



Confabulation

An Introduction for Psychologists

By Christopher Mertz and Jerrod Brown

One of the key aspects of clinical interviews is the process where a psychologist gathers reasonably believable information from a client. In some cases, however, the psychologist may detect apparently nonsensical information. For example, facts presented during an interview may be conflicting, inaccurate, or at odds with the age or socioeconomic status of the client. In such situations, the psychologist must sift through the available information to determine its accuracy.

Accurate information enables the psychologist to determine the appropriate therapeutic course of action for the client. In contrast, inaccuracy may render a very disparate approach that is characterized by a multitude of inappropriate actions. Psychologists must remember that some clients intentionally lie, whereas others *unintentionally* deceive by using fabricated experiences, dates, descriptions, and anecdotes. These unintentional deceptions may be the result of confabulation.

Confabulation is considered a *paramnesia*. Here, gaps in memory are filled with misinformation. These “memories” can range from rather harmless information to bizarre and elaborate stories that have no connection to reality. This is very different from lying or the intentional manipulation of facts because the confabulator is not aware of error in recall. In fact, the confabulator might appear emphatic about these memories because he or she is truly oblivious to any mistakes. Below are important facts to bear in mind about confabulation.

Why It Occurs

Confabulation typically occurs when there is a disturbance in one’s ability to make new memories *and* to monitor recollections for accuracy, which suggests possible brain function deficits in memory *and* executive functioning. Here, the failure of memory skills and the drive to make sense of a situation overpower the now weakened part of the brain that checks for accuracy. Rather than simply admitting that they do not recall what they saw on TV earlier, individuals make up a detailed account of something else that they watched at a different time, becoming convinced it was earlier in the day. In this

case, a genuine remote memory is dropped into this day's memory gap, with no awareness of the temporal error. Later, a host of confabulated information may fill in those gaps, such as "recalling" that the TV had burst into flames earlier that day or "remembering" a former job as a schoolteacher (when they have never been a teacher).

Who Is Prone To Such Errors

There are several neuropathological processes (e.g., Alzheimer's disease, Wernicke-Korsakoff syndrome, Fetal Alcohol Spectrum Disorder, and certain specifically located cerebral vascular accidents) that can render someone more vulnerable to confabulation. Although even mild confabulations can occur in healthy individuals, those with compromised brain function are disproportionately likely to make such errors, particularly when questioned under stressful conditions such as neuropsychological testing (e.g., immediate or delayed memory tasks). The act of being asked to remember facts and situations may be met with vaguely connected false information (e.g., falsely recalling "horse, milk, farm" on a word list or that a woman worked in a shoe factory rather than a clothing store), or even totally disconnected memories (e.g., inventing new information such as the woman in a story was 6 feet tall and wore a spacesuit when there was no mention of her physical appearance or clothing). Of course, provocation of confabulation in vulnerable populations can occur in health care, law enforcement, and even social settings.

How To Address Confabulation When It Occurs

It is vitally important to corroborate important information when working with individuals who are potentially at risk for confabulation. Seeking out collateral informants and records to confirm or disprove self-report accounts will increase the accuracy of assessment and appropriateness of interventions. Although gently offering corrections for misremembered information *may* be helpful, understanding that confabulation is not intentional *will definitely* be helpful in establishing a working rapport.

Biographies

Christopher Mertz, Psy.D, LP, is a neuropsychologist at HealthEast-St. Joseph's Hospital in St. Paul, Minnesota, working with both inpatient and outpatient populations. He earned his doctorate at James Madison University and completed his postdoctoral fellowship training at Cooper University Hospital in Camden, New Jersey. Areas of professional interest include geriatric populations, delirium prevention, and decision-making capacity. He is a member of the psychology doctoral internship program training committee, ethics committee, and delirium prevention team at St. Joseph's.

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