ABSTRACT: Ivan Boszormenyi-Nagy, originator and leading proponent of contextual family therapy, has been addressing relational ethics for more than 40 years. During the 1980s there was a proliferation of contextual publications. Great interest in the approach seemed to peak and then ebb silently. What happened to contextual therapy? Why has contextual therapy not taken its place among the other widely used and recognized therapeutic models? This article addresses these questions through a review of family therapy literature.

The contextual therapy framework is an important resource to family therapists (Grunebaum, 1987). Although contextual therapy has been well defined in family therapy literature, references citing specific applications of the technique seem to be limited. According to the contextual approach, problems arise in families when dialogue is abandoned, and the only way the dialogue can be reestablished is through renewal of trust among family members as evidenced by talking, listening, and validating. This article presents a review of recent literature for the purpose of exploring the ways contextual the-
ory is being applied, criticisms of the approach, and any forthcoming explanations for the slow establishment of contextual therapy as a major method of therapy.

**BASIC CONCEPTS IN CONCEPTUAL THERAPY**

Conceptual therapy emerged from the practice of both individual and classical family therapy. Ivan Boszormenyi-Nagy, originator and leading proponent of contextual therapy, was trained as a psychiatrist. He began a research program in 1957 at the Eastern Pennsylvania Psychiatric Institute to develop more effective ways of working with schizophrenics and their families. With colleague James Framo, he co-edited the book *Intensive Family Therapy* (1965), a traditional psychoanalytical approach to family therapy. A few years later, he co-authored *Invisible Loyalties* (1973) with colleague Geraldine Spark. The latter work reflected the contextual theory through emphasis upon one's indebtedness to his or her family of origin, the continuing influence of one's biological relatedness, and the conceptualization of consequences of ethical and unethical relating. Nagy and Spark maintained that there was an intergenerational ledger which bound family members to one another.

Contextual terminology began to evolve and appear in the literature in 1979 (Boszormenyi-Nagy, 1979). With Krasner (Boszormenyi-Nagy & Krasner, 1980), Nagy began to call the contextual approach an intergenerational approach and a trust-based approach. Building trust within the family was the method of changing dysfunctions.

According to Nagy, there are four dimensions of relational reality (Boszormenyi-Nagy & Krasner, 1981): Facts, individual psychology, family or systemic transactions, and relational ethics. Relational ethics is the most important therapeutic dimension for correcting family dysfunctions caused by lack of fairness, trust, loyalty, validation, commitment, entitlement, or merit. There has been little research in the relational ethics domain (Van Heusden & Van Den Eerenbeemt, 1987).

From the contextual perspective a family in therapy is considered to be experiencing painful relational imbalances in the immediate family and imbalances due to unresolved issues from the families of origin. Such imbalances may appear in the form of severe lack of trust, an inability of members to give due credit to one another for contributions to the family, or a lack of dialogue among family mem-