

## ■ Diagnostic criteria for 312.32 Kleptomania

- A. Recurrent failure to resist impulses to steal objects that are not needed for personal use or for their monetary value.
- B. Increasing sense of tension immediately before committing the theft.
- C. Pleasure, gratification, or relief at the time of committing the theft.
- D. The stealing is not committed to express anger or vengeance and is not in response to a delusion or a hallucination.
- E. The stealing is not better accounted for by Conduct Disorder, a Manic Episode, or Antisocial Personality Disorder.

## **LOBSTERMAN**

Harold Robbins was stopped as he was leaving a grocery store with three cans of lobster hidden in his pockets. He was charged with shoplifting, but the court asked for a psychiatric evaluation after determining that he had no prior criminal record and no particular need for the food he had stolen.

Mr. Robbins is a young-looking, well-groomed, 42-year-old man who is married and has two teenage sons. He has worked for 15 years in an insurance company, and has never been arrested before. He admits to the psychiatrist that he has been shoplifting for years, following a pattern that only this time resulted in his arrest. He describes how he entered the store impulsively, without any specific purpose. While walking around in the store, he experienced an increasing sense of tension, which grew in intensity the longer he remained in the store. Then he had a desire to take the cans of lobster. He had no particular need for the food, and actually does not like seafood. He had not been asked by anyone to buy canned lobster, and it is not something that he or his family would usually eat. He had more than enough money in his wallet to buy the lobster had he wanted it. The tension increased until he could no longer resist it. He took the cans and stuffed them in his pockets, after which he experienced a sense of relief. He went on to explain that he knew nothing about this particular grocery store or about its owners. The choice of a store was apparently random.

For the previous few years he had been having similar urges to steal, which he could not resist. They usually came on suddenly and for no apparent reason. Typically, he would be in a store and would experience an increasing sense of tension and feel that he needed to pick up something and leave the store without paying for it. The items he shoplifted were never expensive and usually were nothing that he particularly needed or wanted. For reasons that he did not understand, he most commonly stole canned seafood. A few moments after the shoplifting, he would have strong feelings of guilt, resolve never to do it again, but would be able to resist the urge for only 2 or 3 weeks before again succumbing to the impulse.

He and his wife have excellent jobs and no financial problems. He can think of no particular stresses either in his family or at work that might be related to the impulse to steal. He doesn't know why he takes these "useless little things" and wishes he were able to control the urge to steal.

Mr. Robbins has not had other serious problems with impulse control. He does, however, reveal that over the last 10 years, while walking at night, he often has an increasing sense of tension and an urge to look at women in the windows of ground-floor apartments, which he does perhaps every 2 or 3 months. During these times he has a feeling of tension and excitement, but claims it is nonsexual. He does not masturbate or fantasize about the woman observed. Once the incident is over, he feels guilty, whether or not the woman he observed was naked.

Mr. Robbins says that for the past 2 years, he has had a growing sense of futility about his life. His children are approaching the point when they will be leaving home, and he has no interests or hobbies that do not revolve specifically around the children. He occasionally feels that "life is not worth living," but denies active suicidal thoughts or other persistent symptoms of depression. His feelings of shame and guilt are limited to his shoplifting and peeping. Otherwise, he considers himself to be a hard-working, law-abiding person who contributes to his community by coaching sports.

Mr. Robbins is the only child of an alcoholic father who physically abused his wife. There were many periods during which he and his mother lived away from his father, and he has always felt very close to her. As an adult he has been a dutiful and supportive son.

He describes himself as an adolescent as being irritable and quite aggressive. He was often in fights, usually with boys larger than himself who had made some kind of derogatory remark about his size. Generally, his response was grossly out of proportion to the remark.

*Case report.* Mr. A, an 18-year-old man, reported a chief complaint of “feeling addicted to setting fires.” He described an 8-month history of setting multiple fires. After setting his first fire, Mr. A described a sense of calm, as it reduced his daily preoccupation with fires. His urges, however, returned within 2 weeks. Over the course of 8 months, Mr. A reported that the fires needed to be more intense to reduce his urges and that the urge-free periods between fires gradually grew shorter. Unable to control his behavior and wanting treatment, Mr. A voluntarily surrendered himself to authorities. Mr. A spent 14 months in prison, and upon release, requested treatment for daily urges to set fires.

Mr. A underwent a structured psychiatric assessment that included examination of DSM-IV impulse-control disorders. Mr. A met DSM-IV criteria for pyromania based on a module compatible with the Structured Clinical Interview for DSM-IV Disorders.<sup>2</sup> There was no sexual component to the fire setting.

He denied symptoms consistent with other current or lifetime Axis I disorders. There was no history of conduct disorder, and structured examination of DSM-IV personality disorders found no personality pathology. Mr. A, his parents, and teachers all reported that he had been an ideal student, well-liked, friendly, and involved in community and school activities. IQ testing revealed above-average intelligence, consistent with prior school performance. Single photon emission computed tomography (SPECT) imaging revealed a left inferior frontal perfusion deficit.

Mr. A underwent 3 weeks of daily cognitive-behavioral therapy (CBT). Sessions lasted approximately 90 minutes each day. Therapy focused on imaginal exposure and response prevention, cognitive restructuring of responding to urges, and relaxation training. Concomitantly, Mr. A began a course of topiramate, starting at 25 mg/day. After 3 weeks of CBT and 1 week of topiramate 75 mg/day, Mr. A denied urges to set fires. Mr. A continued on topiramate treatment for the next 12 months without urges to set fires. After 12 months, follow-up SPECT imaging demonstrated no perfusion deficits. Mr. A has continued, symptom-free, on medication for 20 months.

## HAIR

Celeste, now age 25, had always thought she was unique. When she was a teenager, her parents made her feel as though nobody else had ever pulled out her eyebrows until there were none left. This had been going on since she was age 12. And her eyebrows had not been the worst of it: over the years there had been quarter-size bald patches on her head. There was a 1-year period (about 5 years ago, when she was a sophomore at college) when she was practically bald.

It always amazed her how “together” everyone thought her to be. She got good grades; she got into law school. “If they only knew,” she often said to herself. But through careful brushing of whatever hair she still had, artful use of scarves and, at one time, a hair “piece,” and avoiding all gym classes, not a soul ever found out. The eyebrows were easy; she just drew in new ones.

It was a merciless habit. It went on every day. Usually she would be sitting in front of the TV, distractedly watching reruns, and then she would notice her fingers were in her hair, rummaging about, looking for a hair with a nice thick shaft. Then she would rapidly tug with an expertise gained from long experience. Out would come the hair, root and all. She would then notice the little pile of hairs accumulating on the arm of the sofa and realize she must have been doing this for many minutes already. She would try to stop, but the nervousness would escalate, and the hair-pulling would recommence and go on until the urge just wore itself out. On good days this would be 10 minutes. On bad days, it could last for an hour.

She might never have known that other people had this habit until a month ago when a sudden rainstorm messed up her strategically coiffed hair, exposing the large ratty patch just above her left ear. Horrified that she was now revealed to her co-worker, Sylvia, she was surprised when she heard, "You're a hair-puller too?" Three days later Sylvia took Celeste to a self-help group where she met seven other "pullers," five women and two men. She thought she was hearing her own life in other people's words:

I felt like I must be an awful person, with no self-control. That's what my parents said.

High school gym terrified me. I was constantly afraid of my wig coming off.

I figured, who could ever want to marry me. First of all, I'm scared to have any real sex. I know my hair will come undone. And what if someone does fall in love with me? How would he react when he realized I did this thing? I had one boyfriend whom I told that I got messed up by a chemical reaction to a bad permanent. But I wouldn't be able to say that forever.

I thought I was the only one in the world.