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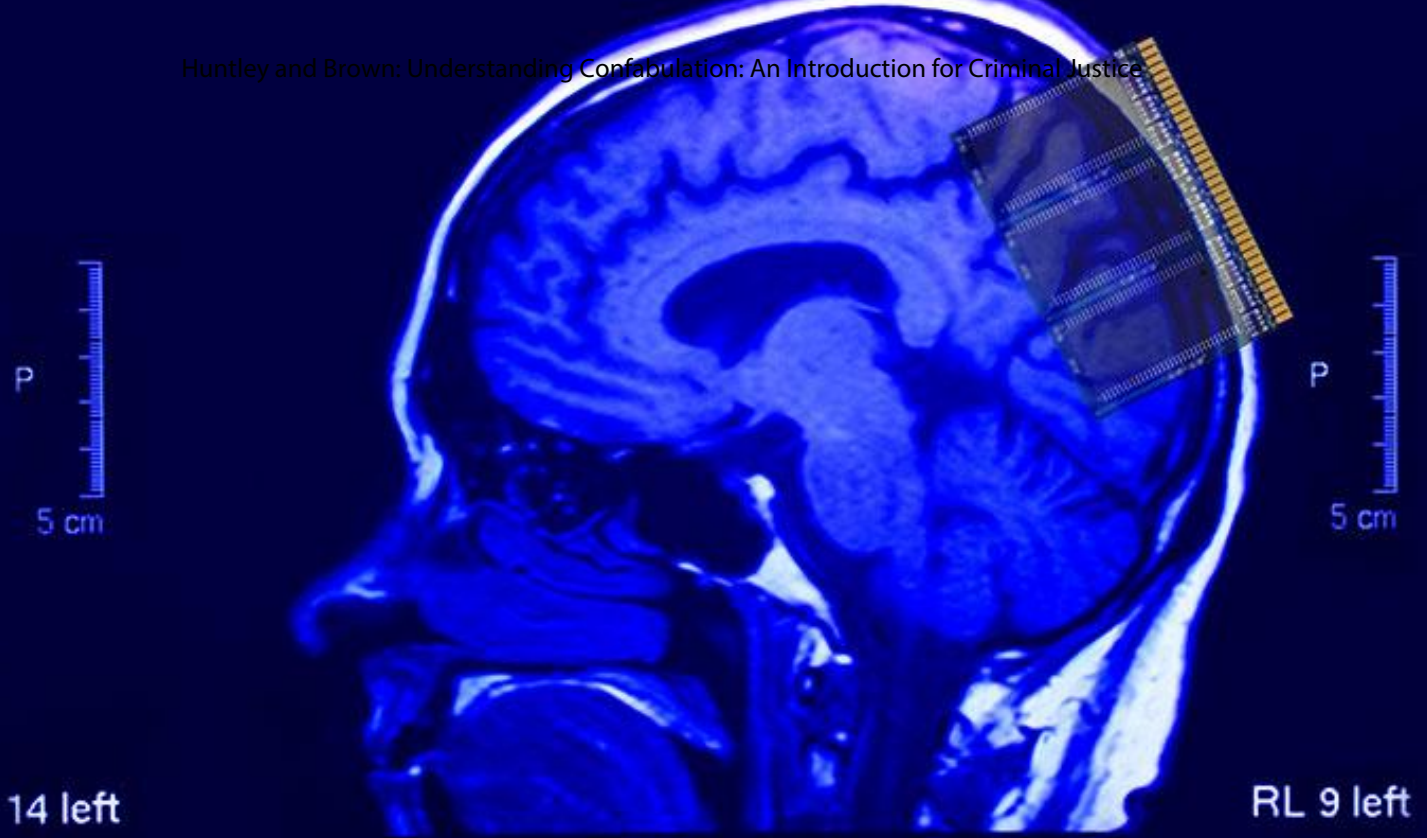
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Understanding Confabulation: An Introduction for Criminal Justice and Mental Health Professionals

By Debra Huntley and Jerrod Brown

Abstract

Confabulation is the spontaneous or provoked use of inaccurate information to fill in memory gaps. This phenomenon is distinctly different from lying because there is no intent to deceive. Confabulation can be found in relatively healthy individuals as well as individuals with serious cognitive and psychiatric disorders (e.g., schizophrenia, fetal alcohol spectrum disorder (FASD), and Korsakoff's syndrome). As such, multiple causal pathways may lead to confabulation. Because confabulation can complicate the jobs of anyone working with clients in the mental health or legal systems, professionals should have a greater understanding of confabulation.

Confabulation is a term that is surrounded by some confusion. This is not surprising given its multiple definitions, uncertain etiology, and its loose association with a wide range of psychiatric disorders. In fact, confabulation can even occur in individuals who have no identified cognitive or psychiatric disorder. Although it may be a confusing, vague, or even an unfamiliar concept, confabulation plays an important role in mental health and forensic settings. To increase awareness of criminal justice and mental health professionals, this article defines confabulation and reviews risk factors and causes of confabulation.

Defining Confabulation

Confabulation is viewed by many as creating false information to fill in memory gaps. In fact, many have characterized confabulation as a disorder of memory. Coltheart and Turner (2009) define

confabulation as something that occurs when a person does not know the answer to the question but responds by offering an answer to it with no intention to deceive the one asking the question. For example, when asked specific details about a robbery, a victim might inaccurately state that the perpetrator had a van. Instead of admitting uncertainty, the victim fills in the gaps of her or his memory by providing false information. A key aspect of confabulation, however, is that the person believes it to be true. Indeed, individuals who engage in confabulation often do not realize or believe that they have poor memories (Hirstein, 2005).

Hirstein (2005) asserts that confabulation is not the same as lying because there is no intent to deceive. Further, the person typically has no knowledge that contradicts his or her statements. In the above example, the victim believes that he or she did see a van. No additional information in the victim's memory contradicts this belief. The person reports information that he or she believes is accurate. Alternatively, the victim simply does not realize that she or he does not know the type of vehicle (if there was one) that was driven by the perpetrator.

One conceptualization of confabulation even views the act as the combination of two sets of errors — a false response and failing to check or recognize the falsity (Hirstein, 2005). Individuals who confabulate easily create responses that sound like they could be true. They will even justify the false information when challenged, but lack the ability to verify if those responses are factual. Hirstein (2005) notes that this reflects an absence of doubt about a memory that one should doubt.

Types of Confabulation

Gilboa and Verfaellie (2010) surmised that there are many ways for confabulations to occur. This could include less dramatic errors in reporting such as intrusions (a memory from another experience intrudes on the current memory), embellishments or elaborations (providing extra information that was not requested), and paraphrasing (rewording) of actual memories. Other errors created by confabulation include distortions of facts or events, blatant false reporting of events, or even creating bizarre and spontaneous stories such as those that might be seen in someone with schizophrenia. Again, all of these examples share the belief that the information is true or accurate.

Kopelman (1987) observed that confabulation can be categorized as spontaneous or provoked in nature. Spontaneous confabulation may be rare and occur in the context of neurocognitive or physiological deficits or damage, whereas provoked confabulation could be a

more common, normal response to faulty memory (Kopelman, 1987). Coltheart and Turner (2009) note that spontaneous confabulations occur without any request for information and may even be delusional. For example, a client once walked to a window, looked out at the street and buildings below, and then stated that, "my boat has been stolen" (Coltheart and Turner, 2009). In contrast, an example of a provoked confabulation might be when an employee states that he had been at a business meeting in response to a question about what he did during the morning. Provoked confabulations can occur when individuals are asked for simple "yes" or "no" responses, to point to a picture ("Do you see a photo of the man who robbed you?"), or to create a drawing.

Confabulations are most frequent in the autobiographical domain. This is what some researchers refer to as episodic memory. This is the process of individuals attempting to recall memories from their own personal experiences. Nonetheless, some research has reported confabulations on semantic memory tasks, which focus on general information about the world (Xie et al., 2010). While an example of an episodic memory might be what an individual did on his or her last vacation, semantic memory would involve general knowledge not connected to a personal event, such as listing the last three presidents.

Risk Factors for Confabulation

Coltheart and Turner (2009) have found examples of confabulation in patients with amnesia, schizophrenia, split-brain surgeries, Korsakoff's syndrome, and even in research participants with no known physiological or psychological abnormalities. The underlying theme among this array of patients is the common tendency to provide answers to questions. These patients respond with a specific answer rather than a simple "I don't know." Although the reason why they cannot access the correct information or memory varies for these groups, these individuals all feel the need to provide an answer, which they believe to be true.

Causes of Confabulation

Multiple causal pathways may lead to confabulation. This seems particularly likely in light of the range of individuals with and without cognitive and psychiatric disorders that experience confabulation. Gilboa and Verfaellie (2010) identified three causes of confabulation. First, temporality/source confusion confabulation can be viewed as correctly remembering some information contained in a particular memory, but contaminating this with information from memories of other unrelated events. Second, strategic retrieval confabulation is characterized by problems in correctly inputting the memory. As a result, the memory does not become connected to the appropriate cues for retrieval. Third, motivational confabulation may be described as unconscious attempts to change a memory to meet the needs of the patient. In summary, inaccurate information may be recalled within a specific memory because (a) another memory gets incorrectly added to it, thus contaminating the memory, (b) the specific memory was never correctly encoded into memory, thus making it difficult to retrieve, or (c) there is an unconscious motive to change the memory because it provides an advantage for the person to remember it in that way.

Conclusion

Confabulation can be found in normal individuals and individuals with serious cognitive and psychiatric disorders (e.g., schizophrenia, FASD, and Korsakoff's syndrome). Confabulation complicates the jobs of anyone working with clients in the mental health or legal systems. The accuracy and effectiveness of any work by professionals in these settings is threatened when inaccurate information is collected. Complicating matters, such incorrect information is not given dishonestly or purposefully. To help protect against the deleterious impacts of confabulation, professionals should have a greater understanding of confabulation.

Biography

Dr. Debra Huntley is a licensed psychologist in Minnesota and has been in academics for the past 25 years, both as a professor of psychology and as the head of a psychology department. In addition to teaching psychology, she has published and presented at regional and national conferences as well as in professional journals. She earned her PhD in Clinical Psychology from the University of Houston, with a concentration in Child and Family Psychology. She has taught a wide range of courses but has particular interest in child development, psychopathology, family systems, and research (especially in the area of family issues and child psychopathology). Huntley has worked in children's shelters, residential facilities for adolescents and chronically mentally ill adults, private practice, juvenile detention programs, and outpatient child and adolescent clinics. She has consulted with a state adoption agency. She is currently a member of the editorial review board for *The Family Journal*.

Jerrold Brown, M.A., M.S., M.S., M.S., is the Treatment Director for Pathways Counseling Center, Inc. Pathways provides programs and services benefitting individuals impacted by mental illness and addictions. Jerrod is also the founder and CEO of the American Institute for the Advancement of Forensic Studies (AIAFS), and the lead developer and program director of an online graduate degree program in Forensic Mental Health from Concordia University, St. Paul, Minnesota. Jerrod is currently pursuing his doctoral degree in psychology.

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