

Applying the Paradigm of Relational Ethics into Contextual Therapy. Analyzing the Practice of Ivan Boszormenyi-Nagy

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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.

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, 1987; 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, Snijders, Thunnissen, Bögels, & Trijsburg, 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, Davis, & Lebow, 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, 1987, p. 296). Since then, several family therapists and researchers published articles about such applications, and Goldenthal (1993, 1996) as well as Hargrave and 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, 1987; 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, 1987, 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 to 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, Grunbaum, & Ulrich, 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, 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 or 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.

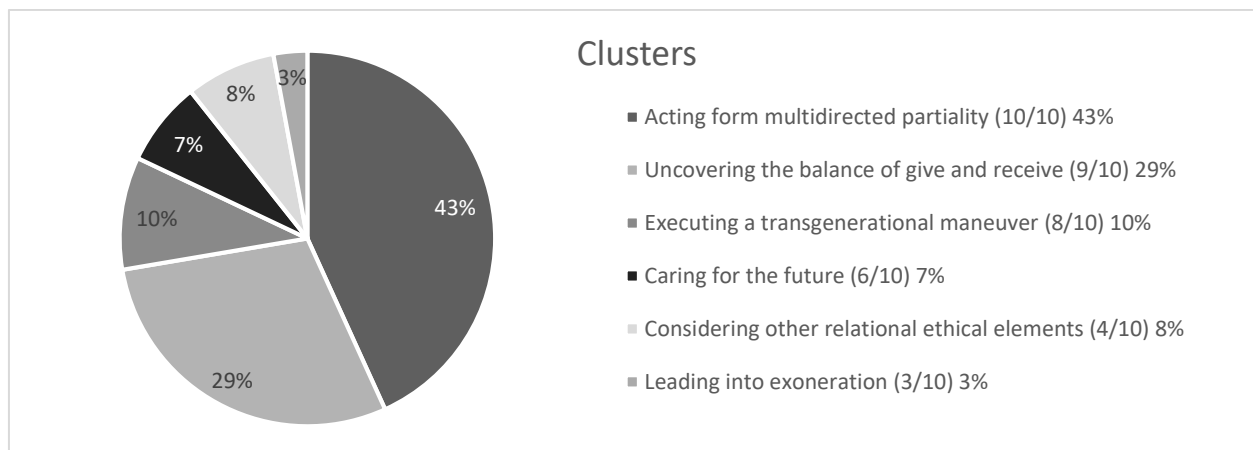
FINDINGS

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; **Fout! Verwijzingsbron niet gevonden.**; and **Fout! Verwijzingsbron niet gevonden.** 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 prerequisite 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, 1987). The result is that first of all the clients experience trustworthiness because of the therapist's 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. 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 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, 1987). 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 manoeuvre (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, 1987; 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 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, 1987; Grunebaum, 1990). 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). So, 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-assess 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, 1990, 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, 1987, 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, 1987, 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 (1993, 1996) and Hargrave and 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. So, 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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