Psychiatric Illness and Female Criminality: The Role of Sociopathy and Hysteria in the Antisocial Woman

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BY C. ROBERT CLONINGER, M.D., AND SAMUEL B. G UZE, M.D.

Amer. J. Psychiat. 127:3, September 1970
Psychiatric Illness and Female Criminality:  
The Role of Sociopathy and Hysteria in the Antisocial Woman

BY C. ROBERT CLONINGER, M.D., AND SAMUEL B. GUZE, M.D.

A systematic psychiatric study was carried out with a group of convicted women felons. All the women received at least one psychiatric diagnosis. Sociopathy, alcoholism, drug dependency, hysteria, and homosexuality were encountered more frequently than would be expected in the general female population. Sociopathy or hysteria was found in 80 percent; a 20 times greater prevalence of hysteria than is found in the general population was the most striking finding. The results of this study confirm other work suggesting that there is a significant association between sociopathy and hysteria.

Previous work from this department (1, 2) has shown that sociopathy, alcoholism, and drug dependency are the psychiatric disorders found more frequently among convicted male felons than in the general population. An increased prevalence of sociopathy, alcoholism, drug dependency, and hysteria is found among the first-degree relatives of these felons; hysteria is found exclusively among the female relatives and the other disorders predominantly among the male relatives (3, 4). Family studies of women with hysteria have shown an increased prevalence of hysteria in the female relatives and of sociopathy and alcoholism in the male relatives (5, 6).

These results suggest a significant association between sociopathy and hysteria. However, there are few systematic data about the interrelationships between the two in the adult female. Robin's (7) reported that 20 of 76 girls referred to a child guidance clinic between the ages of 12 and 16 because of antisocial behavior received the diagnosis of hysteria as adults and as adults showed little or no antisocial behavior. Forrest (8) noted that some patients with hysteria (as defined in this study) would in Great Britain receive the diagnosis of hysterical psychopathy or psychopathic personality. He presented data indicating significant antisocial behavior and alcohol or drug abuse in such patients.

The present investigation was undertaken to determine what psychiatric illnesses are characteristic of the adult antisocial female and more specifically, to study further possible associations between antisocial behavior and hysteria.

Method

The entire caseload of female felons under supervision in District 8 of the Missouri State Board of Probation and Parole was selected for study: 71 women as of July 1, 1969, plus seven new cases during July and August. This included parolees from the Missouri State Prison for Women at Tipton and probationers from the St. Louis County courts plus a few interstate transfers.

Interviews were arranged by the parole officer in charge of the case. The subjects were told: "A doctor from Washington University is doing a study on the medical and health problems of people who have had trouble with the law." The interviews were usually carried out at the parole office. Occasionally, because of transportation or other difficulties, the interview took place

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either in the subject's home or at Barnes Hospital. Each woman was told that the parole board would make its records available to us but that everything she told us would be kept entirely confidential. The interview, lasting from two to six hours, was the same as that used in the male criminal study(1, 2). Each woman signed a release of medical information form and was asked to encourage her relatives to cooperate in a family study.

The diagnostic criteria are described elsewhere(1, 2, 9).

Results

Characteristics of the Sample

Percent interviewed. Of the 78 possible subjects, three were permitted to complete parole in another city and two absconded before they could be studied. Of the remaining 73 women, three refused and four repeatedly failed to keep appointments. We thus interviewed 66 women, more than 90 percent of those subjects who remained in St. Louis.

Age and race. Their ages ranged from 17 to 54 years, with a median of 27. Seventy-five percent were between 20 and 35. There were 34 whites, 30 Negroes, one Indian, and one half Indian-half white.

Marital status. Thirteen of the women had never married. Fourteen were married and living with their husbands. Six were widowed. Twenty were separated but not divorced, and 13 were divorced. Thus 62 percent of those ever married were separated or divorced.

Education. Eleven of the women had not finished elementary school. Eight stopped after completing the eighth grade. Twenty-nine dropped out of high school. Seven stopped after graduating from high school. Ten had spent some time in college but had not obtained a degree, and one was a college graduate.

Economic and job status. Fifty percent were unemployed, and 33 percent were on welfare. There were only two whose income exceeded $5,000 a year. More than 70 percent had an income of less than $3,000 a year. Thirty percent worked at unskilled jobs. Thirty-five percent reported paramedical employment as their current or usual job, and most of these worked as nurse assistants.

Criminal history. Forty-four percent of the group had never been arrested or convicted previously. Twenty percent had a prior felony conviction. The index crime (table 1) was a felony in all but two cases. These two were originally charged with a felony, but the charges were reduced and they were convicted of misdemeanors. One of the two had a previous felony conviction. At the time of interview, 50 percent had served at least one prison term, and three women had served two separate prison terms. The most frequent index crime was homicide.

Psychiatric Diagnoses

The frequency of each psychiatric diagnosis at interview is presented in table 2. Each woman received at least one psychiatric diagnosis. Eighteen women received only one: six cases of hysteria, four cases of sociopathy, one case each of anxiety neurosis, depression, and questionable mental deficiency, and five cases with an undiagnosed psychiatric disorder (see below). The rest of the women received more than one diagnosis. There was a total of 146 diagnoses (excluding casual homosexuality). Of these, 91 (62 percent) were either sociopathy, alcoholism, or drug dependency; another 31 (21 percent) were hysteria or significant homosexuality. These

*A subject was arrested on suspicion of murder but was convicted of a check forgery misdemeanor.

**A subject was arrested for sale of opiates but was allowed to plead guilty to a peace disturbance misdemeanor.
five diagnoses thus accounted for about 83 percent of all the psychiatric diagnoses.

**Sociopathy.** The most frequent diagnosis, found in 65 percent, was sociopathy. It was usually associated with other diagnoses: alcoholism in 60 percent, hysteria in 40 percent, drug dependency in 30 percent, any homosexuality in 28 percent, and anxiety neurosis in 14 percent. In only 19 percent was sociopathy uncomplicated by another syndrome. Seventy percent of the sociopaths had a history of alcoholism or drug dependency.

The age of onset of antisocial symptoms ranged from five to 19 years, with a median between 11 and 12 years. The only case with onset after 16 was a questionable sociopath. Prior felony convictions were found only among the sociopaths, of whom 26 percent had such a history. The index offense was the first arrest for 23 percent of the sociopaths compared to 78 percent of the nonsociopaths.

**Alcoholism.** The most frequent diagnosis besides sociopathy was alcoholism; it was seen in 47 percent of the women. There was no case of alcoholism, however, without another diagnosis; 93 percent of the alcoholics received either the diagnosis of sociopathy or hysteria. Thirty-two percent of the alcoholics were also dependent on drugs.

The onset of heavy drinking ranged from age 12 to 50. The median age of onset was 19; 67 percent began between ages 16 and 22. Five of the alcoholics (four definite and one questionable) were in remission. At the time of the index crime there were 20 active alcoholics. Eight of these reported that they had been acutely intoxicated during the offense. In addition, four of the 35 nonalcoholic subjects reported that they had been acutely intoxicated at the time of the index offense. One of these four was a sociopath; the others received diagnoses of mental deficiency, depression, and hysteria in one case apiece.
Hysteria. There were 27 cases of hysteria, or 41 percent. The only disorders seen in the ten nonsociopathic hysterics were alcoholism in three cases and drug dependency in one case.

Forty-eight percent of the subjects with hysteria reported that they had "always" had one or another of the diagnostic symptoms. All cases of hysteria had begun by the time of menarche. Antisocial symptoms began after hysterical symptoms in 67 percent of the subjects who received both diagnoses. In the remainder, the onset was apparently simultaneous.

Histrionic personality features (dramatic overstatement, seductive and manipulative behavior, ostentatious grooming and dress) were seen in 60 percent of the hysterics.

Drug dependency (heroin, amphetamines, barbiturates, cocaine, and LSD, alone or in combination with each other or with marijuana, but not marijuana alone). Drug dependency was present in 26 percent. Its prevalence among the sociopaths was 30 percent; among the others, 17 percent. Alcoholism was present in 59 percent of those with drug dependency.

The age of onset of drug dependency ranged from 14 to 42 years, with a median of 19. Multiple drug abuse was common, particularly among sociopaths. Twenty-four percent of those with a diagnosis of drug dependency were in remission. Twenty-three percent of the subjects reported experimenting with drugs without ever becoming dependent on any drug. Altogether 32 subjects, or 49 percent, reported drug experimentation or drug dependency. Twenty-nine percent of the entire sample were using drugs at the time of the index crime. Forty-four percent reported that they were acutely intoxicated by drugs, alcohol, or both, at the time of the index crime. Fourteen percent stated that they had committed the index crime specifically to get money for drugs (or alcohol).

Homosexuality. Nine women reported some overt homosexual experience. In five women this was limited to prison.

Four women (two alcoholic sociopaths, one drug-dependent sociopath, and one drug-dependent alcoholic) were significantly homosexual: three preferred homosexual relationships and one regarded herself as bisexual. Homosexual fantasy and sex play began early in two cases: one at age five and the other at age seven. Each had been distressed by her homosexual feelings during adolescence and one sought psychiatric help. One of the four had never married; three had been separated from their husbands for long periods. Three admitted to heterosexual prostitution. Three reported heterosexual frigidity but were orgasmic homosexually with oral-genital or manual stimulation. None reported an exclusively active or passive role, but all were predominantly "butch." Each had a masculine hair style, two also wore masculine attire, and one was markedly masculine in all her mannerisms.

The five women whose homosexual behavior was only casual were all sociopaths. Only two reported homosexual relations outside of prison.

Anxiety neurosis. The diagnosis of anxiety neurosis was made in 11 percent. In one case this was the only diagnosis; in another, the only other diagnosis was questionable sociopathy. The anxiety symptoms were secondary to sociopathy or alcoholism in the remaining cases.

Depression. There were three cases of probable depression and one case with a history of definite depression. The latter was associated with sociopathy, alcoholism, and drug dependency; two of the others were also associated with drug dependency. Probable depression was the only diagnosis made in the fourth case. Most of the women with depressive symptoms, however, were hysterics, but separate diagnoses of secondary depression were not made in these cases.

Mental deficiency. Intellectual function was estimated on the basis of school history, mental status exam, and (where available) I.Q. tests. Four subjects were considered mildly retarded, although none was severe enough to keep her from meeting the common demands of daily life. Mental deficiency was the only diagnosis in one case. Two others were sociopaths. Alcoholism and hysteria were present in one of these; the other was also schizophrenic. None of the four had completed elementary school; three were illiterate.

Schizophrenia. Schizophrenia was seen in only one case, where the only other diagnosis was questionable mental deficiency (see above).

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TABLE 3
Record Information Concerning Childhood and Adolescent Behavior (Before Age 18)

<table>
<thead>
<tr>
<th></th>
<th>SOCIOPATHY (N=43) PERCENT</th>
<th>NOT SOCIOPATHY (N=23) PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juvenile arrests (total)</td>
<td>54</td>
<td>0</td>
</tr>
<tr>
<td>Runaway</td>
<td>42</td>
<td>0</td>
</tr>
<tr>
<td>Fighting</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Incurable</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Theft</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Sexual immorality</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Late after curfew</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Peacetime disturbance</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Reform school</td>
<td>32</td>
<td>0</td>
</tr>
<tr>
<td>Out late or truant with male companion</td>
<td>35</td>
<td>9</td>
</tr>
<tr>
<td>Sexual misconduct (total)</td>
<td>65</td>
<td>28</td>
</tr>
<tr>
<td>Arrest for sexual immorality</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Prostitution</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Venereal disease</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Incest</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Homosexuality</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Illegitimate pregnancy</td>
<td>35</td>
<td>22</td>
</tr>
<tr>
<td>Marriage before 18 years</td>
<td>40</td>
<td>22</td>
</tr>
<tr>
<td>to sociopath or alcoholic</td>
<td>37</td>
<td>13</td>
</tr>
<tr>
<td>Quit school pregnant</td>
<td>23</td>
<td>17</td>
</tr>
<tr>
<td>History of rape or molestation</td>
<td>19</td>
<td>4</td>
</tr>
<tr>
<td>Required psychiatric attention</td>
<td>14</td>
<td>4</td>
</tr>
</tbody>
</table>

*One subject reported she had been caught shoplifting at age 14 and had talked to a juvenile officer but had not been charged.

Undiagnosed. Five women were psychiatrically ill but failed to meet the criteria for any of the above diagnoses. Two had a history suggestive of hysteria, and one subject had been hospitalized earlier at Malcolm Bliss Mental Health Center in St. Louis, where she had been diagnosed with Ganser syndrome on the basis of approximate, ridiculous, and inconsistent answers.

There were three subjects with undiagnosed syndromes complicating other diagnoses: alcoholism in one subject (with a picture suggesting hysteria), sociopathy, alcoholism, and amphetamine abuse in a second (with a picture that could have been drug intoxication, mania, or schizophrenia), and sociopathy with hysteria in a third (with a picture that may have been early schizophrenia).

Confirmation of Diagnoses

There may be a question about the validity of the information collected at interview in any study; this is particularly true in a study of criminals. Fortunately, extensive information from other sources was available about each case. Independently and routinely assembled by parole officers, it included court records, police reports, prison records, social history about the family, and information about schooling, jobs, marriages, military service, and health. These data were recorded in pre-sentencing reports and in progress reports to the court on parole status. In addition, records were obtained from hospitals, clinics, and private physicians.

All of these records were reviewed for comments and observations relevant to the following diagnoses: sociopathy, alcoholism, drug dependency, homosexuality, and hysteria.

Sociopathy. Table 3 presents some of the outside data concerning childhood and adolescent difficulties relevant to the diagnosis of sociopathy, comparing women who received this diagnosis to women who did not. The findings indicate that the diagnosis of sociopathy picked out those women who had been previously and independently identified as showing many of the characteristic manifestations of sociopathy.

Since our diagnostic criteria for sociopathy differed somewhat from those of Robins(7), Table 4 presents the data for our subjects using her list of antisocial behavior symptoms and diagnostic criteria. All but one of our subjects who received a diagnosis of sociopathy fulfilled Robins' minimal criteria for this diagnosis.

Alcoholism. Outside records indicated...
serious drinking problems in 12, or 39 percent, of the 31 women who received an alcoholism diagnosis at interview. The records of the 35 women who did not receive an alcoholism diagnosis at interview failed to indicate any drinking problems. Thus our diagnostic criteria identified all with independent evidence of drinking problems; i.e., no case of alcoholism identified independently was missed.

Drug dependency. Outside records indicated drug dependency in 13, or 77 percent, of the 17 women who received this diagnosis at interview, and failed to indicate drug dependency in the 49 women who did not receive this diagnosis at interview. Again, our diagnostic criteria correctly identified all with independent evidence of drug abuse problems.

Homosexuality. Significant homosexuality was confirmed in the records of three of the four women who received this diagnosis at interview, and casual homosexuality was confirmed in the records of three of the five women so diagnosed at interview. In addition, the outside records indicated significant homosexuality in one woman and casual homosexuality in three women among the 57 who denied all homosexuality at interview. Thus two-thirds of the interview diagnoses were confirmed, and four additional cases of homosexual behavior were identified from the records. Our interview picked up six of the ten women identified independently as showing homosexual behavior: three of the four significant homosexuals and three of the six casual homosexuals.

Hystera. Table 5 presents a comparison for the 29 women with prison records between those with a diagnosis of hysteria and those without. The data indicate that, when in prison, the former were much more likely to evidence clinical manifestations consistent with the diagnosis of hysteria. Table 6 presents a comparison between the women with hysteria and all the others with regard to information obtained from other hospitals, clinics, and physicians. Again, it is clear that the women with hysteria presented the characteristic clinical manifestations to other physicians and clinical facilities. Further, the 27 women with hysteria reported 116 hospitalizations, or 4.3 per woman, of which we were able to confirm 93 (all but two were hospitalized at least once), while the 37 women without hysteria reported only 16 hospitalizations per woman (and one-third had never been hospitalized). These data indicate that the diagnosis of hysteria picked out those women who had previously and

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independently been identified as showing many of the diagnostic symptoms of hysteria.

**Criminal Guilt and Psychiatric Diagnosis**

A review of the interview data revealed certain unexpected differences between the women with and without hysteria with regard to their statements concerning guilt and treatment by police, courts, and prisons. The women with hysteria were much more likely to report complete innocence (67 versus 10 percent), offer extenuating circumstances to mitigate their guilt (30 versus 15 percent), claim illegal arrest (22 versus three percent), unfair trial (22 versus seven percent), or cruel treatment in prison or while on parole (37 versus seven percent).

**Discussion**

The prevalence rates for sociopathy, alcoholism, and drug dependency are similar to those found among the male felons and thus indicate again that these disorders are significantly associated with criminality.

The high prevalence of hysteria—more than 20 times that seen in the general population—is striking. Even when all cases with additional diagnoses of sociopathy, alcoholism, or drug dependency are omitted, the prevalence of hysteria (six cases, or nine percent) is increased more than fourfold.

Sociopathy or hysteria was present in 80 percent of the women (regardless of other diagnoses); sociopathy alone, 39 percent; hysteria alone, 15 percent; and both, 26 percent. It thus appears that a significant association exists between hysteria and sociopathy, confirming the results of other work noted above. The implications of this association are still not clear and need further research, but the results of the studies thus far strongly suggest that at least some cases of hysteria and sociopathy share a common etiology or pathogenesis. The widely recognized observation that hysteria is predominantly a disorder of women while sociopathy is predominantly a disorder of men offers

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**Table 5**

<table>
<thead>
<tr>
<th>Medical Information from Prison Records</th>
<th>HYSTERIA (N = 13) PERCENT</th>
<th>NOT HYSTERIA (N = 19) PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nervousness requiring medication</td>
<td>77</td>
<td>21</td>
</tr>
<tr>
<td>Excessive clinic visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unexplained symptoms in three or more organ systems per year or doctor's statement that visits were &quot;excessive&quot;</td>
<td>62</td>
<td>0</td>
</tr>
<tr>
<td>Frequent somatic complaints</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to nonmedical personnel (e.g., &quot;constantly complains of every ailment known to man&quot;)</td>
<td>46</td>
<td>0</td>
</tr>
<tr>
<td>Nonpsychiatric hospitalization during prison term</td>
<td>31</td>
<td>5</td>
</tr>
<tr>
<td>Psychiatric hospitalization during prison term</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>At least one of the above</td>
<td>100</td>
<td>31</td>
</tr>
<tr>
<td>At least two of the above</td>
<td>85</td>
<td>5</td>
</tr>
</tbody>
</table>

**Table 6**

<table>
<thead>
<tr>
<th>Medical Information from Hospitals, Clinics, and Physicians</th>
<th>HYSTERIA (N = 27) PERCENT</th>
<th>NOT HYSTERIA (N = 39) PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classic conversion reactions</td>
<td>26</td>
<td>3</td>
</tr>
<tr>
<td>Other unexplained somatic symptoms</td>
<td>52</td>
<td>8</td>
</tr>
<tr>
<td>Depression or suicide attempt</td>
<td>37</td>
<td>5</td>
</tr>
<tr>
<td>Hyperemesis gravidarum</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Diagnosis of anxiety or hysteria</td>
<td>30</td>
<td>5</td>
</tr>
<tr>
<td>At least two of the above</td>
<td>45</td>
<td>7</td>
</tr>
</tbody>
</table>

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the interesting possibility that, depending upon the sex of the individual, the same etiologic and pathogenetic factors may lead to different, although sometimes overlapping, clinical pictures. The additional observation that hysteria and sociopathy are two of the psychiatric disorders most often associated with classical conversion symptoms(10) indicates further that the two conditions have important features in common.

The prevalence of any homosexuality (casual or significant) in our sample (20 percent when the cases identified by the independent outside records are included) is probably higher than that of the general population. Kinsey and associates(11) report that the accumulative incidence of any homosexual experiences to orgasm for women in their late 20s who have not graduated from high school and who are separated, divorced, or widowed (our modal subject) is less than ten percent. On the other hand, our figure of eight percent (including the one case identified solely by records) for significant homosexuality (Kinsey grades 3 to 6) is not very different from the six to seven percent they report for previously married females in their late 20s. Since the latter figure is not controlled for education and was derived from a study of white women only, further comparison is not possible. At any rate, since all but one of the women with a history of homosexuality were sociopaths, it is likely that the increased prevalence of casual homosexual behavior is simply a manifestation of the sociopathy, evident particularly when the women are imprisoned.

The prevalence of anxiety neurosis, depression, mild mental deficiency, and schizophrenia—as is true for the male criminals—probably does not differ greatly from general population rates(1).

It is interesting that three of the undiagnosed cases presented pictures suggesting hysteria. If further time and study should indicate that these women do, in fact, suffer from hysteria, the association between criminality and hysteria would be further strengthened.

If the two cases with undiagnosed disorders that may be schizophrenia are in time confirmed, the prevalence of schizophrenia in the sample would be nearly five percent. This would be an increased prevalence over that expected in the general population, but, as was noted in the recent report on psychiatric illness and male criminality(1), the overall significance of such a finding would be minor compared to the important associations between criminality and sociopathy, alcoholism, drug dependency, and hysteria.

The confirmation of the diagnoses by outside independent information indicates again that even criminals will cooperate with a clinical study carried out under suitable medical auspices. While inconsistencies and contradictory stories may be encountered, these seem to be no more frequent or extensive than those expected in a study of noncriminal patients.

Finally, the interesting differences between the women with and without hysteria concerning claims of guilt, innocence, and injustice are not readily explained, although many clinicians undertaking psychotherapeutic management of women with hysteria have noted a frequent tendency for these patients to blame their troubles on others. This needs further study, however; at present the observation probably indicates only that hysterics who are criminals continue to behave like other hysterics.

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