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"I wonder...?" The Presence and Implications of Curiosity as a Foundational Ingredient Across Couple and Family Therapy Models

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**“I WONDER...?” THE PRESENCE AND IMPLICATIONS OF CURIOSITY AS A
FOUNDATIONAL INGREDIENT ACROSS COUPLE AND FAMILY THERAPY
MODELS**

A Dissertation

Presented to the Faculty of
Antioch University New England

In partial fulfillment for the degree of

DOCTOR OF PHILOSOPHY

by

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August 2023

“I WONDER...?” THE PRESENCE AND IMPLICATIONS OF CURIOSITY AS A
FOUNDATIONAL UNIT ACROSS COUPLE AND FAMILY THERAPY MODELS

This dissertation, by Brian T. Hannigan, has
been approved by the committee members signed below
who recommend that it be accepted by the faculty of
Antioch University New England
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

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ABSTRACT OF THE DISSERTATION**“I WONDER...?” THE PRESENCE AND IMPLICATIONS OF CURIOSITY AS A
FOUNDATIONAL UNIT ACROSS COUPLE AND FAMILY THERAPY MODELS**

By

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Theoretical and anecdotal accounts highlight the power of curiosity within the therapeutic process of particular models of therapy, with specific influences noted in regard to forming, maintaining, and evolving intra- and interpersonal relationships. The mention of curiosity in the therapeutic process is not surprising given its profound and evidence-based influence on the promotion of relationships and influence on social-emotional health and well-being. What is surprising however, is the lack of comprehensive review and exploration into how exactly curiosity is being conceptually used within and across therapeutic models. Additionally, such a review is missing in terms of whether curiosity is model dependent or is perhaps an integral piece of the larger therapeutic common factors' movement. To address this aforementioned gap between curiosity and the therapeutic process, I (BTH) and my research team (T.B. and M.F.) reviewed 28 book length texts that encompassed seven different theoretical approaches to therapy. An explanatory sequential mixed methods design was utilized, wherein quantitative data showed that the included language of curiosity was used 773 times between the 28 included texts. These 773 data points were then analyzed through a deductive qualitative process based on the sensitizing constructs of the therapeutic pyramid. Throughout this analysis, curiosity was

most commonly coded as being a skill/technique, with additional coding of the therapeutic alliance and a way of being. The therapeutic pyramid was efficacious in describing the various functions of curiosity. However, upon further review and analysis, the research team's conceptualization of curiosity was refined to two primary themes: connection and challenge. It is within each of these two headings where the value of curiosity lies across therapeutic modalities, as curiosity independently or simultaneously served as a conceptual tool for promoting connection and relationships while also functioning as an agent of challenge, growth, and change. This dissertation is available in open access at AURA (<https://aura.antioch.edu>) and OhioLINK ETD Center (<https://etd.ohiolink.edu>).

Keywords: curiosity, wonder, therapeutic pyramid, common factors, deductive qualitative analysis

Dedication

To my daughters, Lily and Willow, who model to me the joy a life can have when it's guided by curiosity.

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Chapter 1: Introduction

Introduction to Curiosity

Curiosity is the emotional and motivational force to recognize and attend to a relational gap and, as a result, foster the creation of a new relationship or evolve an existing relationship between oneself and an aspect of their interpersonal, intrapersonal, or inanimate world (Kashdan et al., 2004). Curiosity is the initial step of choosing to engage with a stimulus in one's world where a relationship is either lacking or incomplete (Pekrun, 2019). In its most traditional developmental application, curiosity has been studied and connected to increased learning (Gruber et al., 2019), math and reading achievement (Shah et al., 2018), short- and long- term memory (Fandakova & Gruber, 2021), and creativity (Hagtvedt et al., 2019). Evolving explorations are showing the strong value of curiosity interpersonally, with curiosity as a critical skill in satisfactory relationships (Kashdan & Silvia, 2009), intimacy (Kashdan et al., 2011), emotional intelligence, and the promotion of social-emotional skills, such as empathy, collaboration, and awareness of self and others (Harvey & Leonard, 2007). Curiosity is a skill that fosters relationships, flexibility, inclusivity, and an openness to alternative possibilities. As a consequence of these various functions, curiosity is commonly stated as a strong corollary to life satisfaction and overall well-being (Kashdan et al., 2004; Gallagher & Lopez, 2007). In short, curiosity is a foundational unit for human relationships (Renner, 2006).

Introduction to Common Factors

The longing for uniqueness among systemic models of therapy once overshadowed their vast relational commonalities (Sprenkle et al., 1999). Grounded in historical writings of traditional psychotherapy (i.e., Rosenzweig, 1936), contemporary scholars emphasize the common factors that contribute to successful therapeutic outcomes: client motivation, awareness,

and expectations; therapist qualities (i.e., accurate empathy); and the quality of the therapeutic relationship (Wampold, 2015). Sprenkle et al. (2009) have added to this literature by specifically emphasizing the commonalities present within couple/marriage and family therapy (C/MFT) modalities: relational conceptualizations, expanded direct treatment system, expanded therapeutic alliance, and a privileging of the client's experience.

Among other critiques, limiting the common factors literature and perpetuating a subset of critics is the broad nature of these subjective forces of influence (i.e., the therapeutic relationship; D'Aniello & Fife, 2020). Common factors researcher Sean Davis described in an interview the ongoing need to be more precise in common factors, working to find the "smallest transportable unit[s] of therapy" (MinnMFT, 2010). With these critiques in mind, prominent common factor advocates have shifted attention away from trying to describe a common factors *model* to instead focusing on a meta-model, the therapeutic pyramid, which is a method for understanding how three central common factors (skills/techniques, therapeutic alliance, and clinician way of being) exist and interact across pre-existing models (Fife et al., 2014).

The Link Between Curiosity and Therapeutic Process

Although the literature is limited, conceptual (i.e., Cecchin, 1987) and anecdotal accounts highlight the power of curiosity in the therapeutic process, with specific influences noted in forming, maintaining, and evolving intra- and interpersonal relationships (i.e., Ofer & Durban, 1999). Scholars have also drawn attention to some of curiosities' role within specific therapeutic models, such as psychoanalysis (Ofer & Durban, 1999) or cognitive-behavioral therapy (Cohen et al., 2013). C/MFT models have also been explored in regard to the role of curiosity. For example, there is work published on the inclusion of curiosity in narrative therapy (i.e.,

Freedman & Combs, 1996), Milan family therapy (Blankenau, 1995), and emotion-focused therapy (i.e., Elliott & Greenberg, 2016).

The mention of curiosity in therapeutic models is not surprising, given its profound and evidence-based influence on the creation and promotion of relationships and social-emotional well-being. What is surprising however, given the overwhelming evidence on the value and benefits of curiosity is the lack of comprehensive review and exploration into how exactly curiosity is being used within and across therapeutic models regardless of a clinician's theoretical orientation. Levitt and Williams (2010) unintentionally validate the need for this study as they conducted a grounded theory exploration into what expert therapists believed to be part of the change process. Although participants varied in their theoretical approaches (i.e., cognitive-behavioral therapy (CBT), feminist, narrative, etc.), curiosity continued to arise as a central construct mentioned by each of the 14 experts included in the study. Taken as a whole, the strength of curiosity in the therapeutic context is that it can simultaneously fit into the therapeutic pyramid (Fife et al., 2014) as a technique, as an aid to the therapeutic relationship, and as an aspect of the clinician's way of being.

Purpose Statement

Since the beginning of my clinical training I have been intrigued by the role that curiosity plays in the clinical process. I distinctly recall being told in my initial clinical skills course, "If all else fails with a client, just be curious." Despite the repetition of which I was told to be curious, I was still left *curious* around what curiosity's role and function might be within the therapeutic process, both as a tool for the clinician as well as an outcome for the clients (i.e., therapy that promotes client curiosity). Continuing my clinical training in a doctoral program oriented around relational intervention furthered my intrigue as the practice of curiosity was again emphasized and reiterated. While one of my overarching goals is to identify specific and

tangible practices that can actively promote curiosity, the first question that needed to be answered was around how curiosity is currently thought to be used within the therapy space.

The purpose of this study is to bring more explicit attention to the intended function of curiosity within the therapeutic space and process. To begin to address this aforementioned gap between curiosity and the therapeutic process, I and the research team reviewed four book-length texts for each of the seven included theoretical orientations. While such an exploration would be interested in looking at all theories, only seven C/MFT therapy models will be included. With the specific research questions outlined below, this study provides a better understanding on how the included C/MFT models incorporate, conceptualize, and theoretically implement curiosity as a practice within their therapeutic processes. An explanatory sequential mixed methods design was utilized, where quantitative techniques objectively identified the language of curiosity (i.e., where the specific words curiosity and wonder are utilized) while a deductive qualitative analysis helped in understanding themes around how curiosity/wonder is being conceptualized and used within and between each of the models. With both the quantitative and qualitative data collected, a final analysis took place in order to position curiosity within the framework of common factors and the aforementioned therapeutic pyramid (Fife et al., 2014).

Research Questions

Quantitative Questions

1. Of the texts included in this study, how many explicitly use the words curiosity or wonder (or other included forms; i.e., curious or wondering) in relation to the therapeutic process?
2. Of the texts included in this study that explicitly use the words curiosity or wonder, how many times are the words (or other included forms; i.e., curious or wondering) utilized?

Qualitative Questions

1. Where curiosity is explicitly noted within the included texts and using the therapeutic pyramid (Fife et al., 2014) as a sensitizing construct, what is the intended function of curiosity within the included C/MFT texts?

Mixed Methods

1. How can common factors and the therapeutic pyramid (Fife et al., 2014) be used as a framework to conceptualize the quantitative and qualitative presence of curiosity across the included C/MFT theoretical texts?

Chapter 2: Review of the Literature

Curiosity

There exist centuries of recorded perspectives on the concept of curiosity. However, much of the early treatment of curiosity took the form of warning or discouraging individuals against its practice. Aristotle and Plato both spoke out somewhat against curiosity, pushing the notion that curiosity would lead to suffering and imbalance within a person (Zurn & Shankar, 2020). Perhaps the source of the modern day “mind your business” expression, Ancient Greek philosopher Plutarch contended that at most curiosity could be used for scholastic reasons but should never cross over into personal or social affairs (Helmbold, 1939). In their edited collection, Zurn and Shankar include additional examples, like that of twelfth century religious leader Bernard of Clairvaux’s, who states in opposition to curiosity that people must keep their “head[s] bent, and eyes fixed on the ground” (2020, p. xiv). Hume (1888) echoed similar sentiments, concerned that if curiosity was too promoted, then members might begin to seek outside their Christian beliefs. For the time period, curiosity as an intellectual practice was encouraged yet curiosity in connection to independent thought, spiritual enlightenment, social-emotional growth and relationships, and a challenge to the status quo of familial, cultural, and societal norms was discouraged.

Curiosity as a Form

Although curiosity began to be recognized at least in part as a positive attribute throughout the 1800s and 1900s, there still existed great debate on how to operationalize and define the term. An extensive analysis or review of these challenges is outside the scope of this paper, although Lowenstein (1994) provides a comprehensive review of the development of curiosity research and understanding throughout the 1990s. That being said, what is notable in

Lowenstein's collection and then echoed throughout a multitude of other pieces (i.e., Berlyne, 1950; 1966; Kashdan & Silvia, 2009; Phillips, 2016; and Gruber et al., 2019) is the desire to objectively define curiosity. Taken as a single concept, common verbiage used to describe the form of curiosity include survival instinct, internal passion, and/or impulse (Lowenstein, 1994; Kidd & Hayden, 2015).

Other scholars take it a step further to ask whether curiosity is a conscious versus unconscious process, a choice driven or a reactionary response (i.e., Kashdan et al., 2012). Some construct curiosity as an appetite to be satiated while others see it as part of an internal reward system or feedback loop (Kashdan & Silvia, 2009). Further still, contemporary research comes back to Hume's debate of whether or not curiosity is prosocial or aversive. Argued on one side, like in Jepma et al. (2012), is that curiosity is a state of deprivation; an awareness of a lack of knowledge or a gap in understanding wherein the ultimate goal is to reduce/eliminate curiosity. On the other hand, Kang et al. (2009) argues for curiosity as a positive and prosocial attribute that should be fostered, promoted, and reinforced given its vast academic, social, and emotional benefits (outlined below).

Where much of these definitional debates exist is in trying to understand and objectify curiosity as a form: what it is. I take the position that research and application is far more served by emphasizing a definition based on function over form; that is, how curiosity is instead of what curiosity is. Additionally, this writing will shift the focus of curiosity as a primarily academic and intellectual skill set to the perspective of curiosity as being at the core of intra- and interpersonal relationships and social-emotional health and well-being. Accomplishing this goal will require the acquisition of a frame of curiosity as highly relational in nature. From that lens, and with the foundation of work from the aforementioned scholars, curiosity is a consequence of

unknowing (Grossnickle, 2016), uncertainty, and a disconnect between oneself and an intrapersonal, interpersonal, or inanimate stimuli in one's environment. Curiosity is the recognition of and motivated response to attend to the needs of this identified relational gap (Kashdan et al., 2004).

Curiosity as a Function

In line with the more historical perspectives of curiosity as an intellectual skill, academic learning/intelligence has been the primary focus of curiosity research. Numerous scholars have published results of positive relationships between increased levels of curiosity and increased learning outcomes (i.e., Gruber et al., 2019; Hassinger-Das & Hirsh-Pasek, 2018). Specifically, in regard to kindergarten math and reading achievement, Shah et al. (2018) followed 6,200 children through a longitudinal study that correlated parent-reports of curious behaviors in their children to the child's reading and math achievement. A positive correlation was found, wherein higher levels of curiosity were associated with higher math and reading scores. Another study of 1,795 children assessed curiosity and intelligence at ages 3 and 11 and found that curiosity levels at age three were predictive of intelligence growth to eleven years old (Raine et al., 2002).

Oftentimes, instead of looking at the broad category of learning researchers will look more specifically at aspects such as memory. As expected, the more curious a student is about something the more likely the information or experience is to be retained in short and long-term memory (Fandakova & Gruber, 2019). Utilizing a trivia task along with a self-rated curiosity and interest scale, Fandakova and Gruber (2019) identified a positive correlation wherein self-reported high-curiosity items were more likely to be recalled than self-reported low-interest items. Walin and Zu (2016) found similar results in their study of eight-year-olds, noting a significant relationship between self-identified levels of curiosity and interest and the retention of

particular information. Positive correlations have also been shown between curiosity and creativity (Hagtvedt et al. 2019). Hagtvedt et al. further described curiosity as a predictor to creativity, which could be extrapolated to other areas of functioning such as problem-solving abilities.

Advances in neuroscience have echoed these behavioral findings, noting how curiosity promotes neurogenesis and influences our learning and memory processes (Gruber et al., 2019). Marvin and Shohamy (2016) further explored the neural pathways of curiosity, emphasizing curiosities alignment with the reward circuitry of the brain. This speaks to an intrinsic drive and benefit of curiosity as a source of information seeking and therefore, relationship building. Furthermore, growing research is being placed on the role of curiosity in physical health, with some scholars positing that curiosity is adaptive to aging in humans (Sakaki et al., 2018). Other researchers have sampled rats with cancerous tumors, tracking the course of physical health for the rats while also monitoring and tracking the rat's tendency to engage in curious and exploratory based behavior. Infant rats who showed greater exploratory behaviors (curiosity) lived 25% longer lives (Cavigelli & McClintock, 2003). With its positive influence in navigating new experiences and making meaning/relationships from life events and opportunities, growing research is exploring the role of curiosity in delaying the onset of cognitive decline and degeneration, whether natural aging or more specific conditions like Alzheimer's (Daffner et al., 2006).

Curiosity as a Function of Social and Emotional Health

Just as curiosity is integral in the relationship forming that goes on with academic and intellectual learning, it also plays a vital role in social processes and human connection. Kashdan and Silvia (2009) provide a review of multiple studies that speak to the necessity and value of

curiosity in positive social experiences. More specifically, higher levels of curiosity have been related to increased question asking, increased self-disclosure, increased emotional risk taking, increased engagement, and increased flexibility, with each of these being fundamental contributors to the processes of relationship development (Kashdan & Silvia, 2009; Kashdan & Fincham, 2004). Additionally, Harvey and Leonard (2007) identified a significant relationship as they explored the connection between curiosity and levels of emotional intelligence; a critical skill that influences one's capacity for relationships to self and others.

Connected to relationship building, multiple authors have also written about the connection between curiosity and evolution, adaptation, and survival (i.e., Reio et al., 2006). What is primarily spoken of is this push-pull or risk-reward analysis that takes place prior to an event, particularly a new event. Curiosity is the drive and motivator inwards, to seek out the novelty, to make sense of the unknown, and to resolve the uncertainty. Anxiety is the pull away, recognizing the dangers inherent in each curiosity. For our ancestors, perhaps the curiosity was to try a new berry while the risk could be poisoning. Contemporary society has resolved many of these survival uncertainties and replaced them with social and emotional uncertainties around belongingness, connection, and self-worth.

Whereas curiosity draws us into relationships and motivates social and emotional exploration, the perception of threat that is anxiety leads to withdrawal and avoidance. Additionally, while curiosity leads to intimacy (Kashdan et al., 2011) and relationship satisfaction (Kashdan & Silvia, 2009), anxiety leads to inhibition and disconnection. Furthermore, while curiosity leads to a lifestyle of mindfulness and psychological flexibility (Kashdan & Rottenberg, 2010), an anxious or closed-minded stance perpetuates a rigidity—an expectation of the status quo—that can be found as the source for much of human distress (i.e.,

Servaas et al., 2021). This connection between curiosity and anxiety is very meaningful for this discussion, for if curiosity is not actively being promoted, then consequently the anxiety and feelings to withdraw are being reinforced, existing relationships are stalemated, and new relationships cease to originate.

Panksepp (1998) described this as an approach-avoidance conflict, where the modern day need for objectivity and certainty is supporting a philosophy of avoidance rather than approach. This is validated in the research by Kruglanski and Webster (1996) who comment on how those with lower levels of curiosity will rely on the certainty that comes with previous experiences to make present decisions and conclusions. This runs counter to those with higher levels of curiosity, who will tend to remain more open to relationships that might run counter to past assumptions. Kashdan et al. (2011) explored these ideas by analyzing experiences with strangers. When behaviors related to curiosity were found to be higher, participants reported more positive social interactions with strangers.

Spielberger and Reheiser (2009) add to the discussion of curiosities' relationship to social and emotional health by describing curiosity as a “psychological vital sign” (p. 271). The pool of research on the correlations between curiosity and overall well-being tend to align, noting how the presence of curiosity correlates to experiences of positive affect as well as self-reported life satisfaction (Kashdan et al., 2004). Gallagher and Lopez (2007) replicated and added to past studies by emphasizing the strong relationships between curiosity and self-reported psychological, social, and emotional well-being. Given curiosities evidence-based role in promoting well-being, enhancing meaning in life and life satisfaction, increasing positive emotion, and promoting closeness in social interaction and connection, it seems intuitive for curiosity to be intimately tied to psychotherapeutic processes, especially those of C/MFT models.

Curiosity in Therapy

The discussion of curiosity in therapy is two-folded. On one side, most therapists would agree anecdotally and experientially that curiosity is present and a part of the therapeutic process. On the other side, little critical and scholarly attention has been given to the specific role and level of impact that curiosity plays in the change processes of therapy. For good reason, curiosity commonly gets used when talking about issues of cultural sensitivity and cross-cultural counseling (i.e., Dyche & Zayas, 1995; Waehler, 2013). From these perspectives, curiosity is presented as the skill necessary to challenge preconceived notions, confront stereotypes, open the door for connection, and safely address the uncertainty that may arise when two people from varying social locations or differing life experiences come together (Dyche & Zayas, 1995; 2001; Killian, 2001).

There are some published studies that speak more specifically to the role of curiosity in psychotherapy models and practice. Levitt and Williams (2010) contribute a grounded theory study, wherein 14 experts within psychotherapy were interviewed around perspectives of the change process. Although participants varied in their theoretical approaches (i.e., CBT, feminist, narrative, etc.), curiosity remained a central theme that was extrapolated from the interviews. With crossover from all 14 expert clinicians, curiosity was accounted for as a central element of therapy given its tendency to heighten introspection, promote new thinking patterns, increase motivation, and challenge pre-existing perspectives (Levitt & Williams, 2010). Ultimately, Levitt and Williams emerged from their data set with the perspective that “curiosity allowed them to sustain a reflexive exploration into vulnerable and emotionally charged topics” (p. 349).

Ofer and Durban (1999) offer an additional perspective as to the inseparable relationship between curiosity and traditional psychoanalysis, noting how curiosity is essential for self-

growth, self-discovery, and creativity. Wheelock (2000) also talks about curiosity in relation to psychodynamic therapy and the necessity of instilling a sense of “self-curiosity” (p. 207) within clients. In regard to cognitive-behavioral models such as CBT or acceptance and commitment therapy (ACT), Cohen et al. (2013) notes the value of curiosity in challenging and changing one's thinking, relating curiosity to a practice of mindfulness. While talking about cognitive therapy, Tee and Kazantzis (2011) emphasize the presence of an “atmosphere of curiosity” as a means of helping clients shift and adapt relationships to one’s thoughts and feelings (p. 51). ACT scholars echo and then expand on the previous writings to integrate curiosity as a correlate to attentional and psychological flexibility (Harley, 2015).

Similar writings, although less abundant, are found related to C/MFT theories as well. Narrative therapist Hester (2004) frequently describes curiosity as a skill that is necessary for effective narrative therapy. This echoes the writings of prominent narrative therapists and contributors Freedman and Combs (1996) who countlessly write about the value of approaching clients from a stance of not-knowing; a stance of curiosity. Blankenau (1995) writes specifically about the role of curiosity in the hypothesizing process of Milan family therapy while Lewis (2011) notes the value of curiosity in structural family therapy. Related to curiosity in structural family therapy, Lewis cites Colapinto (1983) who identifies one form of curiosity as being that of an inventor, who needs information to solve a problem, while curiosity can also be wielded by explorers, who strive to just know more. Lewis (2011) argues that both curiosities have a place in family therapy.

Curiosity is also frequently included in the literature on emotion focused therapy, with Elliott and Greenberg (2016) noting how empathic attunement is predicated on a stance of clinician curiosity and how human growth, at its core, is “supported by innate curiosity” (p. 213).

Emotionally focused therapists (EFT) describe curiosity as an asset to the therapeutic process, especially when addressing more salient topics such as sexual relations and personal needs (Reid & Woolley, 2006). Sue Johnson (2019) writes explicitly that curiosity is a prerequisite for empathy, a vital component of navigating uncertainty, and a necessity for creating and sustaining relationships. Relatedly, curiosity comes up abundantly in attachment focused care, such as through dyadic developmental psychotherapy, which is focused around relationships between parents and children and emphasizes the acronym PACE as a guide for attachment informed parenting and intervention: playful, acceptance, curiosity, and empathy (Hughes et al., 2015).

Curiosity is also strongly endorsed by John and Julie Gottman, as they noted in their most recent book length publication how curiosity is among the universal factors to a successful relationship (2022). This literature review could go on for many pages more, as the language of curiosity is used when talking about Satir-based family therapy (i.e., Novak, 2012), socioculturally attuned family therapy (Knudson-Martin et al., 2019), and in the revised Milan approach where curiosity is more apt of a description than neutrality (Cecchin, 1987). The presence of curiosity in C/MFT literature rose enough for Flaskas (2004) to include curiosity as an emerging theme in family therapy.

Despite this wealth of acknowledgement that curiosity gets in scholarly writing, at present each model incorporates curiosity into the language of that specific model without much exploration into the overarching theme of curiosity as a common factor in the therapeutic process. The question that remains unclear is if curiosity is uniquely applied to each model or if curiosity is actually a central ingredient—a common factor—that is present and functionally necessary for effective therapy across all models.

Common Factors

Historical Perspectives in Psychotherapy

Common factors have experienced a near centuries worth of scholarly evolution and academic writing, beginning with the initial conceptualization of therapeutic commonalities by Rosenzweig (1936). Grounded in the core belief that “therapeutic result is not a reliable guide to the validity of theory,” Rosenzweig (1936, p. 412) first challenged the notion of model specific factors being the cause of change within clients. Instead, Rosenzweig drew attention to the possibility that “unverbalized...and implicit factors” of the treatment process may bear greater weight than the more explicit techniques that each theory endorses (p. 413).

Met with some resistance, the suggestion that both the client and the clinician had internalized factors that affected therapeutic outcomes went against the operating principles of the more accepted treatment of the time, psychoanalysis. For example, traditional psychoanalysis is predicated on the stance of clinician duality, where the person-of-the-therapist ought not cross into the professional-of-the-therapist (Freud, 1957). In contrast to these ideas by Freud and other psychoanalysts, Rogers echoed and expanded on many of Rosenzweig’s sentiments, arguing that effective therapy could not occur without paying attention to the therapeutic relationship; the presence of the people within the therapeutic process (Rogers, 1957; 1995).

With person-centered therapy (PCT) being predicated on the therapeutic relationship, Rogers (1957) specified empathy, unconditional positive regard, and congruence as universal forces within the process of therapeutic change. It is through these clinical attributes where clients and clinicians can collaboratively move across Rogers’ seven stages of change, from a place of fixedness and rigidity to a space of fluidity and flexibility (Rogers, 1960; Sanders, 2006). These propositions by advocates of PCT have been met with both support (i.e., Wong & Cloninger, 2010) and critique (i.e., Quinn, 1993; Ryan, 1995; Kensit, 2000).

In addition to other concerns related to its initial lack of application to diverse populations (i.e., Quinn, 2012), a common critique of PCT—and common factors at large—is how they each emphasize non-objective forces of change (i.e., the strength of the therapeutic alliance), which then leads to a lack of empiricism and a perceived lack of merit (for overview of research on PCT, see Kirschenbaum & Jourdan, 2005). While there are limitations to these points, such critique has contextual standing given the emphasis on medical models of health services that were so profound in the mid- and late 1900s (Wyer & Loughlin, 2020). This was no clearer than in the writing of Eysenck (1952), who argued that there was no identifiable evidence that psychotherapy as a whole was effective. Anticipating discontent by clinicians, Eysenck further detailed how “subjective feelings of this type have no place in science” (1952, p. 323). Decades later, modern scholarship is still debating how to best address and navigate the spectrum of subjective to objective in both research and practice. Imel and Wampold (2008) fight back against these medical model-based critiques and argue that these person-centered factors—common factors—are “legitimate and scientific” (p. 258). Not hindered but motivated by the critiques, the foundation for common factors by Rosenzweig and Rogers created a springboard for future discussion.

Frank (1961) added to the common factors discussion by re-emphasizing the value of the therapeutic relationship while also introducing new variables such as expectancy and client/clinician motivation and participation. Perhaps, Frank (1961) argues, it is the lack of medical objectivity and the embrace of uncertainty in therapeutic and mental processes that make therapy effective (Spielman, 2009). Following Eysenck’s (1952) writing on therapies ineffectiveness, Frank positioned their book and subsequent writing on the proposition that therapy is inherently effective.

That framework continued to guide the work of Luborsky et al. (1971), who compiled an extensive review of quantitative research in psychotherapy. Resulting from this review was the most expansive list of factors associated with successful therapeutic outcomes across models. In addition to already discovered themes, Luborsky et al. (1971) also noted: absence of schizoid trends, intelligence, anxiety, educational and social assets, therapist attitudes and interest patterns, and similarity of patient and therapist. The later work by Luborsky et al. (1975) further identified through extensive review that there were minimal differences in terms of improvement between clients who experienced different styles or models of therapy. Taken together, the 1971 and 1975 writings of Luborsky et al. supported the thought that the similarities in outcomes of different models of therapy are the result of certain commonalities between the seemingly different models. Such an argument is made as well by Smith et al. (1980) in their extensive meta-analysis of 475 studies conducted on psychotherapy outcomes and effectiveness.

All of this work in the mid-1900s led to a culminating text, edited by Goldfried, titled, *Converging Themes in Psychology: Trends in Psychodynamic and Behavioral Practice* (1982). For the first time, leading writers and advocates for common factors came together and published, under one title, perspectives on commonalities and distinctions among and between therapy modalities. This sense of professional unity set the foundation for further exploration.

Modern Perspectives in Psychotherapy

A 1990 meta-analysis of common factors publications identified 89 distinct factors that were believed to appear across modalities (Grencavage & Norcross, 1990). Over the course of their analysis, Grencavage and Norcross consolidated those 89 factors into five functional groups: client characteristics, therapist qualities, change processes, treatment structure, and therapeutic relationship. Throughout the same decade, Beutler and Clarkin (1990) published a

therapeutic model conceptualized on the convergence of common factors and empirically supported treatments. Lambert (1992) explored ideas of eclectic therapy, noting more specifically how prevalent each of the aforementioned common factor groupings may be in the therapeutic process. Hubble et al. (1999) addressed head on the value and necessity of common factors in therapeutic process, in their book length account of common factors role in psychotherapy research and outcomes.

Aptly titled, *The Great Psychotherapy Debate* (Wampold, 2001), the turn of the century was a time of heightened psychotherapeutic discourse as common factors advocates were confronted with the managed care push for empirically supported treatments (ESTs; for review of ESTs and common factors at the turn of the century see Castelnovo et al., 2004). Out of this, the debate over the application of the medical model in social and emotional health contexts was reignited (Messer & Wampold, 2006). Acceptance of—or at least a willingness to acknowledge—common factors has grown throughout the 21st century, with organizations such as the American Psychological Association publishing articles that speak to the value of common factors across therapy models (i.e., Laska et al., 2014) and the necessity for integration of common factors with therapy models, as opposed to a continued perceptual dichotomy (i.e., Weinberger, 2014).

With this aforementioned history and grounded in the common factors structure proposed by Miller et al. (1997), common factors have evolved into the following subgroups. First, there are client and extra therapeutic factors that include aspects such as motivation, willingness, social support, community engagement, and learning style. Therapist effects are another aspect of common factors and may include therapist competence, allegiance, personality, and personal traits such as race, age, or gender (for review of therapist factors see Blow et al., 2007). Expectancy factors (Lambert, 1992) include aspects of client hopefulness and their belief in the

process of therapy, while therapeutic relationship factors (i.e., Lambert & Barley, 2001) include the clients and clinician's ability to join and form a collaborative and cohesive team with compatible goals. While Lambert (1992) includes specific treatment techniques in their discussion, Karasu (1986) discussed common nonspecific treatment factors, which are based on the model's capacity for changing the doing (behavior), changing the viewing (cognition), and changing the experiencing (emotion).

Common Factors in Couple/Marriage Family Therapy

C/MFT as a profession was slow to participate in the common factor's discussion given the field's desire to be a unique and distinct entity from traditional psychotherapy (Sprenkle & Blow, 2004). Shadish et al. (1995) compiled a meta-analysis of C/MFT outcome research to conclude the same as described in psychotherapy research (i.e., Hubble et al., 1999); there is no significant difference between the effectiveness of various models of C/MFT. With this grounding, and past conceptual writing (i.e., Sprenkle et al., 1999), Blow and Sprenkle (2001) began the first investigation into the factors specific to relational therapies that may transcend specific models. While the core common factors described in the psychotherapy research remained constant, participants of Blow and Sprenkle's Delphi study also noted the invaluable role of relational and systemic conceptualizations across C/MFT models.

Additional explorations into common factors specific to C/MFT is the expansion of the treatment system (Sprenkle et al., 1999; Sprenkle & Blow, 2004). While traditional psychotherapy may consider relationships and social forces in the precipitation and perpetuation of a client's concern, C/MFTs are trained and more inclined to expand the therapeutic space to include those people: partners, family members, etc. Finally, Sprenkle and Blow (2004) comment on the role of expanded alliances when additional bodies are involved in the

therapeutic space. All this said, such thinking in C/MFT is limited by the lack of evidence into the actual influence and impact of such relational common factors. As the scholarly writing around the application of common factors within C/MFT continues to expand (i.e., Fife, 2016; Sparks & Duncan, 2010), additional perspectives have been offered on how to integrate common factors knowledge into therapeutic training programs (Fife et al., 2018).

The Therapeutic Pyramid

As mentioned before, an ongoing critique (i.e., Sexton et al., 2004) of the common factor's movement within psychotherapy and C/MFT is its apparent lack of applicability to the actual process of therapy. Yes, there are unequivocal factors that are necessary for therapeutic change but how can this information be harnessed and utilized for the betterment of clinician development and client welfare? Fife et al., (2014) began to address these critiques with their conceptualization of the therapeutic pyramid, a meta-model that is oriented around the interaction of therapeutic factors to create change. Evolving out of the aforementioned groupings of common factors, this pyramid structure re-categorizes common factors into three areas: skills and techniques, therapeutic alliance, and way of being. While each category is composed of its own unique attributes, all three are dependent on one another to be effective. A clinician's ability to effectively use a technique depends on the quality of the therapeutic relationship, while the quality of the relationship is also dependent on the clinician's way of being (Fife et al., 2014).

Skills and techniques include all of the model specific factors that are involved in the delivery of effective therapy (Fife et al., 2014). This is more specifically in how the clinician utilizes their chosen model to act as a contributing agent within the therapeutic space. This could consist of more empirically validated treatments such as emotionally focused therapy (Wiebe & Johnson, 2016) or more anecdotally validated theories such as narrative therapy (i.e., O'Connor

et al., 1997). Knowing that therapy as a whole is generally effective regardless of specific theory (Shadish et al. 1995), the emphasis in this domain of commonality is more simply if a clinician has proficiency and connection to a model and is able to use the skills and techniques of that model in the therapy space.

Incumbent on a clinician's ability to deliver effective techniques in a therapeutic space is the alliance that is formed between client and clinician. This grounding principle has been the basis of common factors research and the larger therapeutic profession since its inception. That said, the ability to form a relationship with one's client is predicated on the clinician's way of being, the attitudes, thoughts, beliefs, etc. that inform and influence how a client views their clinician and vice-a-versa (Fife et al., 2014). As outlined earlier, this idea of the centrality of clinician humanity as a central tenet to effective therapy is well documented (i.e., Corey, 2005). It is out of this where expanded research is placed on how to most effectively use the wholeness of oneself in a clinical space (i.e., Aponte et al., 2009).

Where this model is especially salient to this study is that it is designed, as a meta-model, to be applicable to all theoretical orientations. Fife et al. (2014) outline initial application ideas both in clinical and training settings. Their follow-up article (Davis et al., 2020) goes into greater depth by offering case examples of how the hierarchical model of skills, relationships, and being can be integrated into specific case examples. Despite this pyramid having strong philosophical and conceptual backing (i.e. Fife, 2015) it still lends itself to the ongoing and predictable critique of common factors: limited empiricism and specificity.

The goal of this meta-model was to create a "simple, concise representation[s] of principles underlying effective therapy" (Davis et al., 2020, p. 70). The goal of this study is to see how curiosity similarly transcends C/MFT models. From the lens of common factors and the

therapeutic pyramid more specifically, how does curiosity transcend C/MFT models as a skill/technique, an aspect of the therapeutic alliance, and also a component of the clinician's way of being?

Chapter 3: Methods

Overview of the Research Questions and Methodology

As the first study striving to explore and better understand the presence and role of curiosity as a common factor across C/MFT models of therapy, a design that implements complimentary quantitative and qualitative techniques is well suited. While further outlined below, the quantitative techniques helped establish a more objective foundation for the presence of curiosity within the included sample (i.e., how often is the included language appeared in the texts). A deductive qualitative analysis then aided qualitatively by expanding on the meaning and function of the language of curiosity within the context of the overall data set. As such, an explanatory sequential mixed methods design (Ivankova et al., 2006) was utilized to answer the following research questions.

Research Questions

Quantitative Questions

1. Of the texts included in this study, how many explicitly use the words curiosity or wonder (or the related and included forms; i.e., curious or wondering) in relation to the therapeutic process?
2. Of the texts included in this study that explicitly use the included language, how many times is that language utilized?

Qualitative Questions

1. Where curiosity is explicitly noted within the included texts and using the therapeutic pyramid (Fife et al., 2014) as a sensitizing construct, what is the intended function of curiosity within the included C/MFT texts?

Mixed Methods

2. How can common factors and the therapeutic pyramid (Fife et al., 2014) be used as a framework to conceptualize the quantitative and qualitative presence of curiosity across C/MFT theoretical texts?

Introduction to the Mixed-Methods Methodology

Having an awareness towards the purpose of the present research study is imperative to identifying and applying the most appropriate mixed methods design (Newman et al., 2003). Based on the classification system of Newman et al. (2003), the purpose of this study is to generate new ideas *and* examine things from the past. From the classification system of Greene et al. (1989) the aim of this study is complementary, where one method (i.e., qualitative) gets used to expand upon the result of another method (i.e., quantitative). This linguistic representation is in line with the aims of this study, where the presence of curiosity and related terms is sought (quantitative) before the associated context is further analyzed for themes and meaning (qualitative).

Although the purpose is known, there are still decisions to be made regarding this mixed methodology. Creswell and Plano-Clark (2007) note the need for attention regarding timing, weighting, and mixing. Timing refers to the pattern in which data will be collected. A concurrent study is going to collect quantitative and qualitative data simultaneously, and this would be more appropriate in situations where the researchers are looking for corroboration between data (Kroll & Neri, 2009). Since this study was designed in a way that uses one method (i.e., quantitative) to inform the process of the second method (i.e., qualitative) then a sequential design is more appropriate (Mertens, 2005). Furthermore, this study methodology is best suited for an explanatory design given how the quantitative results preceded and informed the qualitative data collection (Creswell & Plano-Clark, 2007). Specific to this study, the deductive thematic analysis

only occurred at the parts of the included texts where the quantitative portion has objectively identified the presence of the included language.

In addition to the aforementioned decisions around timing, Creswell and Plano-Clark (2007) also note the need to contemplate how data will be weighted within the study. The options include equal weighting or giving greater weight (priority) to either the quantitative or qualitative data. While there are varying perspectives on how to determine weight of data (i.e., Morse, 1991), this study aligns with the writings of Morgan (1998) by focusing on the results and how the data will be used to help answer the research questions. While the quantitative data is important in noting the presence or absence of curiosity within the included texts, the more substantive question is how curiosity is incorporated and used within the writings. As such, greater weight will be placed on the qualitative data than on the quantitative data.

What makes a study design truly mixed methods is the integration of data in the study (Teddlie & Tashakkori, 2008). The process of mixing qualitative and quantitative data ties directly back to the identified purpose of the research (Greene et al., 1989). The purpose of mixing quantitative and qualitative data in this study is such that the qualitative data can further enhance and provide greater depth and insight into the quantitative findings. Engaging in an isolated quantitative or qualitative-based study would limit the depth of research findings, while a mixed-methods design employs the strengths of each approach to create a more detailed, illustrative, and meaningful data set (Teddlie & Tashakkori, 2008). While specific steps are outlined in greater depth below, it is for these aforementioned reasons that an explanatory sequential mixed methods design was most appropriate for this study.

Sampling Technique and Source of Data

As the common factors' scholarship is predicated on the notion of therapeutic factors existing across therapeutic modalities (Sprenkle & Blow, 2007), it is important for this study to encompass a variety of theories for analysis. That said, as it is outside the scope of this study to explore all C/MFT theories, a nonprobability sampling technique of purposive sampling will be utilized (Etikan et al., 2016). Although this sampling technique is limited given its lack of randomness and the subjective nature of such sampling (Bernard, 2002), purposive sampling is valuable in this study as it allows greater focus on the theories that are most prominent within the field of C/MFT. Even still, identifying the most salient or popular models of C/MFT is challenging, given the lack of supportive literature. Current publications that speak to practice patterns of C/MFTs are either outdated or don't specify model preference among included participants (i.e., Northey, 2002; Simmons & Doherty, 1995). As a result, the models included in this study were chosen based on the most current publication related to the therapeutic pyramid, the theory guiding this analysis.

Fife et al., (2022) included seven C/MFT models into their deductive qualitative analysis that sought to examine C/MFT specific common factors by how they showed up in therapy recordings of each of the included modalities. The models were selected by Fife et al. given their wide representation of C/MFT approaches. Used as precedent, and to remain consistent in this growing body of work related to the therapeutic pyramid, this present study included the same seven models as Fife et al. (2022). The seven models are: Bowenian family therapy, emotionally focused therapy, experiential therapy, narrative therapy, solution-focused therapy, strategic therapy, and structural therapy.

The second set of inclusion criteria informs the theoretical texts that will be included in the analysis of each model. Again, Fife et al. (2022) provides some precedent for which this

present study is based off of. For each of the seven included models, Fife et al., focused on the clinical recordings of two prominent theorists/clinicians from each model. The original design of this study was to follow this precedent of Fife et al. and include two full-length texts for each of the included theories. Once the data collection and analysis began, the number of included texts increased from 14 to 28 (four texts per theory). This shift was made in the spirit of providing an even more rich and meaningful data sets for analysis. This shift was also made as a mitigative step given the inherent limitation and constraints of using textual data.

Similar to the included theories, the included texts were also chosen through purposive sampling. A few considerations were had when subjectively deciding on the included texts. First, I considered the prominent scholars within the field. However, while wanting a prominent voice of each model, I did not want each of the four included texts to be authored by the same person/people. It felt important to have some diversity of authorship, even if the texts are all theoretically aligned. Additional consideration was given to the dates of publication for the texts. Although many of the included models have older publications, I tried to incorporate more current publications when available. Finally, consideration was made as to if a particular book was accessible via e-book. Texts without e-book access were not considered for this study. Table 3.1 consists of the titles and authors for each of the 28 included texts. Appendix A provides the full reference list for included texts.

Table 3.1

<i>C/MFT Theories and the Included Texts</i>
Strategic Therapy <i>Leaving Home</i> (Haley, 1980) <i>Behind the One-Way Mirror: Advances in the Practice of Strategic Therapy</i> (Madanes, 1984) <i>Strategic Family Therapy</i> (Madanes, 1981) <i>Brief Strategic Family Therapy</i> (Szapocnik & Hervis, 2020)

Structural Therapy

- Treating Troubled Adolescents: A Family Therapy Approach* (Fishman, 1988)
Family Therapy Techniques (Minuchin & Fishman, 1981)
The Craft of Family Therapy: Challenging Certainties (Minuchin et al., 2014)
Structural Family Therapy (Umbarger, 1983)

Bowenian Therapy

- Family Therapy in Clinical Practice* (Bowen, 1985)
Bringing Systems Thinking to Life: Expanding the Horizons for Bowen Family Systems Theory (Bregman & White, 2011)
Clinical Applications of Bowen Family Systems Theory (Titelman, 1998)
Differentiation of Self: Bowen Family Systems Theory Perspective (Titelman, 2014)

Emotionally Focused Therapy

- Emotionally Focused Family Therapy: Restoring Connection and Promoting Resilience* (Furrow et al., 2019)
Emotionally Focused Therapy with African American Couples: Love Heals (Guillory, 2022)
Attachment Theory in Practice: Emotionally Focused Therapy (EFT) with Individuals, Couples, and Families (Johnson, 2019)
The Practice of Emotionally Focused Couple Therapy: Creating Connection (Johnson, 2020)

Narrative Therapy

- Narrative Therapy: The Social Construction of Preferred Realities* (Freedman & Combs, 1996)
Narrative Therapy (Madigan, 2019)
Narrative Means to Therapeutic Ends (White & Epston, 1990)
Maps of Narrative Practice (White, 2007)

Experiential Therapy

- The Family Crucible* (Napier & Whitaker, 1978)
The Satir Model: Family Therapy and Beyond (Satir et al., 1991)
Helping Families to Change (Satir et al., 1975)
Peoplemaking (Satir, 1972)

Solution-Focused Therapy

- More than Miracles: The State of the Art of Solution-Focused Brief Therapy* (de Shazer et al., 2007)
Beyond Technique in Solution Focused Therapy (Lipchik, 2002)
Solution-Focused Brief Therapy with Families (Nelson, 2019)
Family-Based Services: A Solution-Focused Approach (Berg, 1994)

The other challenge that historically accompanies research on curiosity is operationally defining the term (i.e., Lowenstein, 1994). The literature review explored these challenges more thoroughly. Two options were considered to overcome this challenge. First, I could have identified a definition of curiosity that would be utilized throughout the course of the study. With the definition in hand, I could have then participated in a grounded theory exploration of how that definition fits within the context of each model's writing, looking for textual examples—either explicitly or implicitly—where curiosity is present. The other option—and the one chosen for this project—was to begin the exploration at the moments in each text where the word *curiosity* was explicitly utilized by the authors, and then move into the qualitative analysis process to better understand the context and function that the language of curiosity is situated in within C/MFT.

This decision did not come without limitations, especially as synonyms are often used in the place of the word curiosity. While curiosity research has emphasized the difference between words like curiosity and interest or novelty (i.e., Grossnickle, 2015), the aforementioned model-specific authors might not be giving the same semantic attention. Most commonly is the interchange between the words curiosity and wonder. As such, for the purpose of this study the words curiosity and wonder were sought out and treated as synonymous in how they were quantitatively identified and then thematically analyzed. Additionally, variations on the root of each word were included as well. Table 3.2 contains each of the included words that were the focus of this study.

Table 3.2

<i>Included Terms</i>	
- Curiosity	- Wonders
- Curious	- Wondering

- Wonder	- Wondered
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Ethical Assurances

There were no human subjects involved in this study. As a result, there was no need for measures pertaining to personally identifiable information and no need for consent procedures and confidentiality. As human subjects were not involved in this study, Institutional Review Board approval was not required, nor obtained.

The Research Procedure

Phase 1: Quantitative Content Analysis

A quantitative content analysis is most valid and reliable when the data is able to stand on its own and speak for itself (Rourke & Anderson, 2004). This most logically happens when the analysis being conducted remains descriptive, as opposed to inferential (Berelson, 1952). As such, in the quantitative content analysis phase of this study, we counted how many of the included texts contained the included language, while also counting the number of times each of the included words appeared within the texts. The numerical data was recorded by books individually, aggregated across each theory, and totaled for all included texts.

Research Team

A research team was utilized throughout the entire data analysis process. The research team was not present for the selection of included theories or texts, which, in hindsight, may have been valued input. That said, the research team consisted of myself and two fellow doctoral candidates within the couple and family therapy program at Antioch University New England. A more thorough introduction of the research team is presented later in this chapter with the discussion around researcher reflexivity and trustworthiness.

Phase 2: Qualitative Content Analysis

Whereas the quantitative phase emphasized more objective findings, the qualitative phase of this mixed-methods analysis allows for greater exploration into the subjective and symbolic meanings of the text (Krippendorff, 2019). If there was no mention of curiosity in the entire text, that was noted in the results and that text was excluded from the qualitative phase of the study. Only segments of text where the included terms are written were included in the qualitative deductive analysis. The least amount of text necessary to ascertain the contextual theme for each instance of curiosity/wonder was included. This means, for some instances of curiosity the included text was the sentence where curiosity was found while another occurrence of curiosity required a whole paragraph to deduce a theme. This inclusion of additional text around the search terms allowed for greater context, which is a valued part of a qualitative content analysis (Braun & Clarke, 2013). The included text was extracted from the full-text and placed into a Microsoft Word document. This allowed for ease in accessibility along with greater accountability in terms of tracking potential codes, themes, and research team notes.

Qualitative analysis is specifically relevant to this study given the grounding question of how curiosity is situated within C/MFT theory texts. A question like this requires a framework that is inherently flexible (Braun & Clarke, 2006), as the same word (i.e., curious) could be situated in a textual context that gives it varied meanings and implications. For example, in one text curiosity could be referenced as a tool for the therapeutic alliance, while another could underscore curiosity as an intervention. Additionally, one text may offer various themes around the same search terms. One approach to this phase of analysis would be an inductive qualitative process (i.e., Thomas, 2016), where the researcher would begin grounded in the data and then work to extrapolate codes, themes, and/or categories. Grounded in the vast research of common factors, and with the culminating meta-model of the therapeutic pyramid (Fife et al., 2014), the

research question of this study was better served by a deductive qualitative process, a methodology aimed at expanding pre-existing ideas and theoretical constructs by seeing how current phenomenon fit into that which already exists (Gilgun, 2019). In this case, the guiding research question was how curiosity can be understood within the framework of the therapeutic pyramid. Deductive qualitative analyses (DQA) also allows for and welcomes deviation in data from existing theoretical frameworks (Creswell & Plano Clark, 2007). Four steps are part of the DQA process: generating sensitizing constructs from the guiding theory, collecting a purposive sample, coding and analysis, and theorizing.

Generating Sensitizing Constructs

Sensitizing constructs are the aspects of pre-existing theory that are used to guide the analysis of the present data set (Gilgun, 2019; Fife et al., 2022). As the therapeutic pyramid (Fife et al., 2014) is the theoretical framework guiding this analysis of curiosity, the sensitizing constructs used in this study were each layer within that model: skills and techniques, therapeutic alliance, and way of being. These three constructs provided an initial framework to view the context in which curiosity was situated within the included text. Although based on existing theory, DQA is also flexible to include inductive processes, leaving open the possibility that themes or codes may emerge that differ from the existing framework (Gilgun, 2019).

The descriptions provided by Fife et al. (2014) served as the boundaries and guidelines for applying the sensitizing constructs. When coding for skills/techniques, Fife et al. described how theory driven skills/techniques include both tangible practices with clients, while also including the way a clinician conceptualizes a particular client or case. When coding for therapeutic alliance, Fife et al. speaks to client characteristics/attributes, the relationship between the client and the therapist, and the person of the therapist, including their personal attributes and

style. Finally, related to way of being, Fife et al. notes how way of being relates to an “in-the-moment attitude” of the therapist towards their clients.

Collecting a Purposive Sample

The data sample included in the DQA is collected via phase one of this study. Phase one resulted in every instance within the included texts where the included language was written. The related text around the specific word was included so as to allow for identification of contextual and functional themes related to the specific places where the language of curiosity and wonder is located in each text.

Coding and Analysis

The process of coding and analyzing in DQA studies is similar to inductive processes (Gilgun, 2019). As such, Braun and Clarke’s (2006) six stage process for thematic analysis will be used. Although this process is stepwise, Braun and Clarke reiterate the need for flexibility and “analytic sensibility” (2013, p. 201) while working through the data.

Step 1: Familiarization with Data. As transcription is not required for this study, data familiarization began with thoroughly reading then re-reading the sets of text that have been obtained from phase one of this study, while taking note of initial textual components that are of interest (Braun & Clarke, 2006). While the sensitizing constructs will provide a deductive framework for initial codes to stem from, the induction of new or different codes is also noted at this time. The entire research team followed this same stepwise process, ensuring consistency in process while also allowing for checkpoints later on to identify consensus or disagreement; an important part of ensuring reliability (Joffe, 2012). Important to note is that all initial codes, questions, and interests will be documented using comment features in Microsoft Word and/or Google Docs.

Step 2: Generating Initial Codes. While listed as the second step, this step is not all that distinct from step one. Throughout the familiarization process, initial codes became apparent and were documented. Documenting these initial ideas around how the text relates to the identified research questions was the primary goal of this step (Braun & Clarke, 2013). It is here where the overall pool of textual data was beginning to be refined into meaningful and relevant subgroups (Tuckett, 2005). In the context of this study, coding was more theory-driven (Braun & Clarke, 2006) as it was oriented around the specific questions of how curiosity is situated within C/MFT and the therapeutic pyramid (Fife et al., 2014). Throughout this whole process, Braun and Clarke (2006; 2013) talk about the importance of documentation, ensuring that both deductively and inductively derived codes, themes, and results are documented and accounted for. Given this, I and the two research team members individually coded each data point, orienting around the sensitizing constructs while still very much open to the possibility of new or different codes. Data points were singularly coded and not dual coded. This decision was made prior to the realization of the difficulty in isolating data points to just one of the sensitizing constructs.

Some of the inductive codes that were identified related to data points that were later thematically identified as having non-clinical applications. These moments included data points where the included term was serving as an adjective or where the included term was part of an idiom of figure of speech. Additional examples included instances where the included term was utilized in a context separate from the theoretical writing, such as a transcript of a separate interview of the author that was included within the publication, but not specifically relevant to the application of the particular model.

Step 3: Searching for Themes. Once data had been initially coded, this step began to examine a broader perspective of potential themes (Braun & Clarke, 2006). Essentially, Braun

and Clarke (2006) write, the researcher is looking for ways in which “codes may combine to form an overarching theme” (p. 89). A theme can contain either manifest content (i.e., explicit presence of the word curiosity) or it can contain latent content (i.e., implications of the text). Themes are patterns of this content and must be guided by self-imposed rules that stipulate what codes belong to what themes in order to help validate the subjective nature of this process (Joffe, 2012). When thinking about self-imposed rules, the descriptions for each of the sensitizing constructs that Fife et al. (2014) provided will serve as the foundation for identifying themes. Re-emphasizing an earlier note, flexibility is paramount while being cautious to avoid holding too rigidly onto identified themes as they may still be changed throughout the remainder of the process. Braun and Clarke (2006) note that this step is concluded once there is a set of “candidate themes” (p. 91).

Step 4: Reviewing Themes. Once an initial pool of themes have been identified, it is imperative to return to the data set to review how well those themes encompass the data (Braun & Clarke, 2006). As with the other phases of this process, this step is best supported by engaging the research team collaboratively, ensuring consistency and consensus on how the data has been interpreted and categorized. Braun and Clarke (2006) suggest doing this by first focusing on how the collated data fits within the candidate themes and then expanding to review how the entire data set is situated within the themes. This process continued until a thematic map is identified and a consensus is reached around how those themes represent the textual data.

Step 5: Defining and Naming Themes. Once the thematic map was developed and agreed upon by the research team, step five began the final analysis phase by defining, specifying, and “determining what aspect of the data each theme captures” (Braun & Clarke, 2006, p 92). In this process a story or narrative will begin to develop around how these identified

themes contribute to answering the research question. With the themes both deductively (that align with the sensitizing constructs) and inductively (that differ from the sensitizing constructs) generated, the themes were then analyzed on the grounds of supporting, contradicting, refining, or expanding the pre-existing theory (Gossner et al., 2021; Gilgun, 2019).

Theorizing. Based on the individual and collaborative process of coding and both inductive and deductive thematic analysis, the final stage of DQA is theorizing an enhanced framework for how curiosity was situated within the C/MFT literature. The result was a greater understanding for the function that curiosity theoretically plays in the therapeutic process with a specifically enhanced understanding for how the therapeutic pyramid (Fife et al., 2014) serves as a framework for understanding that role.

Quantitative and Qualitative Data Integration

Being an explanatory sequential mixed methods design means that just collecting these qualitative and quantitative portions of data in isolation is insufficient. To be truly a mixed-methods design, these two sources of results must be integrated and interpreted as a cohesive and blended unit (Creswell & Plano-Clark, 2013). Additionally, as stated before, the nature of an explanatory sequential design is that the quantitative results will precede the qualitative and be used in combination to help make sense of each other and answer the research questions (Creswell & Plano-Clark, 2007; Mertens, 2005). As such, the integration focused on capturing the objective and subjective presence of curiosity as described within and between the theoretical texts and the applicability of the therapeutic pyramid in conceptualizing curiosities role in therapy.

Reliability, Validity, and Trustworthiness

Reliability and Validity

Explicit strategies for enhancing reliability and validity within quantitative studies can be used to help mitigate the potential effects of researcher, or other contextual, biases. In short, validity is most interested in whether or not the research is evaluating what it claims to be evaluating (Drost, 2011). For this specific study, validity within the quantitative phase is ensured by solely focusing on the explicit presence of the word curiosity (and related included terms) and remaining objective in the collection of numerical data. Results were not inferential but were instead the product of counting the presence of the included terms. Given this, the results of the quantitative phase are highly reliable as the results are easily repeatable (Drost, 2011). The quantitative portion of this process focuses on manifest content, which is the more objective and, by default, more reliable and valid form of measurement and analysis (Berelson, 1952). The use of two research assistants throughout this study further strengthened the reliability of the quantitative phase by having multiple people review each step of the project.

Trustworthiness

Whereas quantitative analysis is enhanced by a focus on reliability and validity, qualitative analysis is focused on enhancing trustworthiness. Trustworthiness encompasses four dimensions: credibility, transferability, dependability, and confirmability (Guba, 1981). Multiple steps were taken throughout the research process to ensure each of these domains were accounted for.

Credibility

Patton (1999) speaks to two key considerations that a researcher must make to ensure credibility within qualitative research. First, Patton contends with the specific techniques used within analysis. Whereas quantitative analysis is searching for patterns and results within more objective rules and formulations, qualitative analysis is predicated on the identification of

patterns via the lens of the researcher. A deductive qualitative analysis presents with both strengths and limitations in this regard. One specific strength of this study as it relates to credibility is that although the analytical process was subjective (from the lens of the research team), the data itself is objectively based.

As a strength, *some* of the researcher biases was managed by the use of pre-existing theory to inform an initial set of codes. In this study, that was the primary function of the therapeutic pyramid (Fife et al., 2014). As such, the initial coding procedure was not left fully to the research teams' discretion but was instead informed by these sensitizing constructs. That said, a purely deductive process would eliminate the possibility of identifying and naming new or different codes/themes inductively, a step that Patton (1999) argues is an important part of establishing credibility. Therefore, the research team began the qualitative phase with the sensitizing constructs in mind, while still remaining open to and offering ideas for new or different themes as they appeared. Out of this framework came 82 data points that fell into a theme different from the sensitizing constructs.

Although debated by some scholars on its functionality (i.e., outlined in Flick, 2004), triangulation is another strategy used to enhance credibility within qualitative research. Triangulation enhances credibility by overlapping multiple techniques within the analytical process. This overlap typically occurs within four possible domains: triangulation of data, investigator triangulation, triangulation of theories, and methodological triangulation (Flick, 2004; Patton, 1999). The triangulation strategy used within this study was investigator triangulation, given how the research team contained three members, each of whom reviewed the entirety of the data set. This process of viewing the data through different perspectives helps mitigate the effects of a single reviewer's biases while "balance[ing] out the subjective

influences of individuals” (Flick, 2004, p. 178). Speaking to the credibility of the study, the initial independent coding process resulted in thematic consensus on each of the 773 data points.

While different theoretical perspectives were not initially sought within research team members, researcher reflexivity and reflection on the analytical process highlighted how the different theoretical orientations of the research team affected the identification of patterns and themes within the data. Whereas research assistant M.F. identified being more inclined to view the data points from an intrinsic position as a way of being, researcher T.B. felt a greater pull, given her narrative focus, to view curiosity as being a more explicit and active process/skill within the therapeutic space. I share a similar theoretical lens to T.B. and therefore had initial reactions to data points being skill oriented as opposed to a different code/theme. The research team also has different personal backgrounds, educational backgrounds, clinical experiences, etc. Given these personal and theoretical differences it was essential for each reviewer to be exposed to the entirety of the data (rather than dividing it up). Having each of the three reviewers exposed to the entire data set allowed for the data to be stacked up against our personal and theoretical differences. Despite these differences, our individual coding resulted in significant congruence, with consensus being had on each data point.

Patton (1999) also speaks around the need to evaluate the credibility of the researcher, specifically as it relates to their ability to conduct the research at hand. This shows up in two primary ways. First, is my ability to technically conduct the research. There is an inherent perceptual limitation in my ability to conduct credible and effective research given my status as a current doctoral student. My training and experience is less than those more published and advanced researchers. That said, the credibility of my work is enhanced given the very nature of the doctoral process, as my committee—three well regarded professionals within the field—

mentored, supervised, and reviewed my work. The presence of a committee helps overcome the limitations of my past experience. Additionally, my own biases must be accounted for in the researcher. The use of a research team helps mitigate these concerns by creating space for multiple perspectives towards the data.

Transferability

Transferability has to do with how the results of one study can be applied to other situations (Shenton, 2004). The initial research question lends itself to transferability by seeking to better understand how curiosity and wonder exist within and between C/MFT models. Although the sample within this study was not randomly selected or all-encompassing, by including 773 data points across 28 texts and seven different theories the analysis was able to be richer and more comprehensive than if a smaller data pool had been analyzed. Transferability is also validated by the similarity of findings between each of the seven included theories. Similar to what was stated regarding credibility, inherent transferability is obtained given the objective nature of the data set and how the research process did not have to contend with subjective forces of live data.

Dependability

As noted earlier, reliability of a quantitative study is based on the researcher's ability to replicate a particular study. This process is less guaranteed in qualitative research given the ever-changing context that can surround subjective processes of data collection and analysis. As such, the ability to maintain dependability within a study is based on the tracking and reporting of the research process (Shenton, 2004). Shenton (2004) breaks dependability down into three sections that ought to be included in a qualitative study. First, a qualitative study needs to describe both what was planned and what was executed in terms of the research design. Second, the Shenton

describes the necessity of describing the specific process of data gathering. This second feature is more generally targeted towards field research (i.e., interviews) and is of less emphasis in this study given the quantitative nature of the data gathering process. The third feature of dependability that Shenton (2004) outlines is an overall reflection on the effectiveness of the research process.

Confirmability

Confirmability speaks the ability for a different researcher to be able to draw the same conclusions based on the data as were drawn in this specific study. This is important because confirmability supports that the results of a qualitative study are indicative more of the data set itself than they are of the researcher who is viewing the data (Shenton, 2004). Similar to credibility, triangulation (i.e., the use of a research team) is one strategy to mitigate researcher bias. Additionally, Miles and Huberman comment on how a key aspect of confirmability—and trustworthiness at large—is the researchers own willingness to acknowledge and put forth their own predispositions, a process commonly referred to as research reflectivity.

Researcher Reflexivity. The role of reflexivity statements in qualitative research is frequently discussed (i.e., Cutcliffe, 2003). Reflexivity provides a space for researchers to be situated within the research, offering insight into possible areas of bias and persuasion (Kidney & Manning, 2017). Significant to note in terms of researcher reflexivity is my own unwavering belief in the value and power of curiosity in the development and promotion of social and emotional health, relationships, and overall well-being. I align strongly with the writing of Zurn and Shankar (2020) who argue curiosities' role in fostering human progress, with particular emphasis on curiosities' ability to be a powerful tool for those disempowered. I believe in the value of curiosity, and I also believe in the value of therapy.

Additionally, I have been practicing as a Licensed Clinical Mental Health Counselor (LCMHC) for approximately two years, with a total of approximately five years of direct client care experience. Professionally, I am clinically oriented towards a narrative perspective and find my own style of therapy as being one that actively uses curiosity as a strategy for building the therapeutic relationship and also challenging clients towards growth and insight. Personally, I have been fortunate to live in a context that has allowed me the privilege of having an open-ended curiosity. Taken as a whole, my bias is an already existing belief that curiosity exists as a vital component within and between therapy modalities. Although the results of this study largely echoed my hypothesis going in, the use of the research team was critical to helping ensure the results were the consequence of the data and not the results of my biases.

Research assistant T.B. is a 55-year-old white female with a bachelor's degree in sociology, a master's degree in Couple and Family Therapy, and a current doctoral candidate in the couple and family therapy program at Antioch University New England. T.B. has been working as a licensed marriage and family therapist in Washington state since 1996. T.B. identifies as a narrative therapist and supervisor and prioritizes the development of the person/self-of-the-therapist and how the clinician's presence, assumptions, and knowledge impacts the therapeutic process. T.B. shared personal reflections and anecdotal accounts with the team of how curiosity has shown up in her own work across each of the sensitizing constructs, while also acknowledging never before given such explicit attention to the idea of wonder. T.B. reflected challenge in the coding process, identifying difficulty in limiting each data point to one particular theme, noting how most data points could be applied across the pyramid. T.B. reflected on how she left the data set feeling that curiosity and wonder are more common and valuable to each of these models in ways that she had not previously considered.

Research assistant M.F. is a black, able-bodied, heterosexual and cisgender woman. M.F. hold a bachelor's degree in Family Studies and Psychology, a master's degree in Family therapy, and is a current doctoral candidate in the couple and family therapy program at Antioch University New England. M.F. works as a licensed marriage and family therapist in Missouri and identifies as a predominately experientially oriented therapist. Within this theoretical alignment, and in her own self-reflection, M.F. noted the emphasis she places on the 'use of self' within the therapy space, consistently challenging herself to be more genuinely and authentically curious. M.F. noted the value that authenticity plays in her therapy work while reflecting on how it led her to view more data points from a way of being lens. Similar to T.B. and myself, M.F. echoed the challenge of refining the data points to a singular thematic heading. In reflection of the project as a whole, M.F. offered the position of having greater appreciation and balance for how curiosity can have a variety of potential influences within the therapy space.

Chapter IV: Findings

Quantitative Questions and Findings

The quantitative phase of this study was oriented around two questions. First, how many of the included texts explicitly used the included language of curiosity (i.e., curious, wonder, wondered, etc.). The second question asked how many times each of the included terms showed up within the texts. The culmination of these two questions set the framework for the qualitative phase of analysis, which will be discussed in depth later on.

Initially included in this study were seven C/MFT theories, with two full length texts from each theory. Already aware of the inherent limitations of using textual data, I made the decision to expand my data set to four full length texts for each of the seven included theories. This brought the total of included texts to 28, which provided for a more robust and comprehensive pool of data to analyze. Table 3.1 in the methods section contains citations for each of the 28 included texts.

Presence of Included Language in Texts

The included terms in this study were: curiosity, curious, wonder, wondered, wonders, and wondering. Each of the included texts was scanned for the presence of these terms. Each of the 28 included texts explicitly used some of the included language, although did not necessarily use each of the included terms.

Strategic Therapy. At least one of the included terms was found within each of the strategic therapy texts (Haley, 1980; Madanes, 1984; Madanes, 1981; Szapocnik & Hervis, 2020). Table 4.1 contains the quantitative findings of each strategic therapy text, noting how many times each of the included search terms appeared within the texts.

Table 4.1

Quantitative Results – Strategic Therapy

Included Texts	Included Terms	<i>n</i>
<i>Leaving Home</i> (Haley, 1980)	Curiosity	1
	Curious	3
	Wonder	0
	Wondered	1
	Wonders	1
	Wondering	7
	Total:	13
<i>Behind the One-Way Mirror: Advances in the Practice of Strategic Therapy</i> (Madanes, 1984)	Curiosity	0
	Curious	3
	Wonder	2
	Wondered	0
	Wonders	0
	Wondering	5
	Total:	10
<i>Strategic Family Therapy</i> (Madanes, 1981)	Curiosity	1
	Curious	1
	Wonder	2
	Wondered	1
	Wonders	0
	Wondering	1
	Total:	6
<i>Brief Strategic Family Therapy</i> (Szapocnik & Hervis, 2020)	Curiosity	0
	Curious	1
	Wonder	2
	Wondered	0
	Wonders	0
	Wondering	0
	Total:	3

Table 4.2 summarizes the data of table 4.1 and gives total values for how many times each of the search terms appeared collectively within the strategic therapy texts. Between the four strategic therapy texts, the six included terms appeared a total of 32 times, with *wondering* being the most common term at 13 appearances.

Table 4.2

Summary of Quantitative Results – Strategic Therapy

Included Texts	Included Terms	<i>n</i>
Strategic Therapy Texts	Curiosity	2
	Curious	8
	Wonder	6
	Wondered	2
	Wonders	1
	Wondering	13
	Total:	32

Structural Therapy. At least one of the included terms was found within each of the structural therapy texts (Fishman, 1988; Minuchin & Fishman, 1981; Minuchin et al., 2014; Umbarger, 1983). Table 4.3 contains the quantitative findings of each structural therapy text, noting how many times each of the included search terms appeared within the texts.

Table 4.3*Quantitative Results – Structural Therapy*

Included Texts	Included Terms	<i>n</i>
<i>Treating Troubled Adolescents: A Family Therapy Approach</i> (Fishman, 1988)	Curiosity	0
	Curious	1
	Wonder	12
	Wondered	0
	Wonders	1
	Wondering	2
	Total:	16
<i>Family Therapy Techniques</i> (Minuchin & Fishman, 1981)	Curiosity	5
	Curious	3
	Wonder	1
	Wondered	0
	Wonders	0
	Wondering	4
	Total:	13
<i>The Craft of Family Therapy: Challenging Certainties</i> (Minuchin et al., 2014)	Curiosity	11
	Curious	10
	Wonder	3
	Wondered	7
	Wonders	0
	Wondering	6
	Total:	37

<i>Structural Family Therapy</i> (Umbarger, 1983)	Curiosity	0
	Curious	4
	Wonder	6
	Wondered	1
	Wonders	2
	Wondering	0
	Total:	13

Table 4.4 summarizes the data of table 4.3 and gives total values for how many times each of the search terms appeared collectively within the structural therapy texts. Between the four structural therapy texts, the six included terms appeared a total of 79 times, with *wonder* being the most common term at 22 appearances.

Table 4.4

<i>Summary of Quantitative Results – Structural Therapy</i>		
Included Texts	Included Terms	<i>n</i>
Structural Therapy	Curiosity	16
	Curious	18
	Wonder	22
	Wondered	8
	Wonders	3
	Wondering	12
	Total:	79

Bowenian Therapy. At least one of the included terms was found within each of the Bowenian therapy texts (Bowen, 1985; Bregman & White, 2011; Titelman, 1998; Titelman, 2014). Table 4.5 contains the quantitative findings of each Bowenian therapy text, noting how many times each of the included search terms appeared within the texts.

Table 4.5

<i>Quantitative Results – Bowenian Therapy</i>		
Included Texts	Included Terms	<i>n</i>
	Curiosity	3
	Curious	0
	Wonder	11

<i>Family Therapy in Clinical Practice</i> (Bowen, 1985)	Wondered	13
	Wonders	2
	Wondering	1
	Total:	30
<i>Bringing Systems Thinking to Life: Expanding the Horizons for Bowen Family Systems Theory</i> (Bregman & White, 2011)	Curiosity	6
	Curious	4
	Wonder	3
	Wondered	2
	Wonders	0
<i>Clinical Applications of Bowen Family Systems Theory</i> (Titelman, 1998)	Wondering	4
	Total:	19
	Curiosity	11
	Curious	4
	Wonder	2
<i>Differentiation of Self: Bowen Family Systems Theory Perspective</i> (Titelman, 2014)	Wondered	4
	Wonders	0
	Wondering	4
	Total:	25
	Curiosity	3
<i>Differentiation of Self: Bowen Family Systems Theory Perspective</i> (Titelman, 2014)	Curious	1
	Wonder	1
	Wondered	12
	Wonders	0
	Wondering	0
	Total:	17

Table 4.6 summarizes the data of table 4.5 and gives total values for how many times each of the search terms appeared collectively within the Bowenian therapy texts. Between the four Bowenian therapy texts, the six included terms appeared a total of 91 times, with *wondered* being the most common term at 31 appearances.

Table 4.6

<i>Summary of Quantitative Results – Bowenian Therapy</i>		
Included Texts	Included Terms	<i>n</i>
Bowenian Therapy	Curiosity	23
	Curious	9
	Wonder	17
	Wondered	31

Wonders	2
Wondering	9
Total:	91

Emotionally Focused Therapy (EFT). At least one of the included terms was found within each of the EFT texts (Furrow et al., 2019; Guillory, 2022; Johnson, 2019; Johnson, 2020). Table 4.7 contains the quantitative findings of each EFT text, noting how many times each of the included search terms appeared within the texts.

Table 4.7

<i>Quantitative Results – Emotionally Focused Therapy</i>		
Included Texts	Included Terms	<i>n</i>
<i>Emotionally Focused Family Therapy: Restoring Connection and Promoting Resilience</i> (Furrow et al., 2019)	Curiosity	5
	Curious	10
	Wonder	14
	Wondered	1
	Wonders	1
	Wondering	13
	Total:	44
<i>Emotionally Focused Therapy with African American Couples: Love Heals</i> (Guillory, 2022)	Curiosity	21
	Curious	17
	Wonder	7
	Wondered	3
	Wonders	0
	Wondering	15
	Total:	63
<i>Attachment Theory in Practice: Emotionally Focused Therapy (EFT) with Individuals, Couples, and Families</i> (Johnson, 2019)	Curiosity	6
	Curious	6
	Wonder	2
	Wondered	0
	Wonders	0
	Wondering	0
	Total:	14
	Curiosity	2
	Curious	3
	Wonder	2
	Wondered	0
	Wonders	0

<i>The Practice of Emotionally Focused Couple Therapy: Creating Connection</i> (Johnson, 2020)	Wondering	0
	Total:	7

Table 4.8 summarizes the data of table 4.7 and gives total values for how many times each of the search terms appeared collectively within the EFT texts. Between the four EFT texts, the six included terms appeared a total of 128 times, with *curious* being the most common term at 36 appearances.

Table 4.8

<i>Summary of Quantitative Results – Emotionally Focused Therapy</i>		
Included Texts	Included Terms	<i>n</i>
Emotionally Focused Therapy	Curiosity	34
	Curious	36
	Wonder	25
	Wondered	4
	Wonders	1
	Wondering	28
	Total:	128

Narrative Therapy. At least one of the included terms was found within each of the narrative therapy texts (Freedman & Combs, 1996; Madigan, 2019; White & Epston, 1990; White, 2007). Table 4.9 contains the quantitative findings of each narrative therapy text, noting how many times each of the included search terms appeared within the texts.

Table 4.9

<i>Quantitative Results – Narrative Therapy</i>		
Included Texts	Included Terms	<i>n</i>
<i>Narrative Therapy: The Social Construction of Preferred Realities</i> (Freedman & Combs, 1996)	Curiosity	16
	Curious	16
	Wonder	39
	Wondered	2
	Wonders	3
	Wondering	23
	Total:	99

<i>Narrative Therapy</i> (Madigan, 2019)	Curiosity	6
	Curious	3
	Wonder	6
	Wondered	2
	Wonders	1
	Wondering	2
	Total:	20
<i>Narrative Means to Therapeutic Ends</i> (White & Epston, 1990)	Curiosity	3
	Curious	5
	Wonder	8
	Wondered	0
	Wonders	0
	Wondering	2
	Total:	18
<i>Maps of Narrative Practice</i> (White, 2007)	Curiosity	5
	Curious	9
	Wonder	2
	Wondered	3
	Wonders	0
	Wondering	3
	Total:	22

Table 4.10 summarizes the data of table 4.9 and gives total values for how many times each of the search terms appeared collectively within the narrative therapy texts. Between the four narrative theory texts, the six included terms appeared a total of 159 times, with *wonder* being the most common term at 55 appearances.

Table 4.10

<i>Summary of Quantitative Results – Narrative Therapy</i>		
Included Texts	Included Terms	<i>n</i>
Narrative Therapy	Curiosity	30
	Curious	33
	Wonder	55
	Wondered	7
	Wonders	4
	Wondering	30
	Total:	159

Experiential Therapy. At least one of the included terms was found within each of the experiential therapy texts (Napier & Whitaker, 1978; Satir et al., 1991; Satir et al., 1975; Satir, 1972). Table 4.11 contains the quantitative findings of each experiential therapy text, noting how many times each of the included search terms appeared within the texts.

Table 4.11

Quantitative Results – Experiential Therapy

Included Texts	Included Terms	<i>n</i>
<i>The Family Crucible</i> (Napier & Whitaker, 1978)	Curiosity	4
	Curious	6
	Wonder	14
	Wondered	23
	Wonders	3
	Wondering	23
	Total:	73
<i>The Satir Model: Family Therapy and Beyond</i> (Satir et al., 1991)	Curiosity	2
	Curious	0
	Wonder	6
	Wondered	2
	Wonders	0
	Wondering	1
	Total:	11
<i>Helping Families to Change</i> (Satir et al., 1975)	Curiosity	2
	Curious	1
	Wonder	40
	Wondered	11
	Wonders	0
	Wondering	5
	Total:	59
<i>Peoplemaking</i> (Satir, 1972)	Curiosity	1
	Curious	2
	Wonder	9
	Wondered	2
	Wonders	1
	Wondering	2
	Total:	17

Table 4.12 summarizes the data of table 4.11 and gives total values for how many times each of the search terms appeared collectively within the experiential therapy texts. Between the four experiential therapy texts, the six included terms appeared a total of 160 times, with *wonder* being the most common term at 69 appearances.

Table 4.12

<i>Summary of Quantitative Results – Experiential Therapy</i>		
Included Texts	Included Terms	<i>n</i>
Experiential Therapy	Curiosity	9
	Curious	9
	Wonder	69
	Wondered	38
	Wonders	4
	Wondering	31
	Total:	160

Solution Focused Therapy. At least one of the included terms was found within each of the solution focused therapy texts (de Shazer et al., 2007; Lipchik, 2002; Nelson, 2019; Berg, 1994). Table 4.13 contains the quantitative findings of each solution focused therapy text, noting how many times each of the included search terms appeared within the texts.

Table 4.13

<i>Quantitative Results – Solution-Focused Therapy</i>		
Included Texts	Included Terms	<i>n</i>
<i>More than Miracles: The State of the Art of Solution-Focused Brief Therapy</i> (de Shazer et al., 2007)	Curiosity	2
	Curious	4
	Wonder	8
	Wondered	1
	Wonders	1
	Wondering	4
	Total:	20
<i>Beyond Technique in Solution Focused Therapy</i> (Lipchik, 2002)	Curiosity	1
	Curious	3
	Wonder	12
	Wondered	13
	Wonders	1

	Wondering	8
	Total:	38
	Curiosity	1
	Curious	20
<i>Solution-Focused Brief Therapy with Families</i> (Nelson, 2019)	Wonder	3
	Wondered	3
	Wonders	0
	Wondering	7
	Total:	34
	Curiosity	3
	Curious	13
<i>Family-Based Services: A Solution-Focused Approach</i> (Berg, 1994)	Wonder	10
	Wondered	1
	Wonders	0
	Wondering	5
	Total:	32

Table 4.14 summarizes the data of table 4.13 and gives total values for how many times each of the search terms appeared collectively within the solution focused therapy texts. Between the four solution focused therapy texts, the six included terms appeared a total of 124 times, with *curious* being the most common term at 40 appearances.

Table 4.14

<i>Summary of Quantitative Results – Solution-Focused Therapy</i>		
Included Texts	Included Terms	<i>n</i>
	Curiosity	7
	Curious	40
	Wonder	33
Solution-Focused Therapy	Wondered	18
	Wonders	2
	Wondering	24
	Total:	124

Table 4.15 summarizes the frequency data above to compare the total number of included terms between each of the theories. In total, the four experiential therapy texts utilized the included language of curiosity the most at 160 times, with narrative therapy using the included

terms 159 times across the included texts. Strategic therapy had the fewest number of included terms within the texts, 32, while structural therapy had the second fewest included terms with 79.

Table 4.15

<i>Summary of Quantitative Results – All Theories</i>	
Included Texts	n
<i>Strategic Therapy</i>	32
<i>Structural Therapy</i>	79
<i>Bowenian Therapy</i>	91
<i>Emotionally Focused Therapy</i>	128
<i>Narrative Therapy</i>	159
<i>Experiential Therapy</i>	160
<i>Solution-Focused Therapy</i>	124
Total:	773

Table 4.16 summarizes the number of times each of the included terms appeared across all of the included texts. *Wonder* was the most commonly used of the included terms, showing up 227 times. *Curiosity* was the second most common, showing up in the texts a total of 153 times. In total, the six included words appeared a total of 773 times across the 28 included texts.

Table 4.16

<i>Summary of Quantitative Results – All Theories by Term</i>		
Included Texts	Included Terms	n
All Theories and Texts	Curiosity	121
	Curious	153
	Wonder	227
	Wondered	108
	Wonders	17
	Wondering	147
	Total:	773

The quantitative portion of this study identified the 773 data points that were then explored in greater depth for the qualitative phase of this project. Where each included term was used, the surrounding context (i.e., the paragraph the word was embedded in) was pulled out as the data point to further analyze qualitatively.

Qualitative Questions and Findings

For each of the 773 data points, the qualitative phase of this study explored the intended function of curiosity within the therapy space. To begin, I provided each member of the research team with the Fife et al. (2014) article so as to orient each team member to the therapeutic pyramid and the descriptions of each of the three categories that were being utilized as sensitizing constructs: skills/techniques, therapeutic alliance, and way of being. As outlined in chapter three, the descriptions provided by Fife et al. served as the boundaries and guidelines for each possible code.

Structural Therapy Texts

Within the structural therapy texts, the included language of curiosity was most commonly categorized within the sensitizing construct of skill and/or technique. Table 4.17 shows the quantitative breakdown for how the structural therapy data points were spread across each of the identified themes.

Table 4.17

<i>Summary of Qualitative Results – Structural Therapy Texts by Theme</i>		
	Theme	<i>n</i>
Structural Therapy Texts	Skill/Technique	44
	Therapeutic Alliance	16
	Way of Being	13
	Non-clinical applications	6

Skill/Technique of Structural Therapy. *Wonder* showed up frequently as a linguistic representation of a clinician’s process for case conceptualization. For example, Fishman (1988) reflects on specific cases and the internal processes of the clinician as they conceptualize in the moment interactions:

When the mother says, “He has a tendency to run,” I wonder if she is giving instructions

to Carl—and if she is introducing a threat to her husband and me, hinting that as we increase the intensity and push Carl further, he will talk out. (p. 46)

In a later case, Fishman reflects, “My jaw drops open. I am increasingly concerned that the mother is so anxious to have the father more involved with his elder daughters. I can’t help but wonder about mother’s part of the incest” (p. 142). Other contextual examples displayed the frequency of clinician reflection: “I wondered where he learned to be the caretaker of the family” (Minuchin et al., 2014, p. 116) or “I wondered if the fluid parent-child boundary that Lori was describing was benefitting her more than Jocelyn” (Minuchin et al., 2014, p. 191). Using the language of diagnoses, Umbarger (1983) speaks directly to case conceptualization noting, “It is good diagnostic procedure to wonder at which subunit boundaries interface with other subunit boundaries the family’s troubles are located” (p. 162). Within the structural therapy texts, curiosity/wonder show up as part of the clinical process of case conceptualization.

More so than case conceptualization, curiosity/wonder appeared within the structural therapy texts as a specific intervention unto itself. Across data points and across texts, the context of many skill/technique data points emphasized an overarching goal of structural therapy to be identifying and then disrupting the systems and patterns of the client (Fishman, 1988; Minuchin & Fishman, 1981; Minuchin et al., 2014; Umbarger, 1983). Many times, the use of curiosity/wonder by the clinician was to provoke cognitive dissonance by challenging pre-existing thoughts, recurring patterns of thought or behavior, or present the client an opportunity for insight. Fishman (1988) shows this throughout multiple case scenarios:

Dr. Fishman: Do you still have the vial? You know, I had a crazy thought...

Mother: What’s that?

Dr. Fishman: I wonder if he has anything with him right now.

Mother: He probably—I shouldn't say that—but unfortunately, my trust in him is nil, totally nil. (Fishman, 1988, p. 44)

Mother: I love him. He's always been there in every way for support, he's genuinely a loving man.

Dr. Fishman: Well, yes, we know that. With all due respect, I wonder what he would have to do so you would trust him.

Mother: I don't completely trust him, I have that doubt in the back of my mind.
(Fishman, 1988, p. 143)

Minuchin and Fishman (1981) provide further examples of curiosity/wonder-based language acting as an “unbalancing technique”:

Although the therapist agrees with the content of the daughter's intervention, to focus or comment on it would detract from the goal of unbalancing. Therefore, the therapist continues with his unbalancing technique, suggesting to the father that he should help his wife. *Minuchin (to husband)*: Well, think then that maybe we can find some help. I am wondering how you can help Bea sometimes when she wants things to go the way she thinks they should go. (pg. 185)

This process of curiosity being a source of intervention was conveyed multiple times in Minuchin et al. (2014), with the authors commenting on how a central element of therapy is challenging certainty within relational processes and that a way to complete that task “entails introducing doubt, encouraging curiosity, presenting alternatives, and offering hope” (pg. 4). Curiosity is further elaborated on as a process of promoting “the image of a new family picture”; the idea that there might be a different way to function than a family is currently engaging in.

Therapeutic Alliance in Structural Therapy. The language of curiosity/wonder primarily showed up in structural texts as an act of therapist self-reflection, both in terms of reflecting on the self-of-the-therapist while also reflecting on the therapeutic relationship/process. Fishman (1988) depicts this self-reflection through a variety of examples:

The fact that Greg has a lot of friends is very important. If he had a girlfriend, it would signify a different level of disengagement, a closer step toward separation. It concerns me that he does not, and I wonder whether there is something that we could have done in the therapy to have made him more autonomous and disengaged. (pg. 280)

Minuchin and Fishman (1981) utilized the language of curiosity less in the context of clinician self-reflection and more so as a description of client attributes. For example, in a transcript Minuchin reflects back to a client how they are “curious people” (pg. 114). Later in the text, Minuchin and Fishman reflect on the process of a consultant answering the client’s questions and “focus[ing] on their curiosity and competence” (p. 111). Minuchin et al. (2014) offers similar descriptions of clinician attributes in a supervisory dialogue: “You have the thoughtfulness of a person who is curious...” (p. 122) while also speaking to the role of clinician curiosity within relationships. For example, Minuchin et al. (2014) describe joining with your client as being an “essential element” that is grounded in a clinician’s mindset of “respect, empathy, curiosity, and a commitment to healing” (p. 4). When balancing the multitude of relationships that exist within family therapy, Minuchin et al. reflect on these challenges and share an anecdote of approaching these relationship from a stance of curiosity: “I ask the parents’ permission to talk with Whitney, and I start by saying that I am curious about her life” (p. 51).

It was data points similar to this that caused the research team much reflection and discussion around whether this is more appropriately part of the therapeutic alliance or part of a

way of being of the therapist. The descriptions that Fife et al. (2014) provide and were adopted to guide the thematic process proved unclear at times, particularly in that the language of a clinician's *stance* was used both in describing the therapeutic alliance as well as a clinician's way of being. Ultimately, the research team agreed that these moments (i.e., the Minuchin et al. (2014) quote above) are both related to the therapeutic alliance and a clinician's way of being. That said, we then looked more specifically at the function of the data points to isolate it within a specific theme. For the Minuchin et al. (2014) quote, the research team concluded that the function of curiosity in that context was oriented towards the establishment of the alliance. It was in these early stages of analysis where the research team began to wonder and express that even though the therapeutic alliance and a clinician's way of being are theoretically different, do they share an overarching theme of promoting intra- and interpersonal connection within the therapy space.

Way of Being in Structural Therapy. When exploring data points related to way of being, the research team looked for moments that noted an "in-the-moment attitude" of curiosity that therapists held towards their clients (Fife et al., 2014, p. 24). While the depiction of way of being within the therapeutic pyramid was limited to the therapist's moment-to-moment attitude, our coding identified multiple places of client in-the-moment curiosity that is worth emphasizing as well. Within the initial process of analysis, the research team decided to expand the category of "way of being" to include both client and therapist attitudes.

Minuchin et al. (2014) speak to the importance of "hon[ing] my skills to sit back and allow my natural curiosity to take the foreground, and not be so quick to try and fix things" (p. 112). They further describe how a therapist's "function is to make observations about the absurdity of life with a sense of curiosity and amusement" (p. 194). These descriptors of

curiosity as being “natural” and “a sense of” depict an in-the-moment attitude and tone that Fife et al. (2014) described as a way of being. Similar examples were provided from the perspective of the client: “My first response was dread. “Is the universe playing a trick on me?” I wondered” (Minuchin et al., 2014, p. 135); “Mother: I wonder how this happened because, as you said, I captured them too much, but I feel the opposite” (Minuchin et al., 2014, p. 220).

Furthermore, there were instances where clients utilized the language of curiosity/wonder within their own interactions. One notable example of this came from Minuchin and Fishman (1981):

The therapist, after joining, is in a position in which he can unjoin, by asking the family members to transact with each other around the same issue.

Mother (to husband): Am I?

Father: I don't really know. Sometimes you seem very direct, but I find myself wondering if you are telling me everything about what's bothering you. You know, if you seem upset, I'm not always sure that I know what's bugging you. (p. 37)

Earlier, multiple examples showed the role that curiosity/wonder language plays in clinical interventions within structural therapy. This most recent example is notable because it is speaking about the therapist's position of “unjoiing” the family so that they can then “transact” around the issues themselves. Within that transaction, the language of curiosity appears again, only this time being used by the client instead of the clinician. While isolated in this moment as being a client in-the-moment attitude, the research team also discussed how, from a client perspective, that use of wonderment by the father in that case is similarly functioning to how clinicians are using the included language that was coded as a skill/technique. It was in data points like this where additional discussions were had around the role of curiosity as an outcome

measure within clients; where clients begin to adopt a framework of wonder and curiosity to use as a skill within their own lives.

Non-Clinical Applications in Structural Therapy. Six occurrences of the included language in the structural therapy texts did not fit within one of the sensitizing constructs. The commonality of these six data points was that they were all written in non-clinical contexts, with curiosity primarily serving as an adjective, such as, “people say curious things” (Minuchin et al., 2014, p. 84) or noting “curious observations” (Umbarger, 1983, p. 6). Given their non-clinical applications, these data points were not further analyzed or discussed.

Strategic Therapy Texts

The strategic therapy texts had the least amount of data points related to the included language. Table 4.18 shows the quantitative breakdown for how the strategic therapy data points were spread across each of the themes following the qualitative analysis.

Table 4.18

<i>Summary of Qualitative Results – Strategic Therapy Texts by Theme</i>		
	Theme	<i>n</i>
Strategic Therapy Texts	Skill/Technique	12
	Therapeutic Alliance	6
	Way of Being	7
	Non-clinical applications	8

Skill/Technique of Strategic Therapy. Data points that we coded as skill/technique within the strategic therapy texts primarily displayed aspects of case conceptualization, wherein the act of conceptualizing was done in conversation and with the perceived intention of provoking dissonance within the client. Haley (1980) offers a case example:

Mother: All right, then it’s something I’ve been discussing for several months.

Lande: I’m wondering if you’re asking me to give you an answer about Anna, or whether

it's time to start dealing with some marital issues, and not just Anna.

Mother: I have to be honest and say that I think I've dealt with the marital issues for quite a while. I'm really interested in your opinion about Anna. (p. 108)

Szapocznik and Hervis (2020) also offer curiosity as a positive “reframe” away from suspiciousness while Madanes (1984), where the included language only appeared a total of ten times, offers another interesting example of curiosity being used as a skill/technique, despite it seeming counter to the usual directive approach of strategic therapy:

She had been adopted by her grandparents after being abandoned by her mother. The therapist was instructed to deal with all problems by only saying to the grandparents, “I am curious to see how you will resolve that.” This made sense in terms of increasing the grandparents’ confidence as parents, but it was not the kind of directive approach the therapist was expecting to learn... The grandparents benevolently resolved all problems in a couple of months, and both the school and the therapist were impressed. (p. 131)

Therapeutic Alliance of Strategic Therapy. Six data points within the strategic therapy texts were coded as being oriented towards the therapeutic alliance. Despite the text only using the included language six times, Madanes (1981) speaks about curiosity as an overall goal of the therapeutic space:

One of the clearest aspects of Madanes’ work is her creative ability to transform the usual routines of lives into new paths where people can find unusual ways of being. Her therapy with families creates a context in which family members and therapists regain the capacity to be curious and exploratory. (p. 23)

In reviewing the text around this particular data point, the research team believed that Madanes reference to “creat[ing] a context” was synonymous with therapeutic relationships. The difference of this data point, however, was that it was speaking of curiosity as an outcome of the therapeutic space and not from the context of curiosity as a contributing factor to the creation of that space. Additionally, this advocating for curiosity appears in contrast with other strategic therapy data points that suggest the need for the clinician to exhibit some restraint of their curiosity. The following two examples to a clinician’s curiosity of their clients, but from the lens of restraining their curiosity as opposed to expanding it. According to these strategic therapy examples, curiosity is helpful in connecting to people, but it can also lead to possibilities that may hinder the therapeutic process more than help.

A focus on communicative behavior in the family and institution became primary, and therapists had to learn to restrain their curiosity about the wonderful world of mad ideas. (Haley, 1980, p. 274)

Similar to the Haley excerpt above, Madanes (1981) echoes similar concerns around the need for the clinician to be mindful and aware of the curiosity they bring into the therapeutic process:

Often the suggestion that there are secret, unsavory facts about a parent is made with the purpose of arousing the therapist’s curiosity, so that he will become interested in these facts and will focus on the parent’s difficulties rather than on the issue that the parents must jointly take charge of their off-spring. The therapist should be prepared to avoid being distracted from his goal by other issues. (p. 141)

Despite the quantity of curiosity-based language being minimal, it is still interesting how Madanes (1981) casts curiosity as an overarching goal of the therapeutic process while Haley

(1980) also speaks of the need to utilize a focused and calculated curiosity to help advance the therapeutic process.

Way of Being of Strategic Therapy. Similar to structural therapy, curiosity/wonder also appeared within strategic texts as an in-the-moment attitude. Related to moments of the client, Haley describes a mother who “was wondering if she had not wasted her life so far and was seeking something different for the rest of it” (1980, p. 193) while Madanes (1981) reflected on the “awe and wonder” a mother was showing her children (p. 86). Again, although the explicit and quantitative presence of curiosity is low, the data points that do exist seem to indicate that in application, curiosity still has a necessary place within the therapeutic space.

Non-Clinical Applications of Strategic Therapy. Eight data points were categorized as having non-clinical applications within the texts. The most common occurrence was using curiosity/wonder as a description, such as, “One of the curious ways...” (Haley, 1980, p. 48). The included language also showed up as an idiom: “No wonder you’re looking so good. You’ve got lots of things to look forward to” (Madasnes, 1984, p. 57). These data points were not further analyzed.

Solution Focused Therapy Texts

The solution focused data points were spread across each of the four identified themes, with the most data points being categorized as a skill/technique. Table 4.19 shows the quantitative breakdown for how the solution focused therapy data points were spread across each of the themes.

Table 4.19

Summary of Qualitative Results – Solution Focused Therapy Texts by Theme

Theme	<i>n</i>
Skill/Technique	69

Solution Focused Therapy	Therapeutic Alliance	14
Texts	Way of Being	30
	Non-clinical applications	11

Skill/Technique within Solution Focused Therapy. The solution focused data points were most commonly coded as a skill/technique. Across the four solution-focused texts, the skills being described with curiosity-based language primarily consisted of clinician case conceptualization and direct intervention with clients. A common technique within solution-focused therapy is that of looking for exceptions, moments when the problem was not a problem, or a solution of some sort had occurred. When describing this technique, Berg (1994) emphasized the need for "...the worker to remain curious about whether this was different from her [the client's] usual behavior" (p. 151) while also reinforcing certain behaviors with language such as "I wonder where you learned that?" (p. 152). de Shazer et al. (2007) echoes the connection between clinician curiosity and searching for exceptions:

Furthermore, I am most interested in any kind of "exceptions." I wonder about any times when he was angry and did not yell at her, and other times, in different contexts, when he was angry and did not yell. (p. 148)

Another example emphasizes how "the worker became more curious about his success" (Berg, 1994, p. 93), highlighting how curiosity can act as a tool to help focus and guide a dialogue. Berg provided another example, highlighting how clinician curiosity not only encouraged the act of looking for exceptions, but also how a clinician continued wondering had created space for the client to have insight around their own behaviors:

The worker kept wondering what was different about yesterday that had given her the strength to make all these changes. At first, Sharon said she was not clear about what

made the difference, but later began to form the opinion that the new baby on the way made the difference. (p. 90)

Berg also speaks specifically about the technique of confrontation within therapy, noting specific reference to the “tone of voice” of confrontation and describing a clinician’s tone that is “not angry or blaming but rather curious, with no preconceived notion of what you want the client to say” (p. 83). While theoretically and thematically speaking, tone would generally align more with way of being, the context of this data point emphasizes the deliberate use of a curiosity-based tone as a specific technique related to confrontation. Furthermore, like with the previously described theories, Lipchik (2002) also speaks to the role of curiosity-based language in the perturbation of a client’s system:

The goal is to perturbate so it fits the client as much as possible...for example, if a couple is highly competitive, one may tag the end of the suggestion with a comment such as “I wonder which one of you will have the strength to risk showing appreciation first?” (p. 115)

Additionally, Lipchik connects the language of curiosity to acting as a “gentle probe”:

Clients who are ambivalent about change tend to indicate it by directly, or indirectly, expressing negative feelings about themselves, the therapist, or therapy. Once again, given their emotional state, it is far safer to explore their present state of mind about what they want from therapy than to talk about redefining goals. Even a gentle probe, such as “I was wondering whether it would be helpful to check out the goals you defined earlier?,” is not worth the risk of evoking shame in clients. (p. 82)

Lipchik (2002) also implicates curiosity-based language in the administration of the miracle question, another central solution focused technique: “I was just wondering, if I had a

magic wand right now and could make anything happen overnight that you would want to have happen, what would things be like for you when you wake up tomorrow morning” (p. 37)?

Nelson (2019) echoes the value of curiosity-based language as a skill/technique by proclaiming the need for clinicians to not just ask any question, but instead to ask curious questions so as to learn more about their clients, their experiences, and the resources that are already available to the client to resolve their concerns.

Therapeutic Alliance within Solution Focused Therapy. The solution focused texts also described curiosity/wonder as an aspect of the therapeutic alliance, making specific reference to the therapeutic stance. For example, Berg describes the need for a clinician to “take a detached but curious stance with him [the client]” (1994, p. 7), while Lipchik (2002) also described the use of a wonder-based clinician stance as contributing “a more trusting relationship” wherein the client felt their “feelings were not judged but understood and normalized” (p. 8). Berg goes a step further to describe the value of a therapeutic relationship wherein the client “has become curious about your [the clinician’s] way of thinking” (p. 146) while also referencing the use of wonder-based language as a strategy for joining with clients: “I wonder how I can help?” (p. 52). Similar to the act of joining, Lipchik (2002) also connects clinician wondering as an act of inviting clients into aspects of the therapeutic process: “I have been doing some consulting about this case and wonder whether you would join me in considering a different approach with Lee, just as an experiment” (p. 174). Early in their text, Lipchik (2002) makes an assertion around the importance of curiosity in the therapeutic process:

SFT is a constructivist model. Considering the use of the same intervention is a linear

way of thinking that implies causality and focuses on content rather than process. The best way to ensure the probability of the fastest and most fitting solution for clients is to treat them as unique and to remain curious. (p. 15)

Similar to the previous theories/texts, the solution-focused texts again highlight the interconnectedness between the layers of the therapeutic pyramid. In particular, there is strong overlap in what can be coded as the therapeutic alliance and what might be coded within a way of being. Throughout the process, the research team was becoming more interested in a possible refinement of themes around curiosity, consolidating the therapeutic alliance and way of being, as it relates to curiosity, as a form of connection.

Way of Being within Solution Focused Therapy. 30 of the solution focused data points were categorized within the theme, way of being. Berg (1994) talked about the value of promoting curiosity in clients as an outcome of therapy, supporting clients in having in-the-moment curiosity around their current lives and problems. Other authors offer similar instances of client curiosity, particularly as it relates to client self-reflection and introspection. For example, Lipchik (2002) provides a transcribed account of a client wondering: "...but then I wonder whether I am just copping out?" (p. 92), while Nelson (2019) also provides transcribed accounts of clients utilizing curiosity-based language within therapeutic encounters.

In addition to client curiosity, the texts also offered context that emphasizes the value of clinicians taking an attitude of curiosity, not as a character trait that you might find coded within therapeutic alliance, but instead as an in-the-moment tone, presence, and posture. de Shazer et al. (2007) speaks about the importance of clinicians holding "a stance of appreciative curiosity" (p. 164) while Nelson (2019) also speaks of curiosity as an attitude that a clinician can hold in the

presence of their client. Ultimately, and similarly, each of these stances and in-the-moment attitudes is serving as an agent of connection, both intra- and interpersonally.

Non-Clinical Applications within Solution Focused Therapy. Similar to the aforementioned texts, the solution focused texts also included multiple usages of the included language for non-clinically specific applications. Primarily this appeared with curiosity being used as an adjective, like where Berg (1994) describes a “curious dearth of consistency”, or also within an idiom, like the multiple times that “No wonder...” was utilized within a transcript (i.e., de Shazer et al., 2007, p. 17). 11 data points fell into this category and were not further separated given their commonality of existing outside of the clinical focus of the research question.

Experiential Therapy Texts

The experiential therapy data points were spread across each of the four identified themes, with the most data points being categorized as a skill/technique. Table 4.20 shows the quantitative breakdown for how the experiential therapy data points were spread across each of the themes.

Table 4.20

<i>Summary of Qualitative Results – Experiential Therapy Texts by Theme</i>		
	Theme	<i>n</i>
Experiential Therapy Texts	Skill/Technique	64
	Therapeutic Alliance	19
	Way of Being	52
	Non-clinical applications	25

Skill/Technique within Experiential Therapy. The experiential therapy data points were most commonly coded as being a skill and/or technique. Similar to the aforementioned data points, the presence of the included terms as a skill/technique showed up as a part of case conceptualization as well as direct intervention with clients. Specific to case conceptualization,

Napier and Whitaker (1978) connected the act of clinician wondering to a working hypothesis around how a family functions and will respond to treatment. Satir et al. (1991) reflects on specific case examples and the wondering that takes place in working to understand relational interactions or dynamics: “For example, Satir once wondered why so many of the people she worked with claimed to have devils, weaklings, or stupid people as parents” (p. 224). Satir et al. (1975) used similar language to describe the presence of clinician wondering around the formation, maintenance, and changing of family patterns. On a more specific level, Satir (1972) conceptualized around the role of sex in relationships: “I wonder how much of the truly satisfying, nurturing potential of affection among family members is not enjoyed because family rules about affection get mixed up with taboos about sex” (p. 104). Related to conceptualization, Satir (1975) also speaks to the overall goal of therapy, noting curiosity as a targeted outcome:

There are no untreatable people. It is only a matter of calling upon our creative imagination about how to bring out again the thing most people had between the ages of birth and one—a curiosity and willingness to change and to explore. That is the therapeutic challenge. (p. 39)

In addition to the presence of the included terms in relation to thinking about cases and the clinical process, the language of curiosity/wonder also showed up in contexts of direct intervention with clients. Satir et al. (1975) offers an example of language to invite a client to take a risk: “I wonder if you would try something...” (p. 134). In the same text, multiple other data points reflect a similar balance of challenge and connection, creating opportunities for client expression and insight: “*Virginia*: ...I wonder how you feel about what you and I were talking about” (p. 168); “*Virginia*: I wonder how you felt, John, with the action going on over here” (p. 172.). Napier and Whitaker (1978) provide case examples with similar usages of wonder as an

invitation for awareness, expression, and insight: “Carl spoke to her. “I was wondering about your part in this...” (p. 99).

Satir et al. (1991) offer additional examples that highlight the connection between wondering as a technique to draw out the internal and emotional experiences of clients, a core tenet of experiential therapy: “I wonder what is going on inside Tom” (p. 137). Specific to this example, Satir et al. connected the use of wonder as a practice of “check[ing] it [what’s going on inside] out” as a counter to the tendency the couple had to react or let “her system panic.” A “puzzled” (p. 137) statement was interjected to disarm a reactionary feeling. Satir et al. (1975) offer an additional example, where wonder helps create a space for awareness and insight, without accusation:

Because there is a great taboo about telling people they smell (you know the soap routine about slipping a note under the door suggesting they use a certain kind of soap), I have learned to say, “I smell something that smells bad to me here, and while this is going on I am having a hard time thinking. I wonder if anybody else smells the same thing?” One of the things I discovered is that people do not smell their own smells; only other people smell them. (p. 145)

Finally, Satir et al. (1975) speaks to the empowerment that wonder can have, giving clients the opportunity to have a voice in expressing their internal experiences:

Virginia: John, I wonder what you were aware of feeling as your father was talking about how he feels about himself. I know you’re just nine, but I wonder how you felt when your Dad said, “I don’t even feel I have a stub left,” or something like that” (p. 174).

Taken as a whole, the curiosity seems intimately connected to the practice of

experiential therapy. While this is supported by the frequency of data points, it is also reinforced by the context the language is embedded in. Within the larger theme of being a skill/technique, the research team explored how curiosity is being used for the more specific functions of drawing out, challenging, provoking dissonance, and creating space for client insight and awareness.

Therapeutic Alliance within Experiential Therapy. The included terms also appeared within the experiential therapy texts as an aspect of the therapeutic alliance. Napier and Whitaker (1978) reference clients, as a result of intervention, who have separated from their problems and consequently appear more curious. The majority of data points coded as therapeutic alliance aligned with the self-of-the-therapist and/or clinician self-reflection of the working alliance and therapeutic process. Napier and Whitaker (1978) provide multiple examples: “I wondered what to do with the awkward silence” (p. 98); “For a moment, I wondered if I should go on” (p. 98); “I wondered if we weren’t moving too fast” (p. 74). Neither Satir et al. (1991) nor Satir (1972) had any data points that coded as the therapeutic alliance. It was interesting to the research team how much curiosity was emphasized within the experiential texts as a more active process of intervening in therapy and was less written about from the stance of more broad relationship/alliance building. This is likely connected to one limitation of this study, which is the reliance purely on the explicit times where the language of curiosity appeared in the texts. It would be our hypothesis that there are a multitude of other times throughout the texts where curiosity, wonder, and interest are showing up while not being explicitly connected to the language that is included.

Way of Being within Experiential Therapy. Way of being was a central theme throughout the analysis of the included experiential therapy texts. Within Napier and Whitaker

(1978), way of being was coded as 35 of the total 73 data points. Within these 35, the included language most commonly showed up in relation to the clients experiencing curiosity. Napier and Whitaker (1978) write:

For so long Carolyn had dodged between the painful thorns of self-doubt and self-contradiction. At last she was ready to look around her, as though these internal doubts were at rest. She had a new awareness of the external world, the present moment. It was as though she were awake for the first time in many years, her eyes moist with curiosity. (p. 205)

For many of the remaining data points, the words wonder, wondering, and wondered were found to be in the context of a way of being, as clients and clinicians used that language to express in their dialogue an in-the-moment thought, reflection, or uncertainty. Similar contexts showed up in Satir et al. (1991), where the experience of a curiosity-based way of being was described in the context of a client outcome of effective therapy:

Released from attending to and coping with the past, the client can live in the present with more energy and curiosity. (p. 162)

Satir (1972) echoes similar contexts of curiosity, asking a critical question in the context of helpful and meaningful therapy:

What can you do to keep alive a spirit of curiosity and imagination, to stimulate a search for making new meaning, to find new uses for things already known, and to probe into the unknown for things not yet known? (p. 253)

Although the included language was only present 17 times, Satir (1972) offers additional

statements that speak to curiosity's value. In one instance, Satir reflects on her goal of stimulating enough curiosity within clients that they will feel compelled to identify, challenge, and change patterns of behavior. Related to life satisfaction and enjoyment, Satir writes:

Part of the art of enjoyment is being able to be flexible, curious, and to have a sense of humor. An episode of a five-year-old spilling milk all over the table can be quite a different experience depending upon what family he lives in and how such matters are approached. (p. 211)

Non-Clinical Applications within Experiential Therapy. Similar to each of the aforementioned texts, the experiential therapy texts also had non-clinical applications of the included language. This primarily occurred with the use of idioms, such as “no wonder you are sad” (i.e., Satir et al., 1975, p. 269). Despite the sentence occurring within the clinician space, the presence of the included term was not clinically significant as an idiom. Additionally, multiple data points were within conversations between an interviewer and an interviewee in a non-clinical space. For example, an interviewer questioning Satir (1975) about her book and therapeutic process asked, “I wondered how much you knew about them in advance” (p. 272). While it is still an application of the included language, it was not specifically relevant to a therapeutic process.

In concluding the qualitative analysis related to experiential therapy, the research team was struck with a new curiosity of their own. While mentioned in other texts/theories, the experiential therapy texts offered numerous data points that identified curiosity as a targeted outcome of therapy. More data points were emerging that placed value on not only a clinician's use of curiosity within the therapy space but also on the propagation of curiosity within a client's words and actions as a measure of health and well-being.

Bowen Therapy Texts

The Bowen therapy data points were spread across each of the four identified themes, with the most data points being categorized as a way of being. Table 4.21 shows the quantitative breakdown for how the Bowen therapy data points were spread across each of the themes.

Table 4.21

<i>Summary of Qualitative Results – Bowen Therapy Texts by Theme</i>		
	Theme	<i>n</i>
Bowen Therapy Texts	Skill/Technique	17
	Therapeutic Alliance	18
	Way of Being	43
	Non-clinical applications	13

Skill/Technique within Bowen Therapy. Within the texts, Bowenian therapy was often broken down into stages. Titelman (1998) reflected on how the primary tasks of the first phase of therapy was to “stimulate curiosity” within the client about their familial patterns and processes (p. 76). Bowen (1985) echoes this sentiment, reflecting on a process of therapy wherein “the therapist did little more than wonder...” for the initial phase of therapy (p. 87). Titelman doubles down on this phase one task in their 2014 text, noting the value of promoting curiosity given how the therapy space is a learning space, and curiosity is a key ingredient to meaningful learning. Like with previous theories, the Bowenian texts equally emphasize how the presence of curiosity/wonder is valuable in promoting the therapeutic alliance (further described below) while simultaneously serving a direct and intervening role in therapy.

Specific to interventions, the family diagram is a key element within Bowenian therapy. When writing about conducting a family or multigenerational diagram, Titelman (2014) writes that “curiosity is crucial to the success of the effort” because of its ability to widen a client’s lens

and “change the individual’s perspective of self and family” (p. 284). Titelman (1998) also speaks about symptom relief, noting how curiosity may serve as a substitute for some symptoms:

Individuals should gradually move from an anxious focus to a curious focus about human functioning, knowledge of self-functioning patterns, and the possibility of functioning more effectively and responsibly. (p. 109)

Despite the weight that curiosity seems to carry in Bowenian therapy based on these aforementioned examples, the explicit inclusion of curiosity/wonder-based language as a skill/technique was minimal, only accounting for 17 of the 91 total Bowenian data points.

Therapeutic Alliance within Bowen Therapy. 18 of the 91 Bowenian data points were coded as relating to the therapeutic alliance. This theme showed up in a few different ways. First, curiosity/wonder was utilized in a person-of-the-therapist and self-reflection way. Bowen (1985) reflects on the role his own “theoretical curiosity” (p. 357) played in conceptualizing cases of schizophrenia while also writing about the isomorphic nature of therapy:

I believe a therapist is in a poor position to ask a family to do something he does not do.

When the family goes slowly at defining self, I begin to wonder if there is some vague ambiguous area of importance about which I failed to define myself. (p. 177)

Bowen (1985) provides another example of this self-reflection process, noting how wonder creates space for insight and opportunity: I wondered what It would take to keep emotional objectivity in the midst of the emotional system in turmoil, yet at the same time actively relate to key people in the system (p. 485).

Additionally, curiosity was included as a broader necessity for an effective and meaningful alliance. Bregman and White (2011) note how curiosity helps move clinicians away from the role of expert and into a position of learner, which then helps create an atmosphere and

alliance more conducive to client self-expression, vulnerability, and growth. This example, like many others, speaks to the interconnection of way of being and the therapeutic alliance. More specifically, Bregman and White write: “I have become committed to the importance of a collaborative approach whereby you work with the family to create a curious, evidence-finding environment” (p. 323). Titelman shares similar sentiments in both included texts (1998; 2014), noting the value of an alliance and an atmosphere that is grounded in curiosity.

Way of Being within Bowen Therapy. Way of being was the most commonly coded theme within the Bowenian texts, accounting for 43 of the 91 data points. Related to therapeutic alliance, Bregman and White (2011) speak about the value of creating an environment where one’s “innate curiosity” can be tapped into (p. 170). Titelman (1998) provides similar context, noting how being able to draw out in-the-moment curiosity from clients is a starting point for shifting thought processes and perceptions. Titelman (1998) provides the example:

The student felt that his father was worthless and that his mother required care and support, or she might kill herself. Later he did acknowledge some curiosity and a desire to get to know his father but was concerned about what would happen to his mother if he did not side with her. (p. 195)

Titelman (1998) further describes this goal of drawing out a client’s innate curiosity as being an overarching goal of the therapeutic process:

On the change spectrum, this state is in the middle and is neutral. Many will have no further motivation to continue work on self, since the discomfort has abated. For those who are caught, unable to stop observing, being curious, and working at self, the fun has only begun. No longer focused on “problems,” the individual begins to focus on every aspect of his or her life... (p. 115)

More than others, the Bowenian texts had many data point wherein it was the client utilizing the curiosity-based language in addition to, or instead of, the clinician. There were more session transcripts where clients utilized sentiments such as “I wonder...” or “They wondered...” This increased use of the included language by clients seems fitting, given the emphasis the Bowenian texts place on client curiosity. As Titelman (1998) writes, “Those [clients] who are curious and motivated enough to work at this phase will complete several tasks” (p. 115). Yet again, the results seem to suggest a value of curiosity as a clinician attribute while also being a valuable outcome and skill for clients to possess and develop as well.

Non-Clinical Applications with Bowen Therapy. Similar to each of the aforementioned texts, the Bowenian therapy texts also had non-clinical applications of the included language. Like the other texts, the Bowenian texts had instances of the included language as idioms (i.e., “no wonder”) while also being used in descriptive ways: “The curious function...” (Bregman & White, 2011, p. XVIII). Additionally, multiple data points were within conversations between an interviewer and an interviewee in a non-clinical space. For example, Bowen (1985) had multiple occasions where the included language was present within the context of an interview that Bowen was participating in, outside of the clinical space. These data points were not further analyzed.

Narrative Therapy Texts

The narrative therapy data points were spread across each of the four identified themes, with the most data points being categorized as a skill or technique. Table 4.22 shows the quantitative breakdown for how the narrative therapy data points were spread across each of the themes.

Table 4.22

Summary of Qualitative Results – Narrative Therapy Texts by Theme

	Theme	<i>n</i>
Narrative Therapy Texts	Skill/Technique	93
	Therapeutic Alliance	30
	Way of Being	24
	Non-clinical applications	12

Skills/Techniques within Narrative Therapy. The data points within the narrative therapy texts were primarily coded by the research team as a skill or technique. With a belief in language as the foundational unit of meaning and experience, narrative therapists work to support clients in re-authoring--adapting language and creating new meaning for—their lived experiences. As such, the presence of curiosity and wonder as a linguistic mechanism for promoting this re-authoring process is unsurprising. Freedman and Combs (1996) talk about how this process of “asking facilitating and clarifying questions from a position of curiosity” can by itself be enough to produce the therapeutic outcomes that a client is looking for (p. 45).

Freedman and Combs (1996) also explore how curiosity is central to the process of other specific techniques within narrative therapy. For example, Freedman and Combs explore the need to be “intensely curious” about the “local knowledge” (p. 33) that clients carry. This showed up in a case example, where the authors shared: “I wonder what models your mother had that put her in that situation” (p. 160)? Additionally, Freedman and Combs (1996) reflect on the technique of identifying unique outcomes within client narratives, while noting how curiosity serves an important function of maintaining focus on meaning-making and creating a space for new or adapted meanings. Elaborating on the role of curiosity/wonder as a technique for creating space for new meaning, Freedman and Combs (1996) write:

We strive instead to bring forth a variety of perceptions and constructions, so that family members can choose what is interesting or helpful to them. We ask questions or offer

ideas tentatively, talking about what we are wondering...we wonder about differences or new occurrences around which family members might choose to make meaning. (p. 178)

The other narrative texts echo a similar value of curiosity and wonder as a tool for intervention. Madigan (2019) speaks about the need for scaffolding curiosity and questions so as to support the expansion of client perceptions and possibilities. White (2007) speaks about this as well, noting how “effective therapy is about engaging people in the re-authoring of the compelling plights of their lives in ways that arouse curiosity about human possibility” (p. 76). In a similar tone, White (2007) reflects on the value of curiosity within the technique of narrative maps:

Maps like these shape a therapeutic inquiry in which people suddenly find themselves interested in novel understandings of the events of their lives, curious about aspects of their lives that have been forsaken, fascinated with neglected territories of their identities, and, at times, awed by their own responses to the predicaments of their existence. (p. 5)

In a case example noting unique outcomes, White (2007) shares the following: “I was openly curious about what had made this possible for her—about what had provided a foundation for her to resist being captive to guilt” (p. 250). The use of curiosity and wonder provided a pathway for the client’s exploration into alternative possibilities.

Therapeutic Alliance within Narrative Therapy. Curiosity and wonder also appeared in each of the included texts as being a factor related to the therapeutic alliance. Related to personal attributes, White and Epston (1990) and Madigan (2019) both describe attributes of curiosity within clients, while White and Epston (1990) and White (2007) also describe trait curiosity within clinicians. Although the trait of curiosity may seem intuitively more aligned with way of being, the research team coded this data point as relating to the therapeutic alliance given

Fife et al. (2014) description of the alliance as including interpersonal attributed of the therapist. Additionally, each of the four included texts offers examples of curiosity as being central to the alliance between clients and clinicians.

When speaking about the therapeutic stance, Freedman and Combs (1996) emphasize the value of a clinician grounded in “a position of neutrality or curiosity rather than one of advocacy or passion” (p. 13). This position is valuable, as Freedman and Combs write, because of the role that “focused attention, patience, and curiosity” has in the development of a “relationship of mutual respect and trust” (p. 44). This context shows up multiple times throughout the text, with Freedman and Combs describing the value of “therapeutic relationships characterized by an atmosphere of curiosity, openness, and respect” (p. 272). Similar sentiments are shared in Madigan (2019), who notes how the whole tone and process of therapy can change based on the therapeutic relationship, especially when the tone shifts from a place of tension to a place of curiosity.

Way of Being within Narrative Therapy. 24 of the data points were coded as a way of being. Freedman and Combs (1996) write specifically about the need for an “attitude of curiosity” (p. 7), noting how attitudes like curiosity create a space that turns awkwardness into affirmation and confusion into curiosity. Related to these attitudes, Freedman and Combs (1996) note how they are “more important than any technique or guideline” (p. 173). White and Epston (1990) describe the value of being “fired by curiosity” throughout the clinical process (p. 63). Similarly, Madigan (2019) speaks about tuning into and engaging with a client’s natural curiosity and relying on that to help construct “the alternative story lines of people’s lives” (p. 93).

Non-clinical Applications within Narrative Therapy. As with each of the other theories, data points within the narrative texts also appeared as not clinically applicable. For

example, most of the data points coded in this theme were utilized as idioms (i.e., “No wonder...”), where the use of the word *wonder* is more a figure-of-speech than a call to be curious. Other data points referenced people not involved in the clinical process, such as Madigan (2019) referencing the curiosity of a researcher. Additionally, the included language was used in other contexts as an adjective: “I thought that was a curious comment...” (p. 129). Ultimately, 12 of the 159 narrative data points were coded as being not clinically applicable and were therefore not analyzed further.

Emotionally Focused Therapy (EFT) Texts

The EFT data points were spread across each of the four identified themes, with the most data points being categorized as a skill or technique. Table 4.23 shows the quantitative breakdown for how the EFT therapy data points were spread across each of the themes.

Table 4.23

<i>Summary of Qualitative Results – Emotionally Focused Therapy Texts by Theme</i>		
	Theme	<i>n</i>
EFT Therapy Texts	Skill/Technique	63
	Therapeutic Alliance	51
	Way of Being	6
	Non-clinical applications	8

Skills/Techniques within EFT. 63 of the 128 EFT data points were coded as being a skill or technique. Johnson (2020) described the need for therapists to act as “curious explorer[s]” (p. 57), while Johnson (2019) talks about a specific therapeutic process of “curiosity and open discovery” (p. 81). When thinking about techniques of EFT, Johnson (2019) describes the following process, noting the role that a “miniscule curiosity” has on calming and creating safety:

Just as when calming a desperate horse, the therapist helps the client move from attention consumed by flooded alarm, to blocking any new element or resistance, to gradual relaxation and a miniscule curiosity about the new element, to slow engagement with this element, to taking in the new element with soothing and the down regulation of threat, which then begins to alter existing patterns of how a client's inner life is organized. (p. 174)

Guillory (2022) echoes those sentiments of Johnson, noting how curiosity is a technique and process that “helps create emotional safety” (p. 62) while also serving the function of drawing out additional information and experience from clients. When speaking specifically about working with African American couples, Guillory (2022) emphasizes the role of curiosity as a clinical skill that supports the clinician's ability to validate, to learn, and to actively work towards creating “emotional safety” (p. 61). In writing about the use of curiosity, Guillory says that, “The therapist is mainly being curious about their experiences, tracking the negative cycle from distress cues, assembling their emotions, and seeding brief encounters” (p. 79).

Additionally, each of the included texts offers examples of wonder/curiosity being used as a technique of drawing out more language from clients related to their lived experiences. Furrow et al. (2019) offers the first and only data point wherein specific direction was given to a client to be curious: “Hey mom and dad, let's try to stay curious about what might be blocking Sal from wanting to try” (p. 254). Given how meaningful curiosity seems to be in relation to the therapeutic process, it is interesting how there is only this one data point where curiosity is explicitly directed within therapy.

Therapeutic Alliance within EFT. Given the emphasis EFT places on emotion and attachment work, it is no surprise that a large number of data points were coded as relating to the

therapeutic alliance. First, curiosity about and within relationships is repeatedly correlated to the experiencing of emotional safety. Johnson (2020) writes how “a sense of security seems to foster the curiosity and openness essential to adult intimacy” (p. 196) while Johnson (2019) writes more specifically around the linkage between secure attachment and one’s ability/willingness to be curious. Relatedly, Johnson (2019) draws strong similarities between a clinician (or a client) being empathetic and a clinician (or a client) being curious. Johnson (2019) writes, “Genuine empathy, being able to put yourself in the shoes of another, requires open curiosity and a leap of imagination” (p. 228). Guillory (2022) echoes each of these sentiments, repeatedly identifying a primary stance of clinicians should be one of curiosity while also commenting on the role that curiosity plays in the creation of “emotional safety” (p. 61). Guillory (2022) writes so explicitly to say that a “safe working alliance was enhanced by a number of factors... (2) continual curiosity about their [clients] experiences as Black people and not assuming any stereotypic Black notions of their Blackness” (p. 134).

Each of the texts, in very similar ways, talks about curiosity as being a primary stance that clinicians take, both for their own self-reflective processes (i.e., Guillory, 2022, p. 103) and for the promotion and enhancement of the therapeutic relationship. Furrow et al. (2019) offers some data points that shift the focus from the clinician’s stance of curiosity to the curiosity that clients bring to the therapeutic process. For example, Furrow et al. (2019) reflect on one case scenario where “the parents’ curiosity and empathy for Sal’s world was blocked and their defensiveness was triggered as Sal’s anger seemed to take charge” (p. 255). Furrow et al. (2019) continued to reflect on this case scenario, noting how progress within the family was stifled until “both parents became less reactive and defensive...and [they got] curious about the function of Sal’s acting out behaviors” (p. 250). Although curiosity within the clinician/client relationship is

more explicitly written about, Furrow et al. (2019) speaks to the importance and value of curiosity within the relationships of the clients as well.

Way of Being within EFT. Only 6 of the 128 EFT data points were coded with the theme of way of being. This low frequency is less because curiosity/wonder did not frequently show up as a way of being, but instead because of the added emphasis that curiosity holds in the EFT texts to be utilized as a more intentional and deliberate process and skill within the therapeutic space (and therefore coded as a skill/technique or therapeutic alliance). The data points coded as a way of being primarily consisted of in the moment client reflections in response to the therapeutic process. For example, many of the therapeutic alliance data points discuss curiosity as being related to stance that a therapist takes. Although a stance could easily align with the descriptions of way of being, often times the texts positions these data points not just as a stance, but as a stance with the function of forming and promoting a therapeutic alliance. Therefore, although it is referencing, in essence, a clinician's way of being, that way of being is serving the function of promoting the therapeutic alliance. If the focus was more so on curiosity's form, then the quantitative break down of codes would have likely shifted as each data point related to stance would more readily be qualified as a way of being.

Non-clinical Applications within EFT. As with each of the other theories, data points within the EFT texts also appeared as not clinically applicable. For example, the majority of data points coded in this theme were utilized as idioms (i.e., "No wonder..."), where the use of the word *wonder* is more a figure-of-speech than a call to be curious. These data points were not further analyzed.

Inductively Derived Codes

82 of the data points were not coded within the sensitizing constructs and instead were inductively coded. Some of the inductive codes that were identified related to data points that were later thematically identified as having non-clinical applications. These moments included data points where the included term was serving as an adjective or where the included term was part of an idiom or figure of speech. Additional examples included instances where the included term was utilized in a context separate from the theoretical writing, such as a transcript of a separate interview of the author that was included within the publication, but not specifically relevant to the application of the particular model.

Mixed-Methods Findings and Analysis

Taking both the quantitative and qualitative results into account, the mixed methods question was as follows: How can common factors and the therapeutic pyramid be used as a framework to conceptualize the presence of curiosity across C/MFT theoretical texts? The first point of integration occurred when the quantitative results informed the data pool that would be analyzed in the qualitative phase of analysis. The quantitative phase identified 773 data points; or, 773 times where the included language was identified within the 28 included texts. These 773 articles were then assessed qualitatively through a deductive process that was oriented with the therapeutic pyramid acting as the sensitizing constructs.

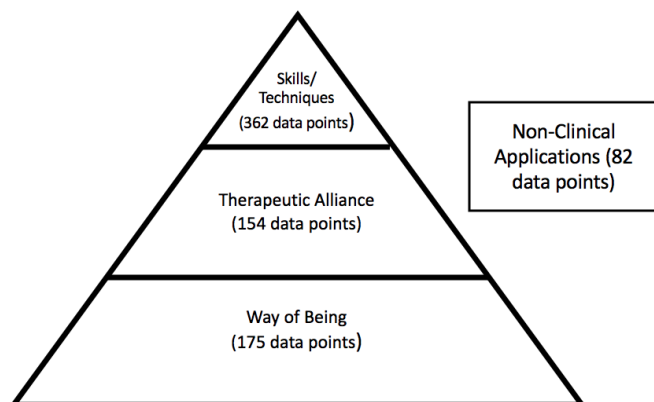
The included language of curiosity and wonder appeared in each of the included texts, with one text having as few as three data points (Szapocnik & Hervis, 2020) and another having the most occurrences of data points at 99 (Freedman & Combs, 1996). The therapeutic pyramid (Fife et al., 2014) proved to be an effective construct for organizing each of the 773 data points, as 691 datapoints fell within one of the sensitizing constructs: skill/technique, therapeutic alliance, and way of being. The remaining 82 data points were organized into their own category

of non-clinical applications and primarily consisted of instances where the included language was used as an adjective to describe something (i.e., that was a curious thing), was used as an idiom (i.e., No wonder...), or was used within non-clinical conversation, such as an interviewer asking a question of the texts author. These data points were not further analyzed.

In the original therapeutic pyramid article, Fife et al. (2014) reflect on how the “effective use of skills and techniques rests upon the quality of the therapist-client alliance, which in turn is grounded in the therapist’s in-the-moment stance or attitude toward clients” (p. 21). The linkages between each of the three layers of the pyramid proved influential in our deductive analysis, as the research team consistently reflected on how the vast majority of data points were simultaneously acting in ways that aligned with each of the three categories. Despite this, the research team assigned each data point to one theme, with the interest and insight that data points likely fell into more than one theme. Table 4.24 is a summary of the qualitative results, showing how the data points were spread across each of the themes. Ultimately, the quantitative and qualitative data worked together to support a meaningful presence of curiosity within and between the included therapeutic modalities.

Table 4.24

Summary of Qualitative Results Within the Therapeutic Pyramid



Refining Themes

As we continued to review and analyze the data through the lens of the therapeutic pyramid, we noticed room to evolve our conceptualization of the function/role of curiosity in the process of therapy across the seven C/MFT models. In addition to the categorization of curiosity as a way of being, therapeutic pyramid, and/or skill/technique, it became apparent that a key value of curiosity, according to the included texts, is that it can serve separate or simultaneous roles of connecting with and challenging clients.

Curiosity as a Tool to Challenge. A common theme among data points coded as a skill/technique and some of the data points coded within the therapeutic alliance is that they invited something new out of the client. In regard to the client, it was moments where clinicians were inviting clients to think or act differently, to say that which has remained unsaid, or to open up the possibility of something being different than previously imagined. The language of wonder/curiosity served as an invitation to confront a pre-existing thought, pattern, or perception. In most cases, this showed up as specific and direct questions from the clinician to the client. For example:

- “I am curious to see how you will resolve that” (Madanes, 1984, p. 131).
- “I wonder about any times when he was angry and did not yell at her...” (de Shazer et al., 2007, p. 148).
- “I wonder what you were aware of feeling as your father was talking about how he feels about himself” (Satir et al., 1975, p. 174).
- “I wonder what models your mother had that put her in that situation” (Freedman & Combs, 1996, p. 160).

Additionally, the authors of many of the included texts spoke theoretically around how

curiosity/wonder is an integral tool to the effective administration of their theory's specific interventions or goals. Whitaker and Fishman (1981) talk about the role of curiosity as an "unbalancing technique" (p. 185), which coincides with the overall structural therapy goal of perturbing the system. Berg (1994) explores the connection between curiosity and looking for exceptions while Lipchik (2002) talks about the curiosity required to both ask and answer the miracle question within solution focused therapy. Satir et al. (1991) use the language of curiosity to help draw out more deep-rooted emotional experiences of clients in experiential therapy while Titelman (2014) goes so far as to say that "curiosity is crucial to the success" of the multigenerational genogram, a central tool within Bowenian therapy (p. 284). What each of these techniques have in common is their quest to promote something new within a client, an insight, a feeling, a behavior, etc. Curiosity allows the space for newness to enter, which the research team labeled as a challenge.

Additional examples showed how this practice of challenging was also self-imposed by the clinician (and through supervisory relationships), as clinicians sought to conceptualize their clients, wondering how different factors and systems are coming together to inform a client's presentation. For example:

- "I [clinician] wondered where he learned to be the caretaker of the family" (Minuchin et al., 2014, p. 116).
- "It is good diagnostic procedure to wonder at which subunit boundaries interface with other subunit boundaries the family's troubles are located" (Umbarger, 1983, p. 162).
- "The worker kept wondering what was different about yesterday that had given her the strength to make all the changes" (Berg, 1994, p. 93).

- “I [clinician] wonder how much of the truly satisfying, nurturing potential of affection among family members is not enjoyed because family rules about affection get mixed up with taboos about sex” (Satir, 1972, p. 104).

In each of the aforementioned cases and with the larger data set that was coded as being a skill/technique, the language of curiosity/wonder served the function of expanding one’s thoughts, feelings, and behaviors to that which may not have previously before been thought, felt, or done. Curiosity served the function of directing attention, allowing space for additional experiences that may not currently be in focus. In these examples, the therapeutic pyramid captured nicely the role of wonder/curiosity as a skill/technique.

Where the therapeutic pyramid was limited, however, was when the skill or technique of curiosity was being used by the client instead of the clinician. For example, Furrow et al. (2019), provides an example where the client shares their needs with their partner during a session:

Jessica: (softly but confidently) Next time please do not make assumptions about what is going on with me—do not criticize or judge me—just be curious—please ask me what I am aware of—ask me directly what is going on with me and trust that I will be honest with you. (p. 213)

Fishman (1988) provided another case example, sharing an interaction a step-mother had with her child: “I’m just wondering, everything seems to be revolving around the schoolwork. Is that really the problem? If you were doing good in school, would everything be alright” (p. 173). Clients adopting the skill of curiosity/wonder into their own language and relationships was noted as an important factor of therapeutic success. This seems plausible given the isomorphic process of therapy, with the hope being that a client may take the skills of the therapeutic alliance and transfer them into their own personal relationships. Just as Furrow et al. (2019) directs their

clients to “stay curious” (p. 254), the aforementioned example showcases Jessica directing her partner to do the same. This skill, when adopted by the client, is not inherently accounted for within the therapeutic pyramid. While still categorized by the research team as being a skill/technique, we also discussed the potential value of further exploring common factors/a therapeutic pyramid idea as it relates to client outcomes.

Curiosity as an Invitation to Connect. Data points that were coded as a way of being or the majority of data points coded as the therapeutic alliance shared in common a context that was primarily oriented around a client or clinician connecting with oneself or connecting with each other. Throughout the texts, curiosity was positioned as a vital stance for a clinician to take in regard to their client (i.e., White & Epston, 1990) and as it relates to a clinician’s own self-reflective processes related to self- and person-of-the-therapist (i.e., Bowen, 1985). Johnson (2020; 2019) goes as far as to say that curiosity is a precursor to empathy and also a necessary ingredient in the formation of emotional safety and security. Multiple other examples showed the intended function of curiosity within the creation and promotion of intra- and interpersonal relationships:

- “Her therapy with families creates a context in which family members and therapists regain the capacity to be curious and exploratory” (Madanes, 1981, p. 23).
- Lipchik (2002) also described the use of a wonder-based clinician stance as contributing “a more trusting relationship” wherein the client felt their “feelings were not judged but understood and normalized” (p. 8).
- “I wondered what to do with the awkward silence” (Napier & Whitaker, 1978, p. 98)

- I believe a therapist is in a poor position to ask a family to do something he does not do. When the family goes slowly at defining self, I begin to wonder if there is some vague ambiguous area of importance about which I failed to define myself. (Bowen, 1985, p. 177)
- Bregman and White (2011) note how curiosity helps move clinicians away from the role of expert and into a position of learner, which then helps create an atmosphere and alliance more conducive to client self-expression, vulnerability, and growth.
- White and Epston (1990) and Madigan (2019) both describe attributes of curiosity within clients, while White and Epston (1990) and White (2007) also describe trait curiosity within clinicians.
- Freedman and Combs (1996) write how “focused attention, patience, and curiosity” has an important role in the development of a “relationship of mutual respect and trust” (p. 44).
- Johnson (2020) writes how “a sense of security seems to foster the curiosity and openness essential to adult intimacy” (p. 196)

Furthermore, Minuchin et al. (2014) echo this and describe curiosity as one of the “essential element[s]” of joining. Guillory (2022) repeatedly references curiosity as a necessary ingredient for meaningful relationships, noting how curiosity, as a mechanism for controlling one’s focus and attention, is critical to the act of listening. It is through each of these examples—and the many other data points not highlighted in this writing—where the presence and function of curiosity as a tool for connection is evident. This particular conclusion is less surprising given the already existing pool of literature that was outlined in the literature review around the role and value of curiosity in forming and maintaining interpersonal relationships.

Chapter Summary

The quantitative results of this study concluded that every text included in this study had present within it some of the included language. Additionally, the quantitative phase found that the included language appeared a total of 773 times within the included text. As the function of the quantitative phase was purely to identify the presence of the included language within the texts/theories, additional quantitative analyses were not done. With the 773 data points identified, the qualitative phase of analysis went through each data point from the lens of the therapeutic pyramid, seeing how each layer of the pyramid could be used as a sensitizing construct in order to capture the context around which each of the included terms was found. Through this process the research team concluded that 691 of the data points could be understood as either a skill/technique, the therapeutic alliance, or as a way of being. The remaining 82 data points were coded as having non-clinical applications. The chapter then reviewed a variety of examples that showed how each of the three sensitizing constructs appeared across each of the seven included theories. The final conclusion based on the quantitative and qualitative data is that curiosity is present across each of the included therapy models and serves the primary function of both connecting and challenging clients and clinicians.

Chapter V: Discussion

An explanatory sequential mixed method research design was used to study how the language of curiosity and wonder is utilized within 28 C/MFT texts. This study began with the quantitative phase of analysis, where each of the 28 included texts was scanned for the presence of the six included terms: curious, curiosity, wonder, wondering, wondered, and wonders. This resulted in the accumulation of 773 data points, which were then the pool to be analyzed in the qualitative phase of analysis. The qualitative phase followed a deductive approach, where the therapeutic pyramid (Fife et al., 2014) served as the sensitizing constructs to help organize and identify themes within the data points. Collectively, this data helped answer the mixed methods question around the presence and function of curiosity within the included theoretical texts.

Synopsis of Major Findings

Both the quantitative and qualitative phases of this study showed that the linguistic usage of curiosity/wonder is prevalent across each of the seven different included theories: structural therapy, strategic therapy, Bowenian therapy, narrative therapy, emotionally focused therapy, experiential therapy, and solution-focused therapy. Using the therapeutic pyramid as a sensitizing construct, each of the included theories contained data points that described curiosity being used within the therapeutic space as a skill/technique, the therapeutic alliance, and a way of being. This reinforced that not only is curiosity a common component of therapeutic processes across models, but that it also exists to serve multiple functions. While the therapeutic pyramid provided three categorizations for the context of curiosity in the texts, the research team further examined the results and shifted the language slightly to identify the two primary functions of curiosity as being a method of challenging clients and facilitating connection between therapists and clients and between members of the client system.

Specific to challenging, the included language appeared in contexts related to the expansion and expression of client thoughts and perceptions and the invitation to engage in new practices and behaviors. Satir et al., (1975) offer the case example, “I wonder what you were aware of feeling as your father was talking about how he feels about himself” (p. 174)? This process of curiosity-based inquiry was a common technique utilized by clinicians throughout the included theories, and this process even showed up when talking about the administration of specific theory techniques. For example, Berg (1994) utilized this conversational process when looking for exceptions while Whitaker and Fishman (1981) talk about the role clinician curiosity plays in perturbing the client’s system. In sum, curiosity acts as a tool for a clinician to direct attention while still allowing the client’s enough space to have their own insight and awareness.

Specific to facilitating connection, the included language of curiosity/wonder was often cited as an invaluable tool in the creation, promotion, and maintenance of the therapeutic relationship, and relationships in general. Minuchin et al. (2014) describes curiosity as being an “essential element” to relationships while Johnson (2020) describes curiosity as the precursor to empathy and a necessary ingredient for emotional safety. Curiosity is also written across the therapy models as a self-reflective process, for clinicians to utilize a stance of wonder as it relates to their own self-of-the-therapist work (i.e., Bowen, 1985). In that sense, curiosity not only serves as an interpersonal tool but an intrapersonal tool as well.

Intersection with Past Research

The literature review of this study speaks to the volume of research that identifies the intimate connection between curiosity and the formation of relationships. Specifically, within prior research, the relationship of most significance has been in intelligence and learning, with strong correlations between curiosity and academic achievement. More recently, however, focus

has shifted to the social/emotional value that curiosity has on interpersonal relationships. This study validates preexisting work by emphasizing the theoretical function that curiosity has in the creation and promotion of interpersonal relationships. Furthermore, this study expands on past research by more squarely and explicitly exploring the intended function of curiosity within the therapeutic process.

Clinical Implications

Despite prior publications noting the use of curiosity within therapeutic spaces, this is the first study to look more explicitly at the intended function of curiosity within and between therapeutic modalities. This is important as ongoing efforts continue to better understand the process of change within therapy. Identifying factors within the therapeutic process and understanding the function that they serve is an important part of gaining a more wholistic understanding on what actually makes therapy effective. Additionally, this study may serve as a means of piquing the curiosity of clinicians, leading to more self-reflection as to the clinician's own ability to manage their attention, show interest in their clients, and engage with their own and their client's sense of wonder.

Furthermore, this study also adds to the expanding pool of writing and research that is trying to better understand how the therapeutic pyramid can serve as a tool itself to make sense of the therapy process. This study shows one possible application of a broader meta-model in the conceptualization of a rather refined ingredient of therapy. Although the use of the therapeutic pyramid as a conceptualizing tool for curiosity was not perfect, it provides valuable in providing a preliminary structure of understanding the intended function of curiosity.

Limitations

No study is complete without limitations. While some limitations have been noted throughout this write up, here are a few additional considerations regarding the process that unfolded in this study. Particular attention is given to future research and what may work to help resolve the present limitations.

The Data Set – Intent vs. Impact

The data set is a significant limitation to this study. Even though most of the texts utilized transcripts to convey clinical applications, what is written about in a theoretical text may still be different from what actually gets implemented in practice. As a result, even though on a textual level each theory emphasizes the need for curiosity within therapy, the data does not allow us to conclude that this emphasis holds true in practice. Additionally, the data pool was limited to the 28 texts that were included in the study, some of which were written by the same authors. This inherently excluded many other texts that may have shown congruent or divergent themes.

The Research Team

Although the use of a three person research team has value in the promotion of trustworthiness, the team is also limited due to the clinical and experiential similarities of the team members. Professionally speaking, each team member was a current doctoral student at Antioch University New England and practiced therapy from similar theoretical foundations. As such, while we each still had a host of unique experiences that shaped where we are at, perhaps the current similarities of our professional contexts contributed to how we viewed the data. Future studies might consider having a research team consist of a more professionally diverse group. This may include therapists/research assistants who are trained and practice with different theoretical expertise, or, it might be interesting to examine the use of curiosity in therapy via

non-therapist analysts who could look at the data set without preconceived notions of what the therapeutic process is “supposed to” be like.

The Research Process

One area of the research process that, upon reflection, might be altered in the future projects is the way in which we utilized the sensitizing constructs. A common hurdle throughout the analysis process was finding that a particular data point could fit within more than one sensitizing construct. For this study, we made the choice early on to limit our coding to one thematic category. For example, even if we believed a data point could qualify as both a skill/technique and a part of the therapeutic alliance, we limited ourselves to one selection. For future studies, it might be interesting to allow this overlap to come forward, in order to see what additional codes may present.

Future Research

Future research would benefit to further explore the presence and function of curiosity within the therapy space. Drawing on the ideas of this study, additional work might be well served to analyze different data sets and/or utilize different methodologies. For example, studying transcripts and recorded sessions for moments where curiosity gets used to live sessions would help bridge the gap between theory and practice. Additionally, utilizing an inductive approach will allow researchers to further explore alternative coding patterns that may have been lost in our deductive process. Finally, the majority of data points in this study orient towards the role of curiosity from the perspective of the clinician. Perhaps there is value in continuing to explore the development of curiosity as a client process and outcome of effective therapy.

Concluding Remarks

Perry Zurn and Arjun Shankar make a claim that perhaps modern society is returning to medieval times in its lack of acceptance and appreciation for curiosity (2020). Particularly from those who have power and wish to maintain a status quo, curiosity—a tool for growth, creativity, connection, and innovation—has no place. Zurn and Shankar argue that while technology and the rise of social media may present challenges in promoting curiosity (i.e., the compulsion to self-compare), curiosity in-and-of-itself is a powerful tool in thinking, feeling, or doing things that had not previously before been felt, thought, or done. While the journey to change may seem daunting, perhaps the first step is right there. I wonder...

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Appendices

Appendix: Full References for Included Texts

Strategic Therapy Texts:

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Madanes, C. (1984). *Behind the one-way mirror: Advances in the practice of strategic therapy*.
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Structural Therapy Texts:

Fishman, H. C. (1988). *Treating troubled adolescents: A family therapy approach*. Basic Books.

Minuchin, S. & Fishman, H. C. (1981). *Family therapy techniques*. Harvard University Press.

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Narrative Therapy Texts:

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Madigan, S. (2019). *Narrative therapy*. American Psychological Association.
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White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. W. W. Norton & Co.

White, M. (2007). *Maps of narrative practice*. W. W. Norton and Co.

Experiential Therapy Texts:

Napier, A. Y., & Whitaker, C. A. (1978). *The family crucible*. Harper & Row.

Satir, V., Banmen, J., Gerber, J. & Gomori, M. (1991). *The satir model: Family therapy and beyond*. Science and Behavior Books

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