

- Hirstein opens with an example of confabulation in a patient with Korsakoff's syndrome. Note how Hirstein describes the older man as *genuinely believing* what he says. (He also describe the paralysis-denial case in the same manner — it is not a case of lying or pretense.) Also note how the man responds to correction.

- Some notable features of confabulation:

Perhaps what is most troubling about witnessing such confabulations is the rock-jawed certainty with which they are offered up. The patients give none of the outward appearances of lying, and indeed most writers on the subject do not consider confabulation to be lying, because it lacks at least two crucial components: the intent to deceive, and knowledge contrary to what is claimed. (2)

- Confabulators are also reluctant to admit ignorance and seldom express doubt. They often contradict themselves and this does not appear to concern them — e.g., L.M. (9).

- Hirstein distinguishes two stages in confabulation: a false response and then a failure to respond appropriately.

- Why is confabulation an interesting/important phenomenon to study?

... the existence of confabulation may be telling us something important about the human mind and about human nature. The creative ability to construct plausible-sounding responses and some ability to verify those responses seem to be separate in the human brain; confabulatory patients retain the first ability, but brain damage has compromised the second. (3–4)

- Confabulations often meet our natural desire to *be decisive* and *make sense of things* by filling in details (especially about ourselves).

- We can distinguish *momentary* from *fantastic* confabulations. The former tend to be more reasonable and often treat gaps in memory. The latter tend to be more absurd, possibly delusional. (7)

- We can also distinguish confabulations as either *provoked* or *spontaneous*. Hirstein tells us that he will focus on provoked confabulations because the other cognitive faculties remain intact. This allows for a focus on confabulation in isolation from other disorders and can offer insight into normal cognitive systems.

- Though confabulation was originally thought to apply only to those with memory problems, it is now applied to many non-memory cases. Hirstein offers the following list of syndromes that have led to confabulation: Korsakoff's syndrome, aneurysm of the anterior communicating artery, split-brain syndrome, anosognosia for hemiplegia, Anton's syndrome, Capgras' syndrome, Alzheimer's disease, and schizophrenia. (8)

- Hirstein takes the sincerity of their reports, coupled with their certainty, as sufficient evidence for attributing genuine belief to confabulators. (11)

- "Normal" people also confabulate — e.g., justifying shopping choices, children's memories, hypnosis, and explaining behavior.

Q: But are all of Hirstein's examples here really confabulations?

- Hirstein provides 7 criteria for confabulation:

1. Does the patient intend to deceive?
2. Does the patient have some motive behind his or her response?
3. Must a defective memory be involved?
4. Must the confabulation be in response to a question or request?
5. Does the confabulation fill a gap?
6. Are confabulations necessarily in linguistic form?
7. Are confabulations the result of delusions?

- 3 concepts of confabulation:

1. Mnemonic: Confabulations are stories to cover memory gaps.
2. Linguistic: Confabulations are false stories.
3. Epistemic: Confabulations are epistemically ill-grounded claims.