Shoplifting: An Occasional Crime of the Moral Majority

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> The problem of understanding shoplifting is to place offenders along the continuum from casual dishonesty to pathological disorder and to throw light on the distribution.[1]

For some individuals the phenomena of shoplifting conjures up the imagery of the Artful Dodger in Dickens' *Oliver Twist,*[2] skillfully stealing food from the grocer and pridefully sharing the spoils with his new found colleague, Oliver Twist. Here is the skill that the Artful Dodger demonstrated as an example of his excellent adjustment to his peer group and to his social needs. We may conjure up other examples of shoplifting from famous literature, such as the theft of a loaf of bread by the hero of Victor Hugo's *Les Miserables,*[3] in an attempt to provide for his starving family.

Recently (1981), shoplifting was highlighted on the British news following the tradegy of Lady Barnett who committed suicide immediately after being convicted of a minor shiplifting offense that took place during the Christmas season. Another case of suicide, this time that of a 19-year-old boy, apprehended for an act of shoplifting, was reported in the Toronto press in December 1981. It seems quite obvious that famous literature and modern journalism clearly identify shoplifting as an act reflecting a range of human behavior from peer group social adjustment, such as the Artful Dodger typifies, through to severe social and emotional maladjustment with accompanying prominent depressive pathology.

The dilemma of the interface between psychiatry and the law is well demonstrated as the clinician, in observing a variety of shoplifting cases, attempts to identify the pathology to the court and to indicate a willingness to accept many of these cases in treatment. The court, at the same time, is attempting to deal with the large criminal and economic problem, and the defense counsel is attempting to have his or her client absolved from blame. The dilemma being addressed is best described by comments that have been made by T.C.M. Gibbons:

> Psychiatrists are mainly interested in the minority of neurotic and depressed (people) and others who steal with minimal motive gain. Nevertheless, their behavior in most cases shows that they intend to steal and the pressure from solicitors to say that they had no criminal intent becomes wearisome. Whether they mean that they do not have full or untrammelled intent is not clear, but the courts are quite prepared to acquit without giving reason or to convict but give an absolute or conditional discharge if the circumstances are presented in a psychiatric or probation report without recourse to such fictions.[4]

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The Breadth of the Problem

The phenomena of shoplifting is more formally defined as "the act of theft of merchandise, that has been placed on display for sale, by an individual who passes as a bona fide customer."

The criminal act of shoplifting has become of major national economic importance as it is estimated that shoplifting losses in the United States have reached an annual amount of approximately twenty-four billion dollars. The phenomena has been addressed by journalists, economists, sociologists, the criminal justice system, and by the behavioral sciences.[4,5,6,7,8] Approximately 6 percent of the annual gross sales of retail outlets in North America goes to cover eventual losses and the cost of preventing and prosecuting shoplifting.[9]

The incidence of shoplifting, according to the authorities, has substantially increased in the past forty years, in part because of the increase in supermarket or display merchandising. The problem, however, is only partially visible. A number of studies indicate that one in ten shoppers will be involved in shoplifting at one time in their lives. These studies were carried out by the careful observation of a nonselected group of shoppers. It has been estimated only 1 out of 139 will be apprehended.[10]

Many shoplifting events may be referred to as "soft core" acts perpetrated by a portion of the population that may be identified, in the pre-Falwell sense, as the "moral majority" rather than by organized crime or offenders whose "life-style" (for example, one involving an expensive drug habit) is maintained through shoplifting.

The data from most of these studies, however, indicate that a large proportion of shoplifters are like other citizens of a given community, that is, they make an emotional adjustment within a framework that does not vary greatly from the majority and they accept and identify closely with the mores of the society.

The judge and the crown attorney continue to see an ever-increasing caseload of shoplifting offenders who seem to be involved in theft for specific definable gain. They also see some exceptions where the act "makes no sense" in terms of gain or where the individual judgment exercised by the accused seems to be severely impaired. These cases are often the ones referred for psychological and psychiatric assessment.

This group of offenders, whose acts because of their obviously bizarre nature and/or the lack of substantial or sufficient criminal gain are clearly "illogical" and therefore difficult to explain, are frequently referred for psychiatric and psychological assessment. A certain number of these cases, once investigated, can be identified as clear instances of pathological disturbance. For example, the severe obsessive compulsive disorder classified as kleptomania is identified.

This type of obsessive-compulsive disorder is, in our experience, infrequently observed, but when identified it clearly stands out as being pathologically different from the majority of shoplifting offenders. These

individuals are examples of severe obsessive compulsive neuroses and present all the classical difficulties of treating this type of disorder. When such a seriously psychiatrically disordered person appears before the court there is little difficulty in the court accepting the psychiatric diagnosis.

In other cases where organic changes such as Alzheimer's disease or intercranial lesions cause impaired judgment resulting in shoplifting, the court can agree and will readily accept the psychiatric opinion. They are anxious in these cases to refer the offender to the medical stream rather than the correctional or judicial stream.[11]

This principle that the court can accept readily measured or objective material as an explanation of the unexplainable theft also would apply to the individual diagnosed as psychotic. The act of shoplifting by a schizophrenic person or a manic depressive psychotic, can readily be accepted by the court as being a product of their mental illness.

There are, however, a group of shoplifting offenders whose psychopathology is more subtle, and who can only be identified by intensive assessment procedures.[12]

These patients include not only middle-aged, depressed women whose acts of theft are manifestations of a pattern of regression in which the act is symbolic of a need to replace a significant role as mother and wife or to obtain symbolic security, but also males and females whose ages range from the teen years to that of senior citizenry, whose thefts seem completely out of context with their general character and usual behavior and where no substantial material gain has been obtained by their actions. In most of these cases there are frequently observed many aspects of depressive reactions. The depressive features of the pathological shoplifter are so frequently seen that they represent a particularly high risk of suicidal behavior.[13]

We report on a small sample of this segment of the population of individuals who have shoplifted in the Metropolitan Toronto area during the period from 1979 to 1982. Such individuals often present at our clinic in a state perhaps best described as deeply ashamed, confused, and depressed. They are usually astonished by their behavior (which in most cases they readily admit to the clinician) and are at a loss to explain why they committed their offenses. They typically report that they had not entered the store with a conscious intention of shoplifting but were aware of their actions at the time, usually with the felt experience of being an observer to the act rather than the protagonist.

On being apprehended they frequently demonstrate signs of acute panic. Often, they will try to conceal their identity, and the authority who apprehends them understandably equates this behavior with criminal intent and malingering. The security personnel have no alternative under these circumstances, and charges are laid.

During the past few years the authors have become aware of some apparent common factors we believe constitute noteworthy clinical findings among the majority of these cases of first-time or infrequent (that is, nonhabitual) shoplifters who have been referred to the forensic outpatient

service, Clarke Institute of Psychiatry. These shoplifters have been referred by their lawyers or by the courts who have been sensitized to the fact that certain individuals who display behavior that is most atypical for them may be in need of psychological or psychiatric assessment and treatment.

It may be worthwhile pointing out that we did not initially consciously search for commonalities among our shoplifting patients. Rather, we began to observe some similarities in the histories these patients presented, and these similarities seemed to be qualitatively different from those typically obtained from patients involved in other kinds of criminal activity.

The Current Study

The data and case history material presented here pertain to shoplifting behavior as carried out by individuals most of whom have seldom shoplifted previously. Many of these persons, to all intents and purposes, have been upstanding and, in some cases, prominent members of the communities in which they reside, holding important and occasionally highly visible vocational positions, including psychiatrist, psychologist, lawyer, policeman, and very senior executives of major corporations.

Demographic Data Our sample of 24 cases (17 women and 7 men) were selected at random from the more than 90 cases seen by the Forensic Service of the Clarke Institute of Psychiatry between January 1, 1979 and July 1, 1982.

Table 1 indicates that the age distribution among women in our sample is dual-peaked at ages 26 to 35 and again at about 51 to 60. Among men also two peaks are observed, but in this case the first occurred at about ages 36 to 40,

Table 1. Demographic Data of Shoplifting Sample

	Females	Males
Number (N)	17	7
Number in Age Groups		
26-30	4	1
31-35	4	0
36-40	1	2
41-50	2	1
51-60	6	3
Mean Age	41.6	44.9
Age Range	26-57	27-59
Married Number	14	6
Percent	88	86
Average Number of Sibs	4.5	2.5
Religion		
Catholic	7	3
Protestant	7	2
Jewish	1	0
Other	2	2
Education		
Highest Grade		
Grade 8	9	0
Grade 12	4	4
Post-secondary	4	3

while the second occurred at about the same age range as was the case for women, that is, 51 to 60. These findings are somewhat similar to that reported by other researchers.[1]

From Table 1 it should be noted that the average ages of the female and male subjects were both in the early forties, with the males being slightly older (41.6 as opposed to 44.9 years old). The age ranges were virtually identical as well (27 to 59 for men; 26 to 57 for women).

Our patients were not predominantly from any one religion; with both sexes, Catholics and Protestants were about equally represented. The findings indicated a distribution that was essentially representative of the general population insofar as religion is concerned.

As can be seen, a greater proportion of the men than women in our sample were college or university educated. Men occupied more prestigious, higher profile, and generally more vulnerable positions within their business organizations. In other words, they tended to have more to lose by their involvement in the shoplifting activities for which they were charged. That this fact did not deter them should be considered relevant to an understanding of such behavior.

Table 2 presents the MMPI scores. Not surprisingly, perhaps, most men (57 percent) and women (53 percent) had significantly high D (Depression) scales, which corroborates the clear clinical impressions of the authors. Additionally, 67 percent of the women had significantly high Pd (Psychopathic) scales; 43 percent of the men did. This result suggests that these patients tended to be not only depressed but also perhaps inclined to act out without as much remorse as the average person might when subjected to what were for them excessive amounts of stress. These data are, at present, merely suggestive of a constitutional personality predisposition.

Table 2. Significant MMPI Elevations

Sex		L	F	K	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si
Females	Number	3	1	0	5	8	5	10	2	7	6	7	3	3
(N=15)	Percent	20	7	0	33	53	33	67	13	47	40	47	20	20
Males	Number	1	0	0	3	4	2	3	0	3	4	2	0	1
(N=7)	Percent	14	0	0	43	57	29	43	0	43	57	29	0	14

On the Causative Relationship Between Shoplifting and Loss In the course of conducting our respective clinical interviews with the shoplifters who have presented at our Forensic Clinic, the authors became increasingly aware of the coincidence of meaningful *losses* in the life situations of these persons close to the time of their offenses. We also noted that in a substantial proportion of these cases in which the experienced losses involved illness, the occurrence of cancer in the patient or a loved one was prominently represented. For the past two years we have asked all shoplifting offenders about losses occurring prior to the commission of their offenses. We have asked incoming outpatient assessment cases, with all manner of offenses, similar questions for over two years. (A new study currently being

undertaken will provide quantifiable data in this regard.) The study reported here does not provide any data on nonshoplifting offenders in this regard. Nevertheless, the data provided in Table 2, which pertains to shoplifters only, does offer some interesting information about the coincidence of losses and these shoplifters' offenses.

Table 3 examines the occurrence of losses in general, and cancer in particular, in the patients' life at about the time of the offenses. Data on 11 cases were added to that available on 16 of the 17 females and all 7 of the males referred to in Tables 1 and 2. These 11 additional cases increased the sample size to 34, offering for scrutiny a more substantial sample of the total population of 90 plus cases we examined in the past three years.

From Table 3 it can be seen that actual or anticipated losses were noted and identified to be coincidental in nearly three-quarters (74 percent) of the cases under consideration. Sixty-five percent of the cases involved actual losses, while 9 percent of the cases involved instances in which the patients anticipated meaningful losses.

Cancer appeared to be a related issue in nearly 30 percent of our sample (10 of 34 cases). In 18 percent (6 cases) the patients themselves had cancer. In another 12 percent (4 cases) a significant other had died of cancer in close temporal proximity to the occurrence of the shoplifting behavior.

Table 3. Shoplifting, Losses, and Carcinoma (N=34*; Age Range 16-70)

	Number	Percentage
At least moderately depressed	33	97
Less than 6 previous offenses	19	56
Less than 10 previous offenses	27	79
Losses: actual	22	65
anticipated only	3	9
S-L occurred in close proximity to loss(es)	21	62
S-L occurred in very close proximity to loss(es)	7	21
Occurrence of cancer in close proximity to S-L offense	10**	29

*This included 25 women and 11 men. The subjects include 16 of the 17 women to which the previous tables in this report refer. The 11 men include 7 referred to previously in this study.
**Six of these had been the cancer victims.

Discussion

We have classified the psychodynamics of shoplifting based on our current understanding. It should be noted that the various categories are not mutually exclusive but, rather, they emphasize different elements, any one or more of which may be operating in a particular case.

Shoplifting as a Reaction to Stress Most patients in our sample shoplifted shortly after experiencing an exceptional (for them) **quantity** of stress, or an unusual (for those persons) **quality** of stress.

One patient, an executive in a large corporate concern, took a few items worth less than $3 from a local hardware store on the last day of his yearly

vacation, most of which he had spent doing all the chores that he had been putting off for months because of his pressing office demands. His stressors included an intimidating employee, an intense fear of cancer (he was, at that time, experiencing rectal bleeding), serious marital disharmony, and sexual dissatisfaction.

A second patient, a law enforcement officer with an impeccable record, close to early retirement age, and with particularly hazardous duties, took some items worth less than $10 from a drug store.

Another patient, in a very senior management position with a multinational corporation, and with personal responsibility for overseeing hundreds of millions of dollars in expenditure annually, took two items, one year apart, from the same large department store, even though he agreed after the first occasion, in writing, to not shop at that store in the future. He did not appear to consciously accept that the occurrences were more than merely coincidental or unintentional. Also, coincidentally, he demonstrated a remarkable cognitive rigidity, denial of his partial blindness, and an intense overinvolvement with work.

Shoplifting as a Regressive, Symbolic Act It appears that many of our patients have reacted to important actual or anticipated losses in a regressive and symbolic fashion. We use the term regressive in referring to the state of consciousness in which, according to the patients' own descriptions, they carried out their shoplifting behavior. The following composite comment of a "typical" patient will suffice to illustrate the states of mind that patients have described to us.

> I didn't walk into the department store with the intention of taking anything. I remember picking up the sweater and looking at it, and then thinking, "I should be able to have this; I want it, and I shouldn't have to pay for it." I know it sounds ridiculous and I have never thought such a preposterous thought before, but I did then. I really just felt that it was right for me to pick up the sweater and put it in my briefcase. Once the sweater was in my bag I felt really excited. I remember thinking to myself that I couldn't believe that I was actually doing this, that I was actually taking this object.
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> When the store detective stopped me outside the store I couldn't believe this was happening to me. I at first said that I hadn't done anything. I don't know why. Maybe it was because I was so embarrassed and kept thinking to myself, "What if my wife finds out? She'll lose all respect for me."

Shoplifting as Unconscious Retribution Some patients appear to have shoplifted with unconscious intentions of embarrassing a close relative, a socially prominent spouse, or as was the case with two patients, relatives with law enforcement responsibilities.

Shoplifting as Unconscious Manipulation Some patients appear to have shoplifted in order to effect some changes in their home situations. More than once, landed immigrants who were very homesick and whose continued permission to reside in the country depended, at least in part, on not breaking any of the laws of the land, have shoplifted. The authors usually

have been satisfied that the act was not consciously premediated as a means of bringing about deportation; however, in interview these patients have frequently expressed a deep sense of loss of their cultural environment, proximity to their relatives, extended family, and so on.

Shoplifting as Conscious Manipulation Some patients have been able to describe a degree of conscious awareness at the time of the offense that they would "probably" be caught but "didn't care." In these cases the shoplifting appeared to represent cries for help.

Shoplifting as a Response to Actual or Anticipated (Perceived) Loss As mentioned earlier, most of the individuals who came to our Forensic Service for assessment after having been charged with shoplifting had, at about the time of their offenses, been subjected to important actual or anticipated losses. These losses usually involved one or more of the following categories:

1. Loss of country, job, home, significant other(s) due to separation or divorce.
2. Life-threatening illness—or death—of a significant other, generally, and in particular.
3. The occurrence of cancer in a significant other, or in the patient.

From a consideration of the clinical interview material and an analysis of the available data, the authors have concluded that these patients, at an unconscious level, felt unfairly deprived by their losses and acted out, at least in part, to obtain some symbolic compensation. The authors have therefore postulated the *Loss-Substitution-by-Shoplifting Hypothesis* to explain the psychodynamic relationship that may exist between the occurrence of losses and the act of shoplifting among individuals who otherwise have seldom displayed such illegal behavior.

It should perhaps be reiterated that this hypothesis emerged in response to what appeared to us to be the relatively high incidence of such coincidental events, as compared with what one might expect in the general population, and especially when these cases were compared with the lives of other individuals who have been assessed by our clinic for a wide variety of offenses during the same period. (A new study is currently under way that aims at obtaining quantitative data on the coincidence of such phenomena among *all* incoming forensic outpatient assessment cases.)

The Loss-Substitution-by-Shoplifting Hypothesis postulates that individuals may attempt to replace or substitute for a perceived actual (or anticipated) loss of a significant person, place, or object by unfairly taking another object, usually without conscious awareness of the psychological relationship between the (perceived) loss and the (unfair) acquisition. Many examples could be cited in detail from among the case histories we were able to obtain in our assessments.

One woman, the vice-president of a large corporation, shoplifted less than $4 worth of goods from a supermarket on the evening of the day her husband had gone out of town to a business meeting, which our patient was

sure was also an opportunity to meet with an imagined lover. The previous night her husband had broached the topic of marital separation after 28 years of marriage.

Another patient, a middle-level manager with no previous record of criminal activity, shoplifted on the day he found out that the woman with whom he had been having an affair had moved back home to Vancouver.

A third case concerned a woman who immigrated to Canada from Eastern Europe, leaving a very prestigious family and all the benefits of such a scenario, and began shoplifting shortly after having taken up residence in her adopted country. Her husband, who had been the senior executive of a major corporation, had not been able to secure a position anywhere near his former occupational status. This patient had experienced several losses including those of country, prestige, financial security, and personal belongings. Actually, several other losses were also part and parcel of her then-recent life experiences, including having had a mastectomy. She also claimed to have lost her sexual drive. In the clinical interview she described feeling an almost uncontrollable desire to take things whenever she went into a store.

Shoplifting as a Reaction to the Occurrence of Carcinoma An outstanding example of this phenomenon was provided by a 53-year-old woman who presented at our forensic clinic in considerable distress after having been caught and charged with stealing some china figurines from a large department store. A well-mannered, cultured individual with an advanced university degree and no criminal record, she was very upset when she presented at the clinic for psychological testing, shaking and crying while discussing the reasons for being at our clinic. Initially, this patient was so distraught that she could not manage to vocalize when attempting to speak. The words were "stuck" in her throat. Eventually, after several minutes she managed, with great anguish, to say: "You go along making things nice and safe and secure, and you never know when ugly things will come along and destroy it all. The children are all grown up and I thought I could make space for myself...." The patient then explained she had been very close to a cousin who had been suffering from cancer the preceding year. "Sally appeared to be improving; they had dismissed her from the hospital. I thought that this was going to be a (positive) turning point." The next day her husband called and said that unless a miracle happened it would be a matter of months. *Her cousin died the day prior to the event for which the patient had been charged.*

Two weeks before her cousin's death the patient had gone to a department store and had ordered some pieces of china to add to her already substantial collection. When she came to pick them up, the day after her cousin had died, she saw a piece with a name similar to her own and stole it.

> I thought it would be nice to have a piece close to my name that would last. I picked it up and put it in a bag. Nobody saw me. I felt sick, hot, and dizzy. I couldn't make myself take it back out.... I saw some (other) pieces I

would like to have some day. An old woman in a rocking chair and a little girl. I had seen them so many times. (She picked them up and put them in her purse.) These human figurines were so beautiful, warm. They gave me such comfort when I held them. I always wanted my mother to be white-haired and wear glasses and make sugar cookies; Sally was like that.

I don't know why they couldn't hear my heart beating loudly . . . it seemed so natural (to take them). I walked around thinking, "Where do I go? What do I do?" Everything was turning around. "Can't they hear my voice?" I thought. I felt I had a smile painted on my face, just like the china pieces.

Summary

In this paper we have presented findings of a representative sample of individuals who have been charged and, in some cases, convicted of shoplifting and have been referred to the Forensic Service of the Clarke Institute of Psychiatry for psychological and psychiatric assessment.

Almost all these patients were at least moderately depressed. There was a broad representation of age, education, religious affiliation, and vocation. Most patients were of at least middle-class socioeconomic status. Two-thirds of the females and almost half the males were significantly high on the Pd (Psychopathy) scale in their MMPI responses, suggesting that they may have had a propensity toward acting out without perhaps as much remorse as the average person. Almost two-thirds of our sample had experienced identifiable losses within close temporal proximity to the occurrence of the shoplifting events for which they were charged. In about one-fifth of the cases the proximity was most striking; a matter of days, in some cases hours, separated the loss and the theft. Cancer appeared as a relevant, dynamic factor in nearly 30 percent of the cases.

It was on the basis of, and following the accumulation of, many of the above findings, that the Loss Substitution Hypothesis was formulated. This hypothesis has both clinical and academic relevance.

On a clinical level, cognizance of the Loss Substitution hypothesis when interviewing shoplifters who present themselves for forensic assessment may elicit useful historical data that could be used almost immediately for therapeutic purposes. The authors have had numerous interviews with people charged with shoplifting offenses in which our line of questioning evidently has promoted in these individuals (self-reported) immediate relief, as they have related to us certain of their innermost feelings (which in many cases they had not previously shared) in regard to one or more personally important losses they experienced and/or anticipated just prior to the commission of their offenses.

It is worthwhile reiterating at this point that almost none of our patients had discerned any relationship between the shoplifting offenses and the loss(es) that preceded them prior to our assessment interviews. It is this inability to provide themselves with a viable explanation of their shoplifting behavior that distressed and disturbed our patients, sometimes to the point of serious contemplation of suicide. Some of these patients' extreme self-

punitiveness seems to have been alleviated as they were able to uncover and accept the reactive nature of their actions, rather than continuing to view their offenses as simply or primarily indicative of some innate, immoral, "bad" aspects of their personalities. Simultaneously, they often cease, at this point, to suppress or repress their emotional reactions to the losses they had experienced and begin again the task of completing the "unfinished business" of mourning their losses.

(One of the authors (W.C.) received a telephone call from a local psychiatrist a couple of weeks after a radio interview given by us on the subject of our research had been aired on a Toronto radio station. This therapist reported a patient had come into his office for a regular appointment exclaiming she had just heard her kind of situation talked about on the radio, in the sense that she apparently closely resembled some of the patients we had been discussing. He reported that the patient, a convicted shoplifter, had gone on to work on deep and theretofore nondisclosed feelings in relation to her father's death, which had occurred just prior to her shoplifting offense.)

To the academic world, this paper contributes some clinical evidence of the occurrence of symbolic replacement on the part of adult persons to replace objects, places, or people that have been or are feared lost. While displacement, condensation, and symbolization are concepts recognized as the three means by which symbolic encoding may take place and are commonly recognized as operative within individuals' night dreams[14] and daydreams,[15] it is relatively rare that evidence of symbolic encoding has been forthcoming on a quantitative level, from clinical investigations.

In certain cases, such as the example provided earlier of the woman who had stolen expensive china figurines whose names and/or shapes reminded her of herself and her relationship with her recently deceased cousin, the offense demonstrated the loss-substitution-by-shoplifting hypothesis and its symbolic encoding aspect quite clearly. This particular patient had been suicidal at the time of the initial interview and had had no conscious awareness of the possible relationship of the loss she had experienced to the offense that had occurred the following day.

But why the members of the moral majority? Why do members of this subgroup act out by shoplifting after suffering serious losses? Perhaps the answer is related to the attitudes with which they have lived most of their lives, believing "right will win," that if only one does what is fair and good, one's righteousness will be repaid. Suffering now from what are perceived as unfair losses has to be reconciled with these beliefs. Such a resolution may be difficult to achieve, at least in the short term. At a regressed level of consciousness, however, the problem may be immediately dealt with by substituting for what was lost by taking something else, indeed, in some cases, anything else! In the process of development from infancy to early childhood the individual must learn the concept of ownership. The developing infant only knows that to hold is to have, and it wants something to replace the lost item.

The writers hope that loss prevention personnel might become more sensitive to the psychological state of offenders and divert the more obvious cases from the justice stream toward clinical services, which could mean, among other things, an immense saving by avoiding costly judicial procedures and, more importantly, providing potentially more beneficial and suitable handling of seriously depressed and, in some cases, suicidal patients.

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