Contextual family therapy is the complex and highly ethical approach to resolution of family development complications. The importance of contextual family therapy is associated with its strategic focus on humanitarian and ethical values with a focus on culturally-historical backgrounds and ethically-approved resolution of a life problem. This reflection paper is going to summarize the central assumptions and concepts regarding contextual family therapy as well as apply some of these concepts to the real family example.

As a theoretical model and an individual branch of the family therapy, contextual family therapy was designed and integrated in practice by the Hungarian-American psychiatrist Ivan Boszormenyi-Nagy, who aimed to enrich the knowledge of family relationships by more comprehensive dimensions of ethical psychology (Fowers & Wenger, 1997). The central theoretical focus of the contextual family therapy is targeted to evaluate emotional aspects of individual behavior within the family setting. As a unique intervention strategy, contextual family therapy has an exhaustive coverage of other family models such as interpersonal psychology, individual psychology, systemic psychiatry, existential theory, and intergenerational relations; even though contextual family therapy is not viewed as an eclectic form of therapy. The treatment within the contextual family therapy is strictly based on the so-called ethical dimensions which reflect as on the individual as on the groups of lineage.

The major assumptions for change relate to the approved theory that an individual tends to experience different emotional aura within the family which is different from emotional specter beyond the family. This relates to the ethically-cultural context of the family setting which is not static but always a dynamic environment. Therefore, previous ethical features and behavioral foundations leave a
mark on the emotional response and ethical interaction between the family members. The task of the contextual family therapist is to examine the individual ethical dimensions and domains with a direct adherence to the contextual factors of family relationships. Context itself contains as problematic drivers as points of contingency. By examining both components of the context at the individual level, a therapist develops prevention to seek for establishing grounded framework of resources offered by family systems. These resources are usually unrecognized and unacknowledged, which means the ‘revelation’ and guidance by a specialist in contextual family therapy.

Formally, contextual family therapy is grounded on several conceptual domains which, actually, predetermine the applicability and use of the therapeutic approach. There are facts, individual psychology, systemic transactions, and relation ethics (Mauldin, G.R., & Anderson, 1998). Thus, the entire family history is based on facts such as genetic picture, ethnic background, health history, personal experiences, life events, or socioeconomic status – everything counts and reflects on the behavior within the family. Individual psychology indicates that there are behavioral patterns which directly and indirectly constitute the individual’s personality. Of course, this shows a clear relation to facts which contribute to the formation and development of personality. Systemic transactions concept is stemming from the classical systemic family therapy that addresses formalities of human interactions and internal socialization ideas: power and authority distribution, rules within the family, feedback, and so on. However, one of the most decisive conceptual domains is relational ethics that emphasizes ethical coverage of close family relationships. When the factual context is defined, a therapist focuses on the nature and roles of relationship triggers: forgiveness, reciprocity, loyalty, fairness,
guilt, connectedness, caring, and/or trustworthiness. As these relationship triggers exist not only between the individuals but between the generations of the family, relation ethics actualizes the basic needs of members reflecting from the real relationships, which have certain consequences, as a result.

The methodological approach of the contextual family therapy makes the intervention really exclusive. Thus, aside from brief therapy of system intergenerational theories which are solution based, contextual family therapy is strictly problem oriented, with focusing on specialized ethical dimensions of individuals. In the meantime, contextual family therapy exploits the principle of multi-directed partiality that embraces the constructive dialogue between the mutually responsible members of the family from the position-taking paradigm (Goldenthal, 2005). As other MFT may involve unilateral partiality or neutrality positions, contextual family therapy refers to the multi-directional aspect of a ledger that covers viewpoint of each family member. A ledge is a psychological system of obligations formed throughout generations, and it includes information on what one member owes to another, given the contextual hierarchy. In this sense, addressing the issues regarding the interest and expectations of the specific family members remains to be a prioritized area of multi-directional partiality principles.

In order to apply the assumptions and concepts of the contextual family therapy to my family, all formalities of intergenerational interactions must be considered. For instance, as family therapy emphasizes the interests of individual, the interactive and grounded components must be defined, including legacies, loyalties, justice, and development vectors basing on these identities. On the base of the knowledge derived, it is possible to respond to the problem or conflicts within the family, or regulate these relationships for better interactions in the future. The
Notable advantage of multi-directed partiality is the potential analysis of interests without actual presence of all family members in the room. This evaluation of my family is engaged under the family genogram that reflects on family connections.

In terms of the contextual family therapy, legacies are considered as formal expectations or physical ‘artifacts’ established and passed by previous generations (Brown et al, 1999). For example, the legacy passed from my grandparents to my father, Dusan Srzentic, is associated with expectations on physical and mental stability. In other words, my grandparents were relatively strict and practical to teach their son by formal principle of high discipline; notably, this sense of discipline was passed to me and my elder sister Teodora through education by my father. As for the mother’s legacies, my second grandparents leave in the relatively poor social conditions what reflected on their fear of poverty and hunger. This mental construct was passed to my mother, Ljiljana Srzentic, who taught us to care and treat positively the material benefits of today; sometimes, however, this turns into conflict between our representatives of material benefits and non-material benefits of life. Still, the mother’s interest and expectations for us are understandable within this family context.

Regarding invisible loyalties that reflect on mine and Teodora’s unconscious impulse to pay some debt to our parents, it is possible to underline the factor of relation dynamics which covered our childhood period (Brown et al, 1999). Thus, it can be alleged that the father experienced sufficient troubles with financial support of our family in the past because of the socio-political instability in the homeland’ nevertheless, he was employed on two jobs to gain earnings and spend them on my education, for instance. My mother, in turn, was involved in the cultivation of family resources and values, since mother and father shared a single life ideology. For
some sense, these life indicators helped us to unite morally, reflecting on my and Teodora’s motivation to support parents while being on retirement.

The equality in distributing family roles to overcome social crisis became the principle of fairness, which then resulted in justice domain. The position-taking principle was clearly shared and delegated throughout family history: it included gender-based roles of feminine and masculine activities which can overlap sometimes (Metclaf, 2011). In the meantime, through the history of family development, meritocracy principle has become the real illustration of justice – everyone, in the bottom family hierarchy, gets what he/she deserves.

The principle of justice and established family meritocracy impacted my development and development of my sibling Teodora. For instance, I intend to pass the legacies of father’s discipline and mother’s scrupulosity to my children, as these ethical mental qualities helped us to survive and became who we are today. Meritocracy has been viewed as a good psychological tool for consolidation of families, with proper highlighting of ours individuality. In the meantime, the cross-relation form of justice implies that people must develop through passing the challenges within the family. Therefore, it is possible to state that most concepts of contextual family therapy contribute to my current life and stability. My grandparents raised their child in accordance with social environment, while my parents facilitated my awareness of material and non-material life benefits. This form of mental balance, notably, has minimized the number of conflicts and arguments within our family circle. As these individual relations contributed to my personality’s foundation, I would pass the same models of relationships to my descendants.

In conclusion, it is possible to say that the contextual family therapy becomes the integrative approach to healing emotional imbalance in families through
addressing of individual interests, facts and relations. It can be used in any family setting to learn the motivational origins of our actions and behaviors.
References


