

# CONTEXTUAL FAMILY THERAPY

## An Illustration

OFRA SHAHAM, *EMFT*

**C**ontextual Therapy offers a unique approach to individuals and families. It examines complex loyalty issues across the generations in the context of the therapist's commitment to all family members, present or absent, following Nagy's concept of multidirected partiality.

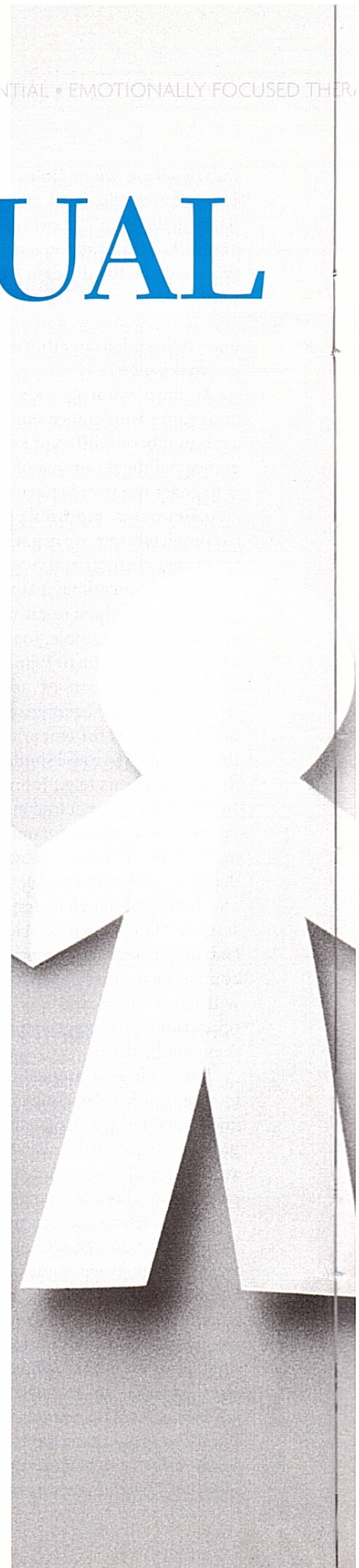
Loyalty, visible or invisible, is a powerful drive in family relationships. It originates in the care for one's offspring, and the desire to protect and advance family legacy. The birth itself, and subsequent parental care, create the child's loyalty to the parents, and the parents' expectation of loyalty and devotion from their child.

Loyalty expectations may either free or cause bondage. When parents are able to offer satisfactory parenting, children are free to express their care to parents and later, to their spouse and children. However, when the child's developmental experience has not been "good enough," increased emotional bondage to the parents often ensues. Compelled by such *invisible loyalty* (the hidden or indirect expression of loyalty from a child of any age towards his or her parents), the child internalizes the parental failure, and responds emotionally with shame, guilt, resentment and acting-out, in order to compensate the parents for their failed parenting.

In a case of *split loyalty* when one parent expresses basic mistrust towards the other, **THE CHILD IS FORCED TO BE LOYAL** to one parent at the cost of being disloyal to the other.

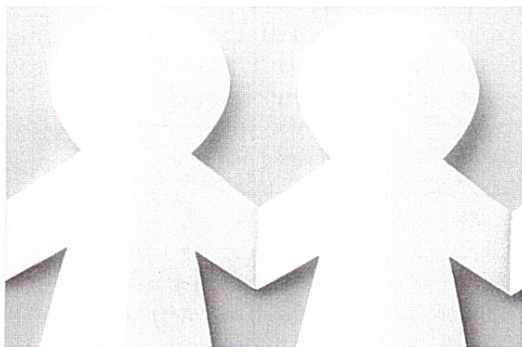
As seen in the following case, such *destructive parentification* compels a child to alleviate a parent's pain by either identifying with the "bad object" and becoming "bad," or by becoming a model child attempting to balance the score. As a parent to his or her own parent, the child sacrifices needs in the process. In a case of *split loyalty* as shown in the case below, when one parent expresses basic mistrust towards the other, the child is forced to be loyal to one parent at the cost of being disloyal to the other.

Borne of the central concept of loyalty, the therapist's stance of *multidirected partiality* becomes the main method of therapeutic engagement. Extending concern and





care to all family members, the contextual therapist makes a strong effort to achieve a balanced give and take within the family, in and outside of therapy. For example, the therapist models fairness in relationships by searching for and offering acknowledgment for each family member's contributions—preempting feelings of bitterness and resentment, blaming and mistrust. Fairness in these give-and-take transactions, and a mutual commitment to care for and consider every family member's needs, is a fundamental component for all healthy and satisfying relationships. A family member's appropriate giving creates his or her *constructive entitlement*, which is, according to Nagy, the freedom to ask for what one needs, the right to belong, confidence, and a sense of meaning in life.



The therapist's stance of fairness toward everybody, including the girls' absent biological mother, **ALLOWED THE FAMILY TO RELATE** more fairly to her and acknowledge the fundamental role she has played in her daughters' lives.

### Case Study

(All names in the following case study are fictitious.) Rachel, a 17-year-old eleventh grader, was psychiatrically hospitalized after outpatient therapy failed. She had repeatedly run away, had declining school performance, and depression. At the first family meeting, Rachel's father, Jeff (a 40-year-old police officer), stepmother Leah (31-year-old secre-

tary), and 14-year-old sister, Sarah, were present. The family has been cut off from Ruth (who is 39), the girls' biological mother, who divorced after four years of marriage. Jeff and Leah, married 13 years, have no children of their own.

In their first session, Jeff and Rachel expressed their profoundly different, but complementary views of the situation. Jeff stated:

*Rachel hangs out with bad peers who are doing and dealing drugs. She sleeps around. She lies. I can't believe a word she says. Her grades have dropped dramatically. I love my daughter, but I cannot watch her follow in her mother's footsteps. I will do anything to prevent that. I won't allow her to put me through what her mother put me through 14 years ago. I won't risk my family's safety again.*

Rachel explained, "My father accused me of sleeping around and called me a whore when I was 12 and still a virgin. I have to lie to him because I'm scared of him; he overreacts to everything I do."

Conflict between Rachel and her father regarding her choice of friends and activities had been longstanding. When Jeff resorted to grounding Rachel—most of the time in a futile attempt to control her socializing—

Rachel started to run away. While Jeff was able to relate to his daughter's rebellious stage (he was a rebel and did many wrong things just to be accepted by the crowd), he was unable to accept her behavior because it so reminded him of his experience with Rachel's mother, Ruth. Ruth's family was involved in crime and her father had served time in jail. According to Jeff, Ruth and her

father had an incestuous relationship, which continued throughout their marriage. This, and Ruth's alleged affairs, significantly contributed to their divorce. When Jeff tried to "rescue" his wife by moving to another state, Ruth's father made two attempts to kill Jeff, who now conceals his residency.

Jeff felt betrayed by Ruth when she sided with her father against Jeff in an attempt to protect her father from jail. Ruth then left with the girls to find refuge with her own family, but returned the children after two weeks, and has not seen them since. Jeff continues to be very angry with his ex-wife and her family, not permitting his daughters to make any contact with "that trash." The only somewhat positive quality he could see in the girls' mother was her good looks. He confessed, "I was not the popular guy in the neighborhood, and she was beautiful, so it was easy for me not to see what anybody could see—her sleeping around."

Leah, Jeff's second wife, had grown up the oldest and parentified daughter trying to meet her mother's unmet need after her parents' divorce and her father's disappearance when she was two years old. She was 18 when she married Jeff and became the instant mother to a four-year-old and a one-year-old, continuing her role of caretaker.

Sarah, Rachel's younger sister, presented as having no problem. She was doing well in school, had the "right" friends, and was easy to get along with. In case of any trouble, Sarah knew Rachel would protect her, even if this entailed engaging in physical fighting.

Because of the forced disconnect, Rachel had little knowledge about her mother and the maternal extended family to whom she was often negatively compared by her father. Using her hospital as a return address, Rachel secretly contacted her maternal grandparents, asking about her mother. Her grandparents informed her that they had lost contact with their daughter Ruth four years ago, and did not know her whereabouts. Rachel felt that she could not share this information with her family, and decided not to have any further contact with her maternal grandparents.



### Therapy Process

All four family members attended the 13 meetings scheduled during and after Rachel's hospitalization. The earlier sessions were dominated by Jeff's strong feelings of anger and hurt on one side, and his feelings of guilt over being a "bad" parent on the other. When anger and hurt were high, cooperation and readiness to invest in therapy were small. When guilt was intense, it led to fatalistic hopelessness, hampering Jeff's ability to examine the continued hurt he experienced regarding Rachel's mother, and how this affected his relationship with his daughter.

Jeff learned that Rachel's boyfriend had been arrested for drug dealing. He berated Rachel for compromising her family's safety, and threatened not to allow her to return home after discharge. However, with the therapist's support, Rachel was able to ask her parents for forgiveness for her behavior, acknowledging that she had never before considered how deeply she had hurt them. Rachel's ability to take responsibility for her actions allowed her parents to shift their attitude. Instead of feeling angry and betrayed by what they considered to be Rachel's deliberate actions, they began to wonder whether Rachel's past behavior was not the result of her poor judgment of people and situations, combined with poor self-protection skills. When this was confirmed through psychological testing, her parents were able to demonstrate reliable support and care.

The therapist's continued multidirected partiality and acknowledgment of family members' care helped solidify the initial base of trust, as family members were asked to identify the basic care embedded in their intensely negative feelings, instead of being paralyzed by focusing on their destructive expression. The therapist's stance of fairness toward everybody, including the girls' absent biological mother, allowed the family to relate more fairly to her and acknowledge the fundamental role she has played in her daughters' lives. This freed Rachel from having to split her loyalties. She had been unable to openly satisfy her natural curiosity about the mother who gave birth to her and cared for her until age four. Her father's negative comments about Ruth

had been the only information available, compelling Rachel to demonstrate her invisible loyalty to her mother by emanating what she knew about Ruth—her acting out.

Multidirected partiality, as in acknowledging the unfairness Jeff had suffered in his first marriage as well as empathy for Ruth, allowed Jeff to join and shift his view of Ruth from "bad" to "tragic." He became able to understand that Ruth left their daughters with him because she considered him to be the better parent. Jeff then shared with the girls several other instances of their mother's loving care for them. This paved the way for Rachel to directly express her concern for her mother without having to fear her father's rejection. Predictably, the invisible loyalty's hold lessened, and with it, Rachel's symptomatic behavior.

Subsequent changes in the family structure ensued. The relationship between Leah and Rachel dramatically improved, as soon as Rachel was free to acknowledge, feel entitled to, and enjoy her stepmother Leah's caring for her and her sister without feeling disloyal to her biological mother. Being allowed to be openly loyal to her mother allowed Rachel to acknowledge her mother's inability to provide care, and to in turn openly express her appreciation of Leah's investment in raising them.

When the focus was taken off Rachel, the family was able to express concern about Sarah's physical frailness and her emotional detachment from the sessions. From a systemic contextual point of view, Sarah's struggle with anorexia could be understood as her need to disrupt sexual development in order not to upset and lose her father as had happened to Rachel. Detaching herself from her family seemed the best way to avoid being caught in loyalty conflicts. When Sarah was allowed to express her longing for her hospitalized sister, acknowledging Rachel's positive contribution to the family, Rachel in turn earned the all-important constructive entitlement to her family's care.

At follow-up, interactions within the family had continued to improve. As the family's symptoms and subsequent stress-

es subsided, Jeff and Leah revisited their decision not to have children of their own. They recognized that mutual emotional unavailability and lack of energy to invest in their marriage had been the reasons to forgo joint parenthood. They became parents to a baby girl about a year and a half after Rachel's hospitalization.

As Rachel's centrality and scapegoating continued to diminish, she became freer to invest in herself first in the hospital, then, after discharge, at school, which she successfully finished, and in her community, where she began to participate in many youth-oriented activities. Her sister also became free to appropriately invest in herself. Sarah joined a community choir, using the vocal talent she apparently had inherited from her biological mother.

While it would have been easy to focus on the family's dysfunction, the contextual approach and its search for the resources within the family system, provided an opportunity to find the residual trust between family members and use that trust as an anchor from which the therapeutic work could evolve. ○



**OFRA SHAHAM, PhD,** a licensed marriage and family therapist, is in private practice in Wynnewood, PA, and is a former student

and supervisee of Ivan Boszormenyi-Nagy. Shaham applies the principles of Contextual Therapy in her work with multi-problem families, couples and individuals. She also teaches Contextual Family Therapy as an adjunct faculty at Hebrew University and Tel-Aviv University, Israel. Shaham is a Clinical Member of the AAMFT.

### REFERENCES

- BOSZORMENYI-NAGY, I.** (1973) *Invisible loyalties: Reciprocity in intergenerational family therapy*. NY: Brunner/Mazel.
- DOCCUMB-NAGY, K.** (2003) "Contextual Therapy" pp. 463-488. in Kaslow, F. (Ed.) *Comprehensive Handbook of Psychotherapy*. Vol. 3 New York: Wiley.

*The author thanks Reinhild Draeger-Muenke, PsyD, for her assistance with this article.*