

# Memories of a Child Refugee

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For many, Sharbat Gula was the face of refugee children everywhere, although her identity was unknown for almost two decades. Captured by *National Geographic* photographer Steve McCurry in 1984, in a refugee camp in Pakistan, the penetrating eyes of the 12-year-old “Afghan girl” grabbed the world’s imagination—and became a symbol of the plight of war-damaged children. Not until 2002 was she finally located and identified, by that time repatriated and living with children of her own, in a country again at war.

Sharbat Gula is one of millions of Afghan children who have fled Afghanistan’s seemingly endless war, seeking safety in foreign places. Many, like her, lost their parents to war—and all lost their childhoods. It’s fair to say that all have suffered emotionally, with psychic wounds that may never completely heal.

Many have also lost something else—their memories. Psychological scientists have in recent years found that victims of trauma and depression lack the rich autobiographical memories that most of us have tucked away. Their memories of the past—and not just the distant past, but new memories as well—are overly general, stripped of particulars. It’s as if they don’t want to revisit the past in all its unhappy detail, so they only store away broad categories and paraphrases of experience.

This infertile past seems like an especially cruel injury for children to suffer. But in the past few years, clinical psychologists have been exploring the possibility of using this cognitive deficit as a therapeutic tool for treating people—including refugee children—who are at high risk for depression. The idea is that the barrenness of autobiographical memory might be modified—made richer—with practice, and that this cognitive intervention might ward off depression in the future.

A team of clinical psychological scientists has conducted the first trial of such an intervention, with encouraging preliminary results. Headed up by Laura Jobson of the University of East Anglia, UK, the team also includes scientists and clinicians from Iran, where the study was carried out. There are still many Afghan children and teenagers living as refugees, many of whom have lived in places like Iran for years now. The scientists selected a group of adolescents from a school in Qhom, all of whom had lost their fathers and immigrated almost a decade before. All suffered some degree of depression, and all were at risk for worsening depression down the road.

They also had deficits in the richness of their autobiographical memories. The scientists verified this by using words—positive, negative and neutral—to cue memory recall. They might show them the word *party*, for example, and ask them to call up a detailed memory of a party, something like this: “On my 12<sup>th</sup> birthday, we had a party on the 10<sup>th</sup> Street beach, and my uncle made a fire for me and my friends.” This is a normal autobiographical memory, but those who are depressed or at risk for depression often have much sparer recollections. Some offer up a long and general memory: “I have had parties on my birthday every year.” Or they simply define the category rather than offering a detailed memory at all: “Parties are used to celebrate important events like birthdays.”

The intervention is called Memory Specificity Training, or MEST, and its aim is to help the teens enrich their deprived memories. Only some of the teens received the intervention; the others were control subjects. In five weekly group sessions, the researchers taught the selected teens about the differences between specific and overly general memories, and gave them examples of each. Then they were given homework consisting of ten cue words—*gigantic, bag, class*—which they were to use to spark detailed memories, either recent or from the past.

Subsequent sessions were a combination of reviewing homework and new class work with new cue words, sometimes positive, other times negative or neutral. The goal in each session was to call attention to any memories that were vague or categorical, and to encourage the teens to replace these with richer, more detailed recollections. At the end of the five weeks, the scientists again assessed the teenagers' memories. Symptoms of depression were assessed again at two months.

The results will be published [in the new journal \*Clinical Psychological Science\*](#) in September. In brief, the study showed that the memory training was very successful in enhancing the detail of personal memories, compared to the controls. And statistical analysis revealed that this memory improvement was not a *result* of improved mood. Instead, as hoped, enhanced memory appears to ameliorate symptoms of depression in the long run. In other words, this brief memory training enhanced the teenage refugees' autobiographical memories, which in turn led to significant improvements in their mental health.

This study is important for a few reasons. It led to improved mood in adolescence, a time of special vulnerability to serious depression. And it dealt with a non-Western refugee group, suggesting that the memory deficit may be a deep-rooted cognitive bias that cuts across cultures—and one that might be treated across cultures. Finally, it represents a translation of a basic scientific insight into clinical practice—a practice that might be feasible for many more of the world's uprooted and war-scarred children.

Wray Herbert's book, [On Second Thought](#), is about irrational thinking and judgment. Excerpts from his two blogs—"We're Only Human" and "Full Frontal Psychology"—appear regularly in *Scientific American Mind* and in [The Huffington Post](#).