

Decompensate

Professionals and mental health workers often use this word in clinical assessments.

The Social Security Administration has used the terminology "episodes of decompensation" in eligibility decisioning. SSA only recently removed this verbiage from their listings, although they continue to consider *exacerbations and remissions* in their evaluations.

The criminal justice system started using this word in the distant past and never stopped. For example, decompensate is routinely used to describe people with neuropsychiatric disorders who deteriorate while held captive from treatment in jails - awaiting "competency restoration" or to describe the condition of inmates whose symptomatic behaviors exacerbate after refusing medication or failing to respond to treatment.

There is something about this word when used in the context of psychiatric medicine that gives away a hint of its true origins, even though many sources (clinicians and allied staff or in written content) try to pass it off as it is used in physiological medicine. Some professionals in the world of psychology and psychiatry who are cognizant of the controversial nature of some of their beliefs, may try to cloak behind the physical medicine context.

The human body is engineered to endure mechanical dysfunctions via complex compensatory mechanisms until those mechanisms begin to break down or fail.

One source describes decompensation as follows:

The inability of a bodily organ or system, especially the circulatory system, to maintain adequate physiological function in the presence of disease.

Another source:

In medicine, decompensation is the functional deterioration of a structure or system that had been previously working with the help of allostatic compensation. Decompensation may occur due to fatigue, stress, illness, or old age. When a system is "compensated", it is able to function despite stressors or defects. Decompensation describes an inability to compensate for these deficiencies. It is a general term commonly used in medicine to describe a variety of situations.

A web search on the word decompensation in mental illness will turn up definitions similar to the following:

The deterioration of the mental health of an individual who up until that point was maintaining his or her mental illness.

The expression "maintaining ones mental illness" is a strange wording, but it may reflect the awkwardness of trying to cloak a more overt psychoanalytical description.

The following is what could be deemed an overt psychoanalytical description or definition of decompensation in mental illness:

In psychology, the term refers to the inability to maintain defense mechanisms in response to stress, resulting in personality disturbance or psychological imbalance. Some who suffer from narcissistic personality disorder or borderline personality disorder may decompensate into persecutory delusions to defend against a troubling reality.

So what's the problem with the psychoanalytical definition?

The problem is that this word is being used to describe an exacerbation in symptoms of neurologic disorders such as Schizophrenia or Bipolar. People suffering from these disorders may try, sometimes valiantly to cope with the distressing and disorienting symptoms of this disorder, particularly when they have not yet lost awareness of illness (anosognosia). However, coping is not the same as compensating as the terminology is used in "physical" medicine (Schizophrenia and Bipolar are physiological in that they involve neural dysfunction of the brain organ of the body - and as a consequence, the semblance of mind composed by the brain.

The regime of psychoanalytical theories tries to assign psychological causes to neurological phenomenon. These theories revolve around psychological defenses to assaults upon the psyche. "Delusions" as used in the common vernacular may have some validity in the preceding definition, but not in the sense of psychosis. Psychosis is a neurological symptom with a biological cause.

(SSA places Schizophrenia, Bipolar, Clinical "Depression" into separate subcategories of mental disorders rather than neurological disorders (which is not necessarily consistent with the clinical experience - there is known overlap in symptomatology between many of the subcategorized disorders). In 2017 Changes were made in the general categories in an initiative to align with advances in medical knowledge. However, scholarly medical journals describe these serious mental illnesses as neurological disorders and further subcategorize them at times as neuropsychiatric and neurocognitive - meaning that these are neurological disorders that disorder cognition, consciousness, and the semblance of mind).