

What is a Mind – Week 5: When is it confabulation?

Transcript

There is a big difference between an invented story– in other words, a lie, a fabrication, deliberate fabrication– and a confabulation. In fact, the reason we use the word “confabulation” is precisely in order to be able to differentiate it from lies, tall stories, fabrications, deliberate deceit, and so on. The essence of a confabulation is, A, that it is a false memory or a false account of things. It doesn't necessarily have to be a memory per se. And B, that it is not fabricated, that it's not under the volitional, deliberate, conscious control of the agent of the mind.

These are false memories, false accounts, distorted versions of events that occur to the mind and are perceived by the agent of the mind as being what has actually happened or what is actually happening.

Let me give you an example from pathology. So often, pathology is helpful precisely in this sort of way, because it gives us exaggerated versions of things. And then I'll link it to the more general case. I had a patient– in fact, I published this case. I had a patient who had a tumour at the base of his frontal lobes, which was successfully resected, but then regrew and then was resected a second time. And during the second operation, because there's scar tissue from the first operation, there was bleeding during the procedure, and he haemorrhaged into the ventromesial aspects of his frontal lobes. He then woke up, tumour gone, but mentally very impaired, specifically with a confabulatory amnesia.

I saw him for a series of sessions, rehabilitation sessions. I saw him every day– in fact, six days a week. And every day that he came into my office, same office in London– I was at that stage at the Anna Freud Centre. And he would look around, comment on the office as if he'd never seen it before and introduce himself to me as if he'd never met me before. That's the amnesia of this syndrome, this confabulatory amnesia. But the confabulations then fill these gaps in his memory. So rather than feeling only I don't know who this guy is.

I don't know what this place is, he would think that he did know where he was and who I was, except where he thought we were and who he thought I was were quite different from the reality. He was an electronic engineer, and he would frequently believe that I was a client of his. I was consulting him about some electronic engineering problem, and I was seeking his advice. So he would talk to me as if that's what he was doing there.

Let me give you a sequence of events in one particular session. Clearly– sorry. I must emphasise, clearly, he believed that that's what we were doing. I was his client, and he was helping me. It's a very extreme confabulation. Here's a more kind of elaborated thing, which will perhaps give you a better idea. One particular day– in fact, it was the ninth session that I saw him. And every day, as I told you, he didn't have any idea who I was and why he was there. But on this particular day, as I went to the waiting room to fetch him, he touched his head where he had the craniotomy scar and said, hi, doc. So that was progress.

Now, I had a person with me who knew that he was seeing me about something medical, and what's more, it had to do with the scar on his head. So when we went up to my consulting room, I said to him, when I met you downstairs, you touched the scar on your head. And he said, yes, there's something missing, which, of course, is true. And he said, it's a C-49 cartridge. A cartridge is missing. Now, that's a confabulation, some piece of electronic equipment. I asked him what does the C-49

cartridge do. And he tells me that it's a memory module. That's what it does. Now, that's true. Then he says, shall we order one.

All we need is the specifications. Why don't we put in an order for a C-49 module, which is, again, a very unreal idea about what we might do about the missing memories. Then he goes on to tell me, well, as it happens, he's realised that one doesn't need the memory module. He's been without one for quite a while, and he finds he gets on he gets by quite happily without it. Then he goes on to say that, in fact, the analysis showed that he was just missing a few beats, heartbeats, and that this has now been fixed by that operation.

So now, he's referring to an operation, but it's an operation which in fact he had had, a pacemaker—cardiac pacemaker fitted. But he's confusing it with the brain operation. He then speaks about these dental implants that he'd had, again, in reality, and how this had fixed the problem, and so there was no problem anymore. It was all OK. Then he goes on— I'm skipping over a few bits— and starts talking about the fact that he's been sent off the field, as if we were in the middle of a game— of rugby, as it happens. And he said, you know, I've got knocked on the head, but I consulted a doctor, Tim Noakes.

He's a South African sports scientist, a very renowned sports physician. And he said, Tim Noakes examined me, and he said, no, you're fine. You're fine. Play on. Play on. He said, because you know me. I don't like going down. So there's a sequence of— this is a real patient, an account of what really happened in one particular session with him. These are his imaginings as to what is happening and what has happened. And these are confabulations why? Because he's not lying to me. These are ridiculous lies. Clearly, they would not work as lies because we are both sitting there. I know why he's there. He would, if he was aware— more aware than he is.

would be aware that I know why he's there, and I know what's the matter with him, and so on. So he's telling me his version of reality, which he really thinks is what's happened and what's happening. But now, I want to analyse a little bit those confabulations because it reveals something of what confabulation is all about. Clearly, he is in touch with reality in the sense that he knows that something has happened to his head. He knows it's medical. He knows he's consulting a clinician. He knows it's got something to do with memory, that there's something missing which has to do with memory. He knows that it's— well, I've already said it has to do with his head.

And it has to do with an operation. He talks about operations. So he's on the right track. To that extent, he's in touch with reality. But think about it. Imagine yourself in his shoes. Your memory is just beginning to come back into focus. It's just beginning to dawn on you that something's happened to your head. It's an operation, that something's missing. It's your memory. And you don't know where you are, and you don't know who this chap is. And it's terrifying. That's when the confabulations come to his rescue. So this is why he says, well yes, something's missing. But we can just order it. And then when that thought doesn't do the trick, he says, but you don't need it.

mind works fine without it. And then he's thinking about well, actually, the operation perhaps hasn't been such a success. So he thinks about other operations, and he dredges up these cardiological and dental operations that he's had. And so on— something's happened to my head, but it's temporary. Something's happened to my head, but it was just a little biff to the head, and the best sports physician in the country— he was, this patient, ex-South African. The best physician for such things in South Africa has declared him fit and well.

So what occurs to him are memories and explanations, accounts of what has happened and what is happening, which alter the situation, which deviate from reality, but in clearly understandable,

comprehensible ways which make the situation better. From the point of view of his subjective experience, from the point of view of his feelings, the situation is altered very much for the better by the confabulation. So they sort of fill the gaps. They kind of account for the facts, those that are at his disposal. But they twist them in a tendentious fashion so as to perform a sort of reassuring, comforting, calming function. That's different from a lie. A lie doesn't reassure you, yourself. A confabulation

It's self-deception is what a confabulation is. Now, what I want to emphasise about this is the motivated— here is a man who's at the mercy of very strong feelings. He's, above all else, vulnerable to feeling extreme panic and fear about his situation. And so the function of our thinking, of our cognition— all of this representational information available to him— is to try to manage the feelings, to try to find some— to patch together some sort of thought process which deals with the feeling at hand. But because this man's cortex, and a critical part of his cortex— ventromesial frontal cortex— because it's damaged, his thinking apparatus is weakened. That's critical.

And so the picture that he comes up with, the story that he constructs, the account that his cortical cognitive apparatus produces, is one that doesn't really fit the bill. And this is what confabulation is. It's a sort of inadequate attempt, an overly emotionally coloured, distorted, overly wishful, in a word, use of memory. So there's a pathological example. I say I gave you a pathological example because in its extreme nature, it illustrates some of these fundamental features of how confabulation works. Now, think about a child whose cortex is also not yet fully functional.

And you'll— I'm sure any of you who has children or who know children or who remember your own childhood selves will recognise that this is the kind of thing that children do all the time. They just make up any old story to fit in with their wishes, with how they want things to be, as opposed to how they really are. It's a kind of way of dealing with frustration, a way of negating unwanted realities. And the point that I was making in the lesson is that we mustn't overestimate our cognition. Our cognition is not some sort of well-oiled, perfect computer that just veridically represents things as they actually are.

Our cognitive apparatus is something which mediates between, on the one hand, these very powerful, primitive, wishful and other affective impulses, and on the other hand, with the real external reality. And it tries to find some sort of way of managing the feelings in reality given the information at its disposal. In the case of a child or a neurological patient or some psychiatric patients, that information is of a degraded kind. That's what gives rise to confabulation. One further point I must make here is that a confabulation is different from a delusion when I speak of psychiatric patients. A delusion is a fixed system of ideas. It's not something made up willy-nilly on the spot to get you out of emotional difficulty.

A delusion is a close relative of a confabulation, but it's a fixed, organised structure. The question as to whether we— is it possible to avoid confabulation. Indeed. This is why I was treating the patient that I'm telling you about. And the way to overcome the confabulations is to make the patient aware of their motivation, of what it is that they're trying to avoid, what feeling it is that they're trying to avoid by construing the situation in the way that they do. Remember, all thought processes are there to deal with feelings, to manage our feelings. And that is to say, to manage the needs that lie behind the feelings. Feelings are demands upon the mind to perform work.

And this thinking, this cognitive process, is the work that the mind then has to do in order to meet the needs represented by the feelings. Why confabulation is— why it's necessary to treat it at all is because it doesn't fit the bill. It doesn't meet the need. It doesn't really manage the affect in a realistic way. And so you work with the patient, and you work with yourself— because we all have a

mild confabulatory tendency– in order to try to find better ideas, more realistic ideas, that can better serve the purpose that thinking was designed for.

I think that the most important point here– and I'll end with this– is to recognise that our cognition is always, to a certain extent, distorted by these emotional forces, that it's not a machine. It's not something that works perfectly realistically. And that this tendency to distort your perception of your situation and of your own past– misrememberings are ubiquitous. It's part and parcel of who we are and how our minds work.