

Co-occurrence of Personality Disorders in Persons With Kleptomania: A Preliminary Investigation

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This study was conducted to examine the co-occurrence of personality disorders in a group of persons with kleptomania. Twenty-eight subjects with DSM-IV kleptomania were administered the Structured Clinical Interview for DSM-III-R Personality Disorders and a semistructured interview to assess demographics and clinical characteristics. Twelve subjects with kleptomania (42.9%) met criteria for at least one personality disorder. The most common were: paranoid ($n = 5$; 17.9%), schizoid ($n = 3$; 10.7%), and borderline ($n = 3$; 10.7%). Subjects with kleptomania combined with personality disorders had an earlier age of onset of stealing behavior (13.4 ± 5.6 years compared with 27.4 ± 14.2 years in those who had kleptomania only; $t = 3.225$; $df = 26$; $p = .006$). Severity of kleptomania symptoms did not differ among the Axis II comorbidities. Persons with kleptomania appear to have a high prevalence of personality disorders. Further studies are needed to understand the relationship of kleptomania to personality.

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Kleptomania was first designated a psychiatric disorder in 1980 in DSM-III and in DSM-III-R was grouped under the category called Disorders of Impulse Control Not Elsewhere Classified. As an impulse control disorder, kleptomania is currently classified in DSM-IV-TR with pathological gambling, pyromania, intermittent explosive disorder, and trichotillomania. The current DSM-IV-TR diagnosis includes: (1) recurrent failure to resist an impulse to steal unneeded objects; (2) an increasing sense of tension before committing the theft; (3) an experience of pleasure, gratification, or release at the time of committing the theft; (4) a lack of anger or vengeful attitude as a motivation for stealing and an absence of psychosis; and (5) the absence of a conduct disorder, a manic episode, or an antisocial personality disorder to account for the stealing episode.¹

Although currently included in DSM, kleptomania as a distinct diagnostic entity has often been challenged. It was included as a supplementary term in DSM-I but left out of DSM-II. It was later included in DSM-III as an impulse-control disorder, but

many continue to see it as a symptom of other disorders: major depressive, bipolar, or eating disorders.²

Furthermore, individuals with kleptomania often report stressful childhoods, marital conflicts, and lack of self-esteem.³ Thus, stealing may be a symptom of the difficulties in personality that are often associated with these conflicts.³ In particular, many researchers have raised the question of whether kleptomania is merely a symptom of borderline or antisocial personality disorder.^{3,4} Although there is a growing body of literature concerning the phenomenology of kleptomania,^{5,6} there have been no systematic assessments of categorical personality disorders among subjects with kleptomania. In two studies, however, investigators attempting to assess personality dimensions found that subjects with kleptomania scored low on socialization, high on impulsivity, and high on novelty-seeking.^{7,8}

In addition to the possible link between personality disorders and kleptomania, a possible association of shoplifting and personality may have forensic implications. Given the preliminary evidence of promising treatments for kleptomania,^{9,10} an understanding of whether shoplifting is secondary to a pathologic personality or is an independent disorder may result in different recommendations to the court when repeated shoplifting is involved. In addition,

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personality disorders frequently co-occur with Axis I disorders and may complicate treatment and worsen prognosis.¹¹ Therefore, knowledge of personality disorders may have treatment implications. This report extends the literature on psychiatric comorbidity of personality disorders by presenting findings in a group of persons with kleptomania.

Specific Aims

The purposes of this study were to examine the prevalence of co-occurring personality disorders in a group of subjects with kleptomania and to assess the extent to which personality disorders influence clinical presentation. Based on clinical experience, my hypothesis was that subjects with kleptomania have low rates of co-occurring antisocial or borderline personality disorder.

Materials and Methods

Subjects

Twenty-eight subjects presented for either pharmacologic or psychotherapeutic treatment at an urban academic clinic specializing in the treatment of impulse control disorders. Subjects came voluntarily for treatment, identifying themselves as having problems with stealing behavior. Of those who presented for treatment, three had criminal charges pending at the time of initial evaluation. After initial clinical assessment, all subjects meeting DSM-IV-TR criteria for kleptomania based on a structured clinical interview for kleptomania were offered inclusion in an ongoing phenomenology study of kleptomania. The structured clinical interview for kleptomania is an investigational diagnostic instrument based on DSM-IV-TR criteria. (This instrument has been revised subsequently; the most recent version is available on request.) No subject refused to participate in the study.

After a complete description of the study to the subjects, all participants provided written informed consent. The Institutional Review Board of the University of Minnesota approved both the study and the consent procedure.

Procedures

Each subject underwent a semistructured interview to elicit social and demographic data. Each subject was assessed with the Structured Clinical Interview for DSM-IV (SCID), to determine lifetime and current co-occurring Axis I disorders.¹² Data concerning clinical characteristics and co-occurring Axis

I disorders in a subgroup of these subjects have been published previously.^{5,13} Evaluation of co-occurring Axis II disorders was performed when the subjects were in clinical treatment with the author. All subjects underwent the Axis II evaluation several months after starting treatment. To determine co-occurring Axis II personality disorders, I assessed each subject with the Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II)¹⁴ which allowed for an assessment of self-defeating personality disorder. The severity of kleptomania symptoms was assessed at routine clinical evaluations with the Kleptomania Symptom Assessment Scale (K-SAS), an investigational self-report questionnaire concerning urges and thoughts of stealing and the frequency of the behavior.⁹

Data Analysis

Demographics and co-occurring personality disorders were analyzed as frequencies. Differences between subjects with kleptomania, with and without personality disorders, were tested with the Pearson chi-square and two-tailed independent-samples *t*-test for continuous variables. Because of significant multiple comparisons, we used the Bonferroni correction. Therefore, results that are statistically significant must reach the level of $p \leq .008$. Nonsignificant probabilities were included in reporting the data, but it should be stressed that the appropriate α level is .008.

Results

Twelve (42.9%) subjects met the criteria for at least one personality disorder, with four (14.3%) meeting the criteria for two personality disorders. The co-occurring Axis II personality disorders are presented in Table 1. The most common personality disorders were paranoid, schizoid, and borderline. Antisocial personality disorder was present in only one patient.

Subjects with kleptomania with or without personality disorders are presented in Table 2. Those with personality disorders reported an earlier age of onset of stealing (13.4 ± 5.6 years compared with 27.4 ± 14.2 years; $t = 3.225$; $df = 26$; $p = .006$). The severity of kleptomania symptoms, as reflected in the total K-SAS score, did not differ between subjects with or without personality disorders.

Rates of current and lifetime Axis I psychiatric co-occurring disorders did not differ significantly between those with or without personality disorders.

Table 1 Co-occurring Personality Disorders in Subjects with Kleptomania

Personality Disorder	<i>n</i> (%)
Paranoid	5 (17.9)
Schizotypal	0 (0)
Schizoid	3 (10.7)
Histrionic	0 (0)
Narcissistic	2 (7.1)
Borderline	3 (10.7)
Antisocial	1 (3.6)
Avoidant	0 (0)
Dependent	1 (3.6)
Obsessive-compulsive	1 (3.6)
Passive-aggressive	0 (0)
Self-defeating	0 (0)
Not otherwise specified	0 (0)

Personality disorders were assessed with the Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II).¹⁴ Twenty-eight subjects were evaluated for personality disorders. Twelve met the criteria for at least one personality disorder, and 4 of those 12 met the criteria for two personality disorders.

The most common comorbid Axis I disorders were Mood, Anxiety, and Substance Use (details concerning comorbidity of Axis I disorders in a subgroup of these subjects have been reported previously^{5,13}). The sample was too small to make meaningful comments about possible relationships between Axis II disorders and particular Axis I comorbidities.

Discussion

The results suggest that people meeting DSM-IV criteria for kleptomania who seek treatment have higher rates of personality disorders than do non-clinical populations (10%–15%).^{11,15,16} The most common co-occurring Axis II disorder was Paranoid Personality Disorder, not Borderline Personality Disorder or Antisocial Personality Disorder. Although three subjects met the criteria for borderline personality disorder and one had Antisocial Personality Disorder, these two disorders were less common than some have hypothesized.^{2,3}

Reasons for the high prevalence of paranoid personality disorder in this study sample remain unclear. One explanation may be that people with kleptomania report guilt about their behavior and fear being apprehended.³ Even subjects who have never been apprehended report pervasive worry about the possibility of being caught. In fact, many people with kleptomania report that they did not come for treatment at an earlier date because of fear that their treatment provider would notify the police. The question therefore arises whether the features of a paranoid personality disorder predate the onset of stealing behavior or are a result of those behaviors and urges.

Although rates of co-occurring personality disorders were high in this sample, most of the subjects did not meet criteria for a categorical personality disorder. These results suggest that kleptomania is a phenomenon independent of any particular personality disorder. In addition, the presence of a personality disorder did not appear to affect the overall severity of kleptomania symptoms, as indicated by K-SAS scores. Thus, although stealing behavior may indicate antisocial pathology, there is no indication from these results that stealing symptoms that meet criteria for kleptomania are merely a reflection of a psychopathologic personality.

Kleptomania's Diagnostic Criterion E explicitly states that kleptomania should not be diagnosed if stealing appears secondary to antisocial personality disorder. Therefore, in a sample of subjects with a diagnosis of kleptomania, one would expect that a few subjects would also have antisocial personality disorder. The finding of only one subject with antisocial personality disorder in this sample suggests that the stealing in these subjects is not part of a more pervasive sociopathy. Of course, stealing in some people may represent a subclinical form of antisocial personality disorder rather than kleptomania. Diag-

Table 2 Characteristics of Subject with Kleptomania, With or Without Personality Disorders

Characteristic	Personality Disorder (<i>n</i> = 12)	No Personality Disorder (<i>n</i> = 16)	Statistic	<i>p</i>
Gender <i>n</i> (%)				
Male	3 (25.0)	8 (50.0)	1.797*	.180
Female	9 (75.0)	8 (50.0)		
Age at baseline (years)	46.5 (16.8)	38.7 (11.8)	1.446 [†]	.160
Age at onset of stealing (years)	13.4 (5.6)	27.4 (14.2)	3.225 [†]	.006
Stealing episodes per week (<i>n</i>)	3.1 (1.5)	2.8 (2.0)	0.391 [†]	.699
Apprehensions for stealing (<i>n</i>)	2.1 (1.9)	1.9 (2.5)	0.242 [†]	.811

Except for gender, data are expressed as the mean (\pm SD).

*Chi-square test.

[†]t Test.

nosing co-occurring antisocial personality disorder and kleptomania is often difficult. The distinction may reside in evaluating the motivations for stealing (as reflected in DSM-IV-TR criteria), instead of focusing on the behavior.

Although this study suggests that stealing behavior in subjects with kleptomania is not simply a result of a categorical personality disorder, the behavior may still be a phenomenon of a pathologic personality. In studies of the personality dimensions of subjects with kleptomania, there is some preliminary evidence that they report increased rates of novelty-seeking and impulsivity.^{7,8} Therefore, stealing behavior in some subjects may be a reflection of a pathologic personality when personality is examined along dimensional lines, but not when examined categorically, as in DSM personality disorders. Moving away from the categorical approach of personality disorders may tell us more about people with novelty-seeking personalities and may provide more useful information for both the court system and treatment.

This study had several limitations. First, no meaningful distinctions between the various co-occurring Axis II disorders could be made because of the relatively small sample size. In addition, a larger group size would have provided greater statistical power to determine differences in symptom severity between subjects with kleptomania with and without personality disorders. Finally, the sample was small and may not be reflective of subjects with kleptomania with less severe illness who do not come for treatment or of subjects with severe kleptomania who do not seek treatment for a variety of reasons.

Replication of these findings in a larger sample of people with kleptomania may have important forensic implications. First, people who steal may have a distinct psychiatric disorder, not merely a personality disorder, such as antisocial or borderline. Courts should be aware of this distinction because suggested treatment may differ markedly. People with antisocial personality disorder who steal may warrant little if any psychiatric treatment, whereas people with borderline personality disorder who steal may benefit from a referral to long-term behavioral therapy focusing on aggression, and subjects with kleptomania may find relief in pharmacologic treatment and possibly cognitive behavioral therapy.¹⁶⁻¹⁸ Assessing shoplifters in this way may lead to proper treatment and reduce the possibility of re-offending. Also, because people with co-occurring personality disorders

start stealing at a younger age, earlier interventions in adolescent populations may reduce the likelihood and criminal consequences of untreated kleptomania.

In summary, these data are helpful in furthering our understanding of an understudied disorder. Further studies with larger samples of subjects are needed to examine the relationship between kleptomania symptoms and personality disorders.

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