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An Equal Opportunity Disorder

Editor

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Abstract. This article describes some of the problems associated with the worthy endeavor of minimizing discrimination against people diagnosed with mental disorders.

In the United States, the Equal Employment Opportunity (EEO) Commission has clarified the American Disabilities Act of 1990 in an attempt to ensure that business owners do not discriminate against otherwise-qualified workers with mental problems, viz., psychiatric diagnoses. An admirable notion, but the clarification may lead to dysfunctional behavior in several ways.

One problem is with the history of mental diagnosis. Since 1952, the American Psychiatric Association (APA) has placed its imprimatur on five different manuals of mental disorder. With each succeeding edition came the demise of some diagnoses and the birth of new ones. Those still standing were often redefined. And the process is continuing with the next manual, which is already being worked on. The upshot of this history is that the legal and administrative complexities awaiting those who seek to adhere to the EEO clarification are an obsessive-compulsive’s nightmare--or perhaps a delight.

Another problem is with the nature of mental diagnosis. The APA’s manuals are developed by committees reflecting anything from ideological axes, political agendas, and--at times--the scientific method. And as conceptions of science and the scientific method becomes further informed by social, cultural, and political analyses, the very nature of mental disorder becomes modified. EEO clarification becomes continuously founded on ever more shifting sands. Just as learning disorders are largely defined by lack of expected success in school, many mental disorders can be analogously defined or supported by lack of expected success at work. And this lack of success easily becomes prima facie evidence not only of mental disorder but of discrimination. A business owner attempting to make a humane and prudent personnel change may be treading impossibly deep waters.

As with too many admirable notions, the EEO’s clarification will be worked around to meet the letter of the law but not its intent--in a manner similar to election-funding constraints. Also, the EEO clarification seems tailor-made to increase the litigiousness of an already litigious society and a sense of victimization in a society already harboring hordes of imagined victims. Yet some supporters of the EEO clarification are ecstatic because of parity --i.e., that physical and mental disorders will now be treated equally in the eyes of discrimination law. These supporters largely view opponents of parity as insensitively biased against the welfare of psychiatric patients, even as most opponents can make a strong case for the supporters’ biases as insensitive to the ontological precariousness of many psychiatric diagnoses. As with mission creep in military operations, a diagnosis creep exists that seems to be heading in the direction of labeling any individual and social failing as a mental disorder. Although good for the pocketbooks and self-importance of mental health professionals, the EEO clarification reflects bad science, bad social policy, and badly misplaced compassion.

(In the spirit of equal opportunity, the IBPP editors suggest that those in opposition to this article may posit that we are manifesting phobias towards equal opportunity for mental patients, delusions that we know what we’re writing about, sociopathy in arrogating to ourselves the sense of enTitlement to write