

Kleptomania, Impacting Factors, Intervention and Future Directions

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Abstract: This literature review investigates kleptomania, an impulse control disorder characterized by a recurrent compulsion to steal objects that are not necessarily needed for personal use. Psychological, emotional, and social factors influencing stealing behavior, such as Attention-Deficit/Hyperactivity Disorder (ADHD), family dynamics, and feelings of envy, are discussed in this paper. It also evaluates the effectiveness of the current intervention strategies, which include pharmacological treatments, cognitive-behavioral therapy, and social support systems. Despite the existence of promising approaches, significant gaps remain to bring improvement in the diagnosis and treatment outcomes. This review aims to contribute towards betterment of mental health services for individuals with kleptomania and their families by raising awareness about its complexities.

Keywords: kleptomania, impulse control, intervention

1. Introduction

Stealing, defined as taking something that belongs to someone else without the intention of returning it, encompasses both opportunistic theft and more complex psychological conditions like kleptomania [1]. Unlike ordinary theft, kleptomania involves stealing as a means of emotional relief rather than for personal gain [2]. The prevalence of kleptomania remains uncertain, partly because individuals often avoid seeking medical help due to the stigma associated with the condition [3]. Kleptomania—a category of impulse control disorder which is defined as an inability to resist the urge to steal objects not needed either for personal use or their monetary value. This difference between impulsive theft and more intentional criminal behavior raises the red flag about the motives and psychological makeup of such perpetrators.

This literature review is motivated by the increased tendency of stealing behaviors or kleptomania, which is emerging as a massive social and psychological problem. Understanding the problems associated will go a long way in attempting to intervene effectively. d. Various behavioral and emotional issues—such as poor academic performance, substance abuse, smoking, and antisocial behaviors—have been statistically linked to stealing behavior, underscoring the need for targeted research and intervention [4]. Legal, financial, and emotional ruin does not only affect the individual with kleptomania but also extends into families and society as a whole. A survey shows that the proportion of theft criminal cases in China's criminal cases continued to decrease from 2011 to 2016, but still remained close to two-thirds [5]. Understanding the prevalence of the problem will help shed light on the issue itself that is plaguing society, as well as the individuals dealing with it.

This paper explores the motivational factors underlying kleptomania, including social dynamics, psychological disorders, and childhood trauma, while critically analyzing therapeutic interventions and community-based strategies. Additionally, it emphasizes future research directions, aiming to deepen understanding of the disorder's complexities and contribute to the development of effective solutions. This focused approach aims at deepening the understanding of the underlying causes and, eventually, informing possible solutions.

2. Factors Influencing Kleptomania:

2.1. Attention-Deficit/Hyperactivity Disorder (ADHD) and Dopamine

2.1.1. Connection between ADHD and Kleptomania

Kleptomania is an impulse control disorder with recurrent and otherwise irresistible urges to steal. Research indicates that approximately 15% of individuals with kleptomania meet criteria for ADHD at some point in their lives, highlighting potential links between the two conditions [6], as the main symptoms of ADHD are impulsivity, inattention, and hyperactivity, which are inherently connected with the mechanism behind stealing behavior. People with ADHD tend to have higher impulsivity levels, which is a very important factor during decision-making. For many ADHD patients, a lack of regard for consequences tends to result in unreasonable decisions when tempted. Most kleptomania cases are often a result of failure to exercise self-control, which is very common in patients with ADHD. Thus the impulsiveness that characterizes ADHD could be a primary causation of the onset of kleptomania. Moreover, case studies suggest that treating ADHD may help reduce stealing behavior, even though a definitive causal relationship remains unproven [3].

2.1.2. The Role of the Dopamine System

The dopamine system plays a critical role in impulse control and reward processing, as it mediates reinforcement-related neural activity [7]. Dysregulation of dopamine has been thought to contribute to the pathophysiology of attention deficit hyperactivity disorder, where several studies suggest dysregulation of dopamine may be associated with heightened inattention and impulsive behavior. A similar case is the development of kleptomania, which can also be linked to abnormalities in the dopamine system. Increased gratification when stealing—because of the reward obtained—further solidifies impulsive behavior, leading to vicious cycles. Impact of Pharmacological Treatment
Pharmacological treatments targeting ADHD, such as methylphenidate, have been shown to improve impulsivity and therefore reduce kleptomaniac behaviors. Several reports have presented cases in which patients diagnosed with both ADHD and kleptomania presented reductions of the stealing behavior after treatment with methylphenidate. That suggests that the positive effects of treatment of ADHD on kleptomania could be related to the medication influence on the dopaminergic system improving impulse control and decreasing the urge to steal. In conclusion, the interplay between ADHD and kleptomania underscores the importance of considering comorbid conditions in the understanding and treatment of kleptomania.

2.2. Family Dynamics

Stealing is a common behavior among children, often rooted in developmental factors and family circumstances [8]. Kleptomania by a child is often linked to a variety of family circumstances in which it can dramatically affect behavior. Generally, research shows that early childhood victimization—whether through abuse, neglect, or exposure to domestic violence—will have long-term effects on the emotional and behavioral development of a child. If children are exposed to this kind

of victimization, they may begin to pilfer as a way of dealing with emotional and psychological distress related to their stressful circumstances.

Parental SES is one of the major factors responsible for the probability of a child's involvement in delinquency. Poor socioeconomic backgrounds for children mean greater exposure to stress and fewer resources, which can give rise to feelings of deprivation. These feelings might find expression in acts such as stealing, where a child feels obligated to possess something that is beyond their economic reach or access. On the other hand, children from higher economic status families, who usually have more opportunities and resources, may be less likely to engage in these behaviors.

Parental influence plays a pivotal role in shaping whether a child conforms to societal norms or engages in deviant behaviors [8]. The failure of parents to monitor assiduously or teach adequately moral values diminishes the ability of children to understand the importance of observing others' property rights and the consequence of their actions. Moreover, poor socialization within the family setting exacerbates this problem. The family is the main context where children learn their values, and if this support is lacking, they will not be able to develop a proper sense of morality. Therefore, theft might become one of the ways that children try to satisfy unsatisfied needs or desires. Also, if children are given too much freedom without clear rules or supervision, they may find in theft an easy way to get what they want, especially if they are unaware of the consequences. Without proper boundaries and moral teachings, stealing can indeed become a norm.

Another major cause that might lead to pilfering is emotional neglect. Children who feel unloved, unimportant, or rejected by their families have a higher possibility of developing delinquent behaviors. A child who does not feel secure at home or does not receive emotional support from his caregivers may seek to draw attention through negative behaviors like stealing. This behavior can be either an expression of their emotional pain or a cry for attention since they may feel that only negative actions will get them the attention or affection they are being deprived of.

Family disorganization, including structural changes such as single-parent households, divorce, or separation, is another factor closely linked to the development of stealing behaviors in children. Changes in family structure, such as single-parent families, divorce, or separation, can cause instability and a sense of insecurity in the young ones. Children in such family environments often lack stability and the emotional security that fosters their proper growth. Children, in the absence of a secure and nurturing home environment, are predisposed to delinquent behaviors like theft, while trying to cope with their feelings about instability or neglect.

In summary, the family unit is one of the most influential factors in determining a child's propensity to engage in stealing. Key contributors to pilferage include experiences of abuse, neglect, socioeconomic challenges, insufficient supervision, lack of moral guidance, and family disorganization. Addressing these underlying family-related issues is essential for mitigating the likelihood of delinquent behaviors and fostering positive development in children.

2.3. Emotional factor: envy

Emotions play a critical role in predicting unethical behaviors, with envy being particularly significant in driving such actions[9]. Envy is a potent emotional state that is brought about when one perceives others to possess more or better resources, and it serves as an important driving force for theft, especially in any setting where the division of resources is unequal. For example, in an experimental study investigating cheating behavior on an anagram task, participants exposed to visible wealth were observed to cheat more frequently than those in less affluent conditions. This behavior was attributed to envy elicited by the disparity in wealth [10]. Unlike emotions like anger or disappointment, which might instigate either revenge behaviors or withdrawal, envy is uniquely associated with an urge to rectify the perceived imbalance between oneself and others. Envy is a feeling of discontentment caused by other's prosperity or success; people feel that they are deprived

of what they deserve, and it should have been theirs.

This affective experience often sets off a powerful urge to reestablish balance. One of the ways in which people try to restore this balance is by stealing. The act of thievery can be seen as a way of restitution—closing the gap between what the envying person has and what they believe they are entitled to relative to others. Stealing then acts as a way to reduce the inner discomfort that is caused by envy. Envious people, therefore, may not consider theft as a violation of social norms but as a means to "level the playing field" in an effort to decrease the difference in achieved outcomes and to obtain the good or benefits that they have come to believe they deserve.

The desire to decrease the damaging emotional impact of envy can be a powerful impulse to steal. For instance, if an employee learns that a coworker is being paid more or rewarded for doing the same work, the resulting emotional reaction of jealousy might prompt that person to steal in order to restore some kind of equality or to rectify what, from their perspective, appears to be an unjust distribution. This is not merely the phenomenon of retribution or discipline but a deep, personal need to assuage the psychological hurt and damage to self-worth caused by the unequal comparison.

3. Intervention with Kleptomania

The development of effective intervention strategies for kleptomania has been a significant focus of clinical research; thus, an growing body of evidence supports the efficacy of both pharmacological and psychosocial therapies in treating the disorder. This essay will explore three primary approaches for the intervention of kleptomania: pharmacological treatment, cognitive behavioral therapy (CBT), and social interventions, each conferring unique yet synergistic benefits for those struggling with the disorder.

3.1. Pharmacological interference

Pharmacological treatment of kleptomania has evolved in response to the neurobiological underpinnings of the disorder, particularly its association with neurotransmitter dysregulation. Given the overlap between kleptomania and other impulse control disorders, pharmacological strategies have focused on modulation of serotonin and dopamine systems, implicated in both compulsive and addictive behaviors.

Selective serotonin reuptake inhibitors (SSRIs), such as fluoxetine, paroxetine, and fluvoxamine, were among the first agents explored for kleptomania treatment due to their success in managing related disorders, including obsessive-compulsive disorder (OCD) and pathological gambling. However, evidence regarding their efficacy in treating kleptomania remains inconclusive. Case reports and small-scale studies have yielded mixed results, with some patients reporting symptom reduction while others show no improvement or even a worsening of symptoms. This variability highlights the need for further research into the optimal use of SSRIs, including dosage adjustments and patient subtypes.

On the other hand, opioid antagonists such as naltrexone show more promise in the treatment of kleptomania. Naltrexone is believed to inhibit dopamine release in the reward pathway of the brain, specifically in the ventral tegmental area, thereby reducing the sensations of pleasure associated with stealing. Several case reports and an open-label study have demonstrated significant reductions in urges to steal and improvements in social and occupational functioning with naltrexone treatment [6]. Naltrexone is often well-tolerated, with side effects limited to mild nausea in some patients, making it a favorable option for individuals with kleptomania, particularly those with co-occurring substance use disorders. Combination therapies, including naltrexone plus SSRIs or other mood stabilizers, have likewise demonstrated efficacy and suggest the potential for polypharmacy to benefit patients who do not respond to monotherapy.

Despite these advances, pharmacological treatments for kleptomania remain limited due to the lack of large-scale, controlled trials. The current treatment landscape has to be highly individualized and thus a case-by-case consideration, especially given the complex nature of the disorder and its variable response to medication.

3.2. Cognitive Behavioral Therapy (CBT)

Cognitive-behavioral therapy (CBT) has become one of the most frequently endorsed psychosocial treatments for kleptomania, especially in combination with pharmacotherapy. Cognitive-behavioral therapy underlines the identification and modification of maladaptive cognitive patterns and behaviors; it is a systematic, goal-oriented approach to deal with impulsive behaviors such as theft. Given the impulsive and compulsive nature of kleptomania, CBT aims at helping individuals identify precursors and emotional states that lead to stealing incidents and at developing alternative ways of coping.

Cognitive restructuring is one of the important components of CBT for kleptomania, which helps patients to challenge irrational thoughts and beliefs that feed the compulsion to steal. For instance, individuals may hold such distorted beliefs as "stealing provides me with relief from anxiety" or "I cannot control the urge to steal," which CBT seeks to address by replacing them with healthier, more realistic alternatives. Problem-solving skills are also an important part of CBT, where individuals learn to generate constructive and adaptive ways of dealing with stress, anxiety, and/or other negative feelings that may elicit the compulsion to steal. Relapse prevention techniques related to CBT teach patients about recognizing high-risk situations and preparing for them, thereby widening their coping skills.

CBT suffers from a lack of controlled studies, but case reports reveal that some patients respond well to this, especially in conjunction with medication[6]. Although more rigorous research is necessary to determine whether benefits are longer-term and generalizable, based on the successfulness of the same interventions applied to other disorders of impulse dysregulation, CBT is considered to be a promising effective treatment for kleptomania. When combined with pharmacological interventions, such as SSRIs or naltrexone, CBT can create a holistic approach that considers both the psychological and physiological aspects of the disorder.

3.3. Social Interventions and Support Systems

In addition to pharmacological and psychological treatments, social interventions also play a crucial role in the rehabilitation of people suffering from kleptomania. The disorder is often accompanied by significant social and legal consequences, including impaired interpersonal relationships, legal problems, and financial issues. Therefore, any effective social intervention seeks to alleviate these negative consequences by providing the individual with the support and tools necessary to return to society and cope with their symptoms.

A vital part of social intervention involves family therapy, which may reduce relational dynamics that exacerbate the condition. For instance, family members may fail to understand the nature of the illness and subsequently struggle with frustration, anger, or enmeshment. A child needs to be admitted, love and cared for by the family [8], so it is necessary to inform the family members about kleptomania and teach them how to support the patient without enabling the behavior in order to create an environment that will foster recovery. In addition, support groups for impulse control disorders or addictive behaviors can offer a sense of community and understanding that can be very helpful in patients not feeling isolated in their struggle.

Social intervention also includes providing access to vocational training and employment to the individuals. Many people with kleptomania face difficulty in maintaining steady employment due to

the social stigma associated with their actions as well as the legal implications of theft. Vocational rehabilitation programs can help these individuals obtain satisfying employment, which may serve as both a source of income and a way to boost self-esteem and further integrate into society. Further, those who have been facing criminal charges due to their kleptomania might need legal representation and support. Access to legal services and support can reduce the legal impact of the disorder of kleptomania and enhance the outcomes for patients in their recovery process.

4. Future direction

Accurate diagnosis of kleptomania remains a challenge, as individuals often hesitate to disclose their problematic behaviors due to feelings of shame and social stigma[6]. This reluctance to disclose problematic stealing is likely to impede a proper diagnosis and effective treatment. Longitudinal research into the underlying motivations of stealing can provide more insightful information concerning the disorder, thus helping in identification. Understanding the specific triggers and psychological factors involved in kleptomania is essential for the development of appropriate interventions.

Further investigation into the therapeutic potential of opioid antagonists, which may positively influence kleptomaniac behavior by modulating the brain's reward systems, is also warranted. These treatments hold promise but require more extensive research to validate their efficacy and determine optimal administration protocols. Additionally, innovative therapeutic approaches should be explored, including combinations of cognitive-behavioral interventions and pharmacological treatments. Such integrated strategies may offer a more comprehensive means of addressing the multifaceted nature of kleptomania.

Advancing research in these areas will significantly enhance the mental health profession's capacity to provide effective care for individuals affected by kleptomania. This work has the potential to improve diagnostic accuracy, expand treatment options, and ultimately enhance the quality of life for those struggling with the disorder.

5. Conclusion

In conclusion, kleptomania represents the complicated interplay between psychological, emotional, and social dimensions that render diagnosis and treatment very elusive. As underlined in this discussion, the motivations of theft-related behaviors can originate from very different factors: ADHD, family relationships, or even emotional states like jealousy. On this line, intervention strategies that prove to be effective need to be implemented through a holistic approach, inclusive of pharmacological treatments, cognitive-behavioral approaches, and social support systems. Although the existing therapeutic strategies hold promise, there remains a critical need for further research to enhance understanding and treatment efficacy. Only by focusing on the root causes and developing new therapeutic modalities will mental health professionals be better equipped to help those suffering from kleptomania. In conclusion, addressing this condition brings benefits not only to those affected by it but also increases the well-being of families and society overall, while fostering a more compassionate and enlightened approach toward mental health services.

References

- [1] Sardana, S., Sharma, M.K., Anand, N., Kumar, R. and Mishra, P. (2024). *Psychopathology Underlying Stealing Behavior*. *Malaysian Journal of Psychiatry*, 33(1), pp.30-32.
- [2] Dannon, P.N., Aizer, A. and Lowengrub, K. (2006). *Kleptomania: differential diagnosis and treatment modalities*. *Current Psychiatry Reviews*, 2(2), pp.281-283.
- [3] Ayyildiz, D. (2018). *KLEPTOMANIA AND ATTENTION DEFICIT HYPERACTIVITY DISORDER-CASE REPORT*. *Sanamed*, 13(1), pp.47-50.

- [4] Grant, J.E., Potenza, M.N., Krishnan-Sarin, S., Cavallo, D.A. and Desai, R.A. (2011) *Stealing among high school students: Prevalence and clinical correlates*, *The journal of the American Academy of Psychiatry and the Law*. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC3671850/>
- [5] Liu, Hongbin & Gao, Yuchao. (2018). *Research on Current Theft Crimes in China*. *Journal of the People's Public Security University of China (Social Sciences Edition)*, (02), 58-66.
- [6] Grant, J. E. (2006). *Understanding and treating kleptomania: new models and new treatments*. *Israel Journal of Psychiatry and Related Sciences*, 43(2), 81.
- [7] Sulthana, N., Singh, M., & Vijaya, K. (2015). *Kleptomania-the Compulsion to Steal*. *Am. J. Pharm. Tech. Res*, 5(3).
- [8] Ojo, M. O. D. (2013). *Pilfering as a childhood problem among children: A parental management approach*. *International Journal of Managment, IT and Engineering*, 3(5), 248-260.
- [9] Wilkin, C. L., & Connelly, C. E. (2015). *Green with envy and nerves of steel: Moderated mediation between distributive justice and theft*. *Personality and Individual Differences*, 72, 160-164.
- [10] Gino, F., & Pierce, L. (2009). *The abundance effect: Unethical behavior in the presence of wealth*. *Organizational Behavior and Human Decision Processes*, 109(2), 142-155.