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El Ser del Terapeuta: A narrative examination into family-of-origin influence on the professional self of students in family therapy training in Colombia

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Abstract

This qualitative narrative study aimed to examine how a family of origin influenced the professional self of Colombian students pursuing a profession in family therapy. Few research studies have investigated the development of self among native Spanish speakers from Colombia. Undergraduate and graduate students enrolled in clinical psychology and family therapy internships ($N = 16$) from the Colombian cities of Medellín, Pereira, and Santa Marta participated in this study. Data collection using personal diaries, family albums, autobiographies, and in-depth interviews served as sources for narrative analysis. Two themes and four subthemes representing positive and negative aspects of influences of families of origin helped organize the findings. Student experiences illustrate abilities, skills, and potentialities in the narratives. Implications for clinical training and future research recommendations highlight a path forward.

This research study is a part of a larger study on therapists' self and preliminary results presented for Colpsic on Facebook Live. Research insights were shared in a short film documentary and at Universidad Pontificia Bolivariana Medellin.

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KEYWORDS
Colombia, family of origin, family therapy, narrative, psychology, self

INTRODUCTION

The family system is important for the structure and formation of the individual. Oliva Gómez and Villa Guardiola (2014) stated that the family system is the primary place for sharing and managing the most intimate bonds. This system creates an environment where family members join through a mutual connection to build family legacies understood as patterns of interaction (Eizaguirre, 2014). The family of origin constitutes a crucial point in the construction of the therapist's self (both personal and professional), as its members deeply affect each other in their thoughts, feelings, actions, lifestyle, and bonding patterns occurring throughout the entire life course. Negrete (2016) stated that the therapists' unresolved needs and dilemmas from their family of origin are factors that appear in their therapeutic practice. Past family-of-origin experiences are used as the therapists' constant guide and inscribed in their work. A dance occurs when the clients' narratives reflect the therapist's self, recognizing oneself in the client and creating their style of therapeutic care (Negrete, 2016).

Attending to the professional self is an ethical responsibility of the therapist, both for their own self and their clients. Although psychotherapy is undoubtedly a psychological treatment, its use is not limited to mental illness or disability. Therapy can help those seeking services develop their emotional life, control maladaptive behaviors, seek out spiritual aspects, and create a philosophy of life, which was important when working with the self (Ceberio, 2002). Beyond theoretical training and clinical practice, working with the therapist's self is one of the most substantial resources for generating responsible and authentic professionals.

Additionally, López et al. (2020) maintain a notion of constant construction of the self. The therapist, during a session, seeks to gain the trust of the client to collaborate and work toward client issues and resolve therapeutic goals. Therapists rely on themselves as a therapeutic tool within the therapeutic relationship and their mastery of skills to work toward the therapeutic goal. Therapists come as-is with their *signature themes* or core issues that impact how they function, see, and feel (Aponte & Kissil, 2014). Past researchers have reported that clinicians advocate for one of two stances that include finding a resolution to personal issues and learning how to use emotional struggles to enhance their professional self, which views the therapist as a *wounded healer*, who, along with his or her emotional struggles, works toward personal growth (Aponte & Kissil, 2014, p. 152; Aponte et al., 2009; Martin, 2011; Sedgwick, 1994).

There needs to be more research regarding how the self presents in Spanish-speaking cultures (González & Kerr, 2011; Orellana Bahamondes et al., 2015), like that of the Colombian culture. Few studies have explored the self from a cultural perspective, making our investigation important to understand better how students pursuing family therapy in training in Colombia conceptualize and utilize familial experiences in their professional work. González and Kerr (2011) found that young adults in Spain with high levels of differentiation of self were involved with their parents and often considered their opinions more than their U.S. counterparts. This high differentiation went beyond the U.S. culture but did not extend past anxious over-involvement (González & Kerr, 2011).

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Colombian context for contemporary family therapy training

In this section, we highlight major Colombian societal forces that provide a backdrop for contemporary family therapy training. Colombia has recognized family violence as a societal problem (Ripoll-Núñez et al., 2012). According to Sierra et al. (2007), the most common forms of family violence are intimate partner violence, followed by within family members and child maltreatment. The COVID pandemic has also contributed to this phenomenon due to lockdowns, substance abuse, and loss of employment (Czeisler et al., 2020). Additionally, in 2021, young protestors from marginalized communities in Colombia protested higher taxes, poverty, economic inequality, corruption, and police brutality, among other reasons (Kirby, 2021). Furthermore, the government of Colombia and the *Fuerzas Armadas Revolucionarias de Colombia* signed a peace deal in 2016, signaling an end to over 50 years of internal armed conflict. Unfortunately, the peace process has been slow to show positive results and has contributed to some of the unrest happening in Colombian society (Kirby, 2021). This multidisciplinary research study involves students from psychology and marriage and family therapy. Each discipline offers supervised family therapy training through undergraduate, graduate, and continuing education. The professional training requirement of these disciplines provided the student participants with the experience of working with families.

The number of professional psychologists in Colombia is growing each year and increasing formative opportunities for students to support the mental health needs of their client families. According to Ardila (2012), most of the 36,352 practicing psychologists in Colombia have a terminal psychology undergraduate degree that provides students with opportunities to work with families in an internship experience. Unlike the United States, Colombia follows the classical European professional model that requires supervised practices and a thesis for psychology training (Ardila, 2012). The undergraduate degree is more like the U.S. psychology master's degree than the bachelor's degree because it provides a curriculum of research, practice, and professional work (Ardila, 2012). There are master's and doctorate psychology programs in the country, but the undergraduate degree is the terminal degree to practice clinically in Colombia.

Additionally, master's psychology specializations include behavior analysis, clinical, educational, forensic, industrial/organizational, consumer, neuropsychology health, child, social, community, and sports psychology, among others. Major cities such as Barranquilla, Bogota, Bucaramanga, Manizales, and Medellin have universities that offer these psychology specializations (Ardila, 2012). Colegio Colombiano de Psicólogos is the governing body of psychologists in Colombia that establishes professional competencies for professionals and students.

Marriage and family therapy is a new discipline in Colombia. Having first started in Medellín in the early 1990s, the master's program is interdisciplinary and rooted in a systemic and socioanthropological perspective (Universidad Pontificia Bolivariana, n.d.). Constructivist and constructionist approaches are the pedagogical models for training family therapists. The training practice at the Universidad Pontificia Bolivariana in Medellín embraces the Milan Approach, where the therapists in training and the instructor make up a therapeutic team to care for families (Universidad Pontificia Bolivariana Medellín, n.d.). Specifically, the student conducts the interview, and the instructor observes the process in a room through a one-way mirror or camera. This form of attention to the family allows intervention in their relational difficulties through supervision and teamwork with consistent reflection on the therapist's self and professional competencies.

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This study aimed to explore the influence of family of origin on the students in family therapy training and their professional selves in Colombia. The objective of this study was to identify the elements of the family life history that provided experiences for the construction of the professional self. The following research questions guided this study: how do the relationships of students in clinical/therapeutic training and their family-of-origin influence their sense of being a therapist, resources, fears, therapeutic styles, and expectations? as well as what pedagogical strategies can foster the development of self-reference skills? According to Castañeda Cantillo et al. (2006), self-reference is the basic competence for managing and understanding the emotional processes that emerge when a therapist is in contact with painful family and social dilemmas.

MATERIALS AND METHODS

The methodology used for this study was developed from a biographical-narrative, qualitative perspective to delve into the subjective dimension of students' training to become family therapists and their life events. According to Susinos and Parrilla (2008), the biographical-narrative method posits that people can read and interpret their own experiences and that of others in the form of a story. For this study, the narrative of the student participant allows investigators to make sense of their world and the factors that help develop their professional selves. In this way, narratives are understood as texts to interpret where the meaning of thoughts, feelings, and actions emerges. The primary language of this research study was Spanish. The research team was made up of three professors and two postgraduate students from Colombia, as well as one professor from the United States. They met every month for 3 years through Zoom. Data collection occurred across the three Colombian cities between September 2019 and July 2021.

Theoretical framework

Differentiation of self

Differentiation of self is the ability to be able to separate one's own feelings from thoughts, and the ability to do that while feelings are in check in the proximity of intimate relationships. According to Bowen (1978), differentiation of self is the psychological space that provides the ability to maintain autonomy and intimacy within relationships during intense moments. Differentiation of self is both intrapsychic and interpersonal; intrapsychic meaning having the ability to distinguish emotional feelings from cognitive processes and interpersonal meaning having the ability to balance autonomy with intimacy and closeness to others (Mehri et al. (2011). Emotional reactivity and I position are considered intrapsychic dimensions and emotional cutoff and fusion with others are considered interpersonal dimensions (Mehri et al., 2011).

Past research in the differentiation of self-revealed that those individuals with higher levels in adulthood reflected good psychological adjustment (Bray et al., 1987; Chung & Gale, 2006), improved ability to emotionally self-regulate (Skowron & Dendy, 2004), greater marital satisfaction (Spencer & Brown, 2007), lowered risk for family violence and child abuse (Skowron et al., 2010), fewer psychological symptoms (Skowron et al., 2009), and can control the effects of stress (Knauth et al., 2006). Those individuals are unable to develop a higher level of differentiation of self-face several psychological difficulties as adults. Past research into low

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levels of differentiation of self has demonstrated an inverse relationship between poor psychological functioning with trait anxiety, poor emotional regulation, depression, stress, and somatic symptoms (Duch-Ceballos et al., 2020; Lampis et al., 2020; Peleg, 2005; Peleg & Messerschmidt-Grandi, 2018). Differentiation of self is also related to parents' level of differentiation. Researchers found that family functioning predicted the level of differentiation of self by 19% (Dolz-del-Castellar & Oliver, 2021). According to the researchers, participants who saw their families with the capacity to change were shown to have higher levels of differentiation and the ability to regulate emotionally while maintaining intimacy with others, as well as the ability to defend opinions and tolerate differences of others (Dolz-del-Castellar & Oliver, 2021).

Social construction

A social construction lens allowed researchers to understand better participants' "ideas, concepts, and memories arising from social interchange and mediated through language" (Hoffman, 1992, p. 8). The interaction between the research team and participants created the space for new knowledge. The participants shared their experiences with their families of origin through different data source methods. The common language of the narratives made it easy to share knowledge among the Colombian research team and participants. The ability to reauthor a dominant story is the goal of the narrative approach. For example, a student who grew up in a chaotic household may also find that it helped to develop productive habits after talking with a therapist who focused on that time. The ability to reauthor also helps to create many different versions and outcomes of the event (O'Hanlon & Weiner-Davis, 1988). Therapeutically, searching for pathology is overshadowed by searching for strengths and abilities during a dialogue in social construction (Riley, 1997). Participants had the opportunity to revisit childhood memories through the different data sources to create alternate stories about the impact on their professional selves, now as students training to become therapists.

Research team

A multidisciplinary research team comprising six members was responsible for analyzing the data. The six authors that made up the research team have completed graduate clinical training in family therapy. The fourth, fifth, and sixth authors were graduate students from the master's program in family therapy at the Universidad Pontificia Bolivariana Medellín. Auxiliary instructors provided clinical supervision to undergraduate, graduate, and continuing education training students. Four authors trained in psychology, one author in early education and marriage and family therapy, and one author in counselor education and supervision specializing in family therapy. The first author of this article is bilingual and was responsible for translating the research materials and outcomes.

Participants

The research study participants were undergraduate and graduate students in clinical/therapeutic internships. Sixteen Medellín, Pereira, and Santa Marta (Colombia) students

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TABLE 1 Demographics.

City	College	# of participants	Gender	Age range	Clinical practice
Medellin	UPB	8	8 female	25–55 years	Therapeutic training, I and II in Family Center. Master in family therapy.
Pereira	UCP	5	4 female 1 male	18–20 years	Clinical practice in Psychological Care Center. Undergraduate psychology.
Santa Marta	USASM	3	2 female 1 male	19–21 years	Clinical practice in Rehabilitation Center. Undergraduate psychology.

Abbreviations: UCP, Universidad Catolica de Pereira; UPB, Universidad Pontificia Bolivariana; USASM, Universidad Sergio Arboleda Santa Marta.

participated in this research investigation. Inclusion criteria for participants required students to be currently seeing clients in internship training or have completed their internship training. Additionally, participants were in their last year or had graduated from the program, excluding participants who recently started their university program. The mean age of student participants in Medellin was 40 years old. The mean age of student participants in Pereira was 19 years old. The mean age of student participants in Santa Marta was 20 years old. More demographic information is in Table 1.

Data sources

Autobiography

Sanz Hernández (2005) stated that life and personality depend significantly on the therapist's reflection on what they experienced in the past. Participants delved into life events, such as their thoughts on the relationship between their family of origin, the sense of being a therapist/clinician, and their style, fears, and expectations in their written autobiography. Student participants created family genograms that showed the composition and the structure of relationships up to three preceding generations for this study. Participants wrote about their life stories. The autobiographical narrative and genogram were read aloud and referred to throughout the interview.

Family album

Sánchez (2012) stated that a family album is a visual and narrative technique that accounts for the human being about facts, events, and relationships. The album configures an irreplaceable space–time relationship marked by emotional and affective referents,

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representing a fragment of this reality regarding the family group. This social reality can be reflected upon to find explanations for certain situations, which in this case, were guided by research objectives. The student participant presented one or two photos of themselves and their family for this study. They wrote a statement of why they chose it and shared feelings that came up.

Personal diary

A personal diary was a tool that allowed for an introspective evaluation for study participants to configure and recreate thoughts, feelings, and words. The personal diary also allowed for collecting important data and their reflection, analysis, and systematization. The personal diary provided references that reflected the felt reality of the participating students about their fears and expectations regarding therapeutic practice (Jurado, 2011). Participants collected experiences regarding their formation and training as a therapist and wrote them in a notebook. The participants brought their notebooks to the interview and shared written statements.

In-depth interview

Interviews saturate the information already collected and deepen the understanding of the family life history and the professional self of the therapist. The research team had written narratives and a family album to help explore the student participants through the in-depth interview. Doing so made it possible to understand the factors of the family of origin involved in their fears and expectations of the clinical/therapeutic practice. Interviews were in-person and audio recorded. The interview questions are in Appendix A.

Procedure

Before conducting this study, the research team received institutional approval from the three universities. Informed consent pointed out the confidential nature of the information and the exclusive use for research purposes. Additionally, all the narratives of the participants were deidentified during data analysis. The study procedures happened over five stages in 3 years.

The first stage was the selection of participants. The research team identified potential undergraduate and graduate students taking clinical internships at this stage. The research team also began to meet for 1–2 days every month to develop the study procedures, participants, and timeline of the study. The inclusion criteria required students who were enrolled as undergraduate or graduate students to complete their clinical training during the last year of psychology or marriage and family training.

The second stage involved the selection of data sources such as interviews, autobiographies, personal diaries, and family albums. In this stage, the research team met to select the questions that would guide the data collection. The research team developed protocols for the investigative techniques used. A pilot test was carried out in Medellin and Pereira to refine the protocols.

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The third stage was data collection. In this stage, the research team announced the study to students in the final year of psychology or marriage and family therapy clinical internships. Student participant interviews took place during the Fall of 2019 and Spring of 2020. They were sent the protocol for the autobiography, genogram, family album, and personal diary. Student participants brought the items to the interview. Researchers shared informed consent and requested signatures before starting the recording. Once the participant gave consent, the research member asked for the items and began the interview. The research member started asking questions regarding their life story and genogram. Next, the research member followed up with questions regarding the family photos. Followed by the research member ended with questions regarding the personal diary. Finally, the research member ended with interview questions. The research team in all three Colombian universities followed these same steps and procedures. For this study, 16 students wrote their autobiographies, created a family album of one to two photos, responded to interview questions, and shared statements in their diaries.

The fourth stage was data analysis. The research team categorized all the information in matrices for coding data sources according to the investigative objectives, which expressed and broke down narratives into categories and subcategories. The data analysis involved several moments or stages that were not necessarily linear. The analysis started with data collection, then preparation of the material for analysis, data review—reading and observation, organization of information, coding the units of analysis, and generating theories and explanations.

The fifth stage was the presentation of results. In this stage, the research team synthesized all the data. The main author translated the research data and wrote an English article draft of the research outcomes.

Data analysis

Narrative analysis guided the data analysis of this study. Found in the narratives of the student participants of the three different Colombian universities was their social reality. The theoretical frameworks of differential self and social constructionism framed the data analysis to help give meaning to their narratives. After multiple readings of the narrative texts, the research team created two categories for their life stories as either a positive or negative family-of-origin influence. The content of the interviews, genograms, personal diaries, and family photos provided the data for analysis. The storytelling ability of the student participant and data technique protocols provided the structure of their story. The interviews provided the space for the research team to ask the interview questions and for any missing information. This article is the research team's interpretation of the student participants' narratives.

Trustworthiness

The research team conducted triangulation and member checking to improve validity during the data collection. Triangulation helped attain a comprehensive understanding of how the family of origin influenced the professional self of the student participants using data collected from interviews, autobiographies, family albums, and personal diaries. Member checking allowed the student participants to review the raw interview data transcripts and make corrections if needed (Yin, 2014). The three research members in Colombia conducted member

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checking at their respective universities, with the student participants providing a week to respond. Ten students responded to the email with zero requests to change the interview transcripts.

RESULTS

Theme #1: Positive influences

The family system participates across generations of human existence in a cultural, religious, and political context, where a relationship of mutual interinfluence developed that highlights the character of agency as a transforming role that the family can have inside and outside its environment.

Subtheme 1a: Positive family interactions

One of the aspects seen in the results related to positive factors of their family interactions. They were a reference for the development of abilities in therapeutic work. One student mentioned that they came from a loving family that provided a foundation for her to grow:

> I grew up in a loving family, where I have always felt supported and respected in terms of the decisions I have made; some circumstances in my life have led me to be resilient, to take advantage of opportunities, to be strong, creative, resourceful; among the members of my family there is trust, love, respect, and good communication

Similarly, achieving success was a family-of-origin legacy and value that demonstrated a potentiality, as remarked when talking about a family photo:

> This photograph reminds me of what my parents always instilled in me, to reach high achievements and aim for excellence. It evokes how proud I felt and feel of what I achieved and what I will achieve. Likewise, it was and is one of the values that my parents always insisted on me, and that sometimes not achieving the proposed goals generated great frustration. (EE3M)

Another example of this was the narrative of (EE2P), who pointed out their mother's influence on their level of empathy that they recognized in their construction of the professional self:

> The most important thing is to highlight that my mother has played a very important role, showing me the value of empathy... she is very empathetic in her relationships with her friends

This is one of the examples of all the narratives which highlighted certain positive patterns of family interaction that became sources of inspiration as desirable and functional qualities for the therapeutic exercise:

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> Really, we in my family are very charismatic and empathic, which makes it much easier for me not to put up a barrier with the clients... (EE5P)

Another example highlighting desirable qualities of active listening and patience by participant EE1P:

> A characteristic that I learned from my family and has served me a lot is active listening and patience... I learned them from listening to my mother so much

Student participant EE4M shared an influence of a strong maternal role model and stated the following:

> I come from a family where the female figure flourishes and is very beautiful because it is a way of thinking about the roles of women....

Families positively influenced the student participants of this study to seek out the family therapy profession. Positive family interactions helped these student participants form their professional self as therapists helping others. The inner processes generate their perceptions of their family members and the quality of their relationship with them.

Subtheme 2a: Bad experiences as positive resources

Other important resources found in therapists strongly linked to their family of origin are related to how the conflictive, difficult, and painful situations influenced the student participants' therapeutic resources for the better. The following narrative presented a finding:

> I think I have learned, but not because of them, but because I am not like them... my family is not very empathic, so I consider myself an empathic person who listens. I can show the importance one should have in patients, that one cares about their situation. (EE8M)

The narrative considered is an example of a characteristic that the therapist values as positive and that arises precisely from the dilemma and conflict with a controlling and authoritarian mother.

> My main therapeutic resource, I would connect it with not imposing on people ways of thinking or making demands on how to act, precisely because it is something my mother and I have disagreed on. (EE5P)

Another student participant was talking similarly about her enmeshed relationship with her sick father by being his caretaker. Potentiality in her ability to differentiate is evident. She talked about the feeling when her dad died and had to evolve from her role as a caretaker (EE5M).

> If my dad had not died, I would not have evolved in many aspects of my life because I would continue to be immersed in the girl. I was who took care of her

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> dad [...] I had to evolve and move from that comfort zone where I had been all my life

Learning from family circumstances has led participants to assume responsibilities that impacted their professional selves, even when unprepared. For example, the following participant did not feel prepared to care for a sibling when their parents were unavailable but did so, leaving an impression on her performance in caring for others. The experience led to developing the skill of caring for others. This connection reflected the following experience:

> My sister and I were very alone during the week because my mother had to travel every day, so since I am the oldest, I have always taken care of my sister cooking and cleaning the house... very alone in that sense. (EE3P)

Family taboos about the topics not allowed for discussion within the family system can have an initial negative impact but prove to be a learning opportunity and a positive therapeutic resource. One participant mentioned the following:

> My parents always prohibited us from being in adult conversations; for my mom, the topics that adults talked about were not topics for us. Participating in or listening to these conversations was wrong (...). The issue of diversity and sexual orientation for my family was something that could not be mentioned at family gatherings because it went against their moral, social, and religious values. In the end, those who accepted our sexual orientation were educating everyone about respecting and accepting others. I think breaking that taboo allowed our family to be more united and to accompany, accept and love each other in everything. (EE4M)

Therapeutic resources built from negative family experiences allowed these student participants to capitalize on them. Additionally, these problematic family situations demonstrated learning opportunities to gain experience.

Theme #2: Negative influences

Not all family-of-origin experiences were positive. Some were influences of authoritarian parental figures, nomadic families trying to make a living, drug and domestic abuse, and others.

While these narratives depict examples of negative influences, student participants become aware of them and work through them during their training. Participants can also reauthor new stories of these events as they continue toward personal growth.

Subtheme 1b: Prejudices within family-of-origin

When thinking about prejudices, the family of origin referenced how the values, beliefs, and idiosyncrasies occurred over time and how they attribute the individual to their position in the world. The prejudices accompany the therapist during professional practice and allow the emergence of fears they must take charge of. One of the participants described it as the following:

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> For me, the "what will they say?" has always been very present, hence my desire to meet the expectations of everyone, leaving on the one hand what I want to do, and on the other hand thinking only of responding to what others want to see of me. (EE4M)

This may generate the unrealistic expectations that the members of the family of origin have placed on the individual family member or prejudices associated with success and failure. This statement can complement the narrative extracted from the interviews:

> In my family, it is also forbidden to talk about certain topics, for example, the abortion of a family member, drug use by a family member, death of a child, or a general subject that is considered taboo (e.g., sex). (EE2S)

Prejudices can constitute knowledge previously experienced by the therapist over time. Examples include a student-in-training who developed prejudices regarding their professional skill. This reluctant client does not believe in the effectiveness of therapy, and families believe the profession of psychology does not contribute to the greater good. One of the participants expressed it in the following way: "I need to work on my prejudices related to managing emotions in family relationships" (EE2S). Additionally, a student participant stated the following:

> I feel that prejudices can make me afraid when I find clients who think that therapy is not the best, [...]; that is, clients who feel compelled to go to therapy. It also makes me afraid to find clients who do not accept the difference and diversity of the other. (EE4M)

Further, a participant stated a similar statement:

> The influence of my family was negative because nobody wanted me to study psychology; they told me; Why are you going to study that? That will not give you money; you will starve; that does not contribute anything to the human being, things like that.... (EE8P)

Subtheme 2b: Unresolved family issues

Unresolved family issues appeared when the investigators reviewed the student's family histories and when they started the process of working with clients. It is a courageous and ethical posture for people to own up to past situations and important actions for anyone who wants to become a family therapist, psychologist, or other helping professional that involves interacting with human pain. This sentiment is supported by the student participant (EE3P):

> I think it is something that I should work on in my therapy because I see that these children are in their parent's company, and I needed that company; that is why I was very bad at school; I feel that it has caused difficulties in my way of being, in my way of expressing myself

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Essentially, receiving therapy to close past situations is important. Some choose to participate in therapeutic groups or teams, have spiritual counseling, do private sessions with the supervisor, and visit the associated psychiatrist, among others.

The internal dialogue constituted beliefs, experiences, and learning acquired in the family; the relationship established in the therapeutic setting was no exception. How the therapist relates to themself determines the meaning they give to their life experiences. These stories are part of their personal and professional identity, which opens many possibilities and could benefit the clients or have the opposite effect of limiting them. This was reflected in the life experience of the student participant (EE5M):

> The overprotection I had in my family, my parents, grandparents, my uncles, did not allow anything to hurt me. My security is also greatly influenced by the deception of older family members when my father died

It is important to be aware of being able to work on the issues identified. Working on issues can be achieved through interaction with the therapeutic team, internal dialogues, the reflection one has when listening to the stories brought by the clients, the readings related to self, the self-knowledge exercises, and many other options made possible by the university or the students themselves.

DISCUSSION

The main objective of the study was to identify the elements of the family life history that made it possible to construct a professional self. The results accounted for the student therapists' family experiences that make up their professional selves today. There was a noticeable age difference among student participant groups across the various universities. Pereira and Santa Marta had student participants under the age of 21 years, and Medellin had a student participant aged 55 years. The difference in age was noticed in the findings as well as younger student participants had less life experience than the older student participants in Medellin.

Differentiation of self and social construction theories are opposites, with the former being a modern theoretical approach and the latter a postmodern theoretical approach. Differentiation of self aided the authors in seeing the family as an objective unit to measure but framed their familial experiences as subjective. Using differentiation of self allowed authors to distinguish the students' thoughts and feelings from an emotional relationship with parents. Social construction allowed the authors to learn about those personal thoughts and feelings through a subjective lens. Similar to past research on the differentiation of self in Spanish-speaking cultures, participants did see their families with the capacity to change which is why the participants depicted higher levels of differentiation (Dolz-del-Castellar & Oliver, 2021). From a social constructionist theoretical perspective, most student participants had a positive childhood upbringing and relationship with their family of origin as depicted by the photos they chose, the life stories they wrote, as well as the experiences they shared during the interviews. Participants could revisit old childhood memories and reauthor new meanings to old events (Hoffman, 1992). Participants also identified positive influences of their family of origin, such as having empathic parents who actively listened and participated in their lives. This led to the confidence of student participants and a desire to help others navigate familial problems.

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Additionally, participants identified negative influences of their family of origin that included past substance abuse and domestic violence that gave them pause in learning how to manage their cognitions and emotions while being present for their client. This result reflected similar findings of past research on lower levels of differentiation (Duch-Ceballos et al., 2020; Lampis et al., 2020; Peleg, 2005; Peleg & Messerschmidt-Grandi, 2018). Parents with poor differentiation of self, served as a positive resource for the student participants wanting to change. Student participants demonstrated skills for identifying and overcoming barriers stemming from their childhood and potentialities for being able to work on themselves while being of therapeutic service to others.

The early opportunities to perform as caregivers for others, even if they were not the functions they wanted to do as children, played in favor of the student participants due to the unconscious motivation to prolong this care function into a career in therapy. Earlier experiences of playing the role of the family helper led to the choice of a career in family therapy for the student participants of this study (Hill & Knox, 2013). The early experiences of the student participants who later choose to become therapists reveal the possible traces in the configuration of the professional self.

The gap in research regarded the differentiation of self of native Spanish speakers. González and Kerr (2011) found that young adults in Spain with elevated levels of differentiation of self were involved with their parents and often considered their opinions more than their U.S. counterparts. Although quantitative data was not collected, participants from Colombia depicted more fusion with their families of origin than what would be found among their counterparts in the United States who do not come from collectivist societies. Younger students were living with their parents (collectivist) instead of living independently (individualistic) at the university like most college students their age, which signals more fusion as well. The student participants, regardless of age, were still very much a part of the day-to-day with their family of origin, through text, phone, or video calls and messages.

Limitations

An unforeseen limitation presented itself throughout the 3-year investigation. The COVID pandemic was responsible for pausing our research study due to the closure of the universities. Students and their families were in an extended lockdown in Colombia. Due to low enrollment, the first author's adjunct university contract did not renew and therefore did not have access to student participants. Additionally, each participant's biographical information within the framework of the techniques used did not intend to approach formal generalization but more to reveal the singular meanings of certain cases. However, Bolívar and Segovia (2006) stated that it could grant an understanding of other similar cases and, to that extent, be able to generalize to some degree.

Implications for clinical training

An implication for clinical training includes uncovering new ways to teach students how to sharpen their therapeutic tools. Researchers posited a model called person-of-the-therapist training that seeks to improve students' clinical skills in using themselves as a tool in therapy (Aponte & Ingram, 2018; Aponte & Kissil, 2014; Aponte et al., 2009). By doing so, students can

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continue working on their signature themes, which consist of personal struggles in life with themself and others that shape who they are today. Researchers also stated that students require more empathy toward themselves to connect self-consciously to be freed from the shame that allows them to engage authentically with their vulnerabilities while in therapeutic service with others (Aponte & Ingram, 2018; Aponte & Kissil, 2014; Aponte et al., 2009). Another implication for clinical training includes finding creative ways for students in training to explore family life elements. Creating a documentary storyboard based on a family life experience can be a creative way to reauthor a story. Co-constructing a storyboard also allows the student to decide which family life experience to represent in their documentary.

Recommendations for future research

More research can uncover family therapy students' internal processes in training to better understand how instructors and supervisors can effectively intervene. One recommendation is to explore researching documentary methods as a therapeutic resource for clinical and supervision student training. The documentary exercise of producing a life story created awareness on the part of the student in training and imparted a positive learning experience. Another recommendation is extending this research to include other life experiences that can also affect the formation of the professional self, such as romantic relationships, previous mental health history, and interaction with mental health professionals, to name a few.

CONCLUSION

The elements found were the discovery of the self, seen as the accumulation of personal experiences, life stories, myths, beliefs, and the cultural heritage of each family therapist. The narratives of their clients; allow a dance that makes it possible not only to recognize oneself in the other but also to generate their styles of therapeutic care. Factors identified as abilities, skills, and potentialities could reflect previous learnings strengthened over time. The therapist can convert into possibilities and skills and gain the opportunity to enrich their therapeutic repertoire and enable the emergence of resources that will be useful for them and the people, families, or couples they accompany.

From the same perspective, discovering the blind spots, shortcomings, and unfinished business in those who accompany families is an ethical and professional duty that is a continuous exercise throughout their time as professional family therapists. The possibility of branching out of the dominant family schemes that in the past have caused concern for the student in therapeutic training provides the possibility of facing situations that will help them in the future not to repeat unpleasant family histories and help heal and fulfill a role more appreciative, both for their family-of-origin and for the individuals, couples or families whom they counsel.

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REFERENCES

Aponte, H. J., & Ingram, M. (2018). Person of the therapist supervision: Reflections of a therapist and supervisor on empathic-identification and differentiation. *Journal of Family Psychotherapy*, *29*(1), 43–57. https://doi.org/10.1080/08975353.2018.1416233

Aponte, H. J., & Kissil, K. (2014). "If I can grapple with this, I can truly be of use in the therapy room": Using the therapist's own emotional struggles to facilitate effective therapy. *Journal of Marital and Family Therapy*, *40*(2), 152–164. https://doi.org/10.1111/jmft.2014.40.issue-2

Aponte, H. J., Powell, F. D., Brooks, S., Watson, M. F., Litzke, C., Lawless, J., & Johnson, E. (2009). Training the person of the therapist in an academic setting. *Journal of Marital and Family Therapy*, *35*, 381–394. https://doi.org/10.1111/j.1752-0606.2009.00123.x

Ardila, R. (2012). Colombia. In D. B. Baker (Ed.), *The Oxford handbook of the history of psychology* (pp. 125–137). Oxford University Press.

Bolívar, A., & Segovia, J. D. (2018). La investigación (auto)biográfica y narrativa en España: Principales ambitos de desarrollo en educación. *Revista Brasileira de Pesquisa (Auto) biográfica*, *3*(9), 796–813.

Bowen, M. (1978). *Family therapy in clinical practice*. Jason Aronson.

Bray, J. H., Harvey, D. M., & Williamson, D. S. (1987). Intergenerational family relationships: An evaluation of theory and measurement. *Psychotherapy: Theory, Research, Practice, Training*, *24*, 516–528. https://doi.org/10.1037/h0085749

Castañeda Cantillo, A. E., Abreo Ortiz, A. M., & Parra Benavides, F. (2006). Aproximaciones a la construcción de un modelo de formación por competencias como interventores de sistemas humanos para estudiantes de psicología de último año. *Diversitas*, *2*(1), 20–41. http://www.scielo.org.co/pdf/dpp/v2n1/v2n1a03.pdf

Ceberio, M. R. (2002). Confesiones de las resonancias de un terapeuta. *Revista Perspectivas sistémicas*. Año 14. N° 70. https://www.academia.edu/28233602/RESONANCIAS_DE_UN_TERAPEUTA_FAMILFAM

Chung, H., & Gale, J. (2006). Comparing self-differentiation and psychological well-being between Korean and European American students. *Contemporary Family Therapy*, *28*, 367–381. https://doi.org/10.1007/s10591-006-9013-z

Czeisler, M. É., Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., Weaver, M. D., Robbins, R., Facer-Childs, E. R., Barger, L. K., Czeisler, C. A., Howard, M. E., & Rajaratnam, S. M. W. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic—United States, June 24-30. *Morbidity and Mortality Weekly Report*, *69*, 1049–1057. https://doi.org/10.15585/mmwr.mm6932a1

Dolz-del-Castellar, B., & Oliver, J. (2021). Relationship between family functioning, differentiation of self and anxiety in Spanish young adults. *PLoS One*, *16*(3), e0246875. https://doi.org/10.1371/journal.pone.0246875

Duch-Ceballos, C., Oliver Pece, J., & Skowron, E. (2020). Differentiation of self and its relationship with emotional self-regulation and anxiety in a Spanish sample. *The American Journal of Family Therapy*, *49*, 517–533. https://doi.org/10.1080/01926187.2020.1841039

Eizaguirre, A. (2014). El trabajo sobre la familia de origen del terapeuta, *Manual de terapia Sistémica: Principios y herramientas de intervención* (pp. 525–554). In A. Moreno (Ed.), Editorial Desclée de Brouwer. https://dialnet.unirioja.es/servlet/libro?codigo=740241

González, M. R., & Kerr, M. E. (2011). Introducción a las aplicaciones de la teoría familiar sistémica de Murray Bowen a la Terapia Familiar y de Pareja. *Cuadernos de terapia familiar*, (77), 7–15.

Hill, C. E., & Knox, S. (2013). Training and supervision in psychotherapy: Evidence for effective practice. In M. J. Lambert (Ed.), *Handbook of psychotherapy andbehavior change* (6th ed., pp. 775-811). New York, NY: John Wiley.

Hoffman, L. (1992). A reflexive stance for family therapists. In S. McNamee & K. Gergen (Eds.), *Therapy as a social construction* (pp. 7–24). Sage Publications.

Jurado, M. (2011). El diario como un instrumento de autoformación e investigación. *Revista Qurriculum*, *24*, 173–200.

Kirby, J. (2021). Colombia's protests are a product of its post-peace-deal reality. *Vox*. https://www.vox.com/22518904/colombia-protests-cali-duque-police-brutality

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Knauth, D. G., Skowron, E. A., & Escobar, M. (2006). Effect of differentiation of self on adolescent risk behavior: Test of the theoretical model. *Nursing Research*, *55*, 336–345. https://doi.org/10.1097/00006199-200609000-00006

Lampis, J., Cataudella, S., Speziale, R., & Elat, S. (2020). The role of differentiation of self dimensions in the anxiety problems. *The Family Journal*, *28*(1), 90–97.

López, M., Arias, S., & Monsalve, Y. (2020). Self del terapeuta sistémico como un recurso para el cuidado de sí. *Tempus Psicológico*, *3*(1), 81–105.

Martin, P. (2011). Celebrating the wounded healer. *Counselling Psychology Review*, *26*, 10–19.

Mehri, Y., Salari, S. M., Langroudi, M. S., & Baharamizadeh, H. (2011). The relationship between differentiation of self and aspects of identity. *Procedia Social and Behavioral Sciences*, *30*, 733–737. https://doi.org/10.1016/j.sbspro.2011.10.143

Negrete, P. (2016). *The self of the therapist: Clinical contributions for the psychology student* [Undergraduate thesis]. Universidad de Chile. http://repositorio.uchile.cl/handle/2250/145853

O'Hanlon, W. H., & Weiner-Davis, M. (1988). *In search of solutions: A new direction in psychotherapy*. Norton.

Oliva Gómez, E., & Villa Guardiola, V. J. (2014). Hacia un concepto interdisciplinario de la familia en la globalización. *Justicia juris*, *10*(1), 11–20. http://www.scielo.org.co/pdf/jusju/v10n1/v10n1a02.pdf

Orellana Bahamondes, F., Martin González, A., Marín Díaz, A., Ibaceta Watson, F., Penna Brüggeman, V., & Rodríguez Verdugo, M. (2015). La persona del terapeuta y su origen: La inclusion de las familias de orgen y su impacto en el desarrollo del self profesional de los teraeutas del instituto Humaniza Santiago. *Revista de Psicoterapia Relacional e Intervenciones Sociales*, *34*, 107–126.

Peleg, O. (2005). The relation between differentiation and social anxiety: What can be learned from students and their parents? *The American Journal of Family Therapy*, *33*(2), 167–183.

Peleg, O., & Messerschmidt-Grandi, C. (2018). Differentiation of self and trait anxiety: A cross-cultural perspective. *International Journal of Psychology*, *54*, 816–827. https://doi.org/10.1002/ijop.12535

Riley, S. (1997). Social constructionism: The narrative approach and clinical art therapy. *Art Therapy*, *14*(4), 282–284. https://doi.org/10.1080/07421656.1987.1075929

Ripoll-Núñez, K., Villar-Guhl, C. F., & Villar-Concha, E. (2012). Therapeutic change in Colombian families dealing with violence: Therapists, clients, and referring systems in conversation. *Journal of Marital and Family Therapy*, *38*, 168–186. https://doi.org/10.1111/j.1752-0606.2012.00297.x

Sánchez, G. (2012). Técnicas de comunicación*: Soporte para el trabajo con familia*. Universidad de Caldas.

Sanz Hernández, A. (2005). El método biográfico en investigación social: Potencialidades y limitaciones de las fuentes orales y los documentos personales. *Asclepio*, *57*(1), 99–116.

Sedgwick, D. (1994). *The wounded healer: Countertransference from a Jungian perspective*. Routledge.

Sierra, R. A., Macana, N. L., & Cortes, C. (2007). *Violencia Intrafamiliar. Informe para el an˜o 2006 del Instituto Nacional de Medicina Legal y Ciencias Forenses* [*Family violence: National Institute of Legal Medicine and Forensic Sciences Report 2006*]. Instituto Nacional de Medicina Legal y Ciencias Forenses.

Skowron, E. A., & Dendy, A. K. (2004). Differentiation of self and attachment in adulthood: Relational correlates of effortful control. *Contemporary Family Therapy*, *26*, 337–357. https://doi.org/10.1023/B:COFT.0000037919.63750.9d

Skowron, E. A., Kozlowski, J. M., & Pincus, A. L. (2010). Differentiation, self-other representations, and rupture-repair processes: Predicting child maltreatment risk. *Journal of Counseling Psychology*, *57*, 304–316. https://doi.org/10.1037/a0020030

Skowron, E. A., Stanley, K. L., & Shapiro, M. D. (2009). A longitudinal perspective on differentiation of self, interpersonal, and psychological well-being in young adulthood. *Contemporary Family Therapy*, *31*, 3–18. https://doi.org/10.1007/s10591-008-9075-1

Spencer, B., & Brown, J. (2007). Fusion or internalized homophobia? A pilot study of Bowen's differentiation of self hypothesis with lesbian couples. *Family Process*, *46*, 257–268. https://doi.org/10.1111/j.1545-5300.2007.00208.x

Susinos, T., & Parrilla, A. (2008). Dar la voz en la investigación inclusiva. Debates sobre inclusión y exclusión desde un enfoque biográfico-narrativo. REICE. *Revista Iberoamericana sobre Calidad Eficacia y Cambio en Educación*, *6*(2), 157–171.

Universidad Pontificia Bolivariana Medellín (n.d.). Maestria de Terapia Familiar. https://www.upb.edu.co/es/postgrados/maestria-terapia-familiar-Medellin

Yin, R. K. (2014). *Case study research design and methods* (5th ed.). Sage.

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APPENDIX A

Interview questions:

1. What characteristics of being a therapist have you learned from your family of origin?
2. What things do you need to address at the family level today that may cause me difficulty in practicing therapy?
3. What have you achieved by clarifying something about your past or your family history that helps you today?
4. What patterns repeat in your family life history? How do they affect your work as a therapist?
5. What influences your choice of intervention model?
6. What skills should you develop more regarding your therapeutic work?
7. What have been the limitations found in your intervention model chosen?
8. What aspects of your familial patterns have you identified that influenced your therapeutic style? Which of the patterns identified have worked, and which needs to be modified?
9. Describe your capacities briefly to transform your weaknesses into tools for therapeutic work.
10. What mechanisms do you use to get to know yourself?
11. Do you consider that the conflicts that arise in session are related to your family life history?
12. Regarding your formation process, what strategies have helped you to recognize the difficulties that come from your life story?
13. What has helped you transform myths and taboos about your family of origin to favor the therapeutic process?
14. Considering all the above questions, what resources, skills, or abilities are linked to your family of origin and current family?

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