

# **Deviant Sexuality: The Hypersexualization of Women with Bipolar Disorder**

Hailee M. Gibbons and Meghann E. O'Leary

Ph.D. Students in Disability Studies, University of Illinois at Chicago

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## ***Disclaimer***

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## **Introduction**

Dominant societal discourses frequently assert the view that women with disabilities are non-sexual. Hahn (1988) referred to the phenomenon of viewing disabled people's sexuality as non-existent or inappropriate as "asexual objectification." Garland-Thomson (2002) similarly noted that the identities of disabled and sexual cannot co-exist; one identity must be denied for the other identity to be believable and acceptable. While some disabled people identify as asexual, the stereotype of asexuality is harmful, as it prevents disabled people from defining and enacting their own sexuality. Thus, the asexual objectification of disabled people is a concern for disability rights. However, as Garland-Thomson (2002) notes, the asexual objectification of disabled women is more complex, as the disabled woman "escapes...sexual objectification at the potential cost of losing her sense of identity and power as a feminine sexual being" (p. 18).

However, Garland-Thomson's theory is focused on visibly and physically disabled women; discourses around the sexualization of women with psychiatric disabilities are less

frequently discussed. Some psychiatric diagnoses, such as depression, classify lack of interest in sex as a symptom, which may contribute to the perception of people with psychiatric disabilities as asexual. However, other diagnoses, such as bipolar disorder, pathologize people as hypersexual. According to the DSM-V, for bipolar disorder, type I and type II, the diagnosis hinges on the experience of a manic or hypomanic episode, which may be marked by an “increase in goal-directed activity,” and “excessive involvement in pleasurable activities that have a high potential for painful consequences.” Increased sexual desire and sexual activity are included under both of these symptoms. Consequently, hypersexuality has become a defining sign of bipolar disorder.

Adelson (2010), defined hypersexuality as “sexual behavior characterized by increased sexual drive, interest or preoccupation relative to developmental norms. It may be precocious, socially inappropriate, or associated with a lack of impulse control” (p. 35). According to Connell and Higuera (2015), signs of hypersexuality may include: (a) out of control sex drive, (b) multiple sex partners, including strangers, (c) excessive masturbation, (d) having continuous affairs and putting relationships at risk, (e) inappropriate and risky sexual behavior, (f) preoccupation with sexual thoughts, (g) increased use of pornography. Furthermore, the Sexual Medicine Society of North America reported that research indicates that 25% to 80% of patients who have mania or hypomania experience hypersexuality, and that it appears more in women than men. (Data on trans\* or gender nonconforming people was not provided.) Consequently, in psychiatry and the broader medical community, many bipolar women are viewed as hypersexual.

### **The Social Construction of Hypersexuality**

However, from a disability studies and mad studies perspective, psychiatric diagnoses are socially constructed. This assertion is complex, as the social construction perspective does not intend to claim that mental illness is not real or that people do not experience suffering related to their bodymind (Price, 2015). Rather, as Brown (1995) noted:

By studying how illness is socially constructed, we examine how social forces shape our understanding of and actions toward health, illness, and healing. We explore the effects of class, race, gender, language, technology, culture, the political economy, and institutional and professional structures and norms in shaping the knowledge base which produces our assumptions about the prevalence, incidence, treatment, and meaning of disease. (p. 34)

In regards to hypersexuality, it is a term that resists objective definition. Although several psychiatrists have forwarded definitions and signs of hypersexuality, there is no standard criteria for hypersexuality. As Rodriguez (2009) noted, "There isn't a clear-cut definition or criteria for being hypersexual" (p. 6). Furthermore, even if there were standard criteria contained within, for example, the DSM-V, the criteria would still be subjective and flexible in their use and application. Consequently, psychiatrists can set the standard for "normal" sexuality and then determine who violates it. Additionally, some women may view their sexuality as "abnormal" due to societal narratives discouraging women from embracing and enacting their sexuality, particularly if that sexuality is non-normative (e.g., queer, non-monogamous).

In this presentation, we seek to explore and problematize the view of hypersexuality as a sign or result of bipolar disorder, and the subsequent hypersexualization of bipolar women. It

is important to note that our argument does not deny that some women with bipolar may experience sexual issues related to their psychiatric disability, and that these experiences may affect them negatively in terms of self-esteem, personal safety, interpersonal relationships, and sexual and reproductive health. Nor do we seek to discourage women with psychiatric disabilities who experience hypersexuality as a problematic symptom from receiving mental health services or treatment. Rather, we are focusing on the medical and cultural discourses that hypersexualize bipolar women, and subsequently contribute to our oppression. Furthermore, we argue that these discourses are gendered and racialized.

Throughout history, hypersexualization has been used as a tool of oppression. As Zemsky (1998) noted, “Hypersexuality is a common stereotypical representation of many marginalized groups, such as people of color, ethnic minorities, women, religious minorities, poor or working-class people, and sexual minorities” (p. 259). Presently, in the cultural imagination, hypersexuality in women is equated with: nymphomania, sluttiness, queerness, and general deviance. Thus, as a result of our hypersexualization as bipolar women, we are stereotyped as maniacs who engage in impulsive, high risk, and promiscuous sexual behavior. The consequences of this hypersexualization include shame, prejudice, lack of access to sexual or reproductive healthcare, justification of violence against women, and criminalization, and this is particularly true for bipolar women who also have other marginalized identities, such as poor women, queer women, trans\* women, and women of color. In addition to being medically “validated,” cultural representations in media of women with bipolar disorder also produce and reinforce these stereotypes.

### **Media Representations of Bipolar Woman**

## **The Power of Media Representation**

For many people, film and television is often considered a reflection of society. Disabled people are often isolated and excluded from mainstream society due to lack of access. In the case of psychiatric disability, we are pressured to pass as nondisabled in order to avoid stigma, prejudice, and discrimination. Consequently, the media becomes a means through which to understand the disabled experience (Safran, 1998). However, the view that these representations reflect reality can have significant consequences for disabled people.

According to Hyler, Gabbard, and Schneider (1991), "While filmmakers do not intent to paint reality, these images ultimately help shape the everyday obstacles formed by public perceptions. Movie imagery therefore translates into a political agenda and may create negative outcomes for persons with disabilities" (p. 1044). In the case of film depictions of women with bipolar disorder the common portrayal of hypersexuality reinforces negative stereotypes about women's sexual expression when they have a psychiatric disability, pathologizing their sexuality as a deviant symptom indicative of an underlying "illness."

## **Analyses of Media Representations**

In *Homeland*, Carrie Mathison is characterized as out of control, as she engages in high-risk sexual encounters with a variety of partners. Her hypersexuality becomes particularly problematic when she is investigating a terrorist suspect, the main plot line of the first season of the show. In her determination to expose the suspect, who happens to be a returned American Prisoner of War, she develops a sexual relationship with him, breaking codes of conduct as a CIA agent and risking her job. As a woman with bipolar disorder her "symptom" of

hypersexuality becomes both a tool and a liability, not to mention a key narrative device that moves the plot of the show along.

In *Blue Sky*, the character Carly Marshall is portrayed as emotionally volatile and sexually seductive. Married to a major in the army, the first scene of the film shows her bathing topless on the beaches of Hawaii, where her husband is stationed. Her extramarital affairs are hinted at early in the film and her provocative clothing and dancing establishes her as hypersexual and threatening to other military wives, lest she seduce their husbands (Ebert, 1994).

In *Crazy/Beautiful* Nicole is a “troubled” high schooler who also dresses and dances provocatively and makes aggressive sexual advances towards the more demure Carlos. Her hypersexuality, as well as her drinking and drug use, frame Nicole as “crazy” and, as her father notes to her boyfriend, beyond the help of psychiatrists and prone to suicide attempts. An initial scene in the film shows Nicole’s morning routine of swallowing several unspecified prescription psychotropic drugs. Portrayed as reckless and impulsive, Nicole dismisses the necessity of using a condom during sex, until her new partner insists.

In *Silver Linings Playbook* Tiffany’s reputation as sexually promiscuous is hinted at throughout the beginning of the film, while the protagonist Pat even refers to her as a “slut.” Later in the film Tiffany reveals to Pat that she lost her job because she had sex with everyone she worked with, both men and women, while trying to manage the depression she faced when her husband died. The consequence for her promiscuous and deviant sexual behavior is therapy and medication as well as a living situation in her parents’ coach house, under their watchful eyes. Although Tiffany’s hypersexuality is treated lightly in the film and she admits to her

potential partner Pat that part of her will always be “messy and dirty” and she likes that about herself, the film makes it clear that Tiffany no longer engages in hypersexual behaviors and can thus now find love and healing through a monogamous relationship with Pat.

In some cases, such as *Splendor in the Grass*, hypersexuality is portrayed as a risk for victimization. Deanie, after begging her ex-boyfriend Bud to have sex with her and trying to seduce him in a car, is almost raped by another male character, and this near victimization is depicted as the direct result of her wild and out of control sexual behavior.

In all of these film portrayals of mad women, hypersexuality is a dangerous and threatening symptom that indicates lack of control, instability, volatility and even victimization that often requires, if not psychiatric treatment, then the support of a strong, stable and rational male figure.

It is important to note that, with the exception of Carrie Mathison in *Homeland*, none of the women portrayed in these films are actually labeled as bipolar, but they present stereotypical symptoms commonly associated with bipolar women, including mood swings and emotional volatility and unpredictability. What we found in researching this article is that these films are commonly listed as media portrayals of women with bipolar disorder. So even if the term bipolar is not explicitly used, the audience is meant to implicitly assume that these women have bipolar disorder based on their depictions.

### **Implications of Media Representations of Bipolar Women**

Overall, bipolar women are increasingly represented in film and television. However, these representations portray bipolar women as having excessive sexuality; the characters are out of control, insatiable, irrational, seductive, and dangerous--to themselves and others.

Mitchell and Snyder (2001) argued that disability is used as a narrative device in two ways: as a feature of characterization and a metaphorical device. As a feature of characterization, “disability lends a distinctive idiosyncrasy to any character that differentiates the character from the anonymous background of the norm” (Mitchell & Snyder, 2001, p. 47). As a symbol, “disability also serves as a metaphorical signifier of social and individual collapse” (Mitchell & Snyder, 2001, p. 47). In the case of bipolar female characters, the hypersexuality of these women casts them as “bad girls,” who are separate from the good, respectable, moral, and romantically-oriented woman. Consequently, bipolar female characters become metaphors for the dangers inherent in the sexuality of women.

There is a significant body of scholarship that analyzes how female sexuality has always been constructed as dichotomous: either innocent, pure, moral, and in need of protection, or unpredictable, dangerous, and frightening (Conboy, Medina, & Stanbury, 1997). Furthermore, the hypersexualization of women in film and television has been long documented and continues to persist. However, the increased use of bipolar female characters who are represented as hypersexual reinscribes the danger of sexuality on the female body in new ways by employing disability as a justification for oppression (Baynton, 2001). The implication of such characterizations is twofold. First, they imply that women, particularly those viewed as hypersexual, must be identified, categorized, and controlled. In other words, women who express their sexuality without acknowledging the constraints imposed by society, may be labeled with a psychiatric diagnosis, or at least subjected to psychiatric treatment, which can then be used to surveil, police, and punish their behavior. Second, it pathologizes the sexuality of women who are labeled with a diagnosis such as bipolar disorder. Thus, sexuality in bipolar



women becomes viewed as a “symptom” of an “illness” that needs to be “cured,” or a problem that needs to be fixed. This rhetoric limits the possibilities for bipolar women to express diverse sexualities, and to assert sexuality in ways that are meaningful and empowering to us.

### **The Invisibility of Bipolar Woman of Color in Media**

Although these portrayals of bipolar women as hypersexual are highly problematic, it is also important to consider who is not represented. In *Homeland*, *Blue Sky*, *Splendor in the Grass*, *Crazy/Beautiful*, and *Silver Linings Playbook*, all of the bipolar female characters are White - none are women of color. In her article, “Don’t We Hurt Like You: Examining the Lack of Portrayals of African American Women and Mental Health” Junior (2015) observed:

Women of color—specifically African American women—are not afforded the same type of humanity on screen, if they’re even represented at all. Of the limited shows and films that feature African American women protagonists, only a few have characters with mental illnesses. (para 3)

Thus, Black women are represented in media as not mentally ill. One of the reasons for this invisibility may be due to the fact that Black women are hypersexualized due to their race and gender. The Jezebel stereotype demonstrates this phenomenon. During the Antebellum Period, slave owners cast the Black female body as hypersexual, claiming it made Black women insatiable, promiscuous, and seductive. According to Hartman (1996), black female slaves were characterized as having “immoderate and overabundant sexuality, bestial appetites, and capacities which were most often linked to the orangutan, and an untiring readiness that was only to be outstripped by her willingness” (p. 544). This hypersexualization—the foundation of the “Jezebel” stereotype—was used to rationalize White slave owners completely controlling

Black female slaves sexually, using rape as a form of domination, and overseeing all aspects of their reproduction (Hartman, 1996; West, 1995). Similarly, stereotypes of Asian-American women, such as the passive, submissive, and hyperfeminine “lotus blossom” or the dangerous and seductive “dragon lady” also deem Asian-American women as hypersexual (Shimizu, 2007).

These racial stereotypes persist today, and may work in tandem with other stereotypes to influence the lack of cultural representations of bipolar women of color. Specifically, in order for White women to be hypersexualized, they must be cast as deviant in some other way, such as bipolar. Conversely, the hypersexuality of women of color is seen as inherent, and thus the assignment of disability is not needed. Furthermore, by casting hypersexuality in White women as a “symptom” of an “illness” that requires “treatment, hypersexuality in White women is represented as fixable, whereas it is constructed as innate for women of color due to the long history of colonization, enslavement, and racialized gender oppression. Thus, hypersexuality, as a tool of oppression, is intertwined with discourses of racialization and disablement.

One of the implications of the lack of representations of women of color with psychiatric disabilities is that it further stigmatizes psychiatric disability in communities of color. As Junior (2015) lamented:

The lack of images of African American women with mental illness, combined with the myth of the “strong Black woman,” contributes to the mistaken notion of mental health issues as “a white-girl thing” and compounds their stigma among African American women. (para 3)

The compounding of this stigma, in addition to numerous structural barriers, results in women of color not seeking and receiving mental health services as much as White women, despite

research indicating that they may experience higher rates of depression and other mental health concerns (Comas-Díaz & Greene, 2013; Leong & Kalibatseva, 2011).

## **Conclusion**

By engaging in this critique of women with bipolar's hypersexuality, we advocate for disability studies to consider how people with diverse impairments, including psychiatric disabilities, are viewed in regards to sexuality. We also call for the field to engage with how the hypersexualization of women with bipolar disorder contributes to their unique intersectional oppression.

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