



Pathological Stealing: a Forensic and Psychodynamic Analysis

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Keywords

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Abstract

Aim: This paper aimed to present a forensic case of a man who spent most of his life in prison due to bizarre thefts and to explore the forensic implications of kleptomania, particularly its impact on criminal responsibility and the diagnosis of impulse control disorders. **Case Report:** The case report focused on a 54-year-old male prosecuted for over 70 thefts of large motor vehicles. He had no prior psychiatric treatment or issues. The review included his developmental history, personal background, criminal history, and a forensic examination with psychiatric assessment and routine medical tests. The subject had experienced significant early life trauma, including his father's violent death. His criminal behaviour involved repeatedly stealing trucks and buses without personal gain. The psychiatric examination showed no psychosis, suicidal or homicidal ideation, or severe cognitive deficits. His insight and judgment were fair, and he reported no psychiatric disturbances or family history of psychiatric disorders. **Conclusions:** Kleptomania was not accepted as a basis for a non-guilty-by-reason-of-insanity defence. The discussion highlighted that diminished capacity could serve as a partial defence, allowing evidence of a lack of mental capacity to form the specific intent required for the crime. It also questioned the di-

agnosis of impulse control disorder and the final forensic decisions, stressing the need to differentiate between diminished responsibility and full volitional control at the time of the crime. Regardless of the court's decision, the subject was recommended to seek psychiatric observation.

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Introduction

Kleptomania is a disorder marked by an uncontrollable urge to steal items that have no personal use or value. The phenomenon was first included in the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1952 [1]. In DSM-V, kleptomania is classified under disruptive impulse-control and conduct disorders. Its prevalence is estimated at around 6 per 1000 individuals, with women being more affected than men [2]. The biological underpinnings of kleptomania frequently implicate head trauma and traumatic brain injury alongside dysregulation within the serotonergic and dopaminergic systems [3]. This etiological framework is substantiated by the observed therapeutic efficacy of selective serotonin reuptake inhibitors (SSRIs) and naltrexone in the management of kleptomaniac behaviour [4].

Treatment usually involves SSRIs at higher doses along with naltrexone and psychotherapeutic approaches [5]. However, there are no controlled studies on the

treatment of kleptomania [6]. Psychoanalytic theory describes kleptomania as a symbolic satisfaction or defence mechanism against unconscious impulses, desires, or conflicts [6]. Subjects may compensate for inappropriate and intense sexual behavior through stealing. In classical psychoanalytic theory, stolen items symbolically represent the penis, which may explain why kleptomania is more prevalent among females compared to males [7]. This paper describes a forensic case of kleptomania, exploring its potential causes and the challenges in assessing criminal responsibility, as well as the need for security measures in treatment. The novelty of this study lies in its focus on the psychodynamic underpinnings of kleptomania within a forensic context. While many studies have explored the biological and psychological aspects of kleptomania, the investigation of its psychodynamic background in a forensic framework is limited. Previous research has often concentrated on neurochemical correlates, such as serotonin dysregulation, and the efficacy of pharmacological treatments like selective serotonin reuptake inhibitors (SSRIs) and naltrexone. These studies typically do not deeply examine the unconscious conflicts and defense mechanisms driving the compulsive stealing behavior.

For instance, Talih discusses potential exacerbating factors of kleptomania, highlighting the therapeutic role of SSRIs [4]. Similarly, Marazziti and associates examine the role of the serotonin transporter in impulsivity, finding significant gender differences in the relationship between serotonin levels and impulsive behaviours [8,9]. These studies provide valuable insights into the biological aspects of kleptomania but fall short of addressing the psychodynamic dimensions crucial for a comprehensive forensic analysis.

A recent study found that kleptomania patients process situational cues differently from healthy controls, with distinct prefrontal cortex responses observed through functional near-infrared spectroscopy. These responses, particularly changes in oxygenated and deoxygenated haemoglobin levels, were less robust and localized differently in kleptomania patients. This suggests a unique neural processing mechanism in kleptomania, indicating the importance of targeted therapeutic interventions addressing these cognitive and perceptual differences [10].

The diagnosis has been influenced by societal stereotypes related to social class and gender, sparking debates in medical and forensic fields. A recent literature review offers a historical overview of kleptomania and summarizes current pharmacological and psychotherapeutic treatments, noting a lack of systematic studies on its clinical characteristics and standardized approaches [11].

This study examines a 54-year-old male whose thefts stem from childhood trauma and unresolved grief, using

stealing to connect with his deceased father. It underscores the importance of psychodynamic understanding in kleptomania for forensic analysis, addressing gaps in literature and its legal and clinical implications.

Case Report

The case report focused on a 54-year-old male prosecuted for over 70 thefts of large motor vehicles. The review included his developmental history, personal background, criminal history, and a forensic examination with psychiatric assessment and routine medical tests. The reason for the examination was a regional court request for forensic assessment after the commission of the criminal offense of theft.

The subject was by profession a driver, unmarried, childless, living alone at the time of examination. He reported feeling subjectively well at present and denied any psychiatric disturbance. The subject had no prior psychiatric treatment and denied any family history of psychiatric disorders. Despite being overweight and having joint pain, his physical health was relatively good. He had a congenital heart defect and pulmonary aortic stenosis, and underwent cardiac catheterization in 2006 but has not followed up on recommended medical appointments since then.

One of the key events in his developmental history occurred at six years of age when his father was fatally shot at a bus station. After his father's death, he lived with his mother and grandmother. His upbringing was characterized by "...the life of a farmer... the mother did not marry later. Identification with my father was, that I used to leave early with my cousins and colleagues with trucks... we had a big farm... a child cannot grow up with one parent, as with both". After his father's death, he was prescribed medication. There is no data about the type of medication in his medical record. He lived in his family home until the deaths of his mother and grandmother. "It was a shock, and I decided to sell everything and leave my hometown because of the unpleasant memories associated with that place". Currently, he only has an aunt on his father's side living in *. The people with whom he currently lives are his mother's cousin and her husband, whom he cares for and assists.

He completed elementary school with very good grades and denied any behavioural problems. Secondary school as a mechanic, he completed with very good grades. He did not serve in the military due to a heart condition. He spent 18 years working as a driver and mechanic. After secondary school, he worked, but often spent time in prison. He described his biggest criminal act as "I picked up the hitchhikers and hit the embankment in 2001, and one man died. I have served a 12-year prison sentence. All related to driving and trucks". In 2007, he was released from prison and briefly employed but was incarcerated again in 2011 and intermittently incarcerated until 2015. All criminal offenses were related to the theft of trucks and buses.

He had never had a stable long-term emotional relationship. ..I lived with one woman in P*, but it did not work out. I worked

outside, then I lived with another woman... that did not work out. It has been a year since. I broke up with this relationship because of her.

He denied alcohol consumption and did not currently take any psychiatric medications. Regarding the forensic event, he stated "I don't feel guilty... I did not do anything there, the theft of the bus and the stoppage. I read about it in the newspapers. I did not do that. I do not know, I was driving occasionally, I do not know where I was because I drive all over Europe and England. I had mostly driven trucks. It's hard to say... If I knew how to explain it, it would not have happened. I did not have a driver's license until 2000; before that, as a child, I rode with my father's colleagues, and I started driving very early; they let me drive. I was 6.5 years old... I remember my father through some actions and gestures... not as a whole figure... he worked in freight traffic... my wish is fulfilled. I am a driver... if I wanted, I would have passed the D category as well. Where does that impulse come from later? I cannot explain... I feel satisfaction, it's not something extraordinary, but it's satisfaction... let's say passion, and it was so long ago... the first time I sat in a truck illegally somewhere at 18... it's hard to resist when I see a truck..." He denied sexual arousal during stealing.

During the psychiatric examination, the subject appeared sad and inattentive but was coherent and spontaneous in speech. He showed appropriate facial expressions and demeanour, with no signs of psychosis or suicidal ideation. His cognitive abilities, including memory, abstract thinking, and arithmetic skills, were intact and age-appropriate. Routine medical tests, including biochemistry, thyroid function, hemograms, and electroencephalography, were normal. He demonstrated fair insight and judgment.

Discussion

Kleptomaniacs often struggle with their condition, feeling both fear and relief when stealing, despite being aware of their actions. Thefts are typically unplanned, with no regard for the dangers or the likelihood of being seen, and they often steal alone. The participant in this study did not express guilt, depression, or shame, suggesting partially developed antisocial personality traits, yet he gained no benefit from the thefts.

The participant's history of vehicle theft dates back to early youth, stemming from his father's death. His fa-

ther's friends took him on truck drives for comfort, linking trucks to a sense of security and relief from distress. This behavior is seen as a symbolic replacement for his lost father, highlighting unresolved grief and immature defense mechanisms. For genuine grieving to occur in the authentic psychoanalytic sense, involving the detachment of memories and aspirations from the deceased individual, the child needs to possess an understanding of the concept of death, be capable of forming a genuine attachment, and have a mental representation of the attached figure [12]. Children's understanding of death evolves between ages five and nine, but full emotional processing typically occurs in adolescence. Immature defense mechanisms, like denial, can hinder proper grief resolution. From a psychodynamic perspective, the participant's compulsion to steal trucks represents an attempt to maintain a connection with his deceased father.

The complexity of the participant's criminal actions does not indicate reduced criminal responsibility, as he exhibited no psychotic symptoms or psychogenic disorders. The diagnosis of kleptomania alone is insufficient to assess diminished capacity for behavior control. There were no factors suggesting impaired understanding or control of his actions during the offenses.

The study concluded that kleptomania could not be used as a defense for insanity. Diminished capacity might serve as a partial defense, allowing evidence of a lack of mental capacity to form specific criminal intent. The diagnosis of impulse control disorder was questioned, and the need to differentiate between diminished responsibility and full volitional control was stressed. Regardless of the court's decision, psychiatric treatment for the subject was recommended.

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Conflict of Interest

None to declare.

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None.

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