextual therapists are able to balance these elements influences the diversity of clients and target groups in contextual therapy.

The model presented herein supports the alternating focus of the therapist on the individual client and the family. According to Nagy, 'the intrinsic multilaterality of the therapist's concern for the survival and welfare interests of each family member constitutes a relational ethic that transcends the scope of traditional individual therapy and classical family therapy' (Boszormenyi-Nagy, 1987a, p. 196).

Phase 1: Exploring Connectedness in Close Relationships

The goal of phase 1 is to establish a constructive therapeutic relationship, explore the story of every person involved and direct the process from the perspective of relational ethics.

Entering a Therapeutic Relationship

- *Creating a loyalty context*
  From the very beginning of the therapy, the therapist creates a loyalty context: a context wherein the safety of being able to speak freely about family is provided and whereby the therapist safeguards both the client's loyalty to the family and the right to individuation (Boszormenyi-Nagy, 1987a, p. 126; Boszormenyi-Nagy & Krasner, 1986, p. 272). This context increases openness and helps the client to not merely talk about subjects in the first dimension but also to discuss themes from the second, third and fourth dimensions. The following elements contribute to this trust and safety.

- *Addressing the clients*
  In the first session or in sessions with one or more new participants, the therapist discusses how he or she will address the clients present. This step offers an opportunity to recognize and justify everyone's place in, or relationship with, the family. It strengthens the process of self-delineation and self-validation, and it provides the therapist more insight into the varied roles of the clients present (Boszormenyi-Nagy et al., 1988; Boszormenyi-Nagy & Krasner, 1986, p. 80).

- *Focusing on the positive*
  It is well-known that one of the most crucial factors contributing to the success of a therapeutic process is shaped by the relationship between the therapist and the clients. It is also one of the common factors in therapy (Cooper, 2008, p. 99; Lebow, 2014, pp. 115–116; Reiter, 2014, pp. 14–17). With the aim of building a trustworthy relationship with the clients, the contextual therapist starts from a positive and hopeful attitude towards the families and their potential rather than focusing on the negative, the bad or on pathology. Accentuating good, reliable and caring attitudes

reflects the therapist's conviction that these characteristics are present in each individual and family, although they may be distorted or hidden due to disappointments, setbacks and problems.
This positive stance should be a characteristic of the therapist's attitude throughout the process, as it evokes the innate sense of responsibility and care for the other, which is a potential for reciprocity already present in relationships (Grunebaum, 1990a). Furthermore, addressing the potential for reciprocal care stimulates positive attitudes and actions among the family members.

- *Giving attention to absent family members*
  By addressing every member present, the therapist also gives attention to those who are not present. This action aligns with the contextual method of multidirected partiality: including 'everyone potentially affected by the intervention' (Boszormenyi-Nagy, 1987a, p. 325), and 'support every person involved in the relationship, whether or not they are present during the session' (van Heusden & van den Eerenbeemt, 1983, p. 104). Because the contextual therapist assumes that absent family members are as dynamically significant as those who are present in the therapy room (Boszormenyi-Nagy & Krasner, 1986, p. 377), all are part of the therapist's professional commitment and contract, with particular attention to the welfare of those who have no voice, e.g., children and future generations (Wall & Miller-Mclemore, 2002).

Exploring the Stories

- *Sequential siding with every family member*
  Multidirected partiality offers a structure for the explorative part of the therapy, helping the therapist to encourage every individual family member to present his or her story or 'fundamental truth of relational reality' (Boszormenyi-Nagy & Krasner, 1986, p. 103), including the course of life, breaches, and available resources as well as experiences of injustice, merits and valid claims. The contextual therapist distributes turns, addressing his or her questions and expecting the answers to be directed to the therapist. The others do not speak, but rather, they listen more than they talk. This listening fosters an inner dialogue rather than utterances and comments directed towards others (Seikkula & Arnkil,

2006), and it aligns with the concept of separate speaking and listening by Andersen (1991), who emphasizes the importance of expressing oneself through speaking. '(…) when one expresses oneself, one is in the process of realizing one's identity' (Andersen, 1992, p. 89). Nagy also emphasizes this individual dialogue (Boszormenyi-Nagy, 1996), claiming that it facilitates family members as they articulate their side, their manner of giving, their attempts to be helpful, and their experiences of unfairness. This step is a prerequisite for direct address, 'a willingness to know one' s own truth and to risk it in the service of building fairness and trust' (Krasner & Joyce, 1995, p. 217).

- *Stimulating acknowledgement*
  This structure helps non-speaking family members to listen, perhaps for the first time, to the story of the speaking family members and thus possibly results in acknowledging each other's burdens and entitlements. Where necessary, the therapist, as a model, takes the lead in providing acknowledgement, evoking a process of acknowledgement and trust between and among family members who then may earn constructive entitlement (Boszormenyi-Nagy & Krasner, 1986, p. 114). This concept appeals to the ethical imagination, 'the capacity to picture and test what is owed and what is deserved in a given context- with equitable regard to the self and for the other' (Krasner & Joyce, 1995, p. 219), and it paves the way for genuine dialogue. 'Dialogue involves address and response, self-delineation and due consideration. When either side of the dialectic is missing, dialogue cannot exist' (Stauffer, 2011, p. 85).

Exploring Relational Ethical Patterns

- *Revealing the balance of give and receive*
  From the beginning of the process, the contextual therapist uses several common interview techniques, such as exploring, evoking, eliciting, summarizing and, if applicable, asserting an opinion. In contextual therapy, this exploration focuses on the reciprocity between and among family members, with the aim of finding the most effective perspective for enhancing and restoring relationships. In this respect, the therapist focuses on issues that reveal something of the balance of give and receive, encompassing justice and injustice. 'Information-gathering in contextual

therapy is tantamount to exploring past and current balances of fairness and unfairness' (Boszormenyi-Nagy & Krasner, 1986, p. 140).

- *Recognizing intergenerational patterns*
  This inquiry also includes questions focused on recognizing intergenerational patterns (Bernal et al., 1990) whereby making a genogram may be helpful (Lim & Nakamoto, 2008; Macvean, McGoldrick, Evans, & Brown, 2001; McGoldrick, Gerson, & Petry, 2008). Unlocking these care patterns is not only an important intervention for analyzing possible disruptions in reciprocal care but also for raising awareness of family members and encouraging them to rebalance this reciprocal care (Grunebaum, 1987, 1990b; Krasner, 1986).

Phase 2: Modifying Connectedness in Close Relationships

The exploration during phase 2 discloses past experiences and injustices that can be the source of disruptions in the here and now. It is also the starting point for the rejunction process, which is aimed at restoring dialogue through processing, adult reassessment and exoneration.

Exploring Breaches and Resources

- *Performing a transgenerational maneuver*
  According to contextual theory, losses and unsolved or unprocessed injustices may lead to destructive entitlement, which can, at times, be a persistent obstacle that hinders or prevents fair reciprocity and parental responsibility. It can also blind people to the injustices committed by themselves (Boszormenyi-Nagy, 1991). Thus, challenging their unfairness and responsibility has a risk of activating their hurt justice, which may then increase their reliance on this destructive entitlement (Boszormenyi-Nagy, 1991). At this point, a powerful intervention is the transgenerational maneuver (Boszormenyi-Nagy, 1991). This intervention challenges the client to compare his or her victimization in childhood, to the situation of his or her own child here and now. It offers the client probably a new, different perspective on the present behavior towards his or her own child. By evoking such a parallel between the two generations, the client may

gain more insight into, and compassion for the suffering of his or her child. According to Nagy, this process will help the client to adapt his parental responsibility more to the needs of the child, and it also helps the client in exonerating his or her own parents (Boszormenyi-Nagy & Krasner, 1986, pp. 320–321).

- *Inducing processing of suffered injustice*
  Throughout the process, the clients become aware of past injustices and suffered pain, which has sometimes been hidden for a long time. 'Therapeutic progress is heavily dependent on each person's capacity to "work through" his losses (Boszormenyi-Nagy & Krasner, 1986, p. 162). Hence, the contextual therapist focuses on giving recognition to the injustices the client has suffered in life, legitimizing the experienced anger, disappointment and sadness. This recognition and the resulting trust opens the way to processing the pain, a process that may take time (Boszormenyi-Nagy & Krasner, 1986, pp. 24–25).

- *Disclosing relational resources*
  The contextual therapist stimulates the clients to focus on relational resources, meaningful relationships that are characterized by reciprocal giving and receiving. Because of their existential connection, present family members are often among the most important resources. Therefore, eliciting these sometimes hidden, dormant or unused resources of trustworthiness is an important task for the contextual therapist (Boszormenyi-Nagy & Ulrich, 1981, pp. 176, 178). Other resources may be found by involving a genogram. Resources may lead to additional exploration and are important during the processing phase. Learning to use resources is an important way to stimulate the processing of pain, to strengthen self-delineation and self-validation and to engage in dialogue.

Working Towards Exoneration

- *Starting adult reassessment*
  Transgenerational maneuvers and the processing of suffered injustices eventually discloses a reflective attitude of the victimizing behaviors towards others. It reduces the tendency to depend on destructive entitlement, while paving the road to healing. Next, the contextual therapist

induces an adult reassessment. This step implies that the contextual therapist invites the client to reconsider his or her actual interpretation of his or her victimization experienced as a child by investigating the circumstances, options, efforts and personal struggles the parents had to deal with that may have contributed to these injustices. In other words, an adult reassessment means a reconsideration of the ethical balances in the original relational context from the perspective of the adult child (van Heusden & van den Eerenbeemt, 1983, p. 77). The distance in time and space of the adult reassessment is used to exchange the experience of being a victim for a multilateral partial perspective on events (Krasner & Joyce, 1998). 'You cannot change your parents - but you can change your own attitude in order to find a new pattern of giving and taking' (van Heusden & van den Eerenbeemt, 1983, p. 87). Such an assessment replaces the framework of blame with one of mature appreciation (Boszormenyi-Nagy & Krasner, 1986, p. 416; Krasner & Joyce, 1995, p. 31).

- *Coaching exoneration*

  Ultimately, this step leads to exonerating the parents, which directs the adult child to a mature assessment of choices, efforts and parental limitations (Boszormenyi-Nagy & Krasner, 1986, p. 416). The Latin word onus means burden, and, in a way, exoneration is really unburdening from blame (Boszormenyi-Nagy, 1991). Contextual theory postulates that 'no constructive resolution can be expected from intensified inculpation (blame) of the other party. That blame would perpetuate exploitation. What breaks the chain is exculpation (release of blame) of the self through exculpation of the other' (Boszormenyi-Nagy & Spark, 1984, p. 35). Thus, the contextual therapist coaches the clients in 'learning to accept prior intergenerational imbalances and taking the responsibility for one's own relational integrity, whatever actions that may entail' (Boszormenyi-Nagy et al., 1991). As such, exoneration leads to entitlement, rebalancing giving and receiving, and gaining autonomy. As Ulrich claims, it 'offers freedom from legacy and loyalty binds and also generates leverage for reworking the relationships of the present' (Ulrich, 1983, p. 208). Equally as important, it removes the sting from the revolving slate: projecting the blame for injustices on innocent third parties and thus creating a threat to the future. The proposed change should eventually lead to the restoration and strengthening of a genuine dialogue.

Encouraging the (Restoration of) Dialogue

- *Working towards the first step*

  As a sequel to the process described thus far, the therapist now provokes the client to take a first step to enter a dialogue rather than becoming entrenched in justifying one's position ('well, the other should first apologize'), a behavior that will never result in a solution. In other words, it is important to stop blaming or making demands of the other. Instead, reciprocal exculpation breaks the impasse and is a key step towards rejunction. The therapist persuades the client to start giving, to take responsibility for the relationship and thus strengthen the process of self-delineation, self-validation and earned entitlement. 'Entitlement, earned through offering due care, flows from the resolve to accept active and personal responsibility for the consequences of relational reality' (Boszormenyi-Nagy & Krasner, 1986, p. 13). One of the most important appeals to someone's responsibility towards starting the process of rejunction and restoration of dialogue is the care for one's offspring (van Heusden & van den Eerenbeemt, 1983, p. 62). 'Through identification with the future of our children, grandchildren, and all unborn generations, we can, at least in fantasy, justify every sacrifice and balance every frustration' (Boszormenyi-Nagy & Spark, 1984, p. 11). The contextual therapist will, in this sense, use the innate sense of responsibility for the offspring in a cautious but convincing way to persuade the client of the importance of taking this first step.

Phase 3: Reinforcing Connectedness in Close Relationships

The aim of this phase is to guide the client toward an awareness of the changes that have taken place, the risks that are still relevant, and the ways in which the recovery and the insights gained can be valuable assets in other situations and relationships.

Raising Awareness of the Effect of Recovery

- *Generalizing insights*

  A recovery process such as the one aimed for in contextual therapy is an uncertain, sometimes exhausting and long-term process with uncertain outcomes. In the end, the therapist guides the clients as they reflect,

which aids them in reaping the benefits of their labor. Such verification of progress offers hope and encouragement, while analyzing the road travelled is highly educational.

The main benefit is probably the realization that individuals can decide that connectedness in close relations is preferable to distancing and that entering a dialogue bridges the gap. In the final phase or session, it is important to generalize this realization and the experiences to other relationships and situations. In this way, the clients are guided to realize the importance of their rejunctive actions for the next generation as care for the next generation is the most important leverage in changing troubled relationships (van Heusden & van den Eerenbeemt, 1983, p. 62). Generalizing the returns of this therapeutic process creates a type of confidence that, in the future, a proper balance of giving and receiving care or concern can be found.

Identifying Resources and Threats

- *Addressing important resources*

  In this review of the therapy process, it is important to consciously consider the relational resources that have been of great significance during the recovery process. Who contributed to this process, proved trustworthy and showed the way? It is advisable to make a list that specifically mentions these resources and their importance. This list not only strengthens their power and impact but also provides ways in which these resources can potentially be important in the future as well. Additionally, it is important to ensure that these resources have been properly acknowledged for their contributions.

- *Assessing possible threats*

  Again, the most valuable resource may be the future perspective, as it is a source of motivation and responsibility. Furthermore, looking ahead during this phase also allows for a focus on potential threats and on how to respond to those threats. Accordingly, the experiences and achievements from the completed process once again become important in the future, should any new problems arise. In more contextual terms, a path has been found that can be walked if relationships come to a standstill, if the balance is disturbed, or if the sense of connectedness is lost. Becoming

aware of possible threats offers the opportunity to respond quickly and prevent relational problems from getting out of hand.

Closing

- *Evaluation of the therapy and therapy relation*
  Finally, the contact between the therapist and the clients is concluded. An evaluation of the therapeutic process at the end of the therapy benefits everyone. The therapist can learn from the role he or she played and gain insight into the effectiveness of the interventions. Currently, although feedback and monitoring tools are occasionally used (Stinckens et al., 2012), verbal evaluations are important in that speaking and appealing to each other is an important confirmation of the dialogue.

- *Expressing confidence and hope*
  The conclusion is also an appropriate time for the therapist to acknowledge the efforts of the clients and express faith in the clients' ability to handle future difficulties. The power and significance of these words of encouragement, when expressed by the therapist, should not be underestimated. Furthermore, the conclusion simultaneously acknowledges the courage people have exhibited in seeking professional help.

Final Remarks

The model presented in this article is a new and innovative step into the further development of the contextual approach. The authors hope it will function as a helpful tool for applying contextual theory in therapy. It also creates an opportunity for further developing its methodology, training programs, and instruments and assists family therapists in integrating the core element of this approach, i.e., relational ethics, into family therapy. In this respect, the authors also advocate openness of the therapists regarding the integration of other techniques or methods into their therapeutic practice. Nagy himself argues that real growth in the field of relationship-oriented therapy benefits from integrating the best of all existing disciplines (Boszormenyi-Nagy, 1987a, p. 54; Boszormenyi-Nagy & Spark, 1984, p. xvi; Deissler, 1999, p. 143). At the same time, the model presented in this article is a possible first step towards researching the efficacy of this approach. Such research may promote its further application and dissemination.

Contextual theory and therapy offer insight into the essential, sometimes unconscious, long-range determinants of trustworthy human relationships. As such, it applies to all human relationships, but its applicability is determined by the extent to which the therapist or any other professional with responsibility for human concerns succeeds in translating the contextual principles into effective applications for the target group. For instance, working with children or people who are mentally handicapped requires a less verbal application, such as the use of Duplo or Playmobile dolls. In that case, the contextual approach is equally usable, but the present model, which is more focused on the therapeutic conversation, needs to be directed into a more nonverbal approach.

Another, so far not fully explored issue is the extent to which relational ethics are universally applicable in all cultures. This issue also applies to the relevance of contextual theory and therapy for different cultures. Relational ethics and the importance of justice and solidarity exist in every culture. However, the way in which solidarity and justice take shape can differ. As such, the contextual approach would not have to be limited by the nature or culture of a particular population. Further research could provide more clarity about this.

Relational ethics and justice go beyond the family context. People also suffer from injustice in larger social contexts, as indicated earlier in this article. Some therapists state that family therapy should also explicitly address or at least integrate such issues concerning human rights and social justice (Almeida, Dolan-Del Vecchio, & Parker, 2008; Imber-Black, 2011; McDowell, 2015; Parker & McDowell, 2017). In this context, Nagy stated that contemporary therapy has a broader mandate than only its microfocus on individual families. It should also be able to apply its concepts and insights for programs of societal prevention. On the other hand, a focus on social justice issues should not be at the expense of attention to family relationships (Krepps, 2010, p. 113). The different perspectives are both relevant but partly ask for different strategies and methods. At the same time, the authors like to stress that contextual therapy as such is a social justice-based therapy in itself. It applies the macro social justice perspectives in the micro perspective of personal relationships. The challenge for contextual therapy is to strengthen its sensitivity for harmful systems and contexts.

Contextual therapy integrates individual and family therapy (Boszormenyi-Nagy & Framo, 1965, p. 88), which becomes apparent in various interventions of the model.

Nonetheless, Nagy's practice and publications present a focus on working with more than one client, whereas contemporary contextual therapists appear to work often with one individual client (van der Meiden et al., 2018b; van Rosmalen & Schuitemaker, 2011). The authors question whether this change should be interpreted as a development of the practice of contextual therapy or whether there are other reasons for this change. Though the individual process is an important part of rejunction, reciprocity and eliciting reciprocal care are indispensable resources. The authors, therefore, recommend further research into this practice and its consequences with respect to contextual therapy.

The described model contains a number of concrete contextual concepts and strategies. Some of these, for example multidirected partiality, parentification or the importance of loyalty, are already integrated into other approaches or integrative therapy models. However, although the very composition of elements characterizes contextual therapy, the authors think that other contextual elements, for instance the relevance of intergenerational patterns with the interventions of transgenerational maneuver and adult reassessment, a focus on relational resources and the importance of giving to obtaining self-validation, can be enriched for application in other approaches.

The model presented offers a step-by-step construction of a contextual therapy process. As such, it is a long-lacking learning tool and model for upcoming therapists. For therapists who have internalized such a sequence and integrated the phases and steps into their practice, this model is useful as a reflection instrument, in that it mirrors their actions in intervision or supervision, which possibly leads to additions or adjustments to this model. In this respect, all colleagues are invited to contribute to the further development of an effective and accountable contextual therapy method.

Acknowledgements

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7

Enriching Social Work with Contextual Therapy

This chapter is the elaboration of subresearch question d. Below follows the article which is published in Qualitative Social Work, is titled 'Relational Ethics as Enrichment of Social Justice: Applying Elements of Contextual Therapy to Social Work' and is issued by Sage (van der Meiden, Noordegraaf, & van Ewijk, 2018c).

Abstract

This article applies insights of the contextual theory and therapy, developed by Ivan Boszormenyi-Nagy, to the body of knowledge and practice of social work. Social work and contextual therapy share their focus on justice. In social work, it is mainly elaborated as social justice, placed in the discourse of politics and action. Contextual therapy, however, elaborates justice as relational ethics; a fundamental element of human relationships, expressed in an innate tendency to care for each other. According to the contextual theory, evoking this reciprocal care enhances human wellbeing. Therefore, next to the focus on social justice on macro level, this article introduces a focus on relational justice on micro level. Relational justice aims at restoring and enhancing relationships within the family, with those who are relevant for the wellbeing of the family, and with the family's context. A focus on relational justice encompasses a promising resource for human wellbeing, and a constructive framework for a contextual social work approach. Subsequently, applicable interventions from the contextual therapy, derived from a previously conducted qualitative research on the practice of contextual therapy, are tailored to the social work practice. Conclusively, this article states that justice within family relationships is an important element for successfully realizing of social justice.

Introduction

'Social workers are the unheralded pioneers of what later became the field of family therapy' (H. Goldenberg & Goldenberg, 2008; McGeorge et al., 2015; A. Wood, 1996). Some of the first family therapists were social workers (Broderick & Schrader, 1991; Herman, 2001; Kamphuis, 1977; Verheij & van Loon, 1989; K. M. Wood & Geismar, 1989), and social work and family therapy still share the premise that the family and its social context are important elements for relational and psychological health. One of those family therapy modalities is contextual therapy, founded by Ivan Boszormenyi-Nagy and his associates (henceforth: Nagy). As with social work, justice is the central theme in contextual therapy. It was developed during the emergence of family therapy in the previous century and focuses on relationships with the assumption that justice is the driving force (van Heusden & van den Eerenbeemt, 1983, p. 22). This premise, called 'relational ethics,' forms the core of the contextual theory and is applied to a methodology and interventions. Social work and contextual therapy share the premise that human well-being is strongly connected with, if not dependent on justice.

Social work focuses on *social* justice. It stands up for those who suffer from presumably unintended but unjust consequences of developments and situations on a macro level. This aligns with the 'Global Definition of the Social Work Profession', which speaks of promoting 'social change and development, social cohesion, and the empowerment and liberation of people' (International Federation of Social Workers, 2017). Consequently, social justice is often approached from a political perspective.

Contextual theory approaches justice as a vital element of the fundamental nature of human relationships (Boszormenyi-Nagy, 1987a, pp. 54, 121; Boszormenyi-Nagy & Krasner, 1986, p. 417), and has elaborated this into a theory of critical interpersonal elements that contribute to, or undermine, justice within particular family relationships and their contexts. This theory highlights how relational injustice can be passed on and how it becomes a burden for future generations. This is likely an important element of repeating injustice and deprivation through generations, in other words, repeating history: 'Justice can be regarded as a web of invisible fibers running through the length and width of the history of family relationships' (Boszormenyi-Nagy & Spark, 1984, p. 54). Contextual theory is applied to contextual therapy with the main objective of restoring injustice and enhancing responsible care

within relationships. Therefore, Nagy describes contextual therapy as 'inherently preventive' because care for the family -and in particular the younger generation- is an investment in the future (Boszormenyi-Nagy, 1987a, p. 211). 'Our responsible caring feeds into the substrate of posterity's fate. The fiber of responsibility for consequences connects the health of the present with the preventive interests of the future' (Boszormenyi-Nagy, 1987a, p. 296).

For this reason, the authors suggest enriching social work's focus on social justice with a focus on *relational* justice. Hereafter, relational justice is elaborated according the contextual theory, presuming that it can enrich the social work body of knowledge and that the application of this theory can be tailored to the practice of social work. Proceeding, a concise overview of the history, and a description of the ethics and values of social work will be followed by a brief explanation of the core of contextual theory and therapy. This article will be completed with some concluding remarks.

History of Social Work

The roots of contemporary social work can be traced back to the era of industrialization and the resulting changes in society. Until then, there had always been charity, but it was mostly voluntary and somewhat disorganized. However, because of the increasing number of people who appealed to it, better organization and professionalization of care became necessary. This led to the development of social work with two different approaches.

In line with the charity-approach, a part of the social workers kept focusing on individual families and communities and their environments, the so-called micro level. The further professionalization of this approach was inspired by for instance the work of Freud and the advent of other psychological and psychiatric theories (K. M. Wood & Geismar, 1989). Also the development of social casework, the first method for social work (Roberts & Nee, 1970, p. xiii), described by Mary Richmond in her publication Social Diagnosis (Richmond, 1917), contributed greatly to the professionalization of this approach in social work. To this day, social work still takes advantage of insights derived from several other relevant fields (Hare, 2004, p. 414; International Federation of Social Workers, 2017).

Another part of the social workers focused more on solidarity with the poor by participating and initiating a cooperative way of living together in settlements and neighbourhoods (Geertsema, 2004; Hering, 2009; Wood & Geismar, 1989). This approach, aiming at change on a macro level, professionalized in a more political direction, with for instance Jane Adams as one of its representatives (Addams, 1902, 1912). Later, and in line with this, the critical theory (Fraser & Matthews, 2008; Gambrill, 2006) and the anti-oppressive social work (Dalrymple & Burke, 2006; Dominelli, 2002) developed.

Even though social work has always had to adapt to developments and events in society, social work has maintained an unambiguous general principle and central value: justice for every human being, and especially for those whose rights are threatened. However, it also still struggles with its dual focus: providing assistance to individual families and addressing society's responsibility for human well-being.

Ethics and Values

The International Federation of Social Workers (henceforth IFSW) states that 'principles of human rights and social justice are fundamental to social work' (International Federation of Social Workers, 2012). It confirms that social work is one of the most normative professions in the field of care (Reamer, 2006, p. 4). IFSW's core values have remained the same throughout the years, but their interpretation of those values has changed under influence of the evolving perceptions of morality, humanity, responsibility, care, etc. Social work was initially rather moralizing and paternalizing compared with contemporary perceptions of care, which hold the conviction that the service users need assistance to maximally apply their 'individual human rights' in their lives (International Federation of Social Workers, 2017).

Individual rights, however, cannot exist without individual responsibility. This can be recognized in 'the commentary notes for the global definition of social work'. It states that its anthropology is based on the inter-dependence of the environment, encompassing the interdependence of human beings, which is reflected in stipulated principles as 'collective responsibility' and 'reciprocal relationships' (International Federation of Social Workers, 2017). Social justice, therefore, cannot exist without relational responsibility and human well-being cannot exist without reciprocal care.

Social work needs a conceptual framework and application, by which social workers can determine and justify how to bring these grounded values of social justice into a practice with a focus on micro level, the relationships within the family as well as its relationship with their social context. However, applying social justice on this level appears to be not so easy. This is where contextual therapy may be of use. The contextual therapy has extensively elaborated the application of justice into family-contexts. This aligns with van Ewijks' 'contextual social work' approach and its 'person in context' perspective (van Ewijk, 2018, p. 120). In this article, it is elaborated as a normative approach, based on *relational* justice and focused on restoring and enhancing relationships, both within the family as well as with those who are relevant for the well-being of the family. Relational justice is therefore elaborated as an important second focus of social work.

The Contextual Theory: Relational Ethics

Contextual theory is based on the postulate that people not only need each other but also have an innate tendency to care for each other (Boszormenyi-Nagy & Krasner, 1986, p. 78). Nagy refers in this respect to Martin Buber (Boszormenyi-Nagy & Krasner, 1986; Boszormenyi-Nagy & Spark, 1984). In contextual theory this postulate is elaborated as reciprocal care and responsibility. Nagy defined these concepts as ethical principles: if someone needs care, he is ethically entitled to receive care. Conversely, if one is confronted with someone who needs care, one has an ethical responsibility to give care. Both entitlement and responsibility refer to an underlying principle of relational justice, which the contextual theory states is 'the driving force of relationships' (van Heusden & van den Eerenbeemt, 1983, p. 22) with consequences through generations. Both just and unjust actions from one generation influence the next, which means that current generations have also a responsibility to the coming generations. This approach is called 'contextual' because context not only refers to the structure of the environment but also to the consequences of previous, and the responsibility for future generations.

This contextual anthropology of human relationships thus rests on two pillars: the interconnectedness of human beings, and justice as its guiding principle. In 1979, Nagy described this as 'relational ethics' (Boszormenyi-Nagy, 1987a, p. 243). In the contextual theory, intergenerational interconnectedness and reciprocal care are further elaborated

as mutual 'giving and receiving.' Justice is elaborated as 'balance' in contextual theory and is known as 'the balance of give and receive[3]': 'We are speaking of the ebb and flow of give and take in a relationship over time, whereby each partner may come to feel that however much he or she has invested in the relationship, the other has more or less kept space' (Ulrich, 1983, p. 189). 'Giving' in relationships stems, ethically speaking, from loyalty or responsibility: children are loyal to their parents, and parents are responsible for their children. In turn, both receive constructive entitlement or merit, by which they gain freedom to live, a crucial element of human well-being.

However, 'an impeccably just or fair distribution of advantages and burdens is an idealized goal' (Boszormenyi-Nagy & Krasner, 1986, p. 65) and in every human life things may go wrong. This does not necessarily mean that those relationships will also be seriously disturbed. However, sometimes relationships are disturbed, and contextual theory describes how this impedes the balance of give and receive, leading to serious disruptions. In summary, the intergenerational consequences of relational ethical injustice threaten the development and functioning of the person concerned. Consequently, the injustice may turn into destructive entitlement, which can be passed on as a revolving slate: playing out unfaced and unresolved, unbalanced intergenerational unfairness against their marriage partners, their children, and the world at large (Boszormenyi-Nagy, 1987a, p. 271; Krasner & Joyce, 1995, p. 98).

The ultimate goal of contextual therapy and its methodology is the 'prevention of dysfunction and the rehabilitation and strengthening of the family's own "immune system"-the resources of care, concern, and connection' (Boszormenyi-Nagy & Ulrich, 1981, p. 210). This aligns with the premise that a fair balance of give and receive benefits all family members, as well as their relationships within the family context. Therefore, the contextual therapist uses his or her insight into the realm of relational ethics to expose those injustices and imbalances that hamper relationships and block access to these resources. This process also addresses previous generations in order to uncover revolving slates of injustice.

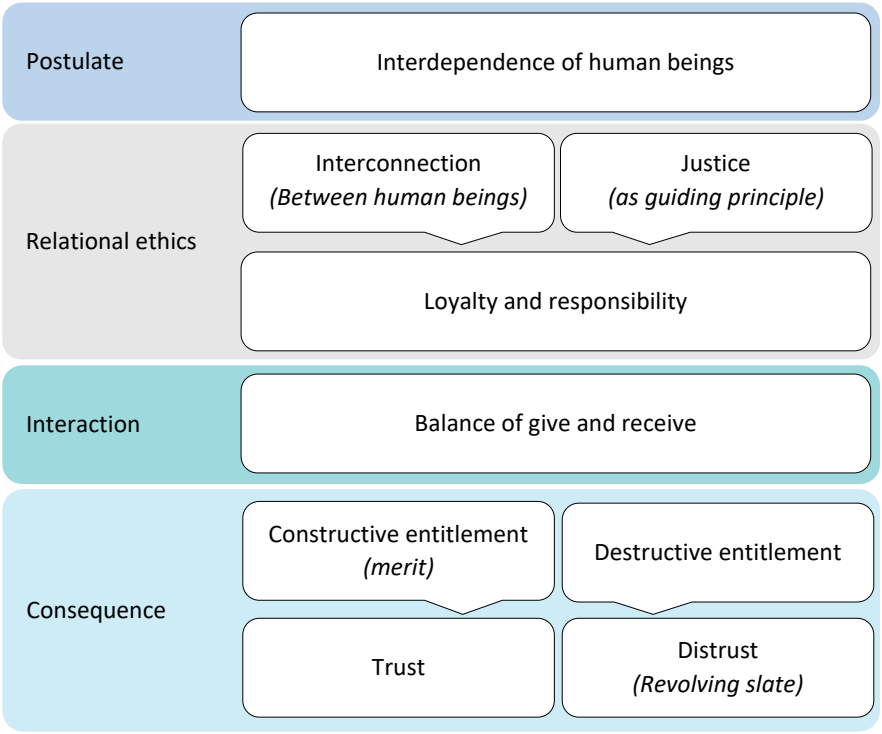
Ultimately, the contextual therapist aims at evoking a genuine dialogue between those involved in the presented issues. A dialogue opens possibilities for exoneration,

3 Initially, the contextual theory talked about 'give and take'. Later it changed to 'give and receive' (Bakhuizen, 2000; Dillen, 2004; van Rhijn & Meulink-Korf, 1997).

the main contextual intervention for restoring trust by eliminating the burden of injustice and debt. The most important working-method is multidirected partiality: being successively partial to all who are involved into the issues at hand, present or absent. The therapist is determined to 'discover the humanity of every participant -even of the family's "monster-member."' This makes mutual understanding and reciprocal recognition possible, or at least it gives the therapist an opportunity to function as a model in crediting those who are entitled to it (Boszormenyi-Nagy & Krasner, 1986, p. 418).

Below, the most crucial elements of the contextual theory are shown schematically.

Schematic overview of the core concepts of the contextual theory



The Relevance of Relational Ethics for Social Work

According to Nagy, relational ethics is 'rooted in the ontology of the fundamental nature of all living creatures' (Boszormenyi-Nagy & Krasner, 1986, p. 420). This insight into the ontological grounded 'innate tendency to care about other people' (Boszormenyi-Nagy & Krasner, 1986, p. 78) is founded on an alternation of assumptions, theoretical concepts, clinical observations, and beliefs and reflections by Nagy (Boszormenyi-Nagy, 1987a; Sollee, 1992). However, today this innate tendency to care is given some support in recent life sciences. Various studies point to evidence for possible biological origins of fairness and reciprocal care (de Waal, 2009, 2013; Wohlleben, 2015, 2016), indicating that taking care of the weak and vulnerable could be a general element in living beings. This is also presumed by Damasio in his neurobiological research (Damasio, 2012). Human morality, therefore, may be not so much separated from, but part of the human nature. This would support Nagy's conviction that relational ethics does not come from a moralistic point of view, 'connected with adjudicating, value preferences, and idealism' (Boszormenyi-Nagy & Markham, 1987, p. 243). Recent research indicates that relational ethics is possibly connected with, or even belongs to life as such.

The contextual theory provides insight into the ways in which damaged humanity and injustice can be passed on through generations, accumulating destructive entitlement. This is not limited to individuals or families. Generations of troubled families are collectively destructive entitled due to an ongoing deprivation and social injustices, causing a continuing revolving slate. It is important for social workers to be aware of the often hidden and unknown intergenerational impacts of injustice. Social workers can do justice to the service-users by addressing and giving recognition for these intergenerational injustices. This is also a way for social workers to gain the trust of the service users.

Being treated unjustly, however, does not relieve people of their relational ethical responsibility to act justly themselves. This, of course, should never trivialize the injustice from others, but capitalizing on the inner sense of responsibility is a far more profound working method towards restoring human well-being. It is well known that people who experience injustice tend to feel victimized. Therefore, social workers have learned to explicitly acknowledge those who suffer from injustice and unfairness, and address those who are responsible. This is an important element in helping people

to regain control over their own lives, though it is not the decisive step toward the needed movement for restoring relational justice. Caring for the deprived should never consist of taking over responsibility, because that carries the risk of enhancing victimhood. Good care is, according to the contextual theory, aimed at restoring or improving humanity by helping the service users gain meaning; in terms of relational ethics: to help them to 'give', instead of waiting to 'receive'. Giving leads to reciprocity, which enhances self-validation and the balance of give and receive. Contextual theory and therapy provide knowledge and insight into the blockages and disruptions that impede giving and provides guidelines on how these can be addressed.

Contextual Interventions in Social Work

In an earlier research, the authors analyzed the therapeutic practice of Nagy, which led to the formulation of the core interventions of contextual therapy, all of which are ultimately aimed at provoking the innate sense of care and responsibility (van der Meiden, Noordegraaf, & van Ewijk, 2017). The interventions below come from this study. However, since these interventions are derived from a therapeutic practice, only those interventions have been selected that are suitable for, or could be tailored to application in social work.

Each intervention starts with an introduction from the contextual theory, after which the relevance and application for social work with a focus on relational justice is described. Some interventions are illustrated by fragments, coming from the named research on the practice of Nagy.

The following interventions are described in turn: multidirected partiality; focus on the positive; enhancing mutual trust; gaining by giving; eliciting resources; and overlapping interventions.

Multidirected Partiality

Multidirected partiality is the 'chief therapeutic attitude and method' of contextual therapy (Boszormenyi-Nagy & Krasner, 1986, p. 418). This means that the contextual therapist is not neutral or impartial but is alternately partial to everyone involved, present or not present, including all who may be affected by the therapy process. The contextual therapist will try to 'empathize with and credit everyone on a basis that

actually merits crediting' (Boszormenyi-Nagy & Krasner, 1986, p. 419). By doing this, every family member present is confronted with the side of the other, possibly even for the first time. These 'multidirected trust building efforts' (Boszormenyi-Nagy & Krasner, 1980, p. 773) may lead to interest, understanding, and even acknowledgement and will eventually increase the possibilities for a genuine dialogue.

Multidirected partiality can be employed as a structure of talking in turns. This brings to mind the idea of separate speaking and listening by Anderson (1991). Talking in turns results in requiring the non-speaking family members to listen more than talk themselves. Seikkula and Arnkil emphasize that this is meant to foster inner dialogue instead of commenting on one another's utterances (2006). This inner dialogue aligns with Nagy, stating that dialogue combines an individual and a relational goal (Boszormenyi-Nagy, 1996). The individual goal aims at helping individual family members articulate their side, their manner of giving, their attempts to be helpful, and their experiences of unfairness. Also Anderson underlines this individual goal: '(…) when one expresses oneself, one is in the process of realizing one's identity' (Andersen, 1992, p. 89). Nagy states that the individual part is dialectically connected to the relational part, showing fair consideration of the other side and consequently leading to its entitlement. According to Bøe et al. 'the dialogue of the present makes it possible to re-relate to past and future, which in turn changes ways of existing in the dialogue of the present' (Bøe et al., 2015). As such, a dialogue creates a relational atmosphere of trustworthiness and enhance the balance of justice between the participants (Boszormenyi-Nagy, 1987a, p. 153).

Social workers may benefit from multidirected partiality, a working method that contributes to rendering relational justice for all concerned. Multidirected partiality helps the family to give mutual recognition for accumulated damage and disappointments as well as for care that was given in the past. This will strengthen the family, because it enhances togetherness, mutual trust and reciprocal responsibility. In case the family members do not do so spontaneously, the social worker can be model by starting giving recognition.

Multidirected partiality also provides a method that can assist social workers as they navigate between conflicting interests most social workers are confronted with (International Federation of Social Workers, 2012). These conflicting interests can be relevant participants, who have a right of attention and partiality. Thus, the

social worker helps the family to gain sufficient insight into the relevant interests and persons concerned and can help them to address these issues in a way that renders justice to everyone involved. As a result, the social worker creates a basis from which he or she can 'urge people towards more fair relationships and appropriate behavior' (van Ewijk, 2018, p. 121).

A process in which all participants get the opportunity to express themselves may highlight issues that need change and development. The social worker can show his or her solidarity by acknowledging the injustice and the painful situations it causes. The social worker should also lead the family to a search for remaining possibilities. By doing this, he or she renders justice towards them by trusting in the positive resources within the family, and by empowering the family instead of completing solidarity with the family, with the risk of becoming a co-victim.

Focus on the Positive

Contextual therapy does not emphasize the search for injustice, but aims at identifying and strengthening fairness, the ways family members care for each other, and other positive attributes. It assumes that every human being and every family member recognizes and wishes to answer the appeal of the other, though sometimes in a covered or imperfect way. Tracing and highlighting this positive inner-tendency builds self-confidence of individual family members and enhances mutual trust. Nagy often starts a first session with introducing this view:

> *Nagy: I would like to focus on eh, good things. By that I mean not to point the finger looking at faults. Because I see families as helping each other or potentially helping each other and I would like to see the resources in families, how people's relationship can be a resource. So, I am more interested in the positive than in the negative, so that's the way I would like to look at it. (P8:17)*

Additionally, during the sessions, Nagy regularly acknowledges and appreciates the positive, helpful initiatives by which family members try to be honest, helpful and caring. At the same time, he prevents the pathology, the negative or the destructive tendencies from gaining too much attention. He sometimes even explicitly asks for this positive attitude:

Nagy: this subject has never been discussed between you and your mother
Mother: well, it has been talked about
Nagy: Well, do you think there could be a positive way to talk about that here?
(P4:53)

This focus on the positive is distinguished from the well-known focus on identifying pathology and from a linear cause-effect epistemology which search for a solution to the problem or the disease. Social workers, too, are at risk of focusing on the social work-equivalent of pathology: the disadvantaged situation, and a linear search for the cause of these problems on macro level. This may distract them from focusing on strengths, possibilities and positive initiatives within the family, and may risk causing the family members to feel even more victimized by an unjust society. The authors therefore state that social workers can be inspired by the contextual therapy, because it approaches clients not from the perspective of deprivation, but from trust in their possibilities and strength, and with the conviction that clients will benefit from a restored balance within their relationships. By expressing confidence in their possibilities and by identifying and acknowledging their positive contributions, the social worker can strengthen their self-confidence and trust in their own possibilities, which engenders hope. It is also an important step towards restoring reciprocity within relationships. By doing so, the social worker again functions as a model, demonstrating how the service users can acknowledge one another for positive contributions, initiatives and care. In terms of relational ethics, these interactions occur in the balance of mutual care, the balance of give and receive.

Enhancing Mutual Trust

In contextual therapy, reciprocal care among family members acts as a barometer of reciprocal trust, the degree in which family members can count on each other, i.e., the degree of relational justice. It is 'the dynamic foundation of viable, continuing, close relationships' (Boszormenyi-Nagy & Krasner, 1986, p. 417). That is why Nagy looks for topics and events in which this reciprocal care becomes visible. For instance, in the example below, he speaks with a man and wife about the wife's hysterectomy, and how she felt supported by him:

Nagy: But did you have any feelings to give some kind of, to be with her in this thing or was she more or less kind of alone with that. . . (P6:122)

According to Nagy, people show it when they feel unfairly treated by other family members: 'But you open your ears in the first session, you already hear them, the more they suffer, the more so, they talk about fairness and justice in some manner of their own language' (Sollee, 1992, 41:00-41:12). If social workers ignore the signs of unfairness and injustice, their relationship with the service users(s) may be impaired, and, most importantly, they may miss a chance to help the family members restore what has been damaged. Identifying these signs and bringing them into a dialogue among family members may prevent the perceived injustice from eventually degenerating into destructive behavior, and it will enhance mutual trust. Families with mutual trust are stronger and have more opportunities to cope with external influences and injustices.

Gaining by Giving

The concept of the balance of give and receive encompasses another important issue, which closely correlates with the foregoing. As explained above, human beings receive constructive entitlement or merit, trustworthiness and self-validation by 'giving'. This ultimately gives them freedom to live. Although many deprived people have a strong focus on 'receiving', and often the right to receive, they would, ethically speaking, gain more by giving. This does not mean that social workers should stop raising their clients' rights and advocating their interests, especially regarding essential living conditions. In addition, it is true that when justice is done, it enhances the client. However, as far as human well-being is concerned, people gain more satisfaction from their value for others than from material contentment. The focus on 'giving' opens a source of self-confidence and strength, replacing the alleged dependence of 'receiving'. Evoking such a focus on giving within the family can be elaborated by questions about how clients did try to help the other:

> *Nagy: But did the two of you work together on that as a team. Does Peter help you with that feeling or are you pretty much alone with that feeling of not being appreciated or recognized by your mother? (P6:471)*
> *Nagy: what did you try, how did you try to interrupt- intervene there or or be helpful to them when all of this was going on between them? (P8:96)*

Nagy invites his clients to explain their intentions for their helping behaviour, how they tried to cooperate or give. This helps the participants understand the giver, and they are invited to express their appreciation for the way the giver has tried to care. Receiving appreciation for the giving enhances the self-confidence of the giver and

gives entitlement to those family members who offer acknowledgement. Instead of focusing on receiving, which stresses the dependency of the client, the focus on his or her giving contributes to gaining meaning and self-confidence.

This also provides clients with opportunities for acquiring meaning in society. Social work can, from this principle, develop initiatives where people can be of importance for others. In doing so, considering oneself dependent on receiving care changes into enhancing self-validation and self-esteem.

Eliciting Resources

Nagy states that 'the family is the source of the most fundamental resources and relational options, even if there are seriously shocking inadequacies in the behaviour of some members, and even if the family as a social institution has been the location of flagrant injustices (…)' (Boszormenyi-Nagy et al., 1991, p. 209). This is, for example, illustrated by the following fragment:

> *Nagy: What I'm interested in is really the positive resources that we all may overlook in our relationships. And sometimes the resources are right around the corner where seemingly trouble is located (P6:41).*

The most important human resource is the innate tendency to care for the other, though it is sometimes covered or hidden. Contextual therapy focuses on unlocking and exploiting these resources, instead of focusing on pathology. Relational resources provide the 'fuel by which fairness can be actualized' (Boszormenyi-Nagy & Krasner, 1986, p. 421). For instance, these resources consist of family members or other trusted people who render justice, give opportunities to be valuable, to gain meaning, and give acknowledgement where applicable. This elicits self-confidence and trust, and in turn enhances humanity toward others.

Social workers meet many service-users who feel victimized by the outer world. 'They are seriously hurt in their trust, they feel indignant, not valuable anymore' (Michielsen, Steenackers, & van Mulligen, 1998). They have lost faith in themselves, struggle with their damaged self-confidence, feel unable to be meaningful to others and to keep up with the rest of society. This attitude is understandable but not helpful. Eliciting the relational resources may be a first step in empowering these service-users.

Social workers can use the contextual methods of detecting and unlocking these resources. For instance, they can emphasize the importance of giving to each other (as discussed above), make a genogram (a schematic representation of the family over three generations) to find trustworthy family members, explore the social context to find trustable other people, and encourage the family members to adopt a pro-active attitude.

Overlapping Interventions

Despite the differences between social work and contextual therapy, it is neither possible nor desirable to make a watertight distinction between their practices. There is a degree of overlap, and sometimes it is even necessary to cross the borders. The research has shown unequivocally that any form of assistance or therapy in the field of psychosocial and psychological therapeutic service is highly characterized by so-called non-specific factors (Cameron & Keenan, 2010; Sprenkle et al., 2009). Since social workers are confronted with families 'with complex, unconventional networks of relationships that had built up as a result of divorces, remarriages, new partners and their families entering the family's networks' (Saltiel, 2013), ready-made solutions will not suffice. Once a social worker is trusted by the family members, they might allow him or her to also bring up the more vulnerable issues that have sometimes long been disguised by externalization, compensation or other distracting behaviour. This may bring the social worker beyond the borders of the profession, leading into a more therapeutic process in the direction of an adult re-assessment, transgenerational maneuvers or exoneration (van der Meiden et al., 2017). In social work, the relationship with the service-users should be decisive for the methodical choices of the professional, instead of a rigidly following the boundaries of the profession.

Concluding Remarks

This article states that human well-being is best served by disclosing, highlighting and enriching the ever-present resources belonging to the realm of relational ethics: an innate tendency to care for the other and to do justice to the other. This is elaborated in social work with a focus on relational justice as an enrichment of social justice, strengthening mutual care within families and their social context, assuming that it contributes to human well-being.

In this article, the authors argue that social workers would do well to focus first on issues at the micro level, empowering the service users, helping them find the already present resources, and encouraging them to take their responsibility for each other and for their environment. In that regard, already promising initiatives can be found (Driessens & van Regenmortel, 2006; Heyndrickx, Barbier, Driesen, van Ongevalle, & Vansevenant, 2005; Heyndrickx, Barbier, van Ongevalle, & Vansevenant, 2011; van Regenmortel, 2008, 2011; van Regenmortel, Steenssens, & Steens, 2016). However, to some extent, the social worker will also intervene in macro issues. For example, when the service user cannot gain access to relevant regulations or has coordination problems with institutions and organizations. Concerning social justice, some issues occur at a level that transcends individual cases; however, larger social work institutions and umbrella organizations may be better equipped and are better negotiating partners with governments. Social workers are responsible for identifying practices that adversely affect the rights and well-being of the deprived in society and can report such practices to these more appropriate organizations. This allows them to focus all attention on the micro- level of social justice: working on relational justice and on a fair balance of give and receive.

Although social work focuses on the cohabitation of human beings, here the authors would like to point out the importance of the interdependence of human beings and their natural environment, as is also mentioned by IFSW (International Federation of Social Workers, 2017). Especially in this time of climate warming, it becomes painfully clear how human beings have neglected this interdependence. In that regard, social work should ask itself how it is able to contribute on rebalancing care for the non-human world or environment and the sustainability for the next generations (Ife, 2012, p. 309). The expansion of the social work body of knowledge with knowledge about, and insight into the relational-ethical context thus enriches the relevance of social work at micro and macro levels. It also relates to the care for future generations, which is one of the most important human responsibilities.

This article is a recommendation to social workers to integrate the useful elements of the contextual theory and therapy into their practices. Therefore, the authors intertwined the framework and wealth of the contextual theory and therapy with the principles and richness of social work. Furthermore, by differentiating social justice into a more macro political social justice, and a micro relational justice, and by

shaping the core principles of contextual therapy towards social work practices, this article adds to both the body of knowledge as well as the toolbox of social work.

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Findings

The research described in this thesis originated from my experience as a contextual therapist and as a contextual therapy trainer. My goal was to research contextual theory, to gain more insight into its actual application in contextual therapy, and to enrich the practices of both therapy and social work. This goal is reflected in the main research question:

> *What are the core elements of the contextual theory of Ivan Boszormenyi-Nagy, how is it applied in practice, and how can these findings enrich both therapy and social work?*

This question has been addressed its entirety in the previous chapters. The collected findings from the studies are summarized below, and in their contexts, they answer the main question.

Answering the Research Questions

1: What is the foundational theory under contextual therapy?

Chapter 3 clarifies and reconstructs the contextual theory of Nagy by defining and organizing its core elements according to a logical structure and coherence, which led to the development of a schematic overview of contextual theory encompassing the contextual axiom, contextual anthropology, contextual pathology and the contextual methodology.

In this chapter, the contextual theory is presented as a logical, well-argued theory; its completeness and consistency substantiate its validity. Recent research even appears to support one of the most important principles of this theory, the innate tendency to care. Furthermore, research on the practices of contextual therapists demonstrates the applicability of contextual theory because a considerable number of observed fragments of the researched sessions can be traced back to contextual theory. Therefore, contextual theory is also a relevant, useful and applicable theory.

2: How are the core elements of contextual theory applied in the practice of Nagy and in the practices of current contextual therapists?

The findings of the research on the practices of Nagy and current contextual therapists are presented in two published articles, inserted in this thesis as Chapters 4 and 5. Since the main goal of this research is to determine how contextual theory is applied to the practice of contextual therapy, the findings of these two studies are combined by stacking the clusters of all analyzed contextual interventions. The clusters are illustrated with fragments from the therapy sessions and substantiated from the core elements of contextual theory. As such, they form the answer to the sub question above.

- Give and receive: Both studies confirm that interventions concerning the balance of give and receive, in the distinguished studies named as 'uncovering the balance of give and receive' (Chapter 4) and 'eliciting care patterns' (Chapter 5), belong to the most commonly used interventions. As mentioned in these chapters, the balance of give and receive belongs to the core of contextual theory, and as such, it is applied in therapy. Contextual

therapists try to elicit reciprocal giving and receiving between the family members, aiming at resolving reciprocal care. Many of the interventions observed are related to this approach. Nagy employs this approach more consistently and in a structured manner than do current contextual therapists, aligning with the different means of directing the therapy process.

- *Multidirected partiality:* Multidirected partiality appears to be the most important methodological principle of contextual therapy because the largest number of observed fragments contains elements of this principle. In Chapter 4, the cluster in question was defined as 'acting from multidirected partiality', and in Chapter 5, the clusters 'recognition', 'empathy', 'leading the process', and 'encouraging dialog' were assigned as aspects of multidirected partiality.

- *Exoneration:* In both studies, the therapists try to raise the client's awareness of how blocked or troubled relationships with the previous generation influence the here and now. Various methods are subsequently used to help the clients to exonerate their parents. In the study of the practices of current contextual therapists, the fragments that belong to the process of exoneration are classified in the clusters 'exploration of the client's context and situation' and 'addressing the relevance of past experiences'. The research on the practice of Nagy reveals by the clusters 'executing a transgenerational maneuver' and 'leading into exoneration' somewhat more-explicit interventions in working toward exoneration. However, because the process of exoneration mostly requires several phases and therapy sessions, none of the studies has made the entire process visible.

- *Care for the future:* In the analyzed sessions, Nagy regularly and explicitly focuses on care for future generations, which is, according to contextual theory, an important methodical intervention. Focusing on care for the next generation elicits the innate sense to care and is thus a resource for motivation and commitment. In the study of the practice of current contextual therapists, however, such a focus on responsibility for the future is rarely observed. Thus, current contextual therapists make little use of care for the future as an important resource for clients to assume responsibility and thus to acquire constructive entitlement.

- *Using resources:* Encouraging the involved family members to become each other's resource again is the essence of the balance of giving and receiving and leads to self-delineation, self-validation and trustworthiness in the relationship. A focus on resources has been regularly observed in the investigation into Nagy's practice but less in that of current contextual therapists. This focus can relate to the next finding about the number of clients present.

- *The number of clients present:* The recorded sessions of current contextual therapists largely involved only one client. This aspect is remarkable because contextual therapy's main focus is to reconnect the family members and thus help them to again become a resource for each other. In comparison, only one of the recorded sessions with Nagy was with one person. Because this research does not contain interviews with the participating therapists, no conclusive explanation could be found.

- *Integration:* Another difference between the practice of Nagy and of current contextual therapists is the integration of other modalities, which is more explicitly observed in the practice of current contextual therapists than in the practice of Nagy. Most current contextual therapists are also trained and experienced in the application of one or more other modalities, which enables them to easily integrate other techniques and methods. Nagy stated that his consultation sessions, however, aimed at demonstrating contextual therapy. Therefore, he most likely only focused on contextual interventions. Unfortunately, he therefore rarely demonstrated how contextual therapists could integrate techniques and methods of other modalities in a contextual therapy session.

- *Working methods:* Nagy leads the sessions by using a recurring working method, encompassing a somewhat abstinent attitude, a rather strict turn distribution, and a constant focus on the positive. All communication occurs through him; he asks the questions, and answers are supposed to be directed at him. Thus, Nagy directs the process and initiates subjects that reveal his relational ethical agenda. Because of this rather recognizable and consistent working-method, the research reached early saturation. This result is quite different from the working method of current contextual

therapists. They take a less directive role but invest more explicitly in approachability and amiability toward the client, which is expressed, for instance, in a high degree of acknowledgement and frequently showing empathy.

Compared with the working method of Nagy, the working method of current contextual therapists does not consist of a rigid 'question and answer' structure but alternates between social talk and therapeutic interventions. The therapist follows the client, keen on elements in the story of the client that can lead into the domain of relational ethics. The therapist then adopts a more directive and leading role. This working method is consistent with the finding that current contextual therapists more explore the client's context and situation. The therapist thereby elicits a conversation about the life of the client, which increases the possibility of finding relational ethical themes.

Furthermore, Nagy carefully prepares, thinks out and formulates his interventions before placing them. Every utterance appears to be deliberately designed and focuses on the needed step in the process. This conscientiousness is, for instance, recognizable in the silences Nagy maintains before asking his next question. In the debriefings of the sessions, he regularly explained his deliberations. The working method of current contextual therapists can be characterized as an ongoing conversation between the therapist and the client(s). Therefore, the utterances of current contextual therapists emerge more from a conversation and impress less as carefully formulated and well-thought-out intervention such as become apparent in Nagy's sessions. Conversely, it appears to me that this method strengthened the relationship with the clients and that ultimately, the same steps could be taken in the process, although perhaps less condensed. In this respect, it is interesting to add that Nagy stated that his interventions in consultation sessions were often somewhat thickened because of the limited time available.

3: How can the findings from the research on the practice of Nagy and current contextual therapists be used for the development of a model contextual therapy?

The answer to this sub question builds on the theory described and uses the found practices of both Nagy and current contextual therapists. By analyzing and combining the theoretical and empirical findings, we construct a model for applying contextual therapy. The main focus of the model is 'connectedness in close relationships' and is consistent with the postulate of contextual theory, which assumes the strength of the connectedness in close relationships as an important condition for human wellbeing and for the welfare of future generations. The model consists of three phases: exploring, modifying, and reinforcing connectedness in close relationships. Each of the phases is divided into three process elements, each of which contain specific interventions. The model forms an explanatory scheme for shaping and ordering a contextual therapy process, leaving room for adaptation of the process to the relevant clients, for integration with techniques and methods from other modalities and for the therapist's own intuition.

4: How can the findings from the research on the practice of Nagy enrich social work?

The study in Chapter 6 describes how both social work and contextual therapy are based on an anthropology of interdependence and mutual responsibility of human beings. In that respect, they share their focus on justice. In social work, justice is interpreted as social justice, elaborated in a double focus. At a micro level, social work tries to gain justice for those whose rights are threatened, and at a macro level, attempts are made to address the responsibility of society for the well-being of people. In social work, justice is thus primarily placed in the domain of politics and actions, including the resulting working methods. In contextual therapy, justice is elaborated as relational ethics, and in Chapter 7, it is presented as relational justice. It focuses on a human's innate tendency toward care and justice. According to contextual theory, strengthening this innate, mutual care within families will contribute to human well-being in both this and future generations. Thus, contextual theory addresses the revolving slate coming from cumulated injustice from previous generations. This chapter derives various working methods from the research on the practice of Nagy, all from the perspective of applicability for social work practice. The methods allow individual social workers to recognize the deprivation of service users,

which might have already been occurring for generations, and to help service users to achieve self-validation by addressing their innate sense of care and responsibility. These perspectives and working methods enrich the toolbox of social work on a micro level, and they thus answer the subsidiary research question above. Chapter 7 also states that contextual therapy and its underlying theory offer valuable starting points for the application of social justice at a macro level. However, this point is not further elaborated in this chapter.

How is the contextual theory of Ivan Boszormenyi-Nagy applied in contextual therapy, and how can these findings enrich both social work and therapy?

The general and most important finding of this research is that the core of contextual theory and therapy appears to be closely related to its axiom, namely that people are interconnected because of their being human, sustained by their innate sense of justice and care. It is this motivational layer in which hope resides for repairing hurt human justice (Boszormenyi-Nagy & Spark, 1984, p. 53). The most important application of contextual theory and therapy aims at facilitating reciprocity in which the therapist trusts that responsible care for the other is the source of close, trustworthy relationships. Thus, the contextual therapist concentrates on eliciting mutual giving and receiving, with multidirected partiality as the most important attitude and method. However, all professionals and others who are charged with professional responsibility for human interests can apply both the starting point and the overall contextual approach.

9

Discussion and personal reflection

Introduction

In this last chapter, I oversee my research starting with its most important outcomes, followed by its boundaries and limitations. Then I return to the debates on the specialization, evidence research and generalization of psychotherapeutic models as discussed in Chapter 1, and consider the place and relevance of the contextual modality, followed by recommendations for further research. I close with a personal reflection and a final closing.

Outcome

The research and reconstruction of contextual theory, as presented in this thesis has, shown that Nagy is remarkably consistent in naming the core elements of his theory and in describing the paradigm of relational ethics. As such, it has been proven to be possible to connect these core elements and reconstruct contextual theory into an ordered, coherent, and more accessible theory. This still does not alter the fact that contextual theory is a complex theory, that describes the complex reality of interpersonal, intergenerational relationships from a relational ethical point of view. It, therefore, requires an intensive study to understand this theory and to be able to operationalize it into concrete actions, to which the reconstruction carried out has contributed. The reconstruction creates the possibility of discussing its basic components, consistency and applicability in contextual therapy and the discourse of mental health.

Based on the research on this theory and two studies on its application in therapy practice, it turned out to be quite possible to design a preliminary model for the application of contextual therapy. It is constructed by the authors of the relevant article, who included comments from of an international group of eight senior contextual therapists and researchers, as well as comments of three peers of the journal 'Family Process'. The model structures and gives direction to a contextual therapy process, without claiming to be a prescriptive model, and serves as a guide for training and reflection purposes. Furthermore, its value will have to be shown by testing it in practice.

The research into the practice of contextual therapists also showed that current contextual therapists rely on the foundations and elements of contextual therapy, but there are also clear shifts and variations. For instance, the participating current contextual therapists submitted sessions with, mostly, only one client, instead of a couple or a family. Previously, research into the extent of the client systems of current contextual therapists suggested that contextual therapists often work with a single client (Jansen & van Waaij, 2016). In the sessions of Nagy, more family members were always invited and present, although Nagy never disapproved of therapy with individual clients (Boszormenyi-Nagy & Krasner, 1987b, p. 215). Furthermore, current contextual therapists adopt a different attitude toward the client, combined with another working method; they are more approachable, are sometimes almost amicable, and have a less directive attitude. Nagy is more abstinent and leads the sessions according to a fairly strict question-and-answer structure.

A cautious exploration into the enrichment of social work considering the related field of the contextual approach seemed to be especially fruitful through the implementation of elements such as 'the focus on the positive', 'the importance of giving', 'strengthening mutual trust' and 'eliciting resources'. Concentrating social justice on relational justice, as proposed in the relevant article, summarizes how the framework for contextual practice can be applied to social work.

The schematic representation of the core elements of contextual theory in Chapter 3 and the diagram of the contextual therapy model in Chapter 6 actually form the concise summary of the reconstruction of contextual theory and the development of a model for contextual practice. However, schedules are also risky because they can easily be associated with regulations and protocols, and they always have limitations. In that respect, it is up to the field of contextual professionals to further assess the usability of these schemes, and possibly use them as new input for the discussion of contextual theory and testing contextual practice. This is, for me, necessary if contextual therapy is to (continue to) play a significant role in the field of psychotherapy and within the broad discourse of mental health care.

Limitations

The aim of my research was twofold, starting with an exploration of the theoretical elements to reconstruct this theory, followed by research on its application in therapy practices of Nagy and current contextual therapists. The exploratory nature of this qualitative research also leads to its boundaries and its limitations. As such, this research has not yet demonstrated whether the theory is convincing and sufficiently reasoned and whether it is successful and effective.

The reconstruction of contextual therapy as included in this thesis is only a step in the process of making this theory more accessible and transparent. It lacks a *translation* of contextual theory into a new language and conceptual framework that is more in keeping with this time. Everything changes eventually, including habits, customs, rituals, and language. Contextual theory and therapy were developed in the 1970s and 1980s and, thus, also in the language of that time. In addition, the language field that Nagy has chosen is alienating and currently does not contribute to its accessibility. It appears to me that an important condition for the further dissemination of this approach is that, without compromising the essence of contextual thinking, both the language and the concepts become adapted to the language of today.

The data used in this study consist of recordings of separate sessions from different contextual therapy processes and at different stages of the process, performed by several well-trained and experienced contextual therapists. In this way, it was possible to observe and analyze a large number of interventions by various therapists. Nevertheless, the findings of this study do not include all possible contextual interventions, although I do have the impression that the clusters of interventions, as formulated and named in Chapter 6, summarize a fairly complete overview of the most important methodical elements of contextual therapy. However, an investigation into complete therapy processes would possibly provide interesting interventions that have not been observed in the described research. In addition, investigating complete therapy processes could also reveal more information about the process-related elements, such as the development of a therapeutic alliance.

The explorative research into the practice of Nagy and the practices of current contextual therapists aimed to collect interventions in which contextual theory and, in particular, relational ethics were operationalized, or where it was obvious that the

intervention was permeated with this focus. Due to the limited number of research sessions, the findings should be treated with modesty and may not be interpreted as evidence. Based on the objective of these observations, interventions in which no relationship with relational ethics was observed are not included in the analysis, do not form part of the articles that have been published as a result of these studies and, therefore, do not form part of this thesis. In that same vein, this research did not focus on the question of which elements from contextual theory may not have been observed in the studied practices.

Moreover, although not explicitly mentioned in the relevant articles, it can be said that a number of the observed and coded interventions can also be counted among the so-called common factors but then loaded with or deliberately focused on the paradigm of relational ethics. Further research into the role of common factors in contextual therapy can shed light on this point.

Thus, it is possible that interventions, classified in this study as contextual interventions, may also occur in therapy sessions from other modalities. Interventions aimed at the relational ethical paradigm are not reserved for contextual therapists. Relational ethics is part of everyone's relational reality, so it can appear anywhere, even if only unconsciously. In this research, interventions that were embedded in and focused on a process with a recognizable relational ethical focus are classified as contextual interventions. In that regard, such classification depends, to a large extent, on the context in which the intervention is made. The same intervention in a different context might not be recognized as a contextual intervention. Furthermore, there are also interventions that more explicitly harbor a relational ethical focus and, therefore, can be recognized as contextual interventions. However, a trained eye, well versed in contextual theory, is needed to recognize the different contextual interventions.

Relevance Today

In the current discourse, I signaled three discussions: the multiplicity and increasing specialization of competing therapies, the evidence debate and the increasing doubt about the relevance of broadly spun therapies in relation to the emerging movement of generalization. The fact is that all three discussions are topical and require positioning.

The debate about the usefulness and necessity of specialized therapies is certainly not over. In this specialization debate, the question is whether contextual therapy actually adds a significant contribution and whether this contribution justifies its existence alongside the multitude of other therapies. The limited dissemination suggests that it does not. On the other hand, many of the causes of this limited distribution seem not to be related to critiques on the essence of contextual theory and therapy: the paradigm of relational ethics. The substantiating theory of this paradigm appears to be consistent and proves to be applicable to concrete therapeutic interventions. Finally, contextual theory is included in many manuals and incorporated into many methods and modalities, which suggests that relational ethics has some importance. Thus, for the time being, I consider the contextual modality as a relevant enrichment of the broad range of directions in psychotherapy, with a valuable paradigm on human beings in relationships. However, contextual therapy will still have to fulfill its place, for instance, in the current evidence discussion, where, up to now, contextual therapy has barely played a role.

At the time of the development of contextual therapy, its theory and practice were supported by empirical evidence gathered by Nagy and his staff. Since then, some research has been done, but as far as I know, attempts have never been made to test contextual therapy against the criteria of evidence-based practice. Nevertheless, I want to emphasize the importance of the current - as validly defined - research into the effectiveness of contextual therapy. I am aware of the ambivalence among contextual therapists with regard to doing such research, but in my opinion, contextual therapists should not withdraw from the search for the efficacy of contextual therapy. I even think that the findings of such research can strengthen the contextual approach and increase its effectiveness. By participating in this search, contextual therapists can fulfill their responsibility to continue searching for a therapy that works (Boszormenyi-Nagy, 1995). In this respect, I assume that the restructuring of contextual theory, the development of the model and the increased understanding of the practices of Nagy and current contextual therapists, as presented in this thesis, provide a solid base for taking a step forward.

Then, there is a trend toward generalization in response to the ever-increasing specialization of methods, further detailing the classification of disorders and the associated protocols of treatment. Those involved in the generalization debate should distance themselves from such modeled therapies and focus on broad approach

paradigms. These approaches require a fundamental theory, applicable elements and an expert. The emphasis in these generic approaches is no longer exclusively on 'healing' but shifts to 'guiding'. It is fascinating to further explore the development of these approaches because they contain many principles that also belong to contextual therapy. Instead of focusing on pathology, contextual therapy aims at eliciting the positive, unlocking the hope and strength of people, searching for resources and thus mobilizing reciprocal care between people, rendering meaning in life. These principles fit into a paradigm for a generic, contextual approach to situations where people in different circumstances need to be strengthened and encouraged to take responsibility and control for their mutual well-being.

In my opinion, a general approach finds its definition not so much in the absence of a paradigm but in the generic, broad application possibilities of its paradigm. As such, I treasure the quote of Ulrich: 'We do not regard the contextual approach as a specific methodology, but as a way of looking at and acting upon relational process. (…) Accordingly, it is not limited by the nature of any particular patient population. Instead, its limits will depend upon the extent of its acceptance by mental health professionals and others charged with professional responsibility for human concerns, namely, judges, teachers, lawyers, physicians, clergy, and so forth' (Ulrich, 1983, p. 202). However, further study and discussion within the field are necessary to define whether the contextual approach can take its place next to, for instance, the systemic approach. This systemic approach is based on the mutual influence and related patterns that exist between the members of a system. I can imagine that, in a similar way, the contextual approach becomes synonymous with the way in which the coexistence of people through generations is determined by relational justice, loyalty and mutual responsibility.

Further Research

Search for Evidence

I have already mentioned the importance of research into the effectiveness of contextual therapy. I certainly consider this one of the most important conditions for the continuation of contextual therapy. In that regard, I would like to refer first to the previously identified lack of meta-analyses or reviews of previously conducted research into contextual therapy and the importance of these analyses in bridging

the gap between research and practice. They could be useful for inspiring contextual professionals to conduct research and could also point to the direction of useful follow-up research. The combined experiences and insights gained in the previous research can also be helpful in the search for appropriate research into efficacy.

This question concerning what kind of research is adequate to demonstrate evidence for therapies such as contextual therapy is still relevant. Maybe, we should revalue the research practitioner (Crane & Hafen Jr., 2002), and maybe, we should work with the principles of 'weak evidence-based research' (Gilgun, 2005). In addition to the research into evidence, the research into the common factors also contributes to a better understanding of what works, and going one step further, the therapist himself or herself and the therapeutic alliance are also interesting research fields. Those different directions of research could potentially make an important contribution to substantiating the efficacy of contextual therapy.

Testing and 'translating' Theory

Furthermore, the limitations of the reconstruction of contextual theory, as mentioned above, point to the need for further research as to whether the theory is sufficiently convincing and substantiated. In addition, a translation of this theory and its professional language has also been mentioned, which I believe should be preceded by an investigation into its necessity.

Enriching Application

Since the research on contextual practices, as described in this thesis, encompasses only single sessions, taken from a complete therapy process, follow-up research on complete therapy processes can possibly provide insight into other, not yet observed, interventions, such as interventions concerning an exoneration process. New observations of elements such as timing, the use of a moratorium, the development of the therapist-client relationship and the implementation of techniques from other methods in current contextual practices can also provide better insight into the current practices of contextual therapy.

Additionally, the finding that the participating current contextual therapists chose to work more often with individual clients should be further investigated. Involving family members and other relevant people in the therapy appears to be an obvious approach in contextual therapy, so it is important that further research focusses on

the question of whether this focus is due to the time we live in, the preference of current contextual therapists, or a lack of confidence in their own ability to work with more than one client. Alternatively, is it a trend and visible in other family therapy modalities? If the answer is yes, do contextual therapists have sufficient guidelines and tools to work in individual therapy to strengthen or restore the balance between care and justice. All of the above require further research and, possibly, the further application of contextual theory and therapy for working with individual clients.

Modernizing Contextual Therapy

Contextual theory and therapy requires alignment to today. Its core, relational ethics, uncovers hidden, innate motives and derived dynamics for close, lasting relationships. However, major changes are occurring in the area of relationships, and the contextual approach must be adapted to the current context. In my opinion, developments concerning new forms of living together, changing attitudes about the nuclear family, family relationships and gender issues, and frequent conflicts concerning divorce and newly composed families require a further elaboration of contextual theory and therapy. In this context, it is also important to conduct research in response to the criticism that the contextual approach is a typically Western approach. Such research should address the relevance and appearance of relational ethics in a non-western society or culture to determine what that means for the applicability and any necessary alignment of contextual therapy to that particular society or culture.

Investigating targeting therapies

In addition, the already developed elaboration and application of contextual theory and therapy for specific target groups and problem areas must be continued and extended, for instance, for situations in which the client or one of the family members or partners is suffering from a psychiatric disorder. Concerning this specific subject, I share the starting point of contextual theory: it makes more sense to focus on the healthy part and on giving, instead of focusing too much on the pathology. This principle of 'working beyond pathology' (van Rhijn & Meulink-Korf, 1997, p. 438), however, does not mean that the contextual therapist need not have knowledge of and insight into psychopathology. For example, if one of the partners suffers from severe autism or a narcissistic personality disorder, such an issue influences the relational ethical reality and therefore also the therapy used. Further development of contextual theory and therapy in the direction of their relational ethical impact, as well as the available resources in situations that are burdened by psychiatric disorders, will

make an important contribution to the practice of contextual therapy. Moreover, it is important that, during this time of continuous development around the diagnosis, classification and treatment of psychiatric disorders, a relational ethical perspective is also developed to enrich care for people, families and others involved, who suffer from psychiatric illness.

In that same vein, it would be helpful to consider how contextual theory and therapy can be developed to be a working method for less gifted or mentally handicapped people or for working with children. Contextual therapy is often viewed as an approach for people with a certain degree of insight and self-reflective ability. However, it could also be of great value for helping the abovementioned target groups. Unfortunately, contextual therapy is primarily a verbal therapy, which is an important limitation for its applicability. Fortunately, its current use includes Duplo or Playmobile dolls, but this approach certainly deserves expansion for the aforementioned target groups. In addition, expanding contextual therapy with different, nonverbal methods and techniques will enrich the applicability of contextual therapy for many more target groups.

Personal reflections

The research in this dissertation is primarily on contextual therapy conducted from within, and my bias regarding contextual therapy was therefore both an advantage and a pitfall. Regarding the former, my knowledge of contextual theory and my experience with contextual therapy were very helpful during this study. It has been repeatedly mentioned that contextual theory is not easy to fathom. When I started this study, I had been working on contextual theory and therapy for almost twenty years. This helped enormously in daring to reconstruct contextual theory into a number of core elements, summarized in a simple scheme. In addition, when observing interventions, I have been greatly helped by my experience as a therapist and trainer, in which doing do, I have observed and analyzed many sessions.

However, this experience was also a pitfall. In my research, I had to consciously put aside my accumulated certainties and alleged self-evidence, questioning myself about what I believed in, and approach it from the perspective of the nonbeliever. That has not always been easy for me, and in the relevant articles, I have also explained

how I have requested and used support from others. In addition, knowing that I was surrounded by pitfalls, I was extremely aware of where to put my feet. As such, it may have sometimes turned out to be an advantage.

Although this research has been conducted from an inside perspective, I have addressed the most important criticisms and relevance of contextual therapy, in which my bias also had an effect. To value criticism and relevance, the outside perspective seems the most objective. On the other hand, good judgment is not possible without thorough knowledge and insight into contextual theory and its practice, which is more reminiscent of an inside perspective. In that respect, I would suggest encountering a genuine dialogue between scholars and therapists from different perspectives, combining the inside and outside perspective, since this approach offers the best input for enriching contextual theory and practice.

My choice for contextual therapy is related to the normative nature of this approach, an approach largely based on natural law - the interdependence of human beings and the innate sense of care and justice. In contextual theory, these norms are elaborated in relational ethics with connectedness and justice as its two pillars. I consider these norms universal values with respect to close and sustainable relationships and responsible care for the other. Although contextual therapy has not elaborated these general norms into regulations or rules, it assumes rights and obligations arising from the intersubjective connectedness of human beings; the more dependent upon care, the more the right to care, and consequently the more responsible are the involved for providing that care. From this point of view, the contextual therapist tries to evoke a dialog between the clients or family members about how these values become meaningful in their context.

To some extent, these guiding values and norms appear to coincide with values that are central to various religions and belief systems. Although I agree that the values of justice and care for the dependent correspond closely to religious values, I think it is a misunderstanding and mis-interpretation to view contextual theory and therapy as a faith-based therapy. Nagy has repeatedly stated that contextual therapy is not based on a religious perspective. He also kept doubting whether the word ethics was correct in the context of his theory and occasionally exchanged it for reliability or justice. Possibly, he also saw the danger of misinterpreting ethics as a prescribed morality. Earlier in this thesis, I described this risk of misinterpretation, particularly when the

contextual professional has insufficient understanding of this normative approach. The contextual approach and every other approach in this field must eschew such prescribing, whether based on a philosophical or religious conviction. This approach does not mean that religion or the belief system of the client cannot be part of the therapy. I consider it to be a valuable resource.

Furthermore, I would like to briefly discuss the question of whether an approach that focuses on the innate sense of justice and care is not based on an overly positive image of man. Is it true that people are inclined to care for each other and want to do justice to each other? After all, our experiences are often so different and opposite. Egoism and brokenness often appear to be more decisive than care and justice. According to contextual theory and as explained in this thesis, the innate sense can be disturbed and displaced by former experiences of injustice, in contextual theory called destructive entitlement. Contextual theory states, however, that suffered injustice does not release people of their accountability and responsibility. However, exchanging responsibility for selfishness, pride or abuse of power appears to be tempting, which proves that people can make a choice between care and responsibility for the other or egoism, pride or abuse of power in favor of themselves. In other words, people can choose right or wrong, otherwise we would be like robots and respond according to how we are programed. Indeed, man has an innate sense of care and justice but also a tendency to destruction and selfishness. However, as is also the firm belief of Nagy, man can opt for the good, for the other, for the future, for human values. Contextual therapy focuses not so much on condemning the destructive intentions as on stimulating and strengthening the positive initiatives in the conviction that this approach works better for both the person himself or herself and others involved.

Relational ethics is concerned with humans' responsibility for the consequences to others, including future generations. Contextual therapy can therefore be considered a normative approach. It starts not so much from an individual, intrapsychic point of view but with a focus on mutual care and justice as innate human values. That is exactly what appeals to me. Particularly, in this time when the responsibility and care for others must compete with unbridled individualism and 'thick ego' (Kunneman, 2005), the focus of relational ethics on strengthening and disclosing these human values as an important source of successful relationships is a real supplement to the existing palette of modalities in family therapy and for social work and other professions that focus on guiding people. However, due to its complexity, the normative framework

of relational ethics can be difficult to understand properly, which can lead to the interpretation of contextual theory and therapy as a moralizing approach and one that prescribes rules or norms.

Final Closing

Over the years, and particularly during this study, I have become increasingly aware of the central place of the innate sense of care and responsibility in contextual theory and therapy. This sense is considered the strength and resilience of people and thus 'the motivational layer in which hope resides for repairing the hurt human justice' (Boszormenyi-Nagy & Spark, 1984, p. 53). With its appeal to this innate sense, the commitment to values and its focus on the future, contextual therapy is in my eyes a promising approach. Based on my own experiences, this approach also resonates and contributes to the life of clients. However, the latter must also be apparent in a next study, for which I have laid a foundation. In addition, the challenge is, as described above, to further develop and diversify contextual theory and practice.

My enthusiasm about this innate sense of care and responsibility increased even further when I learned of the studies by de Waal and Wohlleben (de Waal, 2009, 2013; Wohlleben, 2015, 2016). Both presented surprising findings in their respective research into the coexistence of monkeys and other animals and that of the life of trees and other plants, which suggest that there might be something such as an innate sense of reciprocal care not only in human beings but in all living beings. Both authors explain this concept based on evolutionary processes, which appears to be a reasonable explanation. However, I have also increasingly come to consider it a basic pattern of life and of this creation in which I, from the perspective of my Christian belief, perceive something of the signature of God as the designer of giving and receiving.

Nederlandse samenvatting

Inleiding

In het midden van de vorige eeuw ontstond de relatie en gezinstherapie en één van de modaliteiten die in dat veld verscheen is de contextuele therapie van Ivan Boszormenyi-Nagy (1920-2007). Het centrale paradigma van deze benadering wordt relationele ethiek genoemd, met als kernelementen verbondenheid en rechtvaardigheid. Hoewel dit als nieuw element in de wereld van de psychotherapie met interesse werd ontvangen, is de contextuele nooit echt doorgebroken. Daarin heeft de complexiteit en het vervreemdende taalgebruik van de theorie een rol gespeeld, maar waarschijnlijk ook het isolement waarin deze benadering als gevolg van haar afscheiden van de systeemtherapie in terecht is gekomen. Dat heeft haar op achterstand gezet.

Om in het veld van de geestelijke gezondheid haar plaats te kunnen vinden, zal de contextuele benadering zich moeten gaan verhouden tot het debat rond specialisatie of generalisatie. Aan de ene kant zijn er de professionals die verdere specialisatie van classificatie van stoornissen en daarop gerichte interventies voor staan, terwijl aan de andere kant professionals een juist meer gegeneraliseerde benadering van gezondheid bepleiten, waarbij niet exclusief op genezing, maar op het hervinden van zelfregie en eigen kracht, alsmede het gebruik van hulpbronnen de generieke elementen zijn voor het welbevinden. In dat debat speelt ook de vraag naar passend effectiviteitsonderzoek. Om zich in dat debat te kunnen positioneren is er echter eerst huiswerk te doen.

In deze thesis richt ik me daarom op een reconstructie van de contextuele theorie met het oog op haar consistentie en toegankelijkheid. Vervolgens wil ik aan de hand van een onderzoek onder contextuele praktijken specifieke richtlijnen en interventies voor therapie ontwikkelen die de toepasbaarheid van de contextuele theorie in contextuele therapie en in sociaal werk verrijken.

Onderzoeksvragen en bevindingen

De hoofdvraag van dit onderzoek luidt:

> *Wat zijn de kernelementen van de contextuele theorie van Ivan Boszormenyi-Nagy, hoe wordt deze in de praktijk toegepast en hoe kunnen deze bevindingen zowel de therapie als het sociaal werk verrijken?*

Deze hoofdvraag is uitgewerkt in vier deelvragen. De antwoorden op deze vragen vormen de belangrijkste bevindingen van mijn studie.

1: Wat is de funderende theorie onder de contextuele therapie?

Omdat de contextuele theorie complex is en op een weinig gestructureerde en transparante wijze is beschreven, heb ik deze gereconstrueerd tot een meer transparante theorie. Ik heb de veelheid van concepten en begrippen teruggebracht tot de kernelementen van deze theorie en deze kernelementen voorzien van een overzichtelijke structuur en samenhang. Dit leidde tot een schematisch overzicht van de contextuele theorie vanuit vier aspecten.

- Het axioma:
  De contextuele benadering is gefundeerd op het axioma van de interdependentie van de mens en de daarmee samenhangende diepste motieven en meest essentiële elementen van hechte, duurzame relaties; ik kan niet bestaan zonder de ander, en de ander kan niet bestaan zonder mij. De contextuele theorie postuleert dat deze wederkerige relatie tussen mensen gepaard gaat met een aangeboren besef van rechtvaardigheid en verantwoordelijke zorg.

- De contextuele antropologie:
  Het axioma is uitgewerkt in de contextuele antropologie aan de hand van de twee pijlers van de contextuele theorie: verbondenheid en rechtvaardigheid; omdat ik de ander nodig heb, heb ik ook recht op zijn of haar zorg. Andersom heeft de ander ook mij nodig, wat mij dus ook verantwoordelijk maakt voor het dragen van zorg voor de ander. Deze verbondenheid tussen mensen wordt in de contextuele theorie geduid als

loyaliteit en verantwoordelijkheid doorheen de generaties. De andere pijler van rechtvaardigheid wordt volgens de contextuele theorie zichtbaar in de balans van het wederzijds geven en ontvangen. Deze balans reflecteert de mate waarin betrokkenen elkaar recht doen.
Recht en rechtvaardigheid wordt in de contextuele theorie gerelateerd aan inherent of natuurrecht, en aan recht dat mensen verwerven door het geven, door het recht doen aan de ander. Dat laatste is een bron voor zelfvalidatie en zelfafbakening en daarmee voor individuatie, alsmede voor betrouwbaarheid.

- De contextuele pathologie:
  Vanuit deze antropologie kan ook de contextuele pathologie worden beschreven. Als met name kinderen onrecht aangedaan wordt, bijvoorbeeld door het onthouden van erkenning, door het misbruiken of geparentificeerd worden[4], zal hun ontwikkeling schade oplopen. Deze schade wordt in de contextuele pathologie uitgewerkt als destructief recht, gemist recht, een uitstaand tegoed aan recht. Dat draagt het gevaar in zich dat kinderen, eenmaal volwassen geworden, dit destructief recht gaan verhalen op onschuldige derden, in de contextuele theorie een 'roulerende rekening' genoemd. Dit destructief recht kan bijvoorbeeld worden verhaald op de volgende generatie, waardoor relaties door de generaties heen verstoord kunnen raken.

- De contextuele methodologie:
  De contextuele methodologie richt zich vervolgens op het verwerken van onrecht en wantrouwen door exoneratie, en het versterken of herstellen van een echte dialoog waarin erkenning van het onrecht kan leiden tot herstel van wederkerige zorg.

2: Hoe worden de kernelementen van de contextuele theorie toegepast in de praktijken van Nagy en huidige contextueel therapeuten?

Om de contextuele theorie ook meer concreet toepasbaar te maken, heb ik onderzocht hoe Nagy zelf en de huidige contextueel therapeuten de contextuele theorie in hun

4 Parentificatie: een kind wordt tot 'ouder' van zijn eigen ouder gemaakt; het krijgt gedurende lange tijd meer verantwoordelijkheid te dragen, dan bij zijn of haar leeftijd past of verlangd kan worden.

praktijken toepassen. Ik heb dus vooral gekeken naar de bruikbare interventies, die interventies waarin elementen van de contextuele theorie en in het bijzonder van de relationele ethiek te herkennen waren. Deze heb ik vervolgens als contextuele interventies uitgewerkt. Hieronder volgen mijn bevindingen van dit onderzoek.

- Geven en ontvangen.
  Zowel bij Nagy als bij de huidige contextueel therapeuten is het grootste deel van de interventies gericht op de balans van geven en ontvangen. Dit sluit aan bij de contextuele theorie die deze balans van geven en ontvangen de kern van de contextuele theorie noemt. Door het in beeld brengen van het wederzijds geven en ontvangen tussen gezinsleden wordt zo geprobeerd de wederzijdse zorg te versterken of te herstellen. Nagy doet dit op een consistente en gestructureerd manier, terwijl de huidige contextueel therapeuten dat minder gestructureerd doen. Dit verschil sluit aan bij de hierna beschreven verschillen tussen de werkmethoden van Nagy en de huidige contextueel therapeuten.

- Meerzijdige partijdigheid.
  Volgens de contextuele theorie is meerzijdige partijdigheid het belangrijkste methodologische principe van de contextuele therapie. Dat is in dit onderzoek ook bevestigd; het grootste aantal waargenomen fragmenten bevat elementen van deze methode en attitude, zoals erkenning, empathie, leidinggeven aan het proces, beurtverdeling, aanmoedigen van dialoog en het present stellen van afwezige leden.

- Exoneratie.
  In beide onderzoeken staan de therapeuten stil bij de vraag in hoeverre geblokkeerde of verstoorde relaties met de vorige generatie het hier en nu beïnvloeden. Waar van belang, worden vervolgens verschillende methoden gebruikt om cliënten te helpen hun ouders te exonereren. Omdat het proces van exonereren meestal meerdere fasen en therapiesessies vereist, heeft geen van de onderzoeken dat hele proces zichtbaar gemaakt. Wel zijn enkele elementen daaruit zichtbaar geworden, zoals het exploreren van de context en de situatie van de cliënt, het bespreken van de relevantie van vroegere ervaringen en het uitvoeren van een transgenerationele manoeuvre.

- Zorg voor de toekomst.
  Nagy richt de aandacht regelmatig en expliciet op de zorg voor toekomstige generaties. Dat is volgens de contextuele theorie een belangrijke methodische interventie voor het ontsluiten van het aangeboren besef van verantwoordelijke zorg, waarmee een bron van voor motivatie en toewijding wordt aangeboord. In de studie naar de praktijken van de huidige contextueel therapeuten is deze gerichtheid op zorg voor de komende generaties maar weinig waargenomen.

- Gebruik van hulpbronnen.
  Ook is in de praktijk van Nagy regelmatig geobserveerd dat hij betrokken gezins- of familieleden aanmoedigt om elkaars hulpbron te worden. Zo werkt hij aan herstel van de balans van geven en ontvangen, wat leidt tot zelfafbakening, zelfvalidatie en betrouwbaarheid in de relatie. Dit aanmoedigen is minder geobserveerd in de praktijken van de huidige contextueel therapeuten, wat mogelijk te maken heeft met de volgende bevinding.

- Het aantal aanwezige cliënten.
  In de geanalyseerde sessies van de huidige contextueel therapeuten was er meestal sprake van slechts één cliënt. Dat is opmerkelijk, omdat de contextuele therapie zich voornamelijk richt op de verbondenheid tussen de gezinsleden door het versterken van wederzijdse zorg. Ter vergelijking: slechts één van de opgenomen sessies met Nagy was met één persoon. Aangezien dit onderzoek geen interviews met de deelnemende therapeuten bevat, is het niet bekend waar dit mee te maken heeft.

- Integratie.
  Een ander verschil tussen de praktijken van Nagy en de huidige contextueel therapeuten is de integratie van andere modaliteiten, wat meer bij de huidige contextueel therapeuten is waargenomen dan bij Nagy. De meeste huidige contextueel therapeuten zijn vóór hun contextuele opleiding opgeleid in de toepassing van een of meer andere modaliteiten, en ze gebruiken elementen daaruit in hun contextuele aanpak. Omdat in het onderzoek van Nagy's praktijk gebruik gemaakt is van zogenaamde consultatie sessies - sessies waarin Nagy de praktijk van de contextuele

therapie wilde tonen - zal hij zich vermoedelijk vooral gericht hebben op contextuele interventies. Helaas heeft hij maar weinig laten zien hoe contextueel therapeuten technieken en methoden van andere modaliteiten kunnen integreren in een contextuele therapiesessie.

- Werkmethode.
  Uit het onderzoek bleek dat Nagy een terugkerende werkmethode hanteert. Kenmerkend zijn bijvoorbeeld zijn enigszins abstinente houding, een vrij strikte beurtverdeling en een constante focus op het positieve. Ook verloopt het gesprek via hem; hij stelt de vragen en hij verwacht ook dat de antwoorden aan hem gegeven worden. Als zodanig regisseert Nagy het proces en bepaalt hij de gespreksonderwerpen, die allemaal onderdeel lijken te zijn van zijn relationele ethische agenda. Deze werkwijze verschilt van die van de huidige contextueel therapeuten. Zij zijn minder sturend en investeren meer in benaderbaarheid, soms zelfs neigend naar vriendschappelijkheid tegenover de cliënt. Dit komt bijvoorbeeld tot uiting in het veelvuldig geven van erkenning en tonen van empathie. Ze hanteren niet zozeer een strikte vraag en antwoord structuur, maar er wordt afgewisseld tussen een gesprek over alledaagse of ogenschijnlijk minder relevante zaken en meer therapeutische interventies. De huidige contextueel therapeuten volgen de cliënt in zijn verhaal, wachtend op elementen die toegang bieden tot het domein van relationele ethiek. Op dat moment nemen de huidige contextueel therapeuten een meer directieve en leidende rol. Deze werkwijze sluit aan bij de bevinding dat de huidige contextueel therapeuten ook meer aandacht geven aan de verkenning van de context van de cliënt. Door het gesprek over het leven van de cliënt, worden de mogelijkheden vergroot om relevante relationele ethische thema's op het spoor te komen.
  Verder wordt zichtbaar hoezeer Nagy tijdens de sessies tijd neemt om na te denken. Elke interventie lijkt zorgvuldig te zijn geformuleerd en gericht op de benodigde stap in het proces. De werkwijze van de huidige contextueel therapeuten heeft meer het karakter van een voortgaand gesprek tussen de therapeut en de cliënt(en), waardoor de interventies van huidige contextueel therapeuten minder de indruk wekken bewust geregisseerd en overwogen te zijn. Aan de andere kant ontstond wel de indruk dat deze methode de relatie met de cliënten versterkt, en dat uiteindelijk dezelfde processtappen genomen konden worden.

3: Hoe kunnen de bevindingen uit het onderzoek naar de praktijken van Nagy en de huidige contextueel therapeuten worden gebruikt voor de ontwikkeling van een model voor contextuele therapie?

De bevindingen uit het onderzoek naar de praktijken van Nagy en de huidige contextueel therapeuten zijn gebruikt voor de ontwikkeling van een model voor het toepassen van contextuele therapie. Centrale focus van dit model is de verbondenheid in hechte relaties. Dat sluit aan bij het postulaat van de contextuele theorie dat constructieve verbondenheid in hechte relaties een belangrijke voorwaarde is voor het welzijn van de mens en de toekomstige generaties.

Het ontwikkelde model bestaat uit drie fasen: het verkennen, bewerken en versterken van verbondenheid in hechte relaties. Elk van deze fasen is verdeeld in drie proceselementen die vervolgens concrete interventies bevatten. Het is daarmee behulpzaam bij het vormgeven en ordenen van een contextueel therapieproces. Het schrijft niet voor, maar biedt een kader waarin de therapeut alle ruimte heeft om het aan te passen aan de betreffende cliënten en hun problematiek, om andere technieken en modaliteiten te integreren, en vooral ook om het te gebruiken naar eigen voorkeuren en intuïtie.

4: Hoe kunnen de bevindingen uit het onderzoek naar de praktijk van Nagy het sociaal werk verrijken?

Zowel het sociaal werk als de contextuele therapie zijn gebaseerd op een antropologie van onderlinge afhankelijkheid en wederzijdse verantwoordelijkheid van de mens. In het verlengde daarvan delen zij ook hun focus op rechtvaardigheid. In het sociaal werk wordt dit met name geïnterpreteerd als *sociale* rechtvaardigheid. Het wordt uitgewerkt op microniveau, maar de aandacht van het sociaal werk richt zich vooral ook veranderingen op macroniveau. Het komt op voor diegenen wiens rechten worden bedreigd, en spreekt overheden en andere instanties aan op hun verantwoordelijkheid voor het welzijn van degenen van wie het recht wordt aangetast. Sociale rechtvaardigheid wordt dus vooral geplaatst in het domein van politiek en actie.

De contextuele theorie en therapie werkt rechtvaardigheid uit als *relationele* rechtvaardigheid en benadrukt hoe relationeel onrecht kan worden doorgegeven aan volgende generaties, leidend tot nieuw onrecht en een herhaling van de geschiedenis. Relationeel onrecht is dus deel van, en kan ook voorafgaan aan sociaal onrecht, wat

het volgens mij tot een belangrijk aspect van sociaal werk maakt. Een contextuele benadering richt zich op het herstellen van relationeel onrecht en het verbeteren van verantwoorde zorg binnen hechte, duurzame relaties, waarmee een roulerende rekening van onrecht kan worden doorbroken.

Diverse contextuele interventies die zijn ontleend aan het onderzoek naar de praktijk van Nagy kunnen een verrijking zijn voor de praktijk van het sociaal werk op microniveau. Ze kunnen de sociaal werker helpen om hen die al generaties lang in kansarme, achtergestelde posities verkeren, erkenning te geven voor dat onrecht. Dat kan een proces van zelfvalidatie inzetten, waardoor ook het aangeboren besef van zorg en verantwoordelijkheid kan worden ontsloten, hoezeer dat soms ook in de verdrukking is geraakt vanwege onmacht en slachtofferschap. Daarnaast biedt de contextuele therapie en haar onderliggende theorie waardevolle aanknopingspunten voor de toepassing van sociale rechtvaardigheid op macroniveau, maar die zijn in deze thesis niet verder uitgewerkt.

Discussie

Zoals bij elk onderzoek kent ook dit onderzoek beperkingen. Allereerst betreft dit onderzoek een exploratief kwalitatief onderzoek, wat inhoudt dat hiermee nog niets gezegd is over de werkzaamheid van de contextuele therapie, al draagt dit onderzoek wel bij aan de mogelijkheden tot het doen van dergelijk onderzoek.

Verder is het onderzoek naar de theorie nog niet af; een hertaling van de soms bevreemdende contextuele begrippen zou nog verder bijdragen aan de toegankelijkheid van deze theorie. Ook mag de vraag gesteld worden of deze theorie uit het einde van de vorige eeuw nog wel past in een tijd waarin familie- en gezinsrelaties in ontwikkeling zijn, en nieuwe samenlevingsvormen inclusief meerouderschap haar intrede hebben gedaan. Misschien is een aanpassing nodig. Daaraan gekoppeld wordt wel gesuggereerd dat contextuele theorie eigenlijk vooral geënt is op een westerse samenleving. Dat vraagt, levend in een multiculturele wereld, onderzoek naar de toepasbaarheid van dit gedachtengoed op andere culturen. En zo zijn er nog meer ontwikkelingen die bezinning vragen.

Ook de toepassing van de theorie in de praktijk vraagt nog verdere uitwerking. Het aantal onderzochte praktijken was beperkt en zou uitgebreid kunnen worden naar

onderzoek van complete therapie processen. Dat zou weer andere, nieuwe informatie kunnen opleveren. Ook zou contextuele therapie verder toegepast kunnen worden op specifieke doelgroepen en problematieken.

Tenslotte is er nog de vraag waar de contextuele therapie zich thuis voelt. Bij de verdere specialisatie of, daar tegenover, de ontwikkeling in de richting van generalisatie. Ik heb zelf nog geen keuze gemaakt, behalve dat ik me uitspreek voor een bezinning op de wijze waarop het contextuele veld aan de slag zal gaan met de prangende vragen naar de werkzaamheid van haar benadering. Daarnaast zie ik zowel ruimte voor een contextuele therapie, als voor een contextuele benadering. Zoals we inmiddels wel meer benaderingen kennen, bijvoorbeeld een systemische benadering, een empowerment benadering, en een presentie benadering. Wat dat betreft is er werk te doen, maar met perspectieven.

Tenslotte

Samengevat heeft het onderzoek naar de contextuele theorie laten zien dat het mogelijk is om de kernelementen van de contextuele theorie en therapie uit te lichten en deze meer toegankelijk te ordenen en weer te geven in een eenvoudige tabel. Ook het onderzoek onder de contextuele praktijk heeft een aantal concrete contextuele interventies opgeleverd, die zijn ondergebracht in de verschillende fases van een model contextuele therapie. Deze tabel en dit model vormen de kortste samenvatting van de opbrengst van dit onderzoek. Maar het is aan de contextuele professionals om de bruikbaarheid van deze beide verder te beoordelen. Mogelijk kunnen ze dienen als nieuwe input voor de ontwikkeling van de contextuele theorie en het testen van de contextuele praktijk. Beide zijn van belang als contextuele therapie een rol wil (blijven) vervullen in het veld van de psychotherapie en het brede discours van de geestelijke gezondheidszorg.

Uiteindelijk is mijn belangrijkste bevinding van dit onderzoek dat de kern van contextuele theorie en therapie direct gerelateerd is aan het contextuele axioma dat mensen onderling verbonden en van elkaar afhankelijk zijn. Dat houdt in dat mensen leven in een relationele context van wederzijdse afhankelijkheid en verantwoordelijkheid, en dat ieder mens geboren wordt met het besef van rechtvaardigheid en verantwoordelijke zorg. Deze motivationele laag is de plaats van hoop voor het herstellen van de gekwetste menselijke rechtvaardigheid (Boszormenyi-Nagy & Spark, 1984, p. 53).

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Frankly, I had no idea what I started when I took the first step toward a doctoral thesis. I was told that the process would be long and lonely, particularly for external PhD students. Nonetheless, I have enjoyed it from the beginning and have experienced it as a privilege. This result is largely due to the enthusiastic help I received from many people. Therefore, I would like to begin by thanking all of those who contributed to this result, without whom it would not have been possible. I want to mention some of them by name, following in the chronological order of their contribution to this study.

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About the Author

Jaap van der Meiden was born in 1960 as the second son of his father and mother, and after him, a third son was born. He grew up in Drenthe and moved to the Veluwe in 1972. He completed his secondary education at the Christelijk Lyceum Apeldoorn in 1977. He married in 1985, and together he and his wife had three sons and a daughter. In 2018, Jaap became a grandfather for the first time.

Jaap started his professional education at the reformed school for social work 'de Vijverberg', which is the forerunner of the Christian University of Applied Sciences. He graduated in 1981 as a social worker. After having spent his time in the Dutch Army, he started in 1983 as a general social worker at the Protestants Centrum Maatschappelijke Dienstverlening Zetten. He combined that from 1984 with an appointment as the school social worker at De Brouwerij, a school for children with behavioral problems that was part of the Heldringstichting Zetten.

In 1991, Jaap received his diploma in video home training, and in 1992, he graduated as a senior social worker at Hogeschool Windesheim, Institute for Advanced Social Work. During this training, he encountered the contextual approach of Ivan Boszormenyi-Nagy. He wanted to learn more about it and followed, among other things, the Contextual Therapy Master Class, a joint venture between Hahnemann University Philadelphia and the Voortgezette Opleidingen of the Hogeschool van Amsterdam, where he was trained by, among others, Ivan Boszormenyi-Nagy and ElseMarie van den Eerenbeemt. In 1995, he received the corresponding Certificate of Attendance. Since then, he has attended various conferences, training sessions, intervision and courses. In 2002, he obtained his European Certificate Psychotherapy. The Association of Contextual Workers (VCW) granted him in 2003 the Certificate Contextual Therapist VCW and in 2006 the Certificate Contextual Supervisor VCW and Contextual Learning Therapist VCW. In 2016, the Dutch Association registered him as a system therapist for Relationship and Family Therapy (NVRG).

To summarize his professional appointments, in 1992, Jaap ended his appointment as a school social worker and started as a part-time teacher of social work at the forerunner of the Christian University of Applied Sciences, where he has been working ever since, albeit in varying part-time appointments because of his other activities. In 1996, he also finished his appointment as a general social worker and started his own

practice for contextual therapy. From 2000 to 2013, he was the part-time assistant director and later director of the HdS, a Christian center for care and welfare.

In 2011, Jaap conceived the plan to do a doctoral thesis. In September 2012, he started the research and participated in the graduate school of the University of Humanistic Studies Utrecht. All of the above has ultimately resulted in this thesis.

This thesis presents a qualitative research on contextual theory and therapy according to Ivan Boszormenyi-Nagy. It encompasses a reconstruction of contextual theory, an analysis of contextual therapy practice and the development of a model for contextual therapy.

To improve the accessibility of contextual theory, the core elements of contextual theory and therapy have been defined and ordered from the perspective of the contextual axiom, the contextual anthropology, the contextual pathology and the contextual methodology.

The practice of Ivan Boszormenyi-Nagy and the practices of current contextual therapists were analyzed in order to determine how contextual theory is applied to the practice of contextual therapy. This lead to the definition of nineteen contextual interventions. In essence, the contextual therapist aims at enriching or restoring reciprocity by focusing on mutual giving and receiving. The contextual approach particularly considers responsible care for the other to be the source of a meaningful life and for close, trustworthy relationships.

The findings of the research above are used for developing a model for applying contextual therapy. The model structures and gives direction to a contextual therapy process, without claiming to be a prescriptive model. It aims to assists family therapists and other professionals in integrating the core element of this approach, relational ethics.

Finally, the core of this family therapy approach appears to be true to its axiom: people are interconnected because of their being human, including their innate sense of justice and care. This sense is considered the strength and resilience of people and thus 'the motivational layer in which hope resides for repairing the hurt human justice'.

Jaap van der Meiden is senior lecturer and researcher at the Christian University of Applied Sciences Ede (CHE), and founder of the CHE Institute Contextual Approach.