CASE REPORT

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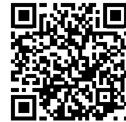

# Kleptomania or malingering? A case report

## Kleptomani mi, temaruz mu? Bir olgu sunumu

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**ABSTRACT**

The essential feature for the diagnosis of kleptomania is a recurrent failure to resist impulses to steal items, even though those items are not needed for personal use or for their monetary value. The individual experiences an increasing sense of tension just prior to the theft and feels pleasure, gratification, or relief when committing the theft. These patients are usually referred to psychiatry for the evaluation of criminal liability by a court order. The content of the court file as well as the act defined by the subject and the presence of a mental disorder should be taken into account. In case of shoplifting, malingering must be ruled out first even if the subject has a previously confirmed diagnosis of kleptomania. Here we present a different case of a patient with kleptomania who was referred to us by a court order to determine her criminal liability for shoplifting.

***Keywords:*** *Kleptomania, malingering, case report*

**ÖZ**

Kleptomani tanısının konulabilmesi için esas nokta, kişisel kullanım için ya da parasal değeri nedeniyle olmadığı halde kişinin bir şeyleri çalma dürtüsüne tekrarlayan şekilde karşı koyamamasıdır. Kişi hırsızlık olayından hemen önce giderek artan bir gerginlik, olayı gerçekleştirirken ise rahatlama, haz yada mutluluk hisseder. Bu hastalar sıklıkla psikiyatriye mahkeme emri ile ceza sorumluluklarının değerlendirilmesi amacıyla yönlendirilirler. Bu durumlarda kişinin tanımladığı olay ve kişide bir ruhsal hastalık olması kadar mahkeme dosyasının içeriği de dikkate alınmalıdır. Eğer olgu bir aşırma olayı nedeni ile yönlendirilmişse, öncesinde kleptomani tanısı konulmuş olsa dahi temaruz olasılığı atlanmamalıdır. Burada aşırma sonrasında mahkeme emriyle ceza ehliyetinin değerlendirilmesi için yönlendirilmiş bir olgu sunulacaktır.

***Anahtar Kelimeler:*** *Kleptomani, temaruz, olgu sunumu*

## INTRODUCTION

Kleptomania is classified under "Disruptive, Impulse-Control and Conduct Disorders" in Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (1). The essential feature of diagnosis is a recurrent failure to resist impulses to steal items, even though those items are not needed for personal use or for their monetary value. The individual experiences an increasing sense of tension just prior to the theft and feels pleasure, gratification, or relief when committing the theft. Kleptomania is defined as a rare disorder, with an estimated prevalence of 0.6% (2). This disorder usually begins during puberty and usually lasts until late adulthood; in some cases, it may even last throughout the person's life (3). These patients are usually referred to psychiatry for the evaluation of criminal responsibility by a court order. Here we present a different case of kleptomania who was referred to us by a court order to determine her criminal responsibility for shoplifting.

## CASE PRESENTATION

A 46-year-old married housewife with two children was referred to us by a court order after a shoplifting incident. The court was asking whether she had criminal liability according to the Turkish Penal Code (TPC) Article #32 (Formerly, TPC Article #46). She presented to our psychiatry clinic with her children. She explained that she was ashamed and regretful about this event. She also indicated that she had been treated for kleptomania and depression in other hospitals. During the first interview, her children were hasty, and they claimed that they were sure that their mother suffered from a mental disorder. They told that their mother's unwanted behavior occurred only rarely and during stressful life events. The court file and criminal record of the patient were demanded from the court, and the patient was hospitalized for clinical observation. After the admission, the medical records of the patient were also demanded from the psychiatry clinics where she had been treated before.

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The patient was kept under clinical observation for a week as an inpatient. A detailed history revealed that a month ago, the patient had been arrested by the police after shoplifting in the supermarket. She reported that she had taken small things such as soap and cookies. She described a severe sense of bodily tension before shoplifting. She felt ashamed and regretful about this event, and she did not make any eye contact while she was talking about it. She told us that these undesirable behaviors had begun 2 years ago. She added that when she went to her relatives or neighbours, she used to take small things such as pens or coffee cups without permission from their homes. She claimed that she experienced an increasing feeling of tension before her thefts and felt relief after the theft. She had no need to take these things but defined an irresistible desire for the event. She said that she threw away the stolen things or tried to replace them. Her children conveyed that these thefts generally emerged during stressful times and mostly because of intrafamilial conflicts.

Her first psychiatric contact was in 2007 with a diagnosis of depression thought to be secondary to her marital problems. She was prescribed escitalopram, trazodone, and alprazolam but failed to take them as prescribed. In 2008, she was treated for anxiety and depressive disorder with paroxetine and buspirone, and she said that she recovered with this treatment. After 2010, her husband started to drink alcohol excessively and acted violently toward her. Between 2010 and 2014, she was hospitalized twice for her depressive symptoms and was treated with 300 mg/day venlafaxine and 200 mg/day quetiapine and recovered. Her stealing behaviors started 2 years ago and occurred rarely, but they showed a tendency to increase during these depressive episodes.

Her physical and neurological examinations revealed no significant findings. Laboratory assessment findings were within normal limits. Her psychiatric evaluation revealed that she was conscious, cooperative, and oriented. She looked her chronological age, and she seemed to be taking care of herself. Her psychomotor activity was within normal limits. Her mood was mildly depressed. Her cognitive functions were within normal limits. No perceptual disturbances were detected. Her speech and thought content did not show any abnormalities. She was feeling discomforted and shameful while talking about the stealing acts. She reported that she felt guilty and regretful. She was cooperative with the treatment team and other patients during her hospitalization.

She had no history of any physical illness. She did not smoke or drink alcohol. Her family history did not include any hereditary diseases or psychiatric disorders.

During the follow-up, daily interviews were conducted with the patient and her children. Her husband did not come to visit her because of their marital problems, which had increased recently. Her previous medical records revealed no findings related to kleptomania. Her court file and criminal record came later. She did not have any criminal records. After going through her court file, it was detected that in addition to soap and cookies, the patient had also stolen hair dye and baby diaper from the supermarket. When this was shared with the patient, she stated "I took the hair dye for me and the baby diaper for my grandchild because we needed them". During the follow-up interviews, she confessed in tears that she had repeated this theft twice before being arrested by the police.

Considering the patient's previous history, e.g., taking small subjects from her relatives' or neighbors' home, she can be diagnosed with "kleptomania". However, when taking the court file into account, the situation changes because it was obvious that the patient took the hair dye and baby diaper for her personal needs. As known, according to the definition of kleptomania, the patient steals objects that are not needed for personal use or for their monetary value. Thus, this patient was accepted as an unusual case of malingering. According to the first clause of TPC, Article #32, anyone afflicted with a mental illness that causes a complete loss of consciousness or freedom of action at the time of commission of the act shall not be punished. The second clause of TPC, Article #32, Malingering, was the clinical diagnosis in this situation. Malingering is not considered a mental disorder in DSM V; it states that if the liability of the person is not totally inexistent but is diminished, the punishment shall be mitigated by certain proportions. It was therefore concluded that she had full criminal liability and had no mental disorder removing or diminishing her criminal liability according to TPC, Article #32 (Formerly, TPC, Article #47) in this case.

## DISCUSSION

In this case report, the patient had a 2-year history of kleptomania, which seemed to worsen during stressful live events. The subject was referred to our clinic by a court order after shoplifting, and her criminal liability was questioned. It was concluded that the last incident could not be defined as kleptomaniac behavior. Malingering was the clinical diagnosis in this situation. Malingering is not considered a mental disorder in DSM V. Malingering is defined as "the intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives" in DSM V. Malingerers may simulate any kind of disorder, particularly psychiatric disorders, because these are difficult to identify. Mental retardation, dementia or cognitive disorders, amnesia, and psychosis are commonly observed malingered psy-

chiatric symptoms (4). To the best of our knowledge, this is the first case report of malingering comorbid with kleptomania.

This case is different in some aspects. First, her kleptomaniac behavior started at the age of 44 years, whereas kleptomania usually starts during adolescence (5). Second, she and her children stated that kleptomaniac behaviors increased during depressive episodes. Depression is a well-known comorbidity in kleptomania, and interestingly, depressive mood is defined as a trigger for provoking the urge to steal (6, 7). Stress is associated with an increased frequency and/or intensity of kleptomaniac behaviors (8).

We would like to emphasize that when a patient comes to your office with a complaint of "kleptomania," malingering must be ruled out before diagnosing the patient with kleptomania (9, 10). Some behaviors of the patient in the past may be defined as kleptomaniac because she could not resist stealing the objects and she did not steal them for personal use or for their monetary value. After stealing, she felt regret and shame. She tried to replace them or throw them away after the act. However, with regard to her court file, her behavior was different from the former ones. Because the patient stated that she had stolen the materials for her personal use and her grandchild's use, these acts cannot be defined as kleptomaniac behavior.

## CONCLUSION

The content of the court file as well as the act defined by the subject and the presence of a mental disorder should be taken into account. Subjects with kleptomania are not referred for psychiatric evaluation voluntarily but by a court order, and it is essential to evaluate the court file carefully. In case of shoplifting, malingering must be ruled out first even if the subject has a previously confirmed diagnosis of kleptomania.

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