A Case of Kleptomania

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The statistics concerning shoplifting are staggering, almost incredible! Shapson (1976) reported that four million people are arrested for shoplifting and that 140 million thefts occur each year; about one out of every 35 shoplifters gets caught. In 1975, 27 million dollars worth of merchandise was stolen every day for a yearly total of 6.5 billion dollars. Figures calculated by the FBI indicate that there has been a 221% increase in the rate of shoplifting since 1960. It is not only a critical issue in the United States, but in other countries as well. Walshe-Brennan (1976) indicated that since 1969, in spite of all the precautions taken, there has been a 480% increase in shoplifting in England.

There is no doubt that this kind of illegal behavior is a significant predicament for the general public who must pay more for products and for retail business people who must try to deal with it by such methods as employing closed-circuit television, radio communication, and two way convex mirrors, and by hiring store detectives. The extent of the problem is reflected in the establishment of an organization called STEM (Shoplifting Takes Everyone's Money) which is, among other things, waging an advertising campaign in an effort to inform the public about the situation and to discourage would-be thieves.

Shoplifting is also problematic for legal agencies and for psychiatry. Relatively few shoplifters get caught, and judges are not quite sure what to do with the offenders and how seriously to punish them when they are apprehended. How serious is the crime? Haven't many people stolen something at one point in their lives? Are shoplifters "sick" or just "crooks" with moral lapses? Do they need to be locked up or to be given treatment? Psychiatry is not too clear on the subject either. The classical psychoanalytic approach a la Fenichel (1945) suggests that stealing often can be a manifestation of psychopathology; the thing that is stolen usually symbolically represents milk, and the act involves symbolically striving for protection, forgiveness, and some increase in self-esteem. However, there is a variety of opinions among psychiatrists and psychologists on how to view and diagnose the problem. In an interesting series of letters in the British Medical Journal (1976), views were expressed that ranged from the more traditional position that shoplifting more often was an indication of emotional conflict to the feeling that it most often represented dishonesty. One practitioner, Bockner (1976), indicated that in all of his years dealing with shoplifters, he saw very few that had a psychiatric disorder; he felt that the typical shoplifter was "simply doing what the modern supermarket

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openly invites us all to do – help ourselves. It is a basic impulse which has been given the dubious honor of being called the acquisitive instinct. However, greed does not justify dishonesty."

Perhaps one important reason for the confusion and wide range of attitudes and opinions on the subject has to do with the fact that there is a wide variety of individuals who get involved in shoplifting. As Meyers (1970) explains, there are a number of categories of people who engage in commercial theft. They include the drug addict who needs to support his habit, the professional criminal for whom stealing is his business, the juvenile who, pressured by his peers, takes something from a store on a dare, and the neurotic offender for whom shoplifting represents a symptom of an underlying emotional conflict.

Just how many offenders have significant psychopathology is difficult to determine. One effort to evaluate this question systematically (Gibbons, *et al.*, 1971) by doing a detailed examination of the records of 886 convicted shoplifters indicated that the rate of admission to hospitals for women shoplifters is three times higher than average; it was estimated that 10 to 20 per cent of the women arrested had some important emotional problems. It is clear that the criteria for psychopathology, the number of shoplifters who do not get caught, and the general difficulties involved in doing large scale research on subtle psychological problems further cloud the picture. Nevertheless, the clinical literature seems to agree that in a certain significant percentage of cases, stealing is an indication of a serious psychiatric disorder which requires appropriate treatment; each case must be dealt with individually. It is the purpose of this paper to describe a case of kleptomania that clearly fits this latter category in an effort to clarify the psychodynamic and forensic implications of this legal, social, and psychological phenomenon.

The patient is a 35 year old mother of two who has been married for over fifteen years to a professional man. She has led a fairly conventional upper-middle class life (taking reasonably good care of her children, holding a part-time job for ten years, and participating in community activities) except for the fact that she has a history of shoplifting since she was 14 years old. She was referred by her lawyer for evaluation because she had been arrested on a second offense punishable by imprisonment. Her first arrest for this crime four years ago resulted in her paying only a fine. Psychological and psychiatric evaluations were requested in order to determine whether there was a basis for taking the position that the patient's behavior was associated with mental illness and that she could most rationally and effectively be rehabilitated through therapy rather than incarceration.

The patient's pathological behavior has occurred approximately once or twice a month for many years, usually manifesting itself in the emotional context of tension or frustration when she is feeling unappreciated and "hassled" by her family members. This induces a fear that she will lose someone's approval and love. A typical incident that triggers this behavior occurs when she goes shopping with her children, who repeatedly ask and demand that she buy a number of personal items. Unable to set firm limits with herself or her children, she feels guilty about depriving them and

worries that they will be angry and disappointed with her. Under these conditions, the impulse to steal the object emerges, and she waits for the appropriate time when she thinks no one is looking to take it. She describes the experience as usually involving a great deal of tension and excitement which are finally relieved once she leaves the store and is safe in her car or at home. The objects of interest usually have consisted of food and clothing, items she could in reality afford but which she considers a little more extravagant or expensive than she would ordinarily buy. For example, she frequently has taken more expensive foods to serve her family or a sweater for herself or one of her children. She recalls that the first thing she stole as a teenager was a piece of clothing – explaining that she felt fat and ugly then and wanted to look as nice as some of her friends.

While the patient clearly has had episodes of tension and conflict for many years, she has resisted seeking treatment before mainly because her psychic pain was not enduring or intense enough to motivate her to get into therapy. Even though she did feel conflicted about the shoplifting and worried about getting caught, she usually was able to avoid experiencing intense continual intrapsychic conflict about the activity. In addition to a marked predisposition to deny and avoid unpleasant events and feelings, the patient is able to discharge much tension through action, engaging in many social and family activities and keeping busy so that she does not have much time to reflect on her life. It is unlikely, therefore, that she would have entered treatment without the extrinsic motivation of the court. However, when she was initially asked to think about the nature of her emotional problems, she was aware of an acute sense of insecurity and inferiority, especially in relation to her husband, to whom she tends to respond in an excessively submissive manner. Furthermore, she complained of difficulty in communicating with both her husband and her children, stating that while she would like to talk to them, she often feels inhibited and has nothing to say. Much of the conflict with her children is related to the way they stir up her dependency conflicts. Because they have been overindulged, they are always demanding more and more, and she cannot realistically limit them without experiencing intense emotional turmoil. Anxiety and inhibition are aroused especially when she is experiencing anger; she fears that if she should show any resentment, she would lose the love and approval she needs. For example, her husband often infantilizes her, telling her what to do or criticizing her, and in this situation she is usually unable to speak back to him and assert herself. Although at times she suppresses her feelings until the pressure builds up and then overreacts to a statement that he makes, more often, under the influence of denial and reaction-formation, she remains rather passive and overly compliant, denying her hostile feelings and presenting a facade of excessive cooperativeness and friendliness. Her reaction-formation is reflected in her unusual need to be liked, to do favors for everybody, and to Pollyannishly see only the brighter side of things. This pressured emotional state is a typical context which triggers the symptomatic stealing, and it would appear that only when she lapses into the anti-social shoplifting does one see the manifestations of the other side of the picture of the "good little girl" that she most desperately tries to portray.

The patient's earliest memory clearly conveys the picture of a child who was overprotected and overindulged. She recalled the pleasant memory of her mother carrying her up the hill when she was five years old because her mother did not want her to lose any weight, although she was always a good eater. One significant reason that the mother had an excessive concern about the patient as a child is because she had many miscarriages and one child who died before the patient was born. The intensity of the parent's feelings about this and the marked denial and avoidance of unpleasantness that is so characteristic of the patient's whole family is reflected in the fact that her parents took away all the pictures of this child after her death. Similarly the patient had removed all the pictures of her parents after they died. Clearly she was indulged with material things and overconcern for her welfare. A little princess, she was given all the clothes she wanted, and much attention was devoted to the amounts and kinds of foods she ate. At the same time, she had always felt the lack of emotional and physical affection from her parents, who were relatively old when the patient was a young child. While she remembers her father as a jovial, good-hearted man who was generous with presents, she never remembers kissing or hugging him or discussing anything of an important emotional nature with him. She always worried about harming him if she should discuss something intense or upsetting because of his heart condition; there was a clearcut prohibition against the expression of strong feelings in the house. The same lack of real emotional involvement characterized her relationship with her mother, whom she described as a high-strung, overcontrolling individual who demanded a lot of attention and respect from her daughter, reinforcing a marked dependency and an exaggerated need to please, to do the right thing in order to be the good, perfect daughter. One of the few memories the patient has of her mother being really angry with her and of feeling acutely guilty was when her mother discovered and confronted her with an item that she had stolen at the age of 15.

One gets the picture of the patient as an inhibited, tense woman who always had to be well-behaved, submissive, and perfectionistic in order to please her parents and not upset her father. But the emotional interaction and warmth were usually missing; there was a facade of normality, but below the surface was a dearth of emotional attachment and relating. This pattern is repeated in her marriage with her husband, who also has difficulty in showing her affection and seems contented with the relatively superficial relationship they have. While he was aware of the shoplifting for many years, he endeavored to deny the problem, hoping it would go away; he was concerned that treatment would change her from the submissive and perfect housewife and mother that he needed. Except for some occasional arguments when tensions built up, her emotional frustration did not disturb the marriage too much; instead they were discharged through her acting out symptoms of stealing.

As part of the total examination, the patient was administered psychological tests in order to evaluate the nature and extent of psychopathology with special regard to treatment considerations. The psychological tests utilized were: The Wechsler Adult Intelligence Scale (WAIS), a test which evaluates cognitive functioning in structured situations;

the Minnesota Multiphasic Personality Inventory (MMPI), an objective test indicating the level and type of psychopathology; the Rorschach Inkblot Technique, a projective test which indicates nature of psychopathology.

The patient achieved a full scale I.Q. on the WAIS of 109 (verbal I.Q. = 106, performance I.Q. = 112) which falls in the average range of intellectual functioning. The relative consistency among the subtest scores indicates that this I.Q. can be considered to be a fairly reliable estimation of her level of intellectual functioning in standardized, neutral, structured situations. It is important to underline that the patient operates only in the average range, probably below the level of most of her peers. Furthermore, she demonstrated on the testing a marked tendency to overachieve, to push herself, to try to continue pursuing a task beyond her capacity, thus communicating a need for approval from the examiner and reflecting a profound sense of inferiority about her intellectual abilities.

While the patient was able to deal with the structured cognitive tasks in a reasonably effective fashion in spite of her insecurities, her performance level deteriorated in the non-structured projective Rorschach test. Especially under the influence of stress related to her intense dependency needs and sexual conflicts, she was inclined at times to confuse fantasy and reality to a borderline degree, manifesting some weaknesses in her capacity to make a differentiation between the actual situation and her fantasy. For example, she showed some tendency to see things together that could not occur together in real life, which represented a trend towards unrealistic thinking. The discrepancy between her reasonably organized behavior in structured situations and her less integrated and impulsive behavior in ambiguous, emotionally stressful circumstances is consistent with the clinical diagnosis of impulse neurosis with borderline features.

The patient's perception of herself and others is strongly influenced by the intense conflicts she experiences with regard to her dependency needs and her negative feelings about herself as a woman. It is clear from many of her test responses that she has excessive needs for care, approval, and attention from people who are important to her. In striving for affection ,she seems strongly motivated to do things that might gain some recognition or reaction from others even though it seems to cause her acute anguish. Because her excessive needs are not usually met, she is inclined to respond to the frustration with intense anger which she internalizes and experiences as guilt and worthlessness. An extremely passive-dependent woman, the patient tends to relate to men more in terms of gratifying her dependency needs than her sexual needs. This exacerbates her feelings of dissatisfaction and unfulfilledness as a woman. Sexual relations arouse severe conflict, and she appears to protect herself from men whom she views as frightening and powerful.

When she is not threatened, the patient appears to have some capacity to relate meaningfully to others and to form satisfying, appropriate emotional relationships. However, she is often confused and frightened by deeper emotional involvements especially when her strong dependency needs are aroused. At these times, she can become so caught up in the emotional turmoil that she is unable to extricate herself from the situation. While one sees some effort at Pollyannish denial of these painful affects, at a deeper

level she usually feels acute depression, shame, and anguish.

It is clear from the test findings, that the patient is seriously in need of psychotherapy to help her deal with her significant passive-dependent strivings and her conflicted sexual identity. These profound psychological conflicts generate intense and painful anxiety, depression, and guilt which at times overwhelm her and interfere with her capacity to deal realistically and effectively with reality. In spite of her tendency to deny and minimize her problems, she demonstrates some capacity to relate to others in a meaningful way, and she should be able to benefit from supportive-insight oriented psychotherapy.

The psychological testing was an important contribution to the evaluation process, particularly illustrating the severity of the psychopathology and its relationship to the symptomatic stealing. The results underlined the discrepancy between the patient's generally efficient and intact functioning in neutral structured circumstances, *e.g.*, her domestic and social activities, and her impulsive and relatively poorly integrated behavior in stressful interpersonal interactions.

The antisocial behavior of shoplifting can be seen as a symptom of the patient's neurotic conflicts, of her frustrated dependency needs, and her excessive childhood wishes for love that were only partially gratified through material things such as food and clothing. As a result of the overindulgence, food and clothing acquired the significance and value of affection and approval. Consequently, as an adult when her intense needs for care were frustrated, her stealing the food or clothing unconsciously represented getting the infantile satisfactions she longed for. The act appeared to relieve temporarily the tension that built up as a result of her aroused nuturant strivings and to represent a disguised partial gratification of her unconscious wishes for love. She also seemed to be acting out her childhood need to break the firm limits set by her parents.

It appears to this writer that the patient's clinical picture is consistent with the generally described diagnosis of kleptomania. However it is important to note that in the psychiatric, psychological, and forensic literature, there is surprisingly little written about this disorder. As mentioned earlier, the classical psychoanalytic writers have seen stealing behavior as reflecting an expression of primitive needs, and their descriptions of the psychodynamics could easily apply to the present case. Abraham (1968) states that "kleptomania is often traceable to the fact that a child feels injured or neglected in respect to proofs of love – which we have equated with gifts – or in some way disturbed in the gratification of libido. It procures a substitute pleasure of the lost pleasure, and at the same time takes revenge on those who have caused the supposed injustice." A similar position is taken by Fenichel (1945), who sees the disorder as representing the patient's feeling, "if he won't give it to me, I will take it." More recent psychoanalytic writers, like Allen (1965), also tend to support this dynamic point of view. He discusses a few cases of pathological stealing where "basic, intense, unresolved dependency strivings" were the prominent feature. However, in his patients (which were men) there was a marked need to reject the dependency; Allen conceptualized the stealing as involving "a defense against passive, pre-genital wishes for immediate gratification." A related

observation is reported by Meyers (1970), who evaluated 28 men and 67 women arrested for shoplifting and given a psychiatric evaluation. In a significant percentage of the cases he found a disturbance in their psychosexual functioning; their "sensuous needs" were not being met. This frustration appeared to involve a combination of sexual and dependency needs; this was also observed in the present case. It is interesting to note that the most common articles stolen by these patients were clothing, food, cosmetics, and liquor.

Another author, Abrahamsen (1960) includes the diagnostic category of kleptomania with a group that he calls the "neurotic offenders," including pyromaniacs, nymphomaniacs, and compulsive gamblers. These patients usually recognize that what they are doing is wrong, but they cannot resist doing it. "They are driven into action by unhealthy, unconscious drives." The patient described in this case was clearly aware that her stealing was illegal and unhealthy (when she occasionally thought about it), but she usually suppressed and repressed the issue and was motivated by intense unconscious dependency needs to continue this pathological behavior in spite of the consequences. Abrahamson goes on to say that for the kleptomaniac, stealing is associated with psychopathology and personality structure in the same way that an intense irrational fear is part of a phobic neurosis. The main difference between the two situations is that the phobic usually does not commit a crime and is often in so much psychic discomfort that he seeks treatment on his own, whereas the shoplifter does not usually get into therapy until he is compelled by the law.

Kernberg (1967) includes certain forms of kleptomania along with obesity, drug addiction, and alcoholism under the classification of impulse neurosis. He sees the behavior as reflecting a "chronic, repetitive eruption of an impulse which gratifies instinctual needs in a way that is ego-dystonic outside of the impulse-ridden episode but which is ego-syntonic and highly pleasurable during the episode itself." These patients are similar to those with certain sexual deviations who often engage in aberrant behavior in an episodic way and then find their action objectionable and strongly reject it. The relationship between the impulse neurosis and the acting out personality disorder is pointed out and clearly delineated. Kernberg indicates that with the impulse neurosis there is "one preferred temporarily ego-syntonic outlet which provides direct instinctual gratification; by contrast, the acting out character presents a more generalized lack of impulse control, more chaotic combinations of impulse and defense in several areas, and less clearcut ego-syntonicity and less crude direct gratification of a determined impulse." In the case presented, the diagnosis of impulse neurosis would be more applicable particularly in view of the facts that the lapses in impulse control were limited to stress associated with her overwhelming dependency needs and that she showed generally integrated and organized behavior in most of the other areas of her life including family, social activities, and work.

One of the ambiguities about the diagnosis of kleptomania in the literature concerns the issue of whether the entity is more related to the obsessive compulsive neurosis or the impulse neurosis. Abrahamson sees it as part of an "obsessive-compulsive affliction." Laughlin (1967) also seems to take the view that kleptomania has a very close relationship to the

obsessive-compulsive psychopathology when he includes it under the category of "the impulsions", a "group of emotional disorders which are characterized by repetitive compulsions to commit, and the carrying out of various unlawful or socially disapproved series of similar, related, or identical actions. They are compulsive, repetitive acts." While in his discussion he points out a number of similarities between the impulsions and the compulsions, such as their repetitive quality, the sense of urgency experienced by the patient, and the build-up of tension and anxiety experienced until the act is carried out, after which there is a sense of relief, he also discusses a number of important differences that seem to be more associated with an impulse disorder. He describes the patient's low frustration tolerance and inability to withstand a build up of tension. At these times, even though he may know the socially undesirable consequences of his behavior, he acts out his urges – often inappropriately. The behavior cannot be controlled by willpower or conscious effort at modulation. The pattern of low tolerance for frustration and poor impulse control is a personality factor that is not typically found in the obsessive compulsive personality but seems to be more characteristic of an acting out, action-oriented character. This ambiguity applies to the present case as well: while the patient has certain perfectionistic tendencies – such as excessive neatness and stinginess – that are usually considered obsessive character traits, other personality features do not fit this clinical picture; her markedly low frustration tolerance and the repressive avoidant cognitive style, her emotional lability, denial, and strong need to be involved in some activity as a way of dealing with her intrapsychic conflicts are more consistent with a hysterical or impulsive cognitive style. For example, when tense, she will often eat some food, get out of the house to do an errand, or get overinvolved in some household activity so that she will not have to think about something that is bothering her. She is usually not consciously aware of her personal problems.

In view of the diagnosis, the psychodynamics, and the legal consequences, this case clearly illustrates the important role of psychiatric and psychological evaluation in the legal system; the judge's decision was based largely on the testimony of the psychologist and the psychiatrist, whose conclusions did not meet the legal definition of insanity (and obviation of legal guilt) but rather were offered for mitigation of sentence. She was fined, given a suspended sentence, and ordered by the court to be in psychotherapy for at least a year.

The case points up a number of interesting social, legal, and treatment issues. Shoplifting has become quite widespread and in many municipalities is considered a serious offense. It is likely that many of the offenders have significant psychopathology and are in need of treatment, and it is also quite clear that most of them never get involved in psychotherapy. What is to be done with them? If apprehended, most of them first receive a fine; after a second offense they are put in jail. However, as Laughlin and others realize, these acts are "more or less uncontrollable through conscious effort and willpower alone. They are often repeated despite apprehension and censure of punishment. The threat of punishment may not serve as a strong deterrent to the repetition of the impulsive act." Incarceration is not the rational

answer to the problem of rehabilitation. At the same time, it is recognized that these kinds of patients rarely seek treatment on their own, based on intrinsic motivation to change; the symptoms are usually at least partially ego-syntonic. Typically, they seek therapy at the mandate of some external agency, either the court or a family member. This extrinsic motivation definitely presents a serious treatment problem to the therapist, who has to help the patient become a "real patient" who wants to change himself. Consequently the prognosis for such individuals is guarded. Some can be helped to get involved in the therapeutic process and make intrapsychic modifications. Others remain indifferent, tend to go along with the therapist because they have to, and then go back to their pathological behavior.

Another important question raised by this case concerns the socio-economic circumstances of the patient. Because of her financial situation, she was able to utilize the services of a lawyer to prepare this kind of defense. That same day in court, an indigent woman, a drug addict who was a few months pregnant, was sent to the county jail for the same offense; she had no legal representation. To what extent was she emotionally disturbed, a thief, or a victim of economic and social circumstances?

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