

Group Counseling With Traumatized East African Refugee Women in the United States: Using the *Kaffa* Ceremony Intervention

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The Kaffa ceremony is a unique, culturally appropriate, group counseling intervention for female East African refugees. A counseling group is described in which the Kaffa ceremony was instrumental in helping to bridge the gap between Western counseling and East African culture, providing a context for the group members to resolve long-held trauma. Stages of group process and therapeutic factors are identified and ethical concerns are addressed. Recommendations for incorporating the Kaffa Intervention into professional practice with this population, as well as relevant information about the cultures, are provided.

This article describes the use of the Kaffa Intervention, in conjunction with Western methods, as a culturally sensitive counseling model for group work with East African refugee women. The intervention was developed specifically for women who are experiencing transitory maladjustment and who are at risk for the development of personal or interpersonal problems (Association for Specialists in Group Work [ASGW], 2000) but who are not in need of extensive personality reconstruction. In the case reported here, the shared cultural context brings these women to the Kaffa ceremony; the shared trauma and resultant adjustment difficulties and blocks in development brought these women together for

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group counseling. The healing lies in combining the two. According to several theoretical orientations to counseling, it is the relationship between the client and the counselor that helps the client to heal (Greenberg & Pavio, 1998). From a multicultural perspective, if the group leader has an understanding of the way the world works from the clients' point of view and does not set up barriers that prevent them from seeing their humanity, then effective treatment may be possible. However, if the counselor or group leader cannot get past how different she or he is from the clients, then regardless of level of expertise, the counselor cannot help the client (Ridley, 1995). Understanding the client's worldview is particularly important when working in group counseling, especially when working with non-Western clients. The ability to understand the way the world works from the client's point of view and to connect to the group enables the group leader to develop trust and rapport. Mayotte (1994) posits that the ability to connect with immigrants and refugees is critical and can be the determining factor in the development of a helping relationship.

Among advocates of cross-cultural counseling, there appears to be a growing consensus that modern psychotherapy is based on a middle-class, Euro American, highly individualistic, ethnocentric ethic. Many of the underlying assumptions of mainstream counseling theory and practice are based on European, Christian, culture-bound beliefs about human nature and worldview. As the client base becomes more culturally diverse, it is becoming more apparent that practices of counseling need to be adapted to a multicultural perspective (Comant, 1999; Herr, 1991; Ivey, 1990; Ivey & Rigazio-DiGilio, 1991; Katz, 1985; Lee, 1991; Pedersen, 1985; Smith, 1985; Sue & Sue, 1990; Wren, 1985). When working with refugees and immigrants in group counseling, an appreciation for traditional ceremonies within the cultural context of the group, along with an understanding and appreciation for Western psychology, can enhance the therapeutic process and build rapport. From the standpoint of the group leader, it is important to recognize culturally different forms of counseling and to integrate cultural practice with professional practice.

It is equally important for counselors to be aware of their own biases and ethnocentrism. Time spent in self-reflection can help counselors uncover and understand the factors underlying their own cultural assumptions. This awareness may reduce the effect of biases on their work. The most well-meaning of counselors can alienate clients who are culturally different from themselves if they are unaware of their own cultural biases and stereotypes.

Regardless of the culture, theory, or technique, people who seek counseling are concerned with alleviating their suffering and with personal growth. When working with culturally different clients, it is important to find bridges or cultural links between traditional views of helping and Western counseling. From a therapeutic standpoint, the primary goal of the group leader is to see the members as they see themselves: to “step inside their skin,” to get a feel for their immediate perspective and ways of viewing the world (Garrett & Osborne, 1995). Increasingly, counselors are aware of the necessity to modify their techniques to fit the unique needs of various cultural and ethnic groups. We must increase our understanding of facilitating groups that are diverse on various dimensions (ASGW, 1998). Group leaders who are open to culturally relevant techniques and interventions and who integrate cultural wisdom with Western group counseling can help move clients toward more fulfilled lives.

Two organizing features of Western group counseling are therapeutic factors and leadership tasks. Yalom (1995) describes a number of therapeutic factors, including instillation of hope, universality, altruism, corrective recapitulation of the primary family group, group cohesiveness, and catharsis. In the following sections, these therapeutic factors are discussed in relation to group work with the Kaffa ceremony.

Yalom (1995) also describes several tasks of group leaders. The major tasks are creating and maintaining the group, building group culture, and activating and illuminating the here and now. How these tasks are accomplished varies based on group leadership style. A flexible leadership style is preferable when working with this population and using the Kaffa ceremony. Some of the group norms such as pacing are inherent in the ceremony; yet, it is important for the group leader to make sure that everyone has an opportunity to participate as well as to bring the here and now into the process.

This article describes a process of integrating the traditional East African coffee ceremony and group counseling with Ethiopian and Eritrean women refugees. This is one example of creating cultural links between Western group counseling and traditional healing practices. The example shows how group counselors trained in Western cross-cultural counseling practices can incorporate a traditional ceremony in an authentic way to direct the process intentionally toward addressing and healing the trauma experienced by participants. The following sections describe the Kaffa Intervention and a group counseling process using the intervention. Participants, instruments, implementation, and outcomes are described, and recommendations for practitioners are provided, including ethical considerations.

KAFFA INTERVENTION

For Ethiopians and Eritreans, coffee, and most important, the coffee ceremony, has a long historical lineage and is at the center of many cultural rituals. Over the past 3,000 years, the coffee ceremony has evolved into a spiritual tradition that is widely regarded as a healing experience for many East Africans (Van der Post, 1974). Traditional African approaches to healing and psychological well-being include a variety of techniques that are less known to Western culture. The coffee ceremony is one of these healing techniques.

The Kaffa Intervention is a therapeutic intervention process that is based on the East African coffee ceremony and Western psychology (Keleta & Muhammad Toliver, 1998). The East African coffee ceremony, also known as the *Buna* ceremony, is an indigenous form of spiritual and psychological healing that has been part of East African culture for over 3,000 years. (The words *coffee*, *kaffa*, and *buna* are used interchangeably. *Buna* is the word for coffee in Amharic, the language spoken in Ethiopia and Eritrea.) Similar to the traditions of the Native American talking circle, the East African coffee ceremony uses the circle as a means of facilitating open communication and the sense of equity that each member possesses on entering the circle (Garrett & Osborne, 1995). Personal problems are discussed; family conflicts are analyzed and resolved; and fears, anxieties, and depression are addressed.

The coffee ceremony, coupled with Western psychology, is highly complementary and compatible to modern group work and can provide a rich understanding of group counseling practices that are based on cultural traditions. Several therapeutic factors (Yalom, 1995) are inherent in the coffee ceremony as practiced by East African women. For example, women practice altruism in the ritual of the coffee ceremony, serving each other and helping each other by listening and offering support. It is also a way of reconstructing a family for those who have lost their family due to war and famine.

The Kaffa Intervention may be particularly helpful when working with East African refugee groups. Refugees differ from immigrants in several ways. As a result of political or religious persecution, refugees leave their countries of origin against their will. On the other hand, immigrants usually decide to relocate for economic reasons. More often than not, refugees experience dangerous conditions over the course of their travels, whereas immigrants can usually arrange for safer travel (Cole, Espin, & Rothblum, 1992; Drachman, 1995; Fong & Mokuau, 1994; Nicholson & Kay, 1999; Potocky & McDonald, 1995).

Many East African refugee women are subjected to multiple traumatic experiences before their arrival in the United States and are at

risk of developing a wide range of physical and psychological disorders (Mayotte, 1994). In many instances, their trauma is overwhelming, causing chronic depression and anxiety. Living in a new and stressful environment only compounds their issues. The Kaffa Intervention enables these women to tell their stories and helps to relieve their suffering.

INTEGRATING THE KAFFA INTERVENTION: AN EXAMPLE

The Kaffa Intervention was used during group counseling sessions conducted in a major metropolitan area in the southwestern United States with six female refugees from Ethiopia and Eritrea. The intervention was developed specifically for women who are experiencing transitory maladjustment and who are at risk for the development of personal or interpersonal problems (ASGW, 2000) but who are not in need of extensive personality reconstruction. In the case reported, adjustment difficulty and blocks in their development brought these women together to heal their shared trauma in the context of their shared culture.

Participants

The group consisted of four Eritrean and two Ethiopian women. They ranged in age from 28 to 42 years and were from various socioeconomic backgrounds. Three grew up in wealthy families in Addis Ababa, Ethiopia, and were educated in Italy. Two were educated in Asmara, Ethiopia, where they learned English and received the equivalent of a high school education. The remaining group member did not have a formal education. She was a guerilla fighter during the civil war and did not have an opportunity to go to school. All of the group members spoke English and, although they did not know one another prior to meeting during our group sessions, all had traveled from Asmara, Eritrea, to the Sudan at about the same time.

They all lived in the Sudan for from 4 to 7 years before being sent to resettlement camps in Kenya. After several years in the resettlement camps, five members of the group were granted political asylum and were relocated to the United States. One member of the group lived temporarily in Saudi Arabia and was then reunited with her family in the United States. The group met in the home of one of the group members for about 2 hours, once a week, for 6 weeks.

Two of the authors were the group leaders. One of the women is an East African immigrant and one African American. At the time, they were students in a master's degree program in multicultural counseling. They were supervised by the first author, who is a university faculty member.

Selection Instruments

Each group member was asked to complete an intake interview prior to the formation of the group. The intake form provided personal information about members' backgrounds and families. When completing an intake form with an East African group member, it is important to get details about the number of languages spoken as well as details on important family members. This information assists the group counselor in understanding the types of traumas different members of the group may have experienced. It also helps determine what factors caused them to become refugees. An example of an intake form and the type of information it can provide is included in Appendix A. (All names used in this manuscript and in the appendices are fictitious.)

A trauma assessment form was also used as a tool to help determine the types of traumas experienced by members of the group and as a screening tool. In cases where the trauma was assessed to be too severe for immediate engagement in group counseling, a referral was made to a counselor who specializes in working with the survivors of severe trauma, including torture. Three referrals to trauma specialists were made prior to the group formation (see Appendix B).

Based on the information disclosed in the intake interviews, intake forms, and the trauma assessment forms, it became clear that all six women had been the victims of rape and torture. The major symptoms emerging from the group were memory loss, flat affect, low self-esteem, nightmares, flashbacks, depression, and numerous somatic complaints, all of which are indicative of post-traumatic stress disorder.

Three of the group members complained of feeling dizzy, having frequent headaches, and experiencing pain associated with sexual intercourse and menstruation. Throughout the 6 weeks of group counseling sessions, three women were under the care and supervision of medical doctors. All six women had witnessed an immediate family member being killed and had heard of others—friends, neighbors, or family members—who were missing or presumed dead. All had suffered from some form of malnutrition during their trek from Eritrea to Sudan and in the resettlement camps. One woman had escaped from a prison in Eritrea, where Amnesty International had brought numerous witnessed accounts of rape and torture to international attention. These

reports are consistent with empirical studies of Cambodian refugee women's experiences as reported by Nicholson and Kay (1999).

IMPLEMENTATION OF THE COFFEE CEREMONY AS GROUP PROCESS

Invitation to Kaffa

Group counseling leaders working in the Ethiopian and Eritrean communities can expect, early in their interactions, that they will be invited by the group to share coffee. As stated earlier, the coffee ceremony has a long historical lineage in East Africa and is at the center of many cultural rituals. An invitation to participate in the coffee ceremony is a welcoming gesture and in fact, many Ethiopians and Eritreans view declining the offer as an insult to their culture. Conducting in-home group counseling sessions using the Kaffa Intervention can enhance the therapeutic process and build rapport with the group.

The group leader who conducts in-home group counseling sessions with Ethiopian or Eritrean clients can expect to find East African art pieces, religious artifacts, photographs, and other items from "back home" displayed prominently throughout the client's home. Many times a colorful rug or mat is spread on the floor, delineating the area where the Kaffa ceremony will take place. Fresh long green grass (*goosgwaze*) and flowers may be strewn over a mat. A small, finely crafted *rekebot* (coffee cup stand) will be used for the tiny handle-less coffee cups or *sini*.

Usually, one member of the group will sit on a low, small table. An urn filled with charcoal and incense may also be present, as well as a burner to warm the coffee. One of the group members will invite the counselor to sit in a nearby chair. During this first stage of group formation, several issues should be considered (Corey, 1995), including gender roles in East African communities, open versus closed group, confidentiality, and work with an interpreter.

East African culture encourages women to remain separate from men. Women usually maintain this gender separation, except for specific social interactions such as weddings, baptisms, parties, and so forth. This custom has implications for appropriate referrals. In an Ethiopian or Eritrean home, women invite family or neighbors to their home for coffee as many as three times a day. During the course of group counseling, this open invitation could present a potential problem and interrupt the group process. Also, issues regarding confidentiality could arise. It is important to inform the group that the sessions are private and to discourage group members from inviting neighbors or family

members who have not been previously interviewed by the counselor into the sessions. This rule should be presented in a gentle but firm manner and, in most cases, will not offend the group.

In terms of expanding group membership, the group should be encouraged early in the process to discuss how, when, and whether or not they plan to invite others into the group. This type of discussion and decision can help build rapport within the group. It models the importance of inclusion and outreach and will also help the group begin to understand the importance of consensus building. The additional benefit is that it could also help to increase the number of East African women who participate in group counseling.

Traditionally, when women gather for coffee, it is considered to be their personal, private time. If asked, they will arrange to keep children and men away from the area where the Kaffa ceremony is being conducted. This privacy creates an excellent environment for the group sessions. It enables the group leader to establish trust and to build rapport, free from interruptions. The group leader must remind the group that the sessions are private so that arrangements for child care can be made with friends or family in advance. Just before the beans are roasted is an excellent time to discuss issues of confidentiality and to ask the group to sign the consent forms. In some cases, it may be necessary to translate the consent forms or work with an interpreter.

It should be noted that group counseling with an interpreter, although difficult, is not impossible. The members of this group spoke English. However, several times during the sessions, group members expressed a desire to talk about their experiences and feelings in Tigrina or Amharic. An interpreter was present during the sessions and was helpful, especially as the process unfolded and deeper issues were discussed.

Roasting Kaffa

Once the ground rules and confidentiality issues have been addressed, the roasting ceremony begins. When one of the members of the group begins roasting the Kaffa and burning the incense, it is regarded as a time for spiritual or psychological healing and signals the beginning of the counseling session in earnest. The group is now ready to discuss, in a deeper and more meaningful way, their feelings, thoughts, and concerns.

The process of roasting the coffee is unique and an integral part of the traditional coffee ceremony. Fresh green coffee beans must be roasted either over an open fire or on a small charcoal burner. A crackling sound will be heard. Each crackle is a bean opening itself up to release its rich

aromatic scent. When the beans have been roasted to precisely the right color, the counselor will observe one member of the group moving around the room with the *baret metad* (the roaster), gently coaxing the smoke toward them with her hands. This symbolic gesture is done so that everyone can smell and appreciate the expertise and precision of the coffee roast. It also signifies that the group is “in the moment” or that they are one. This stage of the ceremony is a good time for the counselor to begin to work on developing trust between group members by encouraging them to begin sharing their stories of why they are attending the group.

Next, the coffee beans are crushed with the *mukecha* and *zenzena* (mortar and pestle) into fine grains and placed in the boiling water of the *jebena*, a black clay pot. The counselor may observe one of the group members adding a pinch of cardamom, cinnamon, or cloves for flavor. At the right boiling point, the pot is taken from the heat and placed in the *matot* (holder) allowing the grounds to settle. *Itan* (incense) is placed on the *girgira* (a little clay holder), which supports a live red-hot piece of charcoal. The smell of the incense and the coffee is strong and aromatic. In some areas of Ethiopia and Eritrea, it is believed that the smoke will carry out any bad spirits that are in the home and that the aroma of incense and coffee will help the group release stress and tension.

While the coffee is being roasted and just before the first cup of coffee is poured, there is an excellent opportunity for further group discussion. The group leader may want to encourage discussion by using the microskills of attending, listening, paraphrasing, clarifying, acknowledging, and summarizing. A client-centered approach that encourages the client to feel heard, understood, and appreciated is consistent with the goal of building rapport and facilitating a feeling of safety that encourages participation. This part of the discussion can easily continue during the next phase of the coffee ceremony. It is important for the counselor to help maintain the focus of the group.

Pouring Kaffa

The coffee is poured three different times—*Abol*, *Tona*, and *Baraka*—each lasting about 30 minutes. The time span for this portion of the ceremony is about an hour and a half; at its completion, the ceremony or Kaffa Intervention is finished. During the first round of coffee (*Abol*), rapport is still being established. Clients may begin to tentatively share some of their concerns.

This is the phase in which the group leader can facilitate the group discussion by making direct invitations to the group members. The group worker can point out how speaking about personal experiences is

likely to lead to a sense of connection with other group members. Asking questions, encouraging dialogue, and continuing to use good listening and attending skills will facilitate the deepening of dialogue.

The role of the counselor is often to be the witness. When a safe environment and a context for disclosure are provided, individuals will have the opportunity to share experiences of which they have never spoken before. The social support available from each other will assist group members in the healing process.

Strong kinship bonds and reliance on communalism are traditions that date back to African tribal life. To understand the dynamics and complexities of group work with East African clients, it is important during the Kaffa Intervention and group counseling to allow clients to paint a picture of their struggles and to address some of the challenges they have faced. Also, a discussion that focuses on the cultural background of each client and the issues that led to her participating in group counseling helps group counselors to develop a realistic feel for the types of issues a group leader faces when working with this population. It also facilitates group bonding.

During the second round of coffee (Tona), the group leader can ask more in-depth questions and explore deeper issues. Here, the therapeutic factor of universality (Yalom, 1995) becomes salient. Clients begin to break through the isolation of their individual trauma and share their painful stories of war, forced migration, and separation from family. They realize that they are not alone. Regardless of theoretical orientation, the goal of group counseling is to address the personal and interpersonal problems of living that result from the multiple traumas experienced by the participants and to help the group members achieve growth and development (ASGW, 2000).

The third and final round of coffee is known as Baraka. At this point in the session, the group leader should begin to summarize and to clarify thoughts and feelings in an effort to help members of the group to see themselves more clearly. Traditionally, the coffee ceremony is considered a safe place to express genuine feelings and emotions. The atmosphere created by the ceremony encourages the group to share thoughts, feelings, and emotions. It helps members of the group disclose issues that otherwise may be too difficult to discuss. During the Kaffa Intervention, an authentic and warm human bond develops within the group. The development of a human connection and a shared expression of compassion and respect for the pain and suffering each member of the group has experienced tend to solidify the relationships within the group. Also, it helps group members to feel, in the moment, the painful emotions that plague them. In this way, the group can heal itself (Greenberg & Pavio, 1998).

MEMBER OUTCOMES

Each time the group met, coffee was prepared. The Kaffa Intervention and the coffee ceremony created a safe and familiar environment. It was a gentle reminder of times past. Over the first few sessions, after discussing and establishing norms regarding confidentiality and group membership, the group began to develop trust in each other and to tell their stories in a safe, supportive environment. In counseling, disclosing painful emotions and anxiety-provoking experiences can be difficult. Unexpressed feelings are one of the major reasons why people seek counseling cross-culturally (Ridley, 1995). Self-disclosure is an important part of group counseling, and the degree to which individuals in the group self-disclose affects the degree to which the group can become cohesive. Therapeutic disclosures are those that relate directly to the shared trauma of the group and its personal effect on the members. These disclosures are often the most difficult, especially for refugee and immigrant women who have been the victims of rape and torture.

During the civil war of 1984 and 1985 in Eritrea and Ethiopia, repeated rape or gang rape was a common occurrence in the areas where all six women had lived. For women and girls fleeing this area, there was no safe haven. In spite of the fact that they were separated from their families, hungry, and helpless, these six women, like so many before them, were forced to negotiate with their bodies for food, water, and security. During the first two sessions, shame kept them from talking about their experiences, and it also kept them traumatized.

As the counseling session and the Kaffa Intervention proceeded, the process was facilitated by clarifying, paraphrasing, summarizing, and reflecting back to the members of the group both their personal stories and the common themes emerging in the group. This allowed the group members to feel heard and understood. In the process, members of the group seemed more willing to express themselves and were able to disclose intimate details about their lives. In working with people who are culturally different from the counselor, technical eclecticism is especially necessary. Most major theoretical frameworks for group work can lend themselves to cross-cultural work if applied thoughtfully. Flexibility in theoretical orientation and sensitivity to cultural beliefs and practices are important (Corey, 1995).

Corey (1995) states that

Intimacy increases as people work through their struggles together. When members learn that others have similar problems, they no longer feel isolated; identification with others eventually brings about closeness, which

allows members to help one another work through fears related to intimacy. (p. 115)

Their experiences as East African refugees are unique among people in the general community, yet something that all these women share in common. Once they start to talk about their experiences, the dynamic nature of the group brings each of the women in turn into the central focus as her story of pain and fear unfolds.

During the third session, a breakthrough occurred. The second cup of coffee had just been poured (Tona) when one of the members of the group burst into tears. She disclosed that she had been having recurring dreams about being raped by soldiers in a resettlement camp in the Sudan. The depth of her pain had a profound effect on the group. Long, loud, terrible sounds welled up inside of them and erupted from their lips.

Suddenly, the group began lamenting with the haunting, rhythmic sounds of the traditional mourning wail. Tears of sorrow, grief, and anger echoed throughout the room, and then, one by one, each woman began to tell her story in a deeper way. For most of the members of the group, the healing process had begun to unfold. The cathartic release that resulted from the Kaffa Intervention and group counseling was the tie that seemed to bind the group together in a common experience.

Each group member, in turn, related her story of trauma, rape, and death. Several times during the next three sessions group members expressed anger, sadness, and relief when they realized that there were other members in the group who had similar experiences. Grief shared is grief diminished (Jackson, 1978). Sharing the details of their experiences helped this group gain intimacy and a greater understanding of their collective struggles.

During the fifth and sixth sessions, the group felt the need to revisit and refine their goals and to change some of their negative feelings and fears. Although all members of the group spoke and understood English, they were not confident about their abilities at simple living skills and tasks such as grocery shopping, applying for a job, enrolling their children in school, and so forth. The women shared their frustrations and their successes and began to face their fears and think about setting realistic goals.

In 6 weeks, trust and rapport were built to the point that the group members were able to move from fearful, isolated individuals to an empowered group of women who were determined to be successful in their new country and to let go of the shame they felt about their past. In all six sessions, it was the role of the group leader to encourage each of the women to share her pain and trauma as well as to point out the

strength and resiliency that each woman possesses without diminishing or minimizing her experience.

In summary, the uncommon resiliency and strength demonstrated by the six women in this group was striking. In spite of having fled the horrors of war, famine, torture, rape, and other atrocities, they were determined to overcome the fears that tied them to the past and to re-create an environment in which they and their families could live in dignity and security. Clearly, the human capacity for cruelty is overshadowed by the miracle of healing and the determination to keep moving forward (Waller, 1990).

Hackett (1992) eloquently describes this forward-moving capacity in the title of her book, *Pray God and Keep Walking*. The spiritual strength and courage of the women in this group are impossible to deny. Once they were able to tell their stories in a culturally supportive therapeutic environment, they were able to get in touch with their feelings and emotions, and the healing process began. The power of group intervention is quite apparent in the dramatic healing that took place in such a short time. It is doubtful that these women would have been as open with a counselor in individual therapy. It was the shared trauma and ceremony that allowed these women to put down their burden.

DISCUSSION

Incorporating the Kaffa Intervention Into Professional Practice

The purpose of introducing the Kaffa Intervention into professional group work is to give Western counselors who work with East African clients an alternative group technique. The following are recommendations that group counselors may consider in integrating the Kaffa Intervention into their group settings. The coffee ceremony has been used as an in-home, indigenous healing and spiritual tool in East Africa for over 3,000 years. Western counselors should not attempt to re-create the coffee ceremony (the Kaffa Intervention) in the traditional office setting. Rather, it is suggested that this type of intervention is best used during in-home group counseling sessions.

Initiating the Kaffa Ceremony

There are many communities of East African refugees in the United States. When working in this community, counselors will find many clients who have experienced the type of trauma these women have experi-

enced. A group worker can introduce the idea of the coffee ceremony to one or several of her or his female clients and discuss the therapeutic value of women meeting together for a coffee ceremony and group discussion. Usually, East African refugee women will know other women who can benefit from group counseling.

Kaffa Intervention in the Home

Visiting a client at home, although a widely accepted procedure for social workers, is not commonly practiced by counselors and group leaders and may present problems, especially for inexperienced practitioners. However, in working with clients from non-Western cultures, many times, it is necessary to break the tradition of the "office and couch" culture and the hierarchy of the doctor/patient relationship (C. Folkes, personal communication, June 1998). A home venue can help clients feel more comfortable about revealing important details about their lives. Of course, issues of professional liability need to be worked out with insurance companies in advance. Also, it is important to maintain professional relationships with the group members and avoid any possible exploitation due to dual relationships. Other ethical issues, such as confidentiality, are addressed below.

Working With Interpreters

Working with refugee or immigrant counseling groups presents a wide range of problems, challenges, and opportunities. Working with an interpreter presents particular challenges. If an interpreter is present, she should sit to the left or right of the group leader. This arrangement will keep the group leader focused on the group and not the interpreter, enabling the group leader to maintain eye contact with group members and help establish rapport.

Assessing the Effects of Trauma

It is also important that counselors who conduct group counseling sessions in East African communities recognize that as a result of their experiences, some clients may be traumatized to the point of numbness. A far-off, distant gaze may mask a trauma. Clients may be unable to focus or to remember simple facts. As recently as a few days ago, they may have left a dehumanizing and degrading resettlement camp. Often, refugee and immigrant clients have been raped, tortured, and brutalized, or they have witnessed the ravages of war. They may have lived through things we pray never to experience.

While conducting group work in East African communities, the group leader may find that many clients have been disempowered by the trauma of the refugee experience. The Kaffa Intervention is a way to empower the group, to demonstrate sensitivity to their plight, and to show respect for their customs and culture. But most important, it is an invaluable tool for counselors who work with East African refugees and immigrants because it is a way to help clients reconnect with their own traditional healing process.

Ethical Issues

It is extremely important to examine the ethics of this type of group work. We have already addressed issues of dual relationship and will now address confidentiality and competence. First, regarding confidentiality, it is important not only to disclose the limits of counselor/client confidentiality and what must be reported but also to inform the group that there is no guarantee of confidentiality beyond the word of each member. It is very common, for example, that illegal activity such as immigration law violation is disclosed in the course of counseling. Clients have the right to fully informed consent.

Second, counselors need to be culturally competent, as well as trained in the treatment of trauma survivors. Special training is available through workshops offered in many places to increase awareness, knowledge, and skills in working with survivors of trauma. Counselors working with East African refugees should avail themselves of this training.

According to Locke (1996), counselors must gain cultural expertise about specific groups that they are likely to encounter in their practice. This focused approach argues that an in-depth knowledge of specific cultures is a requisite for counseling. The Kaffa Intervention during group work with Ethiopian and Eritrean clients connects the group in a real and genuine way.

East African Culture

It is recommended that counselors working with the East African community become familiar with the culture. Many East African clients, especially women, wear intricate skin designs on their hands and feet. These designs are made from *henna*, a vegetable dye. Although they may appear unusual to the Western eye, many East Africans consider them to be a sign of beauty. Intricate tattoos covering the neck and the sign of the Christian crucifix tattooed on the forehead are commonly

seen. These are items that have important religious and tribal significance and are worn with pride.

Beautifully designed hair ornaments and long braided hair are tribal and cultural traditions that many women continue when they arrive in the United States. East African women take tremendous pride in their beauty, hair, and clothing. Colorful silk cloth and scarves are a part of their wardrobe, as well as Western clothing. Group leaders and counselors should be aware that clients may wear traditional clothing in one session and in the next wear Western-style clothing.

East African women, in general, prefer to dress modestly. Some women, for religious reasons, cover their entire body, including their head, with loosely fitting cloth. Group leaders and counselors should dress in a professional manner. Casual clothing such as tight skirts and pants, shorts, or T-shirts are inappropriate and may be offensive to some women. It is advisable to refer East African refugee women to female counselors and interpreters who are culturally competent. Whenever possible, consider referring clients (groups) to East African counselors and group counselors.

CONCLUSION

Counselors and group leaders who work with East African clients can foster respect and build rapport by recognizing and respecting cultural differences. The people of Ethiopia and Eritrea are proud of their culture. Ask them to share it with you. Sometimes, we forget from whence our clients came. We see them, dressed in Western clothing, wearing Western hairstyles, and, in many cases, speaking English fluently. But behind every face is a story. Where did they come from? How long has it been since they arrived? What did it take for them to get here?

Of greater concern is how to work with this population in a culturally relevant way and, more important, how to help them heal using a culturally familiar process, while at the same time using the resources and processes involved in group work. Extensive and intensive introspective work is necessary to be prepared to work with clients culturally different from the counselor. Specific knowledge of the client's culture is helpful. Even more necessary is to be aware of one's own biases and ethnocentrism and any barriers to accepting the client's culturally different worldview.

The Kaffa Intervention serves as one example of a culturally relevant therapeutic tool. An understanding of its cultural and historical significance, along with the experience of sharing the coffee ceremony within

the cultural context of the group, can give Western counselors a unique insight into how a traditional ceremony can augment Western styles of group counseling. This can serve to increase the cultural competence of the group worker and add to the flexibility in style necessary to work with diverse populations.

APPENDIX A
Sample Intake form

Client's Name:	Danait	Ethnicity:	Eritrean
Sex:	Female	Country of Origin:	Eritrea, East Africa
Age:	28	Primary Language:	Tigrina
Religion:	Orthodox Christian	Second Language:	Arabic

Family Members living in United States: 3

Husband:	Joseph, 32
Daughter:	Sarah, 4
Son:	Daniel, 3

Family members living outside of the United States: 2

Daughter:	Azeba, 11
Mother:	Mariam, 60

Other significant family or extended family members:

Stepson:	Russom, 20 (son of Joseph). Currently serving time in a California prison.
Estranged husband:	Philipo, 34 (Danait left Philipo and 7-month-old Azeba when she fled Asmara. Philipo has since remarried and does not support his daughter, Azeba. Mariam, Danait's mother, raised Azeba. Mariam, Philipo, and Azeba live in Asmara, Eritrea.)
Danait's brother:	Yosief (deceased). Killed in battle while fighting as a guerilla fighter in the war.
Danait's father:	Abraham (deceased: A political dissident, he was tortured and killed in 1984.)

APPENDIX B
Trauma Assessment Form

We would like to ask you questions about *your* past history. You may find some questions upsetting. If so, please let me know and we can stop. Your answers to the questions will be kept confidential. If you would like to talk

about them during our group counseling session, that is fine. If not, we will keep them confidential.

<i>Source of Trauma</i>	<i>Experienced (Yes or No)</i>	<i>Witnessed (Yes or No)</i>	<i>Heard (Yes or No)</i>
Lack of food			
Lack of shelter			
Imprisonment			
Serious personal injury			
Combat situation			
Brainwashing			
Rape or sexual abuse			
Forced isolation from others			
Being close to death			
Forced separation from family members			
Murder of strangers			
Murder of family member			
Lost or kidnapped			
Torture			
Any situation that was very frightening or you felt your life was in danger.			

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