

## The International Society for Health and Human Rights

Report of the Round Table Discussion on Training  
Cavtat, Croatia--June 21-24

### **WHAT IS TRAUMA?**

As most of the training we do is in the service of helping people to recover from the sequelae of trauma, we began our discussion with an attempt to define trauma. The group of twenty-four split into three groups and, after discussion, presented the following:

- 1) Exactly what trauma is--let alone whether it exists at all--is difficult to define. We all feel that we have observed symptoms of a consistent nature among different racial, ethnic, gender, and age groups in widely diverse locations. This leads us to conclude that certain life experiences produce sequelae that point to responses that are similar across the human race.
- 2) The primary characteristics of the sequelae of trauma are that they are autonomous and disruptive. That is, symptoms appear regardless of the volition of the one experiencing them and interfere with attempts to live a normal and healthy life. They generate changes in affect that are uncomfortable for those who have been traumatized as well as for those who are in relationship with them (who may not have been traumatized).
- 3) Symptoms (primarily the discomfort one feels) vary in intensity from person to person
- 4) The sequelae of trauma can be metabolized both individually and collectively (communally)
- 5) While the sequelae of trauma remain consistent across groups and locations, how they are defined and treated vary according to their context. We consider this to be appropriate.
- 6) Trauma is defined primarily by its effects, which are a function of the interactions between those who are traumatized and the members of the communities to which they belong.
- 7) Trauma breaks down people's coping mechanisms.
- 8) We found the medical (physiological) metaphor of trauma to be instructive. That is, trauma refers to a violation of the integrity of the organism. Something that has been ripped open or broken and needs mending (healing).
- 9) Resilience in the face of trauma varies from individual to individual and from culture to culture.

To facilitate dialogue, we agreed to define trauma as a disruption in life that leads to pain. Essentially, trauma is caused by and leads to severe disruptions in normal, healthy functioning. The primary location of the discomfort caused by trauma is in relationship: between individuals and themselves and between individuals and others. The experience

of trauma varies among individuals and groups, each of whom has unique ways of dealing with it.

## **TRAINING**

We felt that there needs to be a distinction drawn between teaching and training. For example, consider the following statements:

"I teach mathematics to students"

"I train people to \_\_\_\_\_"

The difference between the two is the focus of the action. In the former it is the subject, namely, that which is being taught. In the latter, it is those who are being trained. The goal of the former is the imparting of content; of the latter, changes in behavior.

While there are certainly areas where teaching and training overlap, the differences between the two are marked. Teaching focuses on the subject that is taught. The object of the teaching, both grammatically (in English) and in actuality, is the subject matter that is taught. Training, however, focuses on the persons being trained. Both grammatically (in English) and in actuality, the object of the training is people.

Collaboration on training empowers the trainees. They are not simply passive recipients of information, as is often the case with teaching. Instead, trainees learn best through experience. Trainers who are open to the skills and prior knowledge of the trainees serve as models for trainees to do the same with those they train. Trainees discover what it is like to be encouraged to provide their own input, rather than simply sitting back and allowing the training to be done entirely by someone else. Their experience of training prepares them to do training.

Thus, training works best as a dialogue. The language of training is relationship. As interactions between trainers and trainees provide trainees with a first-hand experience of the process they will be utilizing to train others, training must be process-oriented rather than product-oriented. Process plus dialogue equal relationship.

So, to the two phrases above can be added this third one:

"Training trains trainers."

Essentially, training is an organic process that, however formalized in the beginning (which may be necessary to relieve the anxiety of the trainees and help them to become engaged in the process of training), seeks a unique and creative chemistry among trainers and trainees.

That such a chemistry can be neither predicted nor programmed means that the relationship between trainers and trainees is the most important element in training. That which is taught during training is of secondary importance. Much more than content, dynamics are the focus of the work.

Language, communication, and social work skills are important to consider when choosing trainees. Physical fitness should also be a priority. During training, trainees

should be encouraged to provide feedback on the training process, so that training can train not only trainees, but trainers, as well.

Specifically with regard to training for the treatment of trauma, it is essential to build upon those ways of dealing with trauma that already exist in a culture. In South Africa, for example, role playing and theater are important components of training. They should be respected, reinforced, and utilized. Doing so honors the knowledge and experience of the trainees and gives them the opportunity to collaborate on the training.

Some of the more significant problems faced in with training are:

- 1) trainers who have no training
- 2) trainers who see training solely as teaching
- 3) training illiterate trainees
- 4) trainee preferences of professional or non-professional trainers

## **TRAINING AND THERAPY**

We also looked at the relationship between training and therapy. Primary among our concerns was the potential of training to open old wounds. This potential is magnified when trauma survivors are trainees and uncovering techniques are part of the training. While the latter may be minimized, the former is routinely the case.

Equally important is the potential for trainers' wounds to be opened during training. At issue is the potential role that trainers' wounds can have in helping trainees to deal constructively with theirs. For example, if trainers are unable to tolerate being reminded of their trauma, they are unlikely to be much use to trainees who begin to experience their own trauma during training. Likewise, practitioners who are either unaware of or have failed to integrate the effects of their own trauma are likely to disengage from trauma survivors with whom they are working whenever those survivors begin to experience the effects of their trauma.

In short, must trainers operate on a higher level of consciousness than those they are training? At first glance, the answer seems to be an unqualified "yes." On further reflection, however, training can be collaborative only when trainer and trainees are able to learn from each other. Thus, trainers who can be open to their own wounds offer trainees the opportunity not only to minister to trainers, but also to observe how trainers open themselves to the ministrations of others. In short, trainers who are open to their pain serve as models for trainees to discover how to be open to the irs.

In that sense, training can be therapeutic. As previously noted, the language of training is relationship. Relationship, in turn, is a process, not a commodity. To conduct training with a predetermined and inviolable agenda that seeks solely to impart information (philosophies, techniques, admonitions, advice, and so on) is to frustrate the very goal of training, which is to inaugurate a process of personal inquiry and collaboration with others.

Unfortunately, trainees often expect trainers to impart expert advice that will grant them success in whatever they do. However much a function of projection or transference this is, the result is the same, namely, disempowerment of the trainee. It is essential that training emphasize the skills and insights of those being trained, so that a withdrawal of projections and transferences from trainers to trainees can take place.

Training is less about teaching than about introducing trainees to their own inherent skills, knowledge, and abilities.

Essentially, we're convinced that training needs to be a unique experience whereby those who are trained activate and develop their capacities to do what the trainers are doing.

## **CONCLUSIONS**

That the material imparted during training is less important than the relationship between trainers and trainees is often foreign to funders. Thus, those who commission and pay for training need to be educated about the collaborative and creative nature of training. Essentially, funders should fund trainers rather than training. They need to have faith more in their trainers than in the content of the training. This locates the authority and validity of training programs in the person of the trainer, rather than in the content of the training.

This may be a difficult task. For example, funders of programs for the homeless have yet to learn this lesson. Homeless people need consistency of contact (object constancy and permanence). Linking funding to preconceived results often generates changes in personnel as new programs, which promise to accomplish what previous ones could not, continually replace the old.

Thus, the goals of funding--increased functioning on the part of the homeless--can be frustrated by the way programs designed to accomplish that end frustrate the very thing that accomplishes it, namely, consistency of contact. Turnover in personnel is detrimental to the improvement in functioning of homeless people. Far more than teaching specific skills, long-term relationship is the key to improving the functioning of homeless people. Once again, process is more important than product.

In short, the goals of training have to do with process and dialogue, which build relationship. Without these, training can never be anything more than partially successful (if at all). Goals can be pursued and evaluated, but only relationship gives trainees the experience necessary to gain confidence in their own abilities to meet the challenges—rarely known beforehand—of treatment. If their confidence is grounded in their knowledge, rather than in themselves, they will never be effective trainers of others.

## **RECOMMENDATIONS**

We agreed that the round table was itself an exercise in training. We were training and being trained by each other. Dialogue, collaboration, and relationship formed the core of our discussions. Our experience of the round table led us to see training as a process that leads to mutual transformation of trainers and trainees.

- 1) A network of trainers should be assembled to facilitate and to coordinate communication among trainers. For example, subsequent trainers in a particular locale could evaluate the training previously provided there.
- 2) The relationship between trainers and trainees should be seen as the core of training. Therefore, continuity of contact between trainers and trainees is essential. Such

continuity helps to generate trust and confidence in, as well as commentary on, the training process.

- 3) Training should be framed less in terms of providing a product than of generating a process that can endure beyond the training.
- 4) Training should be seen as dialogical, that is, as centering on the dialogues that take place between trainers and trainees.
- 5) Funders should be made aware of these recommendations. What forums or media exist to facilitate dialogue between trainers and funders?