

Free Will and Kleptomania

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Individuals who suffer from compulsions also struggle mightily from constrictions in their personal freedom. Compulsive gamblers, stealers, overeaters, hoarders, alcoholics, obsessive seekers of sex, and those with similar conditions often feel as if they simply cannot stop their self-defeating behavior. They do not feel *free* to stop. In some cases, the compulsion is illegal. If the compulsion continues, society takes responsibility for controlling the behavior, typically through incarceration. Thus a lack of inner freedom can lead to a lack of outer freedom as well.

Working with certain compulsions, particularly those in which the behavior is illegal, requires us to encounter the fascinating interplay between psychological "illness," personal freedom, and the need for societal protection. As psychoanalytic psychotherapists, we must believe in free will; our work rests on a foundational belief that people can make free choices and change.

Patients' free will is easy to see in milder forms of psychopathology. A man whose romantic partner just left him, and who becomes anxious and depressed as a result, can be expected to respond well to standard psychoanalytic interventions. Although he may feel helplessly gripped by his emotional distress, we can be confident that by facilitating a mourning process, by eliciting anger he may be experiencing, and by otherwise "working through" the trauma, his condition will improve. Psychotherapy provides ways to free him from his painful experience; perhaps the relationship was destructive anyway, and in any event, he will grow from the experience. Once his relatively mild inner constrictions have been lifted, he is further freed to seek social support, exercise, and other outside interventions that will help him to recover.

In stark contrast, I recently provided a course of sessions to a true Kleptomaniac, a Mr. Jones. He clearly met the criteria for the "illness" of Kleptomania. He could not resist impulses to steal objects – most of which he did not need. He would experience an increasing sense of tension immediately before stealing, and then pleasurable relief after the theft was completed. Mr. Jones experienced little if any freedom in managing his feelings. He had already been arrested and convicted twice, and was facing time in prison should he steal again. As a child, he had been severely abused, at one point being literally tied to a tetherball pole for an entire day while his mother ran errands. He never met his father.

We explored his compulsion to steal from a variety of different angles, focusing particularly on how his childhood had left him feeling worthy of punishment. The same pattern emerged in the transference when he would enact ways he could be seen as unworthy. The Kleptomania was, in effect, an unconscious strategy for ensuring that he would be punished. It was like a game. A successful theft offered faux competency and autonomy; to be caught was to be tethered again. It was a drama about freedom and punishment. We worked through these and other themes repeatedly.

Despite our best efforts, Mr. Jones was arrested again for stealing a \$10 item. I wrote a letter to the District Attorney advising her of Mr. Jones' progress in treatment. She extended his probation period. Then, after another six months of intensive psychotherapy, Mr. Jones was arrested again. Since it was by

then his fourth offense, the Court sentenced him to one year in prison. The Court – which also believes in free will following a long legal tradition with roots in both Judeo-Christian and Graeco-Roman ethics – concluded that Mr. Jones could have freely chosen not to steal and stole anyway.

Exploring the question of free will and psychopathology could elicit endless obsessive ruminations, but one simple solution is to view freedom as existing on a continuum. I can willfully lift my right arm, for example, but cannot change my height. I may be able to change my weight, but this metric has its own continuum of freedom in that some lose weight easily and others feel their free will proves insufficient for dieting. In the final analysis, we should cling dearly to our belief in free will, and intensively work to enhance the personal freedom of our patients, despite the fact that some of them experience, or actually have, little freedom to change.