

## KEY TRAINING CONCEPTS

### 1. ROLE PLAYS AND FORUM THEATRE

In a role-play, people act out a particular situation. They may act themselves or play the role of another person. There is no written script in role-play and the focus is on what happens between the characters in roles they play, not how well people 'perform' or act.

Role play is used as a basis for discussion; to increase communication skills and self-esteem; to explore different situations and ways of dealing with them; to express feelings openly and see how others feel; to get inside other people's shoes, and to rehearse for the future.

#### How to use role play

Ask people to volunteer for roles. Encourage people to get into the roles they are playing. If they are playing a new character, have people asking them questions about themselves to help them get into that person's shoes.

Help the role players to stay focused and explore the situations fully. The best role-plays are fairly short, not more than ten minutes at the most.

Tell the observers (everyone who is not playing a role) to watch carefully what is going on in the role play and ask questions like:

- What happened?
- Why did it happen?
- How did the characters feel and react?

After the role-play, give each of the players the opportunity to express their feelings about the characters and situations they played. Then ask them to take off their characters, and return to being themselves. They can do this by moving to a different place, saying their names and something about who they are in real life.

Then discuss what everyone learnt from the experience, analyse the role-play and discuss its relevance to their lives.

Talk about the role-play positively in ways that increase the self-esteem of players, especially if they have been brave enough to try something that they find difficult. Give praise first before any suggestions for improvement.

#### **Forum Theatre – A role play technique for participants to work out better strategies for dealing with particular situations**

Forum theatre (sometimes called "Stop Start") involves using a short play (2 to 5 minutes long) in which the characters say and do things which lead to a bad or unhappy ending. It is played through once to the end.

It is then replayed from the beginning, exactly the same, but this time the observers (the audience) can clap and say 'stop' to freeze the play at any point. They then briefly discuss what is going wrong, and make suggestions for how one of the characters can change what they say or do in order to improve the ending. The play then continues, incorporating one of these suggestions to see what difference it makes. While the play is frozen, one member of the audience can even step 'into the shoes' and take the place of one of the characters, and change what they say and do so that the situation goes better. The observers then discuss whether the new approach worked well and whether it is realistic. This can continue, trying out different suggestions and developing and changing the play until it has a better but still realistic ending.

As a facilitator, you need to give clear instructions about how the role play will work. However, during the role play it is important to let the actors take the play in whatever direction they want to, and then draw out the learning during the discussion afterwards.

## **2. USE OF SYMBOLS, PROVERBS AND STORY TELLING**

In many countries, people use proverbs, symbols, metaphors and story telling to put over messages.

Some people find it difficult or embarrassing to talk directly about things like sex. Stories and symbols can make it easier for people to explore such issues and remember the key messages. If we also involve people in creating the story, it makes it fun and interesting, and brings out some of the important feelings and emotions that affect how we behave. *Journey of Hope* uses symbols like dangerous water and safe bridges to explore HIV/AIDS issues and understand them in a new way.

## **3. PROBLEM FOCUS / OUTCOME FOCUS**

When there is a particular issue to deal with, some people ask questions like:

### ***Problem focussed questions***

- What is the problem?
- Who caused it?
- Where did it come from?
- Why have I got this problem?
- What else is going wrong in my life because of this problem?
- How can I get away from this problem?

These questions may provide some useful information, but they are often not very helpful in getting to a good solution. They focus in on the problem, and who to blame for it. They

leave people feeling stuck in the problem and unable to do much.  
For the same issue, other people ask questions like:

### **Outcome focussed questions**

- What do I want?
- How many different ways are there to get there?
- What else will I have when I get there?
- What support do I need?
- What is the first thing I need to do now?

These questions create an ‘ Outcome Focus’ . This gives people more positive feelings and enthusiasm to do something about an issue.

If you wish to test and experience this for yourself:

1. Think of any issue or problem you are currently facing.
2. Answer the problem focussed questions with regard to this issue. When you have finished, notice how you are feeling.
3. Answer the outcome focussed questions with regard to the same issue. When you have finished, notice how your feelings have changed.

It is important to acknowledge and understand the problems and difficulties linked to HIV and AIDS, but if you focus just on these, it is easy to become depressed and ineffective. If you focus also on other possibilities and positive outcomes you want, it is more motivating.

## **4. PRESENTING THE CHOICES AVAILABLE TO EACH PERSON**

The three bridges “Abstinence”, “Faithfulness” and “Condom” clearly present the **choices** available to each person, in a way which allows each person to make their own decision depending on their age, beliefs, character and way of life. You should encourage participants to choose the bridge that suits them, and to change bridges when necessary. The important thing is to stay on the bridges and out of the water.

As a facilitator, it is very important to present all three choices in a balanced way. You should make sure participants know the facts about each bridge. It is then up to them to choose, without you telling them that they should use or avoid any particular bridge.

## **5. IMAGINE YOUR FUTURE AS YOU WANT IT TO BE**

*“Behaviour is influenced by visualised images. A strong image leads to behaviour consistent with the image being held in the mind’s eye. It does not matter whether the image is one of reality or something totally imaginary”*

(Ronald Shone: *Creative Visualisation*).

We tend to get what we focus on most! Therefore it is vital to **focus on what we want**, not on what we want to avoid.

People behave in a way that moves them towards how they imagine their lives to be in the future. If some people are poor now and they imagine they will still be poor in the future, they often miss out on opportunities to become better off. However, if the same people vividly imagine situations in the future where they are better off, they are more likely to pick up opportunities to do some business and find resources which help them towards their better future. If they also imagine themselves in their future situation looking healthy and full of energy, they are more likely in the present to behave in a way that keeps them healthy and free of infection.

In *Journey of Hope*, we ask participants to imagine their future as they want it to be in the form of an island.

Here are some things that help people to create a 'Future Island' that is really powerful and helpful to them.

⇒ The imagination works more freely when relaxed, so relax when imagining what it is like being on your future island.

*As facilitator, you can help by softening your voice and talking more slowly.*

⇒ Imagine you are actually there now

*As facilitator can help by talking in the present tense: what is it like on your island? (not what will it be like?)]*

⇒ Involve as many of the five senses as you can – what do you see, hear, feel, taste and smell?

⇒ Consider what it is like at different levels:  
 What is the environment like?  
 What are you doing on your future island?  
 What skills have you developed?  
 What is important to you?  
 What do you believe is possible for you?  
 Who are you on this island?

⇒ Associate strongly with it

## 6. ASSOCIATION AND DISSOCIATION

People often have bad experiences and feelings about HIV/AIDS, (for example of a friend dying of AIDS or the fear of finding out that they themselves have HIV). It is often easier to talk about these issues in a detached, *dissociated* way, as though you are watching what is happening from the outside. Activity Four provides a way for people to

examine, discuss and reflect on the HIV/AIDS issues they may be facing, without having to talk directly about their own personal experiences and feelings. If you give each participant a 'character' which clearly does not represent them personally, it allows them to discuss these issues in a *dissociated* way. Their issues and problems are not their personal ones - they belong to the character they are playing.

In Activity Two participants imagine how they would like things to be as 'future islands'. It is helpful for participants to have strong positive feelings of wanting to get to their islands. These positive feelings are much more powerful if participants *associate* with their future islands. This means they should imagine themselves on their 'island' now, experiencing all the sensations and good feelings of being there.

## 7. ANCHORS AND ANCHORING

In our minds we naturally create a link between a particular stimulus – something we see, hear, feel, smell or taste – and other things we were experiencing or thinking about at that time. Thereafter, whenever we get the same stimulus, it triggers the memories and feelings of the other things we experienced at that time. This is called an 'anchor' for those memories and feelings.

There are anchors linked to all the different senses. Here are some examples:

- The smell of a particular perfume can be an anchor for the memories and feelings you had about someone who used to wear that perfume.
- A piece of music can bring back memories and feelings about someone you once danced with to that music.
- The same thing can be a positive anchor for one person, but a negative anchor for someone else. Stepping onto a bus could for one person be a positive anchor for travel and adventure and excitement, but for someone else it could be a negative anchor of fear and worry because it brings back memories and feelings about an accident on a previous bus journey.

Here are some anchors we have used in *Journey of Hope*:

- Activity 2: Future Islands creates and uses some positive anchors which participants can use to help them stay on the boats and move towards their future island. The island each participant has created can act as a visual anchor. If they look at it again at some point in the future, it should again trigger the thoughts and feelings they experienced when they first imagined being on their island during this session.
- The LOVE LIFE sign is an anchor for positive feelings like confidence and strength to succeed at what you want. We created it in Activity 1, linking it to the experience of successfully crossing the Bridges of Abstinence/Faithfulness/Condom to get where you want in life. You can use it to bring back these same feelings when facing a difficult situation.

## 8. WAYS OF THINKING AND CHALLENGING LIMITING BELIEFS

It is important to accept responsibility for the choices we have, and develop ways of thinking that help us.

Some people have a way of thinking that puts them '**at effect**'. They say things like: 'I have to behave in this way. I have no choice'; 'I can't do anything about my situation. It is someone else's fault – the government, the school, my parents, my partner etc'; 'It is God's will, so why should I do anything.'

Someone living with HIV might say: 'HIV is destroying my immune system and AIDS will kill me; that is my fate and I can't do anything.' This way of thinking does not help the person; it can leave them feeling depressed and powerless.

Statements people make that start "I can't...", "I have to..." and "It is impossible for me to..." demonstrate limiting beliefs which leave the speaker no choice or alternative possibilities, and they are therefore disempowering.

Other people have a way of thinking that puts them '**at cause**.' They say things like 'I am responsible for my own decisions and behaviour and what happens as a result.'

Someone living with HIV might say: 'There are many things that I can choose to do now to keep my immune system strong so that I can still have a good life that I want.'

This way of thinking empowers people to act and live in a positive way that enables them to achieve more, whatever their circumstances.

Here is a way of helping people move from being 'at effect' to being 'at cause'. When someone says 'I can't...', 'I have to...' or 'It is impossible to...', respond with questions like those on the right side of this table. This helps people to change from thinking they have no choice to realising they do have choices and possibilities for change.

<b>Examples of disempowering statements people make which put someone ‘at effect’</b>	<b>Questions you can ask in response which can lead the speaker to expand their limiting thinking and recognise the choices they have. They are then at cause when:                      “I have to...” becomes “I choose to...”                      and                      “I cannot...” becomes “I choose not to...”</b>
As a woman/girl, I have to do what the man/boy says.  We cannot change our culture. I cannot do anything.  It is impossible for men to abstain for more than a few days. Parents cannot talk to their children about sex.	What would happen if you didn’ t? Who says? What stops you? What would happen if you did? How do you know? Has it ever been different? e.g. Has a man ever managed to abstain for more than a few days? e.g. Have parents ever spoken to their children about sex?

The questions in the right hand column prompt a line of thinking which moves people from a perception that they have no choice to realising that they do in fact have choices and possibilities for change.

A typical exchange might go like this:

Parent: I cannot talk to my children about sex.

Response: What would happen if you did?

Parent: I would feel so embarrassed.

Response: So you could in fact talk to your children about sex, but you would feel embarrassed doing so.

Parent: Yes, I suppose it is possible.

This sort of intervention is very quick – as soon the other person recognises and acknowledges that there are other possibilities and that they have some element of choice in the matter, their limiting belief has been dislodged. This paves the way to explore newly acknowledged choices (from this example, the conversation could then progress to ways of overcoming embarrassment when talking to your children about sex.)

This technique also provides a strategy for challenging gender stereotypes and changing beliefs about gender roles, thereby opening up new choices and possibilities for both women and men.