UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

WEEK 5 ANSWER TO QUESTION 1

STEP 5.10 ASK MARK

Hi. Welcome to the question and answer session for Week 5 of our course. And this is the week in which we dealt with the topic of agency. As usual, we have four questions. And I'll deal with them one at a time.

Question 1 seems to me to have been constructed by the mentors. I'm pretty sure it was. So sort of an amalgamation of a number of questions that several people have raised. It says: “There seems to be some confusion about the definition of confabulation, with different learners coming up with different definitions from their online searches. What is your definition of confabulation? Give a few examples. Do you think confabulations are completely unavoidable? Can we learn to be aware of our tendency to confabulate and find another powerful way to cope with our minds? What is the difference between a false memory and a story that you make up that's not true? And can they both be considered confabulations?”

So I'll deal with the second, the last part of the question, the difference between made-up stories, invented stories deliberately and false memories which simply come to one. And then I'll lead on to the definition of confabulation and I'll give some examples. And then I'll talk about this thing about them being avoidable or not.

There is a big difference between an invented story, in other words a lie, a fabrication, a 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's 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've published this case. I had a patient who had a tumour at the base of his frontal lobes which was successfully resected but then re-grew 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 we 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 C49 cartridge. A cartridge is missing." Now, that's a confabulation, some piece of electronic equipment.

I ask him, "what does a C49 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 C49 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 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, a 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 got knocked on the head. But I consulted Dr. Tim Noakes," who's a South African sports scientist, a very renowned sports physician. And he said, "and Tim Noakes examined me and he said, no, you're fine. You're fine. Play on, play on, 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.

I mean, these are ridiculous lies. Clearly they would not work as lies, because we're both sitting there. I know why he's there. He would, if he was aware, more aware than he is, he 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-- 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. Mine 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. You know, 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 confabulations. 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 does. 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 inadequate attempt, an overly emotionally coloured, distorted, overly wishful in a word, use of memory. So there's a pathological example. I say I give 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 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 or whether-- 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.