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Shoplifting – Badness, Madness or Sadness

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INTRODUCTION

It is impossible to ascertain the prevalence of shoplifting in any country and equally impossible to determine the extent of psychiatric illness among shoplifters. Modern shopping in supermarkets tempts the customers to take the goods first and then pay for them at the cashier – unfortunately some do not. According to Gunn and Taylor[1], most people undertake some stealing during their lifetime but many only steal when the opportunity presents itself and when detection is highly unlikely (eg. taking items from work).

Studies on shoplifting are usually biased, eg. cases referred from the court are skewed toward those with psychiatric illness because some patients may be less artful in dodging security surveillance. The report by Craft and Spencer[2] indicates that the majority of shoplifters are young people who seem to do so for financial gain. Among teenagers, other reasons cited include the need for peer approval, to relieve boredom and a test of bravado. Most cases of shoplifting are premeditated and not committed through impulsivity.

A study in the United Kingdom by Gibbens[3] shows that the majority of shoplifters are mentally well and only 5% have psychiatric disorders. commonly depressive illness. It is also found that most offenders with psychiatric disorders are women in mid-life and the illness often becomes evident after the offence[4]. Bradford and Balmaceda assessed 50 shoplifters in pre-trial psychiatric examination and diagnosed depression in 40% of them[5].

Mdm CZK was a 35-year-old accountant who was referred to the National University Hospital by her lawyer after she was arrested for shoplifting in a bookstore. The offence was committed three months after the birth of her son. Two weeks after the childbirth, she had sleep difficulty, anhedonia, poor appetite and lethargy. Her husband observed that her mood was low and she could not cope with the baby. Her mother moved in with them to help out with the household chores, but she was noticed to become more withdrawn and reticent. On the day of the offence, she went to a bookstore to buy a Mothercare magazine but could not remember what happened after that. Apparently, she walked out of the bookstore with the magazine in her handbag and was stopped by the security guard. On psychiatric examination, there were symptoms of depressive illness with poor concentration which could have affected her memory. She was treated with an antidepressant and psychotherapy; and improved after three weeks.

Of the 14 cases of shoplifting referred to the Department of Psychological Medicine at the National University Hospital for psychiatric assessment, 10 were diagnosed to have depressive illness (9 women and 1 elderly man). The mean age of the depressed patients was 42.5 years (age range 32 to 65). Among the 9 women, 4 had postnatal depression, 2 were elderly and 3 had work and family stress. On a one-year follow-up, there was no evidence of recidivism among the depressed patients. Of the remaining 4 referred, 3 had schizophrenia and one alcohol dependence syndrome. A patient with schizophrenia mentioned that she responded to the auditory hallucination and took a few towels out of a shop in full view of the proprietor. The alcoholic man was convicted and paid a fine.

The precise mechanism that transmutes depression into shoplifting is not well understood. Gudjonsson[6] points to the relevance of low self-esteem and general dissatisfaction with life in the mechanism that leads to shoplifting. He postulates that these factors provide a starting point for a chain of developments where feelings of anger, frustration and lack of self-fulfillment become temporarily relieved through shoplifting. Cupshick and Acherson[8] singled out reaction to stress, especially a significant loss eg. loss of spouse, and the conscious manipulation in the patients who seem to be deliberately drawing attention to themselves hoping to get caught.

To secure a conviction of theft, it must not only be proven that goods were taken (actus reus) but that an intent was formed to permanently deprive the owner of them (mens rea)[8]. The psychiatrist's report may argue that there are psychiatric grounds which suggest mens rea was absent, if conviction is to be avoided.

Compulsive shoplifting overlaps with the term kleptomania, which is defined in DSM-III R as 'a recurrent failure to resist impulses to steal objects not needed for personal use or their monetary value'. It is associated with a build-up of tension immediately before the commission of the act and then a feeling of relief afterwards. A very small minority of shoplifters become compulsive

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shoplifters. Although compulsive shoplifting and obsessive-compulsive disorders may some time overlap, there is no evidence that compulsive shoplifting is a variant of obsessive- compulsive disorder.

In summary, most shoplifters do not have a psychiatric illness but a small proportion of women in mid-life without previous offence and from the upper end of the occupational spectrum, who have been subjected to significant stress, may have symptoms of depressive illness. Being sensitive to the plight of these depressed individuals and timely referral for psychiatric treatment will help to prevent further harassment and the stress of a court hearing.

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