Strengthening Connectedness in Close Relationships: A Model for Applying Contextual Therapy

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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, 1987; 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, Grunebaum, & Ulrich, 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, 1996). Many overviews of family therapy refer to this approach, and further research is ongoing (Belous, 2015; Gangamma, Bartle-Haring, & Glebova, 2012; Gangamma, Bartle-Haring, Holowacz, Hartwell, & Glebova, 2015; Heiden Rootes, 2013; Schmidt, Green, & Prouty, 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, 1987, 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, 1987, p. 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, 1987, 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, 1987, 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, 1987, 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, 1987, 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, 1987). 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, 1987; 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, 1987, 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 the table below, followed by some general remarks on the application of this model. Thereafter, each intervention is explained separately.

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

The model above 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, 1987, p. 191). The present model, however, is limited to the contextual interventions.

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, 1987, 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, 1987, 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, Carney, & Fedoroff, 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, 1987, 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, Rodríguez, & Diamond, 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. 369–370).

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, 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.

Encouraging the (restoration of) dialogue

The proposed change should eventually lead to the restoration and strengthening of a genuine 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, Smits, Rober, & Claes, 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, 1987, 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 offers 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; 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.

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